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Compliance audit of French language services in primary care

Compliance Audit Report

November 18, 2025
Prepared for: Government of the Northwest Territories – Department of Education, Culture and Employment

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PRA

LIST OF ACRONYMS

ECE	Education, Culture and Employment
FAS	Francophone Affairs Secretariat
GNWT	Government of the Northwest Territories
HRHSSA	Hay River Health and Social Services Authority
NTHSSA	Northwest Territories Health and Social Services Authority
NWT	Northwest Territories

EXECUTIVE SUMMARY

The Government of the Northwest Territories (GNWT) Francophone Affairs Secretariat (FAS), which falls under the Department of Education, Culture and Employment (ECE), is responsible for compliance audits. The first audit under the Strategic Plan 2023-2028 targeted primary care French language services and was carried out by PRA Inc.

The objective of the audit is to assess the compliance of primary care services provided between January 1 and December 31, 2024, with the GNWT Strategic Plan on French Language Communications and Services 2023-2028 and with the GNWT Standards for French Language Communications and Services.

Methodology and limitations

The compliance audit was designed to address the following questions:

1. Was there an active offer of the service in French?
2. Was there effective delivery of the service in French?
3. How was the client's (patient, parent, and caregiver) overall experience?

Findings on active offer

The compliance audit finds that active offer nearly always meet the requirements set out in the Standards and Strategic Plan. However, active offer does not meet the expectations of patients.

Main themes in these findings include the following:

- Widespread awareness and visibility among GNWT institutions of the active offer requirement;
- Inconsistent verbal implementation of active offer;
- Active offer is perceived as merely symbolic by patients;
- Gaps in frontline active offer, where staff often cannot immediately carry on in French, even when an offer is made (though it should be noted this is not a requirement);
- Training is available, but inconsistently applied, and uptake varies;
- Geographic and institutional variation, where larger centres like Yellowknife provide more consistent service due to greater staffing capacity;
- Variance of institutional supports such as bilingual bonuses, staff training, and French language services coordinators;
- Barriers in staffing and attitudes, which include limited French-speaking personnel, recruitment difficulties, and inconsistent coverage;
- Emotional impact on patients when faced with inability to access care in French.

Findings on service delivery

The compliance audit finds that delivery of primary care services in French is partially ineffective and does not consistently meet the needs of patients. Compliance with the Strategic Plan with respect to service delivery in French is partial, in terms of providing service in "direct, referral or interpretation format."

Main themes in these findings include the following:

- Service delivery is often reliant on staff commitment and informal coordination, and depends heavily on individual initiative rather than systemic support;

- There is inconsistent availability of French-speaking staff across sites and shifts.
- While formal and informal interpretation mechanisms exist, they face logistical issues such as scheduling errors, and privacy concerns;
- Documentation such as written French language materials are inconsistent across facilities;
- Patient experiences vary widely; staff report generally positive patient outcomes when services are accessed, but high-frequency users express dissatisfaction with inconsistency;
- Patients must often self-advocate or rely on chance to access French services, specifically noting that initial contact points, such as reception or phone lines, frequently fail to offer services proactively;
- Telephone and scheduling systems are a barrier, wherein French language options on automated systems are often nonfunctional, which leads to frustration and service gaps at critical access points;
- Local culture and staff attitudes influence patient experience; positive staff engagement improves care, while indifference undermines trust and equity in service delivery.

Findings on overall patient experience

The compliance audit shows that patients face a number of challenges and barriers to receiving primary care services in French, leading to sub-optimal patient experiences in many cases.

Main themes in these findings include the following:

- Experiences vary widely and are inconsistent across staff, facilities, and regions. GNWT staff generally perceive patients as satisfied when services in French are available, especially in small communities where familiarity improves care;
- Patients report positive experiences when staff are French-speaking, feeling more comfortable and confident when served by French-speaking staff, and in some cases delaying their care to access a known French-speaking provider.
- Structural and logistical barriers persist, including common delays in coordinating French services, especially when specific clinicians or interpreters must be located;
- Verbal interactions in French are rarely actively encouraged; many patients are aware of their right to request French service but indicate that they rarely feel invited or empowered to do so, therefore they often default to English;
- Patients perceived inequality and marginalization, describing French services as secondary or exceptional, not standard; some feel their needs are viewed as burdensome or optional, especially in emergency or high-demand settings;
- While some feedback mechanisms exist, most patients do not use them; patients more often give informal feedback or share opinions in advocacy spaces, though confidence in improvements remains low;
- Training and staff awareness are key, and positive experiences are strongly linked to individual staff attitudes and preparedness.

Key takeaways and recommendations

Based on all interviews, with both employees/managers and patients/caregivers, several key challenges and barriers emerge from this evidence: limitations of the active offer; limited French-speaking staff; confusion regarding access to French services; fragmented service pathways; tension around language equity and cultural safety, including resistance by some staff within GNWT; perceptions of inequity; and a variety of delays in care.

In response to these key challenges and barriers, interviewees provided suggestions to improve French language services in primary care, which supported and helped to inform the recommendations that emerged from the data PRA gathered. These recommendations include changes to staffing and human resources management; more proactive indication of service availability; improved technology to streamline service delivery; more systematic offer of interpretation services; and improved documentation and written materials.

Recommendations for future directions to the active offer and delivery of services in French in primary care, in light of the findings that emerge from this compliance audit, are:

- ***Recommendation 1:*** Review health authorities organizational charts and funding agreements with Health and Social Services, in order to build greater flexibility, make additional investments in French-speaking frontline staff, and ensure that these staff are optimally allocated.
  - ***Recommendation 1.1:*** Increase recruitment of French-speaking professionals, alongside streamlining the processes in place for recognition of foreign or out-of-territory credentials.

- ***Recommendation 2:*** Clarify the active offer and service delivery processes.
  - ***Recommendation 2.1:*** Improve communication with the public on the different types of active offer and service delivery that are aligned with the Standards and Strategic Plan, in order to better frame the public's expectations of services they may access.
  - ***Recommendation 2.2:*** Increase internal and public awareness of interpretation tools and resources, such as CanTalk.

- ***Recommendation 3:*** Continue to monitor client experience through feedback and audits. Conduct more regular and targeted client satisfaction checks specific to French language service delivery, including feedback on the active offer.
  - ***Recommendation 3.1***: Improve uptake of formal feedback mechanisms by patients, in order to better track complaints and reports of challenges, by clarifying and streamlining the processes and signage for providing feedback. Enhance mechanisms like rapid QR code-based surveys after appointments to assess whether language preferences were acknowledged and met.

- ***Recommendation 4:*** Review point-of-service protocols and improve frontline staff training on how to handle different scenarios wherein patients desire service in French. (e.g., reemphasize lists of steps to follow, lists of contact information for personnel to call, flash cards of responses in French, etc.)
  - ***Recommendation 4.1:*** Develop methods to record and track actions taken at point of service, in order to monitor how concerns are addressed at those points.

1.0 Introduction

The Government of the Northwest Territories (GNWT) Francophone Affairs Secretariat (FAS), which falls under the Department of Education, Culture and Employment (ECE), is responsible for compliance audits. The first audit under the Strategic Plan 2023-2028 targeted primary care French language services. This audit followed a predefined set of topics and methodology developed by the FAS, with the support of the GNWT Audit Bureau and the Department of Education, Culture and Employment's Planning, Research and Evaluation division, and in collaboration with the *Fédération franco-ténoise.*

PRA Inc. carried out this compliance audit.

1.1 Structure of the audit report

This audit report contains six sections, including this introduction. The sections are organized as follows:

- Section 2.0 provides context for the compliance audit, including descriptions of objectives as well as demographics in the Northwest Territories (NWT);
- Section 3.0 describes the methodology used to address the audit questions, sub-questions, and indicators, as well as a discussion of the limitations of the methodology;
- Section 4.0 summarizes the key findings that have emerged from the data collection process, by audit theme (active offer, service delivery, and overall patient experience);
- Section 5.0 presents key takeaways from the data collection, including main challenges and suggestions for improvement;
- Section 6.0 provides the overall audit conclusions and recommendations.

The report also includes the compliance audit matrix (Appendix A).

2.0 Context for the 2024-2025 compliance audit

2.1 Audit objectives and targeted outcomes

The objective of the audit is to assess the compliance of primary care services provided between January 1 and December 31, 2024, with the GNWT Strategic Plan on French Language Communications and Services 2023-2028 and with the GNWT Standards for French Language Communications and Services. See Table 1 below for further details on objectives and targets.

Table 1: Context, objectives, and targeted outcomes

Context of the audit: Compliance of primary care services in French with GNWT Strategic Plan on French language communications and services and Standards	• GNWT institutions perform internal monitoring and reviews. At a higher level, the FAS is responsible for compliance audits (Education, Culture and Employment, n.d., 2025). • This compliance audit is the first of two such audits to be conducted over the duration of the Strategic Plan 2023-2028. • The previous Strategic Plan 2018-2023 called for systematic audits (compliance audits) of GNWT institutions, and in conjunction with a 2017-2018 third-party evaluation of the 2013-2018 Strategic Plan, these audits are a response to this renewed focus on accountability, monitoring, and evaluation (GNWT, 2021, 2024b; RCGT Consulting, 2023). • Compliance audits are determined in collaboration with the Francophone community, or in accordance with suggestions advanced by the French Language Services Coordinating Committee.
Ultimate objective of this compliance audit	• Assess the compliance of primary care services in French with the GNWT Strategic Plan on French Language Communications and Services 2023-2028 and GNWT Standards for French Language Communications and Services, between January 1 and December 31, 2024 (GNWT, 2023, 2024a).
Specific objectives of compliance audit	• Conduct compliance audit of French language services offered at primary care clinics listed in the RFP from January 1 to December 31, 2024. • Address questions on active offer of services in French; effective delivery of services in French; and overall patient experience.
Targeted outcomes of the compliance audit	• Provide a compliance audit report that addresses the data collection process, analysis, findings, and recommendations.

2.2 NWT context: Population, demographics, and the health system

Relevant to the findings in this audit report, below is a table of overall population densities for the city of Yellowknife, towns, and communities in the Northwest Territories. As shown in Table 2, the audit takes place in a context of sparse populations spread across large geographic areas, wherein many of these sparsely populated communities are also remote and isolated.

