



## IMPROVING ACCESS TO HEALTH AND SOCIAL SERVICES FOR QUEBEC'S ENGLISH-SPEAKING POPULATION

### DEVELOPMENT PRIORITIES 2013-2018: A COMPANION DOCUMENT

Submitted to the Community Health and Social Services Network

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## The Purpose of this Document

This document has been prepared at the request of the Community Health and Social Service Network (CHSSN). It is the companion document to *Improving Access to Health and Social Services for Quebec's English-Speaking Population, Development Priorities 2013-2018*, also prepared at the request of the CHSSN. Both are intended for presentation to Health Canada in the context of the renewal of the Federal Government's commitments to official linguistic minorities for the period 2013-2018. These commitments have been funded to date under the *Roadmap for Canada's Linguistic Duality 2008-2013* (the Roadmap). More about the context of the project is presented in Appendix I.

The Companion Document presents summaries of interviews conducted with personnel of organizations working to improve the health and well-being of Quebec's English-speaking population. These interviews concerned the informants' opinions on the development priorities for the improvement of access to health and social services in English for Quebec's English-speaking communities in the period 2013-2018. Added to these summaries is selected information about the organizations, and data from the 2011 Census on the size of the population reporting English as their first official language spoken (EFOLS) in their territory. A description of the methodology used for the interviews is presented in Appendix II.

Interviews with the 18 coordinators of the 19 NPI<sup>1</sup> networks are presented first, organized by Quebec's health and social service regions. NPI networks operated, at the time of the interviews, on 55 of Quebec's 94 CSSS territories. Fifty-five percent of Quebec's English-speaking population live on those territories. These interviews are followed by six more with representatives of organizations or groups that interact with NPI networks. Interviewees often mention different actors in Quebec's institutional health and social services system. A brief description of that system is presented in Appendix III.

The fact that interviewees did not mention a particular topic in their listing of priorities should not be taken to mean that there are no issues in their region regarding the topic. It means that the issues mentioned are more pressing in their identification of priorities.

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- CMA Medeiros, Report Format and Production

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<sup>1</sup> Networking and Partnership Initiative. More information appears in Appendix I.

|                                 |  |                                     |       |
|---------------------------------|--|-------------------------------------|-------|
| <b>Region 01</b>                | Bas-Saint-Laurent  | <b>EFOLS Population<sup>2</sup></b> | 1,135 |
| <b>NPI Sponsor Organization</b> | Heritage Lower Saint Lawrence (HLSL), Métis-sur-Mer <sup>3</sup> |                                     |       |
| <b>Interviewees</b>             | Lisan Chng, Marie-Claude Giroux, Jennie Hurwood                  |                                     |       |
| <b>Interview Date</b>           | September 27, 2012   |                                     |       |

#### **This NPI Network Operates on Three CSSS<sup>4</sup> Territories<sup>5</sup>**

|                           |     |
|---------------------------|-----|
| CSSS de la Mitis          | 145 |
| CSSS de Matane            | 110 |
| CSSS de Rimouski-Neigette | 405 |

These territories contain 58% of the English speakers of the region.

#### **Role<sup>6</sup> of the HLSL NPI Network vis-à-vis the English-speaking Population**

- Provides information and helps English speakers navigate the health and social services system
- Provides health promotion literature and programs (e.g., 5/30 challenge)
- Facilitates health education via distance technology
- Networks with the CSSSs, the Agency<sup>7</sup>, schools and other partners
- Provides some meals and health topic discussions at social events for seniors

#### **Other HLSL Activities**

- Builds bridges between the English and French-speaking communities and provides representation on regional committees and partnership tables
- Informs about the English-speaking patrimony
- Sponsors cultural activities

#### **Population Priorities**

- The aged
- Caregivers
- Young people in general
- Newcomers

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Further development of the information the HLSL NPI network has about the English-speaking population
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Continued provision of health promotion programs and literature in English
- Increased use of distance technology for health education
- Improved access to services through transportation solutions

#### **Sources of Information**

- |                           |                     |
|---------------------------|---------------------|
| • Surveys                 | • Personal contacts |
| • Consultations           | • School personnel  |
| • CHSSN <sup>8</sup> data |                     |

<sup>2</sup> All population numbers refer to the data on English as the First Official Language Spoken (EFOLS) reported by Statistics Canada in the 2011 Census.

<sup>3</sup> The geographic location of every NPI Sponsor Organization is identified.

<sup>4</sup> CSSS refers to Centre de Santé et de Services Sociaux, translated as Health and Social Services Centre. See Appendix II for details about the role of a CSSS.

<sup>5</sup> Identification of the CSSS Territory is followed by its EFOLS population size.

<sup>6</sup> For some regions the description of the role vis-à-vis the English-speaking community is only about the NPI network. For other regions the description includes other roles of the sponsor organization. The titles of these sections are adjusted accordingly.

<sup>7</sup> See Appendix II for details about the role of an Agency.

<sup>8</sup> See Appendix I for information about CHSSN.

|                                 |   |                         |        |
|---------------------------------|---|-------------------------|--------|
| <b>Region 03</b>                | La Capitale Nationale                               | <b>EFOLS Population</b> | 13,355 |
| <b>NPI Sponsor Organization</b> | Jeffery Hale Community Partners (JHCP), Quebec City |                         |        |
| <b>Interviewees</b>             | Richard Walling, Annabelle Cloutier                 |                         |        |
| <b>Interview Date</b>           | September 24, 2012                                  |                         |        |

#### **This NPI Network Operates on Four CSSS Territories**

|                             |       |
|-----------------------------|-------|
| CSSS de la Vieille-Capitale | 7,790 |
| CSSS de Charlevoix          | 160   |
| CSSS de Portneuf            | 495   |
| CSSS de Québec-Nord         | 4,910 |

These territories contain 100% of the English-speaking population of the region.

#### **Role of the JHCP NPI Network vis-à-vis the English-speaking Population**

- Develops services
- Engages in community outreach
- Links the English-speaking population with services
- Advocates for the community
- Organizes the community

#### **Population Priorities**

- The aged
- Caregivers
- Young people with difficulties
- Young people in general
- Mental health
- Dependence and substance abuse

#### **Priorities About Improving Access to Health and Social Services**

- Continued access to financial resources
- Further development of the information the JHCP NPI network has about the English-speaking population
- Continued provision of health promotion programs and literature in English
- Development of leadership within the JHCP NPI network and by that network in the community

#### **Sources of Information**

- Population surveys
- Focus groups
- In depth studies of issues
- Networks
- Various Partners
- Regional leadership tables
- Outreach to the community

|                  |   |               |
|------------------|---|---------------|
| <b>Region 04</b> | Mauricie et Centre-du-Quebec <sup>9</sup> | See Region 12 |
|------------------|---|---------------|

|                                 |  |                         |        |
|---------------------------------|--|-------------------------|--------|
| <b>Region 05</b>                | Estrie   | <b>EFOLS Population</b> | 23,435 |
| <b>NPI Sponsor Organization</b> | Townshippers' Association – Estrie, Sherbrooke |                         |        |
| <b>Interviewee</b>              | Shannon Keenan <sup>10</sup>                   |                         |        |
| <b>Interview Date</b>           | September 24, 2012                             |                         |        |

| <b>This NPI Network Operates on Seven CSSS Territories</b> |       |                         |       |
|--|-------|-------------------------|-------|
| CSSS CoaticookC-   | 2,030 | CSSS des Sources        | 550   |
| CSSS Granit  | 260   | CSSS Val-Saint-Francois | 2,305 |
| CSSS du Haut-Saint-François                                | 2,400 | CSSS-IUGS Sherbrooke    | 8,140 |
| CSSS de Memphrémagog                                       | 7,750 |                         |       |

These territories contain 100% of the English-speaking population of the region.

