THE IMPLEMENTATION OF THE COMMUNITY LIAISON PROJECT

A promising innovation for facilitating access to Health and Social Services for the English-speaking community of Richmond, Quebec

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with the collaboration of Paul Morin

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BANQUE NATIONALE

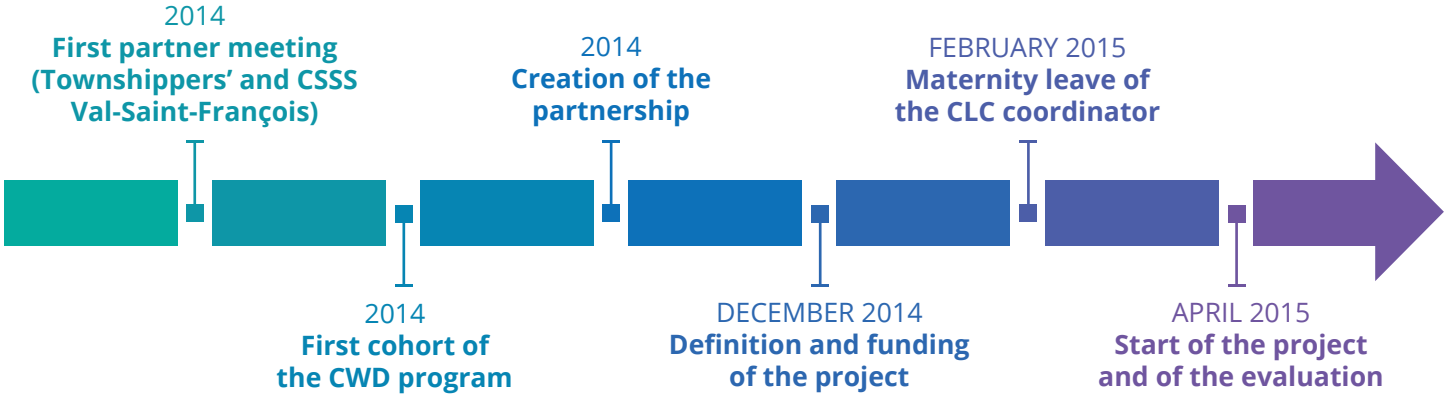
DESCRIPTION OF THE **COMMUNITY LIAISON PROJECT**

According to the 2011 Census of Canada data, 7.1% of the population of the Regional county municipality (MRC) of Val-Saint-François speaks English at home while 2% of the MRC population does not understand French. The majority of the English-speaking community (ESC) of the MRC lives in and around the town of Richmond, including Melbourne, Kingsbury and Cleveland. The socioeconomic disadvantages of this population group include low levels of income and education, family problems, mental health problems, loss of autonomy and an increasing sense of isolation of an ageing population. These disadvantages have all been noted by the CSSS (Centre de santé et services sociaux) of the Val-Saint-François. It is also known that the English-speaking community has a very strong identity and relies on family, friends and neighbors for help and support rather than the public health system.

Given the community members' reliance on each other for information and support, a program called the Community Watchdog (CWD) was created in Richmond in 2014 as a way of improving English speakers' access to health care services. Fifteen volunteers drawn from the ESC were recruited and attended four training workshops. The aim of the workshops was to improve volunteers' knowledge of the health care system and of available English-language resources, while helping them establish a network of personal contacts with local public-sector and community health care providers. The volunteers also learned about the importance of acting as resource persons for the English-speaking community with a view to helping ESC members access health care services.

The results of the implementation of the Community Watchdog program were not as conclusive as envisioned, partly due to an absence of follow-up strategy. Townshippers' Association along with the CSSS Val-Saint-François, the ETSB (Eastern Townships School Board), the Concertation Val-Famille, the Richmond Community Learning Centre (CLC), and the Community Health and Social Services Network (CHSSN) joined forces to develop a project supporting the Community Watchdog program (this cross-sector partnership is hereafter referred to as the governance partners). As part of this project, a Community Liaison agent (CLA) with deep ties to the English-speaking community was hired. This person's role was to work with the health care sector, implement outreach activities reaching vulnerable ESC populations, mobilize community members, and liaise with community resources.

Broadly understood, the project's aim has consisted in strengthening the link between the English-speaking community and health care professionals, empowering the ESC and promoting the civic engagement of its members, thereby enhancing the vitality of this Official Language minority community (OLMC).



EVALUATION **QUESTIONS**

Given the complexity of the pilot project, the funders were interested in knowing what works, under what circumstances, and how. As such, Townshippers' Association approached the Institut universitaire de première ligne en santé et services sociaux (IUPLSSS) du CIUSSS de l'Estrie – CHUS to monitor and evaluate the project.

The focus of the present research aimed at evaluating the effectiveness of the Community Liaison project in regard to two aspects:

1) An evaluation of the project structure (governance partners, CLA, CWD program)

How does the project structure as theoretically construed work in practice?

2) An evaluation of the project impact

What are the short- and medium-range effects of the project's implementation on community empowerment and vitality?

KEY FACTS **ABOUT RICHMOND AND THE SURROUNDING AREA**

Located in the Estrie's regional county municipality of Val-Saint-François, Richmond is a small town surrounded by two townships (Melbourne and Cleveland) and a small village (Kingsbury). Linked by Autoroute 55 to employment opportunities and essential services found in neighboring Drummondville and the city of Sherbrooke, the town of Richmond also offers many services. Local English speakers consider Richmond as the heart of the Val-Saint-François area, with people coming from towns in adjacent MRC territories (Danville, Saint-Felix, etc.) to access its services. The English-speaking community (ESC) has long been settled in the region, with most of its members living in the surrounding townships, and many belonging to the farming community.

The population of French- and English-speaking Richmond and surrounding area was comprised of 6,430 individuals in 2011, with a median age of 47 years (OEDC, 2011). The age structure of the population is different than that of Quebec's population. Indeed, the 18-39 age category shows a downward trend while the proportion of seniors (75 years and over) is on the rise. Many seniors live in rural areas surrounding Richmond.

The two main languages spoken are French and English. The proportion of individuals speaking a language other than French at home has varied slightly over time, standing at 26.2% in 2011. The proportion of non-French speakers decreased between 2001 and 2011, from 10.5% to 8.1% (OEDC, 2011). In 2011, the town of Richmond was comprised of 745 English-speaking individuals, 230 of which spoke English only, making it thereby impossible for the latter to access French-language health and social services.

On the territory of the CSSS of Val-Saint-François, children aged 0-14 form 13.7% of the ESC while representing 17.1% of the French-speaking community (FSC). Comparable

proportions are found for the Estrie region as a whole. No data is available for Richmond and its surrounding area. As for seniors aged 65 years and over, they represent 22.6% of the ESC while forming 14.9% of the FSC (Richardson, 2016).

Some statistical indicators can give us a measure of the social and economic deprivation of communities. The INSPQ (Public health expertise and reference centre in the province) has developed a deprivation index that helps gauge material (income, revenue, education) and social (matrimonial status, living situation) deprivation.

According to OEDC 2011 data, the deprivation index applied to Richmond indicates a medium level of social deprivation. One of the reasons for this has to do with the fact that more seniors aged 65 years and over live alone as compared to the Quebec average (OEDC, 2011).

Richmond and its surrounding area also scores high on the material deprivation index. Several reasons can account for this. The proportion of individuals with no high school diploma is higher than the Quebec average, despite the increasing proportion of female graduates over the years. The Richmond community (both French and English) also shows a lower employment rate than is found at the provincial level (OEDC, 2011).

According to the governance partners, two types of families live in the Richmond area. The first has a lower socioeconomic status (SES), is less educated and more isolated, and seems reluctant to access services. The second type has a higher SES and the families are more educated.

COMMUNITY SERVICES

As part of the evaluative process, interviews conducted with key actors and service providers have been helpful in understanding the nature and availability of services in the area. Within the ESC, support networks of various kinds as well as informal means of help are readily available. The community is relatively mobilized, with some of its members involved in various organizations and committees like UPA, Farmers' associations, sports/recreational and religious organizations. Community services in the area are offered in English only when staff/volunteers speak English. This means that available English-language services are both limited and inconsistently provided: much depends on who is working that day. Many service providers only advertise in French which means that ESC members have no choice but to contact the organizations to ascertain whether or not services are provided in English. Some report being uncomfortable to do so.

INSTITUTIONAL SERVICES

Public schools, such as Saint-Francis Elementary School, as well as the Richmond Regional High School and its Community Learning Centre initiative offer services to the English-speaking population. The CIUSSS de l'Estrie – CHUS (locally regrouping the CHSLD – Centre hospitalier de soins de longue durée and the CLSC – Centre local de santé communautaire – local health and social services) represents the public network of Health and Social Services in the area, which has undergone a major structural reorganization in recent years. Most of the health and social services offered by the CIUSSS are available in English in the local CHSLD and the CLSC, though this is not a well-known fact.