Yellowknife is the only city in the NWT, with an estimated population of just over 22,000 as of July 2024. The next-largest centre, the town of Hay River, is more than six times smaller at an estimated 3,349 residents as of July 2024. Overall, seven communities have between 1,000 and 4,000 residents, and nine communities have between 500 and 1,000 residents. The remainder have under 500 residents (NWT Bureau of Statistics, 2024). See Table 2 below.

Table 2: NWT population estimates by region and community, July 2024

Region/community	Pop.	Percent	Region/community	Pop.	Percent
Northwest Territories (total)	**44,731**	**100%**	**Sahtu Region**	**2,585**	**5.8%**
			Colville Lake	156	0.3%
Beaufort Delta Region	**6,800**	**15.2%**	Délı̨nę	640	1.4%
Aklavik	644	1.4%	Fort Good Hope	565	1.3%
Fort McPherson	745	1.7%	Norman Wells	698	1.6%
Inuvik	3,282	7.3%	Tulita	526	1.2%
Paulatuk	360	0.8%			
Sachs Harbour	111	0.2%	**South Slave Region**	**7,506**	**16.8%**
Tsiigehtchic	179	0.4%	Enterprise	91	0.2%
Tuktoyaktuk	1,024	2.3%	Fort Providence	705	1.6%
Ulukhaktok	455	1.0%	Fort Resolution	503	1.1%
			Fort Smith	2,459	5.5%
Dehcho Region	**2,518**	**5.6%**	Hay River	3,349	7.5%
Fort Liard	485	1.1%	Łutselk'e	328	0.7%
Fort Simpson	1,313	2.9%			
Hay River Dene Reserve	264	0.6%	**North Slave Region**	**25,322**	**56.6%**
Jean Marie River	66	0.1%	Tłı̨chǫ Region	3,025	6.8%
Kakisa	38	0.1%	Behchokǫ̀	1,998	4.5%
Nahanni Butte	87	0.2%	Gamètì	286	0.6%
Sambaa K'e	112	0.3%	Wekweètì	128	0.3%
Wrigley	131	0.3%	Whatì	613	1.4%
			Yellowknife Region	22,297	49.8%
			Dettah	213	0.5%
			Yellowknife	21,788	48.7%
Source: (NWT Bureau of Statistics, 2024)					

Languages in the NWT

There are eleven recognized official languages in the NWT: English, French, and nine Indigenous languages.

The Statistics Canada 2021 census states that the Franco-ténois, the Francophones in the NWT, comprise approximately **3.1% of the territorial population**, for a total of approximately **1,270 people**. Most of them are residents of the Yellowknife area, followed by Fort Smith, Inuvik, and Hay River (Les Rendez-vous de la Francophonie, 2025). The 2021 census also showed that approximately 10.8% of the population of the Northwest Territories can hold a conversation in French (Statistics Canada, 2023).

The health and social services system in the NWT

The Northwest Territories health and social services system comprises the Northwest Territories Health and Social Services Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA), the Tłı̨chǫ Community Services Agency (TCSA – Health), and the Department of Health and Social Services (DHSS). These health institutions provide health and social services support to all 33 communities in the

five regions of the NWT (GNWT Executive and Indigenous Affairs, n.d.; GNWT Health and Social Services, 2025; Practice NWT, 2025).

The NWT faces a number of challenges in healthcare, some of which are common to all Canadian provinces and territories, and some of which are specific to the NWT. These include:

- rising costs;
- barriers with cultural safety in medical care;
- communication barriers between patients and medical staff;
- limited resources (especially shortage of doctors and trained medical staff);
- increasing medical and social challenges (including frequent problematic patient experiences);
- uncertainty of sustainability of current delivery model.
  (CBC News & Pressman, 2025; Cooper et al., n.d.)

3.0 Methodology

This section provides a description of the methods used for this compliance audit — including the research design process, design of data collection instruments, collaboration with ECE for data collection, data collection procedures, coding and organization of the data collected, and data analysis.

3.1 Scope

As indicated in section 2.1, the FAS identified a set of **topics for this compliance audit**.

The compliance audit was designed to address the following questions:

1. Was there an active offer of the service in French?
2. Was there effective delivery of the service in French?
3. How was the client's (patient, parent, and caregiver) overall experience?

The primary care services in French targeted for this exercise are:

- Scheduled appointments
- Same-day appointments
- Appointment bookings

The primary care facilities targeted for this exercise are:

- Yellowknife Primary Care Centre
- Frame Lake Primary Care Clinic, now known as Łıwegǫ̀atì Building
- Yellowknife Downtown Laboratory
- Hay River Regional Health Centre
- Inuvik Regional Hospital
- Fort Smith Medical Clinic

The audit focusses on the period from January 1 to December 31, 2024.

3.2 Research design

The **main tasks** as part of the compliance audit design were as follows:

- The development of the audit matrix, methodology, and data collection tools
- A document review
- Interviews with primary care service users or caregivers (target, 50)
- Interviews with GNWT and primary care unit personnel and management (target, 20)

The audit matrix and instruments are appended to this report (Cadre d'audit: see Appendix A; interview guides [internal and external]: see Appendix B).

3.3 Collaboration on primary data collection

Internal interviews

For internal interviews with GNWT and primary care unit personnel and management, the FAS consulted with French language services coordinators to compile a list of potential interviewees **(N=20)**. The research team then drew a sample (across roles and regions) and collaborated with the FAS to provide advanced notification of a request for an interview. Following three attempts to contact each individual in the sample, two additional rounds of sampling were necessary, and the entire pool was utilized in order to attempt to reach the target of 20 interviews. This resulted in **14 interviews**.

External interviews

Since there was **no sample to draw from for the external interviews**, the procedure for engaging with service users or caregivers and conducting interviews for this assignment was as follows:

- Advanced notification to community partners and the public, prepared by the research team at PRA and the communications team at ECE.
- Online and on-site promotion (online presence of ECE, online and on-site promotion with community partners, on-site promotion in public spaces, such as grocery stores, schools); messaging suggested by the research team at PRA and deployed by ECE.
    - All messaging directed potential participants to a brief registration form online and a toll-free telephone number. The research team then promptly followed up — up to three times — to schedule an interview.
- Subsequent follow up by the FAS with community partners to ensure active promotion of participation via posters and leaflets to hand out.

Community partners involved in the audit included:

- Fédération franco-ténoise
- Conseil de développement économique des Territoires du Nord-Ouest
- Collège Nordique Francophone
- Association franco-ténoise du Sud et l'Ouest

These community partners participated in promotion efforts in the following ways:

- Sharing of information about audit in their newsletters
- Promotion on organization websites
- Promotion on social media (such as Facebook, X, etc.)

The outreach and promotion period ran from April 14 to June 13, 2025. A total of 141 persons used the link to reach the registration page but did not go on to register by submitting their contact information for an interview. A total of 17 registered (i.e., left their contact information), which yielded 15 interviews. Considering the fact that **approximately 11% of the French-speaking community in the NWT used the link to the registration page**, the outreach and promotion efforts were relatively successful. For the registration form landing page, see Appendix C.

All interviews

Below is the overall tally of outreach versus the number of interviews. The internal interviews saw a low response rate due to a number of factors, including lack of availability and lack of direct provision of services in French, among others.

Table 3: Number of invitations, of uses of the registration link, and number of interviews

	Invited	Used the link/QR code	Completed
Internal	50	--	14
Patients	--	141	15
Total	**50**	**141**	**29**

3.4 Limitations

The **low interview participation rates among patients** limits the insights that can be derived from the compliance audit. Self-selection by potential participants and the limited participation overall both contribute to this.

To overcome this limitation in the future, specific steps must be initiated in advance:

- systematic compilation of records of users and caregivers within the primary care system, with language and date variables, and/or lists of French-speaking residents of the NWT;[1]

- advanced permission to share lists with a government body for the purpose of an audit and/or use of lists by their custodians for the promotion of an audit.[2]

The latter also requires securing the cooperation of said custodians in advance of the audit. This is related to the second significant limitation of this audit, which is that promotion efforts did not yield sufficient registrations among the public who scanned the QR code.

[1] While it is not possible for the FAS to access such information as of the time of this audit, it could conceivably be possible in the future and bears mentioning.
[2] Same as footnote 1 above.

The limited participation overall – both by internal stakeholders and by service users and caregivers – limits the insights that can be derived from the compliance audit. Note that the audit does not have any data for Inuvik, as we were unable to secure participants to interview from this region.

Quantitative analysis was not possible for either group. As an example, it was not possible to compile the results to questions utilizing scales of satisfaction and conclude to the overall satisfaction level of any segment among users or caregivers. It was also not possible to examine users and caregivers' experience in relation to the various service types of interest as part of the audit – scheduled appointments, same-day appointments, and appointment bookings – due to the limited number of observations in each type.

That said, **detailed qualitative analysis has led to useful findings from the audit (see Section 4.0) and can help inform future audits** as well.

Another more specific limitation was that findings are, for the most part, related to patient experience on site in healthcare settings since these experiences form the vast majority of our data. Telephone service for appointments was also mentioned in some cases, which we used as anecdotal data in the findings section below; there was not enough data on service delivery over the phone to draw conclusions.

4.0 Findings

This section describes the main findings that emerge from all lines of evidence used in this compliance audit (described in methodology section above).

Section	Content
4.1	Active offer
4.2	Service delivery
4.3	Overall patient experience

In each sub-section below, the findings from the interviews with GNWT employees and management are contrasted as applicable with the findings from the interviews with patients and caregivers (hereafter "patients"), underscoring similarities and differences. Relevant and significant disparities are discussed under Key Takeaways (Section 5.0).

4.1 Active offer

Summary of findings:

The compliance audit sought to answer a key question: Was there an active offer of services in French?

The audit finds that active offer nearly always meet the requirements set out in the Standards and Strategic Plan.[3] However, active offer does not meet the expectations of patients.