**Role of the Townshippers Association's NPI Network vis-à-vis the English-speaking Population**

- Provides information and referral to health and social services
- Advocates for the community
- Engages in networking

**Population Priorities**

- The aged
- Caregivers
- Young people with difficulties
- Young parents
- Mental health
- Dependence and substance abuse

**Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Continued provision of health promotion programs and literature in English
- Increased use of distance technology
- Improved public transportation

**Sources of Information**

- Outreach to the community
- Research
- Needs assessments
- Focus groups
- Participation in committees and tables
- School personnel
- Partners' Table
- Everyday events
- Evaluations of activities

<sup>9</sup> One CSSS territory from Region 4 is included in the NPI network sponsored by the Megantic Community Development Corporation, the rest of which operates in Region 12. See Region 12 for more information about this network.

|                                 |  |                         |         |
|---------------------------------|--|-------------------------|---------|
| <b>Region 06</b>                | Montreal   | <b>EFOLS Population</b> | 611,005 |
| <b>NPI Sponsor Organization</b> | 1. East Island Network for English Language Services (REISA) <sup>10</sup> , Saint Leonard |                         |         |
| <b>Interviewee</b>              | Fatiha Gatre Guemiri   |                         |         |
| <b>Interview Date</b>           | October 11, 2012   |                         |         |

#### **This NPI Network Operates on Four CSSS Territories**

|                                       |        |
|---------------------------------------|--------|
| CSSS de Saint-Léonard et Saint-Michel | 31,375 |
| CSSS Lucille-Teasdale                 | 15,295 |
| CSSS de la Point-de-l'île             | 27,830 |
| CSSS d'Ahuntsic et Montréal-Nord      | 20,485 |

These territories contain 16% of the English-speaking population of the region.

#### **Role of the REISA NPI Network vis-à-vis the English-speaking Population**

- Advocates on behalf of and sensitizes institutional network to the English-speaking population
- Engages in community education
- Undertakes health promotion activities
- Supports social programs of a promotional and preventive nature in schools (e.g., *Taking Hold, Friends for Life*)
- Supports member organizations in program design and development
- Fosters partnerships
- Data collection
- Shares research
- Provides information and referral for both individuals and organizations
- Organizes training
- Produces a guide to English resources posted on the four CSSS websites
- Participates in career fairs

#### **Population Priorities**

- The aged
- Young people with difficulties
- Young people in general
- Young parents
- Visible minorities and immigrants
- Mental health
- Dependence and substance abuse

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Further development of the information the REISA NPI network has about the English-speaking population
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Continued provision of health promotion programs and literature in English
- Development of leadership within the REISA NPI network and by that network in the community
- Increased use of distance technology
- Improved public transportation

#### **Sources of Information**

- Surveys
- Forums
- Consultation with experts
- Collaborators
- Anecdotal accounts
- Member organizations
- The institutional network
- CHSSN
- Quebec Community Groups Network (QCGN)

<sup>10</sup>. In English this network is commonly referred to by its French acronym REISA (Le Réseau de l'Est de l'île pour les services en anglais)

|                                 |  |                         |         |
|---------------------------------|--|-------------------------|---------|
| <b>Region 06</b>                | Montreal                                       | <b>EFOLS Population</b> | 611,005 |
| <b>NPI Sponsor Organization</b> | 2. Catholic Community Services (CCS), Montreal |                         |         |
| <b>Interviewee</b>              | Luigi Morabito                                 |                         |         |
| <b>Interview Date</b>           | August 15, 2012                                |                         |         |

**This NPI Network Operates on one CSSS Territory**

CSSS de Dorval-Lachine-LaSalle                      57,405

This territory contains 9% of the English-speaking population of the region.

**Role of the CCS NPI Network vis-à-vis the English-speaking Population**

- Provides direct service to youth with learning and reading difficulties
- Engages in networking
- Sensitizes the CSSS to the English-speaking population
- Participates in other networks
  - Batshaw Youth and Family Centres
  - Afro Canadian Development and Protection Network
  - Italian Canadian Services

**Population Priorities**

- The aged
- Young people with difficulties
- Young people in general
- Young parents
- Visible minorities and immigrants

**Priorities About Improving Access to Health and Social Services**

- Continued access to financial resources
- Further development of the information the CCS NPI network has about the English-speaking population
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Development of leadership within the CCS NPI network and by that network in the community

**Sources of Information**

- Various partners



|                                 |  |                               |                       |
|---------------------------------|--|-------------------------------|-----------------------|
| <b>Region 06</b>                | Montreal   | <b>EFOLS Population</b>       | 595,920 <sup>11</sup> |
|                                 |  | <b>Black EFOLS Population</b> | 37,110                |
| <b>NPI Sponsor Organization</b> | 3. The African Canadian Development and Protection Network (ACDPN), Montreal |                               |                       |
| <b>Interviewee</b>              | Leith Hamilton   |                               |                       |
| <b>Interview Date</b>           | November 20, 2012  |                               |                       |

### This NPI Network Operates on Five CSSS Territories

|                                |       |
|--------------------------------|-------|
| CSSS de la Montagne            | 5,440 |
| CSSS Cavendish                 | 6,660 |
| CSSS de Dorval-Lachine-LaSalle | 8,265 |
| CSSS Ouest De L'Ile            | 6,050 |
| CSSS Sud Ouest                 | 3,390 |

These territories contain 80% of the Black English-speaking population of the region.

### Role of the ACDPN NPI Network vis-à-vis the English-speaking Population

- Acts as a change agent
- Builds networks
- Mobilizes the community
- Collaborates with other groups
- Provides information about the Black Community
- Provides health and social services information to Black families
- Advocates on behalf of some families
- Organizes health promotion activities and information

### Other ACDPN Activities

- Innovative service provider: Strengthening Black Families, a family education group program

### Population Priorities

- The aged
- Young people with difficulties
- Young people in general
- Young parents
- Black Community members, both long-established and immigrants
- Mental health
- Dependence and substance abuse

### Priorities About Improving Access to Health and Social Services

- Continued access to financial resources
- Further development of the information the ACDPN network has about the English-speaking Black population
- Continued provision of health promotion programs and literature in English
- Development of leadership within the ACDPN NPI network and by that network in the community

### Sources of Information

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Surveys</li> <li>• Staff meetings</li> <li>• CHSSN</li> <li>• Forums</li> </ul> | <ul style="list-style-type: none"> <li>• Contact with families and the community</li> <li>• Formal evaluation by McGill of Strengthening Black Families</li> <li>• Focus groups with CSSS and Batshaw Youth and Family staff</li> </ul> |
|--|---|

<sup>11</sup>. Data for Montreal's English-speaking Black population is drawn from the 2006 Census.

|                                 |  |                         |        |
|---------------------------------|--|-------------------------|--------|
| <b>Region 07</b>                | Outaouais  | <b>EFOLS Population</b> | 66,650 |
| <b>NPI Sponsor Organization</b> | English Network of Resources in Community Health (ENRICH),<br>Gatineau |                         |        |
| <b>Interviewee</b>              | Danielle Lanyi   |                         |        |
| <b>Interview Date</b>           | September 26, 2012   |                         |        |

**This NPI Network, known as the Outaouais Health and Social Service Network (OHSSN) Operates on Five CSSS Territories**

|                                  |        |
|----------------------------------|--------|
| CSSS de Papineau                 | 3,905  |
| CSSS de Gatineau                 | 39,655 |
| CSSS des Collines                | 8,885  |
| CSSS de la Vallée-de-la-Gatineau | 3,435  |
| CSSS du Pontiac                  | 10,770 |

These territories contain 100% of the English-speaking population of the region.

**Role of the OHSSN NPI Network vis-à-vis the English-speaking Population**

- Provides information and referral regarding health and social services
- Develops partnerships and collaboration
- Advocates on behalf of the English-speaking community with the institutional network regarding needs
- Encourages change in institutional behaviour
- Participates in regional tables

**Population Priorities**

- The aged
- Caregivers
- Young people with difficulties
- Young parents
- Mental health
- Dependence and substance abuse

**Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Further development of the information the OHSSN NPI network has about the English-speaking population
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Continued provision of health promotion programs and literature in English
- Increased use of distance technology
- Improved public transportation

**Sources of Information**

- Surveys
- Consultations
- Regional tables
- School boards
- Institutions
- *Portrait des communautés de l'Outaouais*, a document produced by a consortium of organizations.
- CHSSN Baseline Data Reports

|                                 |  |                         |       |
|---------------------------------|--|-------------------------|-------|
| <b>Region 08</b>                | Abitibi-Témiscamingue  | <b>EFOLS Population</b> | 5,370 |
| <b>NPI Sponsor Organization</b> | Neighbours Regional Association of Rouyn-Noranda (Neighbours), Rouyn-Noranda |                         |       |
| <b>Interviewees</b>             | Sharleen Sullivan, Nathalie Chevrier   |                         |       |
| <b>Interview Date</b>           | September 25, 2012   |                         |       |

#### **This NPI Network Operates on Five CSSS Territories**

|                           |       |
|---------------------------|-------|
| CSSS de Rouyn-Noranda     | 990   |
| CSSS de la Vallée-de-l'Or | 1,600 |
| CSSS des Aurores-Boréales | 130   |
| CSSS Eskers de Abitibi    | 305   |
| CSSS du Témiscamingue     | 2,355 |

These territories contain 100% of the English-speaking population of the region.

