FLHS CAPACITY REPORT

FEBRUARY, 2020

French Language
Health Services Network
of Eastern Ontario

POWERED BY

OZI

CAPACITY REPORT

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1 INTRODUCTION

1.1
FOREWORD

The Ontario health care system relies on evidence-based data to make informed decisions on issues that affect the health of the population. As such, health service planning takes into account the state of health of Ontarians as well as their use of health care services.

At present, however, the Ministry of Health and Long-Term Care[1] ((MOHLTC), Local Health Integration Networks (LHINs) and French Language Health Planning Entities (Entities) possess limited standardized information on the services offered in French. This lack of consistent data hampers efficient planning of French language health services (FLHS) across the continuum of care and impedes the development and measurement of robust accountability with regards to the provision of FLHS.

To address this issue, the French Language Health Services Network of Eastern Ontario (the Réseau) has developed the OZi Portal, an online data management solution to collect and analyze data on FLHS provision at the provincial, local, and sectoral levels.

The MOHLTC recognizes the importance of data on FLHS capacity, as well as the Réseau's expertise on this matter, and has mandated the latter to conduct a province-wide analysis of Ontario's FLHS capacity.

The Réseau collected data from 1428 LHIN funded health service providers (HSPs) using the OZi Portal. HSPs had the obligation to fill out and submit one of two French Language Services (FLS) reporting templates, in accordance with 15 indicators identified as part of the data collection project. This operation was carried out in collaboration with all 14 LHINs, as well as all six Entities.

The data collected has enabled the Réseau to produce 14 Capacity Reports and 14 Dashboards – one for each LHIN. The current document contains the Capacity Report for the Erie St. Clair LHIN. This report is complementary to the Erie St. Clair LHIN Dashboard.

The Dashboard has been designed to allow LHIN senior management to monitor their performance and provide direction on FLHS enhancement. It presents a high-level view of the local provision of FLHS, framed in four themes: "LHIN Overview", "FLHS Responsibility", "Organizational Practices", as well as "FLHS Opportunities".

The Capacity Report presents a detailed view of the local provision of FLHS, with analyses available by local areas and sectors of care. It has been designed to help LHIN planners make decisions in order to fulfill their obligations, as set out in the MOHLTC's Guide to Requirements and Obligations Relating to French Language Health Services[2] (Guide to FLHS, 2017).

Finally, while these analyses are meant to inform planning decisions, it is worth noting that this report only provides an analysis of the current state of capacity; and that further analysis by the LHIN and Entity is required to understand local demand for FLHS.

1.2
CONTEXT

Offering French language health services (FLHS) derives from an obligation under the French Language Services Act (FLSA), whereby all Ontario government services must be provided in French. In the health care system, this responsibility was reaffirmed in the MOHLTC's Guide to FLHS (2017); all system stakeholders (the MOHLTC, LHINs, Entities and HSPs) have specific roles to uphold in order to provide a reasonable access to local FLHS across the entire continuum of care.

As specified in the MOHLTC's Guide to FLHS (2017), LHINs have two roles in the planning and provision of FLHS:

- To "plan, fund, integrate, and deliver local health services for the Francophone community";
- And to "promote health equity, reduce health disparities and inequities, and respect (…) the requirements of the French Language Services Act (FLSA), in the planning, design, delivery and evaluation of services."

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1   As of June 2019, the Ministry of Health and Long-Term Care has been divided into two ministries: the Ministry of Health and the Ministry of Long-Term Care. In this report, the acronym MOHLTC refers to both organizations.

2   Document accessible at this address: http://www.health.gov.on.ca/en/public/programs/flhs/docs/Guide_to_FLHS_FINAL.pdf

LHINs also have the responsibility to:

- "Hold HSPs accountable for the provision of FLHS and reporting of the provision of FLHS as per the terms of LHIN-HSP Service Accountability Agreements";
- To "ensure that information about available FLHS is made accessible to the public";
- And to "liaise with the MOHLTC and work with the Entities and HSPs on the identification of HSPs and HSPs seeking designation".

To accomplish the latter, LHINs must:

- "Work with health system partners to identify HSPs for the provision of FLHS"; "work with health system partners to determine the readiness of identified HSPs for designation under the FLSA";
- "Review the current status of identified HSPs who have not obtained FLS designation, and make a determination on the suitability of the HSP for the identification/designation";
- And "work with health system partners to follow the designation process for HSPs seeking designation in a consistent and effective matter, and in accordance with Ministry of Francophone Affairs (MFA) criteria".

The Entities' role is to "provide advice on local FLHS to the LHINs in specific geographic areas". To do so, Entities have the following responsibilities:

- "Support the LHINs' mandate and collaborate to ensure the effective delivery of FLHS at the local level", namely by "identifying FLHS available to the Francophone community" and "encouraging, educating and supporting HSPs to plan and deliver FLHS";
- "Liaise with the LHINs on the FLS identification of HSPs and HSPs seeking FLS designation"; to "work with health system partners to provide advice to LHINs on the identification of HSPs for the provision of FLHS", and on the "readiness of identified HSPs for FLS designation"; and to "work with health system partners to follow the FLS designation process of HSPs seeking FLS designation in a consistent and effective manner and in accordance with MFA criteria";
- "Engage with the Francophone community to inform the Entity's advice to the LHIN on key priorities"; and to "provide advice to each LHIN on: methods of engaging the Francophone community; the health needs and priorities of the Francophone community

(…), the health services available to the Francophone community; the identification and designation of HSPs for the provision of FLHS, strategies to improve access to, accessibility of and integration of FLHS in the local health system; and the planning for and integration of health services";
- "Develop a Joint Action Plan with the LHIN"; "collaborate with the LHIN in the planning, integration and implementation of FLHS strategies (…) in order to improve access to FLHS"; and "provide advice on any other matters that the LHIN considers appropriate", and on "matters the Entity considers appropriate, with respect to the Francophone community, as it relates and/or impacts (…) the health of Francophone residents".

To help LHINs and Entities fulfill these roles and responsibilities, and to support HSPs who are either designated under the FLSA or identified for designation meet the criteria set out by the MFA, the Réseau developed a reporting template based on the 34 designation requirements. This template was integrated into the OZi Portal and used as the French Language Services Report (FLS Report) for all LHIN funded designated and identified HSPs in the Erie St. Clair region.

The Réseau also developed a second template specifically for HSPs that are not involved in the designation process (non-identified HSPs). This template, which was used as the FLS Report for all LHIN funded non-identified HSPs in the Erie St. Clair region, also provides these HSPs with an overview of their own FLHS capacity and supports LHIN planning decisions.

1.3
RESPONSIBILITY LEVELS

Responsibility for French language services is exercised through designation, a legal and administrative procedure that follows the rules and procedures prescribed by the FLSA, Ontario Regulation 398/93 and MFA directives. This legislative and regulatory framework enables HSPs to demonstrate that they have the capacity to provide French language services on a permanent basis while meeting the specific needs of the Francophone population they serve (this only applies to the services included in their designation).

The Guide to FLHS indicates that all providers within a given region may contribute to the provision of French language services. All HSPs should therefore be included when determining the FLHS capacity of a region. It is not necessary that all HSPs be able to offer FLHS with the same degree of coverage of the care continuum, but their efforts must be combined to arrive at an efficient provision of FLHS all along the continuum of services and care. To achieve this, the Guide to FLHS assigns different levels of responsibility to HSPs.

For the purpose of this report, it is worth recalling the different levels of responsibility that HSPs may have – according to their designation status – with regards to the provision of FLHS.

Designated HSPs have an obligation to provide all their services in French on a guaranteed and permanent basis, in compliance with the 34 designation requirements. They must also submit a statement of compliance to the MFA on a three-year basis to demonstrate they are still compliant with the designation requirements. It is worth noting that a designated HSP is considered to have full capacity to provide services in French and its presence is analogous to the existence of effective FLHS delivery. However, an HSP can be partially designated. Partial designation occurs when a regulation designating a public service agency limits the designation's application only to specific services provided by the agency, or specifies services that are excluded from the designation.

Identified HSPs have been selected to work toward designation under the FLSA. These HSPs have a responsibility to develop a French Language Services Plan and to provide services in French in accordance with existing FLHS capacity. The progress these HSPs make toward designation tells us about the development of FLHS in the region.

Non-identified HSPs are neither identified for designation nor designated under the FLSA. Although there is no expectation for these HSPs to have FLHS capacity, they still have a responsibility to develop and implement a plan to address the needs of their local Francophone community. This includes the provision of information on health services available in French in their region. To this end, they should adopt certain organizational practices conducive to the provision of French language services. These practices will be further explored in section 2 ("Analytical Framework for Assessing Capacity").

In the current report, the concept of responsibility for FLHS thus corresponds to an HSP's designation status and encompasses the above-mentioned obligations with regards to FLHS. The data collected through the OZi Portal and presented in this report consequently reflects the responsibility level, as this information is indicative of local FLHS capacity.

2 ANALYTICAL FRAMEWORK FOR ASSESSING CAPACITY

Three essential components were analyzed to show whether or not there is capacity: HSPs' level of responsibility for the provision of FLHS, organizational practices conducive to the provision of FLHS, and FLHS opportunities. These elements correspond to the grouping of certain indicators with regards to the provision of FLHS.

As specified in the previous section, all HSPs within a given region must contribute to the provision of FLHS, in accordance with their level of responsibility. This obligation gives rise to the concept of FLHS capacity. "Capacity" refers to the ability to provide FLHS and may be examined at different levels: in an HSP, in a local area, by sectors of care, or across a LHIN.

At the LHIN level, capacity is ensured through distribution of responsibility toward FLHS. At the HSP level, capacity is ensured through sufficient HR with an adequate level of French language proficiency. For the purpose of this report, designated HSPs are considered to have full FLHS capacity, while identified HSPs are considered to have a certain capacity that could be developed through designation. Non-identified HSPs are not considered to have the capacity to offer FLHS, though they may have some human resources (HR) with varying levels of French language proficiency.

As for organizational practices, these complementary variables can be used to measure active offer of FLHS. These variables also inform on practices that can be

applied by HSPs with no FLHS capacity to ensure some provision of FLHS.

In accordance with LHIN planning, we have adopted the distribution of HSPs by geographic local areas and sectors of care. The distribution by sectors of care provides an overview of FLHS capacity across the continuum of care. The five care sectors considered are: hospitals, mental health and addiction services (MHA), long-term care (LTC), community support services (CSS) and community health centres (CHC).

2.1

FLHS RESPONSIBILITY

Among the 15 indicators[3] identified as part of the OZi data collection project to assess capacity, the following provide information on responsibility for FLHS:

Indicator 1:   Number of HSPs per responsibility level
Indicator 2:   FLS Report submission rate
Indicator 3:   Percentage of LHIN funded continuum of service with an FLHS obligation
Indicator 4:   Average completion of designation requirements

Grouped together, the indicators in this section give a detailed overview of local capacity. This information will support LHIN decision making when reviewing the distribution of responsibility across all local areas and sectors.

Indicator 1 informs on responsibility volumes, namely by measuring the number of HSPs that have an obligation to provide FLHS (designated HSPs) or develop their capacity to provide FLHS (identified HSPs), while Indicator 2 informs on the number of HSPs who fulfilled their reporting obligations.

Indicator 3 measures the percentage of services available in French across the continuum of care. This indicator is based on the number of LHIN funded direct patient service functional centres (referred to as direct patient services in the current report) that are either identified or designated. Since LHINs have the obligation to ensure reasonable offer of FLHS across the continuum of care, this indicator informs on the availability of FLHS for all direct patient services funded by the Erie St. Clair LHIN.

Indicator 4 informs on the ongoing development of local capacity through designation. To approach or reach full compliance with the 34 designation requirements, identified HSPs must implement a series of practices that enable them to build a full capacity to provide FLHS on an active and permanent basis; the same can be said for designated HSPs to maintain their full compliance.

These indicators should therefore help the LHIN determine if there is enough capacity to ensure provision of FLHS.

2.2

ORGANIZATIONAL PRACTICES CONDUCTIVE TO THE PROVISION OF FLHS

Active offer is a concept widely used in the context of government services, namely when it comes to the provision of FLHS. Active offer can be defined as a regular and permanent provision of FLHS – delivered at a quality that is comparable to that of services provided in English – offered systematically and proactively to Francophone clients across the continuum of care. To ensure an active and structured offer of FLHS, HSPs must implement a series of organizational practices. These practices are also designation requirements. The following indicators inform on the implementation of these practices:

Indicator 5:   Percentage of HSPs who identify Francophone clients
Indicator 6:   Percentage of HSPs who refer Francophone clients
Indicator 7:   Percentage of HSPs that capture client satisfaction regarding FLHS
Indicator 8:   Percentage of HSPs who align Francophone clients to their HR with FLHS capacity

These indicators give insight on how FLHS are delivered in the field. They inform on patient experience for Francophone clients, namely how their language needs are taken into account by HSPs.

Identifying Francophone clients (Indicator 5) is a sine qua non condition for active offer of FLHS. If clients are not identified as Francophones, there is very little chance that they will be offered FLHS. Likewise, if HSPs have no defined practices that allow for systematic alignment of Francophone clients to available HR proficient in French (Indicator 8), provision of FLHS is left entirely to chance.

The same logic applies to client referrals (Indicator 6). HSPs that do not have the capacity to provide FLHS can still adopt practices conducive to the provision of FLHS, namely by referring Francophone clients to other HSPs that have such capacity. (While not optimal, this practice

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3   *A definition and calculation method for each indicator is given in Appendix 3*

can still ensure some access to FLHS). However, some defined organizational practices must be implemented (i.e., identification of Francophone clients; knowledge of local capacity, etc.) to ensure these referrals result in effective provision of FLHS. Indicator 6 thus provides insight on the navigation of Francophone clients across the local health care system.

Finally, measurement of client satisfaction with regards to FLHS (Indicator 7) is indicative of an HSP's commitment to quality assurance and continuous improvement of FLHS and Francophone patient experience.

2.3

FLHS OPPORTUNITIES

The indicators in this section aim to highlight opportunities for further analysis and enhancement of FLHS. To develop these indicators, three information components have been factored in: use of services by Francophone clients, distribution of services delivered by HSPs with no obligation to provide FLHS, and distribution of HR with French language proficiency within designated, identified and non- identified HSPs.

The following indicators focus on opportunities to enhance provision of FLHS across the continuum of care, as well as access to FLHS by Francophone clients:

Indicator 9: *Percentage of non-identified services*
Indicator 10: *Percentage of Francophone clients served by non-identified HSPs*
Indicator 11: *Percentage of Francophone clients served by identified or designated HSPs*

Indicator 9 measures the percentage of LHIN funded direct patient service functional centres with no FLHS obligation (non-identified services). This indicator can be used to outline direct patient services that are not offered in French.

Furthermore, by analyzing whether available FLHS within designated or identified HSPs are currently being used by Francophone clients – compared to services offered by non-identified HSPs –, FLHS opportunities can come into sight. Indicators 10 and 11 demonstrate whether responsibility with regards to FLHS has been distributed to serve the needs of Francophone clients.

2.3.1

Human Resources with French Language Proficiency

HR with proficiency in French are the foundation for the provision of FLHS. Designated and identified HSPs must include a Human Resources Plan (HR Plan), which

contains the French language proficiency levels of staff, in their [designation plan][4]. This requirement ensures that a designated HSP has a sufficient number of health professionals with the necessary language skills to provide FLHS.

An employee's French language proficiency is determined through linguistic evaluation by an accredited firm. According to the Government of Ontario, staff can be classified according to seven levels of oral and written proficiency: "No Proficiency" (not collected in the present report) "Elementary", "Intermediate", "Advanced Minus", "Advanced", "Advanced Plus" and "Superior".[5].

To comply with designation requirements, identified and designated HSPs must demonstrate – in their HR Plan – that designated positions are held by staff with one of the following proficiency levels: "Advanced Minus", "Advanced", "Advanced Plus" or "Superior". The presence of employees with these proficiency levels is thus indicative of an HSP's actual FLHS capacity.

As for non-identified HSPs, since their staff is not subjected to linguistic evaluation, they have provided self-reported proficiency levels. Staff members were presented with a definition of each of the "Elementary", "Intermediate", "Advanced Minus", "Advanced", "Advanced Plus" and "Superior" linguistic profiles, and asked which of these best reflected their level of French language proficiency.

While staff members with an "Intermediate" proficiency level are not deemed capable of providing FLHS, it is worth noting they represent a potential capacity that could – with appropriate language training – be tapped into by HSPs to develop their FLHS capacity. Staff

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4   *Document accessible at this adress:*
http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/
5   *A description of each linguistic profile is shown at Appendix 2*

members with an "Elementary" proficiency level, on the other hand, represent a limited capacity.

The following indicators thus inform on the effective FLHS capacity of identified and designated HSPs. They also provide a broader overview of the available HR with a self-reported FLHS capacity within non-identified HSPs, whether it is an actual one ("Advanced Minus" to "Superior"), a potential one ("Intermediate"), or a limited one ("Elementary"):

Indicator 12:   *Percentage of HR able to provide FLHS in non-identified HSPs*

Indicator 13:   *Percentage of HR with "Elementary" French language proficiency*

Indicator 14:   *Percentage of HR with "Intermediate" French language proficiency*

Indicator 15:   *Percentage of HR with "Advanced Minus" to"Superior" French language proficiency*

These indicators thus demonstrate whether HR with actual FLHS capacity are distributed in a given region, local area or sector of care, in accordance with HSPs' level of responsibility; they shine light on non-identified HSPs that have created favourable conditions to the development of FLHS capacity.

Finally, this analysis further outlines available resources, untapped potential resources, and opportunities for enhancing FLHS capacity through redistribution or augmentation of responsibility across the continuum of care.

3 DATA COLLECTION METHOD

The data collected for the purpose of this report was submitted through the OZi Portal by 1428 LHIN funded HSPs across Ontario. The data collection was led by the Réseau and carried out in collaboration with the MOHLTC, the 14 LHINs, and the sixPlanning Entities.

HSPs were asked to fill out and submit one of two FLS reporting templates[6]:

■ The first template was designed for identified and designated HSPs. This reporting template was based on the designation plan. It included data on: Francophone clients, the progress status of all 34 requirements for compliance, HR in designated bilingual positions, and additional questions with regards to organizational practices.

■ The second template was designed for non-identified HSPs. This reporting template captured data on Francophone clients, HR with French language proficiency, and additional questions with regards to organizational practices.

The data collected through these reporting templates thus enabled the Réseau to generate the 15 indicators identified as part of the OZi data collection project to assess capacity, which are presented in the current report.

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6   *The two models are shown in Appendix 4. HSPs Individual reports are available within the Ozi portal*

3.1
ROLES AND RESPONSIBILITIES

The following roles and responsibilities were assigned through a joint project charter to the different parties involved in the collection project (Réseau, LHINs and Entities) to ensure all the necessary regional supports were in place to allow HSPs to complete and submit their FLS Reports by the established submission date.

The Réseau had the responsibility to manage the data collection project and other major milestones, such as overseeing OZi deployment. It also provided training, technical support for OZi users, data compilation and analysis, and evaluation of user experience.

The LHINs had the responsibility to ensure HSP accountability with regards to their FLS reporting obligations. They also had the following responsibilities:

- Provide up-to-date lists of identified, designated and non-identified HSPs[7], as well as the names and information of their contact persons.
- Provide other relevant information on HSPs in the region, such as the sector of care and the local area in which they operate.
- Ensure reports are submitted and conduct follow-ups with HSPs.
- Help provide guidance to HSPs on report completion.
- Validate the completion of FLS Reports in collaboration with the Entity, according to a standardized procedure.

The Planning Entities had the responsibility to provide support and guidance to HSPs on completion of FLS Reports. They also had the responsibility to validate the completion of FLS Reports in collaboration with the LHIN.

3.2
RESOURCES

To support HSPs, LHINs and Entities with the fulfillment of their responsibilities, the Réseau developed a series of resources. These included: bilingual training webinars specific to each OZi reporting template, help features and "cheat sheets" integrated in the OZi reporting templates, and a "Resources" section integrated in the OZi Portal. The latter included video recordings of the training webinars and other supporting documentation, such as guides, one pagers and FAQs.

The Réseau also provided technical support to OZi users during the deployment phase; the technical support service also answered HSPs' report completion questions when Entities or LHINs were unable to do so.

Finally, the Réseau also provided LHINs and Entities with a procedure for validating the completion of FLS Reports. This procedure was specific to each of the two reporting templates.

3.3
DATA COLLLECTION

To ensure the highest rate of data collection and validation, the Réseau established a project management structure carried out in five different phases of deliverables. Among these phases, the deployment phase was the most complex and crucial phase of the data collection. This phase included: communication to all HSPs regarding the OZi Portal, creation of user accounts, deployment of user accounts, technical support, submission and validation of the completion of FLS Reports, and evaluation of the user experience. The deployment phase was executed between February 2019 and July 2019.

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7   *This list-is shown in the regional data calculation sheet which is presented in Appendix 5*

3.4
DATA LIMITATIONS

This report is based on data collected for administrative purposes related to health services delivery. As a result, there may be limits related to:

- differences in the definitions of the concepts;
- a level of data quality control;
- a lack of complete data.

To reduce the anticipated effects of these limits, we implemented a training and support procedure for the staff responsible for collecting the data. Evaluation of this procedure has shown that it benefited HSPs and contributed to the gradual improvement of data quality.

The data collected is relevant to the extent that it provides a portrait of FLHS capacity. The data will also serve as a baseline for evaluation of FLHS provision. Furthermore, as some indicators are based on percentages, the sample size must be taken into consideration.

Finally, the following caveats should be noted:

- Indicators 10 and 11 are only available at the LHIN level; therefore, these indicators have been excluded from the analyses and figures pertaining to specific local areas.
- Some LHINs chose not to extend the OZi data collection project to their Indigenous HSPs, while other LHINs invited their Indigenous HSPs to take part in the data collection project on a voluntary basis. For the purpose of this report, Indigenous HSPs who submitted an FLS Report were included in the figures and analyses, while Indigenous HSPs who did not submit an FLS Report were excluded.
- The distribution of HSPs by local areas and sectors of care means that a single HSP may be counted a number of times if it operates in several local areas or sectors. The number of HSPs counted by local areas or sectors may thus be greater than the total number of HSPs actually present in the LHIN.

3.5
EVOLUTION OF RESULTS OVER TIME

In order to properly compare the results between the 2017-18 period and the 2018-19 period, it is necessary to highlight some factors that may have an impact on the results. Note that in order to ensure temporal consistency, the data collection and processing methods remains unmodified for this reporting period.

However, as highlighted in section 3.4 on Data Limitations, the availability and the quality of the data along with the interpretation of the definitions naturally evolve. As HSPs and LHINs gain a more thorough understanding of the measurements, and as practices become more standardized, it is normal to expect that the measurement methods used within the organizations improved. Thus, the accuracy of the reported data is expected to improve over time.

Also, in an effort to integrate user feedback and improve user satisfaction and the quality of the data collected, some adjustments were made to the OZi Portal. The more notable changes were:

- An online tool that allows the LHINs to validate the allocation of care sectors and local areas for each HSP. Previously, this was only done via email.
- The data entry method for human resources in non-identified HSPs was modified to allow a count for job positions filled with HR with French language proficiency. Previously, a unique entry was required for each position filled. This method was already in place for identified and designated HSPs.

The area in which we observe the greatest evolution is in the assignment of care sectors and local areas for each HSP. For the current period, some of these assignments were changed to be more reflective of the reality. As a result, some of the year-over-year changes are not caused by a trend in FLHS, but rather due to the changes in number and categorization of HSPs. The effect on the results is more noticeable when the sampling size is smaller, such as at the local area level, and less so at the provincial level.

4 COMMENTS

4.1

PRESENTATION OF THE COMPREHENSIVE DATA PACKAGE

Four levels of data are featured in the current report, as well as in the attached comprehensive data package: the Dashboard, the Capacity Report, the Regional Data Spreadsheet, and the OZi Portal.

The Dashboard can be read as a high-level standalone document intended for LHIN senior management. Its purpose is to provide direction on local FLHS enhancement and enable performance monitoring. The Dashboard focuses on 10 of the 15 indicators identified as part of the OZi data collection project to assess capacity.

The current Capacity Report is comprised of all 15 indicators, including those presented in the Dashboard. Complementary to the latter, the Capacity Report contains further analyses, namely by presenting the indicators for each local area and sector of care. The Capacity Report has been designed to support LHIN planners in their decision making.

The Regional Data Spreadsheet (available in Appendix 5) was prepared for the Erie St. Clair LHIN.This accompanying document can be cross-referenced with the Dashboard and Capacity Report and allows for LHIN planners and analysts to further extend their analyses through the use of regular spreadsheet functions, such as filters and pivot tables.

Finally, LHINs and Entities can also consult individual FLS Reports collected through the OZi Portal. This option enables planners and analysts to focus on particular HSPs and to view the results for all the questions included in the reporting templates.

4.2

PRESENTATION OF RESULTS

To facilitate comprehension of results, figures and analyses have been grouped according to the following themes: "FLHS Responsibility", "Organizational Practices Conducive to the Provision of FLHS", and "FLHS Opportunities". These results are presented at the LHIN level and by local area. A description of each section and subsection is available below.