Main themes in these findings include:

- **Widespread awareness and visibility.** GNWT institutions demonstrate a strong awareness of the active offer requirement. Bilingual signage, brochures, posters, email signatures, and voicemail greetings are common across health facilities and help establish an expectation of French service availability.
- **Inconsistent verbal implementation.** Although written greetings like "Hello/Bonjour" are widespread, verbal offer is inconsistent. Patients often reported not being greeted in French unless they initiated it themselves, in contradiction of what patients perceive as the spirit of an "active" offer.
- **Gaps in frontline delivery.** Staff often cannot immediately provide service in French, even when an offer is made[4]. Access to French-speaking personnel depends heavily on location, staffing schedules, and whether a designated person is available, all of which result in patient confusion and delays.
- **Training is available but inconsistently applied.** Staff receive training through MyLearning and local sessions, but uptake varies. Some staff apply it consistently, while others either miss training or do not follow through, limiting its overall impact.
- **Geographic and institutional variation.** Larger centres like Yellowknife provide more consistent service due to greater staffing capacity. Smaller or remote communities, such as Fort Smith or Hay River, rely more on individual French-speaking staff, making services less predictable.
- **Variance of institutional supports.** Supports such as bilingual bonuses, staff training, and French language services coordinators help reinforce the active offer. However, verbal[5] implementation depends on local leadership and staff commitment rather than standardized processes.
- **Perceived as symbolic by patients.** Many patients feel the active offer exists more in appearance than substance. Signage and protocols signal availability, but service in French is often only provided if patients ask repeatedly, placing the burden on them.
- **Barriers include staffing and attitudes.** Challenges include limited French-speaking personnel, recruitment difficulties, and inconsistent coverage. Some staff resist French-speaking practices for personal or political reasons. Both GNWT staff and patient interviewees indicated that, in some communities, French is sometimes viewed as a competing colonial language with Indigenous languages.
- **Emotional impact on patients.** Inability to access care in French causes stress and communication challenges. Patients report feeling excluded or disheartened when services are promised through posters and signage, but not delivered in practice, especially in emergency situations.

[3] Per the Strategic Plan, "An active offer is a greeting that informs the public they may communicate in either French or English when requesting a service from the GNWT. An active offer can be: a sign, personal greeting, and/or message."

[4] Note that, while patients indicated some expectations around this, it is not a requirement for frontline staff to provide the service in French—only to offer it and then make arrangements for the delivery as necessary.

[5] Note that a verbal active offer is only required on the phone; otherwise, it is encouraged.

This sub-section focusses on the presence of an active offer of services in French in accordance with the Standards, and in alignment with the GNWT's obligations under the Strategic Plan.

Interviews with GNWT employees and management

The findings with respect to active offer are mixed, though mostly positive. There is near-universal awareness of the concept of active offer and visible efforts to implement it in many contexts among GNWT employees. Nonetheless, this awareness is not necessarily well-aligned with the Standards' definitions and descriptions of active offer. For example, one manager interviewee indicated they were not aware of what the French language services coordinators' roles and responsibilities are at large.

Further, the actual experience of service delivery in French varies considerably — and this will be discussed in more detail in the section below.

On active offer, several significant themes emerge from the data, as described below.

Visibility and awareness of French language services:

- Across sites, internal interviewees note visible signs of an active offer of French services, including in terms of bilingual signage, posters, printed materials, and voicemail/email communications. They note that these elements contribute to establishing an expectation that French services are available.
- Bilingual signage is widespread in health centres, clinics, and hospitals. Interviewees mentioned that materials in waiting rooms, such as brochures and educational materials, are consistently available in both English and French.
- Many staff noted that greetings at the reception ("Hello/Bonjour") are part of the standard protocol, signaling the availability of service in both official languages. This was described as a cornerstone of active offer.
- Email signatures and voicemail greetings are often bilingual, though compliance on voicemail was described as inconsistent by some interview participants.
- On the topic of active offer in-person, some interviewees cautioned that visibility alone does not guarantee that French service can be provided in practice without delay.[6]

Frontline service capacity and immediate access:[7]

- One of the most significant themes across interviews is the gap between offering services in principle and delivering them in practice, particularly at the first point of contact for primary care (more detail on this in Section 4.2 on service delivery).
- Several participants note that, while it is common to say "Bonjour" or have signage in French, patients often do not have access to a French-speaking staff member immediately following the initial contact/greeting. This can lead to frustration and confusion, especially if patients are expecting direct service[8] in French and encounter delays or are asked to wait for a specific staff person.
- Access to French-speaking staff is uneven. In some communities or clinics, there are one or two French-speaking physicians, nurses, or program assistants available. In others, access depends

[6] Staff interviewees indicated that patients often expect service delivery on the spot and wanted to emphasize that these expectations can not necessarily be met. Various options are available for service delivery.
[7] Note that the vast majority of interview participants discussed their in-person service; the audit lacks data on people reporting on their experiences with active offer on the phone.
[8] Note that this is not required per the Strategic Plan.

on whether the one French-speaking staff member is present and available at the time of first contact. In Fort Smith, for example, one participant described being the primary point of access for French language services, noting that if they were unavailable due to break schedules or other duties, patients would have to wait.

- The use of interpretation services such as CanTalk is cited as a backup mechanism, though these were generally considered last-resort solutions, potentially not ideal for building trust or dealing with sensitive health issues.
- Overall, the ability to provide services in French at the first point of contact remains inconsistent and heavily dependent on the availability of French-speaking staff and/or the training of non-French speaking staff to manage the first contact (e.g., use predetermined phrases, request assistance from a colleague, offer an interpreter).

Institutional processes and supports:[9]

- Several systemic supports and internal processes are in place to bolster active offer implementation, including training, French-speaking staffing incentives, and formal coordination.
- Multiple participants cite the importance of initial and ongoing training and note that active offer education is delivered through all-staff meetings or during onboarding. Coordinators play key roles in educating staff and promoting awareness.
- The GNWT offers a bilingual bonus for French to staff who can provide services in French, which incentivizes employees to use and maintain their language skills. Some clinics are structured so that staff receiving this bonus are the first point of contact for Francophone patients.[10]
- French language services coordinators were repeatedly mentioned as critical intermediaries who assist with appointment booking, direct service provision, and navigating the system for French-speaking patients.
- The integration of these processes varies by setting. In some clinics and services, there is a clear structure supporting verbal active offer, while in others, it relies heavily on the initiative and personal commitment of individuals and can be negatively affected by staff turnover.

Training and staff capacity:

- Training on active offer and French language service protocols is available in some settings through MyLearning or in-person sessions led by French-speaking staff. There were examples of clinics taking initiative to train all staff, including frontline personnel and administrators. Staff also described institutional support for learning French through sponsored classes or continuing education.
- The uptake and application of the active offer training is uneven. Several respondents pointed out that some staff who received training did not consistently apply it, while others may not have received training at all.
- There are also structural constraints in smaller clinics, where the limited number of staff on shift may make it challenging to ensure direct French service coverage at all times, which some patient interviewees appeared to believe they could expect.

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[9] Please see Footnote 7 above; we do not have much data on people reporting on their experiences with active offer on the phone.

[10] Note that, while most frontline staff do not receive the bilingual bonus, the Strategic Plan states that bilingual service providers and non-bilingual frontline staff play a role in actively offering services in French, and in knowing how to ensure delivery if requested.

Geographic and institutional variation:

- The extent and quality of the verbal active offer of French language services differ significantly by location and setting, according to internal interviewees. This variation subsequently impacts whether and how the verbal active offer is realized in practice.[11]
- In Yellowknife, the presence of several French-speaking staff and well-established processes contribute to a more consistent experience at the first point of contact. For instance, one respondent noted that all community health nurses in primary care are French speaking, which contributes to the verbal active offer in French at those points of contact.
- In smaller or more remote communities such as Fort Smith or Hay River, quality of verbal active offer was described as more dependent on individual actors. One interviewee praised the quality of French service in Hay River, emphasizing that patients with French language needs received quality services in their language. Another indicated that in Fort Smith, there is a general lack of awareness of the availability of French language services.

Barriers to implementation:

- Despite coordinated efforts and the goodwill of most staff, significant challenges remain in fully implementing a verbal active offer of services in French, according to internal interviewees.
- Logistical barriers include delays in locating French-speaking staff, general staffing constraints, limited coverage during French-speaking staff absences, and difficulty recruiting French-speaking personnel. Multiple respondents believed that the ultimate goal of the active offer is that someone that speaks French be available at the first point of contact. This is rarely guaranteed due to staffing constraints, nor required.
- Attitudinal barriers were reported among some staff, who resist the idea of making a verbal active offer in French. This resistance may stem from a lack of perceived demand, personal discomfort, or deeper skepticism of its ultimate objectives. For example, one participant noted that some staff openly refused to say "Hello/Bonjour" or engage in French-speaking practices, citing reasons ranging from shyness to political convictions that run contrary to that.
- The mandatory inclusion of French in printed materials is viewed by some as wasteful or obstructive, especially in cases where this process is perceived to delay the release of new materials.

Interviews with patients

Interviews with patients point to a gap between evidence of compliance with the Strategic Plan and Standards relative to the web, written documents, signage, greetings and other policies, and the in-person expectations of Francophone patients. Despite visible efforts to meet obligations of the Strategic Plan and Standards, the active offer of services in French is perceived by patients themselves as superficial — limited to the first point of contact — and inconsistent in practice.

Patient interviewees report that while health institutions in the regions appear to have made efforts toward an active offer of French language services, the implementation falls short of expectations. The efforts are perceived to be mainly concentrated on written materials and French-speaking communications — both in person and online — but fall short in circumstances of speaking with a person (both in-person and on the phone). The verbal version of the active offer is viewed as passive, or symbolic; patients indicate that the offer is often conditional on patient initiative. Bilingual greetings are

[11] Note that the audit found high compliance with the active offer obligations laid out in the Strategic Plan (which do not require the active offer to be verbal).

inconsistently delivered, and frontline staff are often not equipped to follow through. In many cases, patients are left to navigate the system in English or take additional steps to secure service in French, which they fear can lead to slower access to care.

Visual indicators are widespread but insufficient:

- Most participants noted the widespread presence of bilingual signage, pamphlets, and posters. The phrase “Hello/Bonjour” was commonly cited as being visible at hospital or clinic reception desks and waiting rooms. Patients acknowledged that written communication, including public notices and health information updates, is often provided in both official languages. This visible effort is seen as a positive development, particularly in comparison to previous years.
- Several respondents highlighted their perception that signage alone does not constitute an active offer. However, this is not evidence of non-compliance as it is not part of the definition of active offer per the Strategic Plan. For many, the presence of French language materials or posters created an expectation that services would follow, but this expectation was often unmet. One respondent described the signage as a “rubber stamp” that was present but rang hollow, as it was not accompanied by any associated French-speaking capacity among staff. Others commented that the signage gave the false impression that French services were readily available in direct format, only to be disappointed when this was not the case in actual interactions.