#### **Role of Neighbours NPI Network vis-à-vis the English-speaking Population**

- Advocates on behalf of the English-speaking population
- Develops networks
- Offers video-conference session
- Provides information and referral regarding health and social services

#### **Other Neighbours Activities**

- Provides direct services (e.g., translation French to English; library; access to internet; seniors' Aquaform)
- Organizes social and cultural events and activities
- Encourages social inclusion
- Offers monthly information sessions

#### **Population Priorities**

- The aged
- Young people with difficulties
- Young parents

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of health promotion programs and literature in English
- Development of leadership within the Neighbours NPI network and by that network in the community
- Increased use of distance technology

#### **Sources of Information**

- Consultations
- Surveys
- Evaluations of activities
- Collection of input before annual planning
- Statistics from a variety of sources
- The institutional network
- The Agency
- Personal observations

|                                 |   |                         |                     |
|---------------------------------|---|-------------------------|---------------------|
| <b>Region 09</b>                | Côte-Nord                                   | <b>EFOLS Population</b> | 5,350 <sup>12</sup> |
| <b>NPI Sponsor Organization</b> | 1. Coasters Association, Saint-Paul's River |                         |                     |
| <b>Interviewees</b>             | Kimberly Buffitt, Ghislaine Nadeau          |                         |                     |
| <b>Interview Date</b>           | September 25, 2012                          |                         |                     |

**This NPI Network, known as the Lower North Shore Coalition for Health (LNSCH), Operates on one CSSS Territory<sup>13</sup>**

|                            |       |
|----------------------------|-------|
| CSSS de la Basse-Côte-Nord | 3,090 |
|----------------------------|-------|

This territory contains 58% of the English-speaking population of the region.

### **Role of the LNSCH NPI Network vis-à-vis the English-speaking Population**

- Advocates on behalf of the English-speaking population
- Provides information and referral regarding health and social services
- Engages in networking

### **Other Coasters Association Activities**

- Provides direct services (e.g., a Senior Day Center, the KIDS Summer Camp Project)
- Participates in a caregivers respite cooperative (with the support of CEDEC<sup>14</sup>)

### **Population Priorities**

- The aged
- Young people with difficulties
- Young people in general
- Young parents
- Mental health
- Dependence and substance abuse

### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of health promotion programs and literature in English
- Increased use of distance technology

### **Sources of Information**

- Surveys
- Schools
- The institutional network
- Informal sources
- Statistics Canada
- Focus groups
- Feedback from the Local Action Groups
- The Community Learning Centre (CLC)

<sup>12</sup> Coasters Association's mandate includes the French-speaking population in the same territory (1,975); however, the NPI network does not cover that population.

<sup>13</sup> The Coasters' NPI network is managed in a decentralized way by local action groups.

<sup>14</sup> Community Economic Development and Employability Corporation (CEDEC) which, like the NPI initiative, is also funded under the Roadmap.

|                                 |  |                         |       |
|---------------------------------|--|-------------------------|-------|
| <b>Region 09</b>                | Côte-Nord  | <b>EFOLS Population</b> | 5,350 |
| <b>NPI Sponsor Organization</b> | 2. North Shore Community Association (NSCA), Baie-Comeau |                         |       |
| <b>Interviewees</b>             | Jody Lessard, Marilyn Durepos                            |                         |       |
| <b>Interview Date</b>           | September 24, 2012                                       |                         |       |

#### **This NPI Network Operates on six CSSS Territories and one CLSC Territory**

|                         |     |
|-------------------------|-----|
| CSSS de Sept-Iles       | 925 |
| CSSS de Port-Cartier    | 105 |
| CSSS la Haute-Côte-Nord | 30  |
| CSSS de Manicouagan     | 450 |
| CSSS de l'Hematite      | 225 |
| CSSS Minganie           | 65  |
| CLSC Naskapi            | 465 |

These territories contain 42% of the English-speaking population of the region.

#### **Role of NSCA vis-à-vis the English-speaking Population**

- Makes services more accessible
- Networks with French-speaking institutions
- Advocates on behalf of the English-speaking population
- Animates a Partners Table

#### **Other NSCA Activities**

- Produces a community newsletter
- Promotes arts and culture
- Collaborates with schools

#### **Population Priorities**

- The aged
- Young people with difficulties
- Young people in general

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Continued provision of health promotion programs and literature in English
- Development of leadership within the NSCA NPI network and by that network in the community
- Increased use of distance technology
- Diminish need to travel out of region and improve financial supports related to inter-regional travel costs

#### **Sources of Information**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Surveys</li> <li>• Community consultations</li> <li>• Word of mouth</li> <li>• CHSSN data</li> </ul> | <ul style="list-style-type: none"> <li>• Statistics Canada</li> <li>• The CSSSs and the institutional network</li> <li>• The Partners Table</li> <li>• INSPQ Community Portraits</li> </ul> |
|---|---|

|                                 |  |                         |       |
|---------------------------------|--|-------------------------|-------|
| <b>Region 11</b>                | Gaspésie-Îles-de-la-Madeleine                                  | <b>EFOLS Population</b> | 9,945 |
| <b>NPI Sponsor Organization</b> | 1. Committee for Anglophone Social Action (CASA), New Carlisle |                         |       |
| <b>Interviewees</b>             | Cathy Brown, Maria Chatterton                                  |                         |       |
| <b>Interview Date</b>           | September 24, 2012   |                         |       |

#### **This NPI Network Operates on two CSSS Territories**

|                              |       |
|------------------------------|-------|
| CSSS du Rocher-Percé         | 805   |
| CSSS de la Baie-des-Chaleurs | 5,940 |

These territories contain 68% of the English-speaking population of the region.

#### **Role of the CASA NPI Network vis-à-vis the English-speaking Population**

- Provides direct services (e.g., a seniors' wellness centre, health videoconference sessions)
- Engages in networking
- Advocates on behalf of the English-speaking population

#### **Population Priorities**

- The aged
- Young people with difficulties
- Young people in general
- Young parents
- Mental health

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Further development of the information the CASA NPI network has about the English-speaking population
- Continued provision of health promotion programs and literature in English
- Development of leadership within the CASA NPI network and by that network in the community
- Increased use of distance technology
- Improved public transportation

#### **Sources of Information**

- Participates in many regional tables
- Surveys
- Evaluations of activities
- Public consultations
- Network partners
- Internal team sharing

|                                 |   |                         |       |
|---------------------------------|---|-------------------------|-------|
| <b>Region 11</b>                | Gaspésie-Îles-de-la-Madeleine                 | <b>EFOLS Population</b> | 9,945 |
| <b>NPI Sponsor Organization</b> | 2. Vision Gaspé-Percé Now (VGPN), Douglastown |                         |       |
| <b>Interviewees</b>             | Tracey Leotta, Cheryl Henry                   |                         |       |
| <b>Interview Date</b>           | October 17, 2012                              |                         |       |

### This NPI Network Operates on one CSSS Territory

CSSS de La Côte-de-Gaspé 2,430

This territory contains 24% of the English-speaking population of the region.

### Role of the VGPN NPI Network vis-à-vis the English-speaking Population

- Offers direct services (e.g., a physical activity program for seniors – Stand Up – and a day centre for seniors, both in collaboration with the CSSS)
- Supports the delivery of services from institutions
- Advocates for and represents the English-speaking population
- Develops a knowledge base regarding the English-speaking community
- Distributes information to the English-speaking community
- Provides information and referral regarding health and social services

### Population Priorities

- The aged
- Caregivers
- Young people with difficulties
- Young people in general
- Young parents
- Mental health
- Dependence and substance abuse

### Priorities About Improving Access to Health and Social Services

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Further development of the information the VGPN NPI network has about the English-speaking population
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Development of leadership within the VGPN NPI network and by that network in the community
- Increased use of distance technology

### Sources of Information

- Informal sources
- Community consultations
- Community forums
- Participation in regional tables and committees
- Institutional strategic plans, annual reports and action plans
- CHSSN
- QCGN Community Development Principles
- Conferences
- The McGill Project
- Health Canada's health determinants
- The MSSS Strategic Plan 2010-2015

|                                 |   |                         |       |
|---------------------------------|---|-------------------------|-------|
| <b>Region 11</b>                | Gaspésie-Îles-de-la-Madeleine                                   | <b>EFOLS Population</b> | 9,945 |
| <b>NPI Sponsor Organization</b> | 3. Council for Anglophone Magdalen Islanders (CAMI), Grosse-Ile |                         |       |
| <b>Interviewees</b>             | Helena Burke, Kathy Burke, Candice Aitkens                      |                         |       |
| <b>Interview Date</b>           | September 25, 2012  |                         |       |

**This NPI Network, known as the Magdalen Islands Network Association (MINA), Operates on one CSSS Territory**

CSSS des Îles            710

This territory contains 7% of the English-speaking population of the region.