4.2.1

LHIN Overview

This subsection presents the distribution of HSPs by responsibility levels, local areas, and sectors of care, as well as the report submission rate.

This subsection also provides information on local demographics, namely the number of individuals living in the LHIN's catchment area and the size of the local Francophone population.

4.2.2

Overview of the LHIN's Local Areas

This subsection presents a detailed distribution of HSPs by responsibility levels and sectors of care for each local area. It also provides information on the distribution of Francophones across the LHIN's different local areas.

4.2.3

FLHS Responsibility

The indicators in this subsection provide information on FLHS responsibility: the number of HSPs per responsibility level, the FLS Report submission rate, the percentage of LHIN funded continuum of service an FLHS obligation, and the average completion of designation requirements.

These indicators inform the LHIN on its responsibility for FLHS. Namely, they inform on the number of HSPs that have a responsibility to provide FLHS, or that must develop their capacity to do so. They also inform on the capacity for designated HSPs to continue to comply with the designation requirements over time, as well as on identified HSPs' progression with regards to their completion of designation requirements.

These analyses are presented at the LHIN level and by local area. It is worth noting that some local areas do not include HSPs from all care sectors. In such cases, care sectors with no HSPs are not represented in the figures.

4.2.4

Organizational Practices Conducive to the Provision of FLHS

The purpose of this subsection is to analyze whether organizational practices necessary to the active offer of FLHS are implemented by HSPs, according to their responsibility level. The following indicators are analyzed: the percentage of HSPs who identify Francophone clients; the percentage of HSPs who refer Francophone clients; the percentage of HSPs that capture client satisfaction regarding FLHS; and the percentage of HSPs who align Francophone clients to their HR with FLHS capacity. These indicators inform on the use of available HR with French language proficiency, as well as on the commitment to improve FLHS.

These analyses are presented at the LHIN level and by local area. It is worth noting that some local areas do not include HSPs from all care sectors. In such cases, care sectors with no HSPs are not represented in the figures.

4.2.5

FLHS Opportunities

This subsection aims to highlight opportunities for further analysis and enhancement of FLHS. For this purpose, the following indicators are analyzed: non-identified services; Francophone clients served by non- identified HSPs compared to those served by identified and designated HSPs; and HR able to provide FLHS within non-identified HSPs.

By measuring the number of services with no FLHS obligation, one can outline an absence of direct patient FLHS, prompting further investigation as to whether augmentation or redistribution of responsibility could enhance FLHS capacity.

The number of Francophone clients served by non-identified HSPs informs on opportunities to increase

FLHS provision according to Francophones' use of services.

The number of HR with an actual or potential capacity to provide FLHS within non-identified HSPs is indicative of available resources that can be optimized.

Theses analyses are presented at the LHIN level by local areas, with the exception of Indicators 10 and 11, which are only available at the LHIN level.

It is worth noting that some local areas do not include HSPs from all care sectors. In such cases, care sectors with no HSPs are not represented in the figures.

5 RESULTS

5.1

FLHS CAPACITY IN THE LHIN

5.1.1

LHIN Overview

The Erie St. Clair LHIN is responsible for planning, integrating and funding health services for 613,375 people living in its catchment area. There are 20,230 Francophones in this region. These Francophones make up 3.3% of the total population distributed across the LHIN's local areas (Statistics Canada, 2016 Census).

The LHIN has 81 HSPs, distributed across six local areas and five care sectors (Table 1).

The results were analyzed by examining indicators belonging to each of the three essential components of FLHS capacity described in the analytical framework, with HSPs being distributed by local area and care sector.

Table 1. Distribution of HSPs by local areas and sectors - Erie St. Clair LHIN

	Number of HSPs											
	Local Areas						Sectors					LHIN
Responsibility level	Chatham City Centre	Essex South Shore	Lambton	Rural Kent	Tecumseh Lakeshore Amherstburg LaSalle	Windsor	Hosp	MHA	LTC	CSS	CHC	n (%)
Designated	0	2	1	0	2	2	0	0	0	2	0	2 (2%)
Identified	21	21	14	21	21	18	4	13	3	17	3	29 (36%)
Non-Identified	36	36	43	37	36	36	1	7	33	14	2	50 (62%)
All	57	59	58	58	59	56	5	20	36	33	5	81 (100%)

Fig. 1.1. Number of HSPs by sectors and responsibility levels - Erie St. Clair LHIN
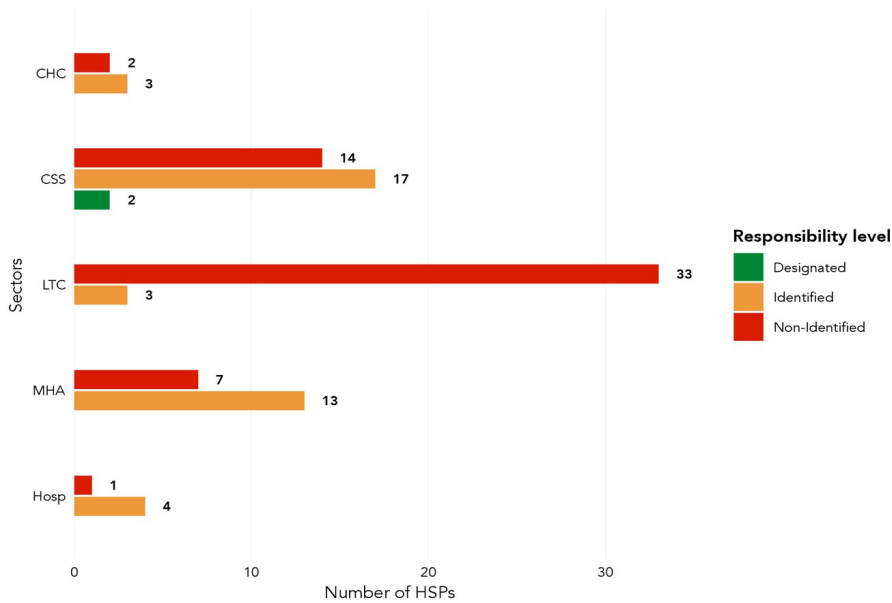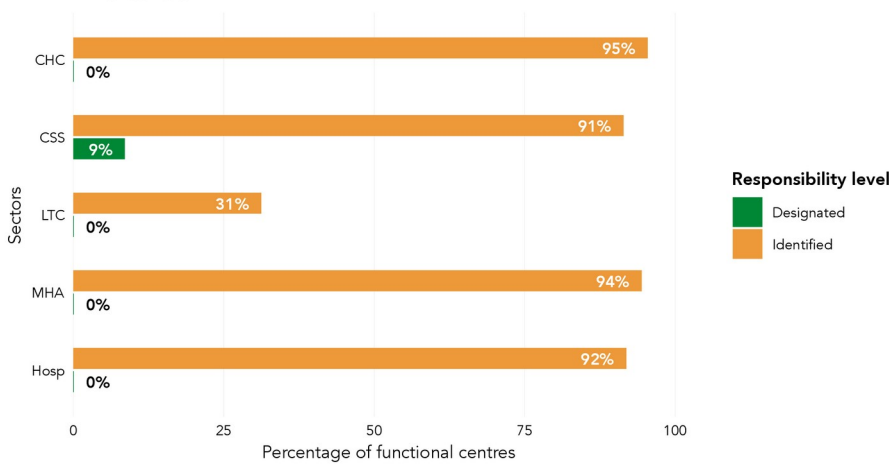
5.1.2

FLHS Responsibility – Erie St. Clair LHIN

In the Erie St. Clair LHIN, identified HSPs were present in all five care sectors. There were designated HSPs in the CSS sector. The majority of HSPs were non-identified. They were found in all care sectors, with a heavy concentration in the LTC sector (Fig. 1.1).

Almost all HSPs submitted their FLS report (Table 2). The response rate for FLS Reports in the Erie St. Clair LHIN was calculated on a total of 81 HSPs.

With respect to the service continuum, between 91% and 95% of direct patient services in four sectors (hospitals, MHA, CSS and CHC) were identified (Fig. 1.2). In the LTC sector, this proportion did not exceed 31%. In the CSS sector, the proportion of designated direct patient services was less than 10%.

Fig. 1.2. Percentage of LHIN funded continuum of service with an FLHS obligation by sectors and responsibility levels - Erie St. Clair LHIN

Table 2. FLS Report submission rate by sectors and responsibility levels - Erie St. Clair LHIN

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	100% (2)	-
Identified	100% (4)	100% (13)	100% (3)	94% (16)	100% (3)
Non-Identified	100% (1)	100% (7)	94% (31)	93% (13)	100% (2)

The average designation requirement completion rate for the two designated HSPs was over 90%. The rate for identified HSPs in all five sectors was between 37% and 54%, with the CSS sector having the lowest rate (Fig. 1.3).

Fig. 1.3. Average completion of designation requirements by sectors and responsibility levels - Erie St. Clair LHIN
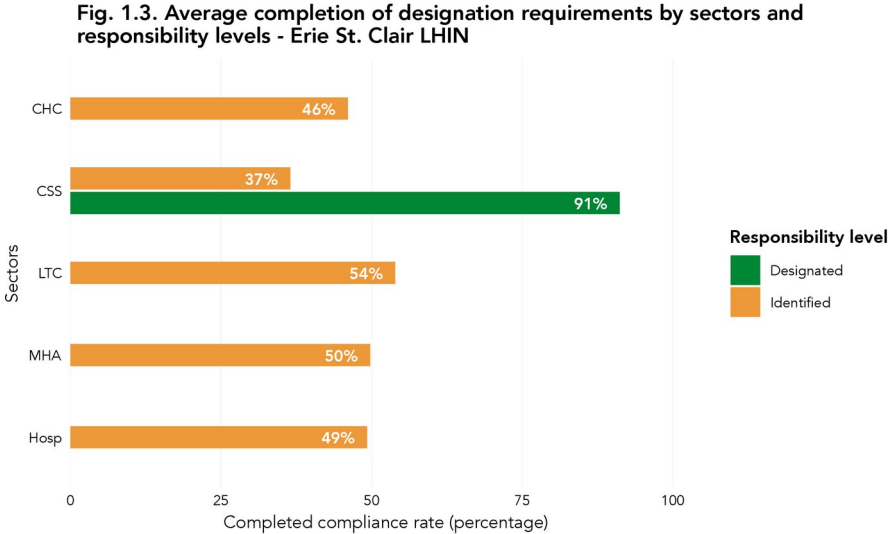
Fig. 1.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels - Erie St. Clair LHIN
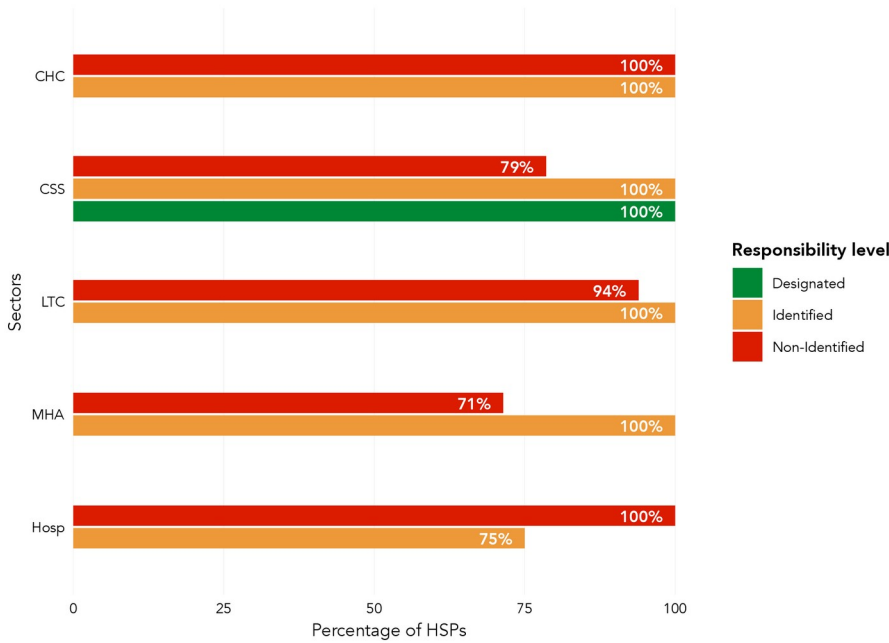
5.1.3

Organizational Practices Conducive to the Provision of FLHS – Erie St. Clair LHIN

Three of the four practices considered – identification of Francophone clients, capture of client satisfaction with FLHS and client alignment with French-speaking staff – were implemented to varying degrees in all five sectors (Fig. 1.4, 1.6 and 1.7). Identification of Francophone clients was implemented by the majority of HSPs, regardless of FLHS responsibility level (Fig. 1.4). The majority of identified HSPs have implemented capture of client satisfaction and client alignment (Fig. 1.6 and 1.7). Referral of Francophone clients to other HSPs was practised by only a few HSPS in three sectors: MHA, LTC and CSS (Fig. 1.5).

Fig. 1.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Erie St. Clair LHIN
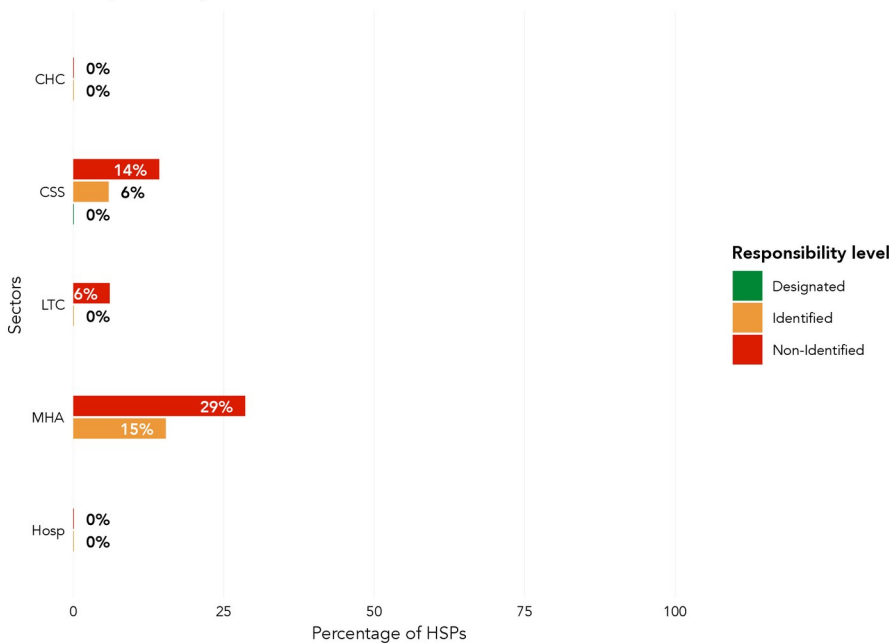
Fig. 1.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels - Erie St. Clair LHIN
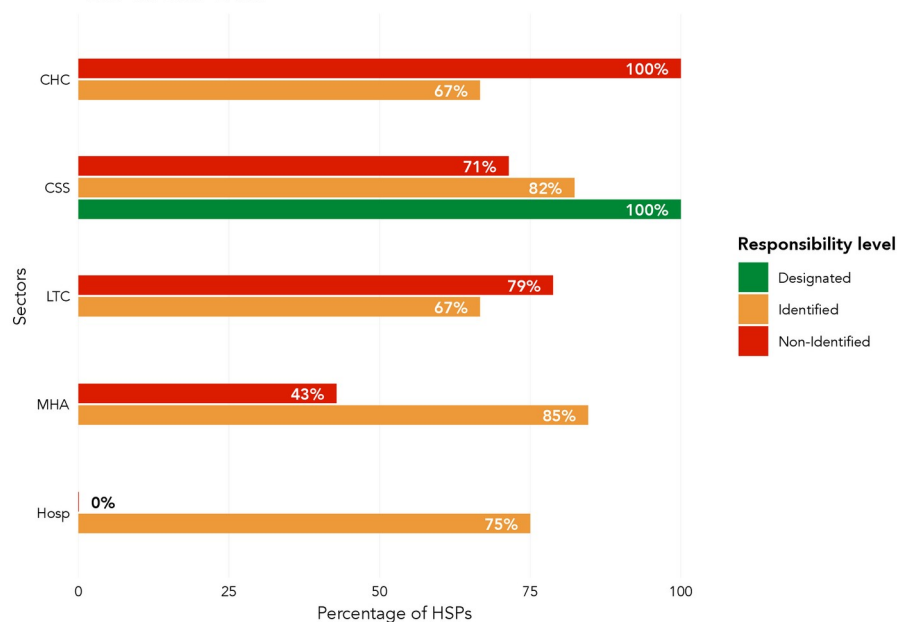
Fig. 1.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Erie St. Clair LHIN
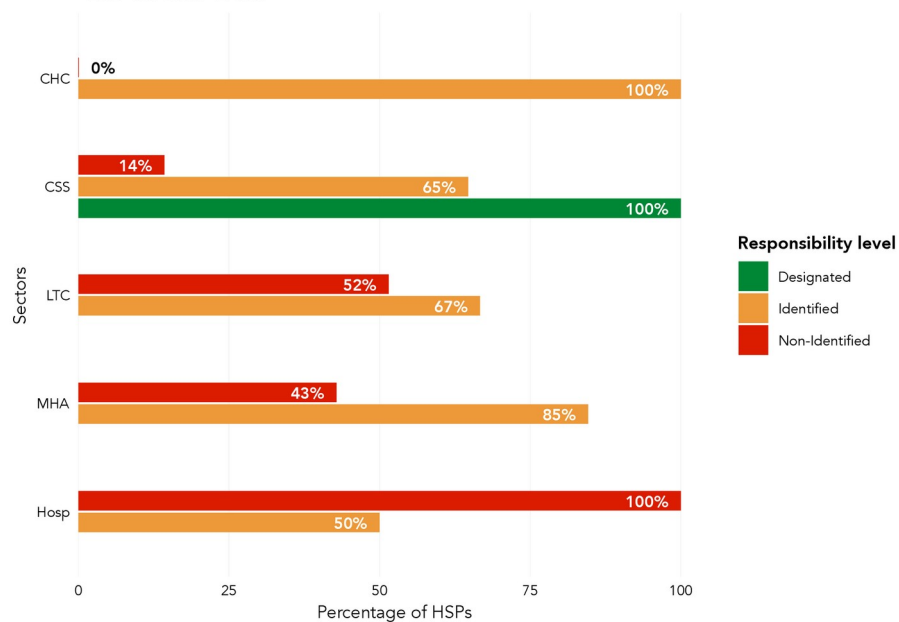
Fig. 1.8. Percentage of non-identified services by sectors - Erie St. Clair LHIN
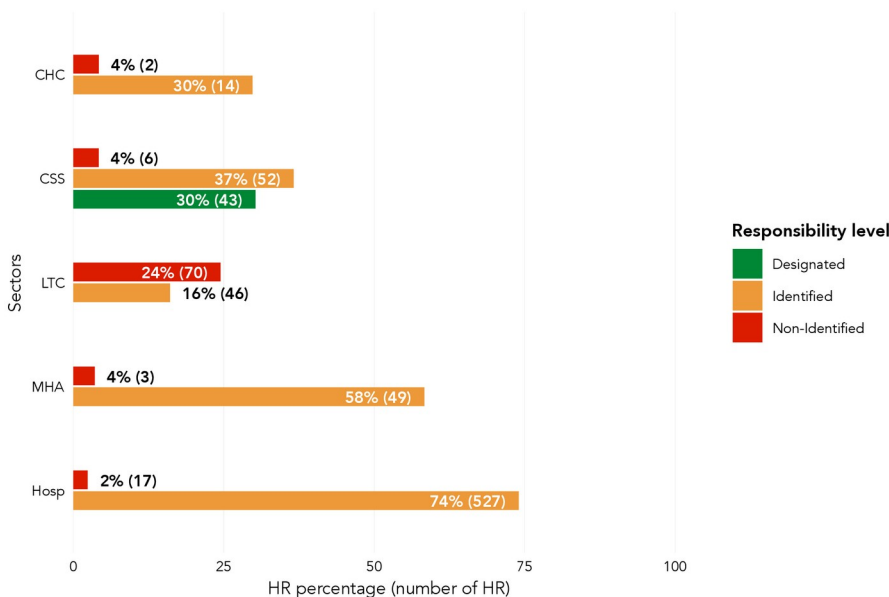
5.1.4

FLHS Opportunities – Erie St. Clair LHIN

Almost 70% of direct patient services in the LTC sector were non-identified (Fig. 1.8). This corresponds to a significant absence of services with an FLHS obligation and thus to an opportunity for FLHS development in this sector. The low proportion of non-identified services in the other four sectors (hospitals, MHA, LTC and CSS) is evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by HSPs (Fig. 1.9 to 1.12). The HR who were capable of offering FLHS and worked in identified HSPs predominated in four sectors (hospitals, MHA, CSS and CHC). The proportion of such HR was between 30% and 74% in the four sectors (Fig. 1.9).

In non-identified HSPs, French-speaking HR were reported in all five sectors (Fig. 2.10 to 2.12). Of these HR, the proportion of those capable of offering FLHS was between 6% and 29% (Fig. 1.12)

Fig. 1.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Erie St. Clair LHIN

Fig. 1.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Erie St. Clair LHIN

Most or all Francophone clients were served by identified HSPs in all sectors except LTC (Fig. 1.13). In this last sector, over 90% of clients were served by non-identified HSPs. In the CSS sector, 14% of Francophone clients were served by designated HSPs.

Fig. 1.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Erie St. Clair LHIN
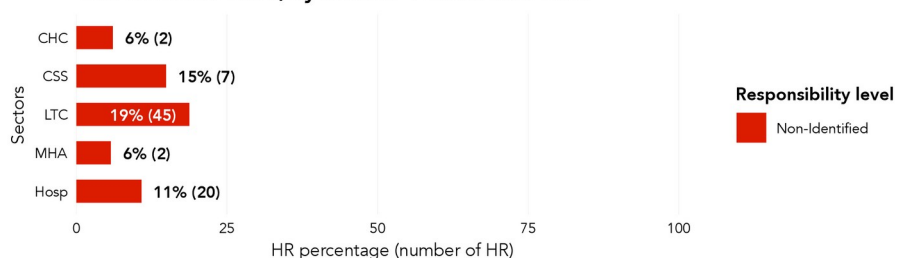
Fig. 1.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Erie St. Clair LHIN
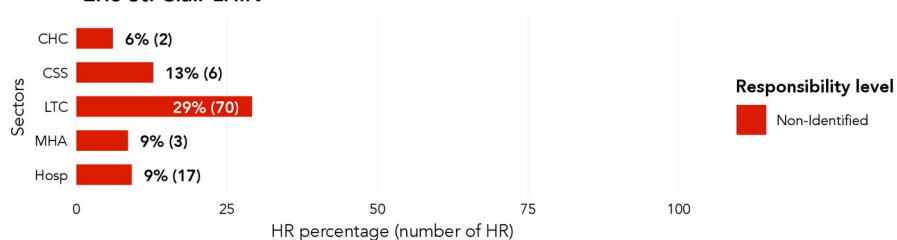
Fig. 1.13. Percentage of Francophone clients served by HSPs, by sectors and responsibility levels - Erie St. Clair LHIN
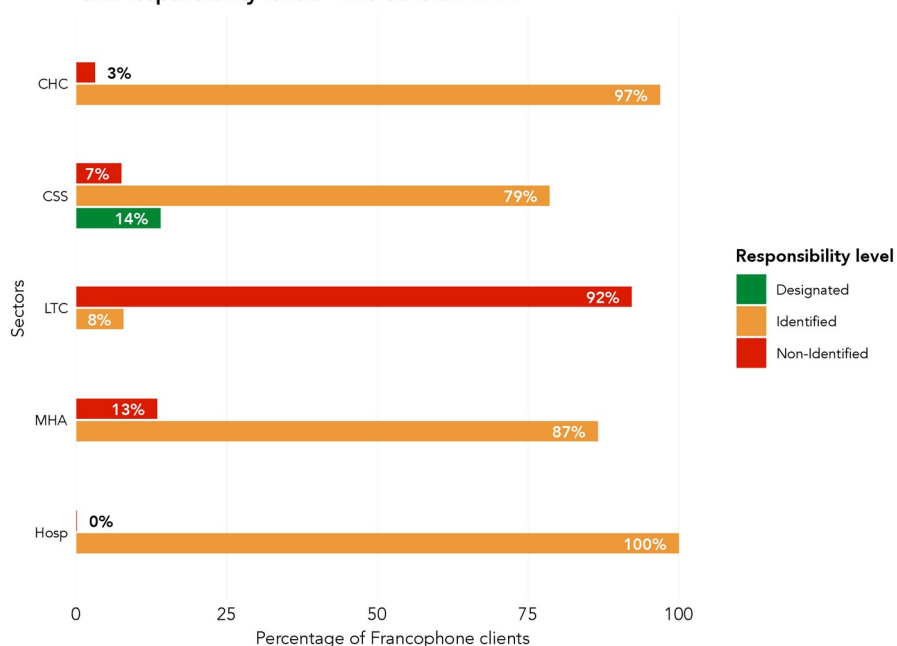
5.2

FLHS CAPACITY PER LOCAL AREA

5.2.1

Overview of Erie St. Clair LHIN's Local Areas

This LHIN is divided into six local areas, the names of which are shown in Table 3. This table also shows HSPs' FLHS responsibility level along with their distribution by sector.