Bilingual greetings are rare and inconsistent:

- While the phrase "Hello/Bonjour" appears frequently in written form, it is only sometimes spoken aloud by staff, either in person or on the phone, according to several patient interviewees. Several participants reported that they were greeted solely in English. In cases where they initiated a conversation in French, the response is often still in English unless they insisted or repeated themselves. Several individuals described having to say “Bonjour” multiple times before staff understood they were seeking service in French. One respondent noted that the greeting was given, but “the person wasn’t necessarily bilingual,” resulting in a disjointed or awkward experience.[12]
- The absence of verbal greetings in French is seen as a key failure in the active offer. Several interviewees pointed to a broader pattern of patients being forced to initiate service in French themselves at the point of in-person contact, rather than being offered such service proactively.[13]

The burden is placed on the patient:

- The first point of contact is a recurring barrier. Patients consistently identified the initial point of contact, reception desks, phone lines, or scheduling systems as a critical obstacle. While visual signals like "Hello/Bonjour" greetings or bilingual signage were present in most cases, they rarely translated into an effective delivery of French language service. In-person receptionists often continued speaking English despite patients initiating in French. Multiple participants described instances of being told no French-speaking staff were available or receiving no response at all to French greetings. This lack of proactive offering discouraged many patients from continuing to seek services in French, especially in time-sensitive or high-pressure settings.

[12] Note that bilingualism is not a requirement within the obligations in the Strategic Plan in order to do the verbal active offer.
[13] Note that if visual offer is present, the standards and obligations outlined in Strategic Plan are met.

- A dominant theme is the perception that accessing French language services requires initiative and persistence from the patient. Participants described situations where they needed to ask repeatedly for service in French in person at clinics or inquire whether anyone on staff spoke French as opposed to that being offered proactively. In some cases, patients only discovered French-speaking staff through personal cues, such as an accent or overhearing someone else speaking French. Multiple individuals stated that it felt like a "demande active" rather than an "offre active."
- Awareness and understanding of services remain barriers. Interviewees noted that many patients were unaware of their right to French services or uncertain about how to access them. Some assumed services were only available in English, despite visible signage. Others were surprised to learn that French was a viable option and hesitated to request it. This gap in awareness, combined with the inconsistent verbal active offer, may have discouraged some patients from seeking care in their preferred language.
- This theme was particularly concerning in emergency care contexts,[14] where patients are less likely to be in a position to advocate for themselves. Some interviewees noted that unless they explicitly requested French service, they were treated entirely in English, even when their proficiency in English was limited. A few respondents emphasized that not all French-speaking citizens know they have the right to request service in French and further noted that the absence of the verbal active offer perpetuates that lack of awareness.

Services are inconsistently available, even when requested:

- When patients asked for French services, the response was inconsistent. Some were offered interpretation services or connected with French-speaking healthcare workers, but this was not the case for all. Several noted that access to French-speaking staff was dependent on scheduling, location, and "pure luck." At times, services could be arranged in advance if the patient flagged the need ahead of time. However, this was not always practical or possible for patients.
- In cases where French-speaking providers were not available, patients or caregivers were sometimes offered interpreters, but this too was inconsistent. A few respondents described situations where they were told that no one was available, or that the service "wasn't offered at that clinic." Others described needing to return for another appointment to receive service in French. Some simply gave up and continued in English to avoid delays or complications.

Emotional impacts:

- Several participants expressed the emotional toll of being unable to access care in their preferred language. Feelings of frustration, awkwardness, or stress were common. Some describe receiving services in French as essential to accurately describing their symptoms or understanding healthcare advice. In the absence of an active offer, patients reported either insisting on service in French, at the cost of comfort and speed, or defaulting to English out of necessity, even when they did not fully understand the interactions with healthcare providers.
- Others point out that the system's failure to deliver a true verbal active offer created a sense of exclusion. One respondent said it felt "almost ironic" that bilingual signage was visible but no interaction in French was possible. Another noted that, despite years of signage improvements, "there's still nothing after 'Bonjour.'"

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[14] Note that emergency services are outside the scope of this compliance audit, though comments related to such services are included for purposes of reporting fully on the data collected.

4.2 Service delivery

Summary of findings:

The compliance audit sought to answer the key question: Was there effective delivery of services in French?

The audit finds that **delivery of primary care services in French is partially ineffective and does not consistently meet the needs of patients**. Compliance with the Strategic Plan with respect to service in French is partial, in terms of providing service in "direct, referral or interpretation format."

- **Reliant on staff commitment and informal coordination.** GNWT staff show strong goodwill and a person-centred approach in supporting French-speaking patients. Staff often go beyond formal roles to help, and service delivery relies heavily on individual initiative rather than systemic support.
- **Inconsistent availability of French-speaking staff.** While French-speaking staff are generally present, their availability varies widely across sites and shifts. Smaller or remote communities depend on a few individuals, making consistent access to French service unreliable and less predictable.
- **Interpretation and facilitation systems are uneven.** Formal and informal interpretation mechanisms exist, but face logistical issues such as scheduling errors, and privacy concerns. Facilitators are not trained interpreters, raising risks around accuracy in clinical contexts.
- **Documentation and resources are limited.** Written French language materials are inconsistent across facilities. Staff sometimes default to English due to a lack of translated resources, which affects the patient experience.
- **System design strains service delivery.** Language facilitator roles are often add-ons to other duties, making it hard to balance responsibilities. Poor integration between health institutions and lack of structured processes lead to inefficiencies and ad hoc solutions.
- **Patient experiences vary widely.** Staff report generally positive patient outcomes when services are accessed, but high-frequency users express dissatisfaction with inconsistency. Informal networks help but are not dependable.
- **Patients bear the burden of access.** Patients must often self-advocate or rely on chance to access French services. Initial contact points, such as reception or phone lines, frequently fail to offer services proactively, discouraging continued efforts.
- **Telephone and scheduling systems are a barrier.** French language options on automated systems are often nonfunctional, leading to frustration and service gaps at critical access points.
- **Local culture and staff attitudes influence experience.** Patient experience depends heavily on staff awareness and local leadership. Positive staff engagement improves care, while indifference undermines trust and equity in service delivery.

This sub-section focusses on whether there was effective delivery of services in French, following the active offer of services in French as discussed above.

Interviews with GNWT employees and managers

The delivery of services in French within GNWT health facilities demonstrates a high level of commitment, a "person-centered" approach stemming primarily from motivated staff initiative and informal coordination. There is clear evidence of goodwill and responsiveness to patient needs where

possible. However, the effectiveness of service delivery varies across settings and depends heavily on who is present and available at a given time to provide services in French.

Availability and accessibility of French-speaking staff:

- Across health facilities, there was broad acknowledgment that French-speaking staff are available to assist patients in their preferred language. Several regions maintain French-speaking staff lists or designated individuals, such as language facilitators, who can respond to requests. Some facilities are able to assign a French-speaking person at the front desk, ensuring immediate support upon arrival. Others rely on informal networks where frontline staff signal to colleagues, often by calling out individuals' names across the hallways, to find available French speakers nearby.
- Interviewees described a general willingness among staff to assist French-speaking patients, with many indicating that someone is usually available, even if it requires a short wait or redirection. However, the degree of consistency varied, and coverage sometimes depended on the presence of specific individuals, especially in smaller communities or during off-hours.
- Within institutions, hospitals were sometimes described as less reliable in providing consistent French service at first point of contact compared to clinics, where staff might be more familiar with their regular patients and their language needs.

Processes for interpretation and facilitation:

- Formal and informal language facilitation mechanisms are in place, including interpreters, French-speaking staff who facilitate communication, and services such as CanTalk. In several facilities, there are internal processes for requesting facilitation through French language services coordinators. When properly executed, these systems allow staff to schedule interpreters for appointments in advance.
- Logistical challenges were repeatedly noted. For example, interpreters were sometimes dispatched to appointments that had been cancelled without their knowledge. Others described difficulties confirming appointments or being unable to verify patient information without breaching privacy protocols. Some interpreters and language facilitators had to rely on nearby staff to check appointment systems informally, which raised concerns around compliance with privacy standards.
- The distinction between language facilitation and formal (certified) interpretation was highlighted as a concern. Staff facilitating French services are not certified interpreters, and their role is often more informal, intended to ensure basic understanding rather than technical accuracy — and is mainly aimed at aiding patients' access to a service in French (per the Strategic Plan). In complex cases, especially in clinical settings, this confusion about the distinction could potentially impact quality of care, interviewees indicated.

Documentation and written materials:

- Staff indicated that medical documents from outside the NWT, such as those from Québec, are sometimes difficult to process due to a lack of local French language capacity. Some clinicians rely on external websites to access translated materials when needed, while others default to documenting in English to avoid complications.
- The availability of written information in French remains limited in some areas. The need for more standardized French language resources, such as translated intake forms, informational handouts, and "cheat sheets," was mentioned. While some facilities do have such tools in place, their use is not consistent among all staff.

System design and workload management:

- The audit also finds that tensions exist between the design of the system and the realities of service delivery. For instance, French facilitation is not always a full-time role and may be combined with other duties. In such cases, staff must balance their core job responsibilities with requests for language support, sometimes stepping away from one task to fulfill another. While staff expressed willingness to help, they noted that the system is not always structured to support this hybrid role efficiently.
- There are also gaps between interested parties, such as between health services and linguistic services, that limit integration. A more coordinated approach within the Health and Social Services System could help address recurring logistical issues and ensure smoother access for patients, according to interviewees.

Employee and manager perceptions of patient experiences and satisfaction

There was a general perception among internal interviewees that French-speaking patients receive appropriate care when requesting services, **specifically for scheduled appointments**. In many cases, once a request is made, internal interviewees perceive that the system works to ensure that a French-speaking provider, interpreter, or language facilitator is present. Some staff, mainly the French language services coordinators, mentioned that they have developed strong relationships within the Francophone community and are often approached directly by patients seeking help.

Nonetheless, there appears to exist a disconnect between internal interviewees' perceptions of patient experiences, and patients' actual experiences (relayed by patient interviewees below). Internal interviewees reported that the quality and timeliness of service can vary. Some acknowledged that service depended on who was available at a given time. For example, staff note that if a French-speaking employee was not nearby, patients were sometimes told to wait or return later. Others pointed out that high-demand periods, lack of appointment coordination, or unclear procedures could delay access.

