

# The Holland Centre Experience

A Community Development Model for Minorities





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## A Community Development Model for Minorities

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Holland Resources Development Corporation

The *Holland Centre Experience* is a community resource tool that illustrates the unique elements of doing community development in a minority community setting.

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## Chapter

# 1

## 1. Introduction

### *Preamble*

Culturally-appropriate services are ones that take into consideration the client's background, beliefs and needs. The importance of providing culturally-appropriate services to minorities is becoming increasingly accepted as the **key** to successful minority community development.

Just as important, but not as well promoted, is the importance of minorities taking an active role in providing these services. Not only will their participation ensure a more culturally responsive service, but it will also improve the community's sense of self-reliance and cohesion, two elements that are essential for the long-term sustainability of a community. However, there are very few resources available to assist a minority community in its efforts to take on an active role.

The Holland Centre is a partnership of four public organisations and one private non-profit community organisation that has been successful in creating culturally-appropriate health and social services for a minority community in the province of Quebec, Canada. In June 1999 the J.W. McConnell Foundation awarded a grant to the Holland Centre that allowed it the time and resources necessary to analyse the elements of the centre's success and develop the tools necessary to assist other linguistic minority communities to develop essential services.

*The Holland Centre Experience; A community development model for minorities* is the result of this analysis. This document is one of the tools Holland Centre has created to assist other minority communities in their community development initiatives. This document underlines the fundamental concepts which have played a significant role in Holland Centre's success and development, and it underscores the importance of these concepts in a minority community context.



### *Summary of the document*

The authors of this document have noted that Holland Centre has followed a traditional community development process of: developing a vision, developing a structure, creating a plan, acting on that plan, evaluating the outcomes and renewing the plan. However, the authors have also realised that because Holland Centre serves a minority population it has had to function differently and put emphasis on certain areas of development that other communities would not. This document will focus on two fundamental concepts at the root of Holland Centre's evolution that are different from the traditional community development process.

The first concept is ensuring that the community has a sense of ownership and control over the project (community governance). The second is having a very clear understanding of the community and its surrounding environment (a knowledge-based approach). Chapter 2 of the document entitled "The Community Governance, Knowledge-based Approach" will help the reader understand these two concepts by exploring each of them in greater detail.

In Chapters three through five the document illustrates how these two concepts fit into a community development initiative by describing the phases of development and underlining the role of community governance and building a knowledge base at each of the phases. In order to bring these concepts to life, many sections will contain a concrete example of how Holland Centre experienced the element under discussion. **To better understand the examples given a short history of Holland Centre is provided in Annex 1 of the document and should be read by individuals not already familiar with the Holland Centre.**

Chapter 6, entitled "A Case Study–The Greater Thetford Mines Community Development Project", presents an example of how the community governance, knowledge-based approach succeeded in a small rural community. It is an example of how this philosophy also works in initiatives that are not solely dedicated to providing health and social services. This section will discuss the development strategies used, their outcomes and their on-going challenges.

There are three annexes to the document. The purpose of the annexes is to provide additional details on three distinct subjects 1) the description of Holland Centre, 2) important strategies for creating health and social services, and 3) common challenges that face minorities in the community development process.

***Who should read this document?***

**R**eading this document should be part of a learning process for any individual or organisation interested in creating community development programs in a minority community setting. There is a lack of documentation that deals directly with this subject. Throughout our own research it was difficult to find documentation on the nuances of community development in a minority setting. It is our hope that this document will respond to a need in the existing minority community development literature.

Although the minority community discussed in this document is “atypical” (an English-speaking, predominantly Caucasian community in North America), it is the authors’ hope that other minority communities will benefit from studying this experience and make use of the elements of success in their own communities. It is also the authors’ belief that this type of development strategy can work for any community development initiative, not just for the development of health and social services. The case study in Chapter 6 will illustrate this point.



## Chapter

# 2

## 2. The Community Governance, Knowledge-Based Approach

In this section we will explore the importance of community governance and knowledge-based development. Although these concepts play an important role in any community development initiative, we believe that they are of particular importance for minority communities.

### *What is “community governance”?*

Community governance may be defined as the process wherein a community:

1. identifies its needs,
2. determines its own solutions,
3. participates actively at implementing these solutions, and
4. controls the organisations and resources committed to these solutions.<sup>1</sup>

The outcome of community governance is community empowerment.

### **Why is community governance important for a minority?**

The authors believe that linguistic or cultural minority communities **are responsible for holding their communities together and ensuring their own community’s “health” and future**. In many cases the majority community will offer help and even become partners in this endeavour, but it is up to the minority community to ensure its long-term, sustainable future.

This responsibility forces a community to seek the ability to act on its own behalf. In order for a community to take an active part in improving its own “health”, it must create a sense of ownership for the

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<sup>1</sup> This implies that the actors for the community governance process represent the community and are accountable to it.

challenges it faces as well as the solutions. The community must also take control of the process to implement the solutions. These steps are essential for community governance.

There are many potential benefits in a community-governance approach, many of which address the unique challenges facing a minority community.

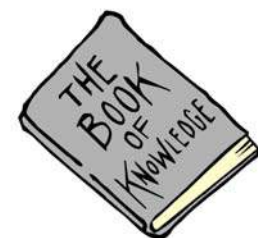
For example, community governance can:

1. *Promote community leadership*– The community as a whole or some of its members can take a leadership role in determining needs, establishing priorities, and proposing and implementing realistic solutions.
2. *Foster community consensus*– If the issues are properly discussed and researched, the community should be able to find common ground upon which it can act.
3. *Move community from advocate to actor*– The community governance approach necessitates that a community see itself as part of the solution; that the community move from being an advocate to being an actor.
4. *Ensure control over process and outcome*– By taking an active role in determining the solutions and participating in them, the community will have more control over the results.
5. *Improve appropriateness of responses*– If the community designs a project it will be more sensitive to its unique needs.
6. *Promote accountability of the organisation to the broader community*– If community members are stakeholders in a project they will have more interest in being kept abreast of its development.



### ***What is a Knowledge-based Community Development Approach?***

**A** knowledge-based community development approach means that all community development decisions are made according to a fact-based, thorough understanding of the community and its environment. This approach will affect all levels of community development,



from visioning to creating partnerships, to creating solutions. Decisions will more accurately respond to the needs and reflect the existing situation.

There are two essential areas of knowledge that a community must have: knowledge of itself and knowledge of its environment.

### **Know your community**

Knowing your community means comprehensively defining:

- Who is a member of the community?
- What are the characteristics of the members of the community?
- What is the size of the community?
- Where do the members reside?
- What services are already provided? and
- What services are needed?

The following are the basic tools of research used to answer these questions:

- statistical analysis,
- needs assessments,
- attitude and perception surveys,
- comparative analysis,
- community mapping,
- focus groups, and
- community inventories.

This information will lay the foundation for all future work. A strong foundation will make for strong initiatives.



Determining which tools to use will depend greatly on the community and the information that needs to be gathered (see section 3 for more details). Minority communities should realise that if they don't make the effort to know themselves no one else will. As was mentioned at the beginning of this chapter, minority communities must take responsibility for holding their communities together and ensuring their own community's health and future. No one else is going to do it for them.

### **Know your environment**

Understanding the environment in which a minority community must function is essential to creating successful development strategies and

maintaining them over long periods of time. The “environment” can mean a myriad of things such as:

- the workings of government departments,
- the existing structure for services,
- the political context of the region or province,
- the social relationship between the minority and the majority population,
- attitudes toward the minority population,
- the statistics of the majority population, or
- the use of existing services by the minority and majority populations.

Each community will have its own set of elements that make up its environment. It is up to the minority community to identify the most influential elements and develop an understanding of them. There are three important reasons why a minority group must become intimately familiar with the environment in which it is working.



*Bridge the communication gap*– Understanding the environment in which the community is working will ultimately increase the minority community’s ability to work with it. Communication between the minority and the majority communities depends on an ability to bridge gaps and understand one another. However, the reality is that the surrounding organisations and government bodies are unlikely to make the effort to learn the complexities of the minority community on their own. As a result it is up to the minority community to learn the intricacies of its surrounding environment and communicate its needs in a way members of the majority community can understand.

*See things coming*– By being well plugged into the majority community you have a better chance to know in advance when change is coming, what direction it will take and to be ready to maximise any opportunities created or head-off impending difficulties.

*Use the majority community’s priorities to your advantage*– By understanding what the priorities of the majority community are the minority community can tailor its demands to encourage support. For example, if the health care system has a priority of improving services to seniors living at home, the minority community can develop service delivery strategies that focus on this group and respond to a need in the community.

### **Why is a knowledge-based approach important for a minority?**

Having a clear understanding of the community and its environment gives the community numerous benefits. Here are a few of the possible results of building a knowledge base.

*An accurate picture of the situation*– For a minority community, accurate information about the community is often not available, poorly structured or misunderstood. As a result, communities are very often unaware not only of their problems, but also of their own resources and strengths. Accurate picture of the situation allows a community to make well-informed decisions and to maximise the resources and strengths of the community.

*A neutral starting point for all partners*– Providing an accurate picture of the community and its needs also offers a neutral starting point for community members and provides them with the material necessary to envision a future for the community.

*Underscore the community's assets*- In order to tap into existing or potential resources a community must have an idea of what these resources are. Using existing resources in a new way is a critical element of successful community development initiatives. It builds commitment from the community and assures a more sustainable future for the project.

*An opportunity to build consensus*– Taking part in a knowledge building exercise also starts building consensus about the community needs and what opportunities exist to respond to those needs.

*Identifies differences from majority*– Some of the most important pieces of information a minority can learn are its differences from or similarities to the majority. An understanding of these differences or similarities becomes a key element in determining which strategies should be used to develop services as well as the support necessary to develop these services.



*Identifies accurate responses to needs*– Only when the community profile and attitudes have been understood will appropriate solutions be identifiable.

*Brings perceptions up to date*– Very often both the minority community and the majority community can have misleading perceptions of the minority community. An example from the Quebec City region was that both the French-speaking community and the English-speaking community believed that there was very little poverty in the English-



speaking community. The demographic studies on the community quickly put this perception to rest. In reality the incidence of poverty in both communities was very similar (18.1% in the English-speaking community vs. 19% in the French-speaking community) (Warnke 1996).

*Increases the community's leverage*– The more accurate information the minority community possesses the more the majority community is going to be interested and willing to listen. It is also very normal for organisations and government to get involved in the process once the initial studies have been performed. They may even want to confirm the community's findings and perhaps go into greater detail.

*Draws in relevant players*– People want access to information. Many organisations have never had the opportunity to be privy to statistics on the community. The attraction of having access to this information can be strong enough to get normally uninterested parties to the table.

*Builds credibility*– Putting together accurate information legitimises your efforts and demonstrates that the community is serious about playing a greater role in its development.

*Enables Funding*– Without accurate up-to-date knowledge about the community, funding agencies are more reticent to finance or support projects.

## Chapter

# 3

### 3. The Bigger Picture

**N**ow that the reader has a better understanding of what community governance and knowledge-based development is, we can begin to look at how these two concepts fit into a more extensive community development initiative.

The objective of this section is to outline the key elements of a community development process, and to emphasise the importance of developing the knowledge base and beginning a community governance process.

It must be understood that the steps discussed in the following section are not all linear. The first two steps, the stimulus and the champion most frequently fall in that order, but the remaining steps such as building participation, building a knowledge base, and building a vision for the community can all happen concurrently or in a varied order. There is no single recipe for creating and sustaining a development strategy. Each community must deal with its unique circumstances and adapt its strategies to them.