Table 3. Distribution of HSPs by local areas and sectors - Erie St. Clair LHIN

Local Areas	Responsibility level	Number of HSPs				
		Hosp	MHA	LTC	CSS	CHC
Chatham City Centre	Designated	0	0	0	0	0
	Identified	4	8	3	12	1
	Non-Identified	0	0	33	4	0
Essex South Shore	Designated	0	0	0	2	0
	Identified	3	10	3	10	2
	Non-Identified	0	2	33	2	0
Lambton	Designated	0	0	0	1	0
	Identified	2	6	3	7	0
	Non-Identified	1	4	33	9	2
Rural Kent	Designated	0	0	0	0	0
	Identified	4	8	3	12	1
	Non-Identified	0	1	33	5	0
Tecumseh Lakeshore Amherstburg LaSalle	Designated	0	0	0	2	0
	Identified	3	10	3	10	2
	Non-Identified	0	2	33	2	0
Windsor	Designated	0	0	0	2	0
	Identified	2	10	3	8	2
	Non-Identified	0	2	33	2	0

5.2.2

Chatham City Centre

According to data from the 2016 Census of Canada, the total population of this local area was 40,260, including 1,160 Francophones. Francophones made up 2.9% of the population.

A. FLHS Responsibility – *Chatham City Centre*

In this local area, identified HSPs were distributed across all five care sectors (Fig. 2.1). Non-identified HSPs were present in two sectors (LTC and CSS). There were no designated HSPs in this local area.

Almost all HSPs submitted their FLS report (Table 4).

With respect to the service continuum, between 89% and 100% of direct patient services in four sectors (hospitals, MHA, CSS and CHC) were identified (Fig. 2.2). In the LTC sector, this proportion was just over 30%.

The average designation requirement completion rate for identified HSPs in all five care sectors was between 41% and 54% (Fig. 2.3)

Table 4. FLS Report submission rate by sectors and responsibility levels - Chatham City Centre

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	-	-
Identified	100% (4)	100% (8)	100% (3)	100% (12)	100% (1)
Non-Identified	-	-	94% (31)	100% (4)	-

**Fig. 2.1. Number of HSPs by sectors and responsibility levels -
Chatham City Centre**
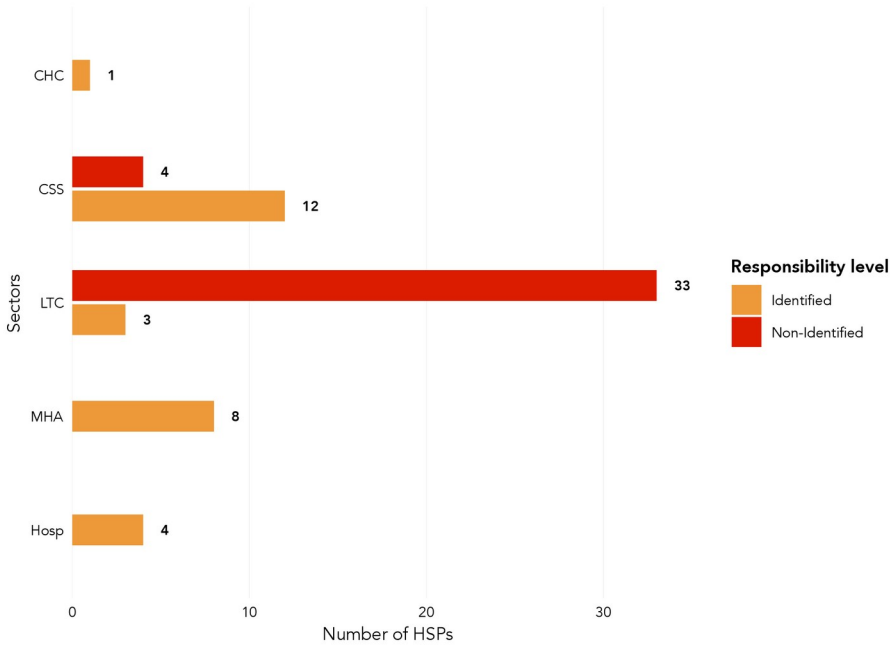
**Fig. 2.2. Percentage of LHIN funded continuum of service with an FLHS
obligation by sectors and responsibility levels -
Chatham City Centre**
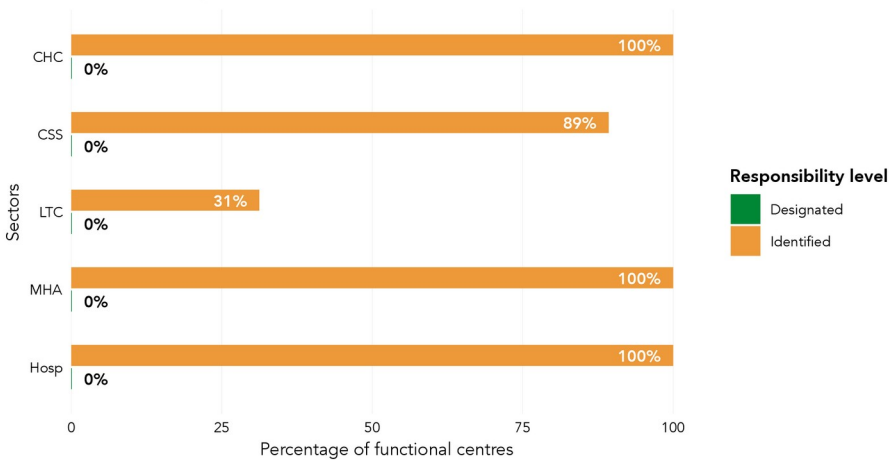
Fig. 2.3. Average completion of designation requirements by sectors and responsibility levels - Chatham City Centre
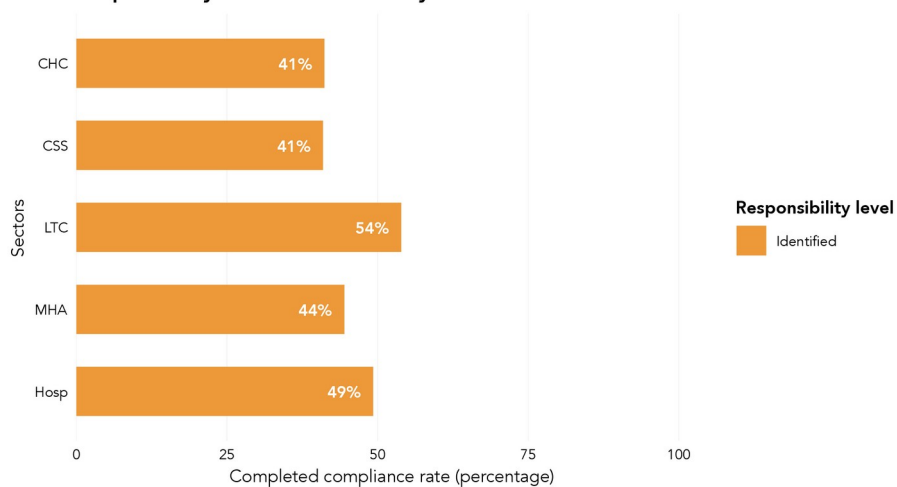
B. Organizational Practices Conducive to the Provision of FLHS – *Chatham City Centre*

Identification of Francophone clients and alignment of Francophone clients with French-speaking staff were the practices most often implemented in all five sectors (Fig. 2.4 and 2.7). Capture of client satisfaction with FLHS was practised in four care sectors by the majority of HSPs (Fig. 2.6). Generally, the majority of identified HSPs have implemented the three abovementioned practices. Referral of Francophone clients to other HSPs was practised by only a few HSPs in two sectors (Fig. 2.5).

Fig. 2.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels - Chatham City Centre
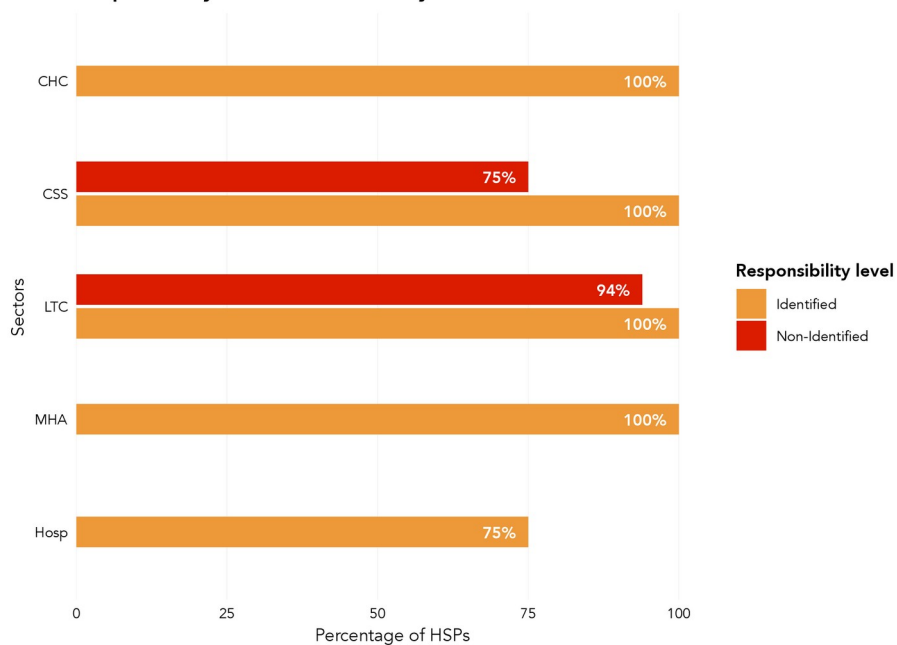
Fig. 2.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Chatham City Centre
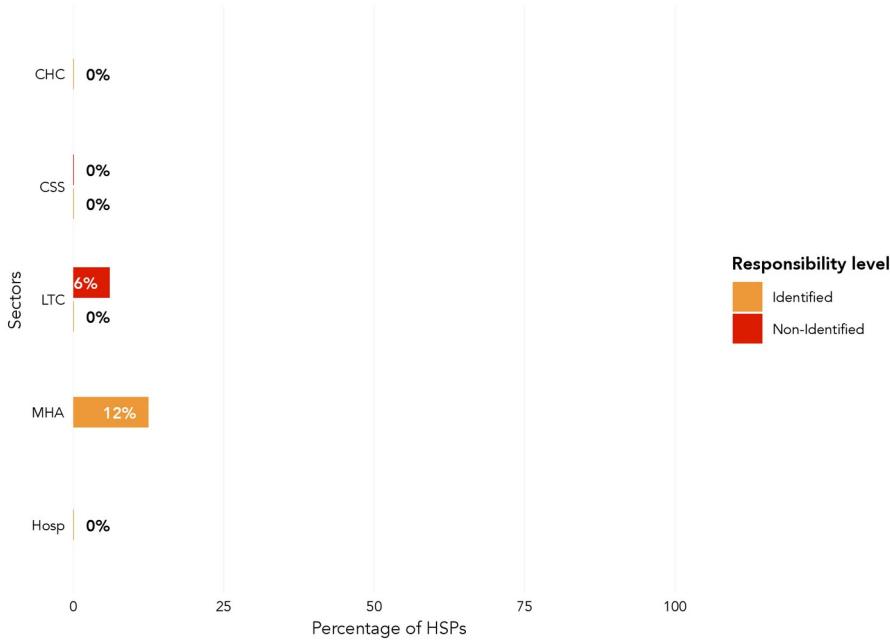
**Fig. 2.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels -
Chatham City Centre**
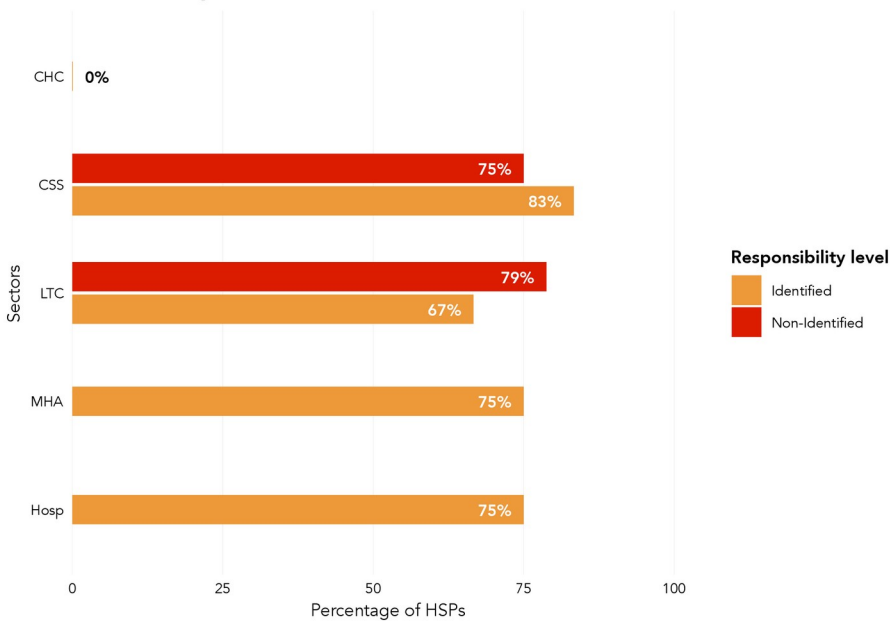
Fig. 2.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Chatham City Centre
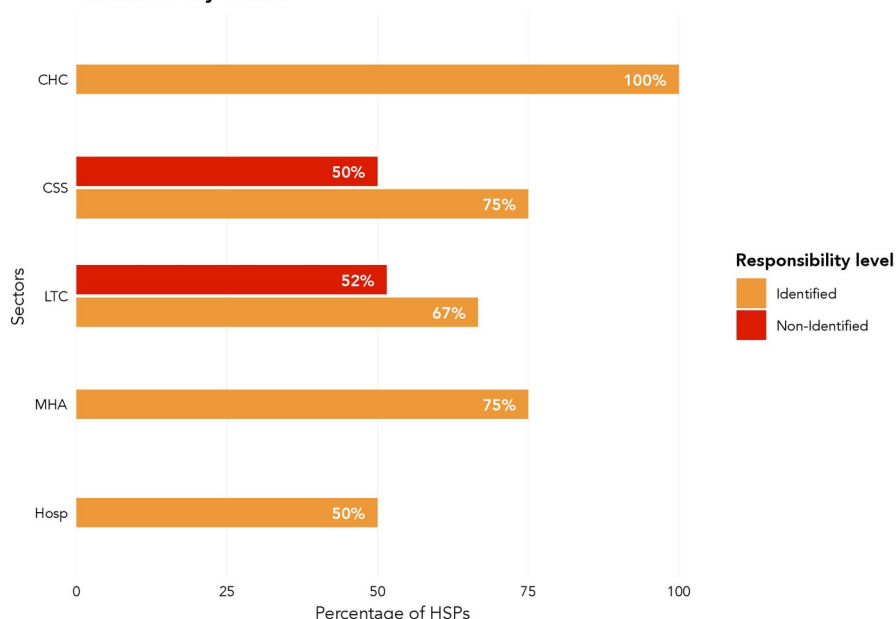
C. FLHS Opportunities – *Chatham City Centre*

Almost 70% of direct patient services in the LTC sector were non-identified (Fig. 2.8). This corresponds to a significant absence of services with an FLHS obligation and thus to an opportunity for FLHS development in this sector. The total absence of non-identified services in three sectors (hospitals, MHA and CHC), as well as the low proportion of such services in the CSS sector, are evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by HSPs. Of these HR, those who had the capacity to offer FLHS and worked in identified HSPs predominated in all sectors except LTC (Fig. 2.9). The proportion of such HR was 100% in three sectors (hospitals, MHA and CHC), and over 80% in the CSS sector.

Fig. 2.8. Percentage of non-identified services by sectors - Chatham City Centre
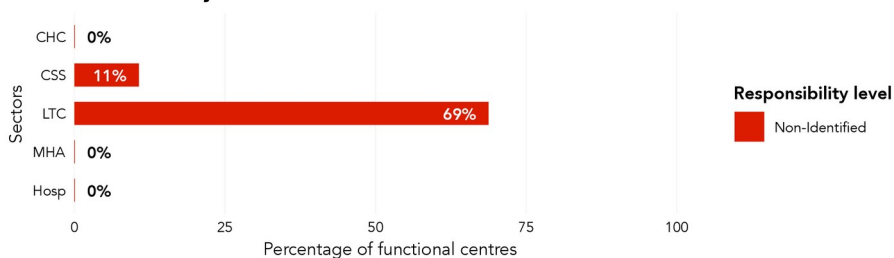
Fig. 2.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Chatham City Centre
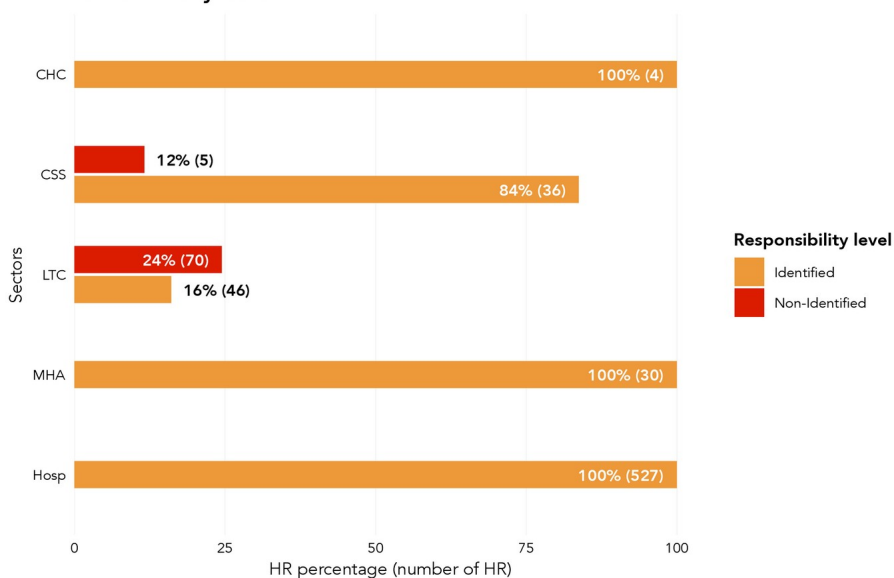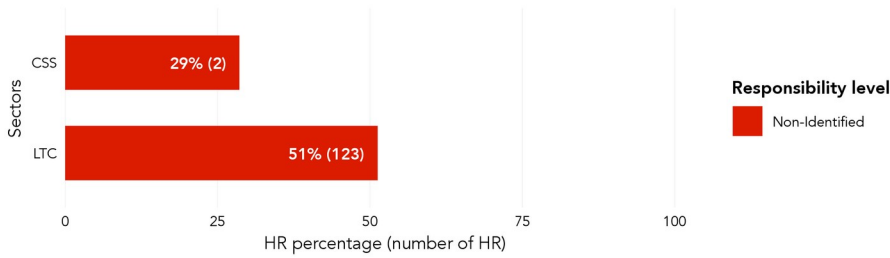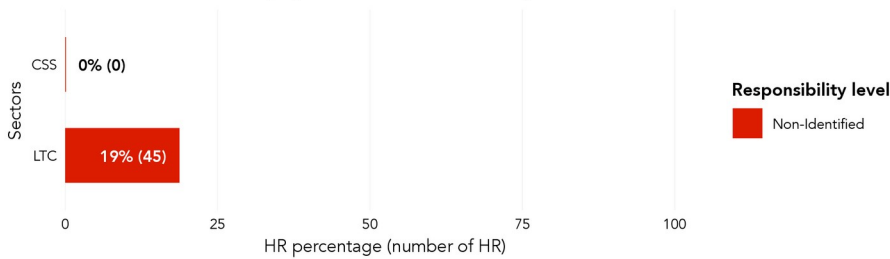
Fig. 2.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Chatham City Centre

In non-identified HSPs, French-speaking HR were reported in the two sectors (LTC and CSS) with non-identified HSPs (Fig. 2.10 to 2.12). Of these HR, the proportion of those with the capacity to offer FLHS was 71% in the CSS sector and 29% in the LTC sector (Fig. 2.12).

Fig. 2.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Chatham City Centre

Fig. 2.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Chatham City Centre
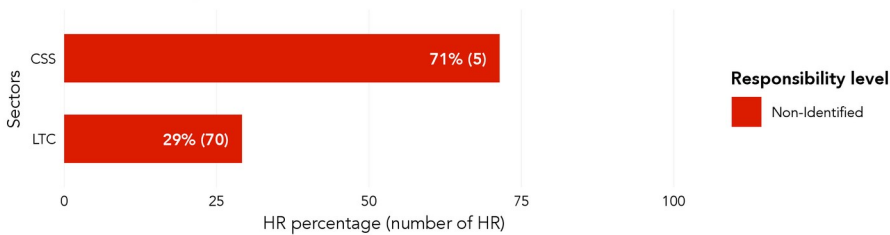
5.2.3

Essex South Shore

According to data from the 2016 Census of Canada, the total population of this local area was 68,375, including 1,415 Francophones. Francophones made up 2.1% of the population.

A. FLHS Responsibility – *Essex South Shore*

In this local area, there were two designated HSPs in the CSS sector (Fig. 3.1). Identified HSPs were found across all five care sectors. There were non-identified HSPs in three sectors (MHA, LTC and CSS).

Almost all HSPs submitted their FLS report (Table 5).

With respect to the service continuum, between 88% and 100% of direct patient services in four sectors (hospitals, MHA, CSS and CHC) were identified (Fig. 3.2). In the LTC sector, the percentage of identified services was just over 30%. In the CSS sector, 10% of direct patient services were designated.

The average designation requirement completion rate was over 90% for designated HSPs and between 38% and 54% for identified HSPs (Fig. 3.3).

Table 5. FLS Report submission rate by sectors and responsibility levels - Essex South Shore

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	100% (2)	-
Identified	100% (3)	100% (10)	100% (3)	90% (9)	100% (2)
Non-Identified	-	100% (2)	94% (31)	100% (2)	-

Fig. 3.1. Number of HSPs by sectors and responsibility levels - Essex South Shore
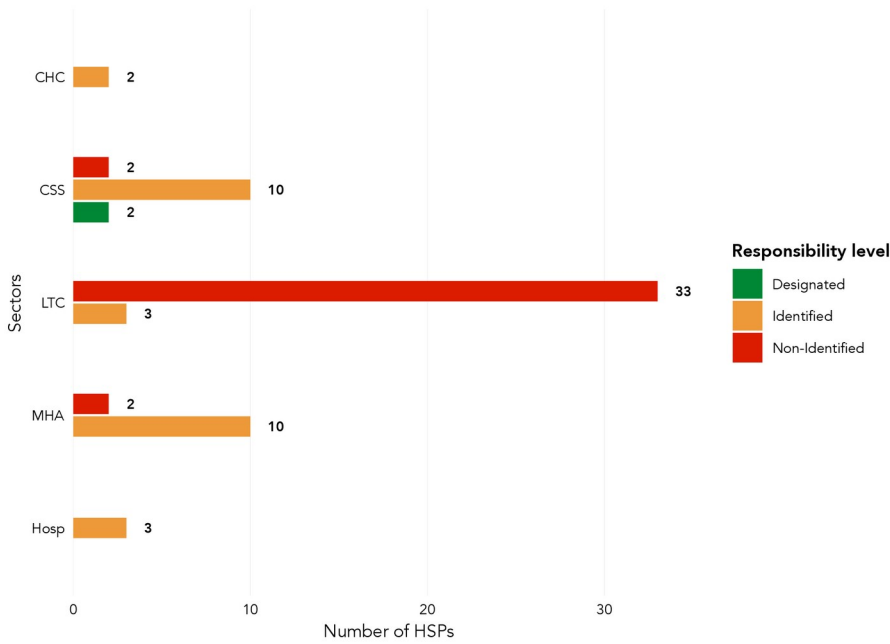

Fig. 3.2. Percentage of LHIN funded continuum of service with an FLHS obligation by sectors and responsibility levels - Essex South Shore
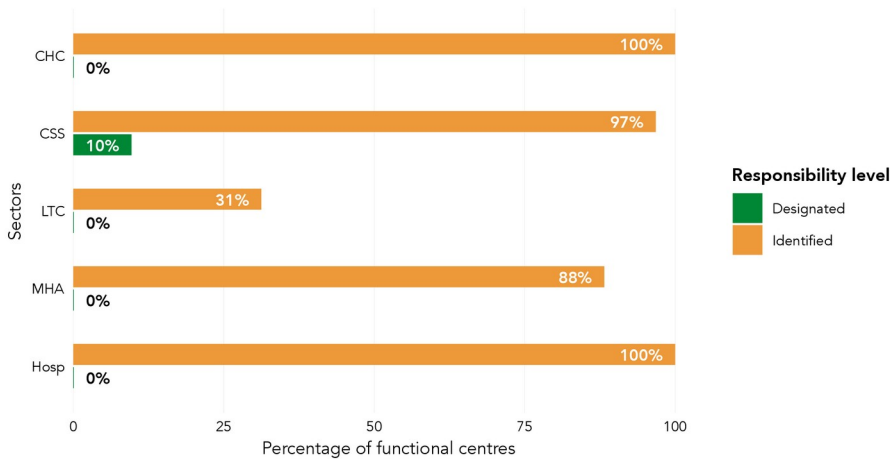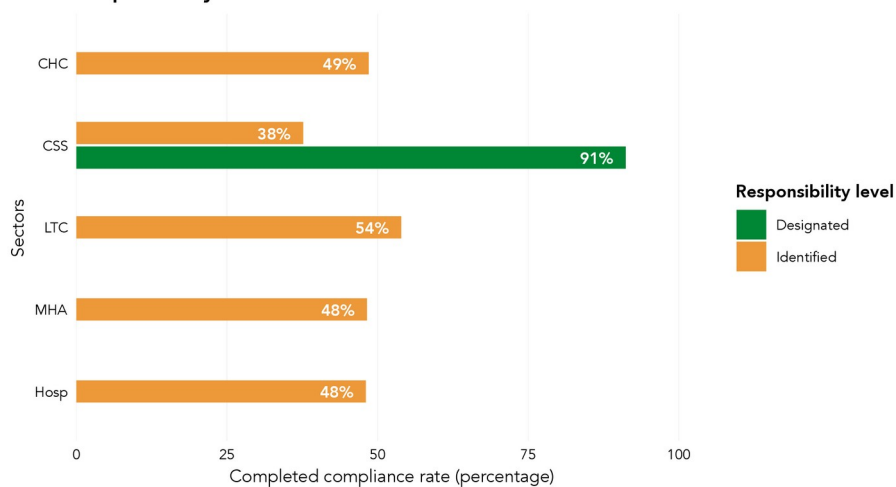
Fig. 3.3. Average completion of designation requirements by sectors and responsibility levels - Essex South Shore

B. Organizational Practices Conducive to the Provision of FLHS.
- Essex South Shore

Three of the four practises considered – identification of Francophone clients, capture of client satisfaction with FLHS and client alignment with French-speaking staff – were the most common. They were adopted by the majority of HSPs in all five care sectors (Fig. 3.4, 3.6 and 3.7). Referral of Francophone clients to other HSPs was only rarely practised in three sectors: MHA, LTC and CSS (Fig. 3.5).

