

Handbook of Innovative Practices in the field of Social and Health Services Integration in an Official Minority Language Context

Jacinthe Savard
Sébastien Savard
Solange Van Kemenade
Josée Benoit
Corrina Buhay
Sara Youbi
Lucy-Ann Kubina

Abridged Version

February 2019



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



uOttawa

ABOUT THE AUTHORS

At the time of the study:

Jacinthe Savard, Ph.D., Associate Professor, School of Rehabilitation Sciences, Faculty of Health Sciences, member of the GReFoPS, University of Ottawa and member of the Institut du savoir Montfort. jacinthe.savard@uottawa.ca

Sébastien Savard, Ph.D., Full Professor, School of Social Work, member of the GReFoPS, University of Ottawa. sebastien.savard@uottawa.ca

Solange van Kemenade, Ph.D., Research Associate for the GReFoPS

Josée Benoit, Ph.D., Principal Research Associate for the GReFoPS

Corinna Buhay, Ph.D. candidate at the School of Social Work and Research Assistant for the GReFoPS

Sara Youbi, Masters Student in Social Work and Research Assistant for the GReFoPS

Lucy-Ann Kubina, Research Associate for the GReFoPS

Research Collaborators

Maggie Paquette, Project Manager, Société Santé en français

Marie Drolet, Ph.D., Full Professor, School of Social Work, University of Ottawa and founding member of the GReFoPS

Yves Couturier, Ph.D., Full Professor at the Department of Social Services, Université de Sherbrooke, Research Centre on Aging and Affiliated University Centre (AUC) of CSSS-BCSTL

Danielle de Moissac, Ph.D., Full Professor, Biological Sciences Department, Université de Saint-Boniface

Suzanne Dupuis-Blanchard, Ph.D., Full Professor, School of Nursing, Faculty of Health Sciences and Community Services, Université de Moncton, and CNFS Research Chair in Population Aging

Suzanne Huot, Ph.D., Adjunct Professor, School of Occupational Therapy, University of Western Ontario

Finaritra Razafimahazo, student in Computer Engineering, Co-op Program, GReFoPS

FINANCIAL SUPPORT

This project was funded by the Consortium national de formation en santé (CNFS) – National Secretariat and led in collaboration with the Société Santé en français.

Acknowledgments

The team wishes to extend its warm appreciation to all resource persons who enhanced the innovative practice information outlined in this handbook. By agreeing to individual telephone interviews, they contributed to the validation of the gathered information.

We thank our research partners, the team from the Société Santé en français: Caroline Vézina, Lise Richard and Maggie Paquette.

We also thank Claire Mazuhelli for her translation assistance.

This collaboration has led to the identification of some of the innovative initiatives included in this *Handbook of Innovative Practices*. Several of these practices were supported by the Société Santé en français and its regional networks.

The Association des collèges et universités de la francophonie canadienne (ACUFC-SN) and the Consortium national de formation en santé (CNFS) funded this project through the Initiative d'échange ou d'application des connaissances 2017-2018. We are very grateful for their support.

Table of Content

Summary	4
Complementarity Between the <i>Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity</i> and the <i>Handbook of Innovative Practices</i>	4
Intended Outcomes	5
Concepts and Definitions: From Emerging to Best Practices	5
Method	6
The Innovative Practices	7
Practice #1: Implementation Guide for the Actionmarguerite Language Mandate	8
Practice #2: A Francophone household at Summerset Manor (Prince Edward Island)	12
Practice #3: The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres (Ontario)	16
Practice #4: Integration of the linguistic variable into data collection (Prince Edward Island)	19
Practice #5: The <i>Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector</i> and the <i>Health Human Resources Strategy</i> (Pan-Canadian)	22
Practice #6: The Café de Paris (New Brunswick)	25
Practice #7: The Tour of Francophone Institutions (Manitoba)	28
Practice #8: A Nurse-Interpreter in a Halifax Hospital (IWK Health Centre) (Nova Scotia)	30
Practice #9: Primary Care Outreach to Seniors (Ontario)	33
Practice #10: Satellite Service Points (Ontario)	37
Practice #11: The <i>Information and Support Guide for Caregivers</i> (Quebec)	39
Practice #12: Lunch and Chats at the Vanier Community Service Centre (Ottawa)	41
Practice #13: A Public Health Nurse Working in a Community Service Centre Who Ensures the Referral of Seniors to Appropriate Resources (Ontario)	44
Practice #14: The Fédération des aînés et des retraités francophones de l'Ontario (FARFO)'s Information Fairs (Ontario)	46
Practice #15: The Health and Social Services Component of the Townshippers' Association (Quebec)	49
Practice #16: French-Language Placements to Prepare for Serving a Francophone Minority Community's Francophone Clientele (Ontario)	52
Appendix 1 — The Health Council of Canada's Innovative Practices Evaluation Framework	55
Appendix 2—Key Concepts and Definitions	57

Summary

The *Handbook of Innovative Practices* is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*.¹ In this document, users will find initiatives that are most often implemented at the local level. These initiatives meet a community need and are perceived as innovative by the various actors involved in their execution. Practices were identified, analyzed and ranked according to an evaluation framework developed by the Health Council of Canada. This framework allowed us to make a distinction between emerging, promising, and leading practices. Some of these practices were put forth by the Société Santé en français and provincial, territorial and regional Francophone health networks. We identified more practices through our own research and that of our partners, as well as from findings of a preliminary review conducted in 2016 while the self-assessment tool was being developed.

Analyzed against strict criteria, the practices described in this handbook are unique, original, and generated positive changes within organizations.

They may encourage social and health services providers to design and tailor such measures to their own context and organization, thereby improving the continuum of official language health and social services in a minority context.

Complementarity Between the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity* and the *Handbook of Innovative Practices*

This tool is designed to encourage reflection about management practices that could be put in place to promote health and social service integration and continuity for seniors living in linguistic minority situations. It is intended for managers, health and social service providers and decision makers who wish to improve their organizations' practices. It was structured according to the *Framework for the Analysis of Health and Social Services Access and Integration for Official Language Minority Communities*, which is available online.² The tool proposes an examination of possible actions for each of the structures outlined in the analytical framework. It is presented as a series of brief statements or questions that health and social service providers (managers and decision makers) can answer according to their degree of agreement or disagreement.

The development of this tool led to the observation that an accompanying resource for managers outlining innovative practices was both relevant and required. Thus, the *Handbook of Innovative Practices* provides information complementary to the initial tool; its users are

1 This tool is available in French and in English and can be accessed via the following links:
- http://www.grefops.ca/uploads/7/4/7/3/7473881/outil_autoevaluation.pdf (French version)
- http://www.grefops.ca/uploads/7/4/7/3/7473881/selfassessment_tool.pdf (English version)

2 Savard, J., Savard, S., Drolet, M., de Moissac, D., Kubina, L.A., van Kemenade, S., Benoit, J., & Couturier, Y. (2017). *Framework for the Analysis of Health and Social Services Access and Integration for Official Language Minority Communities* available at: http://www.grefops.ca/cadre_analyse_en.html

presented with experiences that are most frequently implemented locally. In addition, these practices fulfill relevance criteria (meeting a need), while being perceived as innovative by various actors involved in their implementation. This *Handbook* is an effective means for knowledge-sharing among individuals who are called upon to set up French-language health services for official language communities in a minority context.

The *Handbook* also includes definitions for the tool's frequently used concepts (e.g. active offer, service integration, service coordination, etc., see Appendix 2). Both resources promote informed choices and decision-making that users need to optimize their organizational and community resources. This, in turn, will enhance the quality and safety of services for Canadian seniors living in a linguistic minority situation.

The *Handbook* accompanies the self-assessment tool in two ways. First, as a manager evaluates the organization on a specific theme, the embedded hyperlinks lead to practice examples from the *Handbook*. Second, a PDF version (eventually printable), provides methodological information. There is also an extended French-language version, which presents comprehensive information about each practice.³

Intended Outcomes

In the short-term:

- Development of the *Handbook of Innovative Practices*;
- Distribution of the *Handbook* and knowledge mobilization for identified practices (ongoing).

In the medium-term, knowledge mobilization will allow us to meet both these objectives:

- Managers, decision makers and health and social service providers that are better equipped and prepared to implement innovative practices in their organizations; and,
- Health and social services integration with positive impacts at multiple levels: administrative (simplification), economic (efficiency) and social (senior's improved health).

Concepts and Definitions: From Emerging to Best Practices

To clarify the types of practices that would be included in the *Handbook*, an overview of the literature was conducted. From sources that were reviewed, we concluded that these definitions exist along a continuum, ranging from “emerging practices”, to “promising practices”, and finally to “best practices or leading practices”. Therefore, “innovative practices” as a category encompasses all these practices.⁴ When implementing an initiative, an organization would aim for it to become a best or leading practice.

³ Various versions of the *Handbook of Innovative Practices* are available at: http://www.grefops.ca/cahier_de_pratiques.html

⁴ Kentucky Cabinet for Health and Family Services (2017). Retrieved from : https://chfs.ky.gov/agencies/dph/dmch/cfhib/Coordinated%20School%20Health/Emerging_Promising_Best_Practices.pdf

We chose to retain the definitions suggested by the Health Council of Canada (2012) for three types of practices: emerging practices, promising practices, and best practices or leading practices. These definitions can be found in Appendix 1.

Method

The development of the *Handbook of Innovative Practices* involved the following steps:

a) Design of an evaluation grid

The grid draws on existing resources as well as on the *Innovative Practices Evaluation Framework* developed by the Health Council of Canada (Appendix 1). We used the first three criteria mentioned in the “Concepts and Definitions” sections and then applied four additional criteria.

In addition to outlining practices, the *Handbook of Innovative Practices* proposes an analytical approach for evaluating criteria such as quality of evidence, applicability and transferability, among others.

b) Validation of the grid with our research partners

This grid, along with an example of one specific practice application was submitted to our partners from the Société Santé en français and approved by the team and partners.

c) Survey of innovative practices

In the summer of 2017, the team undertook the identification of innovative practices, attempting to include initiatives implemented in various Canadian provinces that meet the needs of both official language minorities. The *Handbook* outlines sixteen practices carried out in five Canadian provinces.

d) Practice analysis, ranking, and validation

Information about each practice was obtained from various public sources as such as organizations’ websites, annual reports, publications about given initiatives, videos and newspaper articles, general research related to the field of practice and research conducted by the team. The material was complemented by interviews with resource persons leading these initiatives within organizations. Finally, we asked these individuals to validate the practice description.

Each practice was ranked according to all the aforementioned criteria (Appendix 1) and attribution of this ranking was validated by the project’s lead researchers.

The Innovative Practices

Practice #1: Implementation Guide for the Actionmarguerite Language Mandate

This practice contributes to improving:

- Your organization's values and principles: Innovation and service offer in the user's preferred official language.

The organization implementing this practice: Actionmarguerite, Manitoba

The information contained in this file was obtained via a telephone interview conducted on July 10, 2017, with Marielle Lafond, Chief Nursing Officer and Director of Resident Services for Actionmarguerite, and from the report authored by Forgues, Couturier & Deroche (2014), as cited in the references.⁵ It was complemented by additional documentary research and these sources are cited as references.

Background

Actionmarguerite is a community enterprise that provides health and social services to French-speaking seniors in Winnipeg. It belongs to the Catholic Health Corporation of Manitoba (CHCM) and is funded by the Winnipeg Regional Health Authority (WRHA).⁶ Actionmarguerite manages five institutions: Actionmarguerite St-Vital (formerly Foyer Valade), Actionmarguerite St-Boniface (formerly Taché Centre), a day centre and two locations providing supportive housing. Foyer Valade, created in 1988, has 154 beds for Francophone seniors with diminishing autonomy and requiring long-term care. It holds a provincial designation as a Francophone institution.⁷ The Taché Centre (provincially designated as a bilingual institution), established in 1935, is one of the largest bilingual long-term-care institutions, providing services to Francophone seniors.⁸ The Taché Centre has 299 beds and its clients have complex medical conditions (such as dementia and other health problems).⁹ Both residences were founded by the Sisters of Charity of Montreal.

As an organization fully committed to improving services for the Francophone population in a geographical area that is predominantly Anglophone, it participated in several studies aimed at understanding how to better promote the active offer of integrated French-language services for this population.¹⁰

5 Forgues, E., Couturier, Y., & Deroche, F. (2014). Rapport : *Conditions favorables à l'établissement des services de santé pour les personnes âgées francophones*. Available at: <https://santefrancais.ca/wp-content/uploads/Les-conditions-favorables---l---tablissement-de-services-de-sant---pour-les-a--n--s-francophones-FR.pdf>, retrieved on July 10, 2017.