#### *The Stimulus*

**F**irst and foremost in a community development project, there has to be a “stimulus”. The stimulus is something that triggers a reaction in the community. It can take many shapes or forms such as an event, a perception, or a person. A stimulus in the health and social services field for example, can be a perception by members of a community that important needs are not being met. It can also take other forms such as a reaction to a reduction in services or a promise to provide services that never materialise or even an outsider saying, “Hey! There is a need here”.



The stimulus must touch members of the community who are willing to take action. For this document’s purposes we shall call these individuals “champions”. The stimulus makes a champion realise that there is a problem and pushes the champion to look for solutions. However, this reaction is not always automatic. Sometimes

the stimulus can be present, but does not touch the right individual or group. A champion must be ready to respond to the stimulus and possess a certain level of competence to act. Sometimes it takes a series of stimuli to get the champion off and running.

**EXAMPLE– The Stimuli for the Quebec City Region**

Over the past century the English-speaking population of the Quebec City region has changed dramatically. It has gone from being a powerful, well-represented community with 41% of the population in 1851 to a minority of 2% in 1996.

In the 1970s and 1980s many English people felt threatened as a result of the introduction of legislation restricting the use of English on public signs, access to English-language schools, and the language in which institutions could operate.

The public health system had also made a significant shift in the provision of primary health care by creating the community health centres called CLSCs (Centre local de services communautaire). The English-speaking community did not embrace this change and fell out of the loop of service. At the same time the traditional health service providers (predominantly private physicians) were disappearing. Doctors who had served the English-speaking community were retiring and there were no replacements. The community also felt that the government was gaining control of their health institutions (the public nursing home and hospital that had served the English-speaking community since the mid 1800s). Combine this with a political atmosphere where empowering the French-speaking community was the primary concern and it is no wonder that ensuring appropriate health and social services for the English-speaking minority was far from a priority. All of these elements were enough to create a sense of helplessness and despair in the English-speaking community.

In the mid 1980s a general feeling of frustration and a public recognition of being under served in the health and social service sector began to surface in the English-speaking community. This frustration was the first stimulus for the community. A direct result of this stimulus was that in 1984 a task force on health and social services was created (see following box for more information).

Legislative guarantees for access to health and social services in English in the Province of Quebec were enacted in 1986 with the revision of the Health and Social Services Act. This legislation stated that English-speaking persons were “entitled to receive health services and social services in the English language” within certain limitations. In its own way this legislation was also a stimulus. It made the English-speaking population realise that it had the right to receive services in English and that there was something lacking in the current delivery of services. This legislation also opened the door for the minority population to become a part of providing these services.

## *The Champions*

**T**he champions are those organisations or individuals who seek to understand the needs identified by the stimulus and are able to act upon them. These individuals are sometimes called “sparkplugs” or simply “leaders”. Regardless of the name, their role is an essential one. It is the champion that brings the needs of the community to the forefront and makes the community aware of the problems. It is the champion that begins the visioning process and puts forward the innovative ideas that stimulate other members of the community.



True community champions are not salespersons. They are individuals who stimulate the community to get involved and incite it to formulate its own vision and to act upon it. As this description suggests, a certain level of expertise and credibility are required of a champion. Champions must understand the issues, know their own capacities and limitations, and know how to find the resources they are lacking. The consensus style of leadership that is required of the community development process also requires its own set of expertise and credibility. A champion must possess the abilities to listen, adapt, frame discussions and develop consensus.

A champion’s first role is that of strategic planner. He or she must understand the issues and put together any existing information. He or she must bring together any previous studies or statistical information and most often must make an initial inventory of resources in the community. This information will become vital for the coming phases of motivating the community and getting partners to buy into the process. The champion must begin the strategic planning process just to get people to come to the table.

It is important to note that while the persons championing a project may change over the life of the project, the importance of having a champion never changes.

### **EXAMPLE– Champions for the Quebec City Region**

There have been two primary champions for health services in this region: the Voice of English Quebec (VEQ) and Holland Centre. They both have played important roles in developing the existing health and social services now available to the minority community.

In 1981, VEQ, a non-profit community organisation, was established in order to maintain a dynamic English-speaking community in the Quebec and Chaudière-Appalaches regions. To fulfil this mandate VEQ listened to the concerns of the community and explored ways to address them. Through this process VEQ became

aware of the frustrations of the community regarding access to health and social services in English and began to formally investigate the issue.

In 1984, VEQ created a health and social services Task Force. Its members were representatives from institutions currently providing health services in one form or another to the English-speaking community. It was the first time that these institutions sat down to discuss community-wide problems and share information with one another. The task force did the first “taking stock” of the community and explored the issue at length. The task force met with groups and individuals to discuss their perceptions of the community’s needs, identify the services available, and document the actual use of these services. The task force then made a report and recommendations using this new knowledge. However, it would be some time before any concrete actions were taken.

Four years after the report was completed a community crisis brought the report back to life. A long-standing community institution, The Ladies Protestant Home, was going out of business. The funds generated by the sale of the home were turned over to the Ladies Protestant Home Foundation. One of the first projects put forward for the monies of this foundation was building a new nursing home. However, members of the community who were part of the task force knew that the community did not need more nursing beds. The task force report had stated that there were too many long-term care beds in the community (there is another nursing home that serves the English-speaking community, the Saint Brigid’s Home). They brought the report out, illustrated that this was the case and that there was a greater need within the community to have more services for seniors living at home. As a result, the regional health board commissioned another study. This study (Laprise 1990) gave a very detailed analysis of the situation of seniors and made very specific recommendations.

A new group of leaders in the community representing various organisations and foundations traditionally involved in health and social services came together and formed an ad hoc committee to tackle the recommendations. After some debate all of the individuals around the table agreed that Laprise’s recommendation to create an independent body whose sole responsibility was to promote the well-being of English-speaking seniors and their caregivers was the best avenue to take. Each of the committee members committed resources to the project and the Holland Resources Development Corporation (HRDC) was born.

The Holland Centre, the public face of the HRDC, quickly became the next champion of English-language health and social services. The transition between VEQ and Holland Centre came very naturally since the Holland Centre was the desired outcome of the VEQ Health and Social Services Committee. Today, Holland Centre continues in its role as a champion by continually monitoring the needs of the community and finding solutions to problems through partnerships and strategic planning.

These committees and task forces were also the community’s building blocks for community governance. Their efforts to study the problems in the community and to take a very participatory path to address those problems were fundamental to the success of Holland Centre. The commitment and support of community

organisations gave the fledgling organisation the credibility it needed to get programs accepted by the greater English and French-speaking communities. Community involvement has also greatly contributed to the long-term viability of Holland Centre.

### ***Building Participation and Community Vision***

**T**he champion's second role is that of consensus builder and motivator. The champion must stimulate the important community players to become part of the process. The champion must find the common ground and build a process where everyone is welcome and can participate on an even scale. The champion will set the tone for building healthy partnerships between these key players and set the stage for a successful project.

An introductory meeting should be organised for the key players in the initiative. It is up to the champion to set the tone for these initial meetings.

Building a community vision becomes the next objective once the players have come to the table. The goal is to build consensus within the group regarding problems and solutions, and formulate realistic opportunities in which the community can participate. This community vision building will take place during the strategic planning exercises discussed in the next section and by getting community members to participate in the knowledge-gathering exercises which are also discussed in the following sections.



Building participation and community vision are the foundation of community governance. It is what enables a community to build a future within which it plays an active role.

### ***Building Community Governance through the Strategic Planning Process***

**B**ringing together the important community members for an initial meeting is a crucial first step in the strategic planning process.

The strategic planning process is critical to the success of any development project. It is where the group builds a sense of ownership of the problems and their solutions. Through strategic planning the

community takes control of its own future and builds the competence necessary to create and sustain community development projects.

A strategic planning process is not *just* a visioning exercise that gives a group a sense of direction. **A strategic planning process encompasses building a vision for the organisation, deciding how to achieve that vision, putting that plan into action, evaluating the outcome and readjusting the plan.** It must be understood from the beginning that the strategic planning process is a never-ending process and plays a crucial role in the life cycle of an organisation.

It is our experience that very few individuals have gone through a true strategic planning process in any context. As a result, guidance is a key element for success. There are numerous sources of material for discovering the process of strategic planning and we highly recommend that your organisation do some research. (The bibliography of this document is a good starting point.)

### **Key elements for a successful community governance approach**

There are several key elements for successfully implementing a community governance approach. The following list is not exhaustive, but each of these points has been instrumental in the success of Holland Centre.

1. *Address issues that are important to the community*—These are the ones the community will be willing to put its energy and support behind.
2. *Get the community on board from the start*— The community should be asked to participate in a variety of formats such as community consultation, group interviews, focus groups and as active members of the project.
3. *Be innovative*— If the traditional ways of fixing a problem haven't done the job by now, chances are they won't in the future.
4. *Start off within the community's realm of influence*— The best way to stay in control of the direction, scope and outcome of a project is to stay within your own realm of influence. For example, in the health and social services sector, programs that the community can stay in control of are volunteer services, wellness programs and information and referral services. Once credibility has been established through successful projects, the community is better placed to take more risk and seek partnerships with the majority.

**EXAMPLE– Holland Centre followed community governance principles in its development**

As the following points illustrate, the English-speaking community of the Quebec City region has followed the principles of community governance.

- First, key community members got together to discuss the problems in the health sector.
- Second, they decided that the community itself should act on the problems and came up with a solution that they would be responsible for.
- Third, they created an independent body that was dedicated to addressing the problems. (Holland Centre.)
- Fourth, all of the partners committed significant financial resources to this new independent body. (Founding organisations agreed to a five-year pilot phase. Since then they have committed themselves for 10 additional years.)
- Finally, the community maintained control over its projects by working within its own realm of influence until they were well established. (Holland Centre established itself as a leader in providing the very basic health and social services needed and then it entered into partnerships with the public institutions.)

Holland Centre has remained true to this strategy throughout its development. It is one of the main reasons why Holland Centre remains such a strong partner in the health and social services sector. It remains in control of its services and participates actively in solving community problems.

***The Visioning Process***

**A**s previously mentioned, bringing together the important community members for an initial meeting is an important first step in the strategic planning process. There is a basic set of questions that must be answered by the group in order to set the stage for a successful community development initiative. These questions need to be addressed at the visioning stage of the strategic planning process.

- Who are we? What defines this minority community?
- What are the strengths and weaknesses of the community?
- Where is the community going?
- What are the problems facing this community?
- Where would we like the community to go?
- How can we get there?



All groups must go through this visioning exercise in order to find common ground and a common direction. The ideas generated through the visioning exercise will become the terms of reference for the group upon which all things will be built. This is where common goals or consensus begin to form.



A critical challenge for the champion is to really *listen* to what the community wants and to assess what it is ready for. The champion must respect and pay attention to the processes that lead to decisions surrounding critical issues and how the community wants to deal with them.

In order to ensure that a tone of co-operation and sharing is set for the group, the following suggestions should be followed.

- When bringing together a diverse group of individuals:
  - Choose a neutral place like the local school or library.
  - Start with an icebreaker to get the group more comfortable.
  - Make time for informal chatting (such as refreshments) to give the group a chance to voice their opinions.
- With all groups:
  - Get an experienced animator who has a clear understanding of the goals and the process to run the session.
  - If possible, give the participants the facts ahead of time so that they can be prepared and understand why they are there from the start.
  - Make sure the group understands the strategic planning process and the importance of creating a knowledge-based community governance approach.
  - Make sure the goals for the session are attainable!! The future of the community can not be fixed in one session.
- When bringing together an existing group there are some additional elements to think of.
  - Take a non-threatening approach. The group must feel secure to discuss changes.
  - The champion and facilitator must make sure the group or groups understand how proposed changes fit into their own objectives.