### **Role of the MINA NPI Network vis-à-vis the English-speaking Population**

- Offers direct services (e.g., a wellness centre for seniors)
- Advocates for and representation of the English-speaking population
- Engages in networking
- Develops partnerships
- Provides information and referral regarding health and social services
- Supports community engagement

### **Other CAMI Activities**

- Operates tourism projects (supported by CEDEC)
- Participates in historical projects

### **Population Priorities**

- The aged
- Young people with difficulties
- Young people in general
- Young parents
- Mental health
- Dependence and substance abuse

### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of health promotion programs and literature in English
- Development of leadership within the MINA NPI network and by that network in the community
- Increased use of distance technology
- Diminish need to travel out of region and improve financial supports related to costs

### **Sources of Information**

- Community health profiles
- Surveys
- The school board
- CHSSN
- The CSSS



|                                 |  |                         |       |
|---------------------------------|--|-------------------------|-------|
| <b>Region 12</b>                | Chaudière-Appalaches   | <b>EFOLS Population</b> | 3,795 |
| <b>NPI Sponsor Organization</b> | Megantic English-Speaking Community Development Corporation (MCDC), Thetford Mines |                         |       |
| <b>Interviewees</b>             | Suzanne Aubre, Peter Whitcomb  |                         |       |
| <b>Interview Date</b>           | September 26, 2012   |                         |       |

### **This NPI Network Operates on six CSSS Territories in two Administrative Regions**

|  |       |
|--|-------|
| Administrative Region 04, Mauricie et Centre-du-Québec | 5,730 |
| CSSS d'Arthabaska-et-de-L'Érable                       | 765   |

This territory contains 13% of the English-speaking population of region 04.

|  |       |
|--|-------|
| Administrative Region 12, Chaudière-Appalaches | 3,795 |
| CSSS de la région de Thetford                  | 560   |
| CSSS du Grand Littoral                         | 2,375 |
| CSSS de Beauce                                 | 555   |
| CSSS des Etchemins                             | 125   |
| CSSS de Montmagny-L'Islet                      | 185   |

These territories contain 100% of the English-speaking population of region 12.

### **Role of the MCDC NPI Network vis-à-vis the English-speaking Population**

- Promotes access to services, especially health services
- Provides information and referral regarding health and social services
- Organizes information sessions
- Engages in networking and develops partnerships, particularly with the Voice of English-speaking Quebec (VEQ), the French-speaking community and the Ministry of the Family (Famille Québec)
- Advocacy by representation

### **Other MCDC Activities**

- Provides direct services (e.g., translation and interpretation, accompaniment for seniors, support to caregivers)
- Community social animation
- Develops youth leadership in the schools
- Showcases the community

### **Population Priorities**

- The aged
- Young people in general

### **Priorities About Improving Access to Health and Social Services**

- Continued access to financial resources
- Further development of the information the MCDC NPI network has about the English-speaking population
- Continued provision of health promotion programs and literature in English
- Development of leadership within the MCDC NPI network and by that network in the community
- Increased use of distance technology

### **Sources of Information**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Community forums</li> <li>• Questionnaires</li> <li>• Focus groups</li> <li>• Evaluations of activities</li> </ul> | <ul style="list-style-type: none"> <li>• The Agency</li> <li>• CHSSN Baseline Data Reports</li> <li>• Anecdotal information</li> </ul> |
|---|--|

|                                 |  |                         |        |
|---------------------------------|--|-------------------------|--------|
| <b>Region 13</b>                | Laval  | <b>EFOLS Population</b> | 82,080 |
| <b>NPI Sponsor Organization</b> | The Youth and Parents' AGAPE Association Inc. (AGAPE), Laval |                         |        |
| <b>Interviewee</b>              | Luigi Morabito   |                         |        |
| <b>Interview Date</b>           | August 15, 2012  |                         |        |

#### **This NPI Network Operates on one CSSS Territory**

CSSS Laval                      82,080

This territory contains 100% of the English-speaking population of the region.

#### **Role of the AGAPE NPI Network vis-à-vis the English-speaking Population**

- Provides direct service (e.g., Anxiety disorder prevention in schools; early intervention for children with learning and reading disabilities)
- Forms networks of partners
- Advocates to the Agency and CSSS on behalf of the English-speaking population

#### **Population Priorities**

- The aged
- Caregivers
- Young people with difficulties
- Visible minorities and immigrants
- Mental health

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Further development of the information the AGAPE NPI network has about the English-speaking population
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Development of leadership within the AGAPE NPI network and by that network in the community

#### **Sources of Information**

- Various partners

|                                 |  |                         |        |
|---------------------------------|--|-------------------------|--------|
| <b>Region 15</b>                | Laurentides  | <b>EFOLS Population</b> | 36,055 |
| <b>NPI Sponsor Organization</b> | 4 Korner's Family Resource Centre (4 Korner's), Deux-Montagnes |                         |        |
| <b>Interviewees</b>             | Rola Helou, Kim Nymark   |                         |        |
| <b>Interview Date</b>           | September 27, 2012   |                         |        |

**This NPI Network, known as the Laurentian English Service Advisory Network (LESAN), Operates on Six CSSS Territories**

|                                |        |
|--------------------------------|--------|
| CSSS du Lac-des-Deux-Montagnes | 7,890  |
| CSSS des Pays-d'en-Haut        | 4,215  |
| CSSS des Sommets               | 3,390  |
| CSSS de Saint-Jérôme           | 3,665  |
| CSSS de Thérèse De-Blainville  | 10,770 |
| CSSS d'Argenteuil              | 5,540  |

These territories contain 98% of the English-speaking population of the region.

**Role of the LESAN NPI Network vis-à-vis the English-speaking Population**

- Provides some direct services (e.g., a skills group for caregivers)
- Provides information and referral regarding health and social services
- Advocates on behalf of and represents the English-speaking population

**Population Priorities**

- The aged
- Caregivers
- Young people in general
- Young parents
- Visible minorities and immigrants

**Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of health promotion programs and literature in English
- Development of leadership within the LESAN NPI network and by that network in the community
- Improved public transportation

**Sources of Information**

- Partnership tables
- Surveys
- Questionnaires
- Evaluations
- CHSSN
- The CSSSs and the Agency

|                                 |   |                         |         |
|---------------------------------|---|-------------------------|---------|
| <b>Region 16</b>                | Montréal  | <b>EFOLS Population</b> | 159,515 |
| <b>NPI Sponsor Organization</b> | 1. Townshippers' Association - Montréal Est, Knowlton |                         |         |
| <b>Interviewees</b>             | Kate Murray, Lindsay Tuer                             |                         |         |
| <b>Interview Date</b>           | September 24, 2012                                    |                         |         |

#### **This NPI Network Operates on two CSSS Territories**

|                          |        |
|--------------------------|--------|
| CSSS de la Haute-Yamaska | 3,665  |
| CSSS la Pommeraie        | 10,915 |

These territories contain 9% of the English-speakers of the region.