THEORETICAL BACKGROUND: **COMMUNITY OUTREACH INTERVENTIONS**

The Community Liaison project is given its impetus from the drive to establish connections with the ESC and with service providers by way of outreach strategies. These outreach strategies are themselves theoretically anchored and have received empirical validation by various researchers in the past. Some would argue that in order to act on the social determinants of health and improve both community vitality and access to services, integrated interventions embedded within people's living environment (be that the neighbourhood or rural community) are needed (RQDS, 2007). Some H&SS public institutions and many community organizations across Quebec hold this view. The local territory as a spatial setting enabling social cohesion (« cadre spatial de cohésion sociale », Claitier & Hamel, 1991), is deemed strategic for improving service efficiency while reducing social inequities. For more than a decade, both public- and community-sector Health and Social Services have developed innovative projects and implemented territorially-anchored interventions, with promising results. Much research (Bastien & Goulet, 2006; Caillouette & Morin, 2007; Duval & Bourque, 2007; Morin *& al.*, 2012; Roy, Charland & Joyal, 2008; Maltais,

Néron *& al.*, 2016; Morin, 2007) has drawn attention to these "community outreach interventions" (known in French as "interventions de proximité") as important implements in reaching desired outcomes. These kinds of interventions ask that we take the 'territorial' aspect of these practices into account by conceiving of interveners as no longer confined within their offices, but rather, as carrying out their work in the field, -that is, as it unfolds in close proximity to the targeted population (Bricocoli and Marchigiani, 2012). This proximity work is made possible because of the visibility of, and access to, interveners and the establishment of trust relationships with the target population and its many different stakeholders dispersed within the territory (Guay, 2001). Community outreach interventions are also known to contribute to community development (Bourque, 2012, Morin *& al.*, 2013). They do so by structuring community actions, consolidating links between services, and enabling partners to engage in teamwork within a given territory (working with community organizations, associations, schools, public H&SS providers, police, etc.). These kinds of practices are also mobilizing in that they encourage community members to participate in activities and access services provided by community organizations and public institutions.

The need to implement community outreach intervention practices stems from difficulties in access to health care and services for some population category (e.g. linguistic barriers) and from a desire to implement prevention approaches in the community. When it comes to accessing public H&SS, three factors are at play: social determinants, characteristics of the health care system, and individual determinants (Andersen & Aday, 1978). That is, access to H&SS by the ESC can be influenced by an individual's ability to communicate in French, by the ESC's previous experiences (good or bad) with local services, and by the availability of English- language services. Now, intervener outreach has the effect of getting to people who would not normally access services. This is important in light of research showing that intervener visibility and trust relationships established with community members impact an individual's willingness to access services (Morin, Allaire & Bossé, 2015). As such, an intervener who is visible at fairs and community events while engaging with community members helps to forge links and establish relationships that are enduring over time. These beneficial practices are worth bearing in mind given the well documented fact that those in need of health and social services (one in five according to Stats Canada) have difficulty accessing these services (Morin *& al.*, 2013; Charpentier *& al.,* 2011; Sanmartin, Gendron, Berthelot & Murphy, 2004).

ETHICS **CONSIDERATION**

Prior to the project's start and data collection, ethics approval was sought from Bishop's University's Research Ethics Board (REB). An ethics protocol was submitted to the REB which provided a summary of the project, a description of research participants and of the research methodology, of the type of information collected, of the potential risks and benefits of participation, of participants' right to withdraw, of ways of ensuring the confidentiality and storage of data, as well as appendices including sample questions and consent forms. The research project received ethics approval on June 26th 2015. This approval was issued until March 31, 2017.

EVALUATING THE **COMMUNITY LIAISON PROJECT**

DEVELOPMENTAL EVALUATION

The evaluation consisted in documenting the effect of the implementation of the Community liaison project on the ESC population. Specifically, the aim was to comprehend the role of the Community Liaison agent in raising the ESC's awareness of, and facilitating its access to, available English-language health and social services in the local area. Particular attention was given to identifying the impact of two different approaches: on the one hand, the effects of the liaison agent's direct contact with ESC (e.g. families, seniors), and, on the other hand, the effects of an indirect approach making use of resource persons trained in the Community Watchdog program. The evaluation also represented an attempt to gauge the impact of the project's implementation on the vitality of the ESC.

Working within a Developmental evaluation (DE) framework (Patton, 2010), the present assessment aimed at identifying mechanisms and best practices that would answer the question, "What works, for whom, and under what circumstances?" (Pawson & Tilley, 1997). Researching the effectiveness of this project initiative was thus approached by way of a developmental evaluation. As different from other types of evaluations, a developmental evaluation is used when working in complex situations and on early stage social innovations in which both the path and destination are evolving. Within such innovations, the path forward may be unclear: the interaction of elements creates emergent results, and the context changes. The goal was to elaborate a 'context-mechanism-outcome pattern configuration' that would generate learnings, point to actions beneficial to the ESC, and foster social change.

METHODS USED

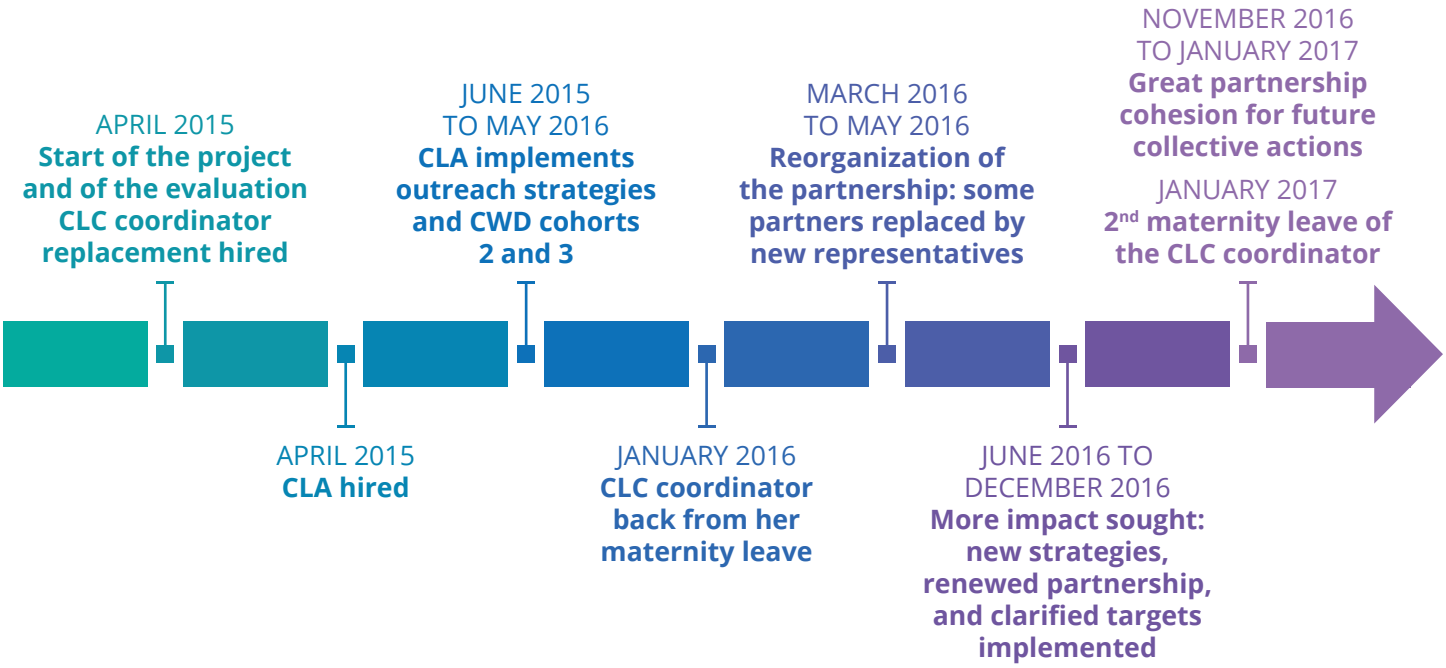
The evaluation had its start in articulating theories of change (TOC) with the help of the governance partners (GP). These theories of change were intended to clarify the purpose and intended outcomes of the project while gauging both short- and long-term impacts. Four TOCs were developed: one each for governance partners, the CLA, the CWD program, and both public- and community-sector service providers. Proximal and intermediate outcomes were identified in each TOC and gauged within the project's expected long-term impact and other community actions. These TOCs enabled the evaluative team to identify the different mechanisms needed to achieve different outcomes. Separate individual interviews with each governance partner and the community liaison agent (CLA) also helped to refine our understanding of the context and to clarify the outcomes as conceived by each stakeholder. The TOCs were then modified in the light of these interviews.

The interview guides were developed from, and based on, the mechanisms and outcomes that had been identified in the TOCs. Different types of interviews were carried out during the evaluation process, mainly individual interviews, though some consisted of group interviews. Participant observation of different activities occurred at different moments in time throughout the evaluation process.