Internal interviewees acknowledged that informal networks often filled gaps in the system. Several staff described an informal culture of support where French-speaking colleagues stepped in to assist when needed, even if this was not their "official" role according to interviewees. In some facilities, French-speaking staff were well-distributed across GNWT health facilities, making it easier to respond to requests. Others noted that receptionists sometimes flagged French-speaking patients and tried to assign them to French-speaking providers, even when those providers were not listed as French-speaking. **These efforts reflect strong personal commitment but also highlight a systemic reliance on individual initiative rather than standardized processes.** Some staff expressed concern that, while the system appears as though it can operate in French due to signage and branding, the **actual delivery of services relied too heavily on informal arrangements rather than structured access**.

Interviews with patients

Patients describe a healthcare system where French language services are inconsistently offered, frequently dependent on patient initiative or chance, and often fall short of being accessible or reliable. While some positive experiences were shared, they are the exception rather than the norm.

The evidence suggests that while some services in French do exist, they are not systematically or proactively delivered, and patients often do not have their needs fully met. Instead, as discussed in more detail above, patients frequently navigate a system in which French language care depends on their own initiative, the availability of individual French-speaking staff, or even luck. This environment is

perceived by patient participants as undermining the active offer and effective delivery of services, and places a perceived burden on Francophones to secure equitable care.[15]

- ***Access to French-speaking professionals is inconsistent and depends on luck.*** Many patients said they could occasionally access services in French, but only when a French-speaking staff member happened to be available. This access was described as sporadic — more or less a "matter of chance." Some interviewees reported being matched with French-speaking doctors or specialists and felt well-served when that occurred. Others noted that certain departments or clinics seemed to have more French-speaking staff, while others offered no services in French at all. When French-speaking personnel were available, the care experience was significantly improved. However, the lack of predictability meant patients could not rely on receiving service in French when they needed it.

- ***Patients often carry the burden of requesting French services.*** Most patients had to assert themselves repeatedly to receive services in French. Several described having to ask multiple times, switch languages mid-conversation, or advocate for themselves while already navigating complex or stressful medical situations. Some noted they had given up requesting French services altogether, as they felt it was not worth the effort or the delay it might cause. Others said they only used English because French was clearly not an option, especially during emergencies or when interacting with staff under pressure. This places a disproportionate burden on Francophone patients and undermines the principle of linguistic equity in healthcare.

- ***Telephone systems and scheduling services fail to support French service delivery.*** Patients frequently cited issues with phone-based access to services in French. Many said that when they selected the French language option on automated phone menus, they were still greeted by English-speaking staff. Some reported that phone lines for services in French went unanswered or directed them to voicemail boxes where messages were never returned. Others said they had to switch to the English phone line out of necessity, or risk not being able to obtain a same-day appointment. This barrier was also frustrating for patients seeking to book services or obtain information in French. According to patient interviewees, this barrier reflects a systemic failure to support even basic French-speaking access at the scheduling level.

- ***The experience depends heavily on staff attitudes and local circumstances.*** Several patient participants noted that the quality of French language service varied depending on the attitude of individual staff members. When personnel made an effort, even when their mastery of French was limited, patients often felt more respected and better supported. Conversely, when staff showed perceived indifference or a lack of sensitivity, patients felt isolated or dismissed. In some locations, high staff turnover or a lack of investment in French-speaking hiring may have contributed to perceptions of a fragmented or temporary approach to French service delivery. While some areas or clinics had developed informal ways to support Francophone patients, others lacked any visible structure to do so.

[15] Note that per the Strategic Plan, if the signage is present, the active offer has been provided.

4.3 Overall patient experience

Summary of findings:

The compliance audit sought to answer the key question: How was the client's overall experience of services in French?

The audit shows that **patients face a number of challenges and barriers to receiving primary care services in French, leading to sub-optimal patient experiences in many cases**.

- **Mixed experiences shaped by context and staff initiative.** GNWT staff generally perceive patients as satisfied when services in French are available, especially in small communities where familiarity improves care. Informal use of French and personalized gestures often foster a welcoming environment. However, experiences vary widely and are inconsistent across staff, facilities, and regions.
- **Positive experiences when staff are French-speaking.** Patients report feeling more comfortable and confident when served by French-speaking staff. These interactions improve trust and emotional ease, especially in psychologically tense or complex care situations. Some patients delay or tailor their care preferences to access a known French-speaking provider.
- **Structural and logistical barriers persist.** Delays in coordinating French services are common, especially when specific clinicians, interpreters or language facilitators must be located. Designated French language services coordinators help mitigate these barriers, but interviewees indicated that other staff are not all prepared or trained to respond effectively to French language requests.
- **Verbal interactions in French are rarely actively encouraged.** Many patients are aware of their right to request French service but indicate that they rarely feel invited or empowered to do so. Neutral or indifferent tones, coupled with statements such as "I don't speak French,"[16] contribute to awkwardness and self-censorship. Patients often default to English out of pragmatism, guilt at making requests, or to avoid delays.
- **Perceived inequality and marginalization.** Patients describe French services as secondary or exceptional, not standard. Some feel their needs are viewed as burdensome or optional, especially in emergency or high-demand settings. Subtle social cues, such as assumed English fluency, reinforce this marginalization.
- **Limited feedback.** While some feedback mechanisms exist, most patients do not use them. Barriers include lack of clear processes, scepticism about any impacts their feedback might have, emotional fatigue, and reluctance to engage in a "struggle" to obtain services. Patients more often give informal feedback or share opinions in advocacy spaces, though confidence in improvements remains low.
- **Training and staff awareness are key.** Positive experiences are strongly linked to individual staff attitudes and preparedness. Ongoing training and normalization of French language care are perceived as key to improve consistency and patient trust.

This sub-section focusses on patients' overall experience in accessing, or attempting to access, services in French in primary care.

[16] Note that if this statement is followed by offering the services of a colleague who does speak French, then it is compliant with the Standards.

Interviews with GNWT employees and managers

Welcoming environment

GNWT staff and managers' perceptions of patient experiences were generally positive — which is in contradiction with patients' relayed experiences and perceptions. Internal interviewees perceived that patients' needs were typically met, especially when staff were French-speaking or proactive in coordinating language support. Perceived inconsistencies remain in ensuring that patients' needs for French services are addressed and effective delivery is achieved.

- ***French-speaking patients generally had positive interactions.*** Many GNWT staff and managers reported that patients who requested services in French were generally well received and appreciated the effort made by staff to meet their needs. In several cases, they reported that patients expressed satisfaction simply because they were able to speak to someone in their preferred language. Familiarity and comfort were noted as important factors: when a French-speaking staff member was known to a patient, they would often wait specifically for that person.

- ***Staff attitudes and training impacted the patient experience.*** The importance of training in active offer practices was noted by GNWT staff and managers. Some interviewees suggested that untrained staff might inadvertently discourage patients or create the impression that French services were unavailable. Even when no hostility was intended, a lack of preparedness could lead to negative experiences or misunderstandings. Conversely, when the verbal active offer was clearly made and followed through, patients felt respected and supported.

- ***There were delays and logistical barriers, but patients remained understanding.*** Interviewees acknowledge that care in French can sometimes take longer to coordinate, especially when involving various healthcare professionals. Intermediary steps, such as relaying information through a French-speaking staff member, can slow down service delivery. In certain contexts, patients may have needed to wait longer for appointments, particularly when requesting care directly from a French-speaking clinician. Nonetheless, most patients were reported to be understanding of these limitations, particularly when the effort to assist was clear and consistent.

- ***Perceptions of inclusion shaped the overall experience.*** Many participants described efforts to create a culturally and linguistically inclusive atmosphere in healthcare settings. Whether through bilingual signage, French language outreach materials, or informal conversations, these visible and audible markers contributed to a perception of welcome. For some patients, hearing French spoken in the waiting room or by staff added to their comfort level and reduced the anxiety often associated with health care encounters.

Provision of feedback

- ***Feedback mechanisms are in place.*** Many facilities reported having established channels for collecting feedback. These include physical comment boxes at clinics, QR-code-enabled anonymous comment cards, online platforms such as the GNWT's "*Votre avis* GTNO" site, and departmental email addresses dedicated to patient relations or French services. Several participants noted that concerns are ideally addressed at the point of service, which is considered the most effective moment for resolution.

- ***Positive feedback is common, though often informal.*** Several participants reported receiving verbal appreciation for services offered in French. Positive feedback was often tied to situations wherein patients felt more at ease, such as psychological evaluations conducted in their first language. French-speaking staff were often identified as valuable assets, and their presence contributed to a more welcoming and linguistically inclusive environment. Some staff described patients expressing gratitude or seeking out specific French-speaking personnel for follow-up care.

- ***Lack of formal complaints may reflect satisfaction, or barriers to feedback.*** A recurring theme was that few or no formal complaints about French language services had been received. This was frequently interpreted as a sign of patient satisfaction. However, some respondents acknowledged that "no news" might not necessarily mean "good news." People may be reluctant to lodge complaints formally, especially in small communities where they perceived that anonymity would not be assured. Others suggested that patients may prefer to share feedback informally, such as through conversations out in the community.[17]

- ***Challenges with capturing and actioning feedback persist.*** Some respondents expressed concern about the usefulness of feedback and ability to follow-up. For instance, although cards or surveys are distributed, there is uncertainty about where the data goes or whether it leads to meaningful action, where appropriate.[18] Others mentioned the need for more detail on complaints, in order for them to be actionable; for example, clear attribution: who, where, when.

Interviews with patients

Satisfaction with their experience

Overall, patient satisfaction with accessing services in French appears to be fairly low, with most participants describing a system that is unpredictable, sometimes inequitable, and generally perceived as secondary to English-language care. There are significant limitations in service availability.

- ***Limited availability and access.*** Many patient interviewees described a lack of consistent and systematic access to services in French. Several reported that receiving services in French was largely a matter of chance, depending on the individual provider or context. In particular, specialized services such as imaging or follow-up consultations by phone were seldom offered in

[17] Note that GNWT staff indicated that informal feedback, although available to them, would be ineffective as it would not be recorded properly.
[18] GNWT staff indicate that anonymous surveys do not allow for communication with complainants even if action is taken in response to a complaint.

French. Even when patients were asked about their language preference, they often opted for English in order to avoid delays. For example, one patient explained that even though they would prefer services in French, they routinely chose English because of time constraints and the unpredictability of accessing French-speaking staff.