#### **Role of the Townshippers' Association - Montréal Est NPI Network vis-à-vis the English-speaking Population**

- Provides information and referral to health and social services
- Advocates for the community
- Engages in networking

#### **Population Priorities**

- The aged
- Caregivers
- Young people with difficulties
- Young parents
- Mental health
- Dependence and substance abuse

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Continued provision of health promotion programs and literature in English
- Increased use of distance technology
- Improved public transportation

#### **Sources of Information**

- Outreach to the community
- Research
- Needs assessments
- Focus groups
- Participation in committees and tables
- School personnel
- Various partners
- Everyday events
- Evaluations of activities

|                                 |  |         |
|---------------------------------|--|---------|
| <b>Region 16</b>                | Montréal   | 159,515 |
| <b>NPI Sponsor Organization</b> | 2. Assistance and Referral Centre (ARC), Saint-Lambert |         |
| <b>Interviewee</b>              | Colin Coole  |         |
| <b>Interview Date</b>           | September 13, 2012                                     |         |

#### **This NPI Network Operates on Three CSSS Territories**

|                                |        |
|--------------------------------|--------|
| CSSS Pierre-Boucher            | 11,015 |
| CSSS Champlain-Charles-Lemoyne | 43,740 |
| CSSS Jardins-Roussillon        | 27,110 |

These territories contain 51% of the English-speaking population of the region.

#### **Role of the ARC NPI Network vis-à-vis the English-speaking Population**

- Provides information and referral to health and social services
- Advocates to the Agency on behalf of the English-speaking population
- Helps build other community groups in a sustainable way
- Networks with the two main school boards and community organizations

#### **Population Priorities**

- The aged
- Caregivers
- Young people in general
- Young parents
- Visible minorities and immigrants
- Mental health

#### **Priorities About Improving Access to Health and Social Services**

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of information to the English-speaking community about the health and social services system and where services can be accessed in English
- Development of leadership within the ARC NPI network and by that network in the community

#### **Sources of Information**

- Regional tables
- Church groups
- People responsible for human resources in institutions
- Union presidents

|                                 |  |                         |         |
|---------------------------------|--|-------------------------|---------|
| <b>Region 16</b>                | Montréal   | <b>EFOLS Population</b> | 159,515 |
| <b>NPI Sponsor Organization</b> | 3. Réseaux Emploi Entrepreneurship (REE), Vaudreuil-Dorion |                         |         |
| <b>Interviewee</b>              | Geneviève Leduc  |                         |         |
| <b>Interview Date</b>           | October 10, 2012   |                         |         |

### This NPI Network Operates on one CSSS Territory

|                             |        |
|-----------------------------|--------|
| CSSS de Vaudreuil-Soulanges | 39,390 |
|-----------------------------|--------|

This territory contains 25% of the English-speaking population of the region.

### Role of the REE NPI Network vis-à-vis the English-speaking Population

The REE offers services and supports to persons seeking employment and to entrepreneurs.

The REE NPI network:

- Participates in regional tables
- Improves the network's knowledge about the English-speaking community through contacts with churches and people in the community
- Informs the English-speaking population about services available in Vaudreuil-Soulanges
- Reports information gathered about the English-speaking community to the Partners' Committee
- Collaborates with the CSSS de Vaudreuil-Soulanges and its Internal Advisory Committee for English Services
- Facilitates the implementation of Health Promotion Projects
- Pursues the Communications Plan adopted by the Partners' Committee to ensure the English-speaking Community is well informed about the NPI network

### Population Priorities

- Young people with difficulties
- Young people in general
- Young parents
- Visible minorities and immigrants
- Mental health

### Priorities About Improving Access to Health and Social Services

- Greater presence of English-speaking human resources
- Continued access to financial resources
- Continued provision of health promotion programs and literature in English
- Development of leadership within the REE NPI network and by that network in the community

### Sources of Information

- Network partners
- The CSSS
- The Agency
- Documents produced by the REE NPI network (e.g., *Portrait of the English-speaking Population*)
- Surveys

|                       |  |
|-----------------------|--|
| <b>Organization</b>   | Quebec English School Boards Association (QESBA) |
| <b>Interviewee</b>    | David Birnbaum, Executive Director               |
| <b>Interview Date</b> | September 12, 2012                               |

|                                   |  |
|-----------------------------------|--|
| <b>Population Served by QESBA</b> |  |
| • Direct:                         | The nine English School Boards of Quebec   |
| • Indirect:                       | The approximately 100,000 young people eligible for English schooling (about 10,000 are 18 years and over) |

|   |  |
|---|--|
| <b>Priority Health and Social Services Issues Identified in the School Population</b>   |  |
| <ul style="list-style-type: none"> <li>• Speech therapy in English</li> <li>• Counselling in English for students with problems of dependency on and abuse of alcohol and drugs</li> <li>• The complementary services to maintain students with autism spectrum disorders in the schools</li> <li>• The necessary social, psychological and mental health services in English required to maintain youth with behavioural problems in the schools</li> <li>• Resources and strategies to intervene the growing number of families with lower levels of educational attainment, lower incomes and weaker parenting skills</li> <li>• Improvement in the availability of the psychological assessments needed for students with learning problems and requesting an exemption from the obligation to attend French schools</li> </ul> |  |

|  |  |
|--|--|
| <b>Priority Issues About Meeting the Needs of the QESBA Students</b>   |  |
| <ul style="list-style-type: none"> <li>• Improvement in relationships between Agencies and school boards</li> <li>• Improvement in the collaboration called for by the agreement between the Ministries of Health and Social Services and of Education, Leisure and Sports</li> <li>• Continuation of funding under the Roadmap to support health and social services and education initiatives for Quebec’s English-speaking population</li> <li>• Continued focus on innovation and flexibility</li> </ul> |  |

|  |  |
|--|--|
| <b>Sources of Information</b>  |  |
| <ul style="list-style-type: none"> <li>• School Board Executive Directors</li> <li>• School Board Presidents and Commissioners</li> <li>• The Association of Principals</li> </ul> |  |

|                       |   |
|-----------------------|---|
| <b>Group</b>          | The Administrators of Complementary Educational Services (ACES) of the nine Quebec English School Boards  |
| <b>Interviewees</b>   | Gail Atkinson, Eastern Shores School Board<br>Beth Burns, Western School Board of Quebec<br>Deborah Fulton, Littoral School Board<br>Cindy Finn, Lester B. Pearson School Board<br>Chris Fuzessy, Lester B. Pearson School Board<br>Frédérich Greschner, Sir Wilfred Laurier School Board<br>Peter Hamilton, Eastern Townships School Board<br>Brenda Smiley, New Frontiers School Board<br>Gail Somerville, Riverside School Board |
| <b>Interview Date</b> | October 4, 2012   |

### **Role of the ACES**

The ACES group is formed by the Directors of Complementary Services of the following school boards;

- Cree School Board
- Eastern Shores School Board
- Eastern Townships School Board
- English Montreal School Board
- Lester B. Pearson School Board
- Littoral School Board
- New Frontiers School Board
- Riverside School Board
- Sir Wilfrid Laurier School Board
- Western School Board of Quebec

It is mandated by the Association of Directors General of English School Boards of Quebec. Complementary services of school boards work with students who have a wide range of learning, developmental and social problems. They are also often in contact with the families and other partners in the community involved with the same youth.

### **Population Served by ACES**

The approximately 100,000 young people eligible for English schooling (approximately 10,000 are 18 years and over).

### **Priority Health and Social Services Issues Identified in the School Population**

The members of ACES were emphatic in their views that access problems to needed services in English – particularly social and psychological services – generates great stress for young people themselves, for their parents and for school personnel. School personnel feel they often must respond to needs that go beyond their resources and expertise. They find few partners in the community or the institutional network who can provide real help.



|              |  |
|--------------|--|
| <b>Group</b> | The Administrators of Complementary Educational Services (ACES) of the nine Quebec English School Boards cont'd... |
|--------------|--|

**Priority Social Services Issues Identified in the School Population**

- Increase the level of availability of social services for both English-speaking or French-speaking school age youth
- Establish a baseline of available services that should be established; at present there are services available in French but not in English, especially off the island of Montreal
- Mental health services for youth
- Supports for parents of children who come from other provinces and don't understand how to navigate Quebec's health and social services system
- Treatment services in English for children diagnosed with complex conditions and needs (e.g., autism) especially outside of the Montreal area
- Centralized, accessible information about where services in English to obtain in a given region

**Priority Issues About Meeting the Needs of the School Population**

- Implement measures in geographic areas near provincial borders to counter 'brain drain' of trained bilingual staff from Quebec to the neighbouring provinces
- For school boards close to provincial borders, establish agreements between those Quebec English school boards and the social services (in English) available in the neighbouring province
- Avoid the increase in demands on services to the aged generated by the cohort of 'baby boomers' jeopardizing the availability of resources for youth
- In public establishments, increase the number of personnel who can speak English
- Some interviewees have noted improvements due to the language training and the support for field placements made available through the McGill Project and believe those programs should continue
- Support parents who avoid getting needed services for their children because they are apprehensive about services and reports in French
- Avoid repeated reorganizations of the health and social services network which have not resulted in increased access
- Find ways to counter the high rate of turnover in the staff of the institutional network, which leads to discontinuity in the assignment of social work and nursing personnel to the schools
- Improve the relationships between CSSSs and school boards in a context of budget cuts