TYPE OF PARTICIPANTS	RESEARCH METHODOLOGY	NUMBER OF PARTICIPANTS
FIRST PERIOD: DEFINITION OF THE CONTEXT AND PROJECT JUNE TO SEPTEMBER 2015		
Governance partners and CLA	Individual interviews	7
CWD program participants (first cohort)	Group interviews and individual interviews	8
CLSC key persons	Group interviews and individual interviews	5
SECOND PERIOD: PROJECT IMPLEMENTATION OCTOBER 2015 TO OCTOBER 2016		
Observation of governance partners' meetings	Participant observation	6 times 5-7 participants/time
Observations of CWD training (second and third cohorts)	Participant observation	3 different observation times
Collective feedback of the CWD (three cohorts)	Participant observation	25
Discussion with CLA and CLC coordinator	Individual interviews	4
Richmond fair – family and youth sectors	Participant observation	20 to 30 (approximately)
Health fair organization and participation	Participant observation	80
Community organizations (3 interviews)	Group interviews Individual interview	7 1
THIRD PERIOD: PROJECT OUTCOMES AND LEARNINGS NOVEMBER 2016 TO JANUARY 2017		
Governance partners	Individual interviews	6
CLA	Individual interviews	2
CLSC key persons	Group interview Individual interview	2 1

AN EVOLVING **PROJECT**

Undertaken in Richmond, QC, the project has its start in an initiative known as the Community Watchdog program (CWD). As Townshippers' Association had previously done elsewhere in the Estrie region, a cohort of people drawn from Richmond's ESC was brought together and given training on the different H&SS available in Richmond and the surrounding area. The work of bringing this first cohort together was overseen by the same person who would later be hired as the CLA, in collaboration with the Townshippers' Network Partnership Initiative employee. The outcomes did not quite meet the objectives as originally laid out. Soon after, the CSSS (as it was called at the time) and the Community Learning Centre/Richmond High School joined forces. The idea was to act together on community vitality and on improved ESC access to English-language services offered in the Val-Saint-François. The coordination table, Val Famille, then joined them. They did so when apprised of EQDEM[1] survey results showing that the MRC Elementary English School showed a higher rate of at-risk kindergarten children compared to those attending Quebec French schools. Everyone agreed to form a partnership: the project's design was conceived and funding was put together to cover the project's costs (CLA salary and associated expenses). Much thought was given to elaborating a project built on the basis of an efficient and collaborative partnership. As evaluators, we were brought in at the start of the project and began our work as one of the partners, the CLC coordinator, left on maternity leave, soon to be replaced by an interim CLC coordinator. The start of the project dates back to April 2015.



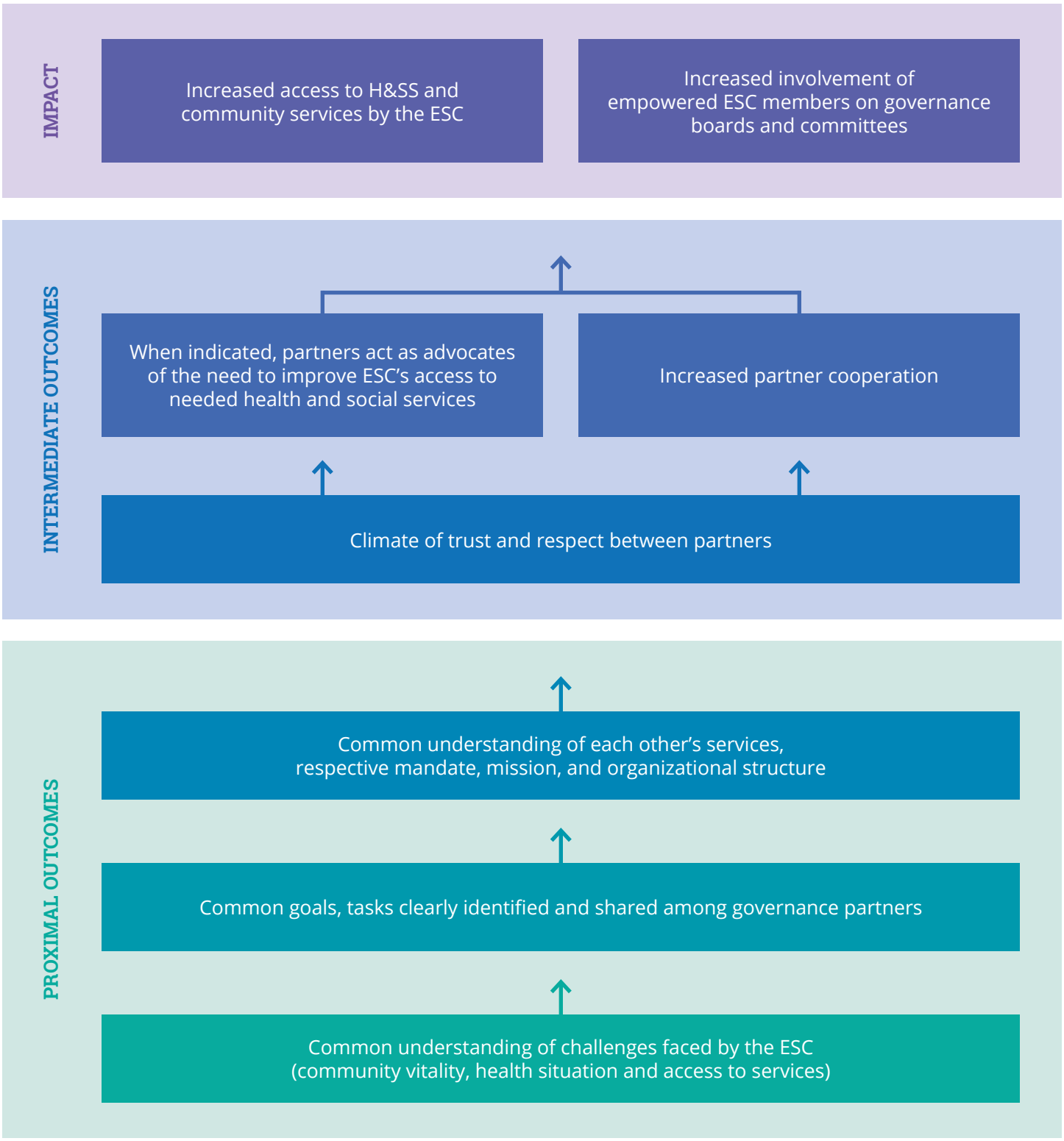
1 EQDEM : Enquête québécoise sur le développement des enfants à la maternelle

The project was implemented at the same time as the reorganization of the public system of health and social services into the new CIUSSS de l'Estrie – CHUS got underway (and the consequent change in the local network of services formerly known as the CSSS du Val Saint François). At first, it had little impact on the project. The person replacing the CLC coordinator assumed her new position and the CLA was hired. CLA actions were progressively implemented, a first action plan was drafted, and a second cohort of CWDs was trained during the autumn 2015. Different outreach strategies were used by the CLA, reaching the larger ESC community, community organizations and CLSC workers. The CLC coordinator was back from maternity leave in January 2016. Around the same time, there was a change in governance partner representativeness in that the representative of the CIUSSS de l'Estrie –CHUS, - originally a manager, was now replaced by a community organizer. The reorganization of the healthcare system into the CIUSSS would occasion a shift in managerial positions at the time. The field representative for Townshippers' Association also changed in the first months of 2016. This change in representatives prompted governance partners to review the goals of the project. A third cohort of CWDs was trained in April and May 2016, as the CLA was still involved in outreach work. A second action plan was articulated in the summer 2016 and was at the time the product of a more extensive and shared involvement from governance partners than had been the case for the first action plan. Based on feedback obtained during the evaluation process, strategic planning undergone in the fall 2016 focused on the CWD program and on the organization of a Health and Wellness fair. Reaching out to families was also on CLA's list of targeted actions. Though not included in the evaluation process, a fourth cohort of CWDs was trained in January 2017.

CROSS-SECTOR PARTNERSHIP **IN THE CONTEXT OF AN EVOLVING PROJECT**

As mentioned earlier, the different partners are drawn from various sectors and work within different spheres of activities. The partnership itself has involved a coordination table focused on youth and families (Val Famille), a school board and high school (Eastern Townships School Board and Richmond Regional High School - including a Community Learning Center), a non-profit community organization promoting the interests of the ESC in the Eastern Townships (Townshippers' Association), and the public-sector provider of H&SS (CIUSSS de l'Estrie – CHUS, formerly the CSSS du Val-Saint-François). This cross-sector partnership might have been hard to set up given the diversity in partners' backgrounds but they worked hard at the outset to understand each other's boundaries, limits, and possibilities while seeking common ground. These efforts resulted in a partnership agreement specifying the collaborative contribution of each partner. Financial and material resources were shared in order to create the community liaison project. As originally envisioned, the broad goals of the overall project aimed to increase ESC access to public-sector H&SS and community services and to enhance ESC empowerment and vitality. As impacted by the cross-sector partnership, the envisioned outcomes were conceptualized within the following theory of change (TOC).

PROJECT GOVERNANCE – CROSS-SECTOR PARTNERSHIP
THEORY OF CHANGE



Both partners and the CLA recognized that time was needed for partners to develop a common understanding of the challenges faced by the ESC. Three factors were identified as important in abetting this development, especially for the French-speaking partners:

- The collaborative work done by partners in developing the project;
- The community portrait of the ESC realized by Mary Richardson (2016);
- Partner meeting times seen as opportunities to share observations about ESC reality and characteristics.