After this initial meeting, the challenge for the champion becomes creating focus and maintaining momentum. Creating focus means signalling out specific achievable goals for the group. These goals must come from and be decided upon by the group. It is up to the champion to draw the road map that will illustrate the path that the group must follow to achieve their goals. A logical step-by-step process with milestones identified so that the group can acknowledge progress.



Maintaining momentum is where an agenda becomes essential. Concrete actions and persons responsible for them must be identified. A follow-up letter with progress reports should be sent to all participants. Keeping them up to date on a regular basis is a necessity. Everyone should be encouraged to participate in the process. Don't leave the job up to the champion. That is one sure way to overwhelm an individual, particularly if he or she is working on a voluntary basis.

#### **EXAMPLE– The initial Visioning Process at Holland Centre**

At the very outset of the community development process in Quebec City the community champion, VEQ, recognised the importance of involving key members of the community. VEQ knew that the community was not organised well enough to request services from the government. They knew that if things were going to be developed the community would have to organise itself better and that the request would have to come from the community.

This was the reason institutions that had either a vested interest in the well-being of the community (i.e. parishes and foundations) or institutions currently serving the community (i.e. hospitals, nursing homes) were brought to the table.

Although it was easy for the group to agree on the problems, it was another story to agree on the solutions and more importantly that all of the institutions needed to play a role in those solutions. It took approximately four years of knowledge building efforts (such as the Claire Laprise study [1990] and the Statistical Analysis by Jan Warnke) and the dedication of a few individuals to convince all of the key community members/institutions to reallocate resources and commit to a development plan. Today these seven founding members of Holland Centre have remained on the board of directors and continue to participate in the development of services.

## ***Building the Knowledge Base***

**I**n many cases, after the initial strategic planning session, an accurate portrait of the community must be drawn before the group can make definitive plans for the future. The strategic planning process has identified the areas of concern for the community, now is the time to build up the knowledge base.



As mentioned earlier there are two types of information to gather: knowledge of the community and knowledge of the environment. The knowledge of the community consists of information such as socio-economic characteristics, demographic characteristics, community resources, attitudes and perceptions, and health indicators. Knowledge of the environment is understanding the workings of the majority community and how the minority community functions within it.

### **Becoming an expert on the community**

In order to create an expertise on the community the group must identify and access all existing information and then determine where the gaps are and develop a plan of action to fill those gaps.

As a first step in gathering information the group should look around the table and identify partners that are able to provide information. The group should formulate specific questions for them to answer.

The next step is to reach out and look for existing information in the community and outside the community in the form of studies, lists, community profiles, identified needs, etc. A special sub-committee should be formed to either hire an individual to do the research or do the research themselves.



Once the existing information has been identified, the group should determine where gaps in knowledge occur.

We have identified six basic tools for creating a profile of the community:

1. **Statistics-** This type of information will provide the numerical description of the community. The traditional sources for this type

of information are census data from Statistics Canada, federal or provincial ministries (health, education, heritage, etc.) and reports or studies done by other organisations.

However, it is important to validate all data.<sup>2</sup> For example, due to the small size and spread-out nature of many minority communities, these traditional sources of information are often inappropriate. Statistics gathered on small minorities during the general population census are often misleading because of the sampling sizes (one or two individuals might represent a whole age group). As a result, the minority community might have to rely on other statistic gathering techniques such as special runs requested from the general population survey of Statistics Canada or putting together information from non-traditional sources (churches, social groups, schools or historical societies).

2. **Surveys**- Surveys conducted randomly over the phone, by mail or in person can collect a wide range of information. In minority communities there is often an advantage in that the community may be more aware of who its constituents are. Churches, community organisations, and volunteer programs may already have very good mailing lists. The challenge is to make sure that certain groups who do not actively participate in the community are represented.
3. **Interviews**- Structured interviews of selected key community members can give a very broad picture of the community and its issues.
4. **Focus groups**- Directed discussions in groups of 12 or less can extract a variety of opinions and are a very good means of verifying results from surveys and interviews.
5. **Inventories**- Identifying the resources in the community (financial, material, and human). Inventories can give a very solid picture of its potential and it can also identify strengths and weaknesses in the community.
6. **Community Mapping (geo-coding)**- This can be as simple as taking a map and identifying community assets, individuals, residences, or other information on it. Or it can be a very sophisticated endeavour to identify important qualifiers for the community such as, where specific needs are in the community or where the families with children under five are located. A lot of this information (community infrastructure for example) may already be available so it is easily

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<sup>2</sup> To validate the data, questions should be asked such as: how accurate and representative is the data of the population and the phenomena being measured? Has the data been validated by other sources? What is the data gathering and analysis methodology? What is the competence of the analyst?

displayed and can be visually inspected for relationships (the location of services for the elderly).

Selecting the best methods for knowledge gathering will be a function of what information the community already possesses, what it would like to accomplish, and their budget. However, it must be stressed that these tools should not be used on their own. By combining the information gleaned from different tools the community will arrive at a multifaceted picture of the community that will be more complex and potentially more accurate.

Knowledge-building efforts must start with acquiring qualitative information such as perceptions, attitudes, and perceived needs first. This information will suggest what is to be measured quantitatively (something that can be measured and compared).

It must also be stated that knowledge building is not a one-time effort. The data and information about the community must evolve alongside the community. A perceptions study that was done 10 years ago will not reflect where the community currently is or how it has evolved.

**EXAMPLE– Holland Centre an expert on the community (building the knowledge base).**

Holland Centre is known as an “expert” on the English-speaking community in its region and on the delivery of health and social services. It has acquired this reputation by demonstrating over and over that knowledge of the English-speaking community and being involved in the greater community is critical for a community organisation. All of the six tools identified above have been used to explore the needs of the community and formulate appropriate strategies to answer problems.

The majority of Holland Centre’s expansion efforts have been the result of the community’s knowledge-gathering efforts. Holland Centre did not commission all of the studies, but it actively played a part in the research when necessary and, most importantly, used the results to formulate its action plans for the future. Many of its programs are the direct result of recommendations put forward in studies.

For example, the Holland Centre itself, the seniors’ day centre, the wellness programs, and the frozen meal program were all created as a result of a study done on seniors’ needs in 1990 by Claire Laprise. The services offered to youths and families were created based on the needs and ideas brought forward in a 1993 study by Deschênes and Ouellette Consultants. This study also advocated the

single-entry point for access to services in English and a centralised CLSC<sup>3</sup>, which are concepts central to the present Holland Centre Partnership.

A critical element of both studies mentioned above is that experts were sought out to conduct them. It happened that these experts were found in the majority community. Since these experts worked on a regular basis with the public health system they could formulate a response to the needs of the English-speaking community that incorporated the intricacies of the system. It was essential to ensure that the experts hired were very sensitive to the special circumstances of the minority community. They worked very closely with key community members such as Louis Hanrahan who guided their exploration of the community and the development of ideas for solutions. This role of guidance/participation of the community is an essential part of community governance process.

Census Canada data was used as a diagnostic tool for the community. These statistics have been used to identify areas of interest, areas of change and areas of difference between the majority and the minority. To date it is the Voice of English-speaking Quebec (VEQ) and the Regional Health Board that have commissioned these studies. They have openly shared this information with the community, and Holland Centre has used the information extensively.

Once the areas of need have been identified by the statistical analysis, further study is usually done in the form of surveys, interviews, focus groups and/or inventories, sometimes by Holland Centre, sometimes by other organisations.

### **Becoming an expert on the surrounding environment**

Minority communities must not only know themselves, but they must also have a very good understanding of the differences and similarities between themselves and the majority community. You can not *know* a community in isolation. A community must be able to underscore its similarities or differences from the majority population.



In addition, minorities must understand the perceptions of the community from the minority's and the majority's perspective. In order to build bridges between the two communities the minority must

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<sup>3</sup> For readers unfamiliar with the public health system in Quebec, the Centre local de services communautaire (CLSC) are publicly funded clinics that offer front-line health and social services. These clinics are meant to be the entry-point to health and social services for the general population.

understand what the majority thinks and what its perception of the minority is and vice versa.

There are numerous ways a community can become expert on the environment. Here are a few suggestions.

*Find key players in the mainstream service structure that are members of your own community or have ties to your community and make them part of your team.* They become the bridges between the community and the mainstream service structure. These individuals become the eyes and ears for the community. Ideally one individual would formally play a role representing the minority community and play an instrumental role in legitimising the creation of services for the community.

*Make it the job of the community to get involved in the mainstream system.* It is a matter of survival to be well plugged into the system. A community can not work in isolation; it must be joined to the majority community.

*Get the proper expertise (from outside the community if necessary).* Proper expertise is essential. Not all areas of expertise will be found within the community. As a result, it may be necessary to hire expertise from outside of the community. There are two key elements when hiring experts. First it must be assured that they are sensitive to the special circumstances of the minority. Second, it is essential that community members work very closely with the experts. The community members must act as guides to the experts. This will ensure that the experts' work accurately reflects the community as well as the active participation of the community in the process.

*Play a vital role in solutions.* If the community can play a lead role in proposing innovative solutions of which it plays a central part, it becomes a legitimate member of the service delivery structure. The more vital to the system the minority community is the more stability and credibility it will have.

What are the essential elements to know about the system?

- Strengths and limitations
- The language (lingo, vocabulary)
- The political workings of the system
- The financial workings of the system
- Who are potential allies

It is important to remember that the minority community must help the system understand its needs and make sure these needs are properly represented.

**EXAMPLE– Holland Centre as an expert on its environment (building the knowledge-base)**

One of Holland Centre’s greatest assets is that the English-speaking community has individuals who work in the government’s service delivery structure and who also actively participate in the legislative side of the health and social services structure. These individuals, because of their positions, understand both the needs of the community and the inner workings of the greater health services system and often have a certain amount of influence on decision making.

For example, Richard Walling, the Executive Director of Holland Centre, has played an active role on the Regional Access Plan Committee<sup>4</sup>, and the Provincial Committee on the dispensation of health and social services in the English language<sup>5</sup>. His participation at this level has ensured that the interests of the English-speaking community of Quebec City are well represented and that the English-speaking community is up to date on movements at the government level. Another very important aspect of his participation is establishing a presence within the system. Once the system can recognise individuals and put a face to the minority, the minority is less likely to be forgotten.

Another example of a key community member is Louis Hanrahan, currently the Executive Director of Saint Brigid’s Home (a public nursing home that serves the English-speaking community). Mr. Hanrahan played a significant role in the creation of services for the English-speaking community when he served as Co-ordinator of English Language Services at the Quebec Regional Health Board. As co-ordinator he was instrumental in creating the partnership between Holland Centre and the CLSC Haute-Ville. If he had not held that particular position, the English-speaking community would have been outside the decision-making process and their interests would not have been as accurately represented. Mr. Hanrahan was also instrumental in keeping the lines of communication between the English-speaking community and the Regional Health Board open and

<sup>4</sup> The Access Plan Regional Committees are “entrusted with 1) advising the regional board concerning the access programs developed by that board and 2) evaluating the access programs suggesting modifications to them where expedient.” (Provincial Committee 2000). Access plans are the Government’s assurance that “English-speaking persons have the same possibilities of access to health and social services as everyone in their region, be they provided by institutions in their own region or, as the case may be, another region.” (Ministry of Health and Social Services 1994).

<sup>5</sup> “The Provincial Committee is entrusted with advising the provincial Government on: the dispensing of health and social services in the English language; and the approval, evaluation and modification by the Government of each access program developed by a regional board.” (Provincial Committee 2000)



positive. The Regional Health Board has financed the majority of the needs assessments of the community and this participation has been very important to the success of the English-speaking community's efforts to improve access and quality of services available to them in English.