- ***Perceptions of inequality.*** Several interviewees expressed that French language services were not perceived as the norm or standard part of care. Patients ranked this perception low on scaled questions, suggesting that French language access is still seen as an exception and even an imposition. A few described this as a systemic issue, pointing to insufficient staff capacity and an inadequate structure to support French language services requests. Some noted that despite broader efforts to promote bilingualism or cultural sensitivity, these efforts were not matched by actual availability of services in French.

- ***Defaulting to English.*** A recurring theme was the tendency for bilingual Francophones to default to English almost as a matter of course, despite their preference for French services. This was often framed as a personal choice made out of pragmatism and solidarity with others who might need the service more, or a belief that requesting French language services would slow down an already strained system.

- ***Positive impacts when services are available.*** A small number of participants who received services in French described positive impacts on their care experience. They reported feeling better understood, more confident in their treatment decisions, and less anxious about follow-up care. In contrast, others noted that subtle but important nuances were often lost when receiving services in English, particularly regarding treatment options or medical documentation.

Welcoming environment

Patient interviews reveal a multifaceted picture wherein structural limitations and complex social cues influence patients' willingness to request services in French. While some individuals had neutral or occasionally positive experiences, the majority of participants indicate that primary care does not consistently provide a welcoming environment. Patients often navigated their care in English, not by preference, but by necessity or perceived social pressure.

- ***Lack of active encouragement.*** Across interviews, a dominant theme was the absence of proactive encouragement to use French. While outright hostility was rare, participants commonly reported a neutral or indifferent tone when making requests. Many interviewees indicated that although it is their right to request services in French, doing so was not easy or comfortable. Some even described it as “gênant” (embarrassing) or awkward, especially when it was clear that the provider did not speak French. Others stated directly that they were not encouraged to ask and, in some cases, were expected to switch to English. As a result, several participants noted that they internalized the sense that asking for services in French would slow down the process or create extra work for staff. This perception often led patients to voluntarily default to English, particularly in high-pressure or time-sensitive situations. One participant described switching to English during an appointment simply because they felt there was no backup plan or no alternative provider available. Others mentioned feelings of guilt or shame for not asserting their language rights, suggesting emotional and psychological barriers to making a request. Overall, these led to a sense of not fully belonging or being an exception in the health

system. These cues, whether through tone, body language, or lack of signage, contributed to an overall environment that did not feel welcoming.

- ***Variation based on individual staff members.*** The tone and response to French language requests varied considerably depending on the individual staff member. Some interviewees reported positive experiences with administrative personnel who treated French as a routine part of their duties. In contrast, others described receiving curt or dismissive responses, such as a blunt “I don’t speak French,” without apology or effort to accommodate. This inconsistency contributed to a perception that using French in primary care was not uniformly supported or normalized.

Offering feedback

Interviews with patients revealed that while many had strong opinions and experiences related to accessing services in French, few formally provided feedback through official channels. Several patients indicated that they had experiences worth sharing, but channels for formal feedback on French language services were perceived as limited.

- ***Limited use of formal feedback mechanisms.*** A consistent theme was the underuse of formal complaint systems. Most participants reported not filing complaints or feedback, even when they experienced dissatisfaction. Several barriers were cited, including unclear processes; lack of visible signage or prompts; uncertainty about whether feedback would be acknowledged; and lack of confidence that feedback would be acted upon. Some described the process as discouraging, time-consuming, or emotionally taxing.

- ***Informal feedback and expressions of appreciation.*** While formal complaints were rare, some patients shared their satisfaction directly with providers when they received services in French. These moments were often described as meaningful and appreciated, especially when they improved clarity or emotional comfort. However, these positive reactions were usually spontaneous and not captured by formal systems.

- ***Structural and psychological disincentives.*** Participants expressed skepticism about the effectiveness of feedback; most doubted whether their comments would lead to change, as noted above. This skepticism was compounded by feelings of resignation that feedback would be inefficient, particularly in regions where access to care was already limited. Others acknowledged that they were aware of feedback channels but chose not to engage; these respondents cited fatigue and lack of time as their main reasons. They also did not want language to become another battle for them to fight within the healthcare system.

- ***Feedback through advocacy networks.*** A few participants engaged in structured dialogue through community or advocacy groups. These venues provided an indirect way to raise issues with government representatives or service administrators. Again, most participants felt this would not necessarily result in concrete change.

5.0 Key takeaways

5.1 Main challenges and barriers

Based on all interviews, with both employees/managers and patients/caregivers, several key challenges and barriers, or perceptions of challenges and barriers, emerge from this evidence. See Table 4 below.

Table 4: Key challenges and barriers related to French language services in primary care

Limitations of the active offer. The "Hello/Bonjour" model is perceived as misleading by both patients and staff. Francophone patients may initiate conversations in French expecting immediate service, only to be told they must wait while someone is located. Although signage was often bilingual, it rarely translated into actual direct service availability. Patients noted that frontline staff rarely verbally offered service in French, even when prompted. This contributes to frustration and reduces trust in the promise of services in French. Staff also expressed discomfort with using the bilingual greeting if they are not fluent, feeling it implies a level of service they cannot provide. This leads some to avoid using the greeting altogether. Note that GNWT staff indicate that preferred language is not captured in administrative systems, only through intake forms; although patients may perceive that it is.
Limited French-speaking staff. A recurring concern is the limited number of French-speaking healthcare professionals, especially in remote areas or specialized services such as mental health. This lack of availability leads to delays in service or reliance on overburdened staff and interpreters. The availability of French-speaking personnel was often dependent on one or two individuals, and any absence meant the complete disappearance of French services. Patients indicated that some facilities had no formal backup, leaving patients to feel they either had to wait indefinitely or revert to English.[19] Where there is capacity in French, staff often have other duties and cannot always be available to assist, resulting in unpredictable access to French services.
Confusion regarding access to French services. There is confusion relative to the process of accessing French language support. Patients often do not know they can access service in French, or an interpreter, or are hesitant to do so, especially in emotionally charged situations. They may be concerned regarding confidentiality, especially in smaller communities (they may know a French-speaking staff from the community). Delays in locating interpreters during short appointments can hamper timely communication. In some cases, patients rely on word of mouth or personal networks to identify French-speaking staff, rather than accessing through formal channels.
Fragmented service pathways. A common frustration was the inconsistency of French language services across different stages of care. Many participants described "broken pathways" where French services might be available at one point, such as registration, but absent in clinical interactions or follow-ups.
Tension around language equity and cultural safety. Some staff noted that prioritizing French services without a parallel offer in Indigenous languages has led to perceived inequities. These concerns affect staff engagement and organizational support for French language initiatives, particularly where resources are limited or cultural dynamics are tense. Some patients perceived a lack of institutional will to prioritize French language services. Others reported resistance within the healthcare system. Some staff or managers questioned the legitimacy or practicality of offering services in French, particularly in the context of Indigenous language revitalization. This dynamic of cultural and institutional resistance occasionally fostered a sense of competition between linguistic communities, rather than inclusion.
Perceptions of inequity. Patients reported feeling that French language service users received second-tier treatment. The perception that English-language services were faster and more complete led many to switch languages, even reluctantly, and hardens the perception that French language rights are theoretical rather than actionable.
Delays. Several respondents reported longer wait times when attempting to access services in French. This was especially noted in telephone-based systems such as 811, where selecting the French language option led to slower service or redirection to English-speaking staff. This delay created pressure to default to English for the sake of expediency.

[19] While some services, such as CanTalk, are available at all times, awareness of this service was low.

5.2 Participants' suggestions for improvement

In response to the key challenges and barriers described above, interviewees provided numerous suggestions to improve French language services in primary care. See Table 5 below.

Please note that participants offered suggestions aligned with their own experiences, without necessarily being aware of what type of changes may be realistic, of limitations and restrictions at various points of service, and of standards and regulations in place governing offer and delivery of services in French. These suggestions are reported here for purposes of completeness, as they comprise part of the data collection findings.

Table 5: Suggestions for improvement to French language services in primary care

Staffing and human resources management. A common suggestion during staff interviews was to increase the number of French-speaking or French-speaking frontline staff, especially in public-facing roles such as reception. Several respondents emphasized the value of having a consistent presence of French-speaking personnel at access points to ensure immediate first contact in French without delay. Others suggested hybrid roles that combine language facilitation with other tasks to make better use of employee time while maintaining support for French language needs. Similarly, a recurrent concern among patients was the lack of qualified French-speaking staff, particularly in specialized roles. Suggestions to address this included more active recruitment of Francophone professionals and streamlining the process for recognizing foreign or out-of-province credentials.[20] Delays in credential recognition were seen as a barrier to building a sustainable Francophone workforce, especially in fields like mental health. Mentorship programs were also proposed as a means of supporting French-speaking service providers and building internal capacity.
Proactive indication of service availability. Several participants emphasized the need for clearer, more transparent communication about what French language services are actually available, and when. The current offer of service in French is often perceived as ambiguous or misleading, particularly when callers select a French option and are then greeted in English or redirected without explanation. Suggestions included developing simple visual cues (e.g., symbols or signage) to indicate available French language services and staff,[21] as well as publicly posting the schedules of Francophone personnel so patients know when they can expect service in French.
Technology to streamline service delivery. Many staff see potential for technological solutions to streamline service delivery. Suggestions included integrating language preferences into electronic medical record systems, enabling language toggling in booking and intake software, and clearly identifying French-speaking doctors in scheduling systems. One interviewee proposed exploring artificial intelligence-based translation tools as an alternative to time-consuming telephone interpretation services like CanTalk.
Systematic offer of interpretation services. While language facilitation was acknowledged as a useful support, patients noted that it was rarely offered proactively. Participants suggested that when French-speaking providers are not available, staff should always ask whether patients prefer interpretation. This simple question could help reduce confusion or reluctance among patients unfamiliar with their rights or options, especially newcomers.[22]
Documentation and written materials. Improved access to translated forms and written materials was identified as a concrete area for action. While verbal interpretation/facilitation is often available in person, many documents remain exclusively in English, posing challenges when patients must take documents home. Translation of high-use documents intended for the public was therefore a recurring suggestion.

[20] Note that objectives around foreign credentials are out of scope of this compliance audit.
[21] Note that this suggestion is already implemented (i.e.: *À votre service* en français).
[22] This suggestion likely reflects the low levels of awareness of services such as CanTalk, and aligns with the previous suggestion related to using technology to streamline service delivery.