The open-mindedness of the French-speaking partners was appreciated by their English-speaking counterparts: "They are very open to hear from us. […] I could see partners just nodding their heads when we were talking about the difference in the way English and French would approach something. I felt that openness and the recognition too, which was nice."

With respect to the broad goals of the project, all partners agreed that they were clear and shared. All governance partners were actively involved during meetings and clearly showed interest and enthusiasm. Tasks, however, were not as clearly defined and evenly distributed among the partners. As such, some partners were more involved than others on the action side. Even with changes in partner representatives, though, the persons replacing them were as involved as the others. As one partner put it, "Despite all the changes and because we did the work of the collective agreement [development of project goals], […] we were able to keep the direction and the sense of the project." As evaluators, we were present at several of their meetings and can attest to this cohesiveness. They were sensitive to, and understood, each other's responsibilities to which they were bound within their respective spheres of professional activity.

"The biggest achievement is a better understanding of each other's roles and reality. As partners, we have worked together, separately but together, but being able to share and recognize problems or develop actions together is new. It is one of the outcomes of the project. Before, the partners were working with me, but I wanted them to work with each other and have shared goals. We are doing that."

Aside from meetings, however, there was a lack of clarity as regards partners' relationship to, and support of, the CLA. There was some confusion about who was responsible to do what in relation to the CLA. In short, the assignment of the supervisory role was not clearly identified in the minds of partners. As a result, the extension of ongoing support to the CLA while important and relevant, was yet not clearly thought through and therefore not consistently provided by partners over time. The main reasons given by the partners had to do with lack of time, financial constraints, and accountability issues tied to organizational structure.

With respect to the climate of trust that was built over time, this was something that was clearly appreciated by all partners. In the words of one partner: "I'm really enjoying, […] the openness is wonderful, it's good and that's sincere." Any limitation on partners' ability to speak freely did not stem from being in the presence of other partners but from the presence of the CLA at governance meetings. As noted by one partner:

"It is hard for the partners, they don't have free speech possibility on the project and how it goes, because the CLA is there [at the governance meetings]. We have to be careful not to hurt her feelings. At the same time, it is hard for her, because she finds herself having 4 or 5 bosses, with emphasis on objectives and priorities that can be different."

Another partner observed that the CLA seemed uncomfortable at times in discussing some of her actions in the presence of the partners. This problem, which arose during the project, clearly stems from the CLA's attendance at governance partnership meetings and could easily have been remedied by clarifying partner and CLA roles, functions, and managerial responsibilities.

Of particular importance was the fact that all the French-speaking partners acted as advocates on behalf of the ESC in their own organizations. One of the partners was cited as an example by all the other partners. They were impressed by his actions and words, which demonstrated a high degree of cultural awareness, sensitivity, appreciation, and knowledge of the unique characteristics of the ESC.

Another outcome reached as this project evolved was stronger partner collaboration. All partners noted and appreciated the change and have decided to continue working together. Working together has opened up

possibilities to collaborate on issues not directly linked to the project that would have been dealt with separately in the past. For instance, the high school was able to address health-related student problems with the partners. These kinds of outcomes, realized through collaboration and cooperation, have a positive bearing on the objectives of the project as they ultimately facilitate greater ESC access to H&SS. As one partner sees it, it is about "knowing that you can reach out, network, and take advantage of their network as well."

One of the unexpected outcomes noted by some of the partners was the increased visibility of the high school and its CLC initiative, as a key institution in the life of the ESC. This partner is now more involved in cross-sector partnerships at the MRC level. Being a key representative of the main institution serving the ESC lends credibility to his role, which could positively influence future decisions and actions requiring an understanding of ESC needs.

A partner summed up the experience of the partnership beautifully:

> *"I've enjoyed it, we the partners can take advantage of each other, we can work together to reach an audience, and that has been really positive. With Val-Famille looking at reaching younger English speakers, they can use us to get there, … and I think it's wonderful that we have the openness that's taking place. Knowing what everybody's roles, abilities, restrictions are and having that relationship is wonderful."*

STRENGTHS AND LIMITS OF THE PROJECT STRUCTURE: **MANAGERIAL AND SUPERVISORY CONTROL**

No theory of change bearing on project managerial and supervisory control was formulated at first because the nature and importance of managerial/supervisory responsibilities was not clear for the evaluation team. It soon became apparent that neither partners nor CLC coordinator and CLA were clear about this.

For most of the partners, the identity of the person(s) who would assume the supervisory and managerial aspects of the project was not all that clear. During the project's implementation, the notions of 'management' and 'governance' often seemed to overlap. This was due in part to the presence of the CLA at partners' meetings, thereby blurring the line between supervisory and governance functions, and obscuring the identity of those responsible for carrying them out respectively. Contributing to the confusion was the fact that the CLC coordinator who had developed the project and was now on maternity leave was replaced by someone without a full understanding of the CLC role and of her responsibility vis-à-vis the CLA. The person responsible for assuming the supervision of the CLA's work was not clearly identified at the time: in some documents, the high school principal was named as the direct supervisor while in others, the CLC coordinator was said to be the supervisor. The supervisory role of the interim CLC coordinator was only partly recognized and accepted by the CLA, which occasionally created tension between them.

Given the confusion around management control in the first year of the project's implementation, the CLA initiated actions as she saw fit, which corresponded to the way in which she conceived of the project's direction. Some partners thought that these actions did not always align with project priorities. A liaison role is often a hard and frustrating one to assume in light of external pressures from community members for the CLA to respond as a social intervener. Yet, this is not the CLA's responsibility. The main task of a liaison agent is to liaise between community members and resources; it involves clarifying needs in order to connect those in need with appropriate resources (this is further discussed below). This role confusion and misalignment of project priorities might have been averted had the supervisory function been clearly assigned and understood as one of guidance. Such a person would act as the link between the CLA and the governance partners while working side by side with the CLA to address issues and problems collaboratively.

Another important dimension of management/supervision control that came to light during the evaluation process has to do with the provision of clinical support to the CLA. This is something that is central to successful liaison and outreach interventions. The expectation was that the CLC coordinator and the governance partners would offer a kind of clinical support to the CLA. Most of the partners thought that the CLA would turn to, work with, and receive support from, them in regards to various actions that she wanted to initiate. It did not quite go as expected. Governance partners came to the realization that the clinical support was insufficient to help the CLA do her job. As it turns out, they are unsure as to whether the CLA actually understood that they were available. There is evidence to suggest that this might not have been totally clear to the CLA who did not go to partners as would have been hoped for. According to some partners, most of the contacts initiated by the CLA had to do with the CWD program and the Health Fair event. They would have hoped to support the CLA in other ways that would have been of greater benefit to her.

Consider, for instance, the liaison role that is part of the CLA's responsibilities. There seems to have been some confusion at times on the part of the CLA as to how to use her connections to contact partner organizations. Given the hierarchical structure of some partner organizations, CLA confusion about the need to go through proper channels might have been problematic had partners not been proactive in reminding the CLA and interveners of the need to get the proper authorization before joining forces on some common endeavour. This situation might have been averted had the CLA known to turn to partners for support and guidance.

Extending support to the CLA is important. The liaison agent herself expressed the need for such support to brainstorm ideas while the partners recognized that she needed more emotional support. Without proper clinical support, there is a risk that the person assuming a liaison role in the community might become isolated and feel overwhelmed given the demands placed on her time. There is documented evidence of the fact that burnouts do occur under very similar circumstances. This could have happened in the present case as the CLA clearly expressed her need of support to us: "I am missing somebody to chat with and share all this crap that is going on around here. I want to work as much as anybody, but I can't do it on my own. I am kind of a bit lost."

In deciding on the soundness and strength of the project structure, the choice of location for the CLA office would be the subject of some discussion during the project's unfolding. The CLA office was located in the Richmond Regional High School. Some partners questioned the appropriateness of this choice. Both positive and negative considerations were mentioned by these partners.

Positive aspects of a CLA office located in the school, next to the CLC office, included:

- Access to a variety of facilities: CLC room, auditorium, etc.
- Overlap in CLC and CLA mandates: working toward a common goal of increasing community vitality
- Shared resources: the CLC has a lot of contacts in the ESC, which can help to open doors for the CLA
- Breaking the isolation

Negative aspects of a CLA office located in the school, next to the CLC office, included:

- Resistance from some ESC members to participate in activities taking place in the high school (e.g. Mother Goose, CWD training) given past negative experiences while attending high school
- Marginalization of the CLA who is not really integrated and therefore does not fit in the mainstream of school activities

THE COMPLEX TASK OF THE **COMMUNITY LIAISON AGENT**

The central figure in this project is undoubtedly the community liaison agent (CLA). The main actions of the CLA can be construed along four lines: actions related to the partners, actions targeting services providers, outreach to community members, and actions targeting resource persons (CWD program). Actions targeting partners and service providers, as well as those linked to the CWD program are mainly covered in other sections of this report. The Community liaison agent TOC illustrates CLA outreach activities and their predicted impact on the ESC.