Fig. 3.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels - Essex South Shore
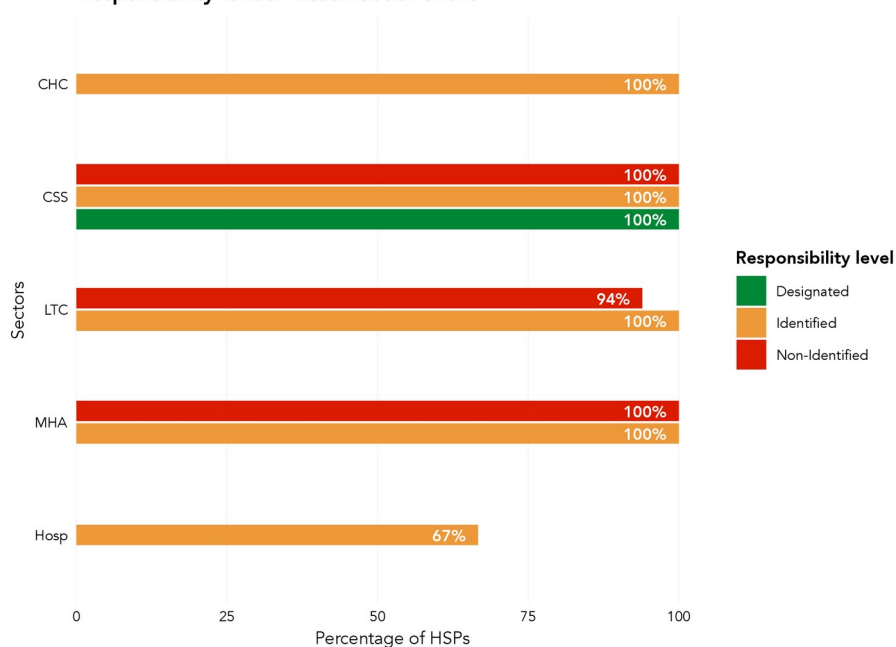
Fig. 3.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Essex South Shore
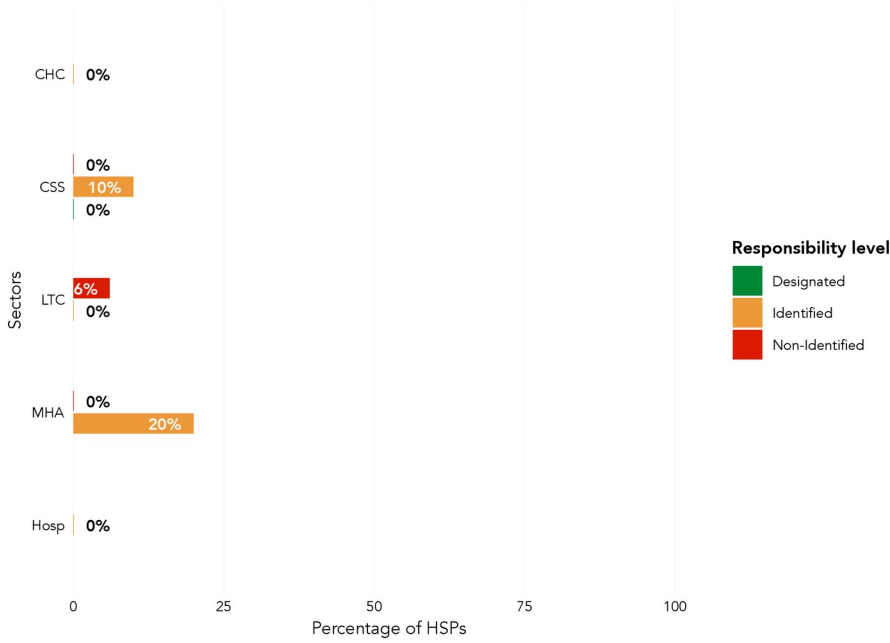

**Fig. 3.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels -
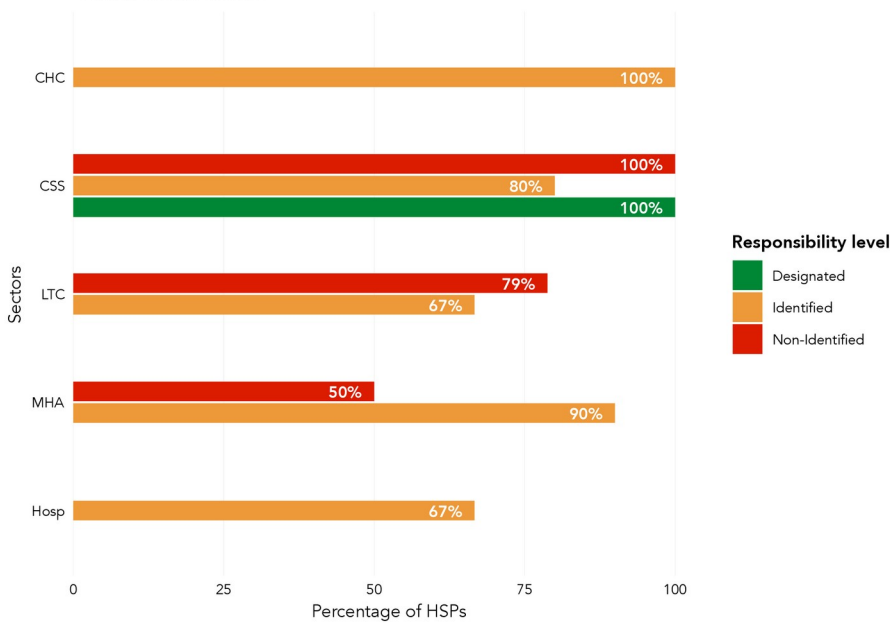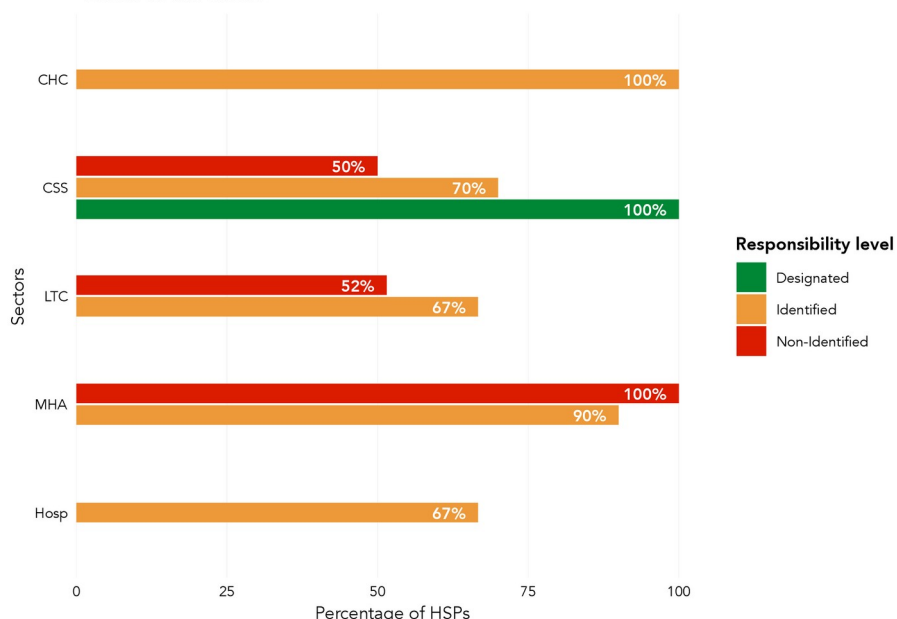Essex South Shore**

Fig. 3.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Essex South Shore

C. FLHS Opportunities - *Essex South Shore*

Almost 70% of direct patient services in the LTC sector were non-identified (Fig. 3.8). This corresponds to an absence of services with an FLHS obligation and thus to an opportunity for FLHS development. The total absence of non-identified services in two sectors (hospitals and CHC) and the low proportion of such services in the MHA and CSS sectors, is evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by HSPs (Fig. 3.9 to 3.12). Of these HR, those who had the capacity to offer FLHS and worked in identified or designated HSPs predominated in all sectors except LTC. The proportion of such HR ranged from 37% to 100% in the four sectors (Fig. 3.9).

Fig. 3.8. Percentage of non-identified services by sectors - Essex South Shore
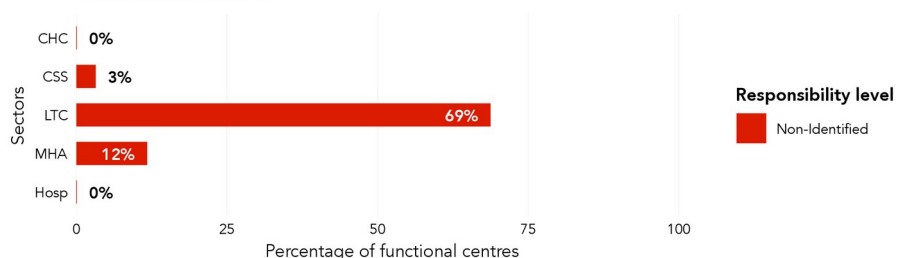

Fig. 3.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Essex South Shore
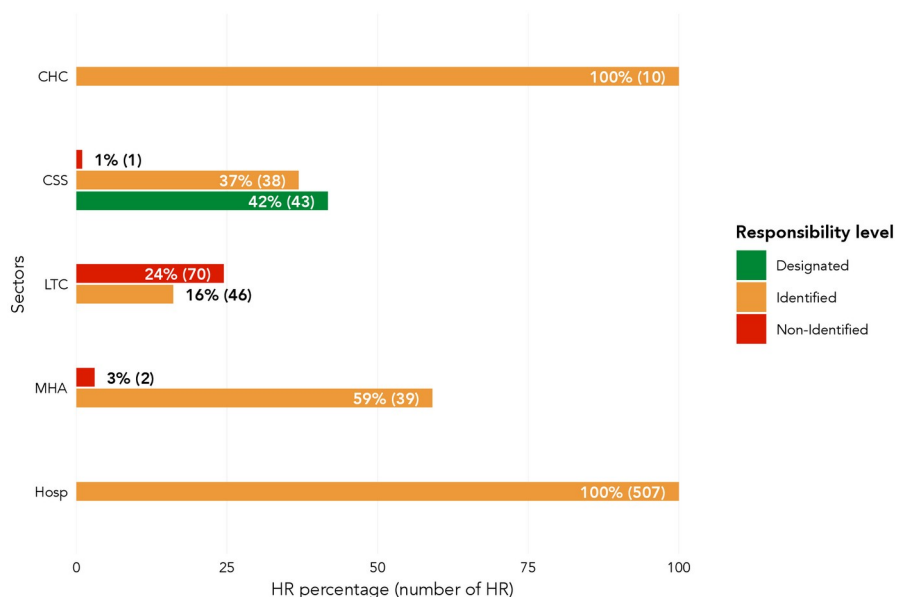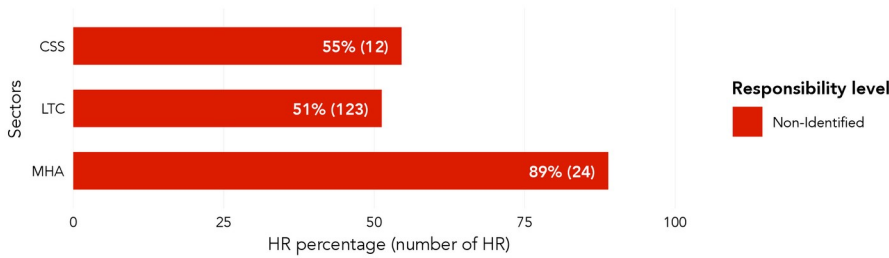
Fig. 3.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Essex South Shore

French-speaking HR were reported by non-identified HSPs in three sectors: MHA, LTC and CSS (Fig. 3.10 to 3.12). Of these HR, the proportion of those with the capacity to offer FLHS did not exceed 29% (Fig. 3.12).

Fig. 3.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Essex South Shore
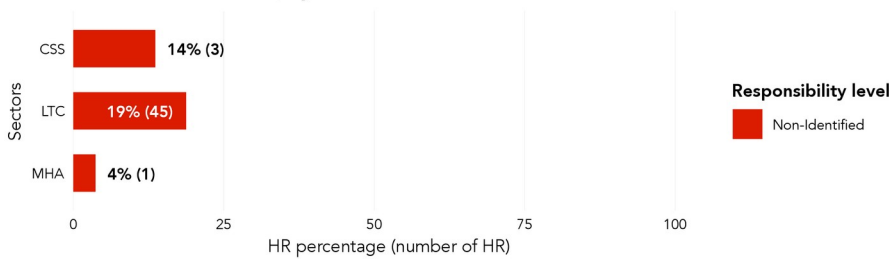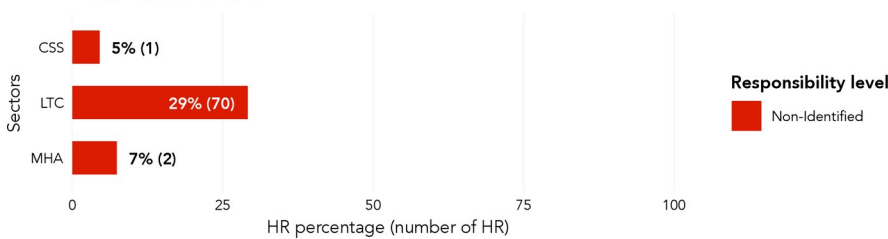

Fig. 3.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Essex South Shore

5.2.4

Lambton

According to data from the 2016 Census of Canada, the total population of this local area was 123.010, including 2,810 Francophones. Francophones made up 2.3% of the population.

A. FLHS Responsibility - *Lambton*

In this local area, identified HSPs were present in four sectors (hospitals, MHA, LTC and CSS). There was one designated HSP in the CSS sector. The majority of HSPs were non-identified. They were found in all five care sectors (Fig. 4.1).

Almost all HSPs submitted their FLS report (Table 6).

With respect to the service continuum, from 70% to 94% of direct patient services in three sectors (hospitals, MHA and CSS) were identified (Fig. 4.2). In the LTC sector, this proportion was slightly over 30%. For the designated HSP in the CSS sector, a tiny proportion (3%) of its direct patient services were designated. There were no services with an FLHS responsibility in the CHC sector.

The designation requirement completion rate for the only designated HSP in this local area was 94% (Fig. 4.3). The average designation requirement completion rate for identified HSPs was between 44% and 72% (Fig. 4.3).

Table 6. FLS Report submission rate by sectors and responsibility levels - Lambton

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	100% (1)	-
Identified	100% (2)	100% (6)	100% (3)	100% (7)	-
Non-Identified	100% (1)	100% (4)	94% (31)	89% (8)	100% (2)

Fig. 4.1. Number of HSPs by sectors and responsibility levels - Lambton
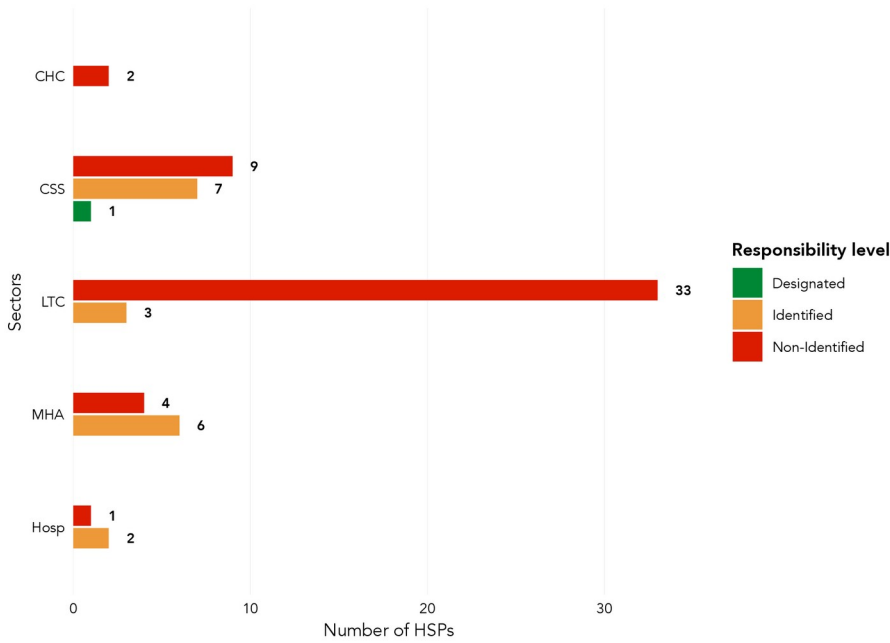

Fig. 4.2. Percentage of LHIN funded continuum of service with an FLHS obligation by sectors and responsibility levels - Lambton
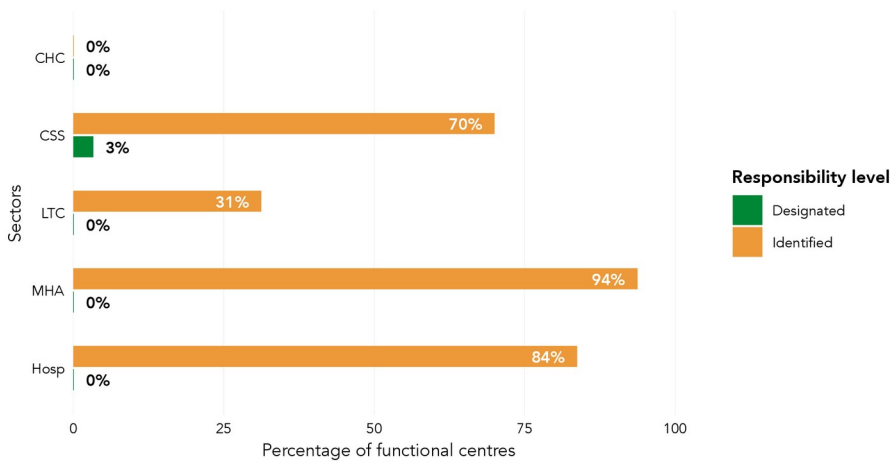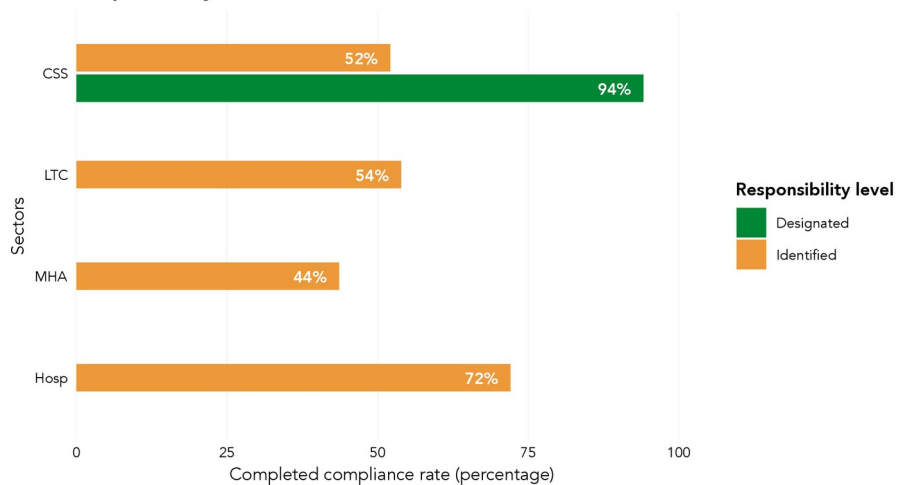
Fig. 4.3. Average completion of designation requirements by sectors and responsibility levels - Lambton

B. Organizational Practices Conducive to the Provision of FLHS *– Lambton*

Identification of Francophone clients and capture of client satisfaction with FLHS were the most common practices at HSPs in all five sectors (Fig. 4.4 and 4.6). All identified HSPs and the only designated HSP practised identification of Francophone clients. Client alignment with French-speaking staff was practised, to varying degrees, in four sectors: hospitals, MHA, LTC and CSS (Fig. 4.7). Referral of Francophone clients to other HSPs was only rarely practised in the MHA, LTC and CSS sectors (Fig. 4.5).