An important characteristic that both Mr. Hanrahan and Mr. Walling share is that they are conciliators. They are able to overcome the distrust of others and instil a sense of confidence in those around them. This characteristic is invaluable for the development of partners and collaborators.

## Chapter

# 4

### 4. Putting it all together

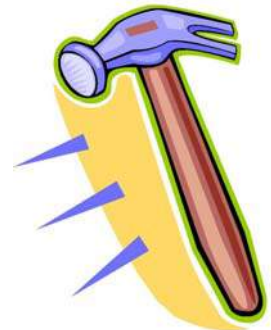
Once the first steps of community development are well underway (community participation, knowledge building and strategic planning), a more formal aspect of community development begins to take place. The community must formalise its development structure and form strategic partnerships. This process will give the community the ability to act.

#### *Building Structure*

In order for a community to start development initiatives, it must have structure. No one type of structure can serve all communities since every community is unique. The structure may take many different forms such as a committee in an existing organisation, a newly-formed or recycled organisation or a kitchen table group.

In a minority group setting it is paramount that there be at least one organisation whose major preoccupation is ensuring the “health“ and future of the minority. The majority community will often become partners or offer help, but it will not look out for the best interests of the minority on its own.

As mentioned earlier, it is also a natural progression for the champion to change over time. Do not be surprised if one champion starts the process and another takes over at some point. Not all individuals or organisations have the strengths necessary for each phase of development. It will be for the community to decide who is best positioned to carry on in the best interests of the community. What is primordial, however, is that the community remains in control of the project. The guidance for any community initiative must come from the community.



Some community development initiatives may result in the creation of a non-profit or charitable organisation. The Canadian Government website<sup>6</sup> provides pertinent information on how to create them.

### **Why is structure so important?**

A community structure with a clearly identified mandate has many benefits.

*Clarifies the issue*– The mandate of a new structure puts forward in writing the problems in the community, the solutions envisioned and who will do what. There should be no doubt what the goal of this organisation is.

*Promotes Cohesion*– It creates a focal point for members of the community to attach themselves to.

*Creates a communication path*– It gives a voice to the community and a receiver of information in the community.

*Builds an image*– It also demonstrates that the minority community considers this a priority and is ready to make a commitment to improve things.

*Ensures long-term sustainability*– Creating the appropriate structure will ensure that someone will take on the responsibility of the project for the long run.

### **EXAMPLE– Structure at Holland Centre**

As mentioned previously, the Voice of English-speaking Quebec originally formed a health and social services committee and invited members of the community to sit on it. This committee then performed the first community inventory and assessment. As a result of these efforts some of the same group of individuals who were on the committee got back together and formed a new independent body (Holland Centre) which was designed to address some of the most pressing needs identified. These founding members actively participated in financing this new body and remain to this day as members of the board of directors.

Creating a new independent body was essential to the success of creating health and social services in English for the Quebec City region. It allowed existing

<sup>6</sup> <http://www.cbcs.org/> (as of April 2001)

organisations to continue to serve the population as they had and at the same time contribute to responding to the needs of the community. Holland Centre's mandate "to improve access to health and social services" created a neutral territory where all members could participate.

The non-profit, charitable status of Holland Centre enables it to request grants from governments and foundations, to create partnerships with both Federal and Provincial government departments and allows community members to donate funds. Holland Centre has also given the health and social services system a body that represents the interests of the community.

### *Building Partnerships*

**F**or a minority community with limited resources partnerships are an essential ingredient. They provide access to things like expertise, resources, funding sources and contact with other organisations. They strengthen the lobbying power of the community and demonstrate the community's ability to work together to achieve a common goal. Partners also widen the perspective of the community group and most often result in a broader, more comprehensive perspective.



In order to determine the essential building blocks for creating partnerships, the community must have a clear understanding of itself, and its needs. The group must also choose an issue upon which it can realistically build a partnership.

If the project and the partners are realistic, but there are still some important elements that are missing or weak, the group must determine if there are ways to either improve the situation or address the problem within the creation of the new project.

The following is a list of ingredients identified by Mattessich & Monsey (1992) that successful community partnerships most often include. This list can be used to pinpoint the strengths and weaknesses in your community in order to underscore where efforts should be directed. Few partnerships will be perfect, but getting as many critical factors for success in your favour certainly helps.

#### *Environmental Characteristics*

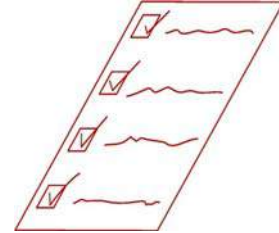
- history of collaboration or co-operation in the community
- partnership entity seen as a leader in the community
- political/social climate is favourable

*Membership Characteristics*

- Mutual respect, understanding and trust among the members
- Appropriate cross-section of members
- Members see collaboration as in their self-interest
- Ability to compromise

*Process/Structure Characteristics*

- Members share a stake in both process and outcome
- Multiple layers of decision-making
- Flexibility
- Clear roles and policy guidelines are developed
- Adaptability



*Communication Characteristics*

- Open and frequent communication
- Established informal and formal communications links

*Purpose Characteristics*

- Concrete, attainable goals and objectives
- Shared vision
- Unique purpose

*Resource Characteristics*

- Sufficient funds
- A skilled convenor<sup>7</sup>

In the Holland Centre experience all of these elements were essential for the success of our partnerships. If we had to add any ingredients it would be that partners must be willing to look at different ways of operating and that partnerships must focus on issues that will have positive, measurable outcomes. That way the partners can quantify success and justify their investment.

Partnerships also offer an opportunity to be effective in areas where the minority would normally be unable to create something on its own. The minority has very little political power and very often it does not have the numbers to request services. However, if the minority offers a solution to a service delivery problem in which it plays an active role, it can provide a unique response to a problem that the service provider was unable to do. This does require the minority community to be well organised, well informed and thinking ahead. This type of partnership is possible only when a minority community has a structure and the ability to manage projects.

<sup>7</sup> Adapted from Collaboration: What Makes it Work, 2<sup>nd</sup> Ed. By Paul Mattessich, Marta Murray-Close and Barbara Monsey, copyright 2001, Amherst H. Wilder Foundation. Used with permission. For more information on Wilder Foundation publications, call 1-800-274-6024.

### **EXAMPLE – Partnerships at the Holland Centre**

Partnerships are an essential ingredient in the development and daily functioning of the Holland Centre. It is through partnerships that the Holland Centre has been able to expand its role in the community and secure its role as the primary health care provider for the English-speaking community.

Three major partnerships were created throughout the development of the Holland Centre. The first partnership was the informal partnership of the seven community organisations that founded the Holland Centre in 1991. The members of this partnership were representatives of establishments that served the English-speaking community. They originally came together at the request of a community champion, Janet Kozak, who was then the director of nursing at Saint Brigid's Home. Around the table all agreed that the English-speaking community had a series of health needs that were not being met. They all had a vested interest to respond to these needs and wanted to become part of the solution. After the creation of the Holland Centre this partnership became a formal one as each organisation became a member of Holland Centre's board.

The second partnership in 1992 was a formal partnership between the Holland Centre and Saint Brigid's Home (a public nursing home that serves the English-speaking community). This partnership was a direct result of a study (Laprise 1991) on the health and social service needs of seniors in the English-speaking population. The study recommended creating a senior's day centre to support frail seniors living at home in the community. The Holland Centre was unable to make the request for public funds to create such a centre since only public institutions could do so. As a result, the Holland Centre expanded its relationship with Saint Brigid's Home. Together the two organisations had the expertise and access to the funding necessary to put the Day Centre in place.

This partnership has since expanded to create other services for seniors living at home, such as a wellness promotion program, a frozen meal program and the living room program (a day centre for people suffering from severe loss of autonomy).

The third partnership was formed in 1997 when the formal partnership between Holland Centre and Saint Brigid's Home was extended to include three more public organisations (a CLSC, a hospital and a youth protection agency). This partnership enabled the Holland Centre to expand services to all age groups and offer a much wider range of services. The partnership dedicated resources to the community that had not existed before and it regrouped them under one roof, simplifying access and co-ordination. It made a concrete link between the English-speaking community and the public health and social services system.

These partnerships did not develop overnight. They expanded slowly over a 6-year period. The initial partnership was a community partnership. The second partnership was with a public institution, but one that had been founded by the

English-speaking community that it still served. The final partnership with three other public institutions came at a point when the Holland Centre was confident enough to take it on and had established itself as a valid provider of services capable of managing resources.

In terms of the Mattessich & Monsey list of ingredients in successful partnerships (see previous section “Building Partnerships”), almost all of the Holland Centre’s partnerships have possessed a majority of these ingredients; when they did not, they made it a priority to work on the missing element. For example, in the initial community partnership the partners did not have a history of collaboration or one single entity to look towards for leadership. As a result they focused their efforts on bringing the potential partners to the table to discuss problems and explore the needs of the community. After building the knowledge base on the community the group created a body (Holland Centre) that would be responsible for leading the efforts to improve health and social services.

Although the Holland Centre has developed partnerships with public institutions, its board and the community have remained in control of the decision making process. The Holland Centre remains dedicated to being the expert on health and social services and determining ways to best serve the English-speaking community of Quebec. The Holland Centre achieves this by working within the mandates of its public partners and developing solutions to their service delivery problems.

### **Nurturing future partners**

A partner is an individual or organisation that is actively involved in your project. However, there are many other individuals and organisations that, though not necessarily “partners”, still play an important role in helping you attain your goals either now or in the future. The challenge is to recognise these future partners and collaborators and to nurture the relationship.

The community’s efforts to get to know the surrounding environment will be the key to success. By making an inventory of all pertinent organisations and identifying individuals (both within the community and outside of it) who are active in your area of interest, you can list potential partners or collaborators. It is important to go beyond the “perceptions” of what the potential partners are interested in and explore, in a non-aggressive manner, their objectives and their interests.

It is equally important to provide all potential partners and collaborators with information about the minority community. A lack of interest on their part may only be due to a lack of knowledge. Use the knowledge base to build bridges with these organisations.

### ***Putting Plans into Action***

**O**nce the planning, partnerships and structure have all been initiated it is time for action. This is one of the most crucial steps in the development process. Here are some words of wisdom from the Holland Centre's perspective.



*Build community and trust*– No project, no matter how good it is, will succeed unless the community is willing to get involved and, more importantly, accept change. As the project co-ordinator for a small community in the Thetford Mines region aptly put it, “The proper atmosphere of trust and community needs to be created so that an environment exists wherein people will have the confidence to take some risks.” (Whitcomb 2001)

*Every community will have a different level of trust and sense of community*– It will be up to the partnership to determine its extent and how much work needs to be done to prepare the community for larger community development initiatives.

*Start with a winner, no matter how small, and then build on success*– It is amazing how important that first effort is. Select an idea that is sure to win support from the community, even if it is not the number one priority. If the group is successful in its first endeavour it will increase support and participation.



*Complement not duplicate*– By creating solutions that complement existing services or infrastructure you expand opportunities for the community and strengthen support from the existing services/ infrastructure.

*Adapt available resources*– By adapting existing community resources the community can save tremendous amounts of time and money as well as maintain control over the project.

*Dedication makes the difference*– Dedication and know-how from a key group of individuals (champions) will ensure success.

*Follow established principles of community development*– It is not necessary to reinvent the wheel. Use development principles that



are tried and true<sup>8</sup> and adapt them to your community's context and needs.

*Make consensus an integral part*– A shared vision is essential. In order for a project to succeed the group must believe in it. Achieving consensus may take more time initially, but it will make the implementation phase easier later on.