Provided in the following pages is a detailed analysis of outreach and communication strategies used by the CLA. The community outreach intervention model developed by Morin, Allaire & Bossé (2015) and briefly alluded to in an earlier section was used as an analytic tool by which to make sense of the CLA's outreach actions performed over the course of the project's implementation. This model rests on four underlying principles which are helpful in understanding what is involved in community outreach. As outlined below, it consists in (1) understanding the territory, (2) intervening locally, and it requires the extension of (3) clinical and (4) administrative support.

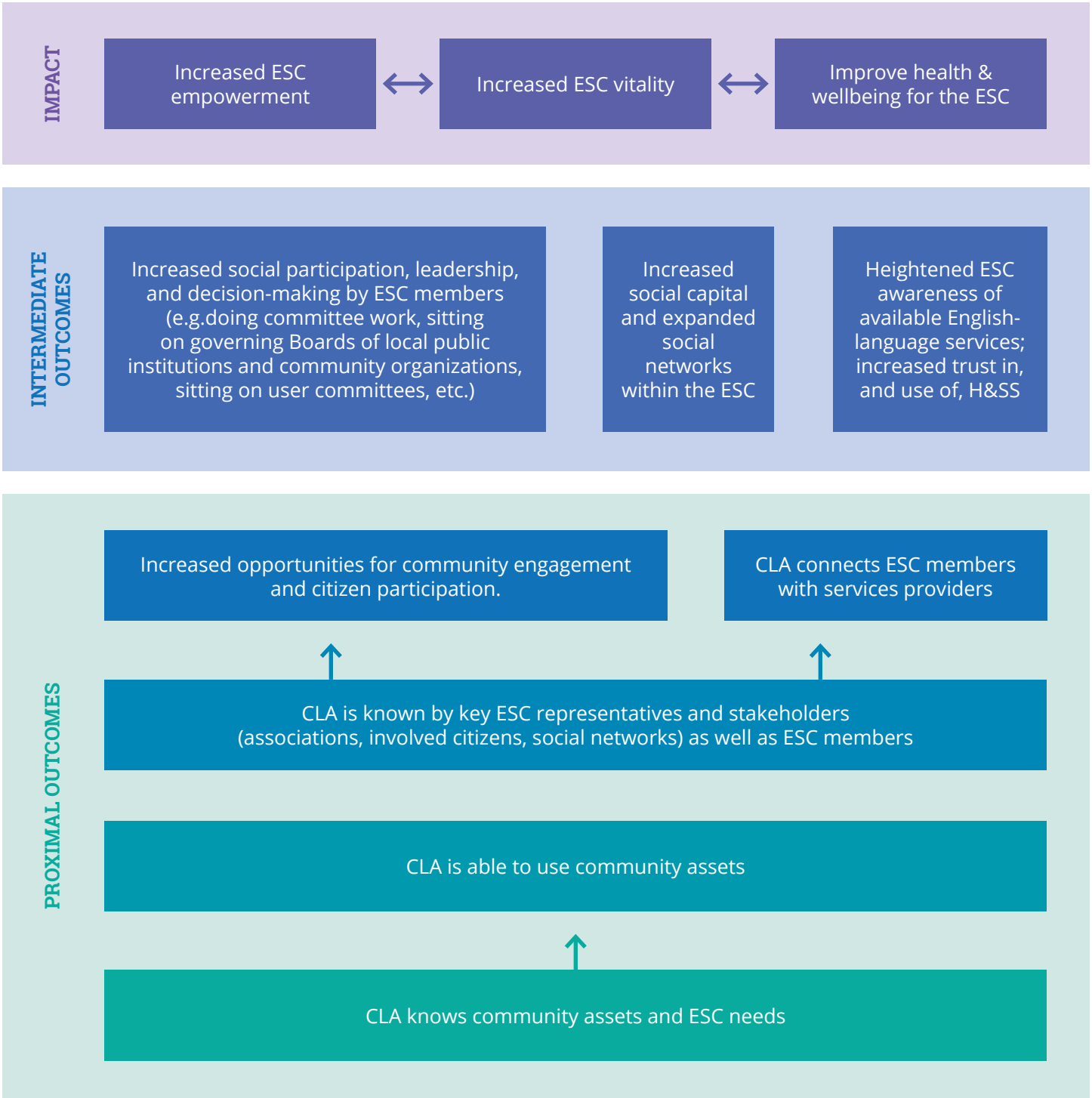
Community outreach intervention: underlying principles

→ Understanding the territory
- Characteristics of the population
- Assets and weaknesses of the community
- Services available

→ Intervening locally (community outreach)
- Be visible and accessible to the ESC
- Be able to deal with complexity, uncertainty, unanticipated changes, and occasional feelings of powerlessness
- Frequent outreach to citizens
- Draw from, and work with, community strengths, interests, skills and needs
- Mobilize and support resource persons in the community
- Be a liaison between citizens and service providers
- Foster empowerment, promote citizen participation, and facilitate social networking
- Continuously adapt actions to community needs

→ Requiring (1) clinical and (2) administrative support to avoid intervener burnout while maximizing the benefits of CLA interventions

COMMUNITY LIAISON AGENT (CLA) THEORY OF CHANGE



UNDERSTANDING THE LIAISON ROLE AND PROJECT OBJECTIVES

The CLA's understanding of project objectives was hampered by the maternity leave of the CLC coordinator which interrupted the smooth transmission of information. From the start, the project's unfolding did not proceed as originally envisioned, because actions implemented were not collaboratively conceived (CLA, CLC coordinator, governance partners) but CLA-driven instead.

"The project has been initially: this is what we want to do together, this is how we are going to make it happen by hiring a human resource with a supervisor. Initially, the project was designed to be carried out by two people: a coordinator and a liaison agent. In the transition, the project became solely oriented toward what the liaison agent was able to accomplish for the project."

UNDERSTANDING THE TERRITORY, BEING VISIBLE, AND WORKING WITH COMMUNITY STRENGTHS

The CLA lives in the community and is well known. This is an advantage though it also comes with its share of difficulties. She has a solid understanding of the dynamics of her community and knows many of its members. One partner noted that this is not an uncommon situation when working in rural settings. In fact, it can be an advantage in such a project as the present one. In the first year of the project's implementation, the CLA initiated many actions so as to increase her visibility:

- Presence at Mother Goose activities (mother-children stimulation activities) to liaise with mothers and interveners (ex: school nurse). As a result, the school nurse put her in contact with the CIUSSS perinatal services
- Facilitation of meetings of Quebec farmers' association at the CLC
- Presence at community activities (baby bazaar, Richmond fair)
- Contact within the schools (school nurse, school secretary, psychologist)
- Contacts with various service providers of health and social services: community groups, different CIUSSS social workers working with the ESC, Val Famille partners

These attempts at increased visibility were successful in that she was invited the following year to take part and assume responsibilities in the organization of community activities. In the process, efforts were made to build on people's strengths and community assets.

DEALING WITH COMPLEXITY: EASIER SAID THAN DONE

As a visible community liaison agent, it is especially important to clearly delineate the boundaries of one's actions both on the job and off work (everyday community involvement). This proved occasionally challenging for the CLA.

"... I want people to believe in what I do. The only problem is that people sometimes call me outside of work hours. That's the biggest problem for me, to define what work hours are."

Assuming a liaison role can be challenging: it is complex as it involves connecting people to needed services while staying within the bounds of one's role. The CLA noted that it is not always easy to locate the service that can meet a community member's need, and finding the right answer is time-consuming. Under the circumstances, it is tempting, as noted by one governance partner, to take it upon oneself to provide the needed support: "It's nice to want to help people, but [...] you are supposed to know who is qualified to help a certain person. You can guide them to the services, the institution, but not take that role yourself."

Another challenge faced when assuming a liaison role has to do with knowing how to maintain a certain professional distance and not get too personally involved, which therefore calls for the setting of clear boundaries. As the CLA put it, "it's very easy to get wrapped up and you have to stop yourself and recognise that you have limits in your role." Some partners questioned whether the CLA was too personally involved at times while reaching out to persons in need. "I think she gets too caught up, too personally involved. She basically takes their hand and wants to take them through all the procedures and the steps. That's not a bad thing, but it's not her role. It's demanding and I think that [this] has affected her personally". This must however be understood in light of the near absence of clinical support extended to the CLA. Clinical support, had it been ongoing, might have offset the occasional feelings of powerlessness experienced by the CLA, and helped to clarify role boundaries. Management responsibilities were not carried out as consistently as originally envisaged, which made the job that much more challenging for the CLA who wanted "to please all the partners".

OUTREACH AND LIAISON ACTIONS

As mentioned by partners and service providers alike, one of the CLA's strengths was manifestly her ability to reach out to the community. "I think the CLA did a good job of reaching out and getting involved and getting to be known and giving direction for the support". The CLA was able to reach many elderly people by way of communication strategies and outreach actions. It was harder for families though some partners commented on the CLA's success in reaching out to some 3 to 5 very vulnerable families. Her outreach work at the Elementary School resulted in the creation of a parent support group while she was also able to engage in bridging activities with local farmers.