Fig. 4.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels - Lambton
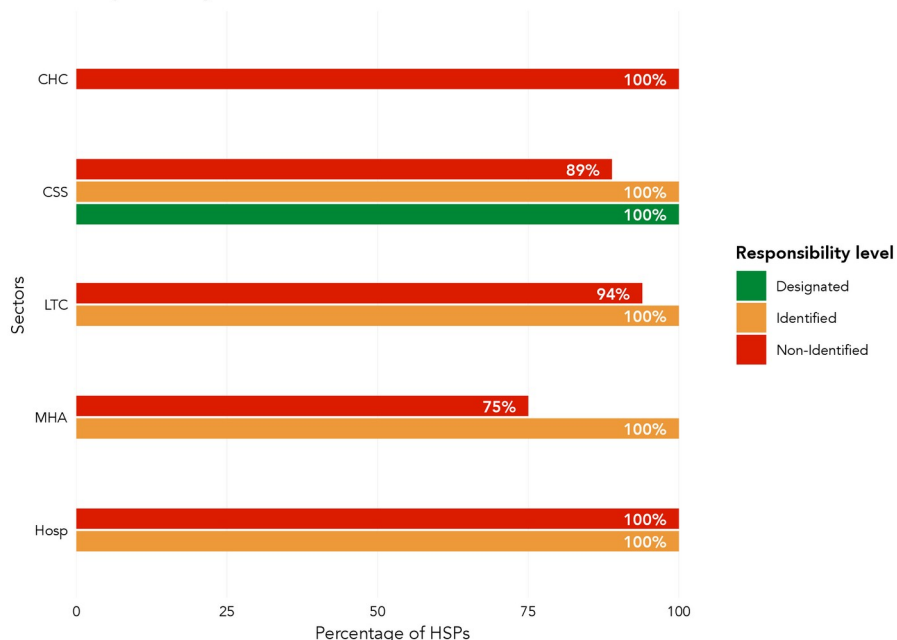
Fig. 4.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Lambton
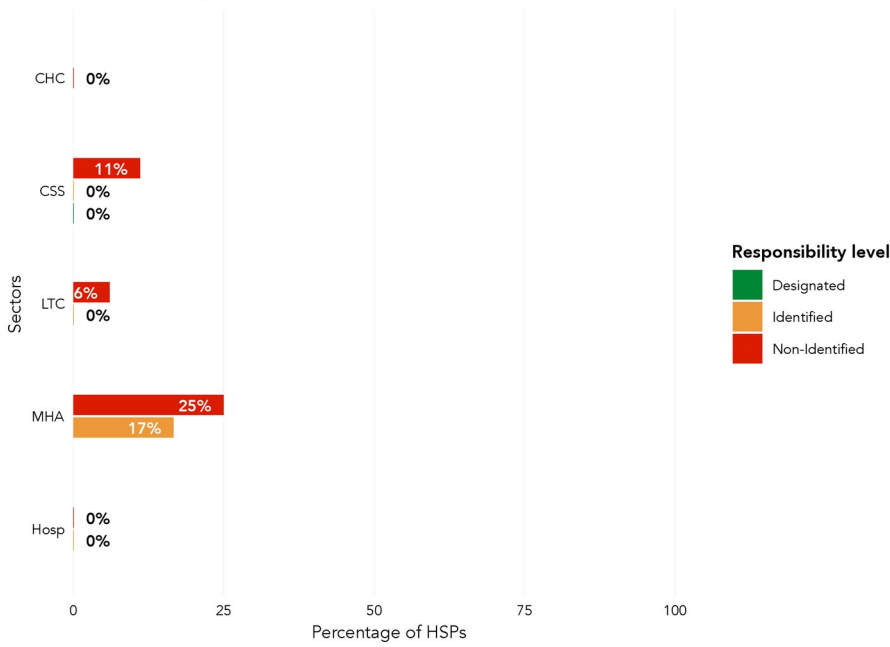

Fig. 4.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels - Lambton
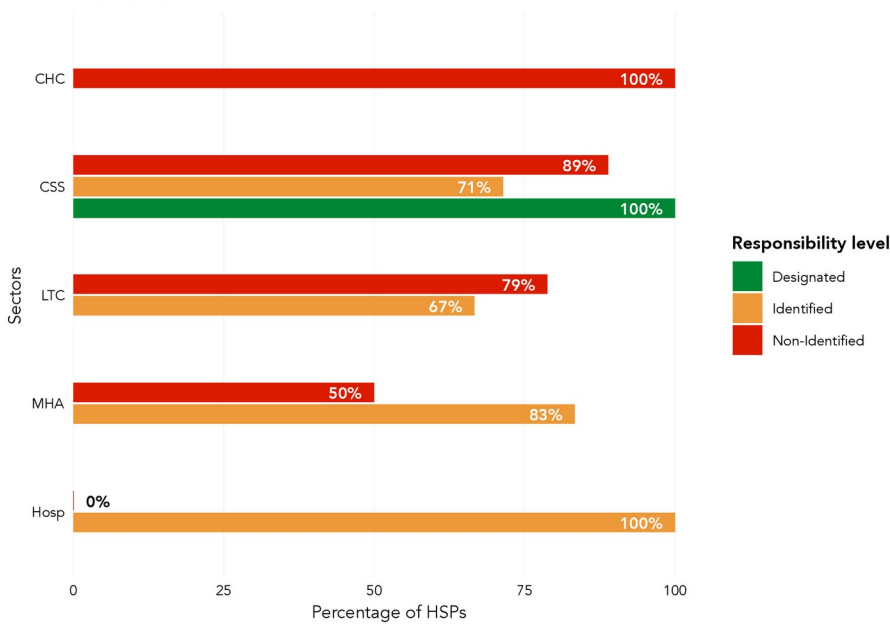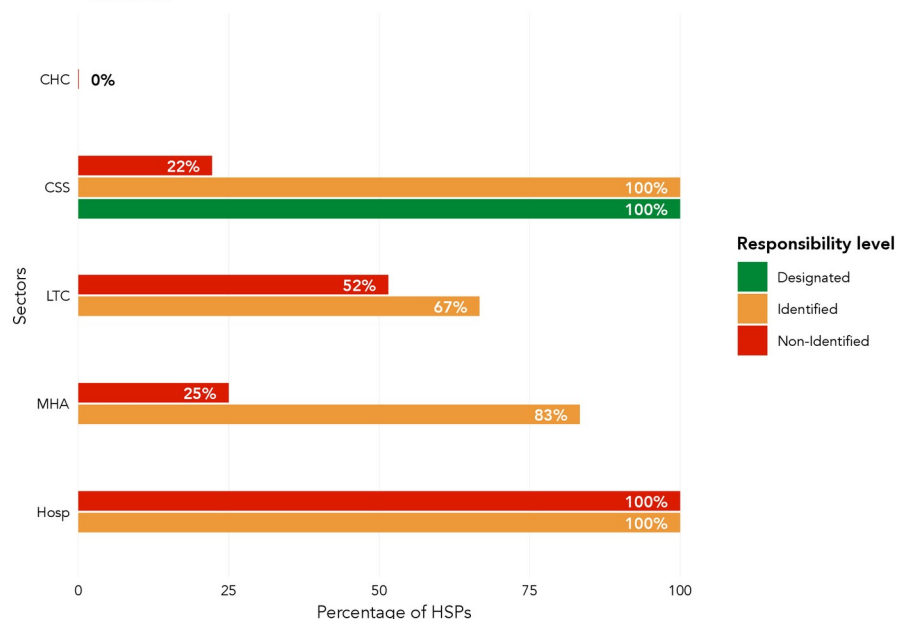
Fig. 4.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Lambton

C. FLHS Opportunities – *Lambton*

All direct patient services in the CHC sector, as well as almost 70% of direct patient services in the LTC sector, were non-identified (Fig. 4.8). This corresponds to a total or significant absence of services with an FLHS obligation and thus to an opportunity for FLHS development in these sectors. The proportion of non-identified services is less and even low in the other three sectors (hospitals, MHA and CSS), which is evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by HSPs (Fig. 4.9 to 4.12). Of these HR, most of those with the capacity to offer FLHS worked in identified HSPs in the hospital and MHA sectors, as well as in the designated HSP in the CSS sector (Fig. 4.9).

Fig. 4.8. Percentage of non-identified services by sectors - Lambton
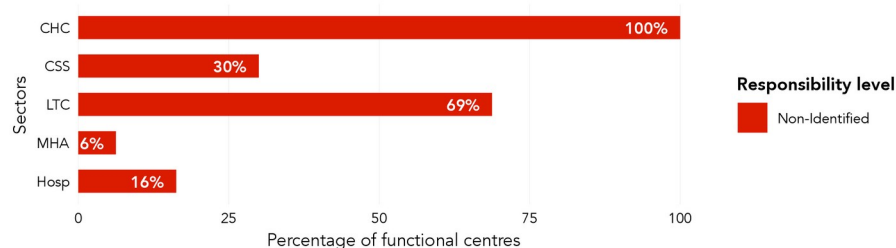
Fig. 4.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Lambton
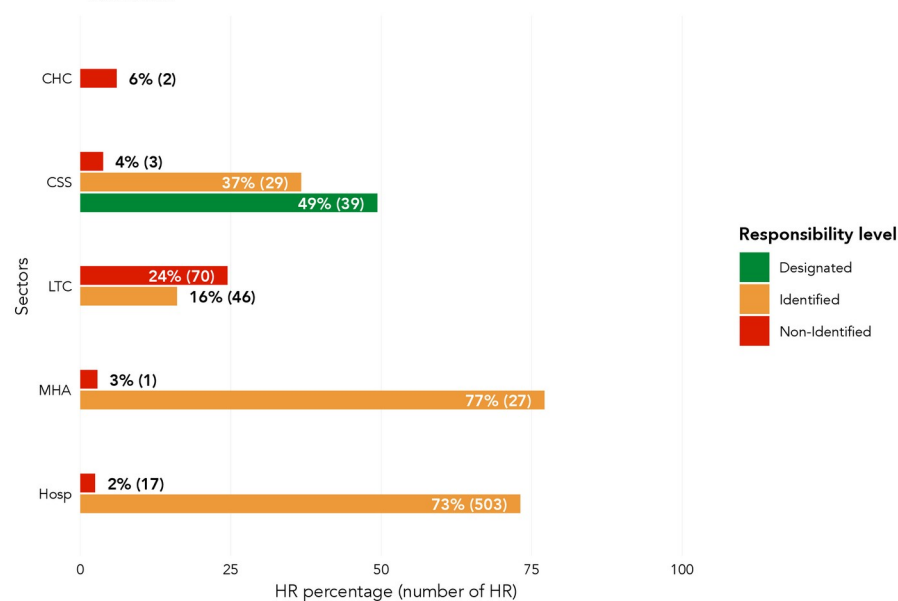
Fig. 4.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Lambton
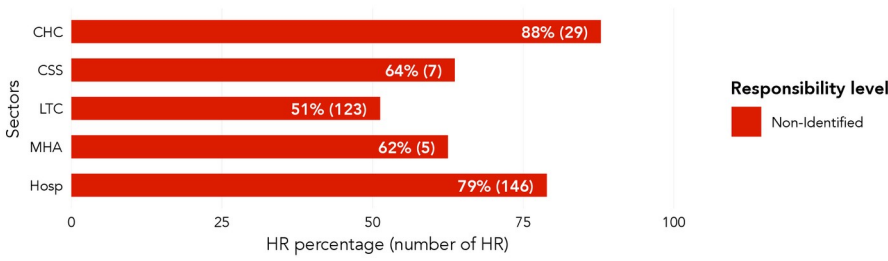
In non-identified HSPs, French-speaking HR were reported in all five care sectors (Fig. 4.10 to 4.12). Of these HR, under 30% of those reported across all care sectors had the capacity to offer FLHS (Fig. 4.12).

Fig. 4.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Lambton
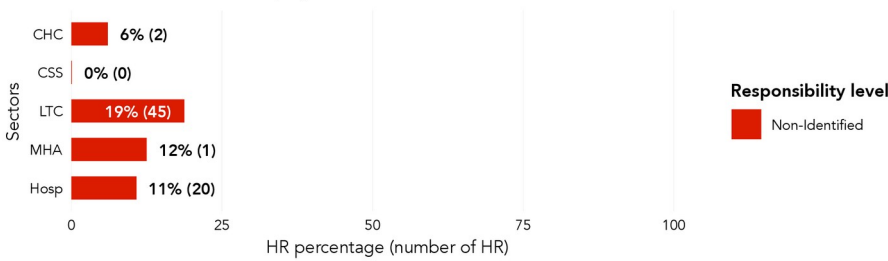
Fig. 4.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Lambton

5.2.5
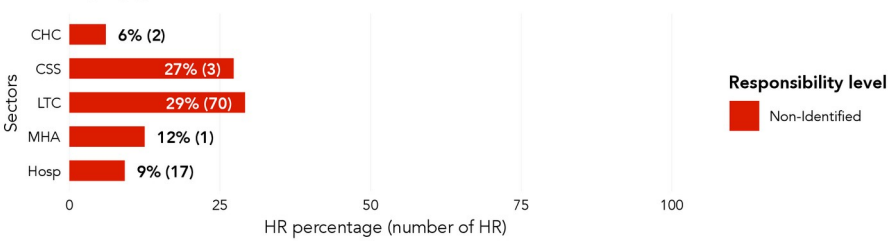
Rurale Kent

According to data from the 2016 Census of Canada, the total population of this local area was 58,765, including 1,735 Francophones. Francophones made up 3% of the population.

A. FLHS Responsibility – *Rural Kent*

In this local area, there were no designated HSPs. Identified HSPs were present in all five care sectors (Fig. 5.1). There were non-identified HSPs in three sectors (MHA, LTC and CSS).

Almost all HSPs submitted their FLS report (Table 7).

With respect to the service continuum, between 89% and 100% of direct patient services in four sectors (hospitals, MHA, CSS and CHC) were identified (Fig. 5.2). In the LTC sector, this proportion was just over 30%.

The average designation requirement completion rate for identified HSPs was between 41% and 54% (Fig. 5.3).

Table 7. FLS Report submission rate by sectors and responsibility levels - Rural Kent

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	-	-
Identified	100% (4)	100% (8)	100% (3)	100% (12)	100% (1)
Non-Identified	-	100% (1)	94% (31)	100% (5)	-

Fig. 5.1. Number of HSPs by sectors and responsibility levels - Rural Kent
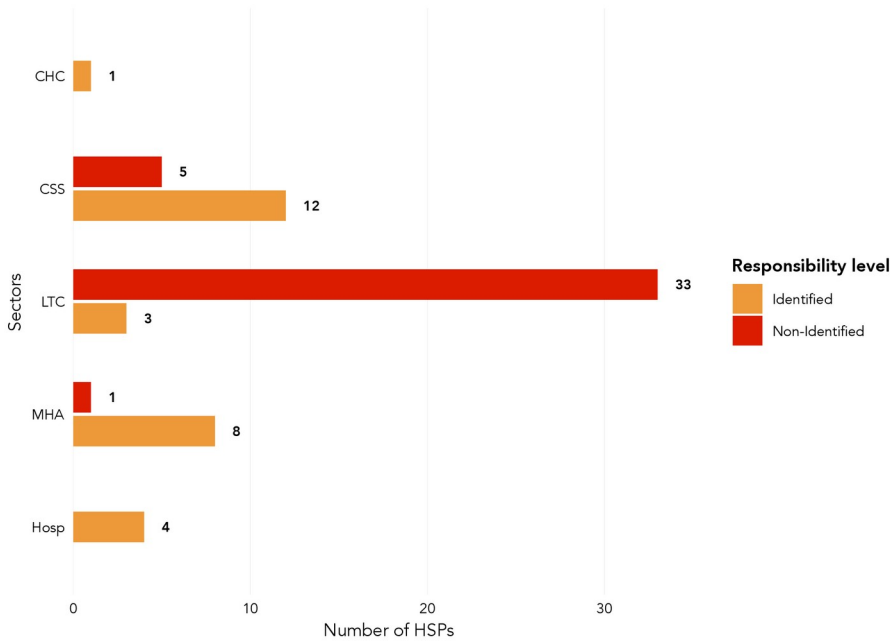
Fig. 5.2. Percentage of LHIN funded continuum of service with an FLHS obligation by sectors and responsibility levels - Rural Kent
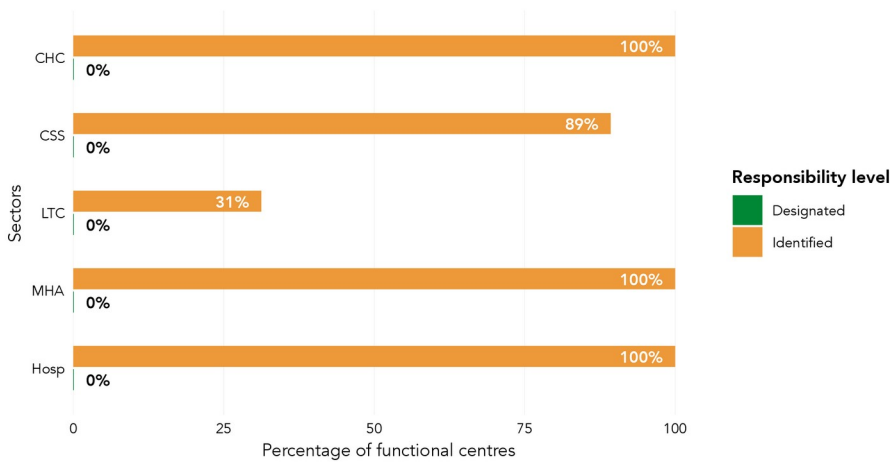
Fig. 5.3. Average completion of designation requirements by sectors and responsibility levels - Rural Kent
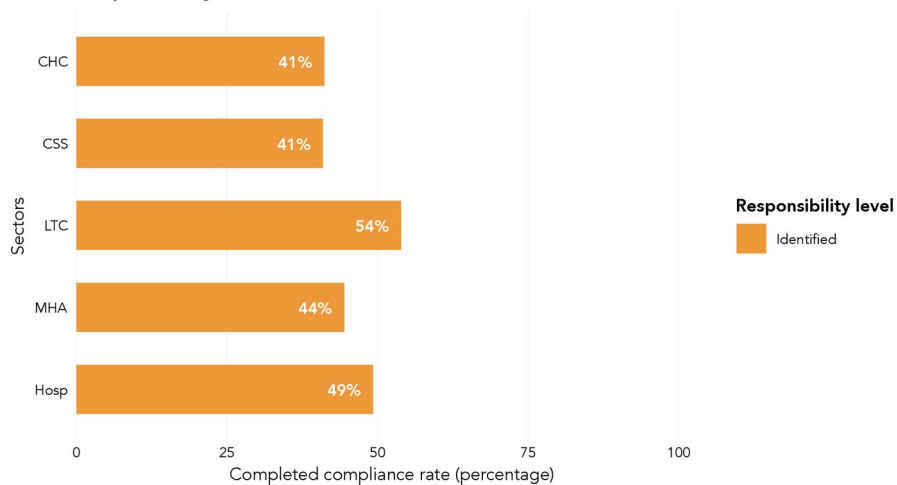
B. Organizational Practices Conducive to the Provision of FLHS – *Rural Kent*

Two of the four practices considered – identification of Francophone clients and client alignment with French-speaking staff – were implemented to varying degrees in all five care sectors (Fig. 5.4 and 5.7). Capture of Francophone client satisfaction with FLHS was practised in four care sectors by the majority of HSPs (Fig. 5.6). Generally, the majority of identified HSPs have implemented the three abovementioned practices. As for referral of Francophone clients to other HSPs, this was practised by only a few HSPs in three sectors (Fig. 5.5).

Fig. 5.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels - Rural Kent
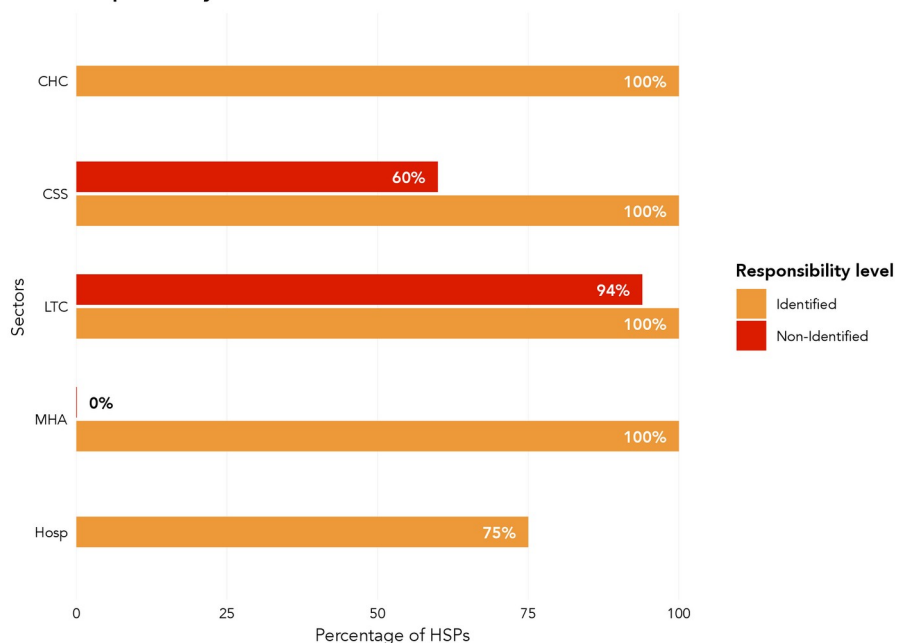
Fig. 5.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Rural Kent
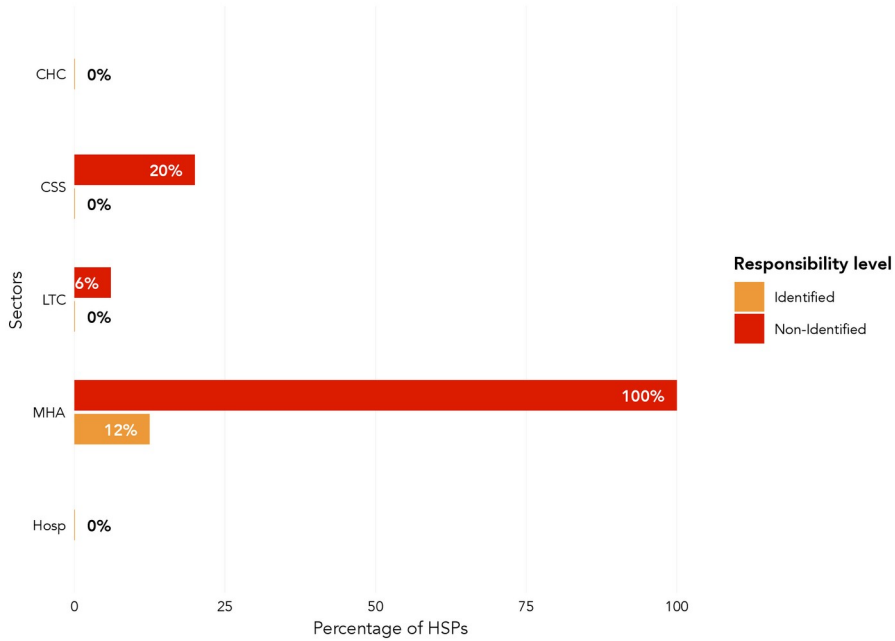
Fig. 5.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels - Rural Kent
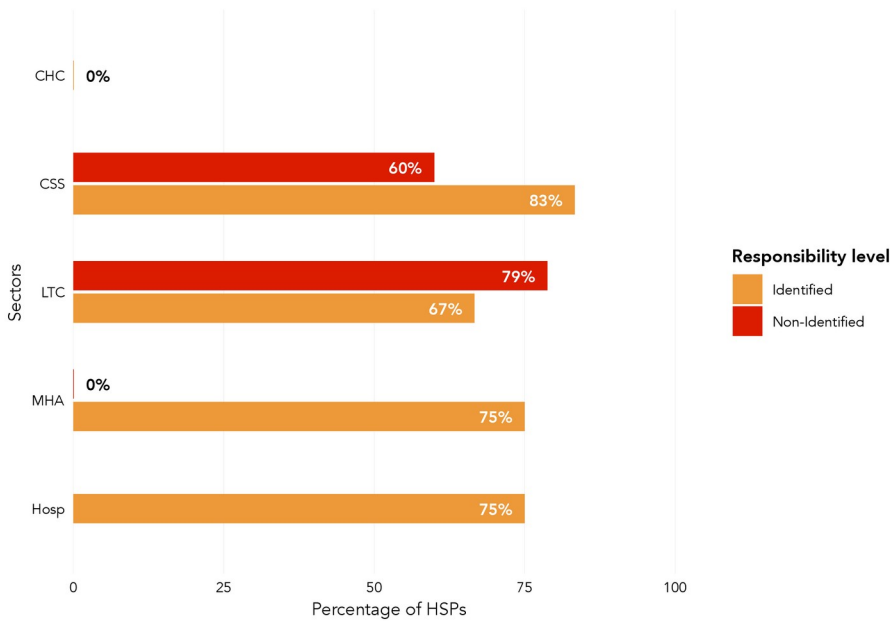
Fig. 5.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Rural Kent
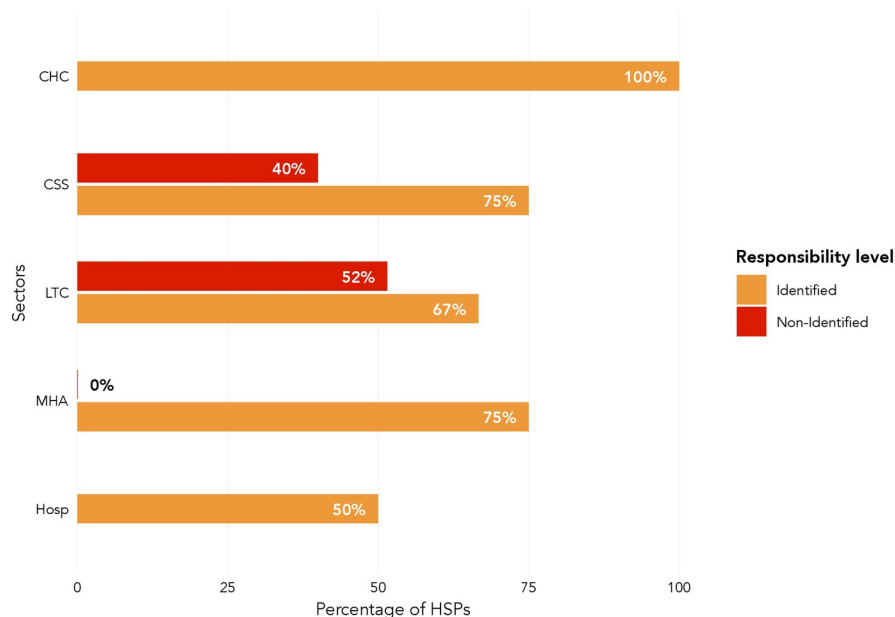
C. FLHS Opportunities – *Rural Kent*

Almost 70% of direct patient services in the LTC sector were non-identified (Fig. 5.8). This corresponds to a significant absence of services with an FLHS obligation and thus to an opportunity for FLHS development in this sector. The total absence of non-identified services in three sectors (hospitals, MHA and CHC) and the low proportion of such services in the CSS sector, is evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by HSPs (Fig. 5.9 to 5.12). Of these HR, those who had the capacity to offer FLHS and worked in identified HSPs predominated in all sectors except LTC. The proportion of such HR ranged from 84% to 100% in these four sectors (Fig. 5.9).