6 Actionmarguerite (n.a.) Accessed on July 6, 2017, at: www.actionmarguerite.ca/fr/about-us/

7 Forgues et al., op.cit.

8 Ibid.

9 Actionmarguerite (n.a.) Accessed on June 12, 2017, at: <http://www.actionmarguerite.ca/fr/about-us/homes/>

10 See following documents:

- De Moissac, D., Giasson, F., Roch-Gagné, M. (2015). Accès aux services sociaux et de santé en français : l'expérience des Franco-Manitobains *Minorités linguistiques et société*, 6, 42-65. Retrieved from: <https://www.erudit.org/en/journals/minling/2015-n6-minling02077/1033189ar.pdf>.

Objectives

The *Implementation Guide for the Actionmarguerite Language Mandate* is part of a larger project led in collaboration with the Société Santé en français (SSF), the Conseil Communauté en santé du Manitoba (CCS) and several other partners, and intends to “draw from existing resources in the healthcare system, determine and implement the best measures to improve access to French-language services for Francophone seniors living in Saint-Boniface and Saint-Vital [translation]”.¹¹

Since Actionmarguerite already has the mandate to provide services in French to Manitoba’s Francophone seniors who require long-term care, the guide’s objective is to facilitate the mandate’s fulfillment, with the ultimate goal of improving French-language service quality.

Features of the practice

Between 2011 and 2013, in collaboration with the SSF, the Conseil Communauté en santé du Manitoba and other partners, Actionmarguerite took part in a project that led to a better understanding of the current state of affairs regarding services provided to Francophone seniors. This first step was followed by actions to improve the situation and finally, by transferring knowledge so that other organizations may benefit from the experience acquired along the process. Participation in this project echoes the value that Actionmarguerite places on innovation in terms of providing services in the user’s preferred official language. The *Implementation Guide for the Actionmarguerite Language Mandate*, a bilingual guide intended for managers, was developed as part of this initiative.

“This Guide recalls the legal background surrounding the concept of language of service. It includes key documents that frame language of service at the levels of the province, the WRHA, and Actionmarguerite. It defines managers’ responsibilities to ensure that Francophone clients are served in their preferred language. These responsibilities involve information and awareness-raising among employees about language of service, designation of bilingual positions, hiring of bilingual employees, the offer of linguistic training and communication with employees and clients” [translation].¹²

-
- Éthier, S. & Belzile, L. (2012). *Améliorer l'accès des personnes âgées à St-Boniface et à St-Vital aux services de santé en français. Objectif 3: Recension des pratiques exemplaires dans l'offre de services de santé pour les aînés*. Rapport pour le Conseil communauté en santé du Manitoba, Université de Winnipeg. Retrieved from: https://santeenfrancais.com/sites/ccsmanitoba.ca/files/publications/rapport_objectif_3_-_pratiques_exemplaires_-_version_finale_-_bilingue_0.pdf
 - Forgues, E., Couturier, Y. & Deroche, F. (2014). Rapport : *Conditions favorables à l'établissement des services de santé pour les personnes âgées francophones*. Retrieved from: <https://santeenfrancais.ca/wp-content/uploads/Les-conditions-favorables-à-l'établissement-de-services-de-santé-pour-les-aînés-francophones-FR.pdf>
 - Savard, S., De Moissac, D., Benoit, J., Ba, H., Zellama, F., Giasson, F., Drolet, M. (2017). Recruitment and retention of bilingual health and social service professionals in francophone minority communities in Winnipeg and Ottawa (Chapter 9). In Drolet, Bouchard et Savard (Eds.), *Accessibility and Active offer: Health Care and Social Services in Linguistic Minority Communities* (pp. 229-253). Ottawa: University of Ottawa Press.

11 Forgues et al., 2014, op.cit. p. 35.

12 Forgues et al., 2014, op.cit. pp. 38-39.

Thanks to the presence of the SSF and the concerted efforts of several actors, diverse local initiatives were coordinated in a more structured manner to better understand and respond to Francophone seniors' needs.

Challenges

Two main challenges were raised during the interview with the resource person. First, several employees trained in healthcare were educated in international universities. Their credentials are an asset for the institution but require equivalencies and constant upgrades for these immigrant staff and the institution itself. Second, the difficulty in recruiting bilingual employees may jeopardize programs and services delivered in French. Furthermore, it is important to note that in Manitoba, training for physicians is provided in English only.¹³

Analysis¹⁴

Why is this practice considered innovative?

This collaborative approach to the identification of the Francophone population's needs and the implementation of an action plan is perceived as innovative in a context where traditionally, "in Manitoba, the active offer approach to French-language services is more reactive" and seldom manifests itself (Éthier and Belzile, 2012, p. 2)¹⁵.

While users' families and caregivers feel the need to maintain links with the *Francophonie* to ensure their senior's well-being, they also testify to the importance of communication in French between care providers and their parents. For that reason and despite the struggle to recruit bilingual staff, Actionmarguerite wished to meet this need more effectively, reflecting the value that the organization places on innovation in the offer of French-language services.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** An action research conducted by the Réseau de services de santé en français de l'Île-du-Prince-Édouard, in partnership with the Conseil Communauté en santé du Manitoba, the Canadian Institute for Research on Linguistic Minorities and the Research Centre on Aging, highlights favourable conditions for the implementation of initiatives stemming from this collaboration, including some factors specific to the context in Manitoba.¹⁶ The most likely effect is a greater awareness among Actionmarguerite managers about the importance of investing the necessary efforts to implement the organization's linguistic mandate. Actionmarguerite's 2017-2018 Annual Report¹⁷ mentions the creation of a new Staff Development and French Language Services

13 The Université de St-Boniface, a Francophone university, trains personal care workers, practical nurses, registered nurses and social workers.

14 This analysis is based on criteria established in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf and also outlined in Appendix 1.

15 Éthier & Belzile, 2012, op.cit. p. 2.

16 Forgues et al., 2014, op.cit. p. 49-76.

17 Actionmarguerite. (2018). Rapport annuel 2017-2018 - *Accès aux soins et services continus centré sur les aînés fragilisés au Manitoba*. Rapport à la Corporation catholique de la santé du Manitoba. Accessed at: <http://www.actionmarguerite.ca/wp-content/uploads/2018/06/Annual-Report-2017-18-EN-Final.pdf>

Coordinator position to support the organization's capacity to develop, promote and support the active offer of French-language services.

- **Impact:** Results from cited research show that this practice can have positive impacts on the healthcare system's performance, bilingual staff, and ultimately, on the health and welfare of Francophone seniors and their families.
- **Applicability:** To our knowledge, the practice is currently implemented in a single organization, but could be applied in other long-term care and end-of-life facilities in a variety of official language minority communities.
- **Transferability:** Although we have not yet gathered data in this regard, it is conceivable that similar results may be observed in other organizations that choose to implement such a practice.

Practice #2: A Francophone household at Summerset Manor (Prince Edward Island)

This practice contributes to improving:

- your organization's values and principles – innovation and offer of services in the user's official language of choice
- the active offer and coordination tools within an organization
- the creation of linkages with community resources

The organization implementing this practice: Summerset Manor, Prince Edward Island

The information provided herein was collected primarily through a telephone interview with Élise Arsenault, French Services Analyst and Director of the PEI French Health Network (PEIFHN), on July 10, 2017. It was supplemented by documentary research as indicated in the references cited.

Background

In 2010, a research project into long-term care was conducted by the PEIFHN. It was found that the majority of facilities providing these services had limited capacity to do so in French. Summerset Manor is an exception in this regard in that this facility has a significant number of Francophone clients and the staff recognize the linguistic and cultural needs of these clients. Based on the study, a number of recommendations were made for improving services in French at long-term care homes.¹⁸ Health PEI announced its commitment to adopt these recommendations.

Following up on this needs assessment, an action-oriented study led by Société Santé en français, the PEI French Health Network, the Conseil Communauté en santé du Manitoba, the Canadian Institute for Research on Linguistic Minorities and the Centre de recherche sur le vieillissement¹⁹ bolstered the partnership leading to the establishment of a 26-bed bilingual neighbourhood on January 11, 2013, at Summerset Manor in Summerside, Prince County, Prince Edward Island.

Objectives

The purpose of this initiative to create a French wing at Summerset Manor, in a majority Anglophone environment, is to deliver long-term care in the official language of the user's choice. The elderly resident users feel comfortable requesting services in French, and an adequate number of professionals are available to provide all services in French including intake services.

18 McQuaid, S. (2010). *Soins de longue durée en français*. Final report submitted to the PEI French Health Network. Consulted on August 14, 2017, at: <http://santeipe.ca/wp-content/uploads/Rapport-final-Soins-de-longue-dure%CC%81e-en-franc%CC%A7ais.pdf>

19 Forgues *et al.*, 2014, op. cit.

Features of the practice

Summerset Manor²⁰ in Summerside, Prince Edward Island, is an 82-bed public residential and long-term care facility organized into six households (or wings), two of which (representing 26 beds) are bilingual. The nurses and other health care professionals move among the various households within each neighbourhood.

The management of Summerset Manor have made every effort to foster a warm, welcoming environment within this bilingual neighbourhood at the facility by placing the needs of the residents and their families at the centre of their actions.

The following characteristics form an integral part of the practice:²¹

- Mobilization of the Francophone community inspiring the project.
- Values upheld by the project steering committee and facility management prioritizing:
 - engagement of the Francophone residents and their families
 - the contribution from volunteers in the Francophone community
 - recognition of the importance of the Acadian culture
 - access to bilingual documentation (including information, materials and signage)
 - recruitment of bilingual employees and delivery of French training to existing employees.
- Designation of bilingual positions: in April 2017, based on the sources consulted, 60% of the staff in the two households spoke French.
- Systematic identification of the linguistic variable among both residents and staff.
- Acadian culture kit developed by Collège de l'Île, Prince Edward Island's French-language community college, and made available to the staff.
- Resident satisfaction survey including questions on language of choice and administered in both official languages.

Challenges

Three main challenges have been identified. The first relates to the reaction of the Canadian Union of Public Employees (CUPE), which opposed the designation of bilingual positions (*combined service workers, support service workers*) at Summerset Manor²². In an arbitration decision in 2014, the court considered the linguistic issue and approved the designation of these positions as bilingual. A second challenge has been identified within the community and takes the form of a certain hesitation and lack of understanding made evident at times concerning the establishment of a bilingual neighbourhood, which some Anglophones perceive as unfavourable toward them. As a result, Francophones occasionally hesitate to make use of French within their own community for fear of stigmatization. Finally, the recruitment of bilingual human resources remains a challenge, since there is only one Francophone post-secondary educational institution on the Island that offers programs in French in health care, this being Collège de l'Île.

20 Prince Edward Island. *Summerset Manor*. Consulted on June 18, 2017, at: <https://www.princeedwardisland.ca/en/information/health-pe/summerset-manor>

21 Forgues *et al.*, 2014, op. cit. and interview data.

22 Arbitration decision concerning Canadian Union of Public Employees Local 1779 and Health PEI on November 24, 2014.

Due to this lack of easy access, students in immersion programs or at Francophone schools often continue their studies in English or at French-language educational institutions outside of the province, thereby exacerbating the shortage of bilingual professionals in the province.

Analysis²³

Why is this practice considered innovative?

This practice meets a local need originating in the desire of the Acadian and Francophone community to create a Francophone space in response to a significant need among that community's elderly members. The establishment of a Francophone household at a majority Anglophone long-term care facility is perceived by community stakeholders as an innovative way to meet the needs of Francophone seniors where local conditions do not support the establishment of entirely Francophone care facilities. Bringing employees and residents together in a Francophone space helps to foster a spirit of community and cultural exchange.

Emerging, promising or leading: A leading practice

- **Quality of evidence:** The establishment of a bilingual neighbourhood at Summerset Manor was evidence-informed based on the needs of Francophone seniors. Through an action-oriented study, conditions favourable to the adoption of this practice were documented. Internal evaluations have confirmed the satisfaction of residents and their families.
- **Impact:** Based on the outcomes, this practice has had positive impact on the satisfaction of Francophone seniors and their families concerning the services provided. Residents at the facility report being very satisfied with this Francophone space, which they perceive as both an extension of the community in which they grew up and, most importantly, a place where they truly feel at home.²⁴ Offering services in their preferred language appears to be associated with increased user safety and higher service quality for minority official language communities.²⁵
- **Applicability:** This practice has been implemented in at least one other majority Anglophone province (at the *Pavillon Omer Deslauriers* at Bendale Acres in Ontario; see practice 3 in this document) and is being replicated elsewhere in Prince Edward Island: in April 2017, Beach Grove Home in Charlottetown began setting up a bilingual household within its walls based on the model implemented at Summerset Manor. According to the contact person consulted, another initiative at a third care facility in Prince Edward Island is also possible in the near future. The use of this approach appears most appropriate in geographic areas with a certain concentration of Francophones but where their numbers are insufficient to support the operation of entirely Francophone facilities.

23 This analysis is based on the criteria of the *Innovative Practices Evaluation Framework* of the Health Council of Canada, available at http://healthcouncilcanada.ca/tree/IP_Framework_FR_FINAL.pdf and set out in Appendix 1.