While CLA outreach activities were carried out with success, the follow-up liaison work –particularly when involving vulnerable families in the last months of the project –, was somewhat compromised by the CLA's attempts to 'help' the families. As originally conceived, working within the limits of a liaison role entailed letting families know of available services and accompanying them in their efforts to access them. It never involved assuming social work-like responsibilities which can be emotionally draining.

"One of the concerns that I had is that maybe she was trying to do too much of the support instead of referring for support. That was a concern that I had and I still do. Sometimes it was not passing it on. The CLA really struggled with where to get the help and not becoming a crutch. I think it was a challenge for her and still is today."

At the same time, CLA actions had a mobilizing effect on many resource persons (community watchdogs) and ESC members. One of the resource persons, for instance, became involved in facilitating a parent-support group. Just recently, partners have noted a slight improvement in ESC vitality. Communication strategies (by way of Facebook postings and email announcements) were also used but their effects cannot be ascertained because they were not targeted in the evaluation. That being said, using these strategies to disseminate information about the availability of services undoubtedly helped. Whether this information was actually used to access services, however, is not known because undocumented at the present time.

Last but not least, many efforts on the part of the CLA and partners were invested in organizing a Health fair in October 2016. The objective was to disseminate information about H&SS to a larger public. The day featured public presentations about mental health as well as the health of the Estrie's English-speaking community. Booths of all sorts, including ones from which information about H&SS, community services, employment, and related services was provided, were on site for the benefit of both ESC and FSC members. This undertaking represented and involved a major mobilization of service providers which was very time-consuming for the CLA. The positive outcomes were mitigated by the fact that citizen attendance was not as high as anticipated: "I was hoping that bringing all these community organizations together would have been a big draw to bring people out. How to sell that? I don't know." Though it represented a first attempt of the kind, it was noticeably convivial and allowed for the possibility of networking among service providers. Approximately one hundred people attended, split pretty evenly down the line between citizens and service providers. Organizing this kind of event and convincing people to participate can be draining. In the words of the CLA, "I'm beginning to be bored to convince people to engage and participate in the community". Engaging in citizen mobilization should be an important aspect of organizing such events in the future so as to ensure greater citizen attendance. The success in securing the presence of so many service providers during the October 2016 Health fair is encouraging. It suggests that they are interested in providing services to the ESC.

EMPOWERING ESC MEMBERS

Getting people involved in their community is a complex endeavour, the outcomes of which are hard to measure. As evaluators, we have limited knowledge of the outcomes. Few actions seem to have been taken that were productive of clear outcomes. The main outcome is seen most clearly in the empowerment of resource persons resulting from the training that they received (CWD program). Interviews with various resource persons, and observations of some of their activities, suggest that they are now more aware of services available in English while increasingly willing to become involved and active in the community.

At the same time, one would expect that people needing services who were reached by the CLA or resource persons would be empowered to turn to H&SS and seek professional help on their own. Much of the support, however, was done by the CLA, which, according to one governance partner, makes it difficult to gauge the effect of the CLA liaison work as she tended "to take care of people a little too much".

OUTREACH, COMMUNICATION AND LIAISON WORK: OUTCOMES

The CLA's outreach work, while producing good outcomes, was challenging. The CLA found it difficult to stay focused on the project's broad objectives and on her liaison responsibilities when faced with frequent requests from ESC members to help them. What is at stake when assuming a liaison role is to find the right balance between immediate field actions (being supportive to people facing everyday emergencies) and structured actions aimed at collective empowerment, community vitality, and greater ESC access to H&SS services.

The context within which the CLA's work was carried out was less than ideal:

- Unclear supervision at first;
- Major reorganization of the public health and social services network into the CIUSSS de l'Estrie – CHUS and the ensuing rearticulation of staff and management responsibilities;
- Changes in partner representatives along the way;
- Challenges in reaching out to service providers.

Notwithstanding the interruptions, the CLA's work resulted in greater ESC visibility by sensitizing service providers to ESC needs. Her efforts also helped ESC members to become aware of services available in English in their area. Going forward, three things clearly need to happen, however: more liaison work needs to be done by way of connecting those in need with service providers trained to help them; more resource persons are needed as their numbers are limited; and positive outcomes must be strengthened so as to be sustainable over the long run.

CWD PROGRAM: **ESC RESOURCE PERSONS**

The community watchdog program had its start in, and drew from, previous attempts to implement a similar program in the Memphremagog area. Townshippers' Association was involved in the planning. In Richmond, a first attempt at setting up the program was made approximately a year before the start of the project. At that time, the CLA was hired by Townshippers' Association to recruit and train resource persons, and organize workshops. At first, these persons were called "community watchdogs" though they now refer to themselves as "resource persons". The first training offered six different workshops: 15 ESC members from the Richmond and surrounding area (including Danville and South-Durham) were recruited, mainly on the basis that they knew the organizers. No follow-up was done in the way of ascertaining whether the knowledge gained by participants was actually put to use in benefitting their community members. The actual partnership was then created and its members developed the community liaison project to support the CWD program. Shortly after, the person who supported the first CWD cohort training in Richmond was hired by all the partners to act as the community liaison agent. As no follow-up of the first CWD cohort was done and the outcomes were not as conclusive as envisioned, the partners and the CLA tried to better articulate and clarify follow-up actions and expected outcomes. The CWD program theory of change was developed in line with discussions that took place with the partners.

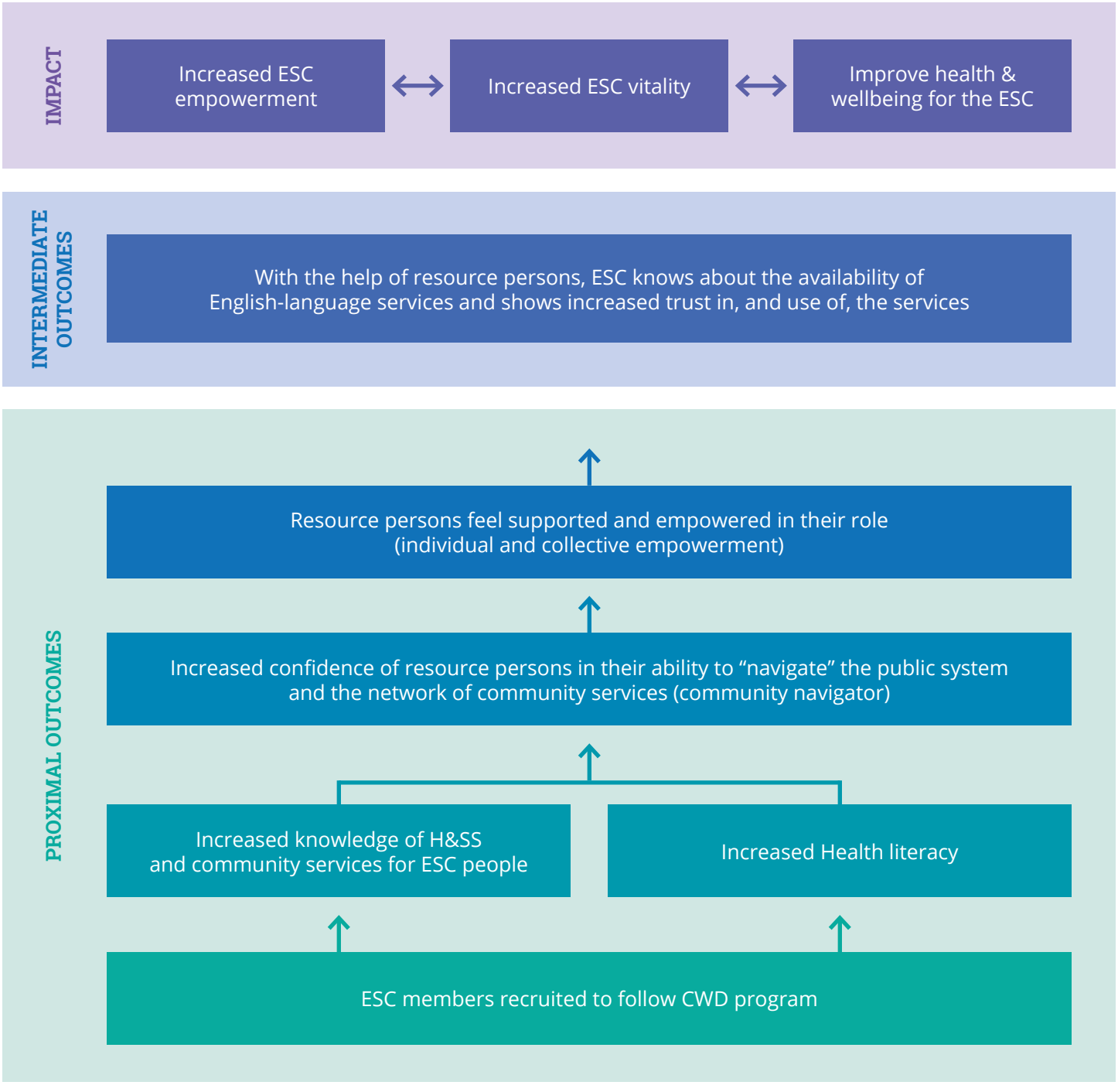
Since the first cohort training, three other cohorts have received training while the evaluation team has focused its assessment on only two of these, given time constraints. The fourth training session was held recently, and, as such, was not part of the evaluation process. As part of the first three cohorts, 31 resource persons were trained. The contents of the workshops varied over time as the CLA and the partners made gradual adjustments to the program. Participants felt that they had learned much by attending these workshops. The training has focused over time on the acquisition of the following skills:

1) Basic skills: active listening, recognizing the warning signs of health and mental health problems, boundary setting;
2) Knowledge about the availability and accessibility of H&SS resources.