Fig. 5.8. Percentage of non-identified services by sectors - Rural Kent
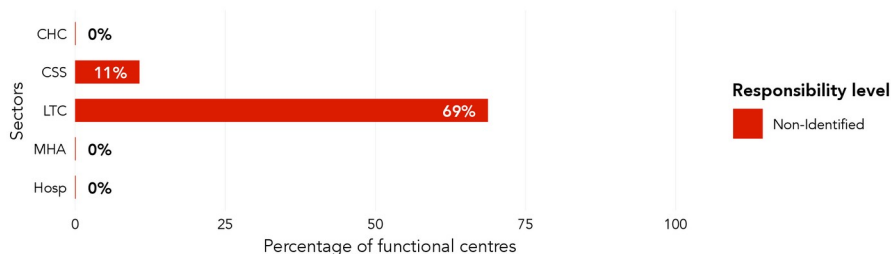
Fig. 5.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Rural Kent
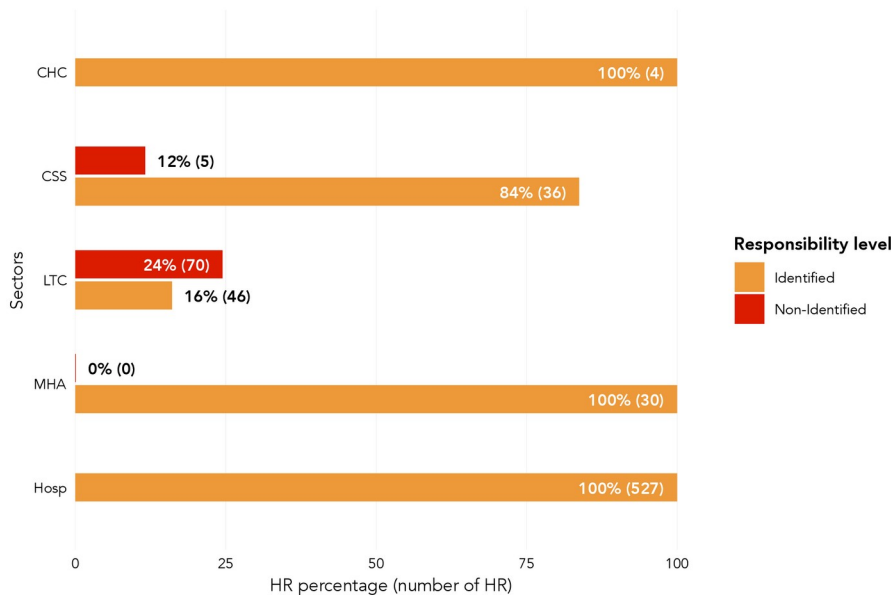
Fig. 5.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Rural Kent
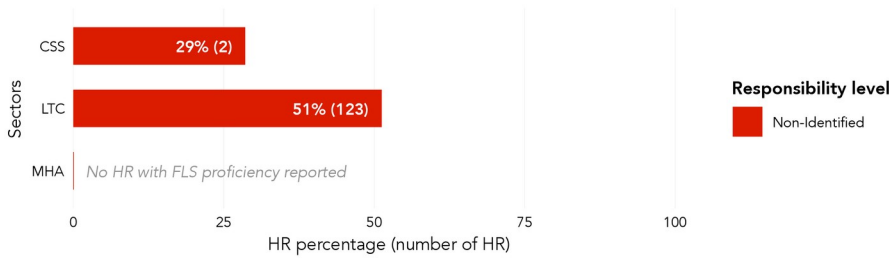
In non-identified HSPs, French-speaking HR were reported in the LTC and CSS sectors (Fig. 5.10 to 5.12). Of these HR, over 70% of those in the CSS sector and 29% of those in the LTC sector had the capacity to offer FLHS (Fig. 5.12). No HR were reported in the MHA sector.

Fig. 5.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Rural Kent
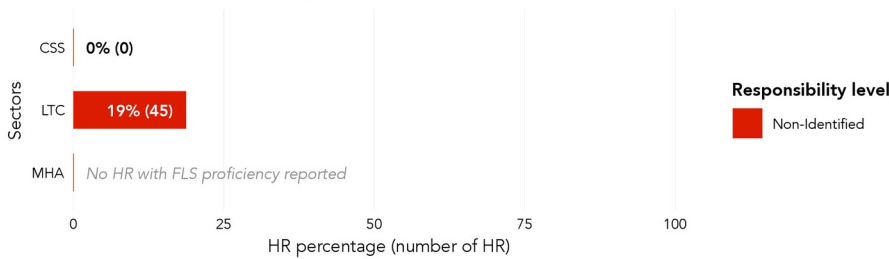
Fig. 5.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Rural Kent
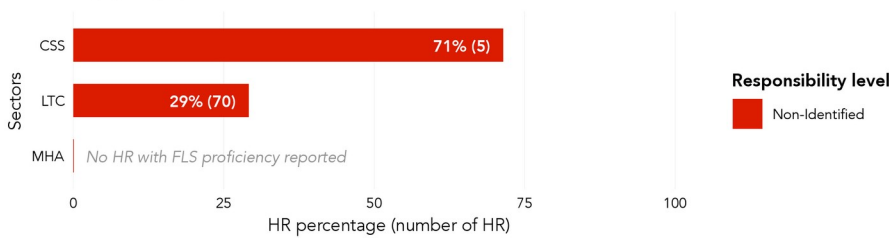
5.2.6

Tecumseh Lakeshore Amherstburg LaSalle

According to data from the 2016 Census of Canada, the total population of this local area was 110,940, including 5,555 Francophones. Francophones made up 5% of the population.

A. FLHS Responsibility – *Tecumseh Lakeshore Amherstburg LaSalle*

This local area had two designated HSPs in the CSS sector (Fig. 6.1). Identified HSPs were present in all five care sectors. There were non-identified HSPs in three sectors (MHA, LTC and CSS).

Almost all HSPs submitted their FLS report (Table 8).

With respect to the service continuum, from 88% to 100% of direct patient services in four sectors (hospitals, MHA, CSS and CHC) were identified (Fig. 6.2). In the LTC sector, this proportion did not exceed 31%. The proportion of designated services was 10% in the CSS sector.

The average designation requirement completion rate was 91% for designated HSPs and ranged from 38% to 54% for identified HSPs in all five sectors (Fig. 6.3).

Table 8. FLS Report submission rate by sectors and responsibility levels - Tecumseh Lakeshore Amherstburg LaSalle

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	100% (2)	-
Identified	100% (3)	100% (10)	100% (3)	90% (9)	100% (2)
Non-Identified	-	100% (2)	94% (31)	100% (2)	-

**Fig. 6.1. Number of HSPs by sectors and responsibility levels -
Tecumseh Lakeshore Amherstburg LaSalle**
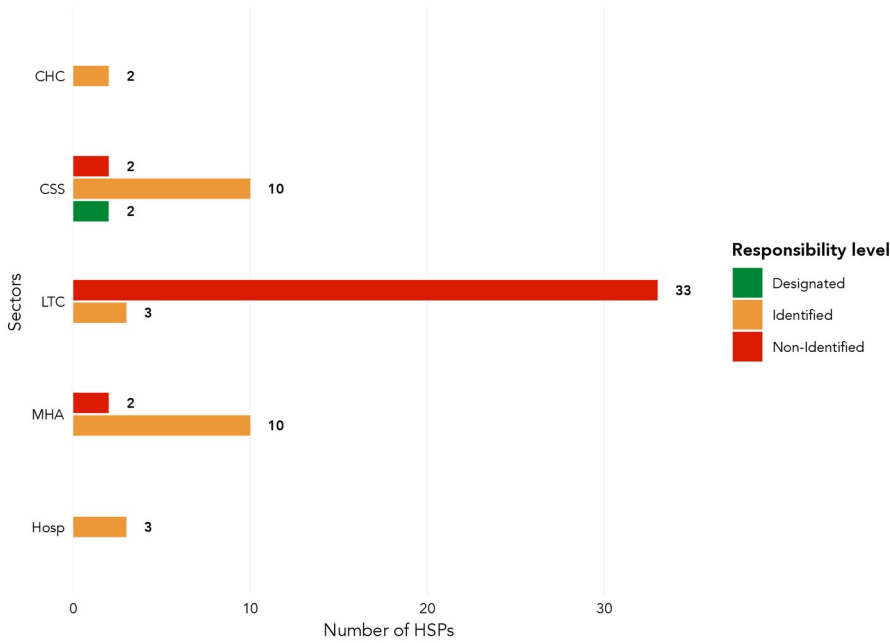
**Fig. 6.2. Percentage of LHIN funded continuum of service with an FLHS
obligation by sectors and responsibility levels -
Tecumseh Lakeshore Amherstburg LaSalle**
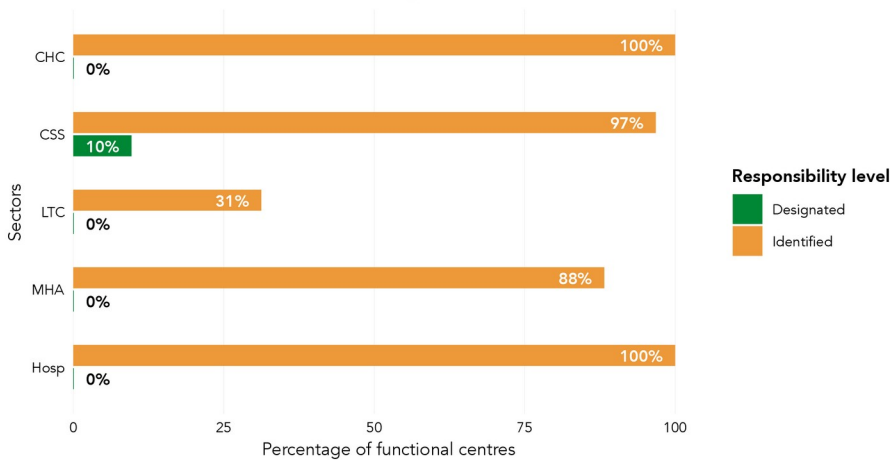
Fig. 6.3. Average completion of designation requirements by sectors and responsibility levels -
Tecumseh Lakeshore Amherstburg LaSalle
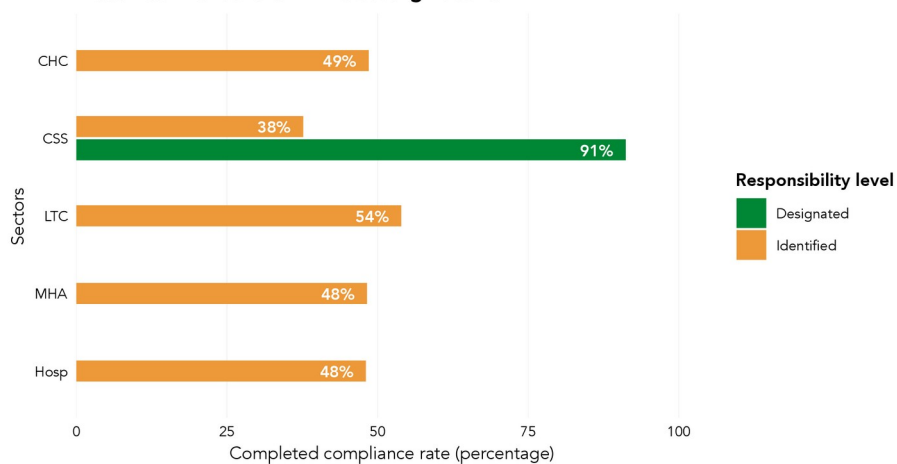
B. Organizational Practices Conducive to the Provision of FLHS
– Tecumseh Lakeshore Amherstburg LaSalle

Three of the four practices considered – identification of Francophone clients, capture of client satisfaction with FLHS and client alignment with French-speaking staff – were implemented in all five sectors (Fig. 6.4, 6.6 and 6.7). Client identification was practised by almost all HSPs. The other two practices were implemented by the majority of HSPs. Referral of Francophone clients to other HSPs was practised by only a few HSPs in three sectors: MHA, LTC and CSS (Fig. 6.5).

Fig. 6.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels -
Tecumseh Lakeshore Amherstburg LaSalle
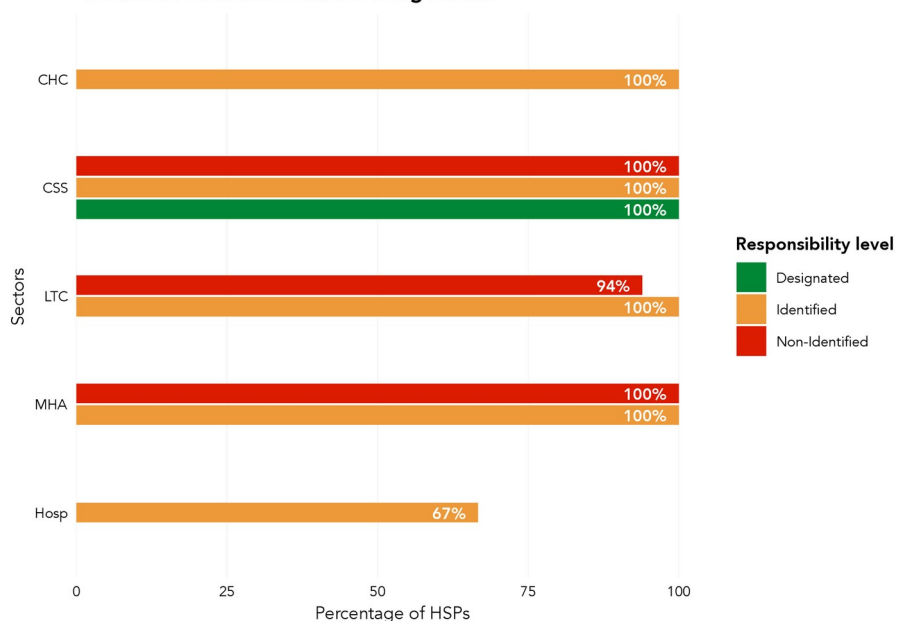
Fig. 6.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Tecumseh Lakeshore Amherstburg LaSalle
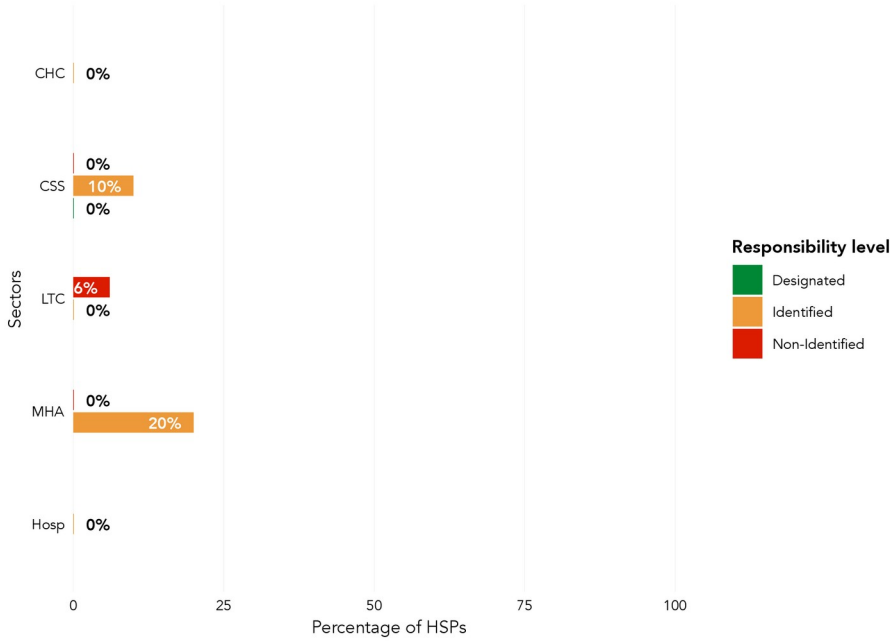
**Fig. 6.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels -
Tecumseh Lakeshore Amherstburg LaSalle**
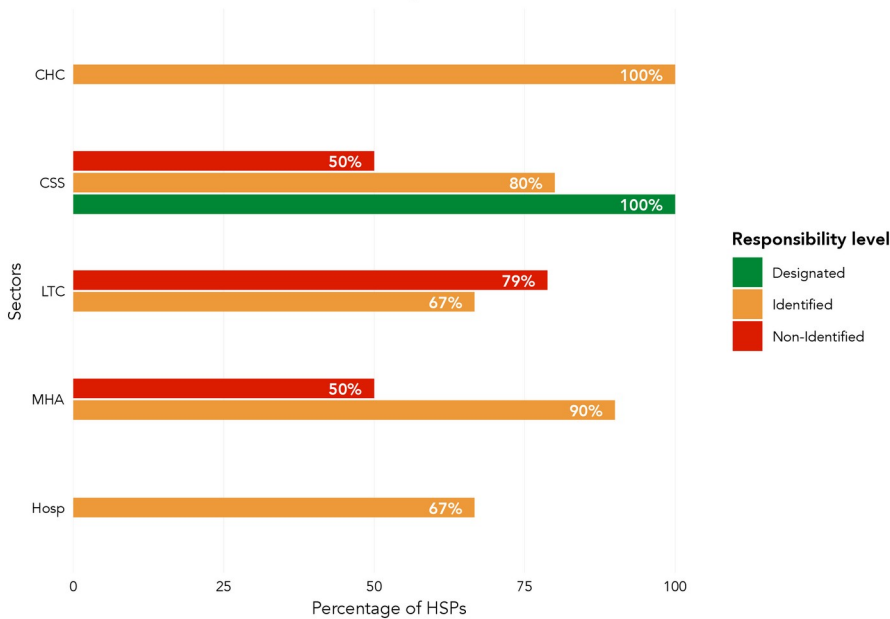
Fig. 6.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Tecumseh Lakeshore Amherstburg LaSalle
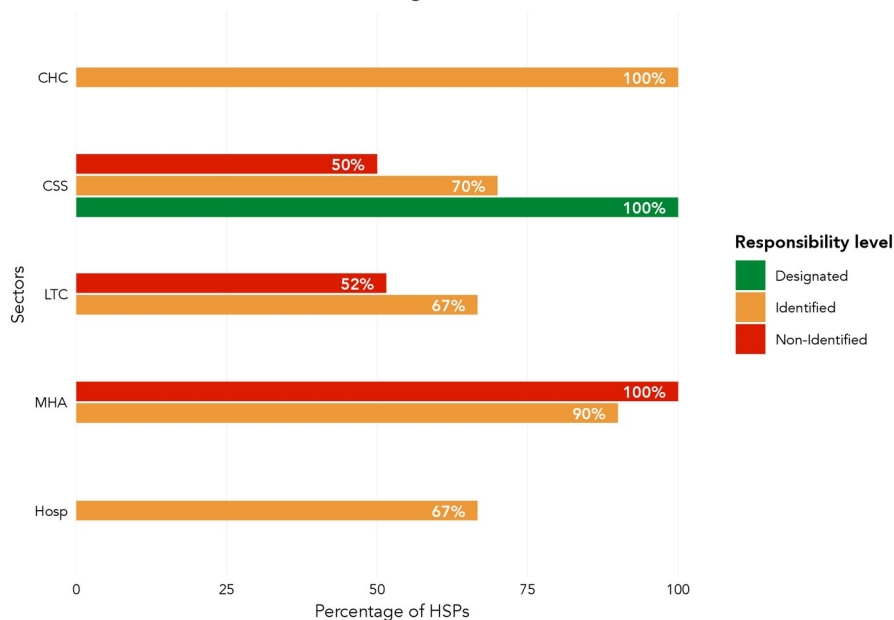
C. FLHS Opportunities – *Tecumseh Lakeshore Amherstburg LaSalle*

Almost 70% of direct patient services in the LTC sector were non-identified (Fig. 6.8). This corresponds to a marked absence of services with an FLHS obligation and thus to an opportunity for FLHS development in this sector. The total absence of non-identified services in two sectors (hospitals and CHC), along with the low proportion of such services in the MHA and CSS sectors, are evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by HSPs (Fig. 6.9 to 6.12). Of these HR, those who had the capacity to offer FLHS and worked in identified or designated HSPs were predominant in all sectors except LTC (Fig. 5.9). The proportion of such HR ranged from 42% to 100% in the four sectors.

Fig. 6.8. Percentage of non-identified services by sectors - Tecumseh Lakeshore Amherstburg LaSalle

Fig. 6.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Tecumseh Lakeshore Amherstburg LaSalle

Fig. 6.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Tecumseh Lakeshore Amherstburg LaSalle

In non-identified HSPs, French-speaking HR were reported in three sectors (MHA, LTC and CSS) (Fig. 6.10 à 6.12). Of these HR, 29% of those in the LTC sector had the capacity to offer FLHS. No HR in the CSS sector had the capacity to offer FLHS (Fig. 6.12).

Fig. 6.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Tecumseh Lakeshore Amherstburg LaSalle

Fig. 6.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Tecumseh Lakeshore Amherstburg LaSalle
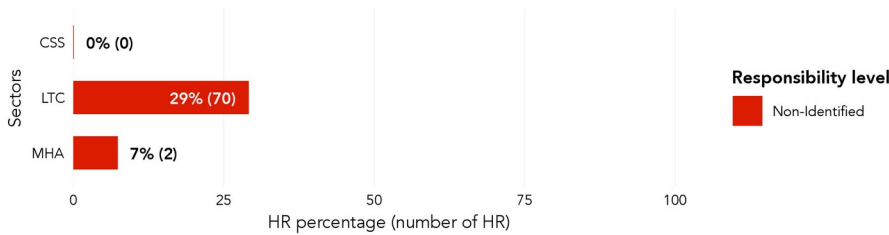
5.2.7

Windsor

According to data from the 2016 Census of Canada, the total population of this local area was 214,020, including 7,555 Francophones. Francophones made up 3.5% of the population.

A. FLHS Responsibility – *Windsor*

In this local area, there were two designated HSPs in the CSS sector (Fig. 7.1). Identified HSPs were present in all five care sectors. There were non-identified HSPs in three sectors (MHA, LTC and CSS).

Almost all HSPs submitted their FLS report (Table 9).

With respect to the service continuum, between 88% and 100% of direct patient services in four sectors (hospitals, MHA, CSS and CHC) were identified (Fig. 7.2). In the LTC sector, this proportion was just over 30%. In the CSS sector, 10% of direct patient services were designated.

The designation requirement completion rate was over 90% for designated HSPs and between 44% and 72% for identified HSPs (Fig. 7.3).