**Sources of Information**

- Students and parents
- Teachers and principals
- Partners in the health and social services network

|                       |   |
|-----------------------|---|
| <b>Organization</b>   | Community Learning Centres (CLC)        |
| <b>Interviewee</b>    | Paule Langevin, CLC Initiative Director |
| <b>Interview Date</b> | November 2, 2012                        |

### **Role of CLCs**

The CLCs are an initiative of Quebec's Ministère de l'Éducation, du Loisir et du Sport (MELS). The initiative is aimed at the public schools in the nine English School Boards in Quebec, as well as the Littoral School Board which has bilingual status. It is also aimed at private schools affiliated with the Quebec Association of Independent Schools. The funding is one of the streams committed under the umbrella of the Roadmap. Community Learning Centres are partnerships that provide a range of services, activities and supports often beyond the school day, to help meet the needs of learners, families and the wider community. MELS manages the initiative via the Association of Directors General of English School Boards of Quebec.

### **Population Reached by the CLCs**

There are 37 CLCs located in different regions of Quebec. A CLC potentially has an impact on the students in the school and their families. It also can have an impact on people in the community where the school is located and on the organizations that work with the people in that community.

### **Priority Health and Social Services Issues Identified in the Population Reached by the CLCs**

- Support for children of immigrant parents to develop their English and French language skills
- Support for parents with the same weakness and who have difficulty communicating with health and social services professionals
- There is a significant prevalence of anxiety, depression and eating disorders among young people, who need more mental health services in English
- Interventions are needed in the prevalence of obesity, which can predispose the young person to other conditions now or later (e.g., diabetes)
- Seniors tend to be isolated; it is a priority to find ways to reduce that isolation
- Access to speech therapy is a priority for the general population. It is even more difficult to access in English
- Youth with ADD/ADHD have difficulty accessing diagnosis and treatment for ADD/ADHD. Once in the system, good help is provided
- Increase the supports for families; parents are more alone to deal with whatever problems arise and when combined with poverty it seems to increase the likelihood of other problems
- Increase services for adults who have needs for support regarding alcohol and drugs

### **Priority Issues About Meeting the Needs of the Population Reached by the CLCs**

- Develop public transport in regions like the Lower North Shore, where travel is a significant obstacle to obtaining many types of care
- Centralize and make accessible information about services in English; English-speaking citizens don't seem to understand the service system very well and don't know where to go for services
- Find a way to increase and make flexible the hours social workers can spend in school; reduce the stigma youth associate with consulting them
- Detect problems as early as possible
- Distance technology should be pushed to the limit to support diagnosis of conditions and for the delivery of information; as many technological platforms as possible should be used
- Seniors are more amenable to videoconferencing than one might expect; therefore, more programs that use distance technology for this population should be developed

|                     |  |
|---------------------|--|
| <b>Organization</b> | Community Learning Centres (CLC) cont'd... |
|---------------------|--|

|                               |
|-------------------------------|
| <b>Sources of Information</b> |
|-------------------------------|

- CLC staff
- School personnel
- CLC partners
- *Tell Them From Me*, a survey of youth about many issues
- CLC needs assessments and data analysis

|                       |  |
|-----------------------|--|
| <b>Organization</b>   | Community Economic Development and Employability Corporation (CEDEC)         |
| <b>Interviewees</b>   | John Buck, Executive Director<br>Grant Myers, Provincial Development Officer |
| <b>Interview Date</b> | September 18, 2012   |

### **Role of CEDEC**

CEDEC is focussed on community economic development and employability, primarily among Quebec's English-speaking communities. The funding is one of the streams committed under the umbrella of the Roadmap. CEDEC has nine offices across Quebec. Their locations have some alignment with the territories of the nine English school boards. CEDEC works with governments, small and medium businesses, municipalities, community organizations and other actors to promote employment and employability.

### **Priority Health and Social Services Issues Identified**

- The aged: there is a rising demand for home care; this is an entrepreneurial opportunity; models to address this could be useful for francophone communities
- Youth: CEDEC considers that youth fall into two groups; members of the first are well qualified and bilingual; the second group is not and are less able to meet their health and social services needs because of itinerance and poverty; this group is a priority
- Economic development is impeded by the limited offering of health and social services in English; it is a factor in lower employability and productivity
- Increase supports for people who suffer from stress, which lowers employability and productivity; English speakers need information and support on how to deal with stress

### **Priority Issues About Meeting the Needs Identified**

- CEDEC sees limitations to accessing services in English as possible entrepreneurial opportunities by creating social economy enterprises
- It favours innovative partnerships among concerned groups (e.g., the caregivers respite cooperative developed on the Lower North Shore with CEDEC's assistance)
- CEDEC favours an approach of community engagement regarding social economy enterprises; they view them as not just service providers but also community undertakings

### **Sources of Information**

- Community forums
- Interaction with NPI and CLC Coordinators
- CEDEC's own committees and Community Resource Teams
- Public and private partners
- Thousands of individuals and hundreds of organizations
- Partners from the francophone sector

|                       |   |  |
|-----------------------|---|--|
| <b>Group</b>          | Community Network Table (CNT)   |  |
| <b>Interviewees</b>   | Anne Usher, Chair<br>Jim Carter, CHSSN, guest<br>Colin Coole, ARC<br>Howard Nadler, BYFC<br>Luigi Morabito, CCS and AGAPE | Fatiha Gatre Guemiri, REISA<br>Sheri McLeod, NDG SCC<br>Ella Amir, AMI-Québec<br>Claudia Maiolo, REISA |
| <b>Interview Date</b> | October 3, 2012   |  |

### Role of the CNT

The CNT is a voluntary informal grouping of the following organizations:

- East Island Network for English Language Services (REISA)
- Catholic Community Services (CCS)
- Youth and Parents AGAPE Association
- African Canadian Development and Prevention Network (ACDPN)
- Assistance and Referral Centre (ARC)
- AMI-Quebec
- NDG Senior Citizens' Council (NDG SCC)
- Batshaw Youth and Family Centres (BFYC)
- Italian Canadian Community Services (ICCS)
- Head and Hands

The members exchange information and, on occasion, participate in program and policy initiatives of mutual interest including organizing forums to animate stakeholders around commonly-defined themes.

### Population Served by CNT Members

The English-speaking population in the Greater Montreal area (over 700,000 English speakers), with the exception of AMI-Quebec which serves the English-speaking community across Quebec and delivers some services in French.

### Priority Health and Social Services Issues Identified

- Seniors, for both in-home support and long-term care; seniors can become isolated, even in urban areas; when children move away, seniors become more dependent on community and institutions for support; demand has outstripped supply; some face income security problems; early recognition and continuing management of dementia and Alzheimer's is a rapidly growing priority
- Youth, particularly the less well educated, less bilingual, under or unemployed, with lower revenues
- New immigrants, who face a variety of issues such as:
  - Lack of information about how to access services
  - Apprehension about going to public institutions; they are more comfortable with community organizations
  - A tendency to hide mental health problems
  - Challenges regarding recognition of education and credentials
  - Time limited supports to learn French
  - Income security problems
- Mental health, both the response to emerging illness and the promotion of psychological resilience
- Early intervention with special needs youth and continued intervention beyond the ages of 18 or 21; the prevalence of autism spectrum disorders has risen from 1 in 110 to 1 in 86; services in English are limited
- Expand prevention programs that strengthen families and provide infant stimulation and tutoring

### Priority Issues About Meeting the Needs Identified

- Retention of bilingual staff; existing English-language training for francophones is more an individual effort than an institutional one, with limited opportunities for knowledge transfer into the workplace; off-island, access to many services in English is markedly more limited than in Montreal
- Countering the perception some English speakers have that they can't get services in English
- Informing English speakers about where to go to access services
- Encouraging the public network to better promote their services in English and provide for a 'navigator' type of response when English speakers enter facilities
- Improving transport, which is an issue in the east end of Montreal for seniors
- Increasing universities' involvement in communities and community organizations
- Developing and maintaining good relationships with the Agency and with the institutional network is essential to improving access
- Securing long-term funding to permit community organizations to bridge the gap between the institutional network and English-speaking communities
- Extending accreditation to community groups to strengthen their contribution
- Increasing the use of distance technology
- Promoting the development of social economy enterprises to respond to some needs