RECRUITMENT: COMMITTED CITIZENS ARE NOT ALWAYS EASY TO FIND

Irrespective of the cohort trained, it was never easy to recruit ESC members. Elderly people were easier to recruit, but families were hard to reach because too busy to attend 4 to 6 evening workshops. The CLA invested time and energy in recruitment efforts, made several contacts in the community, called people she knew, went to businesses and associations, and attended fairs and outdoor activities to promote the training. People who participated did it for different reasons: for their own personal use, to share with friends and families, or to be active in the community. As a resource person put it: "It's not like joining a club. You can take it or leave it, there is no obligation". This might explain some of the difficulties encountered during the recruitment and follow-up phases, as nobody signed up at first to be part of a club-like initiative.

CWD PROGRAM
THEORY OF CHANGE



WORKSHOP TRAINING: A WORK IN PROGRESS

According to one partner, the CLA made some great contacts, raised awareness about the availability of English-language services and about ways of helping family members, while reminding English speakers that they are not alone. The CWD training offered the possibility of good moments shared by participants. One question remains: With so many topics covered in the workshops, one must ascertain what and how much was retained by participants that can translate into community action bearing positive outcomes for the ESC.

Example of a workshop

TUESDAY APRIL 19th: 5-7 PM

→ What is active listening?

The most valuable thing we can offer as natural helpers is a sympathetic ear.

Remember: Watchdogs are not counsellors. Listen, and then refer the person to the resource that best meets their needs.

BREAK TIME

→ Using questions: helpful and unhelpful

→ A little role-play… to try out our listening and questioning skills

→ Having a look at some different situations… family problems… Alcoholism… Elder abuse… Domestic violence… Drug addiction…

The evaluation team organized a feedback exercise at the end of the third cohort training and all the resource persons trained up until then were invited. Twenty-five people showed up, which demonstrates a real interest in the program. Questions raised during this exercise had to do with whether, and to what extent, they identified as CWDs, whether they applied the skills learned and had opportunities to use their knowledge of H&SS, and what kind of follow-up actions could be developed. Highlighted below are some of the findings:

- Participants did not identify as CWDs, stating their discomfort with the "watchdog" name: "I don't want to be perceived as nosy"!
- Most participants had not done a referral, but felt able to refer as they had a better sense of how to do it. The first cohort had a different training than later cohorts, which had centred mainly on available services. They wished that they had acquired skills learned by the two other cohorts.
- All participants appreciated the training experience and the fact that it was not like being in a classroom.
- Most of the participants had shared information with family, relatives and neighbours.
- Most participants wanted a refresher follow-up so as not to lose the knowledge gained, while they showed interest in attending new optional workshop opportunities given in the near future.

Feedback to partners resulted in a name change from CWDs to resource persons. This was thought to be a better reflection of the role played by these individuals in the community.

FOLLOW-UP AND OUTCOMES

Doing follow-up work with resource persons is hard to implement because many of them sought training not to join a group, but rather, to be a better help to their social network. The challenges for the CLA have been to devise communication strategies to keep them informed and interested in new developments. The follow-up has thus far been done in three different ways: by phone, email, or Facebook group exchanges. According to the CLA, staying in touch with resource persons is time consuming. In the future, knowledge transfer and follow-up will need to be kept up with these individuals, with or without the involvement of a CLA.

It is difficult for partners to pinpoint the outcomes of the program, as most of them have not been involved in the training. Yet, in reflecting on the program, they offer the following observations:

- As they see it, resource persons are not trained to play an active role similar to that of a social worker. As such, they should not assume an intervener role as this is the CLSC's responsibility.
- Resource persons may not always be aware of how to use their knowledge effectively, but it is clear that they are nevertheless making use of skills and information learned in the workshops, and applying them within their personal circles of friends and family.
- Resource persons have a limited, yet real impact on the ESC by spreading information about available resources among different community members.
- Some resource persons have told the CLA that they have used their knowledge and referred to H&SS services.

In the words of a partner: "They haven't had the widespread impact expected, but they have had the impact of spreading the information more locally. For example, my neighbours became watchdogs and spread information in their congregation to 30-40 people."

As it relates to the CWD theory of change discussed previously, it is clear that all the resource persons met have increased their health literacy and knowledge of the availability and accessibility of English-language services. The reasons for their hesitancy in sharing their knowledge about these services more widely include shyness about the CWD role, a concern about how others perceive them, and personal empowerment challenges impeding their proactive use of the new knowledge. Some resource persons feel empowered to put their skills and knowledge to use for the benefit of the wider community while others are not so confident and see the training, for the most part, as benefiting themselves and their close ones. The first ones are better able to fulfill the role originally envisioned, thereby contributing to high-impact outcomes. For the latter ones, their use and reach of the new knowledge is more limited. A general assessment of the whole training suggests that expected outcomes, as initially envisioned, have not yet been met but show definite promise. Some resource persons have recently talked to the CLA about actions that they have taken in the way of explaining or promoting available services to ESC members who might be in need of them. As such, future follow-ups and new workshop offerings could help trained resource persons to stay motivated and put their knowledge into action more effectively.

All things considered, it is legitimate to question whether the CWD program has trained a sufficient number of resource persons to have an impact and reach intermediate outcomes. Some partners wondered whether the project might have been too focused on offering the formal CWD program, which involved attending evening workshops. It may be that the program's format was not suited to those who might otherwise have been interested in getting involved as key community members, but simply didn't, given the schedule. The net result was that there was less diversity among participants than anticipated, although the cohorts have become more diverse over time.

Among the comments and suggestions made by partners, we record a wish for more organized youth-focused activities at the school, a need for a more flexible training format to get at hard-to-reach individuals, and a need of effective strategies to reach more families. All of the partners stress the need to recruit a greater number and variety of resource persons in the community, who would receive proper training and be given adequate support.

> *"You need to adapt yourself to your public. You could meet a gérant de dépanneur for 20 minutes a few times to give him information. You can then follow-up with him or train the same way his workers and invite them to events and workshops that could interest them. You could do short information capsules for Mother Goose. You could empower one or two persons that were living at Le Riverain, so they can inform the other persons there that were living in a poverty situation."*

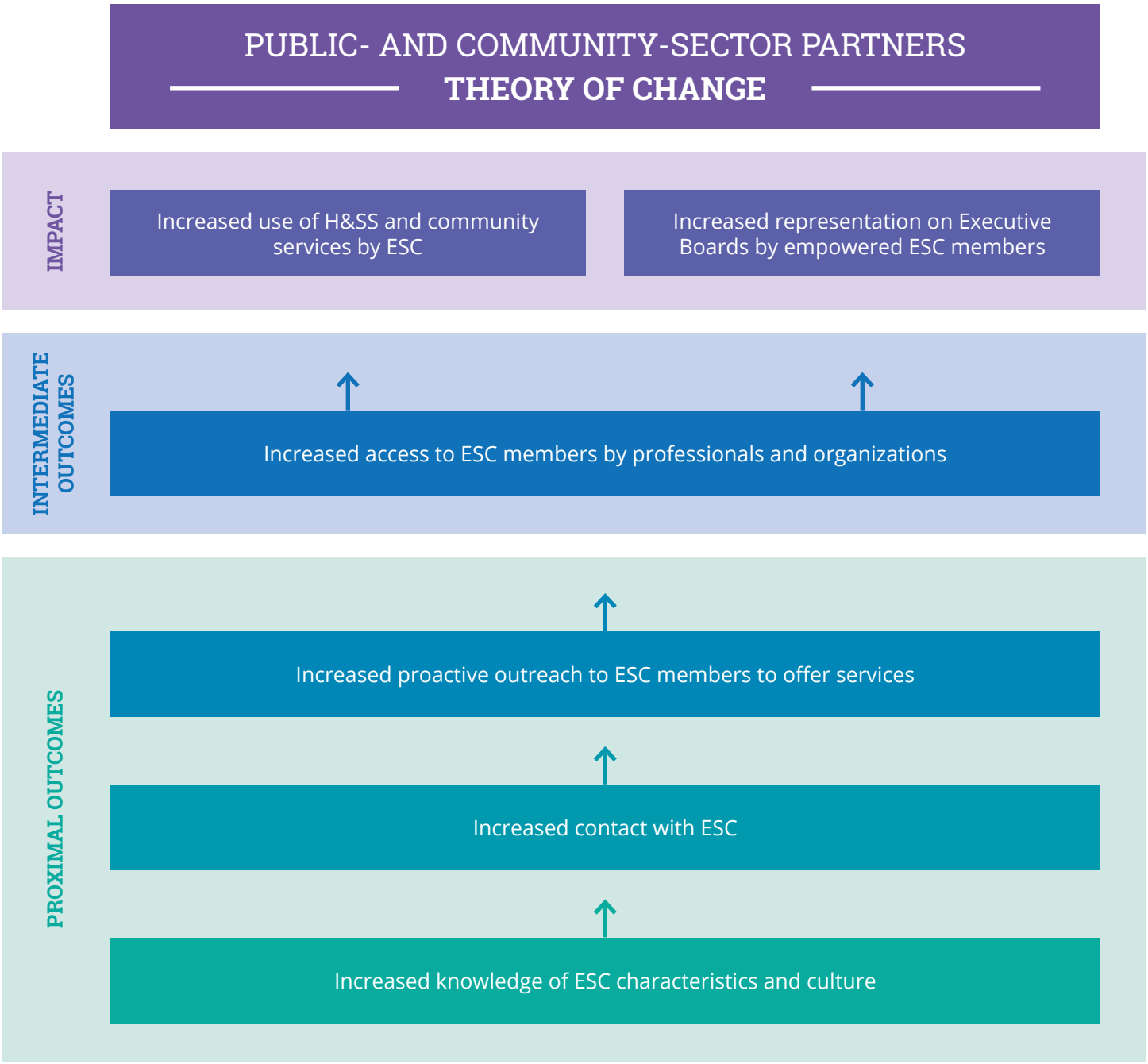
To maximize the likelihood of future beneficial outcomes, the partners will have to think of ways of supporting the present resource persons so as to sustain their interest and motivation over time, and of increasing the number of community resource persons. This can be done by using different strategies than those that rely on the deployment of the actual training program as presently configured.