Table 9. FLS Report submission rate by sectors and responsibility levels - Windsor

Responsibility level	HSPs Percentage				
	Hosp	MHA	LTC	CSS	CHC
Designated	-	-	-	100% (2)	-
Identified	100% (2)	100% (10)	100% (3)	100% (8)	100% (2)
Non-Identified	-	100% (2)	94% (31)	100% (2)	-

**Fig. 7.1. Number of HSPs by sectors and responsibility levels -
Windsor**
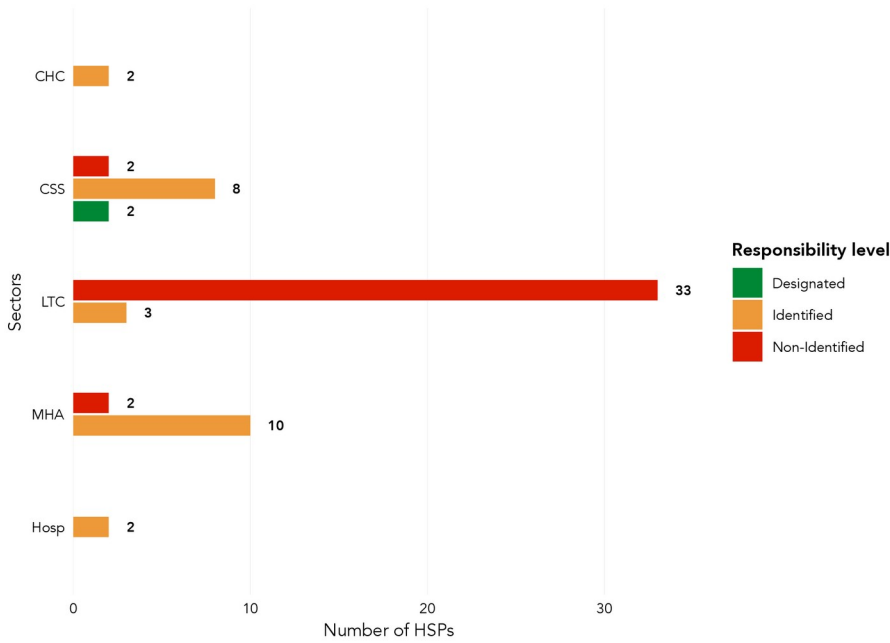
**Fig. 7.2. Percentage of LHIN funded continuum of service with an FLHS
obligation by sectors and responsibility levels -
Windsor**

Fig. 7.3. Average completion of designation requirements by sectors and responsibility levels - Windsor
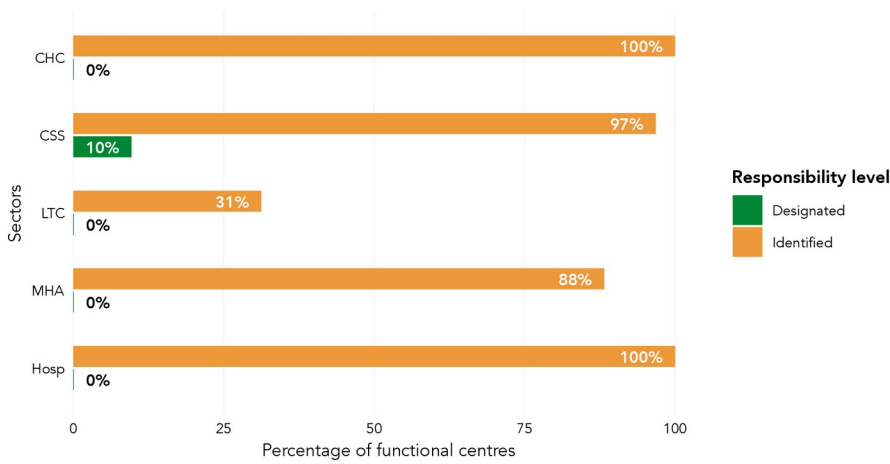
Fig. 7.4. Percentage of HSPs who identify Francophone clients by sectors and responsibility levels - Windsor
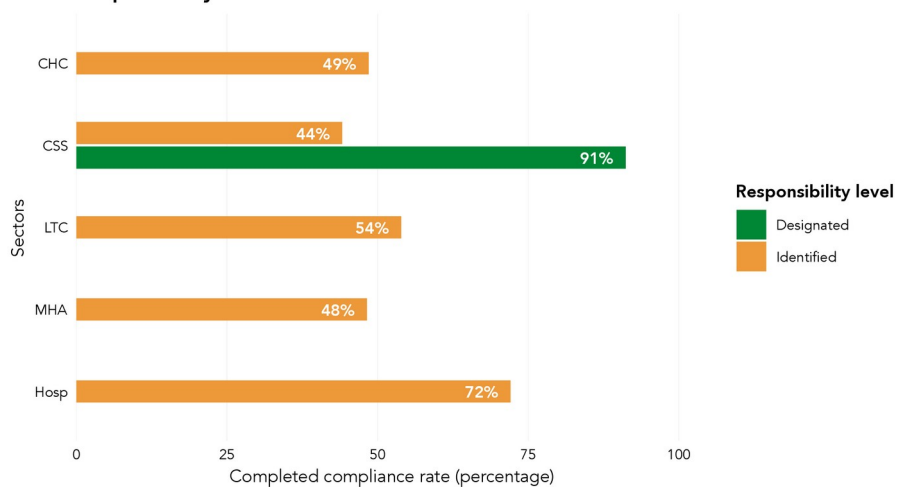
B. Organizational Practices Conducive to the Provision of FLHS – *Windsor*

Three of the four practices considered – identification of Francophone clients, capture of client satisfaction with FLHS and client alignment with French-speaking staff – were implemented by the majority of HSPs in all five sectors (Fig. 7.4, 7.6 and 7.7). Almost all HSP identified their Francophone clients. Referral of Francophone clients to other HSPs was only rarely practised in three sectors: MHA, LTC and CSS (Fig. 7.5).
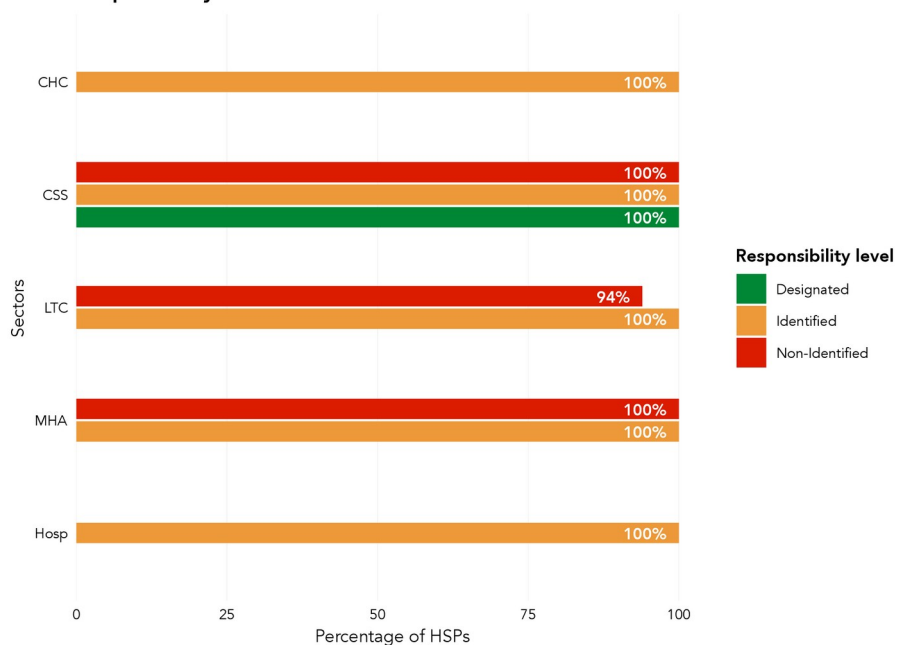
Fig. 7.5. Percentage of HSPs who refer Francophone clients by sectors and responsibility levels - Windsor
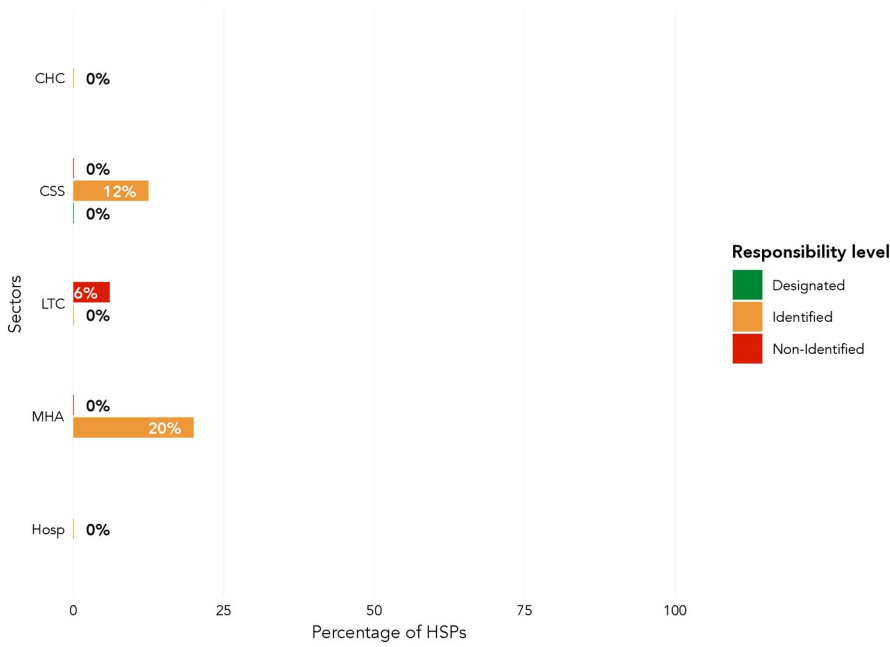
Fig. 7.6. Percentage of HSPs that capture client satisfaction regarding FLHS by sectors and responsibility levels - Windsor
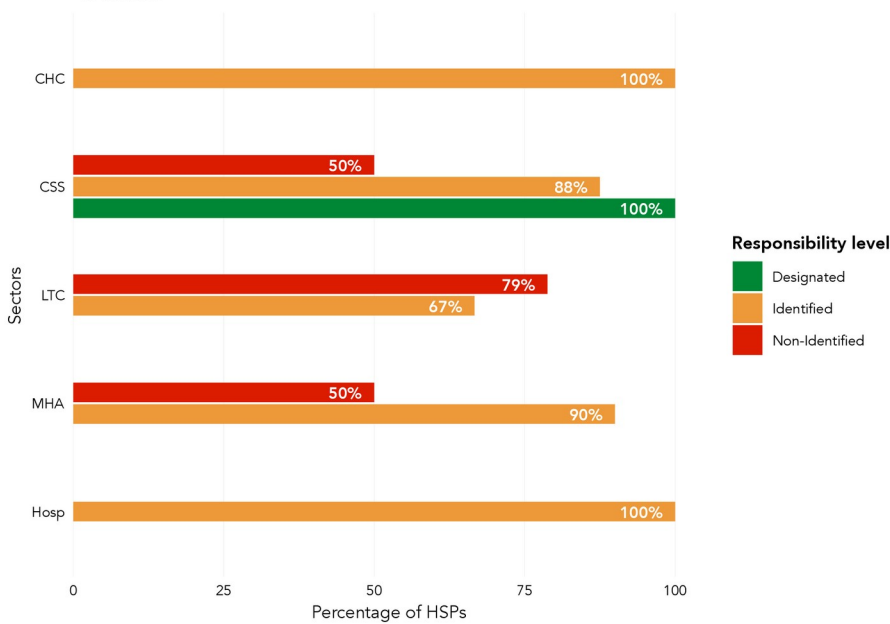
**Fig. 7.7. Percentage of HSPs who align Francophone clients to their HR with FLHS capacity by sectors and responsibility levels - Windsor**
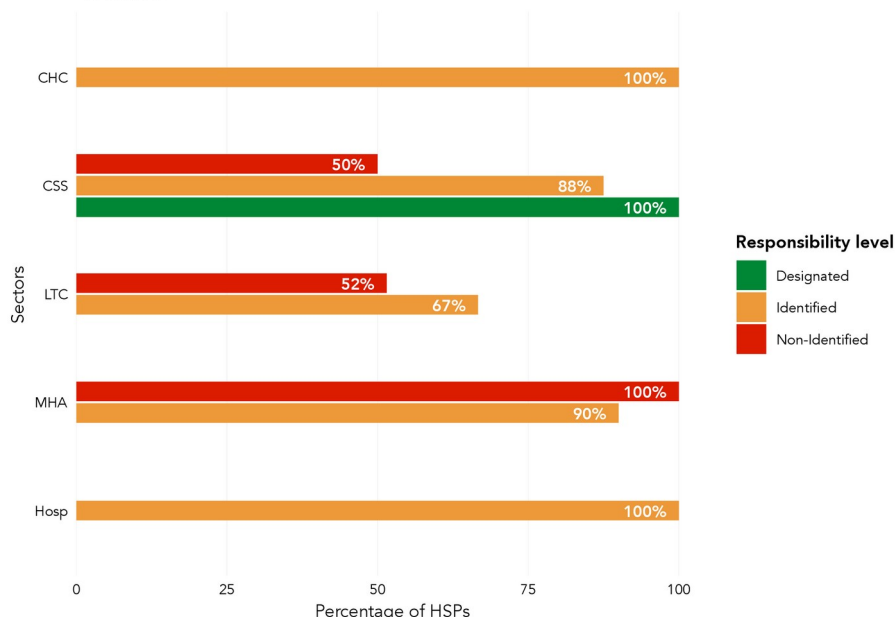
C. FLHS Opportunities – *Windsor*

Almost 70% of direct patient services in the LTC sector were non-identified (Fig. 7.8). This corresponds to a notable absence of services with an FLHS obligation and thus to an opportunity for FLHS development in this sector. The total absence of non-identified services in two sectors (hospitals and CHC), along with the low proportion of such services in the MHA and CSS sectors, are evidence of FLHS provision in those sectors.

The presence of HR with varying levels of French language proficiency was reported by all HSPs (Fig. 7.9 to 7.12). Of these HR, those who had the capacity to offer FLHS and worked in identified or designated HSPs were predominant in all sectors except LTC (Fig. 7.9). The proportion of such HR was 100% in the hospital sector and ranged from 42% to 59% in the MHA and CSS sectors.

Fig. 7.8. Percentage of non-identified services by sectors - Windsor
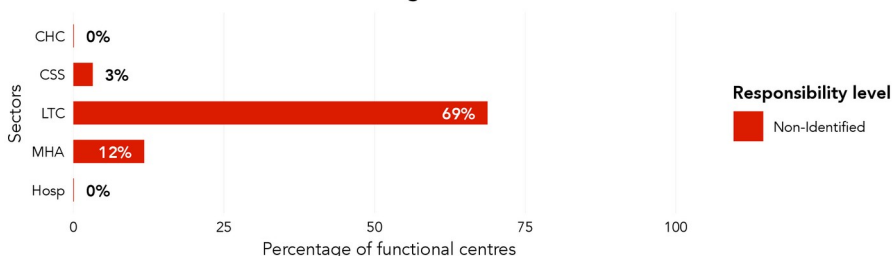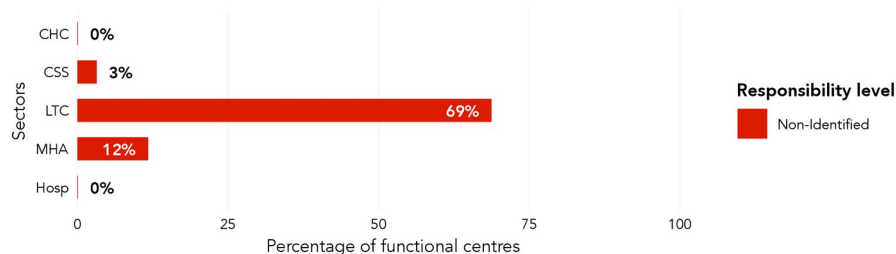

Fig. 7.9. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency among all HR who reported some level of FLS proficiency, distributed by sectors and by responsibility levels - Windsor
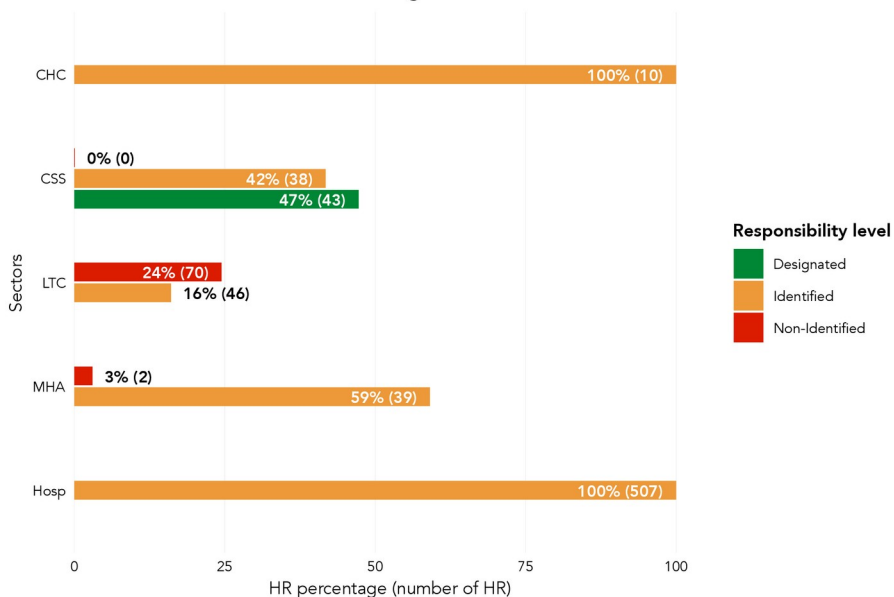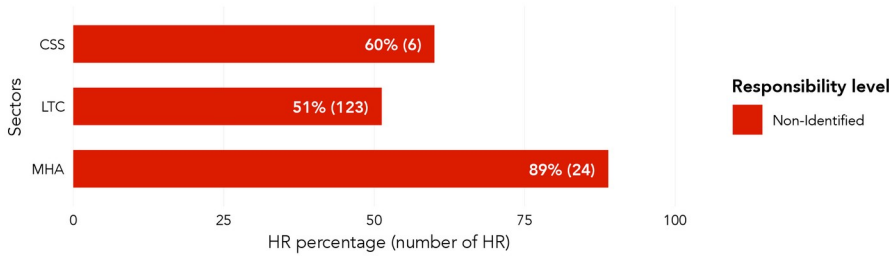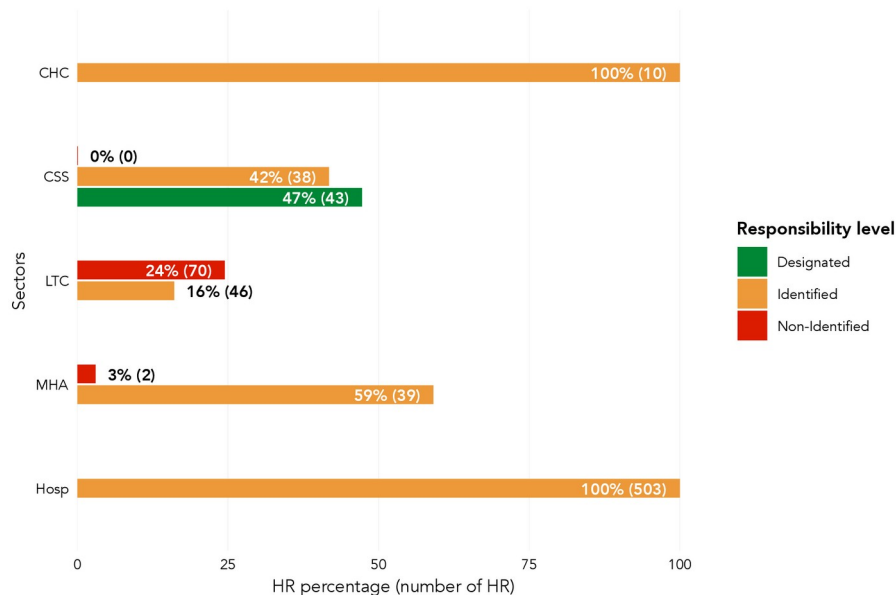
Fig. 7.10. Percentage of HR with 'Elementary' French language proficiency in non-identified HSPs, by sectors - Windsor

Among non-identified HSPs, French-speaking HR were reported in three sectors (MHA, LTC and CSS) (Fig. 7.10 to 7.12). Of these HR, 29% of those in the LTC sector had the capacity to offer FLHS. No HR in the CSS sector had the capacity to offer FLHS (Fig. 7.12).

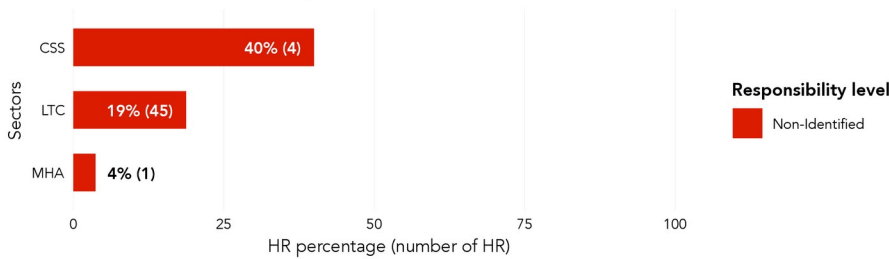**Fig. 7.11. Percentage of HR with 'Intermediate' French language proficiency in non-identified HSPs, by sectors - Windsor**
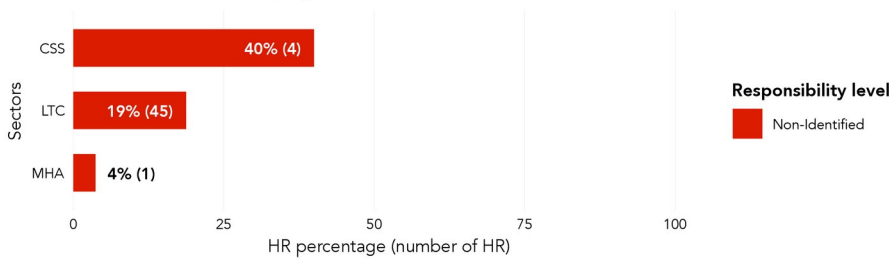
Fig. 7.12. Percentage of HR with 'Advanced Minus' to 'Superior' French language proficiency in non-identified HSPs, by sectors - Windsor
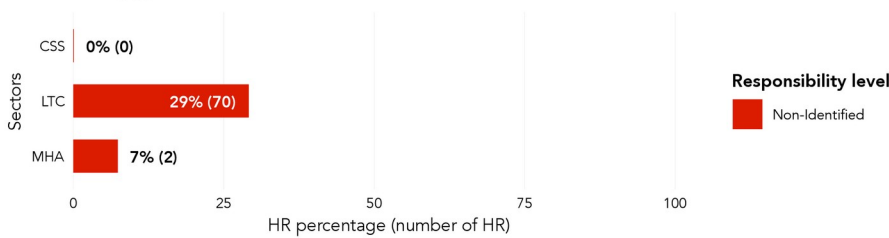
6 APPENDICES

1. Acronyms, Abbreviations and Glossary of Terms
2. Linguistic Profiles
3. Definition of Indicators
4. Reporting Templates
5. Regional Data Spreadsheet

ACRONYMS, ABBREVATIONS AND GLOSSARY OF TERMS

ACRONYMS AND ABBREVIATIONS

CHC:	Community health centre
CSS:	Community support services
Entities:	French Language Health Planning Entities
FLHS:	French language health services
FLS:	French language services
FLSA:	French Language Services Act
HR:	Human resources
HSP:	Health service provider
LHIN:	Local health integration network
LTC:	Long-term care
MFA:	Ministry of Francophone Affairs
MHA:	Mental health and addiction services
MOHLTC:	Ministry of Health and Long-Term Care

GLOSSARY OF TERMS

Active offer: Active offer can be defined as a regular and permanent provision of French language health services – delivered at a quality that is comparable to that of services provided in English – offered systematically and proactively to Francophone clients across the continuum of care. To ensure an active offer of French language health services, health service providers must implement a series of organizational practices. These practices are also designation requirements.

Actual capacity: According to designation requirements, staff members with one of the following French language proficiency levels are considered able to provide services in French and can hold designated bilingual positions: "Advanced Minus", "Advanced", "Advanced Plus" or "Superior". The presence of human resources with these proficiency levels thus corresponds to a health service provider's actual capacity to provide FLHS.

Continuum of care: The continuum of care is composed of different components of the health care system that are structured to ensure that a patient or client can be cared for without any interruption or rupture of services. In Ontario, the continuum of care is comprised of the following sectors of care: hospitals,

mental health and addiction services, long-term care, community health centres, and community support services.

Designated HSP: Designated health service providers have an obligation, under the French Language Services Act, to provide services in French on a guaranteed and permanent basis, in compliance with the 34 designation requirements. (This obligation only applies to the services for which the HSP is designated). Designated HSPs must also submit a statement of compliance to the Ministry of Francophone Affairs on a three-year basis to demonstrate they are still compliant with the designation requirements. For the purpose of this report, designated HSPs are considered to have a full capacity to provide French language health services. However, an HSP can be partially designated. Partial designation occurs when a regulation designating a public service agency limits the designation to apply only to specific services provided by the agency, or specifies services that are excluded from the designation.

Designation: A legal and administrative procedure that follows the rules and procedures prescribed by the French Language Services Act, Ontario Regulation 398/93 and Ministry of Francophone Affairs directives. This legislative and regulatory framework enables health service providers to demonstrate that they have the

capacity to provide French language services on a permanent basis while meeting the specific needs of the Francophone population they serve.

Designation plan: To become designated, health service providers must submit a designation plan, which demonstrates how they comply with the 34 designation requirements. The designation plan contains the Human Resources Plan.

Designation requirements: To become designated, health service providers must comply with 34 requirements established by the Ministry of Francophone Affairs. These requirements are based on the following five criteria: The agency must offer quality services in French on a permanent basis, which is ensured by employees with the requisite French language skills; access to services must be guaranteed and follow the principle of an active offer; provisions for effective representation of Francophones on the board of directors and its committees are included in the administrative by-laws and must reflect the proportion of the Francophone population within the community served; the senior management team must have an effective representation of Francophones; the board of directors and the senior management team must be accountable with respect to the quality of French language services.

FLHS capacity: Capacity can be defined as the ability to provide FLHS in order to ensure that LHIN funded services meet the needs of the local Francophone population. At the LHIN level, capacity is ensured through distribution of responsibility toward FLHS. At the HSP level, capacity is ensured through sufficient HR with an adequate level of French language proficiency ("Advanced Minus", "Advanced", "Advanced Plus" and "Superior"). For the purpose of this report, designated HSPs are considered to have full FLHS capacity, while identified HSPs are considered to have a certain capacity that could be developed through designation. Nonidentified HSPs are not considered to have the capacity to offer FLHS, though they may have some HR with varying levels of proficiency. HR with the "Advanced Minus", "Advanced", "Advanced Plus" and "Superior" levels are considered to have effective capacity to provide FLHS, while HR with the "Intermediate" proficiency level are considered to have potential capacity that could be developed through language

training. HR with the "Elementary" proficiency level are considered to have a limited capacity to provide FLHS.

FLHS responsibility: In the current report, the concept of responsibility for FLHS corresponds to an HSP's designation status. Responsibility encompasses the FLHS obligations assigned to designated HSPs, identified HSPs and non-identified HSPs, as set out in the Guide to FLHS.

FLS Report: For the purpose of this report, LHIN funded HSPs had to submit a French Language Services Report through the OZi Portal. Two different reporting templates were used: one for designated and identified HSPs, which was based on the 34 designation requirements (and included the HR Plan), and one for non-identified HSPs.

French language proficiency: An employee's French language proficiency is determined through linguistic evaluation by an accredited firm. According to the Government of Ontario, staff can be classified according to seven levels of oral and written proficiency (or linguistic profiles): "No Proficiency" (not collected in the present report) "Elementary", "Intermediate", "Advanced Minus", "Advanced", "Advanced Plus" and "Superior". Employees with the following proficiency levels are considered capable of providing FLHS: "Advanced Minus", "Advanced", "Advanced Plus" and "Superior". A detailed description of each linguistic profile in available in Appendix 2.