### Sources of Information

- Program staff and clients
- Research activities
- Various partners
- Consultations
- Surveys
- Community meetings
- CHSSN
- MSSS
- Unmet needs
- Tables de quartier
- Anecdotal sources

|                       |  |
|-----------------------|--|
| <b>Group</b>          | Community Health and Social Services Network (CHSSN)   |
| <b>Interviewees</b>   | Jennifer Johnson, Executive Director<br>Jim Carter, Policy Advisor<br>Russ Kueber, Project Coordinator/Community Support<br>Brenda Edwards, Program Manager<br>CMA Medeiros, Assistant Project Coordinator |
| <b>Interview Date</b> | October 9, 2012  |

### Role of CHSSN

The aim of CHSSN is to contribute to the vitality of English-speaking communities of Quebec by building strategic relationships and partnerships within the health and social services system to improve access to services. For the purpose of implementing the NPI program, CHSSN concludes partnership agreements with sponsoring organizations mandated to develop local community health and social services networks. CHSSN regards community empowerment as an important component of a community health model. It requires community organizations that wish to sponsor a NPI network to develop a formal partnership with one or more CSSSs. CHSSN requires the sponsor organization to have community controlled governance.

CHSSN develops opportunities to improve access to health and social services in English by:

- Accessing funding
- Creating partnerships
- Offering community health and health promotion programs by various means in partnership with CLCs
- Supporting NPI networks
- Advocating with governments and other actors on behalf of the needs of English-speaking Quebecers with respect to access to health and social services in English
- Encouraging community members to ask for services in English; helping community organizations to move beyond being advocates to being actors

CHSSN helps the NPI networks connect to the McGill Project, the other major program funded in Quebec under the Roadmap<sup>15</sup>. Fourteen NPI networks participated in this project to bring English-speaking field placement students to their region. The networks also manage the bursaries awarded to individual students who engage to return to their region of origin once they are qualified.

### Population Served by CHSSN

The English-speaking population of Quebec (994,720)

### Priorities Identified

- The CHSSN staff prefers to leave the setting of population priorities to the local networks; however, they are considering studying particular population groups or issues, such as seniors, mental health, health literacy, and impoverished English-speaking communities, as a way of supporting local priority-setting
- They identified a number of other priorities in their work to improve access and support communities:
  - Maintain the existing NPI networks and develop new networks over the next few years (e.g., in the Lanaudière); to accomplish this CHSSN intends to engage in community development in regions which don't currently have an NPI network

<sup>15</sup>. The McGill Training and Retention of Health Professionals Project is funded by Health Canada to: provide language training in English and French to health professionals; provide distance support to encourage English-speaking students in the health professions to integrate into French language working environments and create research and dissemination opportunities regarding strategies and best practices to address the health concerns of minority language communities.

**Priorities Identified (continued)**

- Maintain the funding of CHSSN's activities
- Establish a new implementation agreement with the Ministry of Health and Social Services; these agreements assure that CHSSN's work is aligned with and not in contradiction to the mandate and work of the institutional network
- Expand CHSSN's capacity to support local adaptation of programming in the institutional network to better reach the English-speaking population; CHSSN supports adaptation projects proposed by the Agencies that meet the criteria of being connected to a community organization in the region and clearly contributing to the implementation of the regional access program
- Support the expansion of the language training component of the McGill Project (or its successor) for francophone professionals in the public institutions; promote more community involvement in the local planning of the program
- Explore the use of pictograms in public institutions to aid those patients with limited French to find their way to the services they need
- Adapt more French-language public health programming, with the participation of the MSSS and other partners, so it can be better accessed by the English-speaking population, as was done with the Acti-menu program
- Expand the Health Promotion Projects (HPP) to other CSSSs since they are an important platform that helps NPI networks develop partnerships
- Expand the Community Health Education Program (CHEP), an important component of the distance community support program; CHEP was developed in partnership with the McGill University Telehealth Program and provides important access to the RTSS videoconferencing network; it helps expand the reach of the content-delivering organizations by offering videoconferences and building community capacity to obtain health and social services information in English
- Continue the agreement with INSPQ focused on epidemiological research, CHSSN program evaluation and detailed studies of selected communities; the results are expected to help export the NPI strategy to other regions and partner organizations which don't currently have NPI networks and more broadly contribute to knowledge development regarding the well-being of the English-speaking community

**Sources of Information**

- Research
- Constant contact with the networks and partners
- Sharing tools
- Forums
- Surveys
- Evaluations
- Experiences of CHSSN staff



# APPENDIX I

## The Context of this Report

This appendix presents the Introduction, Section 2 of the Development Priorities document. It provides the context in which the report was written. It also includes information about the Networking and Partnership Initiative (NPI).

### Section 2. Introduction

Studies have confirmed that language barriers affect access and quality of care for linguistic minority communities. Obstacles to communication can reduce recourse to preventative services; increase consultation time, including the number of tests and the possibility of diagnostic and treatment errors; affect the quality of services requiring effective communication such as social services; reduce the probability of treatment compliance and reduce users' satisfaction with the services received. For these reasons both of Canada's OLMCs and different levels of government have made it a priority to improve access to services in the language of the minority.

In 2003 the Government of Canada launched the *Action Plan for Official Languages* committing the federal government to enhancing the vitality of OLMCs, including Quebec's English-speaking communities. A five-year investment of \$30.1 million through Health Canada supported measures in Quebec's health and social services system and English-speaking communities to improve access to services in English. The success of the first action plan led to a second federal program announced in 2008. The *Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future* (the Roadmap) has committed \$43.5 million until 2013 through Health Canada to support Quebec's initiatives to continue to improve access to services in English.

The Health Canada Contribution Program supports a range of projects implemented through agreements between community-designated organizations and the Quebec *Ministère de la Santé et des Services sociaux* (MSSS). These agreements ensure that the investments are integrated into English-speaking communities and the health and social services system in a manner consistent with the Quebec government's responsibility to plan, organize and deliver health and social services. The two community designated organizations that manage Health Canada investments are the Community Health and Social Services Network (CHSSN) and McGill University, which is responsible for the Training and Retention of Health Professionals Project (known as the McGill Project).

The McGill Project is mandated to: provide language training in English and French to health professionals; provide distance support to encourage English-speaking students in the health professions to integrate into French language working environments and create research and dissemination opportunities regarding strategies and best practices to address the health concerns of minority language communities.

The aim of CHSSN is to contribute to the vitality of English-speaking communities of Quebec by building strategic relationships and partnerships within the health and social services system to improve access to services. Funding to CHSSN has supported initiatives carried out via community organizations, such as the Networking and Partnership Initiative (NPI) and Community Health Promotion Projects (HPP). These community organizations play a key role in the constellation of other programs funded under the Roadmap. They participate in the Adaptation projects of the *Agences*, the MSSS funded planning and coordinating body in each region. The organizations are also engaged with the INSPQ in the development of tools and best practices to support the community organizations in their development of community health and social services networks. Many of these networks are at the heart of the McGill Project's measure to support the community role in promoting student internships and complementing the system's efforts to recruit

and retain professionals in the regions. The community organizations also administer a bursary program for English-speaking students leaving their region for professional training and who intend to return to upon graduation.

NPI has been at the heart of these efforts. It is a program designed to support Quebec's minority English-speaking communities in improving and maintaining access to the full range of health and social services. Community organizations (referred to as Network Sponsors) commit to establishing community networks: a formal grouping of community, institutional and other partners of the health and social services network. A community network aims to improve access to health and social services through partnership initiatives, cooperation with and participation in the public system, provision of information about community needs, support for the volunteer and community resources sector, and the promotion of services adapted to the needs of English-speaking people. The NPI Sponsor organizations and the NPI networks interact with the various components of the McGill Project. For the purpose of implementing the NPI program, CHSSN enters into partnership agreements with the sponsoring organizations mandated to develop the local community health and social services networks. In this way, the program supports the capacity of Quebec's English-speaking communities to ensure their vitality through cooperation and partnership with the health and social services system.