24 CBC News (June 14, 2018). *Better health expected with French seniors' unit*. Consulted on June 18, 2017, at: <http://www.cbc.ca/news/canada/prince-edward-island/better-health-expected-with-french-seniors-unit-1.2679259>

25 Bowen, S. (2015). *Impact des barrières linguistiques sur la sécurité des patients et la qualité des soins*. Final report prepared for Société Santé en français. Retrieved from: http://www.savoir-sante.ca/fr/content_page/download/255/429/21?method=view

- **Transferability:** Similar outcomes have been observed at other facilities where Francophone households have been established.

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

This practice contributes to improving:

- Your organization's values and principles. Values: innovation, cultural and linguistic diversity, offering services in the user's preferred language;
- active offer and coordination tools within an organization.

The organization implementing this practice: Bendale Acres, Scarborough, Ontario

The information contained in this file was primarily acquired from a telephone interview conducted on July 10, 2017, with Margaret Aerola, Executive Director of Bendale Acres. It was complemented by documentary research, and these sources are cited as references.

Background

In Canada, the Francophone population living in a minority context is aging more rapidly than the overall Canadian population.²⁶ Bendale Acres is a long-term care facility established in 1963. Located in Scarborough, Toronto, the institution has 302 beds and uses an individualized approach that supports seniors' autonomy in an environment where dignity, self-esteem, and rights are respected.²⁷ In 1994, Bendale Acres created the Pavillon Omer Deslauriers, through a collaborative effort between the Francophone community, the City of Toronto and other partners. The pavilion serves Francophone seniors in the area and provides linguistically and culturally appropriate healthcare services to seniors from their admission, and throughout their stay.

Objectives

The objective is to create a Francophone section in a predominantly Anglophone setting, to provide long-term care in users preferred official language. As a result, the unit allows Francophone seniors to access long-term care and end-of-life services in French, by way of bilingual staff using their full linguistic potential for the benefit of users and residents.

Furthermore, Bendale Acres' general objectives are to improve: 1) access to linguistically and culturally appropriate healthcare and services; 2) residents' quality of life; 3) health outcomes among residents; and 4) satisfaction for residents and their families.

26 Statistics Canada. (2017). Births, migration and aging of the official-language minority population. <https://www.statcan.gc.ca/eng/sc/video/polmc02>

27 Bendale Acres website, <https://www.toronto.ca/community-people/housing-shelter/long-term-care-homes/bendale-acres>, accessed on July 14, 2017.

Features of the practice

Bendale Acres' philosophy is grounded in an interprofessional approach to linguistically and culturally adapted healthcare for seniors, from admission and throughout their stay. The Pavillon Omer Deslauriers is a 37-bed site, in a predominantly Anglophone institution of 302 beds. The following features are an integral part of the practice:

- In this 37-bed pavilion, a majority of employees are bilingual.
- Recreational, musical and artistic activities or special events, as well as spiritual and religious support and care, are carried out in an environment that fosters the use of French.
- Since 2013, when a vacancy occurs at the Pavillon Omer Deslauriers, the Central East Community Care Access Centre (CCAC) gives priority to Francophone seniors who are eligible for long-term care and who apply to Bendale Acres.²⁸

Pavillon Omer Deslauriers staff believe that communicating in one's mother tongue is required to assess the complaints and suffering of individuals who have dementia, establish an accurate diagnosis and design a treatment plan centered on their needs and expectations.²⁹

Challenges

According to the resource person, the Bendale Acres' main challenge is to identify and find people from the Greater Toronto Area Francophone minority. They have become invisible, not only because of social, economic and structural circumstances, but also because they had, in the past, to face discrimination in their access and use of health and social services. This discrimination, strongly felt by some of the Francophone minority community, has triggered a kind of refusal on their part to ask for and use French language services.

Analysis³⁰

Why is this practice considered innovative?

This practice meets a community need, and various stakeholders perceive it as innovative. Testimonials from residents, their family members as well as staff regarding the creation of the Pavillon Omer Deslauriers are very positive; they see this initiative as a way to ensure better services for Francophone seniors.³¹ Furthermore, this initiative is well-known in the Société Santé en français networks, who consider it a good practice. It inspired the development of the *Guide for Planning and Providing Francophone Long-Term Care Services* produced by the French Health Network of Central Southwestern Ontario.³²

28 Entité 4. (2013). *Les aînés francophones ont maintenant un accès prioritaire aux soins de longue durée du Pavillon Omer Deslauriers à Scarborough*. Communiqué. Accessed at: <http://francosantesud.ca/wp-content/uploads/Communiqu%C3%A9-Bendale-Acres-FR.pdf>

29 The Pavillon Omer Deslauriers Team. (n.a.), Promotional video, retrieved from: <https://www.youtube.com/watch?v=iUP9c-soH68&feature=youtu.be>

30 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1

31 The Pavillon Omer Deslauriers Team. (n.a.), Promotional video, op.cit.

32 Réseau Franco-santé du Sud de l'Ontario (2017). *Guide de planification et de prestation de soins de longue durée en français : Leçons tirées du Pavillon Omer Deslauriers de Bendale Acres et d'autres services de santé en français pour aînés au Canada*. Report accessed on February 13, 2018, at: http://savoir-sante.ca/fr/content_page/download/261/434/21?method=view

Emerging, promising or leading: A leading practice

- **Quality of evidence:** The Francophone unit at Bendale Acres was reviewed as an example for the development of a long-term care planning and delivery model.³³ Based on the evaluation and available testimonials, there is considerable appreciation on the part of actors involved in this initiative, including health and social service providers, health professionals and users.
- **Impact:** Available testimonials and the interview conducted indicate that this practice has positive impacts on the residents' satisfaction and quality of life. It seems that the offer of services in one's preferred language is linked to greater user safety and an improved quality of services for official language minority communities.³⁴
- **Applicability:** Similar initiatives were identified in Prince Edward Island.
- **Transferability:** Results from identified initiatives all point in the same direction; it appears that these results are transferable.

33 Ibid. Drawing from the review of the Pavillon Omer Deslauriers model and other best practices, this guide proposes a model for planning and delivering long-term care that has six attributes: 1) leadership and planning; 2) community engagement; 3) communication and promotion; 4) environment; 5) bilingual human resources; 6) person-centered approach. The guide also outlines ten steps to implement a Francophone cluster in a long-term care facility, as well as five things frontline staff can do to improve access to French-language services.

34 Bowen, 2015, op.cit.

Practice #4: Integration of the linguistic variable into data collection (Prince Edward Island)

This practice contributes to improving:

- laws, regulations and policies governing health care
- active offer and coordination tools within an organization

The organization implementing this practice: Health PEI and the PEI French Health Network

The information provided herein was collected primarily through a telephone interview with Élise Arsenault, French Services Analyst and Director of the PEI French Health Network (PEIFHN), on September 8, 2017. It was supplemented by documentary research as indicated in the references cited.

Background

In response to a call for project proposals launched by Health Canada in December 2013, the PEIFHN encouraged Health PEI to submit a proposal concerning the collection of linguistic variable data. This project was approved by Health Canada and initiated in September 2014. The project was intended to uphold the aims of the new *French Language Services Act*³⁵ of Prince Edward Island, which came into effect in December 2013. This Act promotes the delivery of services in French based on the priorities of the Acadian and Francophone community and on government capacity. It is to be noted that use of the French language appears to be increasing in PEI, reflecting an increase in the number of newcomers who prefer to communicate in French.

The linguistic information included in clinical and administrative databases can be used to more accurately identify a user's linguistic identity, thereby allowing for safe, high-quality interactions between health care professionals and the user. This also facilitates the collection of administrative data useful in planning services, since this variable generally remains stable over time. This data can consequently be used to gauge the needs of the Francophone population with a view to planning and delivering quality services focused on patient needs.

Objectives

Make information concerning users' linguistic identities directly available to key health care professionals to assist in providing "Islanders with safe, quality, person-centered care and services."

Collect administrative data required for planning and delivering services in French to the Acadian and Francophone minority population.

Educate users that they have the option to request and receive services in French.

35 Government of Prince Edward Island. (February 10, 2016). *French Language Services Act – Overview*. Consulted at: <https://www.princeedwardisland.ca/en/information/executive-council-office/french-language-services-act-overview>

Features of the practice

Data on the linguistic identities of users of the PEI health care system were collected through surveys distributed to 58,000 households (124,000 persons) between October 2015 and January 2017. The outcomes revealed that 4.4% of respondents stated that French was their first language.

Following this survey, PEI created a new, bilingual, health card used to automatically link each user's linguistic profile to the database used by health care professionals. Through this card, all user data are now stored in a database and made readily available to health care professionals and administrative decision makers. The linguistic profile is linked to the health card number. This card can also be used to track past use of health services. For users, it is an appropriate way to indicate their preference to be served in French without having to ask verbally at every point of service.

The outcomes of this initiative demonstrate the feasibility of linking these data to provincial databases to allow fast, secure access to a user's linguistic profile by health care professionals and service planners.

Challenges

Choosing uniform linguistic variables to incorporate into databases, database limitations and the harmonization required for successful implementation are some of the challenges cited by those responsible for implementing this project.³⁶ Moreover, a certain reluctance among some Francophone users who do not wish to ask health care professionals to serve them in French constitutes an additional issue.

Analysis³⁷

Why is this practice considered innovative?

This initiative is perceived positively by users in that it enables the systematic collection of important data with regard to both the quality and the planning of services. It has also triggered a cultural shift among users, who are now aware that they have the option to request and gain access to certain services in French, as well as among health care professionals, who now have access to a more complete portrait of individual users' linguistic profiles, and decision makers, who now have access to population data they can use for planning purposes.

36 Consortium national de formation en santé (CNFS) and Société Santé en français (SSF) (2010). The Health of Francophones in Minority Communities: An Urgent Need for More Information to Provide Better Services. https://cnfs.net/wp-content/uploads/2015/06/sommaire_argumentaire_En.pdf.

Desaulniers, J. and Manseau, J. (2017). *Démonstration de la valeur ajoutée de la collecte de l'identité linguistique : projet pilote de la variable linguistique francophone en Ontario*. Webinar of Société Santé en français, April 12, 2017. <http://savoir-sante.ca/themes/variables-linguistiques/download/231/405/21?method=view>.

37 This analysis is based on the criteria of the *Innovative Practices Evaluation Framework* of the Health Council of Canada, available at http://healthcouncilcanada.ca/tree/IP_Framework_FR_FINAL.pdf and set out in Appendix 1.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** The impact of the initiative to include the linguistic variable on the PEI health card has not yet been formally evaluated. However, this initiative has been received positively by both users and health care professionals. The initiative was also presented at multiple science seminars in 2017.
- **Impact:** To date, this practice has been actively implemented in PEI. All French-speaking persons are affected by this practice, which equips the province to more effectively plan services in French and enables health care professionals to recognize upon initial contact with users that they are interacting with someone who prefers to use the French language. As such, this project has successfully demonstrated the added value of collecting linguistic identity data from users in terms of promoting access to care in both official languages.
- **Applicability:** The Government of PEI has already adopted this practice through its health card. The associated information is consequently available at all social and health care service points. The cost was limited due to the province's size and favourable implementation conditions (technology and experiential knowledge of professionals).

A project targeting similar objectives was implemented in Ontario in 2014. Initiated by the French-language health services network in Eastern Ontario, it involved only selected facilities. Evaluation at 24 months post-implementation revealed that data collection by 15 service providers had proved time-consuming, complex and costly.³⁸ This pilot project helped to raise awareness among government authorities concerning the importance of collecting this information and to motivate the province's Ministry of Health and Long-Term Care to undertake more systematic study of data collection in this area.

- **Transferability:** Based on its pilot experience, Ontario is studying the possibility of incorporating the linguistic variable into the health card with a view to creating profiles of all users of social and health care services. A motion in this regard was tabled recently (in 2018) in the Ontario Legislature.³⁹ The provinces of Manitoba and New Brunswick have also expressed interest and contacted representatives of Health PEI to discuss their options. Health Canada also endorses this practice and appears willing to support its broader implementation.

38 Desaulniers and Manseau, 2017, op. cit.

39 Brulé, C. (October 4, 2018). *La langue des patients pourrait-elle être indiquée sur la carte-santé?* Radio-Canada / ICI Toronto. Retrieved from: <https://ici.radio-canada.ca/nouvelle/1127932/langue-sante-ontario-patients-carte-linguistique>.

Practice #5: The Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector and the Health Human Resources Strategy (Pan-Canadian)

This practice contributes to improving:

- An organization's resources: hiring, retaining and training bilingual health personnel.

The organization implementing this practice: The French Health Network of Central Southwestern Ontario.

The information contained in this file was mainly acquired from a telephone interview conducted on February 20, 2018, with Geneviève Laferrière, Project Coordinator for the French Health Network of Central Southwestern Ontario. It was complemented by documentary research, and these sources are cited as references.