French Language Services Act: Ontario Regulation13.60 398/93. The French Language Services Act was first passed by Ontario Legislative Assembly in 1986 and came into effect in 1989. The legislative and regulatory framework for designation are comprised in the French Language Services Act.

Guide to FLHS: A document published by the Ministry of Health and Long-Term Care and released in November 2017. The Guide to FLHS details the requirements and obligations of LHINs, health service providers and Planning Entities with regards to French language health services.

Human Resources Plan: The Human Resources Plan (HR Plan) is submitted as part of the designation plan. The purpose of this document is to demonstrate that designated positions are held by staff members who possess the necessary French language proficiency levels

("Advanced Minus", "Advanced", "Advanced Plus" or "Superior") to provide FLHS.

Identified HSP: Identified HSPs have been selected to work toward designation under the FLSA. Identified HSPs have a responsibility to develop a French Language Services Plan and to provide services in French in accordance with existing FLHS capacity. For the purpose of this report, identified HSPs are considered to have a certain capacity to provide FLHS; this capacity is to be enhanced through the designation process.

Inclusive Definition of Francophone (IDF): A definition used by the Government of Ontario to identify the Francophone population. According to this definition, Francophones are individuals whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language and use French at home.

Limited capacity: For the purpose of this report, staff member with an "Elementary" French language proficiency level are considered to have a limited capacity to provide FLHS. While this capacity could eventually be enhanced through French language training, these human resources do not, at the moment, contribute significantly to an HSP's FLHS capacity.

Non-identified HSP: Non-identified health service providers are neither identified for designation nor designated under the French Language Services Act. While they have no obligation to provide French language health services nor to submit a designation plan, these HSPs still have a responsibility to develop and implement a plan to address the needs of their local Francophone community. This plan includes the provision of information on health services available in French in their region. For the purpose of this report, non-identified HSPs had to submit a French Language Services Report through the OZi Portal. In the current report, on-identified HSPs are not considered to have the capacity to offer FLHS.

OZi Portal: An online data management solution created by the Réseau to collect and analyze data on the provision of French language health services at the provincial, local, and sectoral levels. The OZi Portal was deployed to 1464 LHIN funded health service providers

between February and June of 2018 to collect data for the purpose of this report.

Planning Entity: French Language Health Planning Entities (sometimes referred to in this report as Entities or Planning Entities) were established by Ontario Regulation 515/09 Engagement with the Francophone Community. Entities have the responsibility to advise LHINs on FLHS, namely by engaging with the local Francophone community. There are currently six Planning Entities in Ontario.

Potential capacity: For the purpose of this report, staff member with an "Intermediate" French language proficiency level are considered to have a potential capacity to provide FLHS. This capacity could be developed through French language training.

Réseau: The French Language Health Services Network of Eastern Ontario, also known in French as Réseau des services de santé en français de l'Est de l'Ontario. The Réseau is the Planning Entity for the Champlain and South East regions. The Réseau created the OZi Portal and also managed the data collection and analysis project for the purpose of this report.

Statement of compliance: Designated health service providers must submit a statement of compliance to the Ministry of Francophone Affairs on a three-year basis to demonstrate they are still compliant with the 34 designation requirements.

FLS PROFICIENCY PROFILES

ORAL

WRITTEN

Elementary level

At this level one has no real autonomy of expression. The ability to speak is limited to some memorized material on familiar topics related to work. One is able to verbalize isolated words, expressions of two or three words, and express simple, unconnected sentences. The range of vocabulary is limited and the delivery is slow and awkward. One can handle greetings, leave taking, and other expressions of courtesy. The limited vocabulary, the frequent errors, and slow delivery severely inhibit communication.

Elementary level

At this level one is able to write a few words, maybe sentences on topics related to work, maybe with the help of a dictionary. One can fill in forms, give general information such as time and location of meetings and notices of cancellation using a standard format. Vocabulary is limited to daily use with no mastery of idiomatic expressions. One has no practical communicative writing skills. One cannot produce French text.

Intermediate level

At this level one possesses some ability to work in French. One shows some spontaneity in language production but the fluency is very uneven resulting in halting speech. One is able to participate in simple conversations on a one-to-one basis. The vocabulary is limited to that used in simple, non-technical, daily conversational usage. One can make and answer requests for information or directions, give simple instructions and discuss simple needs. When addressing this person the speaker may have to slow down and repeat if he/she wishes to be understood.

Intermediate level

At this level one is able to write words and simple sentences. One can make and answer simple requests for information. The vocabulary is limited to that of daily general use. One often experiences problems with grammar and spelling. One is able to meet some practical elementary writing needs but cannot produce acceptable French text.

Advanced Minus level

At this level, the individual has the ability to handle a variety of communication tasks. The individual is able to describe and explain in all timeframes in most informal and some formal situations across a variety of familiar topics. The vocabulary often lacks specificity. Nevertheless, the individual is able to use rephrasing and paraphrasing. Although grammatical, lexical and pronunciation errors are evident, the individual can speak with enough accuracy to be understood.

Advanced Minus level

At this level, the individual is able to meet basic workrelated writing needs. The individual is able to narrate and describe in major verb forms or tenses and is able to compose simple summaries on familiar topics. The individual is able to combine and link sentences into paragraphs to form full texts. Writing is understood although some additional effort may be required.

Advanced level

At this level, the individual has the ability to participate in conversations and satisfy many work requirements. The individual can discuss work-related matters with some ease and facility, expressing opinions and offering views. The individual is able to take part in a variety of verbal exchanges and to participate in meetings and discussion groups. However, the individual still needs help with handling complicated issues or situations. The individual is generally good in either grammar or vocabulary but not in both.

Advanced level

At this level, the individual is able to use a variety of sentence types to express general ideas and opinions on non-specialized topics. The individual can write simple letters and reports required by the position. The individual experiences few problems with either grammar or spelling. However, the writing style may represent literal translations. Nevertheless, a sense of organization is emerging and the individual is beginning to sense what is stylistically and grammatically correct in French.

Advanced Plus level	Advanced Plus level
At this level, the individual is able to give oral presentations in both formal and informal settings. The individual is able to present a fairly detailed outline of his/ her line of reasoning on general or work-related topics in formal and informal settings, in meetings and in discussion groups. Some mastery of idioms and of specific vocabulary appropriate to a variety of contexts is evident. Grammar is generally appropriate. Deficiencies in vocabulary are compensated for by synonyms and paraphrases. Problems may be encountered when discussing more specialized topics, but the individual at this level has very little difficulty in making himself / herself understood.	At this level, the individual is able to write about a variety of topics with significant precision and detail. The individual can handle informal and formal correspondence according to appropriate conventions, and write summaries and reports of a factual nature. The individual can also write extensively about topics relating to particular interests and specialized areas of competence, although their writing tends to emphasize the concrete aspects of such topics.
Superior level	Superior level
At this level, the individual has the ability to speak the language with sufficient structural accuracy, fluency and vocabulary to participate effectively in most formal and informal conversations on practical, social and professional topics. The individual is able to use idioms and specific vocabulary relevant to a variety of contexts and to give verbal presentations in both formal and informal settings.	At this level, the individual is able to express him/herself effectively and accurately in most formal and informal writing tasks/assignments on practical, social and professional topics. The individual is able to recognize awkwardness in sentence structure and paragraphs. Errors in grammar and spelling are minor and infrequent.

APPENDIX 3
DEFINITION OF INDICATORS

Group	Indicator	Indicator description	Calculation method	Level of reporting
			Calculation	Responsibi-lity level
FLHS Responsibility	1 Number of HSPs per responsibility level	This indicator presents the number of HSPs according to their responsibility level : identified HSPs, designated HSPs and non-identified HSPs. This indicator informs on the number of HSPs that have a reponsiblity to provide FLHS (designated HSPs), as well as on the number of HSPs that must develop their capacity to provide FLHS (identified HSPs). It also informs on the number of HSPs that have no obligation to provide FLHS (non-identified HSPs).	Number (N) of designated HSPs + N of identified HSPs + Number (N) of non-identified HSPs	NI/Id/D
	2 FLS Report submission rate	This indicator presents the percentage of HSPs that have submitted their FLS Report.	**Numerator**: Number (N) of HSPs that have submitted their FLS Report **Denominator**: Total N of HSPs	NI/Id/D
	3 Percentage of LHIN funded continuum of service with an FLHS obligation	This indicator presents the percentage of direct patient service functional centres offered in designated or identified HSPs. This indicator informs on the extent of the continuum of services being developped or offered in French	**Numerator**: N of direct patient service functional centres offered in designated or identified HSPs. **Denominator**: Total number of LHIN funded direct patient service functional centres	Id/D
	4 Average completion of designation requirements	This indicator presents the compliance rate of identified and designated HSPs with regards to designation requirements. The percentage of the 34 designation requirements reported by an HSP to have been completed is used to establish that HSP's compliance rate. This indicator informs on the capacity for designated HSPs to continue to comply with the requirements over time, as well as on the compliance rate progression for identified HSPs.	**Numerator**: Sum of the requirements for compliance completed by each HSP **Denominator**: Sum of the requirements for compliance to be completed by all the HSPs	Id/D

Organizational Practices	5	Percentage of HSPs who identify Francophone clients	This indicator presents the percentage of HSPs that have adopted a method of identifying their Francophone clients, compared to all HSPs. This indicator informs on the capacity for HSPs to identify Francophone clients, a practice which is a prerequisite to the active offer of FLHS. It also informs on the capacity for HSPs to reliably take count of their Francophone clientele.	**Numerator**: N of HSPs who identify Francophone clients **Denominator**: Total N of HSPs	NI/Id/D
	6	Percentage of HSPs who refer Francophone clients	This indicator presents the percentage of HSPs that refer their Francophone clients to another HSP	**Numerator**: N of HSPs who refer clients **Denominator**: Total N of HSPs	NI/Id/D
	7	Percentage of HSPs that capture client satisfaction regarding FLHS	This indicator presents the percentage of HSPs that collect data on client satisfaction with regards to FLHS. This indicator informs on HSPs' commitment to adopt quality control mechanisms with regards to FLHS.	**Numerator**: N of HSPs that capture client satisfaction regarding FLHS **Denominator**: Total N of HSPs	NI/Id/D
	8	Percentage of HSPs who align Francophone clients to their HR with FLHS capacity	The indicator presents the percentage of HSPs that align their Francophone clients with staff members with French language proficiency. This indicator informs on whether HSPs use available HR with French language proficiency to respond to requests for FLHS.	**Numerator**: Number of HSPs who align Francophone clients to their HR with FLS capacity **Denominator**: Total N of HSPs	NI/Id/D

NI - Non-identified
I - Identified
D - Designated
N - Number
HR - Human Resources
HSPs - Health Service Providers
FLHS - French language health services
FLS - French language services

	#	Indicator	Description	Formula	Level
FLHS Opportunities	9	Percentage of nonidentified services	This indicator presents the percentage of direct patient sevice functional centres only available in non-identified HSPs. This indicator informs on the opportunities to extend the continuum of services being developed or offered in French.	**Numerator**: N of direct patient sevice functional centres only available in non-identified HSPs **Denominator**: Total number of LHIN funded direct patient sevice functional centres	NI
	10	Percentage of Francophone clients served by nonidentified HSPs	This indicator presents the percentage of Francophone clients served by non-identified HSPs, compared to those served by all HSPs. The Francophone characteristic was determined by each HSP, in accordance with the latter's internal policy. This indicator informs on the utilization of health services by Francophone clients, namely with regards to HSPs that haven't necessarily developed an active offer of FLHS.	**Numerator**: N of Francophone clients served by non-identified HSPs **Denominator**: Total N of Francophone clients served by all HSPs (identified, designated and non-identified)	NI
	11	Percentage of Francophone clients served by identified or designated HSPs	This indicator presents the percentage of Francophone clients served by identified or designated HSPs, compared to those served by all HSPs. This indicator informs on use of FLHS by Francophone clients. This information is presented in accordance with HSPs' responsibility level with regards to the provision of FLHS.	**Numerator**: N of Francophone clients served by designated or identified HSPs (N of Francophones clients served by identified HSPs + N of Francophone clients served by designated HSPs) **Denominator**: Total N of Francophone clients served by all HSPs (identified, designated and non-identified)	Id/D
	12	Percentage of HR able to provide FLHS in nonidentified HSPs	This indicator presents the percentage of HR with actual FLHS capacity within non-identified HSPs (ie, staff with "Advanced Minus", "Advanced", "Advanced Plus" or "Superior" French language proficiency). It informs on opportunities for improving the local provision of FLHS by reviewing these HSPs' responsibility level with regards to the provision of FLHS.	**Numerator**: N of HR with one of the following French language proficiency levels in nonidentified HSPs:"Advanced Minus", "Advanced", "Advanced Plus" or "Superior" **Denominator**: Total N of HR with French language proficiency in non-identified HSPs	NI
	13	Percentage of HR with "Elementary" French language proficiency	This indicator presents the percentage of positions filled by staff members with "Elementary" French language proficiency within non-identified HSPs, compared to all staff members with any level of French language proficiency. This indicator informs on the percentage of HR with limited French language capacity, as well as on existing FLHS capacity gaps within non-identified HSPs	**Numerator**: N of HR with "Elementary" French language proficiency in non-identified HSPs **Denominator**: Total N of HR with French language proficiency in non-identified HSPs	NI
	14	Percentage of HR with "Intermediate" French language proficiency.	This indicator presents the percentage of positions filled by staff members with "Intermediate" French language proficiency within non-identified HSPs, compared to all positions filled by staff members with any level of French language proficiency. This indicator informs on the percentage of HR with potential French language capacity (ie, employees who could, with French language training, attain actual capacity) within non-identified HSPs	**Numerator**: N of HR with "Intermediate" French language proficiency **Denominator**: Total N of HR with French language proficiency in non-identified HSPs	NI
	15	Percentage of HR with "Advanced Minus" to "Superior" French language proficienc	This indicator presents the percentage of positions filled by staff members with "Advanced Minus", "Advanced", "Advanced Plus" or "Superior" French language proficiency, compared to all positions filled by staff members with any level of French language proficiency. This indicator informs on the percentage of HR with actual French language capacity (ie, staff members that have the necessary proficiency to offer FLHS).	**Numerator**: N of HR with one of the following French language proficiency levels : "Advanced Minus", "Advanced", "Advanced Plus" or "Superior" **Denominator**: Total N of HR with French language proficiency	NI/ Id/D

METHODOLOGICAL CONSIDERATIONS

General Considerations:

Number of HSPs	The common denominator is calculated on the basis of the total number of HSPs that had the obligation to submit a FLS Report.
Designated HSPs	The number of designated HSPs includes both HSPs designated to provide all their programs and services in French and those designated to provide only specific programs or services in French.
OZi Portal:	■ A value of "0" was attributed to all questions in the FLS reporting template for which no responses were provided. ■ The responses provided in FLS Reports with an "In Development" submission status were taken into account in the data analysis.

Considerations Specific to Certain Indicators:

Indicators 5 and 7	HSPs that responded to the questions on identification of Francophone clients and to those on client satisfaction with FLHS by checking the "Other" field in the template were included.
Indicators 6 and 8	HSPs that responded to the questions on alignment of Francophone clients with their HR proficient in French and to those on referral of Francophone clients to other HSPs by checking the "Other" field in the template were excluded.
Indicators 3 and 9	Only functional centres with a direct impact on frontline services were included. In the case of partially designated HSPs, the services that were not designated were considered as identified services. The functional centres denominator corresponds to the sum of the unique functional centres (all sectors and designation statuses combined) in the LHIN or local area concerned.
Indicators 10 and 11	Some HSPs reported a number of Francophone visits but did not report having any Francophone clients.
Indicators 13, 14 and15	The data on HR with French language proficiency are based on oral skills only. Among designated HSPs, the level "Advanced Minus" was attributed to all HR occupying positions requiring language proficiency for which the appropriate fields in the template were left empty. Among identified and non-identified HSPs, HR for which the appropriate fields in the template were left empty were excluded.

APPENDIX 4
REPORTING TEMPLATES

FLS REPORT - IDENTIFIED/ DESIGNATED HSPs

Section 1 - Information about the agency or organization

1.1 Name according to the letters patent

1.2 Adress
- Unit Number
- Street Number
- Street
- P.O. Box
- City
- Province
- Postal Code

1.3 Person(s) responsible for the plan:
- First Name
- Last Name
- Initials
- Title
- E-mail
- Phone
- Ext.
- Fax

1.4 Resource Person(s):
- First Name
- Last Name
- Initial
- Title
- E-mail
- Phone
- Ext.
- Fax

1.5 Organizational type or category:
- Community Health Centre
- Community Support Services
- Hospital Services
- Long-Term Care Home
- Mental Health and Addiction Services

1.6 The services covered by the designation are offered to a clientele that is:
- 100% Francophone: All clients are Francophone
- A Francophone minority: 49% and less of clients are Francophone
- Both Anglophone and Francophone: 50/50 clients are Anglophone and Francophone
- Mostly Francophone: 51% to 99% are Francophone

1.7 Brief description of the background of the agency or organization:

Section 2 - Information about the designation

2.1 Specify the type of application or existing designation:
- Full designation
- Partial designation
- Expansion to full
- Expansion to partial

2.2 List of all the programs or services offered by the organization:

2.3 If the designation is partial, specify which programs or services are the subject of the application:

2.4 Indicate whether the agency offers services – which are not covered by this application – on behalf of another ministry (new designation only):

2.5 Indicate whether the agency provides services on behalf of another ministry under its designation (assessment only):

2.6 Provide a brief description of any expertise or unique service offered by the agency (new designation only):

Section 3 - Information on the community

3.1 Name of the city(ies) and/or region(s) served:
- City / Region 1:
- City / Region 2:
- City / Region 3:

3.2 Electoral District:

3.3 Population:
- Region
- City/Town
- Total Population
- Francophone Population
- Percentage

3.4 Clientele:
- Year
  - **Visits**
- Total number of visits
- Number of visits by Francophone clients
- Percentage
  - **Unique clients**
- Total number of unique clients
- Number of unique Francophone clients
- Percentage

Section 4 - Requirements for Compliance with the Designation Criteria ©

4.1 Elements to incorporate to administrative by-laws

4.1.1 A detailed statement on the delivery of French language services (FLS)) (repeat contents of this section for each section from 4.1.2 to 4.5.8)

Activities
- Person Responsible
- Status
  - ☐ Not Started
  - ☐ In Progress
  - ☐ Deferred
  - ☐ Completed

    ☐ Exempted
    ☐ Not Applicable
- Start Date
- Anticipated End Date
- Additional Information

Realizations
- Final Product Description
- End Date
- Comments
- Other
- Supporting Documents

4.1.2	The existence of a policy and a committee on French language services (FLS)
4.1.3	Choose one of the three options. (Section 3 must first be filled first)
4.1.4	A statement describing the responsibilities of the board of directors and the senior management team with respect to French language services

4.2 Direct services to clients

4.2.1	All telephone services, including voice messages and interactive response systems, are actively offered* in French
4.2.2	The reception and services, at the time of the initial greeting and at each subsequent point of contact are actively offered in French
4.2.3	A mechanism is in place to determine the linguistic identity of the client from the very first point of contact
4.2.4	Professionals responsible for treatment at the agency are proficient in French
4.2.5	Volunteer services within the agency are actively offered* in French
4.2.6	Contracts signed with third parties that offer services on behalf of the agency contain a clause stating their obligation to ensure the offer of French language services (if no contract was signed with a third party, indicate 'not applicable' (NA) in the box to the right)
4.2.7	A mechanism, such as a survey or complaint process, is available in French and is clearly communicated to clients so that they can evaluate the quality of French language services offered.

4.3 Visual identity and communications

4.3.1	The website of the organization is available in French
4.3.2	The exterior signage is available in French or in both official languages. If the name of the agency is in English, the signage must indicate that French language services are available
4.3.3	The interior signage is available in French, in both official languages or features pictograms. If the agency offers partial French language services, French signage must guide the public to the locations where French language services are offered
4.3.4	Admission forms and other documents intended for clients are available in French and actively offered to the French-speaking clientele
4.3.5	Employees who are proficient in French wear tags which clearly allow members of the public to identify them
4.3.6	Business cards of employees who are proficient in French are available in French or printed with information in each official language on one side of the card
4.3.7	The letterhead on the correspondence of the agency is available in French or in both official languages
4.3.8	Communications and publications intended for the public concerning services covered by the designation, such as pamphlets, brochures, public notices and press releases are available in French
4.3.9	The agency responds in French to correspondence received in French
4.3.10	A mechanism is in place to translate and correct documents in French intended for the public
4.3.11	The agency implements the necessary tools and software required for quality communication in French

4.4 Governance and Accountability

4.4.1	A report on the status of French language services is submitted annually to the board of directors for approval
4.4.2	There is effective representation of Francophones within the senior management team
4.4.3	A senior manager has been designated to assume responsibility for the delivery of French language services
4.4.4	A mechanism has been put in place to manage complaints concerning French language services

4.5 The human resources policy incorporates specific measures and mechanisms concerning the staffing of employees with the required French language competencies

4.5.1	Staffing of personnel proficient in French in order to guarantee that French language services are offered on a permanent basis during business hours
4.5.2	Identifying the number of positions designated as bilingual and the number of employees required for delivery of French language services
4.5.3	Identification of the linguistic profile required for each position.
4.5.4	Recruitment of employees proficient in French
4.5.5	Evaluation of the oral and written French skills of candidates by accredited language assessment services.
4.5.6	Hiring of personnel proficient in French
4.5.7	An offer of training for employees who do not meet the linguistic requirements for the position
4.5.8	In the human resources plan, identify each of the positions designated as bilingual, indicating the required linguistic profile and the number of employees with the requisite level of proficiency in French

Section 5 - Community Support
- Supporting Documents

Section 6 - Additional Information

How do you identify your Francophone clients?
- We do not identify Francophone clients
- Clients self-identify as Francophone
- Mother tongue
- Official language spoken

- Official language in which they are most comfortable
- Language of preference
- Language spoken at home
- Other
  - ☐ If you chose "Other", please specify

What do you do when you receive a request for services in French?
- A caregiver, volunteer or staff member acts as interpreter
- Professional interpretation service is offered
- We match clients with staff members who have French language skills
- The client is referred to another service provider
- The client is referred to another provider who offers services in French
- We indicate to our clients that we are unable to provide services in French
- Other
  - ☐ If you chose "The client is referred to another provider who offers French language services", please list these providers
  - ☐ If you chose "Other", please specify

How do you measure client satisfaction with the French language services offered by your organization?
- We do not measure client satisfaction with services rendered
- We use a survey of overall client satisfaction with services rendered
- We use a survey of client satisfaction with French language services or another form of evaluation specifically related to French language services
- Other
  - ☐ If you chose "Other", please specify

HUMAN RESOURCES PLAN

| Unit | Program / Service | Position | Total Employees | | | Employees required to provide French language services | | | Employees with proficiency in regards to the language profile | | | Number of employees that have not been assessed | | | Linguistic profile | |
			Full Time	Part Time	Casual	Full Time	Part Time	Casual	Full Time	Part Time	Casual	Full Time	Part Time	Casual	Oral	Written

FLS REPORT - NON-IDENTIFIED HSPs

Section 1 - Information about the agency or organization

1.1 Name according to the letters patent

1.2 Adress
- Unit Number
- Street Number
- Street
- P.O. Box
- City
- Province
- Postal Code

1.3 Person(s) responsible for the plan:
- First Name
- Last Name
- Initial
- Title
- E-mail
- Phone
- Ext.
- Fax

1.4 Resource Person(s):
- First Name
- Last Name
- Initial
- Title
- E-mail
- Phone
- Ext.
- Fax

1.5 Organizational type or category:
- Community Health Centre
- Community Support Services
- Hospital Services
- Long-Term Care Home
- Mental Health and Addiction Services

Section 2 - Information on the community
- Clientele
- Year

Visits
- ☐ Total number of visits
- ☐ Number of visits by Francophone clients
- ☐ Percentage

Unique clients
- ☐ Total number of unique clients
- ☐ Number of unique Francophone clients
- ☐ Percentage

Section 3 - Human Resources Plan
Please only enter employees with French language proficiency.
- Department
- Program / Service
- Position
- Level of French

Section 4 - Additional Information

How do you identify your Francophone clients?
- We do not identify Francophone clients
- Clients self-identify as Francophone
- Mother tongue
- Official language spoken
- Official language in which they are most comfortable
- Language of preference
- Language spoken at home
- Other
    - ☐ If you chose "Other", please specify

What do you do when you receive a request for services in French?
- A caregiver, volunteer or staff member acts as interpreter
- Professional interpretation service is offered
- We match clients with staff members who have French language skills
- The client is referred to another service provider
- The client is referred to another provider who offers services in French
- We indicate to our clients that we are unable to provide services in French
- Other
    - ☐ If you chose "The client is referred to another provider who offers French language services", please list these providers
    - ☐ If you chose "Other", please specify

How do you measure client satisfaction with the French language services offered by your organization?
- We do not measure client satisfaction with services rendered
- We use a survey of overall client satisfaction with services rendered
- We use a survey of client satisfaction with French language services or another form of evaluation specifically related to French language services
- Other
    - ☐ If you chose "Other", please specify