*Get commitment from community*– The community must be willing to support the activity either with financial, human or material resources.

### **EXAMPLE– Putting plans into action at the Holland Centre**

The Holland Centre's initial programming did not take long to plan. In January 1991 the Holland Centre's newly formed board chose as its director, Richard Walling, and gave him three months to put together an action plan. Walling had a degree in social psychology and had already worked with the English-speaking community for a number of years. Walling had to plan for activities, staff requirements, space requirements and was able to look ahead and plan for future services.

From the beginning the Holland Centre has always looked as far down the road as possible in order to be prepared should the opportunity to create new services arise. Although a day centre was not a part of the start-up plans for the Holland Centre, the Laprise study identified this as an essential ingredient for serving the community. Walling and the Holland Centre's board of directors knew it would be part of the next phase of development of health and social services for the community. He therefore included the space requirements in the plans for the Holland Centre.

The renovations of the new facilities began in June 1991. The staff was hired in August, and on September 26, Holland Centre officially opened its doors with an open-house party to introduce the new services: a seniors' drop-in, a telephone check-in and an information and referral service. The party was a success. Eighty seniors showed up to congratulate the Holland Centre staff and they had an opportunity to see for themselves what the Holland Centre had to offer. It was a very non-threatening way to introduce services to the community. The staff also introduced at that time a newsletter called *The Link*. This newsletter was designed to keep the community abreast of activities at the Holland Centre and health related issues. Within three months *The Link* had 350 subscribers, over 300 people

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<sup>8</sup> An example of the accepted principles of community development are; develop a vision, develop a structure, set priorities, create a plan, act, evaluate and renew. These principles are covered in many different ways in a variety of different documents devoted to community development. The important thing is to find a resource that suits your group's situation and adapt the principles to it.

had participated in the Holland Centre's activities, and the Holland Centre staff had responded to over 100 requests for information.

Laprise recommended all of these services in her study. Holland Centre responded to specific needs identified in the community. They were focused on breaking down the isolation of seniors in the community by opening channels of communication. They were also the first steps in replacing the lack of informal support in the community; a gap left behind by the out migration of so many young people in the community.

After the first year of operation the Holland Centre had 74 client files with difficulties ranging from financial problems to psychosocial problems. It had 40 active volunteers. It had intervened to get two individuals into Saint Brigid's Home and it had tripled the number of cases referred to hospital social service departments resulting in the creation of a bilingual post at the Jeffery Hale Hospital.

These three initial services (seniors' drop-in, telephone check-in and information and referral) were very strategic choices. They did not compete with existing services; instead they complemented them. They were completely controlled by the community. They responded to identified needs and they had quantifiable results.



## Chapter

# 5

## 5. Staying Put

Once a minority community has a project off the ground, the objective then becomes to keep it going and growing. In the traditional community development process there are two essential elements for long-term sustainable development: evaluation, and resource stability. Based on the authors' experience and analysis there is also another element that must be added as essential for minority communities: that they become essential to the majority community.

### *Evaluation*

In a community development strategy, evaluation is an essential part of the process. It is a means of checking the progress of a project, identifying things that are not working, proposing solutions to problems, and determining the “impact” or “outcome” of a project. Evaluations are also a requirement for many funding agencies.



There are two basic types of evaluation: internal and external. Internal evaluations are the on-going check-ups on the process. This type of evaluation must be built into the delivery mechanism and be part of the on-going operations and culture of an organisation. It is important to know whom you are serving and their level of satisfaction with the services.

Parameters for an internal evaluation must be set at the outset of an activity. It is necessary to determine the desired outcomes and impacts of the activity, and to define the ways to measure the attainment of those goals. The statistical information gathered in the internal evaluation will become instrumental in applying for funding and for building the credibility of an organisation.

While internal evaluations are performed regularly throughout the activity, the external evaluation is done at key moments such as the end of an activity or the end of a funding period.

For an external evaluation, an outsider will use the internal evaluation material and perform a more in-depth analysis to determine if the desired outcomes and impacts have been achieved. Most of this has already been determined in the internal evaluations, but an impartial body can be more objective and identify things that the organisation may not be able to see. An external evaluation will build credibility for the organisation and is often required by funding bodies.

#### **EXAMPLE– The Holland Centre’s Evaluation Process**

At the Holland Centre the elements of internal evaluation play an essential role in its success. From day one, statistics have been gathered about the use of services. A client database and diligent record keeping have played an instrumental role in the expansion of services at the Holland Centre. The annual reports are based on the statistics generated by the staff.

The external evaluations of the Holland Centre consisted of a telephone survey of their clients to test satisfaction levels. An independent consulting firm is currently performing a formal analysis of the centre to determine if the Holland Centre has achieved its objectives. The second phase of this evaluation will establish a more sophisticated method for internal evaluation. The Holland Centre is adapting to the needs of its partners and the health system by creating this new evaluation strategy.

Both the internal and external evaluations have played a key role in 1) demonstrating to the health and social services structure that there is a sufficient client base to justify the services, 2) that the use of services has increased yearly, and 3) that the Holland Centre is a viable response to the health and social services needs of the English-speaking community.

#### ***Resource Stability***

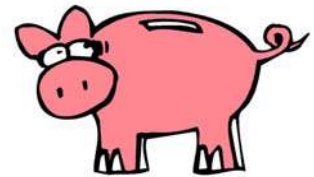
**T**he key to creating resource stability for an organisation is ingenuity, persistence and a diversity of funding sources. In addition to the traditional methods of seeking funding outside the community there are many opportunities to discover funds within your own community as well as many organisations that believe in the importance of community development. It is the community’s job to discover these sources and to create a development plan that is worthy of support.

There are two types of funding an organisation will need: core funding and project funding. Core funding is recurrent funding that ensures the organisation keeps moving forward. It can be as simple as the salary for a co-ordinator two days a week or as complex as the basic operating costs and salary for the core staff members. Recurrent funding is typically money raised by the community either through fund raising efforts, endowment funds, funds committed from the partner organisations or in some fortunate cases recurrent funding from government or private sources.

Project funding finances the various projects an organisation initiates. One of the problems an organisation faces is keeping the project funding aimed at achieving the goals of the organisation. Due to the way funding programs are set up, many organisations resort to reaching outside their original objectives in order to obtain funding. This very often backfires because it waters down the mission of the organisation and clouds its objectives. It can create an organisation that is project-oriented instead of goal-oriented. The key is to seek project funding that seeks to achieve the goals and objectives of the organisation.

A significant percentage of support does not have to come in the form of cash, but in the shape of resources. A building donated to the community, the use of office space, a staff member's time offered to a project. This non-monetary contribution can be as important to the success of a project as the actual funding.

An important step in searching for funding and resources is to look within your own community. There may be organisations willing to restructure and dedicate resources to the project, particularly if important community issues are being addressed and the future of the community is being assured.



There may be foundations that have ties to the minority community locally, nationally or internationally. The churches that serve the community might have access to development funds from their regional or national structures. Community involvement and commitment heavily influence the decision-making of funding organisations both public and private.

Creating an endowment fund can generate an annual income for the community that can become an internal source of recurrent funding.

In the health and social services sector the most common sources of funding at the government level are the provincial and federal health departments and ministries. However, competition for funding from these agencies is fierce, and the only way to have a chance at being awarded grant monies is to be well informed. The community must

possess an understanding of the problems to be addressed and have the necessary background information to back up their needs and their solutions such as: the percentage of single parent homes, level of poverty, morbidity rates for certain diseases and statistics on social problems such as conjugal violence, suicide, or drug abuse. However, not all of this information is easily accessible. This is where systematic knowledge gathering becomes a very valuable asset.

Another important resource for official language minority community projects in Quebec and across Canada is the Official Languages Support Programs of Canadian Heritage. Every year this program funds projects across Canada that promotes the well-being of official language minorities. Another valuable resource in the province of Quebec in the field of health and social services is the Community Organisations Assistance Program (Soutien aux organismes communautaires) which is administered by the local Regional Health Board. This program's objective is to assist organisations working in the health and social services sector.

Some important points to stress for creating financial stability are:

1. Restructuring existing resources can supply needed base funding.
2. Start with something the community can afford and to which each partner can contribute (time, money, buildings, etc.)
3. Get support (financial, material and moral) from existing institutions in the minority community.
4. Do fund raising activities in the community.
5. Innovative community-centred projects will always be more successful in finding funding.
6. Aim for recurrent funding (5-year plans) and get the funding agency involved in the project.
7. Endowment plans and trusts can offer a means for providing recurrent funding.
8. Self-financing programs are the most stable financially and will be able to find start-up funding fairly easily. Even programs that attempt to recover partial costs have more leverage when looking for financial sources.
9. Make yourself essential to the system. Once the system comes to value the organisation, its long-term stability becomes less precarious.
10. Keep accurate records of progress and of the number of times services were rendered.

11. Evaluate the program regularly to ensure it is responding adequately to the needs of the community.
12. Be accountable to the community. Report your progress to the community and make sure the community is aware of your efforts and how the project's resources are managed.

**EXAMPLE– Financial Stability at the Holland Centre**

From its inception Holland Centre has been a community-funded project. For the first six years of operation the seven founding organisations funded a large part of Holland Centre's operations. Since their original five-year pilot project commitment the seven community organisations have re-committed twice to Holland Centre for a total of 15 years of financial commitment. Their willingness to commit to Holland Centre is based on a number of factors such as: 1) they are active board members and have a say in what happens at Holland Centre; 2) Holland Centre is responding to a great need in the community; 3) Holland Centre is contributing immensely to the long-term viability of the community.

In 1997 the Holland Centre expanded the partnership from one public partner to four public health and social services institutions. The goal of this partnership was to expand the services available to the English-speaking community and to have an integrated approach to making these services available. Not only did this partnership greatly expand services offered at the Holland Centre; it also significantly increased the funds devoted to serving the English-speaking population. This is an interesting example of how innovative partnerships can bring otherwise unavailable resources to a project. The public institutions could never have handed over the same amount of money to Holland Centre to create services. But by becoming a partner they can devote resources to the clientele, participate in a comprehensive service delivery strategy, and fulfil their own mandates. The following table illustrates this concept.

	1991	2001
Community commitment to Holland Centre	\$300,000	\$400,000
Govt. budget devoted to English-language services	\$125,000	\$900,000
Total Budget for Holland Centre Partnership	\$425,000	\$1,300,000

Many of Holland Centre's services are also income generating. The clients usually pay a minimal fee that covers the costs of materials needed for the activity. The clients also pay for the meals served at the day centre and the seniors' drop-



ins. Holland Centre has also established its own endowment fund to increase its financial independence. It is hoped that future donations will be made to the organisation in order to increase the amount of the fund and its annual returns.

One of the key components to financial stability is keeping accurate records of the number of times services are provided. From its inception, Holland Centre has kept statistics regarding the number of services it provides and the size of its clientele. These statistics are proof of the impact the centre has on the lives of individuals in the community and its ability to serve the needs of the community.

One of the more interesting aspects of Holland Centre's original financing was the use of funds created by the closure of a community resource. Of the original seven founding organisations, two were nursing homes that served the English-speaking community. Prior to the development of the Holland Centre, one of these institutions, the Ladies Protestant Home, had recently been closed and the building sold. The funds from this sale were turned over to the Ladies Protestant Home Foundation that traditionally supported the home and was now looking for a new vocation. Because the Ladies Protestant Home Foundation had not yet organised its financial contribution to the community, a large portion of the financing for Holland Centre was obtained from the Foundation. It gave the LPH Foundation an opportunity to continue having a positive impact on the lives of English-speaking seniors in the region. Originally the community had seen the closure of the institution as a tragedy, but its rebirth into the Holland Centre has transformed the misfortune into an opportunity.