Background

Between 2011 and 2013, the French Health Network of Central Southwestern Ontario conducted a study called *Stratégies ressources humaines pour soutenir le continuum de soins pour les populations francophones du Centre, Sud-Ouest de l'Ontario*.⁴⁰ This study, based on the analysis of data from several surveys and interviews with health organizations in central southwestern Ontario (Toronto and surrounding area), showed that recruiting bilingual human resources in the health sector posed a major challenge for the development of French-language health services. The *Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector*⁴¹, developed by the French Health Network of Central Southwestern Ontario in its capacity as a Société Santé en français resource network, aimed at tackling this concern. Subsequently, an online resource, the Health Human Resources Strategy (HHRstrategy.ca)⁴² was created to enhance the capacity of managers within Anglophone organizations to plan human resources strategies to better serve Francophone and Acadian users living in a minority situation.

Objectives

This practice intends to support managers and health organizations in their efforts to recruit and retain bilingual human resources able to ensure the efficient delivery of French language health services.

40 Réseau franco-santé du Sud de l'Ontario. (2013). *Stratégies ressources humaines pour soutenir le continuum de soins pour les populations francophones du Centre, Sud-Ouest de l'Ontario*. Accessed on February 20, 2018, at: <http://francosantesud.ca/wp-content/uploads/Sommaire-Projet-Strategies-RH.pdf>

41 Société Santé en français and Réseau franco-santé du Sud de l'Ontario. (2015). *Cadre de référence pour le recrutement et la rétention des ressources humaines bilingues en santé*. Accessed on February 20, 2018, at: <http://santefrancais.ca/wp-content/uploads/fr-cadrerh-3.pdf>

42 Health Human Resources Strategy. Accessed on February 15, 2018, at: HHRstrategy.ca
The French version is available at <http://www.strategierhs.ca/>

Features of the practice

As a first step, the development of the *Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector*, which is evidence-based, helped document the situation. The framework relied on thorough data collection, a review of the literature at national and international levels, as well as a review of Canadian best practices.

Derived from the framework, the online resource HHRstrategy.ca proposes practical tools to support managers and health organizations in their efforts to recruit and retain bilingual human resources to ensure the efficient delivery of French-language health services.

This interactive online resource contains various downloadable educational tools and resources to inform managers about promising practices related to the recruitment and retention of bilingual staff. Registration is free. Members of the Canadian College of Health Leaders receive credits when they complete all modules included in the online resource HHRstrategy.ca.⁴³ The learning modules are aligned with LEADS Canada's *LEADS in a Caring Environment Leadership Capabilities Framework*.

Challenges

One of the main challenges for organizations providing services in French relates to recruiting and retaining health professionals who have the required linguistic competencies to offer these services. In response to this need, the initiative, part of the national strategy adopted by the Société Santé en français, is called *Stratégie d'accueil, de recrutement et de rétention des professionnels bilingues dans les communautés*. It intends to develop and experiment innovative strategies for recruiting and retaining health professionals in official language minority communities.

Ironically, one of the major challenges for promoters of this initiative is to make it known to managers. Nevertheless, the number of users of this online resource increases gradually and continuously. While the recent implementation of this resource, in November 2017, was met with a few technical glitches and learning difficulties (adjusting to the system), etc., an ongoing improvement process has allowed for these challenges to be dealt with.

Analysis⁴⁴

Why is this practice considered innovative?

This practice meets a need expressed by managers for the recruitment and retention of bilingual human resources. It is considered innovative by its target group, namely, managers from Anglophone health organizations.

43 Ibid.

44 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** Research substantiated the existing needs and practice implementation.⁴⁵ The process described in the Health Human Resources Strategy was evaluated by numerous entities and its online resource HHRstrategy.ca was assessed by various types of users in its beta format. A review conducted by expert advisors followed this step and led to the current product. In addition, the content was validated by LEADS Canada and the Canadian College of Health Leaders. The evaluation planned for 2018 will provide relevant information on the impact of the online resource and whether it achieved its objectives.

Impact: The Health Human Resources Strategy and its online resource HHRstrategy.ca should have positive impacts on the healthcare system by preparing organizations to design practices that foster the hiring and retention of bilingual health professionals. The evaluation planned for 2018 will help confirm this data.

- **Applicability:** The practice reached a great number of partner institutions within Ontario's Local Health Integration Networks. The Health Human Resources Strategy was presented in different Canadian provinces and territories. HHRstrategy.ca currently (as of February 2018) has 70 users and their number is constantly growing.
- **Transferability:** The *Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector* as well as the *Health Human Resources Strategy* were designed with a pan-Canadian perspective, thus enhancing the potential for transferability. These resources inspired Bangor University, in Wales, to draw from the framework when designing the university's strategy on bilingualism, which further confirms this potential for transferability.

⁴⁵ Réseau franco-santé du Sud de l'Ontario, 2013, op. cit.; Société Santé en français and Réseau franco-santé du Sud de l'Ontario, 2015, op. cit.

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

This practice contributes to improving:

- Organizational resources: Active offer and second-language training for professional resources.

The organization implementing this practice: Horizon Health Network, New Brunswick.

The information contained in this file was mainly acquired from a telephone interview conducted on June 9, 2017, with Pauline Babineau, Director of Official Languages at Horizon Health Network. It was complemented by documentary research, and these sources are cited as references.

Background

In New Brunswick, the *Official Languages Act*⁴⁶ defines the rights of members of the public regarding healthcare. In this context, an institution must conform to its overall obligation to provide services and to communicate with the public in the official language of their choice.⁴⁷ However, this requirement concerning bilingualism for all health services managed by the province does not mean that every professional who works in these services is bilingual. Health professionals in the area served by the Horizon Health Network expressed a need for training to improve their French-language competencies. Yet, these professionals did not have enough time to pursue such training. It was the main obstacle that prevented them from enrolling in linguistic training. Hence, in 2013, the Café de Paris⁴⁸ was implemented as a pilot project at the Saint John Regional Hospital.

Objective

This initiative aims to provide basic linguistic training tailored to various needs, in health professionals' workplace. This practice enables unilingual professionals to feel comfortable when greeting patients in French or referring them, when needed, to a colleague.

Features of the practice

Initially, a small unoccupied corner of the Saint John Regional Hospital cafeteria was converted into a friendly area, welcoming staff who wanted to practice French: it was called the Café de

46 Assemblée législative du Nouveau-Brunswick. (2002). *Loi sur les langues officielles* Accessed on July 20, 2018 at: <https://www.gnb.ca/legis/bill/editform-f.asp?ID=134&legi=54&num=4>

47 Foucher, P. (2017). French-Language Health Services in Canada: The State of the Law. (Chapter 3). In Drolet, M., Bouchard, P. & Savard, J. (Eds.), *Accessibility and Active Offer: Health care and Social Services in Linguistic Minority Communities* (pp. 65-86). Ottawa: University of Ottawa Press.

48 Société Santé et Mieux-être en français du Nouveau-Brunswick, Réseau de santé Horizon, Association régionale de la communauté francophone de Saint-Jean Inc. (Autumn 2017). *Le Café de Paris : une approche innovatrice pour l'apprentissage ou le maintien du français afin d'appuyer l'offre active. Feuillelet d'information*. Accessed on July 20, 2018, at: http://www.ssmefnb.ca/images/Documents_%C3%A0_t%C3%A9l%C3%A9charger/Document_de_mod%C3%A9lisation_Caf%C3%A9_de_Paris_FR.pdf

Paris. A teacher leads the Café de Paris and provides personalized linguistic support according to attendees' specific requests and needs. People are welcome during lunchtime or breaks to converse in French, or they can simply walk in with specific questions. The relaxed and non-judgmental atmosphere contributes to the success of this initiative among staff.⁴⁹

Professionals are more prepared to respond to users' needs in a safe and satisfactory manner. They can also refer users to relevant resources. In addition, the Professional Development Service at Horizon Health Network provides a certificate (450 hours) that will be credited to a professional's personnel file. Thus, the number of professionals who have acquired linguistic competencies by participating in the Café de Paris is recorded.

In 2017, the Café de Paris provides support services and practical linguistic learning, tailored to the needs of health professionals. It is currently offered in various forms: fixed Café de Paris, theme-based Café de Paris, and mobile Café de Paris.⁵⁰ The mobile Café de Paris, described in the challenges section, is very popular. This practice is now implemented in several health institutions across New Brunswick.

Challenges

The main challenge in implementing the Café de Paris was coordinating service delivery with the availability of health professionals. In order to encourage maximum participation, a mobile Café de Paris was put in place: a language instructor visits the unit where a request was expressed instead of professionals having to move around the hospital.

Analysis⁵¹

Why is this practice considered innovative?

This practice meets a need in the milieu. Indeed, it was born from the lack of opportunities for health professionals to attend linguistic training within health institutions, and from the difficulty for these professionals to invest time outside of their workplace to receive such linguistic training. Members of the subcommittee, who implemented the practice, as well as participating staff, recognize its innovative quality.

49 Ibid.

50 Ibid.

51 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** The practice was subject to informal observations and positive participant feedback. A formal evaluation is ongoing, according to the resource person.
- **Impact:** Testimonials show that by developing linguistic competencies among health and social service professionals, this practice has positive impacts on healthcare system performance. Those who participated in the Café de Paris suggest that this type of training has a tangible effect on their confidence level when addressing users in French in the course of their work.⁵²
- **Applicability:** The practice is implemented in at least nine institutions across New Brunswick.
- **Transferability:** The Café de Paris was set up in 2017 by the recently established Beach Grove Home in Charlottetown, Prince Edward Island. Project initiators heard of the interest generated by the project and it appears that between 2018 and 2023, the Café de Paris concept will also be taken up in other institutions in various Canadian provinces and territories.

52 Ibid.

Practice #7: The Tour of Francophone Institutions (Manitoba)

This practice contributes to improving:

- The organization's resources: hiring, retaining and training bilingual staff in the health sector.

The organization implementing this practice: Santé en français Manitoba.

The information contained in this file was mainly acquired from a telephone interview conducted on June 21, 2017, with Lise Voyer, Recruitment and Career Promotion Manager for Santé en français Manitoba. It was complemented by documentary research, and these sources are cited as references.

Background

In the health sector, recruiting bilingual professionals is a major issue. This is the background against which the Regional Office Southern Health/Santé Sud contacted the Réseau Santé en français du Manitoba to initiate a collaborative process with two nursing programs at the Université de St-Boniface. The need for an initiative aimed at facilitating the recruitment of bilingual professionals was expressed in February 2014. Eight months later, in October 2014, a pilot project was set in motion. Before the implementation of the pilot project, a review of the literature had revealed that, for health students, a placement setting often became their first workplace.

Objectives

The project aimed at increasing access to health professionals in rural areas through better retention. This practice pursues the following objectives: a) demystify rural areas; b) attract future Francophone graduates to these areas; c) encourage them to do a clinical placement in these areas and to work there afterward; d) create links between institutional managers, the community and future graduates of French-language programs.

Features of the practice

During the first tour, 20 students and health professionals travelled more than 200 km by bus to tour three Francophone health institutions in the rural area served by the Regional Office Southern Health.⁵³

Since its inception in 2014, the Tour of Francophone Institutions has evolved. By using questionnaires and videos in an entertaining atmosphere, the time that students spend on the bus has now become a training opportunity in active offer. It is a well-established yearly event in the St-Boniface community: schools, health institutions as well as the community all recognize its relevance and look forward to it.

53 Société Santé en français and Réseau franco-santé du Sud de l'Ontario, 2015, op.cit., p.16.

Challenges

The challenge in implementing this practice related to the context surrounding university studies. Mobilizing a whole school day for visits could conflict with the already quite demanding academic curriculum. Following collaborative efforts, the Tour of Francophone Institutions has become a compulsory practice for students and the day reserved for visits is credited to them (equivalent to four hours of placement).

Analysis⁵⁴

Why is this practice considered innovative?

This practice meets a need in the milieu, and it is perceived as innovative by involved stakeholders. Indeed, it was born out of the need to improve the recruitment and retention of bilingual health professionals in rural areas. Actors who contributed to the development of the practice recognize its innovative nature.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** Participant satisfaction and results that are compiled yearly (number of placements and hires in rural areas among trainees) have shown its usefulness.
- **Impact:** Results reveal that this practice has positive impacts on the performance of the healthcare system by facilitating the recruitment of employees who possess linguistic competencies in both official languages in rural areas where people feel a need to provide French-language services.
- **Applicability:** Thanks to a collaborative effort between seven institutions, the practice has been ongoing since 2014, which attests to its applicability.
- **Transferability:** The same results have been observed in several institutions in Manitoba. Although it has recently been replicated in Southern Ontario, this new practice context has not yet been evaluated.