6.0 Conclusions

This section concludes on the main themes and provides recommendations for future directions for the delivery of services in French in primary care in the significant demand communities of the Northwest Territories.

6.1 Recommendations

The following are recommendations **around improving service offer and delivery in French in primary care**, in light of the findings that emerge from this compliance audit, and the suggestions for improvement provided.

- ***Recommendation 1:*** Review health authorities organizational charts and funding agreements with Health and Social Services, in order to build greater flexibility, make additional investments in French-speaking frontline staff, and ensure that these staff are optimally allocated.
  - ***Recommendation 1.1:*** Increase recruitment of French-speaking professionals, alongside streamlining the processes in place for recognition of foreign or out-of-territory credentials.

- ***Recommendation 2:*** Clarify the active offer and service delivery processes.
  - ***Recommendation 2.1:*** Improve communication with the public on the different types of active offer and service delivery that are aligned with the Standards and Strategic Plan, in order to better frame the public's expectations of services they may access.
  - ***Recommendation 2.2:*** Increase internal and public awareness of interpretation tools and resources, such as CanTalk.

- ***Recommendation 3:*** Continue to monitor client experience through feedback and audits. Conduct more regular and targeted client satisfaction checks specific to French language service delivery, including feedback on the active offer.
  - ***Recommendation 3.1:*** Improve uptake of formal feedback mechanisms by patients, in order to better track complaints and reports of challenges, by clarifying and streamlining the processes and signage for providing feedback. Enhance mechanisms like rapid QR code-based surveys after appointments to assess whether language preferences were acknowledged and met.

- ***Recommendation 4:*** Review point of service protocols and improve frontline staff training on how to handle different scenarios wherein patients desire service in French. (e.g., re-emphasize lists of steps to follow, lists of contact information for personnel to call, flash cards of responses in French, etc.).
  - ***Recommendation 4.1:*** Develop methods to record and track actions taken at point of service, in order to monitor how concerns are addressed at those points.

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APPENDIX A – AUDIT MATRIX

Matrice de questions pour : Audit de conformité – Services en français

Questions de vérification de conformité	Sous-questions	Indicateurs	Sources de données
Offre active			
1. **Y avait-il une offre active de service en français?**	**a.** Une offre active de service en français a-t-elle été faite pour des rendez-vous programmés?	i. Présence d'un signe/panneau, salutation ou message d'accueil personnels, site Web, ou message enregistré en français ii. Présence d'éléments dénotant une offre active affichés au point d'entrée de service (par ex. à la porte extérieure, à la fenêtre ou dans le couloir d'entrée, comptoir de service) iii. Éléments dénotant une offre active facilement visibles par tous utilisateurs recherchant un service iv. Présence d'offre active de produits d'information destinés au public (facilement visibles sur le Web, dans les points de service, disponible simultanément en français et en anglais) v. Proportion d'utilisateurs qui n'ont reçu aucune offre active, et ont dû demander d'être servis en français	Revue documentaire Entrevues avec utilisateurs
	b. Une offre active de service en français a-t-elle été faite pour des rendez-vous le jour même?	i. Présence d'un signe/panneau, salutation ou message d'accueil personnels, site Web, ou message enregistré en français ii. Présence d'éléments dénotant une offre active affichés au point d'entrée de service (par ex. à la porte extérieure, à la fenêtre ou dans le couloir d'entrée, comptoir de service) iii. Éléments dénotant une offre active facilement visibles par tous utilisateurs recherchant un service iv. Présence d'offre active de produits d'information destinés au public (facilement visibles sur le Web, dans les points de service, disponible simultanément en français et en anglais v. Proportion d'utilisateurs qui n'ont reçu aucune offre active, et ont dû demander d'être servis en français	Revue documentaire Entrevues avec utilisateurs
	c. Une offre active de service en français a-t-elle été faite pour des prises de rendez-vous?	i. Présence d'un signe/panneau, salutation ou message d'accueil personnels, site Web, ou message enregistré en français i. Présence d'éléments dénotant une offre active affichés au point d'entrée de service (par ex. à la porte extérieure, à la fenêtre ou dans le couloir d'entrée, comptoir de service) ii. Éléments dénotant une offre active facilement visibles par tous utilisateurs recherchant un service	Revue documentaire Entrevues avec utilisateurs

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Matrice de questions pour : Audit de conformité – Services en français

Questions de vérification de conformité	Sous-questions	Indicateurs	Sources de données
		iii. Présence d'offre active de produits d'information destinés au public (facilement visibles sur le Web, dans les points de service, disponible simultanément en français et en anglais iv. Proportion d'utilisateurs qui n'ont reçu aucune offre active, et ont dû demander d'être servis en français	
	d. Y avait-il des écarts parmi les offres actives de services en français? • entre régions • entre cliniques • entre dates de rendez-vous	i. Preuves de différences dans les offres actives de services entre les différentes régions/cliniques/dates de rendez-vous)	Entrevues avec utilisateurs Entrevues avec employés et direction
Prestation de service			
2. **Y avait-il une prestation de service efficace en français?**	**a.** Comment la prestation de service en français a-t-elle été fournie?	i. Présence d'une prestation de service en français par mode : • Service direct (offerte par la personne au point de contact), • Service d'aiguillage : trouver une personne pour la prestation du service en français • Service d'interprétation ou de soutien linguistique en français ii. Perceptions des utilisateurs d'une prestation de service efficace	Revue documentaire Entrevues avec utilisateurs
	b. Les besoins des utilisateurs ont-ils été satisfaits?	i. Confirmation des utilisateurs par rapport à l'efficacité de l'ensemble des services reçus ii. Perceptions de la présence de défis, barrières, ou lacunes par rapport aux services reçus	Entrevues avec utilisateurs Entrevues avec employés et direction
	c. Y avait-il des écarts en efficacité parmi les prestations de services en français? • entre régions • entre cliniques • entre dates de rendez-vous	i. Preuves de différences d'**efficacité** entre les différentes régions/cliniques/dates de rendez-vous, par rapport à : • la visibilité • la disponibilité • l'accessibilité	Entrevues avec utilisateurs Entrevues avec employés et direction
Expérience globale des utilisateurs			
3. **Quelle a été l'expérience globale de l'utilisateur (patient, parent et soignant)?**	**a.** Dans quelle mesure les utilisateurs (patient, parent et soignant) sont-ils satisfaits des services en français reçus?	i. Perception que la demande de service en français est la bienvenue, voire normalisée ii. Perception que de l'aide sera fournie promptement afin d'accéder à un service en français iii. Appréciation (positive ou négative) de la qualité du service en français • Facilité de compréhension du service et/ou de l'information fournie	Entrevues avec utilisateurs

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Matrice de questions pour : Audit de conformité – Services en français

Questions de vérification de conformité	Sous-questions	Indicateurs	Sources de données
		• Pertinence ou caractère approprié du service fourni • Simplicité du parcours à obtenir le service en français • Distance géographique à parcourir pour recevoir le service approprié en français	
	b. Dans quelle mesure les soins primaires offraient-ils un environnement accueillant?	i. Perception et première impression du niveau d'accueil avec lequel une demande de service en français était reçue ii. Perception que la demande de service en français est importune, ou sensation qu'il est attendu de se débrouiller en anglais iii. Perception d'un environnement qui encourage ou décourage une demande de service en français iv. Perception qu'il était avantageux ou nécessaire de passer à l'anglais	Revue documentaire Entrevues avec utilisateurs Entrevues avec employés et direction
	c. Y a-t-il eu des rétroactions fournies après avoir reçu un service en français?	i. Nombre et proportion de rétroactions reçues des utilisateurs de services en français (par mode verbal, virtuel, téléphone, etc.) ii. Destinataire(s) de ces rétroactions; vers quelles personne(s) les utilisateurs ont-ils dirigé leurs opinions et perceptions	Entrevues avec utilisateurs Entrevues avec employés et direction
	d. Y avait-il des écarts parmi les expériences globales des utilisateurs de services en français? • entre régions • entre cliniques • entre dates de rendez-vous	i. Perceptions quant à des différences de **qualité** entre les différentes régions/cliniques/dates de rendez-vous (par ex. clarté, promptitude, pertinence, simplicité)	Revue documentaire Entrevues avec utilisateurs Entrevues avec employés et direction

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APPENDIX B – INTERVIEW GUIDES (English shown only; available in French)

Compliance Audit – French Language Services in Primary Care
Interview guide for Employees and Coordinators – INTERVIEWER

The Government of Northwest Territories (GNWT) is conducting a compliance audit which focuses on the experiences of patients, parents, and caregivers who have accessed, or attempted to access, primary care services in French between January 1 and December 31, 2024. The audit addresses questions focused on:

- active offer of services in French;
- effective delivery of services in French; and
- overall client experience.

The GNWT has engaged PRA Inc., an independent research firm, to conduct this compliance audit. This process involves conducting approximately 50 interviews with individuals who have used French language services in primary care, as well as 20 interviews of Primary Care Unit coordinators and employees.

Your participation is entirely voluntary, and the information you share will remain confidential to PRA[1]. Reports will not contain any information that could identify you. The interview will be recorded, with your permission, in order to ensure the accuracy of our notes. The recording will be destroyed once the notes are finalized. If you have any questions about this audit, please contact Julie Lacroix, Senior Advisor – French Language Monitoring and Evaluation at Julie_Lacroix@gov.nt.ca or 867-767-9343, ext. 71053.

Context

1. Please briefly introduce yourself, and please confirm that you have been working with your agency or with health services throughout 2024 (or a portion of 2024). What was your **involvement or role** in French language services in 2024?

Active offer

2. How did you **participate in, manage, or monitor, the active offer** of services in French in primary care? *[**Interviewer**: Prompt along the various dimensions of active offer, as needed: either in relation to primary care services directly to patients/the population, or indirectly serving patients/the population by referring them to interpreter services, to a French-speaking healthcare professional, providing information/material in French, signage, etc.]* **[AQ1d]**

[23] PRA's privacy policy adheres to the regulations set out in Part 1 of the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and is consistent with the Northwest Territories *Access to Information and Protection of Privacy Act* (ATIPP) as well as the *Health Information Act* (HIA).