In order to determine the priorities for improving access to services for English-speaking Quebecers for 2013-2018, the Quebec Community Groups Network (QCGN) was invited by Health Canada to conduct a series of consultations of citizens in selected English-speaking communities between January and August of 2011. Via community networks, members of English-speaking communities were invited to participate. The resulting report, based on the sample of English-speaking Quebecers interviewed, presented the experiences and views of typical community members as they accessed health and social services in English, for themselves and members of their families, across a range of medical and social conditions, and across their lifespan. Their comments portrayed their individual priorities and permitted the consultants to identify broad areas of priorities. The resulting report entitled *The Health and Social Service Priorities of Quebec's English-Speaking Population 2013-2018* is posted on the QCGN web site at: [www.tinyurl.com/a8lbpw8](http://www.tinyurl.com/a8lbpw8)

To complement the views of typical community members, CHSSN decided, with the support of Health Canada, to seek the views of the NPI coordinators about priorities. The coordinators have a wealth of experience implementing measures and developing partnerships focussed on improving access to services in English. While not alone, they both design and implement improvements to access. They see what results have been produced, possess detailed knowledge of the people and the network of services in the communities in which they are involved and have a unique point of view on what the development priorities are for the period 2013 and 2018. The development priorities identified by them will be presented to Health Canada to assist it in the preparation of a new contribution program for Quebec's English-speaking communities.

## APPENDIX II

### Methodology and Interview Guide

This appendix presents Section 3, Methodology, of the Development Priorities document, as well as Appendix I of that document, the Interview Guide.

#### Section 3. Methodology

To capture these views, the CHSSN engaged two consultants to interview key informants using a semi-structured interview guide (see below). Two groups of key informants were identified. The first were the people who are formally identified as coordinator of an NPI network. At the time of this consultation there were 19 networks recognized and financed by the CHSSN. Since two networks were coordinated by the same person, 18 coordinators were interviewed. NPI coordinators had the latitude to invite other staff from their sponsoring organizations to be present if they could add information. Several did so. A total of 30 people participated in these interviews. They were met in 17 distinct interviews; the two coordinators of both networks sponsored by the Townshippers' Association elected to be interviewed together.

The work of the NPI coordinators and the networks they animate requires their frequent interaction with other organizational actors concerned with the English-speaking population in Quebec. A selection of six of these groups was made. They were anticipated to have a perspective on some of the development priorities with respect to access to health and social services in English, given the clientele their mandate covers. A second category of 27 key informants were drawn from this group. They were met individually or in groups in a total of six distinct interviews. The same interview guide was used in these interviews. In all, a total of 57 people participated in 23 interviews about the development priorities.

#### Interview Guide

##### Priorities for Development of Access from the Perspective of Community Organizations

##### Key Informant Interview Guide 31.07.12

**Preamble:** Health Canada is preparing for renewal of its programs to support official linguistic minorities in the period 2013-2018. It has called for a range of inputs from the English-speaking communities of Quebec to determine the focus of its programs in 2013-2018 to continue supporting better access to health and social services in English in Quebec. This interview, along with those of other key informants about English-speaking communities of Quebec, will be part of that input. It will be used in a document reflecting the priorities for development of access from the perspective of community organizations that have carried out programs and projects funded by Health Canada.

#### A. RESPONDENT BACKGROUND

1. What territory and population does your organization serve?
2. What is or are your organization's role or roles vis-à-vis the English-speaking community in your territory?
  - For example: Service provision? Networking? Brokering? Advocacy?

- Do you belong to multiple organizations and if so, how are they connected to each other?

## B. PRESSING ISSUES AND PRIORITY ACTIONS

In answering the next questions please consider all the information available to you, as an observer of the community and as someone who works with and for the community, about:

- Your community's strengths and needs
  - How you expect the health of the English-speaking population will evolve in the next five years
- 1. What are the most pressing issues to act on to ensure the best possible health situation of the English minority in your territory five years from now?**
    - Issues for what ...
      - ☐ Client groups
        - Age groups, social or economic condition, cultural communities, life circumstances
      - ☐ Health, social problem areas
        - Prevention, acute illness, chronic illness, physical or mental disability, mental health, addiction, adaptation
      - ☐ Access to services and practitioners
        - Distance, waiting times, costs, language
        - Public, private
  - 2. How did you arrive at these as your most pressing issues?**
    - What information did you consider?
    - Who was consulted/provided input?
  - 3. How should action be taken on the issues you consider most pressing to ensure the best possible future health situation of the English-speaking minority?**
  - 4. How did you arrive at these actions on your most pressing issues?**
    - What information did you consider?
    - Who was consulted/provided input?

### Health Canada Objectives

- ✓ Prevent and reduce risks to individual health and the overall environment
- ✓ Promote healthier lifestyles
- ✓ Ensure high quality health services that are efficient and accessible
- ✓ Integrate renewal of the health care system with longer term plans in the areas of prevention, health promotion and protection
- ✓ Reduce health inequalities in Canadian society
- ✓ Provide health information to help Canadians make informed decisions

### MSSS Strategic Issues: 2010-2015

- ✓ Upstream action (prevention) and reducing inequities
- ✓ Reasonable wait times
- ✓ Service quality and innovation
- ✓ Health human resources
- ✓ System costs and management
- ✓ Primary care in an integrated hierarchical context
- ✓ Provide health information
- ✓ Strengthen community action

### Clienteles with Special Needs

- ✓ People suffering from chronic diseases or cancer
- ✓ Youth in difficulty
- ✓ People with mental health problems
- ✓ People who are addicted
- ✓ People with a disability and their families

### Population Health Determinants

- ✓ Income and social status
- ✓ Social support networks
- ✓ Education and literacy
- ✓ Employment/working conditions
- ✓ Social environments
- ✓ Physical environments
- ✓ Personal health practices and coping skills
- ✓ Healthy child development
- ✓ Biology and genetic endowment
- ✓ Health services
- ✓ Gender
- ✓ Culture

## APPENDIX III

### How Quebec's Health and Social Services System is Organized

This appendix presents Section 5.1 of the Development Priorities document, which summarizes how Quebec's health and social services network is organized.

#### Section 5.1 The Organization of Quebec's Health and Social Services System

Because interviewees often referred to institutions in the public institutional network of Quebec's health and social services system, a brief outline is provided here. The system has three levels:

- The Ministry (MSSS) responsible for:
  - "...planning, funding, allocating financial resources, follow up and evaluation."<sup>16</sup>
- Les Agences<sup>17</sup> "...responsible for coordinating the establishment of services in their respective territories."<sup>18</sup> Eighteen Agencies cover the entire province.
- The public institutions that serve all or part of a territory. The categories are:
  - Les Centres de santé et de services sociaux (CSSS)<sup>19</sup>
  - Hospital Centres
  - Residential and Long Term Care Centres (for the elderly)
  - Rehabilitation Centres (with sub-categories for specific health or social problems)
  - Youth Centres (Youth Protection, Young Offenders, etc.)
- Also present in every territory are individual professionals, private institutions and clinics and community organizations – all contributing to the local health and social services network.

The CSSS is considered a key player in this system. In addition to providing "...a wide range of primary care services, including public health services, and...the establishment of mechanisms of referral and follow up to ensure access to secondary and tertiary care..."<sup>20</sup>, the CSSS has significant coordination responsibilities regarding the population of, and the services dispensed on its territory.

- *"At the local level, the local health and social services networks bring together all partners, including family physicians, in order to collectively share a responsibility for the population of a territory. At the heart of the local network of services, the health and social services centre (CSSS) is the basis for an integrated provision of services and ensures accessibility, case management, follow up and coordination of services for this population."*<sup>21</sup>

Further, it is part of the mandate of the CSSS is to:

- *"...coordinate the services offered by all providers working in the local territory;"*<sup>22</sup>

Because of their responsibilities related to access and coordination, NPI networks and other actors frequently interact with the CSSS of a given territory. There are 94 CSSSs located across the 18 regions of Quebec.

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<sup>16</sup> Ministère de la Santé et des Services sociaux (2008). In *Brief: The Québec Health and Social Services System*. Retrieved from [publications.msss.gouv.qc.ca/acrobat/f/documentation/2007/07-731-01A.pdf](http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2007/07-731-01A.pdf)

<sup>17</sup> Translated as the Agencies.

<sup>18</sup> Ministère de la Santé et des Services sociaux (2008). In *Brief: The Québec Health and Social Services System*.

<sup>19</sup> Translated as Health and Social Service Centre.

<sup>20</sup> Ministère de la Santé et des Services sociaux (2008). In *Brief: The Québec Health and Social Services System*.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.