⁵⁴ This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

Practice #8: A Nurse-Interpreter in a Halifax Hospital (IWK Health Centre) (Nova Scotia)

This practice contributes to improving:

- Your organization's values and principles of: user safety;
- Interinstitutional coordination, liaison and integration mechanisms;
- Communication for service users;
- Community resources.

The organization implementing this practice: IWK Health Centre, Halifax, Nova Scotia.

The information contained in this file was mainly acquired from a telephone interview conducted on September 8, 2017, with Renette Amirault-Laing, Bilingual Services Coordinator at IWK Health Centre. It was complemented by documentary research, and these sources are cited as references.

Background

The IWK Health Centre (named after Izaak Walton Killam, the donor's late husband) is a children's hospital established in 1909 by local Halifax, Nova Scotia physicians. Its clientele largely consists of children, teenagers, and women from the Canadian maritime provinces (New Brunswick, Prince Edward Island and Nova Scotia).⁵⁵ It currently employs almost 3,200 people.

Although active offer is not yet a consistent practice, the hospital strongly encourages it. Employees who can speak French wear lapel pins that say "Bonjour". However, not all services can rely on employees able to speak French. Twenty-five years ago, the Francophone community and health professionals felt a strong need to create the position of bilingual nurse-interpreter. The service having been met with great satisfaction among users, families and health professionals, it has been maintained since then. It is now a unionized position with a new title: Bilingual Services Coordinator.

Objectives

The practice aims to increase access to French-language services at the IWK Health Centre, by delivering direct services and by participating in service planning. The professional's role includes three components:

- Interpreting in French and supporting Francophone families who need to receive health information regarding their medical record in their own language;
- Coordinating administrative records and the translation of documents intended for Francophone users; and
- Maintaining contact with the Francophone and Acadian community.

55 IWK Health Centre, Site portal: <http://www.iwk.nshealth.ca/corporate-home>

Features of the practice

The role of the Bilingual Services Coordinator comprises three components:

1. French-language interpretation: This service is provided to families who need to receive health information regarding their medical record in their own language. Support includes explanations of procedures and communication with the physician. The nurse-interpreter follows the user's path upon arrival, through treatments, and until the person's discharge. She is all at once a service coordinator, a liaison officer, and a support person, contingent on files to which she is assigned. She moves around the whole facility and is contacted by pager. She regularly visits users. She meets three to five families per day, which involves intensive follow-up, interpretation and support. Any French-speaking family admitted to IWK Health Centre can access the services provided by the nurse-interpreter. Users are mainly Acadian individuals.
2. Coordination of administrative records and translation: The professional acts as a liaison between various services regarding French language services. She also coordinates the transmission of letters to translators so they can be translated into the user's mother tongue.
3. Maintaining contact with the Francophone and Acadian community: The nurse-interpreter is part of the Santé en français network, leads and participates in awareness-raising activities and is on the board of the Nova Scotia Interpreting Services (NSIS).⁵⁶

The position had been held by the same person for the last 25 years. Retired since January 2016, the former coordinator was replaced by a new nurse-interpreter, an Acadian from New Brunswick, who continues to support French-speaking families at IWK Health Centre.

It is relevant to mention the existence of two private interpretation services (Remote Interpretation Ontario-RIO Network⁵⁷ and Nova Scotia Interpreting Services-NSIS), that families can call upon when the nurse-interpreter is unavailable. These are remote interpretation services. However, they do not allow for the physical presence of an interpreter that is so comforting for users and, consequently, they are less popular.

Challenges

Being the sole nurse-interpreter in a hospital involves a heavy workload. The challenge lies in being both a nurse and an interpreter. While this dual role enables knowledge of medical procedure terminology and any medical record issue; it is nevertheless a very demanding function. The professional spends more time than expected carrying out interpretation tasks, which leaves little time for other roles.

56 Nova Scotia Interpreting Services provides interpretation services in 40 languages. For more information, visit: <http://interpretingservices.ca>

57 The RIO Network (Remote Interpretation Ontario) is an interpretation service in 180 languages, available on a 24-hour/7-day basis. For more information, visit: <http://accessalliance.ca/programs-services/language-services/r-i-o-network-remote-interpretation-ontario/>

Analysis⁵⁸

Why is this practice considered innovative?

This practice meets a need in the milieu. It derives from the need to ensure quality French-language services for IWK users. Telephone interpretation did not meet users' expectations; lack of visual contact was the main reason for their dissatisfaction.

The practice has been in place for 25 years and since it is not yet widespread it is considered innovative by the hospital's senior managers, healthcare providers, and users. It is recognized by the Société Santé en français networks that have an interest in initiatives that work well in linguistic minority contexts.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** Although it has been in place for 25 years, this initiative has not been formally evaluated. It appears to have positive impacts on user safety: based on testimonials, it is assumed to decrease diagnostic and medical errors. An evaluation of the nurse-interpreter position is planned in the coming months.
- **Impact:** Any French-speaking family admitted to IWK Health Centre can access the services of the nurse-interpreter. However, we have no data on the number of families who actually use these services.
- **Applicability:** This practice is implemented at IWK Health Centre, in Nova Scotia. The initiative is well publicized within the institution and well used by the target population. There is no information available about other institutions or provinces having adopted this practice.
- **Transferability:** Since we have no information about other hospital facilities having implemented a similar initiative, we cannot comment about its transferability.

⁵⁸ This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

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

This practice contributes to improving:

- The continuity of services provided in the official language in a minority situation between various sectors/departments of the organization;
- Interinstitutional coordination, liaison and integration mechanisms.

The organization implementing this practice:

The Champlain Local Health Integration Network (LHIN), Ontario.

The information contained in this file was mainly acquired from a telephone interview conducted in September 2017 with a manager at the Ottawa West Community Resource Centre, from individual or group interviews with a few managers (manager of Community Support Services, director of Primary Care and director of Health Services, Health Promotion and Chronic Disease Management), and with two service providers from the Primary Care Outreach program. These interviews were conducted between April and November 2015 for one of our team's previous studies.⁵⁹ The information was complemented by documentary research, and these sources are cited as references.

Background

Formal and informal partnerships contribute to maintaining the continuum of social and health services in the preferred language of seniors living in a linguistic minority context, between organizations, and within a given organization.

In Eastern Ontario, the Primary Care Outreach to Seniors program is a model of shared care⁶⁰ provided in both official languages by eight community health centres and two community resource centres in the Champlain Local Health Integration Network. A Memorandum of Understanding has been established to define how partners work together.⁶¹

59 Kubina, L., de Moissac, M., Savard, J., Savard, S., Giasson, F. (2018). *Les services sociaux et de santé pour les personnes âgées francophones de l'Est ontarien et du Manitoba : Lignes directrices pour améliorer la continuité des services en français*. GReFoPS, Université d'Ottawa. Available at:

http://www.grefops.ca/uploads/7/4/7/3/7473881/int%C3%A9gral_services_sociaux_sant%C3%A9_pa_francophones_grefops.pdf

English version available at:

http://www.grefops.ca/uploads/7/4/7/3/7473881/complete_health_social_services_francophone_seniors_grefops_29mar2018.pdf

60 A model of integrated healthcare delivery in which close collaboration among practitioners allows for the timely delivery of health and social services by the most appropriate practitioner. Key components of this flexible approach to service delivery includes quality collaborative working relationships, clarity and commonality of objectives, frequent communication among team members, a clear understanding and respect of individual roles and skills within the team. (Paquette-Warren, J., Vingilis, E., Greenslade, J & Newman, S. (2006). What do practitioners think? A qualitative study of mental health and nutrition primary care program. *International Journal of Integrated Care*, 6, e18).

61 Andrews, D. & Dickinson, S. (2016). *Primary Care Outreach: A Shared Care Model Offered from Eight Community Health Centres and Two Community Resource Centres in the Champlain LHIN*. Presented at Shift the Conversation: Community Health and Wellbeing Conference, June 2016, Richmond Hill, Ontario. Accessed on July 17, 2017 at: https://www.aohc.org/sites/default/files/documents/E1_2_Together_we_are_stronger.pdf

Objectives

This program aims to provide an integrated continuum of community-based services to individuals aged 65 and older and their caregivers who are vulnerable, isolated and at high risk of hospitalization. The objective is to allow seniors to stay healthy and live more independently in their own homes.⁶² In addition, the program seeks to avoid unnecessary emergency visits and hospitalizations.

The program assists in coordinating the required services and supports and in clarifying provider roles, thus facilitating transitions to other services. Case management, case coordination, and navigation are implemented on a long-term basis.

Features of the practice

The program supports seniors and their caregivers in accessing required social and health services (for example, food safety, housing, income, regulations, home care services, transportation, chronic disease education, social, physical and recreational activities).⁶³ A case manager (either a nurse or community health worker) is in place to coordinate necessary services and supports, while also clarifying roles among service providers when needed, thus facilitating transitions to other services. The case manager designs, monitors and supports coordinated treatment plans, in a context of provider-client relational continuity. Since a medical referral is not required, any individual can make a referral to this service. Individuals who are eligible for the program are frail seniors, who have the following characteristics⁶⁴:

- 65 years and older;
- no informal supports or inadequate supports;
- social isolation;
- risk of or signs of elder abuse;
- low income;
- language barriers and literacy issues;
- mental health concerns, signs of cognitive decline or diagnosis of cognitive impairment;
- signs of functional decline;
- polypharmacy;
- difficulties following through on care plans/navigating the system;
- frequently miss appointments.

The service is provided in English and French in several community health centres across the Ottawa area. In addition, through case management and navigation among services, the program facilitates access to existing French language services and to cultural interpretation.

Finally, a significant feature of this program for Francophones was identified in one of the initiatives implemented in an area of Ottawa that has a low proportion of Francophones. In this program, both workers, in addition to their interventions, take the time to actively seek and reach

62 South-East Ottawa Community Health Centre. (2017). *Primary Care Outreach to Seniors (PCO)*. Accessed on July 17, 2017, at: <http://www.seochc.on.ca/programs-services/primary-care-outreach-to-frail-seniors-pco/>

63 Primary Care Outreach to Seniors brochure, accessed February 8, 2019 at https://www.eorc-creo.ca/img/PCO_Eng.pdf

64 Andrews & Dickinson, op.cit.

out to Francophone seniors (e.g. give talks in buildings where Francophone seniors live); this leads to Francophone senior's greater use of the program.⁶⁵

Challenges

The greatest challenge related to French language health and social service continuity for Francophone seniors served by the Primary Care Outreach program is personnel availability and ability to deliver French language services.⁶⁶ For example, across one of Ottawa's participating community health centres' territory, two workers provide services for nearly 300 to 345 seniors, all languages combined. Service providers then must choose between several priorities. While program staff must be bilingual, it can happen that one service provider assigned to a centre is less proficient than another. Where only one of the service providers is Francophone or bilingual, the opportunity to receive support in French depends on this person's workload.

Analysis⁶⁷

Why is this practice considered innovative?

The purpose of this practice is to fill gaps in a complex and all too often fragmented health and social services system, where clients struggle to find services that are offered in French. Service providers who were met indicated that this resource deployment makes a significant difference because it provides them with an opportunity to identify Francophone seniors, deliver the services they need, provide support, long-term follow-up and referral to services the centre alone cannot offer.

The program is positively perceived by organizations that established it. While service integration for seniors with complex conditions has long been encouraged, these types of initiatives are still relatively new and scarce in many provinces.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** Thus far, the program implemented in Ontario has not been formally evaluated. However, it is perceived positively by the managers we have met. At the time of this analysis, a formative evaluation of this practice was underway.

Furthermore, similar programs intended for seniors have been researched. A meta-analysis of these studies reveals that preventive interventions in primary care aimed at seniors are associated with a 17% reduction of mortality and a 23% increase in the likelihood of seniors continuing to live in the community.⁶⁸

65 Kubina et al., op.cit.

66 Ibid.

67 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

68 Ploeg, J. et al. (2005). Effectiveness of preventive primary care outreach interventions aimed at older people: meta-analysis of randomized controlled trials. *Canadian Family Physician*, 51(9), 1244-1245.

- **Impact:** According to the managers and service providers who were met, this practice has positive impacts on healthcare system performance and on seniors, since the long-term follow-up of frail seniors ensures that they can enjoy a better quality of life while fostering more appropriate use of health resources.
- **Applicability:** The practice is currently implemented in eight community health centres and two community resource centres in the Champlain LHIN, in Ontario.
- **Transferability:** Since its beginning in 2009, the program was progressively extended in the Champlain LHIN region. It is plausible to consider that it would be transferable and achieve similar results in regions with comparable characteristics to those found in Eastern Ontario.

Practice #10: Satellite Service Points (Ontario)

This practice contributes to improving:

- Interinstitutional coordination, liaison and integration mechanisms.

The organization implementing this practice:

Several Eastern Ontario community health and social service organizations.

The information contained in this file was mainly acquired from group or individual interviews conducted between April and November 2015 with managers of community support programs, services for handicapped seniors and adults, community health programs and primary care services. These interviews were carried out for one of our team's previous studies.⁶⁹ It was complemented by documentary research, and these sources are cited as references.