### ***Creating Long-term Sustainability***

**O**ne of the key tools for creating long-term stability for a community organisation is for the organisation to make itself essential to the majority community. Once the majority community values the community organisation, its long-term stability becomes less precarious. This kind of relationship takes years to develop and is never easy due to the mercurial nature of politics. Nevertheless, it should be seen as a long-term goal for any community organisation.

Credibility and trust are also essential ingredients for sustainability. These elements must be earned. Both can only come from those you interact with. Credibility can never be claimed.

For ensuring sustainability of the organisation, evaluation is the key. If an organisation is committed to evaluating itself and its performance on a regular basis, it should stay on track and be able to adapt to changing needs appropriately.

**EXAMPLE– Long-term sustainability of Holland Centre**

Over the past 10 years Holland Centre has proven that it can provide the provincial health system with the means to fulfil its obligation to provide access to services in English. Holland Centre has also demonstrated that it can reach the English-speaking community in a way the formal health system would never be able to do. The organisation has earned the trust and understanding of the minority population that would be close to impossible for the system to achieve. It is becoming more widely known that trust is a crucial element in providing services to minority communities (Brotman 2001).

The financial stability of the organisation also contributes strongly to Holland Centre's long-term success. Without the long-term commitments from its funding sources the stability of the organisation would be much more precarious and it would be much more difficult to offer such a wide range of services.



## Chapter

# 6

## 6. A Case Study– The Greater Thetford Mines Community Development Project

(This text is a summary of reports by Rodney Clark (2001) and Peter Whitcomb (2001))

The following section describes the community development efforts of one community in the Greater Thetford Mines Region. Their efforts to create a dynamic community development strategy for their English-speaking community in a small rural atmosphere demonstrate how each community must develop its own strategy to respond to its own needs.

### ***Context: The English-speaking Community of the Greater Thetford Mines Area***

The Greater Thetford Mines area lies approximately 100 kilometres Southwest of Quebec City. The English-speaking communities of this region are very spread out and fall within three different administrative regions. The communities fall within a triangular shaped territory that reaches from Thetford Mines to Ste. Agathe and Inverness.

The number of individuals with English as their First Official Language Spoken (FOLS, a term used by statistics Canada) in this area is approximately 600 (Warnke, 1998). The English-speaking population has been in a state of rapid decline since the withdrawal of the prominent local asbestos mining industry. This decline and the rapidly changing age structure of the community towards an older, more isolated population gave rise to a perception that the community was in a palliative state and that it “was simply a matter of time before the community and many of its organisations would simply disappear.” (Walling 2000)

However, the community was still maintaining a significant infrastructure. There continued to be an English-language school and several English-language churches throughout the region. There were numerous community groups that remained active along with a good spirit of volunteerism and a willingness “to take care of our own.”

### ***The Building of a “Community”***

The stimulus for beginning a community development strategy was a group of concerned citizens who recognised the growing needs of the community and who also knew that there were resources to tap into. One of these individuals, Aline Visser, was already familiar with the Holland Centre and its services, and she was aware that its mandate included serving this region. She approached the Centre to see if it would be willing to get involved in the community.

Holland Centre’s first step was to hire the local Anglican priest, the Reverend Rodney Clark, to perform a needs assessment of the community (Clark, 1994). The study outlined the characteristics, needs, challenges, resources and possible solutions for the community.

Clark’s assessment identified a number of characteristics that would influence what could be done in the community. The English-speaking community was a geographically dispersed population that was ageing faster than the surrounding Francophone population and had difficulties with travel and no formal resources for the elderly.

Clark highlighted nine basic needs in the community.

1. To be made aware of services already available;
2. To receive basic home care and home nursing; to facilitate living, alone in their isolated houses;
3. Tools to break their linguistic and geographic isolation;
4. To feel less culturally and demographically threatened;
5. To be informed of the existing services provided by the CLSC and to be acculturated to using these services.
6. To receive support in order to assist them to reside in the area and not be forced to leave to receive care;
7. To be challenged and encouraged to stretch and grow in their interaction and support of one another;
8. A service to assist them to express their needs, and in finding ways to satisfy them;
9. To be less afraid of or feel less threatened by receiving assistance from Francophone and from “French” care facilities. (Clark 1994)

The Holland Centre decided that, in light of the study’s findings, the most effective means for overcoming many of the challenges and needs of the community would be to create an itinerant seniors’ drop-in and to organise information and referral services for the community. The drop-in would provide the necessary attention to each individual in the community while at the same time encourage individuals to travel to other communities to widen their social circles. The information and referral service would foster better use of existing services. The

ultimate goal was to reduce the linguistic and geographic isolation that these seniors experience. This seemed to be a very realistic way to address these issues.

The idea of an itinerant drop-in was very important to the success of this project. It put all regions on an equal footing and it emphasised the need to learn from and celebrate the heritage of all the communities.

The drop-ins developed a regular clientele that began to travel to the other communities to attend the drop-ins. Prior to this activity the various communities did not interact often and certainly did not consider themselves part of “the” English-speaking community. They viewed themselves as individual communities that interacted with one another from time to time for social events. However, after several years of travelling back and forth between communities, the group began to see itself as part of a greater community. These activities had also significantly reduced their sense of isolation.



Drop-in Picnic

Holland Centre’s services in Thetford have expanded over the years to include a telephone check-in network, a toll-free telephone number, wellness clinics, a volunteer driver program, and liaison with the local CLSC.

### ***Success Breeds Success– Expanding the vision for the community***

The success of these services for seniors provoked local community leaders to ask “Why can’t our community accomplish other things?” In 1998, under the guidance of the Holland Centre the community leaders engaged in a process of community self-exploration in order to create a development strategy with long-term benefits for the community.

### ***Community-Wide Development Strategy***

The approach used to create this development strategy was to invite the community members to get involved in the process and then encourage them to take control of it. In order for this approach to be successful, however, the community members had to actively buy into the process. Although progress had been made, many of the challenges that existed 5 years earlier still existed at this stage, but were

being better understood as the Holland Centre got the community to know itself better. Some of the most prominent challenges faced were:

*Geography*– Small communities dispersed across a vast territory.

*Entrenched Ways*– old habits, relationships, ways of dealing with the world, adherence to internal resources, and no perceived need to look elsewhere for assistance.

*Too many buildings*– There were 14 English-Community buildings serving a small community. Most were in poor repair, had no wheelchair access, and were inconveniently located.

*Lack of understanding*– Community did not realise that it had health and social service needs, nor did the community know of, understand or utilise resources such as CLSCs or volunteer associations at the community level.

*Rural /urban separation*– This kept the urban community of Thetford Mines somewhat separated from the rest of the region and gave rise to a sense of frustration that services were better provided in Thetford Mines.

It was decided that the best way to get the community on board was to stimulate it to start a visioning process. This was done by first having a team of two community leaders meet with key community groups. Their objectives were to ask each group to describe their role in the community, their strengths, their assets, the problems or challenges they faced and their vision of the future of the English-speaking community. A questionnaire was given to all individuals who attended so that all opinions might be heard.

Every group the team visited was very open to this process and even appreciated the opportunity to talk and examine their mission and *raison d'être*.

However, it was observed that there was an age group that did not participate in this exercise. The 25-45 age group had very few participants in any of the community groups. Consequently, a meeting of this group was organised to encourage their participation in the process. It required identifying as many individuals in this age group as possible and inviting them to a meeting.

After the meetings were held, a feedback opportunity was organised in which the entire community was invited to take part. The two individuals who had visited all the groups put together a summary of the community and its assets and the challenges that the community identified. They also put together a visual demonstration of where the

communities were located and where the greatest number of members in the community lived. More than 50 people showed up, representing all the groups visited.

At this meeting a working group was organised and 15 people volunteered. Interestingly, the volunteers came from both rural and urban communities and represented some traditional leaders and individuals not involved at the leadership level. This meant that a good representation of the community was in place.

### *Laying the groundwork for development strategy*

**T**he working group began meeting in January 2000. Since this group of individuals had never worked together before and came from different communities, they first did exercises to build a sense of confidence among them. An independent consultant for team-building was brought in, and the group participated in ice-breaking activities. This exercise was followed by the first brainstorming session.

During this session and the following meeting five principal areas of need were identified and project ideas began to gel. The five areas of interest were: communications, community animation, additional health and social services, a community centre/ seniors' housing, and the creation of a community structure.

The group broke down into sub-committees which worked to put together the necessary elements for each project. Then the sub-committees reunited to present their ideas to the group as a whole. The group agreed on all the processes after which the sub-committees worked to bring their projects to fruition.

### *Results*

**A**fter 18 months of work, all of the projects had made significant progress.

1. A community animator was hired in January 2001 and given the responsibility to produce the community newsletter and co-ordinate community events for all age groups. By the end of her first eight months she had created a co-operative play group, very



Co-operative Play Group



successful movie nights, 5 newsletters, an updated version of the community directory, and had requested funding for creating information sessions for parents of young children on health and social issues.

2. The working group has created a community structure that will maintain the new initiatives and any others that may arise in the future. The Megantic English Speaking Community Development Corporation (MCDC) was incorporated on November 20, 2000. By-laws have been drafted and charitable status should be received in the fall of 2001. One of the unique elements of this organisation is that the board of directors will have a large number of seats open to rural areas. This is one effort to ensure the active participation of rural communities in the development of the greater English-speaking community.
3. The community newsletter is printed once a month in the Quebec Chronicle Telegraph (an English-language newspaper published in Quebec City). The newspaper has made a significant contribution to this project providing 12 months of free delivery to members of the community and minimal charges to MCDC for the space. The local school is also involved in promoting the newsletter and the Chronicle. For every subscription sold by a student \$5 will be donated to the school.
4. The parishioners of The Church of St. John the Divine have secured the site for a community centre and seniors' residence by agreeing to donate the church and land to MCDC. This donation will not only preserve and recycle a historic building, but will provide the community with the needed infrastructure to care for its elderly, offer meeting space for community groups, provide a non-denominational church space for all religions, and give a heart to the community's efforts. As this element is more ambitious it may take more time to develop.

Although much progress has been made the evolution is still fragile and requires Holland Centre's support particularly for securing the long-term funding base that will be required. The first objective is to at least secure funding for the community animator component.

Some of the less tangible outcomes from this process are just as interesting as the tangible ones. For example:

- Individuals shifting their definition of community from "my community" to THE COMMUNITY, viewing the greater English-speaking community as a whole. This included changing traditions of social interaction, of movement and even

denominational participation (example Roman Catholic or United Church parishioners attending Anglican events). This also includes recognising that the peripheral English-speaking community (including young bilingual Anglophone and Francophone parents of children at the English schools) is as large as the actual English-speaking community and it needs to be actively sought to participate.

- The growing idea that THE COMMUNITY has a great deal of control over shaping its own future and recognising the strength of co-operation: “we can achieve considerable things when we work together” (a good example of Community Governance).
- Perceiving what were once liabilities as assets (e.g. large church and hall, once a financial burden, now turned into a community resource).
- Getting people to ask for assistance from outside the traditional support structure (e.g. reaching out to CLSC, Holland Centre or a cleric from another denomination.)
- Broadening the leadership of the community while not significantly disenfranchising the traditional power brokers.
- Getting the younger generation more involved in the future of the community. The younger age groups are still not as involved as the older age groups and this is probably the result of these age groups being more integrated into the French-speaking community. They do not have that great sense of loss that the older generations have. Special efforts were made to seek out individuals from these age groups and a special discussion session was organised. The board of the new community organisation also has several younger community members, one of whom is the new president.