3. Are there any **challenges, barriers or gaps** in the active offer of French language services? If so, which ones, where, and why? *[**INTERVIEWER**: Prompt as needed: Are there challenges that are unique to your region (e.g.: feeling uncomfortable because your region is primarily Indigenous), to other regions, to a certain setting (e.g. hospital or clinic)?]* **[AQ2c]**

4. In your experience during the reporting period, were there any **disparities** in active offers in relation to the **time of year**, or any specific dates (e.g. summer, winter break)? If yes, when and where, and **why**? **[AQ1d]**

Service delivery

*[**NOTE TO INTERVIEWER:** Some managers/coordinators will skip Q5 and Q6, and go directly to Q7.]*

5. In your role during the reporting period, **did you deliver services in French**? *[**INTERVIEWER**: Choose appropriate sub-question 4a or 4b below.]* **[AQ2a]**
    a. **If yes:** When you deliver a service in French, do clients engage with you in French, or do they tend to continue in English?
    b. **If no:** What are some reasons why you did not deliver services in French? And, when a client chooses service in French in response to an active offer, what steps do you take to ensure the client receives it? (Examples: Call on a colleague, use a translation service, etc.)

*[**NOTE TO INTERVIEWER:** Ask Q6 if answer to Q5 was YES.]*

6. In your role, were you **comfortable** delivering services in French? *[**INTERVIEWER**: Ask Q6a only if answer is no.]* **[AQ2a]**
    a. **If not:** What **would help you** feel more confident to deliver services in French? (Examples: Refresher courses, script cards to follow, intake/assessment forms translated to French etc.)

7. In your experience, how is the delivery of services in French within your division/organization **typically handled**? In what ways do clients typically respond? *[**INTERVIEWER prompts**: Refer to Q4 and Q5 above for appropriate prompts if needed. Are there informal French services offerings through French-speaking resources?]* **[AQ2a]**

8. In your view, to what extent does the delivery of French language services **meet users' needs** overall? In what ways are these needs met? If they are not met, why not? Please provide examples where possible. *[**INTERVIEWER**: Prompt as needed: Fully? Partially? Not at all? Where? What services? e.g. primary care, appointment booking, information/material in French, etc.)]* **[AQ2b]**
    a. Do you have any **suggestions to improve** the delivery of services in French? **[AQ3a]**

9. In your view, to what extent are French language services:
    a. **evident,**
    b. readily **available**, and
    c. fully **accessible?**

    Please explain and provide examples where possible. **[AQ2c]**

10. Are there any **challenges, barriers or gaps** in the delivery of French language services? If so, which ones, where, and why? *[**INTERVIEWER**: Prompt as needed: Are there challenges that are unique to your region, to other regions, to a certain setting – e.g. hospital or clinic, or to a certain time of year?]* **[AQ2c]**

Overall client experience

11. In your experience, to what extent are clients attempting to access services in French in primary care **well-received**? Please explain and provide examples where possible. **[AQ3b]**

12. Do you see elements at play which might give the impression that clients attempting to access services in French are **encouraged or discouraged**? If so, which ones, where, and why? **[AQ3b]**
    a. Do you see factors which might give the impression that such an attempt is unwelcome, or that there is an expectation that the user **should choose to manage in English**? If so, which ones, where, and why?
    b. Do you see factors which might give clients the impression that it would be **advantageous or necessary to switch to English**, or to continue to proceed in English (if the service was initiated in English)? If so, which ones, where, and why? **[AQ3b]**

13. Do you or does your organization receive **feedback from users** who have attempted to or accessed service(s) in French? If so:
    a. **To whom,** or to which department, did they direct this feedback? **[AQ3c]**

14. In your experience, are there any **gaps in the overall experience** of users of French language services? If so, **why**? *[**Interviewer**: Prompt as needed: Are the gaps specific to your region, to other regions, to a certain setting – e.g. hospital or clinic, or to a certain time of year?]* **[AQ3d]**

Conclusion

15. Do you have any other comments on this compliance audit?

Thank you very much for your participation.

Compliance Audit – French Language Services in Primary Care
Interview guide for Patients, Parents, and Caregivers – INTERVIEWER

The Government of Northwest Territories (GNWT) would like to gather insights on your experiences with primary care services in French, in the period of January 1 to December 31, 2024.

The GNWT is conducting a compliance audit to assess **the experiences of patients, parents, and caregivers** who have attempted to access, or have accessed, primary care services in French (including scheduled appointments, same-day appointments, and appointment bookings).

The GNWT has engaged PRA Inc., an independent research firm, to conduct a series of interviews.

Your participation is entirely voluntary, and the information you share will remain confidential to PRA. Reports will not contain any information that could identify you. The interview will be recorded, with your permission, in order to ensure the accuracy of our notes. The recording will be destroyed once the notes are finalized. If you have any questions about this audit, please contact Julie Lacroix, Senior Advisor – French Language Monitoring and Evaluation at Julie_Lacroix@gov.nt.ca or 867-767-9343, ext. 71053.

Confirm attempt or use of services in French

16. First, please **confirm** that you received or tried to access primary care services in French, between January 1 and December 31, 2024.
    a. ***(Interviewer: If not already mentioned)*** Was it on one or multiple occasions within that year?

17. What **type of primary care service(s)** did you receive or try to access in French? Was it for:
    a. A scheduled appointment for care?
    b. A same-day appointment or “walk-in” service?
    c. An appointment booking?
    d. Other? Please specify: _____ *[**Interviewer**: in case of hesitation or it does not neatly fit in the above categories.]* **[AQ1abc]**

Active offer of services in French

18. ***[INTERVIEWER: Record yes/no** and what active offer there was.]* **Was there an active offer** of services in French? An active offer can be:

- A sign such as a tent card
- A personal greeting such as ‘hello, bonjour’
- A message such as an email or a voicemail
- Other? Please explain.

*[**INTERVIEWER**: Ask Q4 for each of the answers provided in Q2.]*

19. When you received (or tried to access) primary care services in French:
    a. Was the opportunity to do so **evident** (i.e. obvious)?

   b. Did you **have to ask** to be served in French?
   c. Did you feel that the opportunity was **not readily available**? If so, why?
   d. Did you feel that you could **easily access** them, or not? **[AQ1abc]**

***[INTERVIEWER: Based on Q1a –** Ask only if the individual had several experiences receiving primary care services in French]:*

20. You had several experiences receiving primary care services in French. Did you notice any **differences in how easily it was available to you**? Specifically:
    a. Any differences between regions where you received care, between different clinics, or between different times of the year?
    b. Any differences in how obvious, available, or easily accessed the services in French were? **[AQ1d, AQ2c]**

Delivery of primary care services in French

***[INTERVIEWER PREAMBLE to Q6:** "There are three main ways that primary care services in French can be provided: **Directly** by the person who actively offered French service; b**y another person** who is brought in; b**y an interpreter** or another French language support service.]*

21. **How** were primary care services in French provided to you? *[**INTERVIEWER**: read all three below, note their choice of one or more among a, b, or c, then ask to explain if needed.]* Was it:
    a. **Directly** by the person who actively offered French service?
    b. **By another person,** perhaps from another area or service, who was called to serve you in French?
    c. **By an interpreter** or another French language support service? **[AQ2a]**

22. Was the service in French **effective**? Did it proceed smoothly or were there challenges? *[**INTERVIEWER**: adjust if several services according to Q1a]* **[AQ2a]**
    a. Were your **needs fully met** by these primary care services in French?
    b. Were there any **challenges, barriers, or gaps** in receiving the services in French? If so, what were they? **[AQ2b]**

***[INTERVIEWER: Based on Q1a –** Ask only if the individual had several experiences receiving primary care services in French]:*

23. You had several experiences receiving primary care services in French. Have you noticed any **differences in how well these services met your needs**? Specifically:
    a. Any differences between regions where you received care, between different clinics, or between different times of the year? **[AQ2c]**

Overall patient/caregiver experience

24. On a scale of 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree", did you feel that your need for services in French was treated as **routine** (i.e. a normal occurrence)? Please explain. **[AQ3a]**

***[INTERVIEWER:** If service(s) were provided]:*

25. On a scale of 1 to 5, where 1 is "not at all satisfied" and 5 is "very satisfied", **how satisfied** are you with the primary care services you received or tried to access in French? Please explain. **[AQ3a]**

26. On a scale of 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree", were the **quality of the services** your received or tried to access in French:
    a. Easily understood?
    b. Relevant to your needs?
    c. Simple to navigate?
    Please explain. **[AQ3a]**

27. Were these services only available in **another location**, that you had to travel to? If so, **where**? **[AQ3a]**

***[INTERVIEWER: Based on Q1a –** Ask only if the individual had several experiences receiving primary care services in French]:*

28. You had several experiences receiving primary care services in French. Have you noticed any **differences in overall quality of services**? (For example, differences in clarity, speed, relevance, simplicity, etc.) **[AQ3d]**

29. *[**INTERVIEWER**: Note yes/no and prompt to briefly describe.]* Did you feel that:
    d. Your need for services in French was **welcome**, or unwelcome?
    e. You were **expected** to try to get by in English?
    f. You were **encouraged** to access services in French, or discouraged?
    g. It might be necessary, or better for you, to **switch** to (or continue in) English? **[AQ3b]**

30. Have you ever **shared your opinions with anyone about your experiences** with the primary care services in French that you received or tried to access (e.g. a nurse, an administrator)?
    h. **Who** have you shared your opinions with, and in what way? **[AQ3c]**

Conclusion

31. Do you have any other comments on your experiences with primary care services in French?

Thank you very much for your participation.

APPENDIX C – INTERVIEW REGISTRATION LANDING PAGE

Français

Services de soins primaires en français: **Nous voulons vos opinions !**

Il s'agit d'un court entretien de **15 minutes ou moins** (téléphone ou Zoom).

Le gouvernement des TNO aimerait connaître votre expérience des services de soins primaires en français pour l'année 2024.

SVP **inscrivez-vous ci-dessous**, et nous vous appelons quand ça vous convient !

** obligatoires*

*** Prénom :**

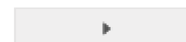
*** Nom de famille :**

*** Courriel :**

Téléphone :
(veuillez soumettre votre numéro de téléphone à 10 chiffres. N'UTILISEZ PAS d'espaces ou de tirets dans votre réponse)

*** Quelles sont vos disponibilités?**
Cochez tout ce qui s'applique.

	jour	soir	non disponible
semaine	☐	☐	☐
fin de semaine	☐	☐	☐



Difficultés techniques, veuillez communiquer avec nous à l'adresse suivante : survey@pra.ca.
Afin d'accéder à notre Politique sur la confidentialité, veuillez cliquer ici