Background

Not all organizations who wish to provide services in French have the resources to do so. Francophone satellite service points are based on formal agreements to serve Francophone seniors more efficiently by having health and social service providers and professionals from one organization offer services on the other organization's premises. Services vary according to the needs identified by the host organization and available resources (financial and human) in the organization providing the service.

Objectives

While there is a range of satellite service points, our interviews with managers revealed the following shared objectives:

- 1) Pool resources to provide Francophone seniors with very specialized services in a nearby facility;
- 2) Enable the delivery of French-language services in locations where the density of the Francophone population does not allow for the development of organizations intended for this clientele;
- 3) Increase the visibility of services by bringing them together in a centralized location.

Features of the practice

Some of the examples identified during interviews:

- A Francophone community health centre in a rural area, where the Francophone population, despite its high concentration, is scattered across a vast territory and remote from services located in urban settings. At the community health centre, Francophone seniors have access, onsite, at a predetermined time, to the following services (in compliance with referral criteria): a support group for individuals with Parkinson's disease and their caregivers (agreement with Parkinson Canada); services from a podiatrist (agreement with an urban community health centre); physiotherapy (agreement with the rural hospital located 30 km away from the centre). In addition, the

69 Kubina et al., 2018, op. cit.

centre lends its rooms to the area community resource centre, so that a day program for seniors can take place in French four days a week.

- A community resource centre located in an urban setting with a high concentration of Francophones, where seniors can access the following services onsite, among others: support and intervention for senior women in abusive situations (agreement with the *Maison d'amitié*); support related to indebtedness and financial abuse (agreement with *Entraide budgétaire*).

The practice develops as managers watch for opportunities to establish agreements and service offers.

Challenges

Funding is the main barrier to satellite service points. For example, due to lack of funding, a Francophone community service organization recalled their satellite staff to headquarters. The onsite presence of these employees was replaced by a telephone link.⁷⁰

Analysis⁷¹

Why is this practice considered innovative?

This practice comes from the need to provide very specialized services to Francophone seniors, in a nearby location, particularly in areas where the Francophone population density does not allow permanent services from a variety of organizations. Agreements enable the deployment of Francophone human resources from one centre to another, to respond more efficiently to seniors' health and social needs, provide services that seniors require, or refer them to these services when needed.

The managers and providers who were met considered the practice to be innovative, as it goes beyond the normal scope of service delivery.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** Although we know of no formal evaluation of satellite service points for Francophone seniors, several positive outcomes were identified by the managers and providers who were met.
- **Impact:** Short-term results mentioned were bringing French services closer to seniors and a comprehensive offer of social and health services. This initiative enabled: a) the bypassing the barriers to French Language health and social service access, such as lack of awareness about services and the travel distance to access them, and b) identifying Francophone seniors' emerging health and social service needs.⁷²
- **Applicability:** The practice is currently implemented in several Eastern Ontario facilities.
- **Transferability:** Similar results were reported by all respondents.

70 Ibid.

71 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

72 Kubina et al., 2018, op. cit.

Practice #11: The *Information and Support Guide for Caregivers* (Quebec)

This practice contributes to improving:

- Communication for service users;
- Community resources.

The organization implementing this practice:

Appui pour les proches aidants d'aînés, région Laurentides, in collaboration with several partners including the 4 Korner's Family Resource Center, Laurentians, Quebec.

The information contained in this file was mainly acquired from a telephone interview with Stephanie Helmer, Executive Director, 4 Korner's Family Resource Center. It was complemented by documentary research, and these sources are cited as references.

Background

It is more difficult for Anglophones in Quebec to access services in their own language outside the island of Montreal's well-supplied English language resources.

In the face of an aging population, along with seniors themselves and health professionals, caregivers are essential actors in seniors' health and social services trajectory.⁷³ Studies reveal that positive interactions between all these stakeholders have considerable effects on users' health improvement and well-being.⁷⁴

The 4 Korner's Family Resource Center⁷⁵ collaborated with Appui pour les proches aidants d'aînés, région Laurentides⁷⁶ to provide Anglophone caregivers with an information and support guide.⁷⁷

Objectives

The objective for creating this guide in English was to facilitate access to a resource containing a wealth of information for caregivers of Quebec Anglophone seniors. The guide was produced in Quebec to account for resources that are available in this province.

73 Silverman, M. (2015). Observing women caregivers' everyday experiences: new ways of understanding and intervening. *Journal of Gerontological Social Work*, 58(2), 206–222. DOI:10.11080/01634372.2014.939384

74 Bodenheimer, T., Wagner, E. H. & Grumbach, K. (2002). Improving Primary Care for Patients with Chronic Illness: The Chronic Care Model, Part 2. *JAMA*, 288(15), 1909-1914. doi:10.1001/jama.288.15.1909.

75 The 4 Korner's Family Resource Center. (n.d.) About 4 Korner's. Accessed on October 11, 2018, at: <http://www.4kornerscenter.org/>

76 L'Appui pour les proches aidants d'aînés. (n.d.) *Qui sommes-nous?* Accessed on October 11, 2018, at: <https://www.lappui.org/L-Appui-national/Qui-sommes-nous>

77 The *Information and Support Guide for Caregivers*, <https://www.lappui.org/en/Practical-tips/Guides-for-caregivers>

Features of the Practice

The *Information and Support Guide for Caregivers*, issued in 2016, was translated from an existing guide in French, *Proches aidants d'aînés : Accompagner tout en gardant l'équilibre*. This guide is designed to provide information to people caring for seniors and to those who will unexpectedly take on that role. Translation into English was made possible by financial contributions from the CISSS des Laurentides and Appui pour les proches aidants d'aînés, région Laurentides.

The guide provides advice on various aspects of care, as well as useful instructions for caregivers to adapt their lifestyle and their environment to ensure a better quality of life for themselves and for the senior they care for. It can be downloaded, free of charge, from the website of l'Appui⁷⁸ or a hard copy can be purchased for a small fee. In addition, copies are available at CLSCs and hospitals.

Challenges

According to the resource person interviewed, one of the major challenges is bringing caregivers to recognize that they are caregivers and that support is available for them. The second challenge relates to the distribution of the guide. Finally, a third challenge involves the lack of funding to update and print additional copies of the guide.

Analysis⁷⁹

Why is this practice considered innovative?

This practice meets a community need and the actors involved perceive it as innovative. Indeed, it was born from the need to facilitate caregivers' access to advice that would allow them to improve the quality of life of seniors in their community.

Emerging, Promising or Leading: A Promising Practice

- **Quality of evidence:** The practice has not been researched. Testimonials from stakeholders show that the guide meets a need for information and support among minority Anglophone caregivers.
- **Impact:** Testimonials from providers who share the guide with caregivers tend to confirm that it enhances knowledge among its users.
- **Applicability:** The resource is available on the web, as well as in CLSCs and hospitals in the Laurentian region. It is widely used. Furthermore, member organizations of the Community Health and Social Services Network (CHSSN)—Réseau communautaire de services de santé et de services sociaux (RCSSS) distribute the guide outside the Laurentian area.
- **Transferability:** Information outlined in this guide is transferable to various Quebec regions.

78 Ibid.

79 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

Practice #12: Lunch and Chats at the Vanier Community Service Centre (Ottawa)

This practice contributes to improving:

- Interinstitutional coordination, liaison and integration mechanisms.

The organization implementing this practice:

Vanier Community Service Centre, Vanier Ottawa.

The information contained in this file was mainly acquired from a telephone interview conducted on August 3, 2017, with Barra Thiom, Community Developer for the Vanier Community Service Centre. It was complemented by documentary research, and these sources are cited as references.

Background

The Vanier neighbourhood, located east of the Rideau River in the City of Ottawa, is home to a significant number of Francophone seniors.⁸⁰ However, both the lack of French-language services and precarious socioeconomic conditions tend to increase this population's vulnerability.

The Vanier Community Service Centre (CSC Vanier⁸¹) “works closely with seniors and partners to develop a range of activities and services which counter isolation, increase residents’ knowledge by connecting them to useful resources and encourage community involvement and participation”.⁸² The Centre also actively promotes and protects the rights of seniors in a linguistic minority situation.

Objectives

Lunch and Chats led by CSC Vanier aim to counter isolation and to inform and equip seniors living in the Vanier area with a view to increasing their quality of life. They target two neighbouring subsidized facilities for seniors.

Features of the Practice

Lunch and Chats were created in 2009 following a collaborative effort between various local actors, including Ottawa Public Health, the Centre de services Guigues (a centre for Francophone seniors), Ottawa Community Housing (OCH)⁸³, subsidized seniors’ housing

80 Proportion of residents whose mother tongue is French: 40.6% (Vanier South) and 36.9% (Vanier North). *Statistics Canada Census of Population 2011; Ottawa Community Data Consortium, Community Data Program of the Canadian Council on Social Development*, accessed on February 7, 2019, from the [Ottawa Neighbourhood Study](#) under their [Terms of Use](#).

81 Vanier community Service Center, accessed on July 20, 2017, at: <http://www.cscvanier.com/en>

82 Centre des services communautaires Vanier. (n.d.) *Aînés, une priorité pour Vanier!* Accessed on July 20, 2017, at: <http://www.cscvanier.com/fr/communaute/developpement-communautaire/soutien-aux-aines>

83 Ottawa.Community Housing, accessed on July 20, 2017, at: <http://ochfoundation.ca/partners/ottawa-community-housing/>

resident committees, and CSC Vanier. Since then, meetings have been held monthly. Discussion themes are set out by CSC Vanier service providers, in consultation with partners and seniors themselves. Some of the topics addressed include medication management, community resources, nutrition, and fall prevention.

Lunch and Chats provide:

- A meeting space in a welcoming atmosphere (a shared meal) to discuss themes of interest to seniors;
- Awareness-raising on various topics;
- An opportunity to build trust between the person who is supported and the CSC Vanier worker;
- A gateway for seniors who may be isolated and in need of health and social services in French.

Challenges

Resource persons raised three challenges the project had to face. They relate to: a) participation among seniors living in the neighbourhood; it would have been useful to build a trusting relationship with them to promote their participation; b) the presence of one resident committee chair, which was not supportive for collective management; c) the lack of funding; Lunch and Chats are currently exclusively funded CSC Vanier.

Analysis⁸⁴

Why is this practice considered innovative?

This practice meets a community need and it is perceived as innovative by the actors in charge of its implementation. In fact, it was born out of the need to counter isolation among seniors, particularly those who live in subsidized facilities, to enhance their quality of life.

Emerging, Promising or Leading: A Promising Practice

- **Quality of evidence:** The practice was subjected to an evaluation process that confirmed the alignment between practice goals and CSC Vanier's strategic plan.⁸⁵ This process identified aspects that could be improved. The practice is well perceived by beneficiaries, service providers, and partners. Data is compiled yearly and includes the number of Lunch and Chats participants as well as partnerships created.
- **Impact:** Community stakeholders recognize this practice's positive effects on healthcare system performance by breaking down isolation and informing and supporting seniors with a view to increase their quality of life.

Lunch and Chats are a gateway for seniors who may be isolated and in need of health and social services in French by facilitating their access to CSC Vanier services and by building a trusting relationship with a service provider during lunches. This activity also

84 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

85 Laniel, M-E. (2012). *Enabling Occupation among Isolated Seniors*. Final Report Prepared for the Vanier Community Service Center (VCSC).

contributed to CSC Vanier identifying the need for and implementation of other projects for seniors.

- **Applicability:** The practice is ongoing in two facilities targeted by the Vanier Community Service Centre. It is conceivable that similar practices could be organized by other community service centres in Ottawa and beyond, although resource persons who were consulted had no data on this matter.
- **Transferability:** We have no information on other similar initiatives.

Practice #13: A Public Health Nurse Working in a Community Service Centre Who Ensures the Referral of Seniors to Appropriate Resources (Ontario)

This practice contributes to improving:

- Interinstitutional coordination, liaison and integration mechanisms.

The organization implementing this practice:

Ottawa Public Health and the Vanier Community Service Centre, Ottawa.

The information contained in this file was mainly acquired from a telephone interview conducted on August 3, 2017, with Barra Thiom, Community Developer. It was complemented by documentary research, and these sources are cited as references.

Background

The Vanier Community Service Centre (CSC Vanier)⁸⁶ is located near two subsidized facilities for low-income autonomous seniors in the City of Ottawa's Vanier neighbourhood (see practice #12). Both residences house a majority of Francophone seniors. This population quickly became a target for CSC Vanier service providers. A partnership was launched with Ottawa Community Housing (OCH), owners of the facilities⁸⁷ and the resident committees of both facilities. Since they are not long-term-care institutions, the facilities do not offer healthcare services. This factor, combined with the considerable isolation among residents that was observed by community centre staff, confirmed the need for an intervention specifically designed for this population.⁸⁸

Coincidentally, Ottawa Public Health implemented a program where community nurses worked full time in community service centres across Ottawa. This physical proximity contributed to the ability to combine emerging findings in the community (isolation and lack of services) to the expertise of a nurse, leading to the design of a structure that ensured the delivery of services to residents.⁸⁹ As a result, through Lunch and Chats (a practice developed in collaboration with the public health nurse), it was possible to reach residents in their living environment where they could share a meal in a welcoming atmosphere (see practice # 12), to better identify their health and social services needs.