### *Difficulties and possible solutions*

Unrealised expectations and disappointment among certain members of the community could have been avoided, had the lines of communication between the working committees and the community been improved either through quarterly updates or general public meetings.

The degree of shift in attitudes achieved and the generosity of other communities could have been enhanced if more time had been taken

to do group building work when the whole community was finally beginning to work as a unit.

### ***Challenges that still need to be addressed***

**I**T is still uncertain how the traditional power brokers will embrace the new initiative. Will they support the new committee's efforts to bring about change? There is still a need to integrate the traditional with the non-traditional leaders.

Communities must be encouraged to risk changing how they work. One parish has demonstrated great flexibility. However, a marriage of communities requires reciprocal relationships of trust and generosity. All communities must eventually open their doors, pockets, and assets to the whole community.

The community must secure funding to carry on with its activities and projects.

Maintaining momentum in the project within the community is very important. The current plans for maintaining momentum call for keeping the community abreast of activities through the community newsletter and ensuring involvement in the planned activities by creating a phone network of volunteers.

Get the community more involved. Commitment must become more widespread.

### ***The role of Holland Centre***

**H**olland Centre has played two roles in this project, as a facilitator and as a mentor. As a facilitator, Holland Centre provided the structure necessary to get the initial funding and to carry out the development strategy. Holland Centre also provided the community with knowledge from its ten years of experience in community and project development. This knowledge greatly facilitated the community development project and allowed it to come to fruition within a short 18-month time frame.

As a mentor, Holland Centre provided the Thetford Community with valuable insight on what to expect at all levels of development and how to overcome challenges. It was also able to show the community what its possibilities were. It pushed the community to ask questions of itself and to create a vision for its future. At the beginning of the project the community easily turned to and accepted Holland Centre's leadership. The presence of a neutral community organisation with a good track

record fostered interest among new members of the community and led to their taking on prominent roles within the newly-formed community organisation.

An independent evaluator was hired to evaluate the process and strategies used by Holland Centre in Thetford. This analysis confirmed that the participants in this process greatly appreciated Holland Centre's work and saw the Holland Centre as "a catalyst," which "pushed us to do something...without being pushy," which "helped us to define our needs," and "gave us a real chance." (Robertson 2001) The overall conclusions of the report were that "Holland Centre's community-wide development strategies have been extremely successful in accomplishing its goal of providing the environment and support for establishing a community structure like the MESDC." (Robertson 2001)

The report pointed out that having an organisation such as Holland Centre involved in a community development process has been a very important element. Holland Centre helped the community to work "with principles rather than personalities, so that people didn't become defensive." (Robertson 2001) Holland Centre acted as a "type of buffer and clarifier between different groups and different agendas." (Robertson 2001) These comments poignantly underline some of the difficulties that communities face. A neutral body that is well respected by all can do much for bridging gaps within the community.

The transition of leadership from Holland Centre to the community has been very gradual and quite natural. As the structures and projects have taken shape, the community has taken responsibility for them. Holland Centre still offers administrative support and continues in its role as a mentor, but it has taken a less prominent role in the daily workings of the project. The sole exception to this is the work that still needs to be done to secure health and social services for the community.

Certainly many of the elements provided by the Holland Centre could have been found elsewhere. However, having one organisation provide the lion's share of expertise and leadership has had many advantages. The message remained consistent throughout and the group was never plunged into uncertainty because of differing opinions. Efforts to find the necessary expertise were reduced to a bare minimum and saved an enormous amount of time. Holland Centre's track record gave it the credibility the community needed to feel secure in what they were doing and to get the support necessary from funding organisations. It would have been difficult to replace these elements if the community had been forced to hire expertise from a variety of sources.



## Chapter

# 7

## 7. Conclusion

**T**hroughout this document we have attempted to show how building a knowledge base and community governance play a vital role in any minority community development effort. The fundamental elements of community development (stimuli, champions, strategic planning process, partnerships and stability) remain the same for **all** communities. However, in a minority setting success lies in the community's ability to understand itself and its environment, take ownership of its own problems, devise ways to overcome the problems and control and manage its own resources.



## Annex

# 1

## ANNEX 1

### *What is the Holland Centre?*

The Holland Centre is located in Quebec City in the French-speaking province of Quebec, Canada. The centre's main occupation is providing health and social services to the English-speaking minority communities in two administrative regions: Quebec (which includes the provincial capital Quebec City and the surrounding communities) and Chaudière-Appalaches (the region just to the Southeast of Quebec City).

The Holland Centre was created in 1991 by seven community organisations<sup>9</sup> with the sole purpose of improving access to existing health and social services for a minority community. Over the past 10 years the Holland Centre has grown into a partnership of one community organisation and four public institutions and it now provides a full-range of front-line health and social services for all age groups.

### *History of the community*

The English-speaking minority of this region has a long, rich history. The first arrivals in the Quebec City area were the British military "camp followers" that stayed after the conquest of Quebec in 1759. Two other large groups of founding peoples for this community were the Irish immigrants who came here between 1815 and 1850 and people from all over Britain affected by the enclosure movement and the Industrial Revolution (O'Donnell 1999). Today the English-speaking population of Quebec is a mixture of the descendants of these immigrant families as well as modern day immigrants coming

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<sup>9</sup> The seven organisations are: Quebec Ladies Home Foundation, Congregation of the Catholics of Quebec Speaking the English Language, Jeffery Hale Hospital Foundation, Jeffery Hale Hospital Corporation, Saint Brigid's Home Inc., Saint Brigid's Home Foundation and Citadel Foundation.



from across Canada and abroad for employment, education and/or cultural experiences.

The size of the English-speaking minority in these two regions has changed radically over the past two centuries. In 1851 the English-speaking population accounted for 41% of the population of Quebec City (O'Donnell). By 1996 this percentage has shrunk to 2% (Warnke 1998). Today the total population of English-speaking individuals in the Quebec City and Chaudière-Appalaches regions is approximately 15,000 (Warnke 1998).

This minority has always been a very vibrant population, contributing greatly to the development of the region and creating its own infrastructures such as schools, hospitals, and churches. However, as the population significantly declined in the last half of the 20<sup>th</sup> century the community began to have greater difficulty maintaining its infrastructures and responding to its own needs.

### *The creation of Holland Centre*

In 1990 a health and social services profile was created for the English-speaking elderly of the Quebec and Chaudière-Appalaches regions. (Laprise 1990) Isolation, lack of support, lack of knowledge about services, lack of services in English and a traditional “fortress” mentality (we can take care of ourselves attitude) were the main problems in the senior population. This profile became the springboard for the development of services. Seven of the existing community institutions that served the community got together and formed a new organisation, the Holland Resources Development Corporation (HRDC), to respond to these needs.

HRDC's first move was to create the Holland Centre which would provide volunteer-based services for seniors and an information and referral service for the community. These programs were very successful and began to expand rapidly. This expansion led to a formal partnership in 1992 between Holland Centre and Saint Brigid's Home. This partnership with Saint Brigid's Home (a public sector, long-term care facility serving the English-speaking population) was formed to develop much needed services (such as a seniors' day centre, frozen meals, wellness clinics) to help seniors stay in their own homes for as long as possible.



Other studies were subsequently carried out on the needs of other segments of the community (region specific, age specific, need specific,

demographics, etc.). This knowledge, combined with a growing interest from the minority population to receive services in English, led to the expansion of Holland Centre's services to all age groups. For example, in 1994 Holland Centre obtained a grant to hire a new staff member and start a program called Youth and Family Services. Then again in 1997 Holland Centre entered into a formal partnership with four public health and social service providers (CLSC Haute-Ville, Saint Brigid's Home, Jeffery Hale Hospital and Youth Protection Services of Quebec). This innovative partnership is responsible for providing a full range of front-line health and social services to the English-speaking community under one umbrella organisation. The partnership has significantly broadened access to services for the English-speaking community.

Each of the five Holland Centre partners has devoted specific resources to meet the needs of the community. In order to simplify access, all staff members are housed in one location called the Holland Centre. In order to improve collaboration and co-ordination, a single supervisor was hired for all the staff. It is also the supervisor's job to develop common programming for all staff members.

Holland Centre is based on the Primary Health Care Model put forward by the World Health Organisation.<sup>10</sup> The model states that

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

The declaration also identifies that primary health care

requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;...

Holland Centre has taken these principles and applied them to the English-speaking minority situation. It has developed primary front-line health and social services that are practical, sound and socially acceptable and involved the community in the development of these services from the beginning.

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<sup>10</sup> Alma Ata Declaration, World Health Organization, Geneva, 1978

Partnerships have played a critical role in the long-term viability of Holland Centre. They have provided the Holland Centre with the financial resources necessary to offer a wide range of services that Holland Centre could not have offered on its own.

### *The success of the Holland Centre*

**T**he success of the Holland Centre can be measured in a number of ways.

- In a 1998 satisfaction survey of Holland Centre's clients, 80% of respondents were very satisfied with the services received.
- Every year the demand for services from the English-speaking community has increased. For example, between 1999 and 2000 the number of prenatal interventions has increased by 32% and senior home nursing interventions by 29%.
- The official health sector and other service providers throughout the province have begun to cite Holland Centre as a success story.
- In 1990 there were no front-line services devoted to serving the English-speaking population. Today there is a full range of services offered to all age groups. Holland Centre has 30 employees, and a total budget of over \$1.3 million.
- In the fall of 2000 Holland Centre received the SHARE Leadership Award from the University of Pennsylvania's Institute on Aging and SmithKline Beecham. This award recognises community-based best practices or programs that improve care to diverse racial, ethnic and cultural populations of older adults in the US or Canada.



Holland Centre has made a real difference in the day-to-day lives of many individuals. It has provided its clients with the security, support and information they need to live productive and fulfilling lives within their community. It has also greatly improved the delivery and access to services in English and has rebuilt the informal support network that had been rapidly deteriorating for the past few decades. Holland Centre's clients see the centre not only as a provider of health and social services, but as a part of their extended family that they can turn to in the event of a need or crisis.

## ***Range of Services and Programs offered by Holland Centre***

### **Services available to all age groups**

- Liaison assistance to help clients interact with health establishments  
24 hours/day, 7 days/week
- Evaluation, information and referral

### **Parents with Pre-school Age Children (0-5)**

- Prenatal classes
- Postnatal visits to mothers, fathers and babies
- Parent support activities (PEPS)
- Individual and family counselling (see adults)
- Health information and nursing procedures
- Group social activities (Take-a-Break Drop-In)
- Financial assistance for families in difficulty (Family Support Programme)



### **School Services (includes elementary, high schools and CEGEP)**

- Individual and family counselling
- Health information and nursing procedures (vaccinations)
- Social skill instruction activities
- Group/class activities (Hygiene, Puberty Awareness, Nutrition, Sexual Abuse Prevention, Sex Education)
- Staff training/assistance in policy development (Bullying, Suicide and Violence Prevention)
- Volunteer Opportunities and training

### **Adults (includes adult education centres)**

- Advocacy (help dealing with government agencies, landlords, etc.)
- Individual and family counselling
- Adaptation problems
- Social isolation
- Substance abuse (Drinking Decisions)
- Family issues (marital problems, violence, etc.)