Objectives

This program, funded by Ottawa Public Health, enabled the deployment of a nurse at CSC Vanier. She was responsible for identifying seniors' needs and referring them to the services they required.

86 Vanier community Service Center, accessed on July 20, 2017, at: <http://www.cscvanier.com/en>

87 Ottawa Community Housing. Accessed on July 20, 2017, at: <http://ochfoundation.ca/partners/ottawa-community-housing/>

88 Laniel, 2012, op.cit.

89 Ibid.

Features of the Practice

Along with CSC Vanier's psychosocial service providers (see practice #12), the public health nurse used Lunch and Chats to reach out to residents in their living environment and to share a meal in a warm atmosphere, while addressing any concerns seniors may have about their health. Consequently, the nurse could assist in managing medications and in referring individuals to relevant health services according to the care they needed, with a view to reducing unnecessary visits to hospital emergency services.

Nurses are currently redeployed elsewhere and are no longer physically present in community service centres.

Challenges

The main challenge for community resource centres who wished to carry on the practice in their neighbourhood was funding the position of a community health nurse. In fact, following the redeployment, community service centres did not have the financial means to pay for the nurses' services which were previously fully funded by Ottawa Public Health.

Analysis⁹⁰

Why is this practice considered innovative?

Needs were identified by Ottawa Public Health at the time of program implementation and relied on a solid evidence base. Community stakeholders also recognize the importance of having a nurse assigned to the community and the innovative nature of the practice.

Emerging, Promising or Leading: An Emerging Practice

- **Quality of evidence:** This initiative has not been formally evaluated. However, recipients, providers, and partners found it efficient and relevant.
- **Impact:** Community actors recognize that this practice has positive impacts on healthcare system performance by breaking down isolation, informing and supporting seniors to enhance their quality of life. The nurse's role enabled the referral of seniors so they could benefit from individualized follow-up at the Vanier Community Service Centre, or referral to necessary services; thanks to appropriate resource utilization, these interventions fostered better monitoring of seniors' health status.
- **Applicability:** The practice is no longer implemented in community service centres. However, the Primary Care Outreach to Seniors program was set up in community health centres.
- **Transferability:** Transferability was somewhat demonstrated since public health nurses were deployed in 13 community health centres.

⁹⁰ This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

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

This practice contributes to improving:

- Community resources: collaboration of the organization with key community stakeholders.

The organization implementing this practice:

The Fédération des aînés et retraités francophones de l'Ontario (FARFO), Ontario.

The information contained in this file was mainly acquired from documentary research and these sources are cited in the references. The information was validated by Jean-Louis Schryburt, President of the Fédération des aînés et des retraités francophones de l'Ontario (FARFO), Ottawa Region.

Background

The Fédération des aînés et retraités francophones de l'Ontario (FARFO) was created in 1978 and its 10,000-strong membership brings together individuals and affiliated organizations from across the province. Its mandate is to promote the interests of all Ontario Francophone seniors and retirees and to enhance their quality of life. In addition, it aims to encourage a positive outlook on aging and community engagement.

Since 2015, the FARFO is in charge of managing information fairs intended for Francophone seniors.⁹¹ Previously, these were held under the direct auspices of the Ontario Seniors' Secretariat (2004–2009). Since their launch in 2004, information fairs have been part of a larger educational initiative targeted at Francophone seniors and funded under the Canada/Ontario Agreements on French Language Services.⁹² As a result of this initiative, the FARFO is also able to convey the needs of its members to health and social service providers, including the need to access these services in French.

Objectives

The objective of the fairs is to provide information to Francophone seniors in their own language, on a variety of topics that may have an impact on their quality of life. They also foster networking between various organizations that provide French-language services and Francophone community groups.

Furthermore, this practice also intends to ensure that Francophone seniors contribute to the vitality of Ontario's Francophone minority community.

91 FARFO. (n.d.) *Foires d'informations de la FARFO*, Accessed at : <http://farfo.ca/foires-dinformatons-farfo/>

92 This initiative is funded by equal contributions from the Federal government, under the Canada/Ontario agreements on French-Language Services. The agreement reached between the FARFO and Ontario's Seniors' Secretariat covers a five-year period (2013 – 2018).

Features of the practice

Information fairs are valuable awareness-raising and educational tools to address issues that affect seniors' health and quality of life (for example, abuse and fraud prevention, nutrition, financial and legal issues, mental and physical health, safety, as well as locations where these services are offered in French). In addition, information fairs are networking platforms and an opportunity for participants to establish/renew partnerships. By participating in information fairs, Francophone seniors gain better knowledge about the services available in French while organizations become better acquainted with the needs of Francophone seniors.

Information fairs are led by the FARFO's provincial body, in collaboration with each regional entity. Privileged partners are: host organizations, community care volunteers, seniors' clubs and French-language health services networks.⁹³ While a great majority of information fairs organized since 2004 were held in urban areas, the project currently aims to promote these activities in rural and remote locations.⁹⁴

Challenges

The first challenge is that seniors must travel to these activities, particularly in major regions. The second challenge emerges from a misunderstanding on the part of organizations that wish to participate in information fairs while providing no French-language services to the area's Francophone population. When launching activities, organizing booths or transmitting information, organizations must be able to do so in the official minority language, which, for many of them, is not the case.

Analysis⁹⁵

Why is this practice considered innovative?

This practice meets a community need. It aims to fill an information gap for Ontario Francophone seniors and organizations who serve this population. Furthermore, each information fair report⁹⁶ contains positive comments about these events providing better information to Francophone seniors living in a linguistic minority context, by addressing relevant themes and helping these seniors age in good health. In a few cases, organizations that provide French-language services indicated that information fairs enabled them to uncover many of this population's needs.

This practice is perceived as innovative by all partners because it encourages Francophone seniors to play a part in highlighting needs related to services in their own language and community vitality.

93 *Rapport annuel de la FARFO 2015-2016* at http://farfo.ca/wp-content/uploads/2016/09/FARFO-RAPPORT-ANNUEL2015-2016_final.pdf

Rapport de la Présidence et des réalisations 2013-2015 at <http://farfo.ca/wp-content/uploads/2015/07/Rapports-annuels-2013-2015.pdf>

94 The five targeted Ontario areas are: East, Far North, Mid-North, Ottawa and Southwest.

95 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

96 Available at: <http://farfo.ca/foires-dinformations-farfo/>

Emerging, promising or leading: A promising practice

- **Quality of evidence:** The practice has not been researched. However, some reports contain indicators that specify the number of participants and other relevant information.⁹⁷ The FARFO's annual reports⁹⁸ also provide facts about some of the outcomes generated by information fairs. In general, these reports emphasize the positive aspects of these activities. Host organizations may use a template for the final report that seems to frame data collection in such a way that enables the evaluation of these activities.
- **Impact:** Based on the information collected about this practice, three types of impacts were identified: a) the information better equips Francophone seniors living in a minority context; b) community mobilization leads to awareness-raising among service providers about the importance of active offer in the user's preferred language; c) information fairs are networking opportunities, increasing collaboration between organizations that promote the continuum of care in the minority official language.
- **Applicability:** Between 2013 and 2016, seventeen information fairs were held across Ontario, accounting for six fairs per year, which, in our view, is a good success indicator for this practice.
- **Transferability:** It seems possible to transfer this practice to other organizations and provinces. The main point is that it requires vast community participation and a good amount of volunteer work. Moreover, financial resources are also required to fund the event's logistics.

97 These reports are available at: <http://farfo.ca/foires-dinformatons-farfo/>

98 Available at: <https://farfo.ca/rapports-annuels/>

Practice #15: The Health and Social Services Component of the Townshippers' Association (Quebec)

This practice contributes to improving:

- Collaboration with community resources.

The organization implementing this practice:

Townshippers' Association, Eastern Townships, Quebec.

The information contained in this file was mainly acquired from a telephone interview conducted on July 10, 2017, with Michelle Amy Lepitre, Special Projects Coordinator, Health and Social Services, Townshippers' Association. The information was complemented by documentary research, and these sources are cited as references. It was further validated by Rachel Hunting, Executive Director of the Townshippers' Association.

Background

“Community vitality encourages requests for services in the official language of the minority and has a positive influence on the active offer of these services” [translation].⁹⁹ It is defined as “a community’s ability to take charge of its development based on several types of resources (demographic, political and legal, social, economic and cultural), that are transformed for the benefit of the community through dynamic leadership” [translation].¹⁰⁰ Studies have shown that strong community vitality can be associated with better self-rated health¹⁰¹ and that community organizations play a positive role in the physical and psychological health of communities in linguistic minority situations.¹⁰² With this in mind, we chose to outline the Townshippers' Association¹⁰³ that works on awareness-raising with health and social services to improve services provided to the English-speaking community of the Quebec Eastern Townships.

The Townshippers' Association is part of a larger network, the Community Health and Social Services Network (CHSSN)—Réseau communautaire de services de santé et de services sociaux (RCSSS). It supports English-speaking communities in the province of Quebec and facilitates access to health and social services in their own language.¹⁰⁴

Objectives

99 Comité sénatorial permanent des langues officielles. (2011). *L'épanouissement des communautés anglophones du Québec : du mythe à la réalité*. Rapport du comité sénatorial permanent des langues officielles (2011). Accessed on June 18, 2017, at: http://publications.gc.ca/collections/collection_2011/sen/yc34-0/YC34-0-411-2-fra.pdf (2011).

100 Commissariat aux langues officielles. (2007). *Les indicateurs de vitalité des communautés de langue officielle en situation minoritaire 1 : les francophones en milieu urbain*, Ottawa, p. i)

101 Alimezelli, H. T., Leis, A., Karunanayake, C., & Denis, W. (2013). Determinants of self-rated health of Francophone seniors in a minority situation in Canada. *Minorités linguistiques et société*, 3, 144-170

102 Harrison, S., Paré, F., Forgues, É., Guignard Noël, J., & Landry, R. (2009). La contribution des centres scolaires communautaires à la santé des francophones vivant en milieu minoritaire. *Francophonies d'Amérique*, 28, 197-212

103 Townshippers Association. (n.d.). Accessed on June 18, 2017, at: <http://townshippers.qc.ca/portal/lassociation-townshippers/>

104 Community Health and Social Services Network. (n.d.). About Us. Accessed on June 18, 2017, at: <http://chssn.org/about-us/>

The Santé et services sociaux/Health and Social Services component of the Townshippers' Association aims to build bridges between, on the one hand, the English-speaking population living in the Eastern Townships, and on the other hand, health and social service organizations and their professionals, in order to improve the Anglophone community's access to services in English.

Features of the Practice

The Townshippers' Association works closely with a wide range of organizations and institutions to overcome the challenges faced by the Anglophone population living in a minority context regarding access to English-language health and social services. In fact, federal, provincial and municipal entities, as well as other institutions that deal with the Anglophone population in the area, often solicit the Townshippers' advice. This community networking approach allows professionals to gain knowledge about Anglophone seniors¹⁰⁵, to identify their social and medical needs and to facilitate access to health and social services for people who are having trouble finding information about these services.

Among activities intended for seniors, the Townshippers' Association organizes awareness-raising workshops on specific themes, such as Alzheimer's disease, diabetes, physical exercise, nutrition and screening for diabetes. These workshops are occasionally facilitated by health professionals or by a dynamic group of volunteers. Arrangements for these workshops depend on the active engagement of the area's English-speaking community.

Challenges

The main challenge faced by the Townshippers' Association is to make itself known to health professionals. Its main role is to link health professionals and Anglophone seniors living in a minority situation in Quebec; at times, the Association finds it difficult to have its role recognized by the health and social services system.

Analysis¹⁰⁶

Why is this practice considered innovative?

This practice meets a community need. In fact, it was born from the need to facilitate access to health and social services for the Eastern Township Anglophone community and from the community's wish to assert its linguistic and cultural rights in a predominantly Francophone province. Both health and social service providers and professionals perceive this practice very favourably.

105 For example, a document intended for professionals was produced, describing the English-speaking senior population residing on the territory served by the Association. Townshippers' Association. (2017). *Profil des personnes âgées d'expression anglaise RTS de l'Estrie – CHUS*. Accessed on June 25, 2017, at: <http://townshippers.qc.ca/portal/wpdm-package/profil-des-les-personnes-agees-dexpression-anglaise-rts-de-lestrie-chus/>.

106 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** The Townshippers' Association activities are evaluated in the context of the overall evaluation of the CHSSN network programs, while individual projects are evaluated by the Townshippers' Association.
- **Impact:** The practice reaches the general English-speaking population in the Eastern Townships, including some 8,000 seniors aged 65 and over. The Anglophone population is proportionally older (22.6% of seniors) than the Francophone population (16% of seniors).¹⁰⁷ According to providers who were interviewed, awareness-raising regarding active offer and networking efforts with health services providers are winning strategies when it comes to improving access to health services for seniors living in a minority situation, in this instance, Anglophone seniors and their families.
- **Applicability:** In Quebec, more than 60 organizations represent segments of the English-speaking population in this province. Many of these organizations have health and social services components.
- **Transferability:** As previously mentioned, other organizations in the province of Quebec share a comparable mandate. Elsewhere in Canada, associations hold a similar mandate with the French-speaking population. We do not have data that could lead us to affirm similar achieved results.

¹⁰⁷ Townshippers' Association, 2017, op.cit.

Practice #16: French-Language Placements to Prepare for Serving a Francophone Minority Community's Francophone Clientele (Ontario)

This practice contributes to improving:

- An organization's resources: hiring, retaining and training bilingual health personnel;
- Professionals' awareness of active offer.

The organization implementing this practice:

The Groupe de recherche sur la formation professionnelle en santé et service social en contexte francophone minoritaire (GReFoPS), in collaboration with the Interprofessional Rehabilitation Clinic, University of Ottawa.

The information contained in this file was mainly acquired from an in-person interview conducted on February 28, 2018, with Jacinthe Savard, a researcher with the Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire. It was complemented by documentary research, and these sources are cited as references.

Background

Students who opt for a career in healthcare consider several factors when the time comes for them to choose a program of study (proximity to their home, admission requirements, financial assistance opportunities, etc.). Therefore, Francophone or bilingual students do not always choose to study in French. As a result, during their studies, they may learn very little about field-specific French vocabulary and resources available in French. In addition, they may have very few opportunities to network with other Francophone professionals and organizations in minority communities.

Between 2015 and 2017, the GReFoPS led a research project to evaluate, enhance and disseminate a model of clinical training intended to prepare bilingual students enrolled in English programs to provide services in French.

Objectives

For organizations that deliver health and social services, welcoming a trainee who can provide services in French allowed them to:

- 1) Provide services in French to their Francophone clientele;
- 2) Enhance the preparation of prospective health professionals who will be able to offer French-language services in minority language contexts;
- 3) Facilitate the recruitment of future professionals able to provide services in French.

The GReFoPS-led project aimed to arrange for clinical placements in French for Francophone or Francophile students enrolled in one of the English health programs offered by universities in various Canadian provinces outside of Quebec. It can be adapted to other linguistic minority context situations.

It is expected that these placements improve readiness among future health professionals and facilitate the integration of health professionals who can speak French in Francophone minority communities (FMCs). For trainees, the objectives were to:

- Minimize their feeling of linguistic insecurity by having the opportunity to learn and practise field-specific vocabulary in French;
- Increase their knowledge of available resources in French and their ability to adapt these resources in a Francophone minority community (FMC); and
- Start to build a network of Francophone professional contacts working in FMCs that they will be able to refer to once they are in the workforce, whether as professional support (discussing resources related to their care offer) or as personal support (sharing the difficulties encountered, peer support).

Features of the practice

Between 2015 and 2017, 18 trainees from Anglophone educational institutions able to speak French completed a placement in French at the University of Ottawa's Interprofessional Rehabilitation Clinic.

Key components of the practice are as follows:

- Placement preparation by communication between the placement setting and the educational institution's coordinator of clinical training to identify a student able to speak French in the required field and to establish a formal placement agreement.
- Communicating with the student to define the desired level of language proficiency and mutual expectations.
- Welcoming the student: Along with an onsite orientation, students received a short training on the challenges of providing services in French.
- Support to working in French throughout the placement; a supervisor who is open, fostering a trusting environment where the student can progress; documents available in French; pairing the trainee with Francophone clients during the placement, etc.

Results achieved through this research project led to the creation of two handbooks, one for care providers who would like to welcome a trainee who can speak French, and another for clinical training coordinators. The handbook for care providers proposes a seven-step process to welcome a trainee who can serve a Francophone clientele in a Francophone minority setting. Both handbooks are available in French and in English.¹⁰⁸

Challenges

Students do not always self-identify as bilingual, nor do they necessarily ask for a placement in French. Therefore, it may be difficult to find students that can speak French within the post-secondary institution located in the region. It is recommended to contact the educational institutions' clinical training coordinators and to provide them with a letter of invitation, including a questionnaire aimed at finding students who have some knowledge of French. These resources are provided in the handbook intended for healthcare providers.

¹⁰⁸The handbook in French is available at: http://www.grefops.ca/guides_fr.html
The handbook in English is available at: http://www.grefops.ca/guides_en.html

In some professional disciplines, placement priority is given to the post-secondary educational institution located in the area. It is possible that no student from a given institution can speak French. In that case, the area's placement coordinator may be asked about the possibility of arranging for a placement in another post-secondary educational institution where a trainee who can speak French can be found.

Analysis¹⁰⁹

Why is this practice considered innovative?

This practice meets a need for professionals who can provide services in French by identifying students enrolled in health and social service programs who are able to speak French, and by giving them the opportunity to become familiar with working in a Francophone minority context. The practice was well received by clinical training coordinators from the various participating programs of study. It is also perceived as innovative by organizations in charge of providing health and social services in the official language in a minority setting, such as Health Canada and the Community Health and Social Services Network.

Emerging, promising or leading: A promising practice

- **Quality of evidence:** This practice was the subject of a research project that included data collection from trainees and feedback from those responsible for clinical training.¹¹⁰
- **Impact:** Results from the research project show that students who completed a placement in French subsequently felt more confident when it came to self-identifying as bilingual professionals and providing services in French.
- **Applicability:** The practice described in this file has been implemented by the Interprofessional Rehabilitation Clinic at the University of Ottawa. Another practice with comparable objectives was carried out at the same time in Southern Ontario.¹¹¹ However, components of the implementation were different. Some aspects of this practice are applicable to various Francophone minority organizations hoping to welcome a French-speaking trainee.
- **Transferability:** Handbooks intended for coordinators of clinical training and care providers suggest ways of transferring the experience to other settings. Testimonials about a project implemented in Southern Ontario, with similar objectives, indicate that this practice holds potential for transferability.

109 This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf also outlined in Appendix 1.

110 Savard, J., Benoît, J., Dubouloz, C.J., Breau-Godwin, S. (2018). Des stages en français pour se préparer à travailler auprès des communautés francophones en situation minoritaire. *REFLETS : revue d'intervention sociale et communautaire*, 24 (2), 154-181.

111 Réseau Franco-santé du Sud de l'Ontario (n.d.). *Communauté accueillante 2018-2021* Accessed on November 1, 2018 at: <http://francosantesud.ca/meilleures-pratiques/projets/#communaute-accueillante-2018-2021>

Appendix 1 — The Health Council of Canada’s Innovative Practices Evaluation Framework

Source: Health Council of Canada (2012). *Innovative Practices Evaluation Framework*.
Retrieved from: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf

a) Category Descriptions under the Framework



Leading Practice - A practice that has been implemented in multiple settings outside of the original setting and there is high quality research (e.g., appropriate and rigorous evaluative methods, publication in a peer-reviewed academic journal) that has evaluated the practice with results consistently demonstrating a positive impact on health outcomes and/or health care system performance.

Promising Practice - A practice that has been implemented in at least one setting outside of the original setting and there is preliminary research (e.g., pilot studies) that has evaluated the practice with results (with some variability) demonstrating a positive impact on health outcomes and/or health care system performance.

Emerging Practice - A practice that has been implemented in one setting and there is information obtained from personal accounts, informal observations and/or ongoing evaluation that suggests the practice can have a positive impact on health outcomes and/or health care system performance.

Not Categorized Practice — A practice reported on by the Health Council that has not been evaluated using the Innovative Practices Evaluation Framework.

b) Innovative Practices Evaluation Framework™ Matrix

EVALUATION CRITERIA	FRAMEWORK CATEGORIES		
	EMERGING PRACTICE	PROMISING PRACTICE	LEADING PRACTICE
Quality of Evidence	There is information from personal accounts and/or informal observations that has evaluated the practice and/or formal evaluation is ongoing.	There is preliminary research that has evaluated the practice (e.g., pilot studies).	There is high-quality research that has evaluated the practice (e.g., appropriate and rigorous evaluative methods, publication in a peer-reviewed academic journal)
Impact	Results are emerging and indicate the practice can have a positive impact on health outcomes and/or healthcare system performance.	Results (with some variability) demonstrate the practice has a positive impact on health outcomes and/or healthcare system performance.	Results consistently demonstrate that the practice has a positive impact on health outcomes and/or healthcare system performance.
Applicability	The practice has only been implemented in one setting but is theoretically applicable to other settings.	The practice has been implemented in at least one other setting.	The practice has been implemented in multiple additional settings.
Transferability	The results have not been replicated in another setting but are theoretically replicable elsewhere.	The results have been replicated in at least one other setting.	The results have been replicated in multiple settings.

healthcouncilcanada.ca/innovation

Appendix 2—Key Concepts and Definitions

SERVICE COORDINATION

Essentially, coordination consists of combining (“co”) interdependent elements to *bring order* to a life that would otherwise quickly become chaotic, “orderly actions by everyone are necessary to a harmonious living together in a world that is by nature decidedly plural”¹¹² [translation].

It involves a global and comprehensive evaluation of users’ needs to best protect their interests while continuing to foster their functional and decision-making autonomy. In the face of ageism and other negative representations of aging particularly associated with loss and dependency, it is important to rely on the functional capacities associated with the user’s and their caregivers’ quality of life ¹¹³[translation].

Service coordination is part of the movement to humanize services; it considers users’ needs and requests and respects their humanity and dignity.

SERVICE INTEGRATION

Service integration is defined as “the will to harmonize various dimensions of the health system with other required services to ensure users’ well-being”¹¹⁴ [translation]. It promotes the creation of spaces for dialogue and concertation among service providers to reduce service fragmentation¹¹⁵. Researchers identify three models of integration: a) liaison, b) coordination, c) full integration (Leutz, 1999, as cited in Couturier et al.)¹¹⁶. These aim for “either simply liaising a senior from one organization to another, health service coordination or the full integration of services that a senior requires”¹¹⁷ [translation]. Integration contributes to achieving outcomes such as administrative simplification, economic efficiency and individuals’ improved health¹¹⁸.

Thus, service integration aims to improve cohesion among services to better meet the overall population’s frequently complex needs¹¹⁹.

¹¹² Couturier, Y., Gagnon, Y., Belzile, L. & Salles, M. (2013). *La coordination en gérontologie*. Les Presses de l’Université de Montréal, p. 14.

¹¹³ Ibid.

¹¹⁴ Ibid, p. 38.

¹¹⁵ Somme, D., Trouvé H., Passadori, Y., Corvez, A., Jeandel, C., Bloch, M-A., Ruault, G., Dupont, O., de Stampa, M. (2014). The French Society of Geriatrics and Gerontology position paper on the concept of integration. *International Journal of Integrated Care*, 01 March, Vol. 14(1).

¹¹⁶ Couturier et al., 2013, op. cit., p. 47.

¹¹⁷ Éthier et Belzile, 2012, op. cit., p. 30.

¹¹⁸ Éthier et Belzile, 2012; Couturier, Y., Bonin, L. et Belzile, L. (2016). *L’intégration des services de santé : une approche populationnelle*. Les Presses de l’Université de Montréal.

¹¹⁹ Couturier, et al., 2013, op. cit.

LIAISON OFFICER

The liaison officer facilitates a user's smooth navigation between various organizations, particularly by means of interinstitutional protocols, mutual knowledge of both organizations' operating modes and a bidirectional information system to enable information-sharing.

ACTIVE OFFER

Active offer (AO) is a proactive model of health services in the official minority language, which are offered prior to their request. According to Bouchard and colleagues¹²⁰, principles that support the AO approach include equity, accessibility, and equality. Active offer aims to reduce or eliminate health inequities that lead to minorities' poor health. The practice of active offer consists in:

“A verbal or written invitation for people to speak in the official language of their choice. The offer to speak in one's preferred official language must precede the request for services. Active offer must then be visible, audible, accessible and apparent”¹²¹ [translation].

Active offer is “proactive, precedes the request, visible, available and of high quality, equitable, client-centered and accessible through the whole range of health services and along the entire continuum of care”¹²² [translation].

¹²⁰ Bouchard, L., Beaulieu, M., & Desmeules, M. (2012). L'offre active de services de santé en français en Ontario : une mesure d'équité. *Reflets : revue d'intervention sociale et communautaire*, 18(2), 38-65.

¹²¹ Ibid., p. 47.

¹²² Ibid., p. 57.