- Mental health issues
- Programs for low income earners (Budget Counselling, Income Tax Clinic, Community Kitchen, Christmas Hampers)
- Health information and nursing procedures at home
- Self-help group work
- Volunteer opportunities and training

## Seniors

- Day Centre for seniors
- Living Room Program (day centre for heavier cases of dementia and mobility problems providing respite care for families)
- Wellness Clinics (health information, exercise and individual monitoring at organised activities such as 50+ Club, and Do Drop In)
- Seniors' Do Drop In (social opportunities for independent seniors)
- Volunteer services (support to day centre activities, morning telephone check-in, transportation, friendly calls and visits, income tax preparation, walking club, special events for holidays, and the mobile library)
- Nursing services at home
- Assistance accessing homecare services (bathing, meal preparation, housekeeping)
- Frozen Meal program
- Caregiver Connection (peer support group, liaison between caregiver and Holland Centre)
- Advocacy (help dealing with government agencies, landlords, etc.)
- Individual counselling
- Placement procedures to enter public long-term care and respite facilities
- Assistance finding appropriate housing
- Access to affordable foot care
- Physiotherapy technician services for day centre clients only
- Osteoporosis screening (Community-wide at Wellness Clinics and Fall Fest)





### *The future of Holland Centre*

A professional evaluation of Holland Centre completed in April 2000 (Blackburn 2000) concluded that the Holland Centre partnership is “well positioned in the English-speaking community of Quebec” and that it has accomplished its goal to facilitate access to health and social services to the members of its community.

Holland Centre continues to look for opportunities to expand its ability to serve the community. For example, Holland Centre is currently involved in creating intermediary housing for seniors in the English-speaking community. This housing project would provide a means for seniors to remain independent within the community in a secure and culturally-appropriate environment.



Holland Centre Staff 2001



## Annex

# 2

## Annex 2

### *Tips for successful health and social service programs*

**H**olland Centre has spent numerous hours examining its own successes and failures and through this process has identified a number of strategies having an impact on the success of its programs. The following list can be considered a list of Dos and Don'ts that Holland Centre feels are an essential part of its success in the delivery of health and social services.

*Concentrate demand*– One of the chronic problems in providing health and social services in a minority community is the lack of “critical mass”. The number of requests for services in the minority language at one institution may never constitute a large enough pool to justify creating services. However, if the demand for services over a larger area are pooled together and the services are grouped together so that they can support one another, the critical threshold may be reached.

*Concentrate service providers*– By pooling resources you can offer a wider range of services and respond to the needs of the community better. Concentrating service providers will also lessen the burden on other potential service providers. However, this type of programming requires great flexibility on the providers' part and is not always possible.

*Simplify access*– Don't make the client figure out the complexities of your organisation. Having multiple partners doesn't have to mean confusion. Give the service provider a simple name. Use one phone number for access to all services. Let the service provider figure out how best to respond to the client.

*Focus on service issues rather than rights or political issues*– Don't allow politics to cloud your goals. Be there to provide a service regardless of politics. Wade into the political arena only to ensure services to your clients, not to discuss political principles. Almost everyone agrees that access to services is a fundamental right.

*Focus on most obvious first (even if not as serious), then move to less obvious (or more difficult)*– Although heart disease may be a significant problem in your community, initial programming should be focused on activities



that have easily attainable goals and tangible results such as a senior drop-in, a volunteer check-in call program, or a transportation program. People see the results from programs like this almost immediately.

*Create and use personal contacts to break down barriers and resistance-*

Make yourself known to the clients and build up their confidence in you. In health care “ the process of access to health care is largely achieved through interpersonal connections with trusted individuals, rather than as a result of institutional or systemic avenues such as outreach and education.” (Brotman) You can be a substitute for support that may be lacking. A trusted individual can bring an isolated client in.

*Adapt outreach methods to include the needs of the clients-* Don't expect minority clients to receive information in the same way as other groups. Word of mouth, home visits and visiting social groups are just a few of the effective ways to reach minority groups and in particular seniors.

*Give appropriate response to every request-* In order for the community to have faith in the new services, a level of trust that these new services can actually respond to the needs of the community must be established. If the new service can not respond to the client's problem, give them the appropriate contacts and do a follow up call to ensure that the client received the necessary services.

*Remain client centred-* Adapt the program to the client, not the client to the program. Remaining sensitive to the client's needs is key to serving a minority population.

*Complement existing services-* Complement, in an effective manner, services offered by the system and define the value to society to have these services available. By not duplicating existing services, the formal sector should not see your service development as threatening.

*Turn change into opportunity-* Restructuring has been the dreaded buzzword in health and social services for many years now. However, the changes in the organisation of the health system can very often mean an opportunity to structure services that are better tailored to serve the community. Very often when services are eliminated through restructuring, the system is more sympathetic to the transferring of resources at that time, particularly when a good program is presented to them backed up by concrete information regarding needs.

*Recognise your limits-* No one can do it all. It is best to focus energies. Take the step-by-step approach and focus your energies where you will have the most success.

*Know when to change strategies-* It is important to recognise obstacles and envision ways to get around them. It may require a change of course, but the original goal should remain in sight. The new course may just take a little more time to achieve your goal.

*Know when to accept and recognise incremental gains*– The ultimate goal is always important, but being able to acknowledge the small steps is equally important. Don't get focused on the end result. It can foster over-expectations and dissatisfaction for all involved.

*Be good to your allies*– They are your present and future partners. Make a concerted effort to identify potential partners. Keep them up-to-date on what you are doing. Become a recognisable entity by being visible and playing an active role in the health system.



**Annex**

**3**

Annex 3

*Lessons learned in overcoming challenges commonly faced by a minority*

**A**lthough a minority community shares many of the challenges that all communities face, it also faces some very distinct problems. The following section contains a list of problems that Holland Centre has identified as common for minorities to face and has pieced together some insights as to how to deal with these problems. The list and advice is definitely not exhaustive, but it does address issues that communities face on a regular basis. Many of the lessons learned relate directly to the two concepts put forward throughout the document. Community governance and building a knowledge base are two key components in addressing many of the issues confronting a minority community.

*\*Challenge: Defining the community*– One of the very first hurdles a minority community is faced with is actually defining who makes up the minority. There are many factors that complicate this process. The community might be dispersed over a large area. The minority may be made up of sub-groups coming from different backgrounds. The community may inadvertently ignore segments of the group (such as bilingual members). Traditional definitions of the community may be very strong and difficult to change.

*Lessons Learned:* Adopt a definition for the minority community that reflects its reality and is acceptable to its members. The definition should take into account historical contexts and current day issues. Allow community members to define themselves and, most importantly, invite them to see themselves as part of the community.

*\*Challenge: Traditional social barriers*– Social barriers based upon such things as religion, background, neighbourhood and even personalities can divide a minority community. This division can be mild or very severe. For some communities, overcoming these internal barriers can be the first step necessary in the community development strategy.

*Lessons Learned:* First and foremost build a solid knowledge base about the community so that the community can focus on solving problems and dealing with facts. If divisions in the community are strong, look for neutral territory or areas where all groups are experiencing similar problems. Establish a commonality and discover ways that each group can contribute to solving these problems. Find an area that does not spark tempers. Focus on principles and possibilities and not personalities. A neutral party can also play an instrumental role in breaking through social barriers. This third party must be well schooled in consensus building and be respected by all parties.

*\*Challenge: Diversity of environments–* A minority community does not live in isolation. It lives within a majority community. Both of these communities make demands upon the minority community.

*Lessons Learned:* BUILD A KNOWLEDGE BASE. A minority community must understand both of these environments in order to affect change. It must know the ways in which both communities function in order to discover how to build bridges within the community and between the minority and majority communities.

*\*Challenge: Habits, attitudes and perceptions of the community can often work against development ideas.* For example, the “We can take care of ourselves” attitude can be as much a hindrance to community development as it is a support in sustaining a community. The perception that “Our community is dying, there is nothing we can do” can also block creative thinking and close doors to opportunities.



*Lessons Learned:* Dispel myths with facts. Arm yourself with the facts that disprove the perceptions. The facts come from a thorough knowledge base. These perceptions can also be used to a community development advantage. Offering a new way to become self-sufficient and empowering the community to look outside its “box” can give new life to old perceptions.

*\*Challenge: Obtaining accurate knowledge about the community–* A minority community usually lacks valuable statistical information. Traditional ideas about the community are often based on perceptions that may be outdated and inaccurate.

*Lessons Learned:* Build a knowledge base using the six tools identified in section 3.6.1.

*\*Challenge: Communication and structure within the community–* A minority community usually has certain organisations and

institutions (predominantly religion, social, education and advocacy related), but there may be very poor communication between them. In addition, there may be few organisations in a community that are capable of creating and sustaining the needed services.

*Lessons Learned:* First find representatives in the community who agree that there is an issue and are willing (and able) to work towards a solution. Open channels of communication between them and build consensus in order to attain common ground. If necessary, create a new body with the mandate to address the issue at hand. Make sure that each organisation is represented in this new body and feel they have an equal voice.

*\*Challenge: Communication with the majority–* Very often, clear lines of communication have not been established between the minority and the majority communities. Relations can even be passively or openly hostile after years of mutually inaccurate perceptions and reciprocal blame.

*Lessons Learned:* Build up the knowledge base about the majority using the suggestions in section 3.6.2. Discover the means to become part of the system or find key members in the system that have ties with your community. Take on the challenge that the minority community must provide the majority community with the means to better understand the minority community.

*\*Challenge: Unexpressed demand–* For a variety of reasons (lack of understanding, fear, alienation, sense of self-reliance) the minority community develops coping strategies that mask the real need for services. As a result it can be difficult to understand the need for services, since the “demand” for services is hidden.

*Lessons Learned:* By obtaining actual statistics on the number of people in the community, their patterns of use for services, their satisfaction with services and the use of services by the majority community at large, a better understanding of the needs of the minority community will emerge. Once this information is obtained, strategies to address this unexpressed demand can be formulated. Very often a project must put as much effort into getting the client to ask for services as it does in creating the services. Awareness campaigns, personal visits, and the understanding of key individuals in the community are key to developing the demand for services in the community.

*\*Challenge: Organised political influence–* It is often very difficult for a minority community to have a strong voice in the political arena. Lack of community-wide organisation and small numbers keep the minority from having an impact at the government level.

*Lessons Learned:* Look for alternatives available to the community. For example, a group of mayors rather than an unresponsive bureaucrat, affiliation with a majority language organisation or institution, delegation of some representational duties to a better placed network, etc. can reveal new ways out of an impasse.

*\*Challenge: Valid Representation–* Some communities may not have people who are empowered to speak on behalf of the community.

*Lessons Learned:* Valid representation has to be worked for. The community must earn it. The community must build a knowledge base and become expert in it. The community must come together and develop consensus on the issues and on the solutions. Only then can individuals accurately represent the community. This representation should be formalised at some point to ensure legitimacy and accountability.

*\*Challenge: Services are designed to serve the majority community–* The majority may feel it has done its job by offering services to the minority that were created to serve the majority population. These services are rarely adapted to the minority community and the minority often does not feel welcome to use the services or even understand them.

*Lessons Learned:* Make the majority service provider aware of the community by sharing the information gathered about the minority community with them. Offer solutions to them in which the minority community plays a significant role and which enables it to continue meeting its goals while at the same time meeting your own. Make the majority realise that you have an access to the minority community that the majority would be hard pressed to achieve.

*\*Challenge: Development of services for a minority seen as threatening to existing services–* Territorial or institutional possession of service delivery can be very difficult to relinquish, particularly when it is associated with funding.

*Lessons Learned:* Take a sympathetic approach, “We’re here to help”. Market the community’s involvement in service delivery as a way to fulfil obligations (in many cases majority language institutions are only too happy to work in a collaborative manner as they don’t have the capacity to meet the needs themselves) in an effective and efficient manner. The community becomes a facilitator for service delivery rather than being perceived as a complainer and a pressure on resources. The community becomes part of the solution rather than being ‘the problem’.

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