SERVICE PROVIDERS **AND THE ESC**

The different health and social services available in Richmond are provided by various community organizations, each offering services that target a particular type of clientele. And then there is the CIUSSS de l'Estrie – CHUS, with its "point de service CLSC" as the public-sector and main provider of H&SS. For specialised health care and social services, one has to go to Sherbrooke. The local CLSC offers different health care and social services in English. For example, social workers who are fluent in English can be found working with the elderly, families, or at the mental health and social intake (accueil psychosocial). The school nurse is also fluent in English. These are the main providers of services to the ESC. There are also community organizations whose service offer is in French and who are more or less able to offer some services in English. (Public- and community-sector partners TOC)

THE CIUSSS DE L'ESTRIE – CHUS: LOCAL CLSC SERVICES

The CLSC workers that were interviewed as part of the project are in contact with the ESC, especially those who work in Richmond. Reflecting on the nature of their clinical interventions, they recognize that cultural differences exist between English and French users of services. According to them, the relationship with the English speakers is more "informal", in the sense that as part of their interventions, they have to take the time to talk about various aspects of their everyday life (e.g. flower beds or relatives). Both governance partners and social workers interviewed describe ESC members as no different than French speakers in that both need similar services. The difference, however, is that English speakers wait much longer before seeking help. They rely on their social network first. When they do eventually ask for professional help, the situation has deteriorated: for social intake workers, it feels as though they are putting out fires. English speakers who need services often have problems accessing English-language services in other institutions, such as at Emploi Quebec. Clinical interventions are harder and take longer to access because of the limited availability of English-language services. The social intake English-speaking intervener was hired close to the start of the project because it was deemed hard at times to respond to the needs of the ESC. She came into contact with ESC members through work and while participating in the CWD workshops. The word spread among the ESC community that there was someone at the CLSC that could help them. The CLA helped to spread the word by way of the CWD program, communication strategies, and individual references.



One interviewee noted that clinical interventions tend to be different when working with the CIUSSS English-speaking clientele: "You have to be comfortable with the fact that the intervention won't necessarily be formal. It takes patience. You have to go out of the institution rules, or the person will leave. You have to do more reaching-out." This means that both the nature and the rate of intervention activities are different from those provided to the French-speaking clientele. Institutional managers have to show flexibility so that their social workers can be efficient in their job, making use of outreach strategies to meet ESC members. This is particularly true with respect to the social intake intervener. Ever since managerial changes have been instituted, the workers have been given latitude so as to work more efficiently with the ESC. According to one governance partner, resistance about offering English-language services that one might encounter is mostly seen at the administrative level. The main problem has to do with a lack of cultural sensitivity to ESC characteristics and needs. Also identified as

problematic by the CLA at the health intake level is the reluctance by staff to speak English when dealing with an English-speaking clientele. This was also noted by other English speakers as well as resources persons trained in the CWD program.

In the course of the project's unfolding, the social intake intervener became better known in the community. It was then decided that she would be available two half days a week at the Richmond CLSC. Previous to that, the intervener was on call only, working mainly from the Windsor office (15 minutes away). It is important to realize that once the intervener is known by name and people come to seek help from this particular individual, -believing that services will be provided in English, the trust relationship must be built anew should the intervener be absent, sick, or no longer employed at the CLSC. This increased availability of English-language services cannot be deemed to be a direct result of the project's implementation because the social intake worker arrived as the project was just starting. Yet, it surely contributed to the changes. This type of outcome is only possible if the worker understands the reality of the ESC, demonstrates cultural sensitivity and knowledge, and is fluent in English. Cultural awareness by the intervener allows for the possibility of understanding linguistic subtleties and nuances while appreciating the unique characteristics of the ESC. As such, it is important for the Human Resources office to be open and willing to recruit workers with this kind of profile, though it remains a challenge to implement in reality. As the following quote makes clear,

> *« C'est sensible partout, quand on demande une exigence d'anglophone sur un poste, il faut tellement justifier et c'est complexe et difficile. [...] Ça fait parfois qu'on a des gens qui se débrouillent en anglais, mais il y a une différence entre se débrouiller et parler en anglais. Quand quelqu'un arrive en détresse, il y a des nuances qu'il est important de comprendre, et nous aussi il y a des nuances importantes dans notre discours qui peuvent faire une différence sur la perception de la situation. Ça c'est difficile présentement. Ce n'est pas particulier à Richmond, c'est partout. Présentement le mot d'ordre c'est qu'en cas de compétences égales on a le droit de privilégier la personne qui parle anglais, mais parfois il y a personne qui parle anglais. »*

COMMUNITY ORGANIZATIONS

Two types of community organizations can offer services to the ESC: French-speaking organizations found at the local and MRC levels, and two regional English-speaking organizations which are based in Lennoxville. These organizations are faced with different challenges and have different realities to contend with.

Let's consider the first type of community organizations. Local and MRC-level organizations have various experiences with the ESC: some offer English-language services, others, not. Generally speaking, they contend that some of their staff is capable of providing services in English though, admittedly, the level of English used varies a lot across employees. Often, services offered are only or mainly in French. When asked about the possibility of offering English-language services, a common response is that they are unnecessary given the lack of clientele asking for such services.

While on the one hand those interviewed didn't believe that the English- and French-speaking communities are much different in their needs, they were yet able to recognize that unilingual English speakers would find it particularly challenging to access French-language services. At first, the CLA reached out to different community organizations. In time, some of them came to her, asking for specific support to translate documents or to make contact with the ESC. As a result, some organizations are now more aware of the needs of the ESC and are looking for ways of offering more services in English. Most of the community organizations participated in the Health Fair, which shows an interest in serving the ESC. Of particular help in abetting this change have been the CLA's previous knowledge of, and experience and involvement with, some of these organizations. Direct outcomes observed include a better understanding of the characteristics of the ESC and slightly more contact with English speakers. For a small number of organizations, the outcome is more modest: it can be seen in their willingness to explore the possibility of offering more services in English. Given that most resources have a tight budget and are struggling to maintain their service offerings during challenging financial times, the outcomes may seem modest but they are yet encouraging.

Governance partners mentioned the need to tend to newly forged links with community organizations in the future, and to maintain open lines of communication so as to be aware of happenings within their organizations. Even though new initiatives are now unfolding, work still needs to be done to instill habits of offering English-language services and reaching out to the ESC.

With respect to the regional English-speaking community organizations based in Lennoxville, their reality is somewhat different: they point to insufficient financial and human resources as impediments to carrying out their mandate properly. They do not believe that they have adequate resources to serve all of the Anglophones that might need help in a near future. Some stakeholders talk about unique challenges and difficulties in working with local organizations. They contend that a local French-speaking group could offer services in English, but will avoid doing so because a regional English-speaking group is expected to offer the same kind of services. The fact that these regional community organizations which are typically understaffed cannot offer services everywhere in the Townships calls for governance partners to be more proactive in this respect.

CULTURALLY SENSITIVE SERVICES: A MATTER OF IMPORTANCE

Of note among the evaluation's key findings is the frequent absence of provider cultural competence as we found both the meaning of culture and its importance to healthcare delivery either misunderstood or ignored by most health professionals and service providers. Betancourt (et al, 2003, p. 294) relates the definition of a "culturally competent" health care system as one "that acknowledges and incorporates –at all levels- the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs". The recent WHO 2017 policy brief (Napier et al, 2017, p.xi) reminds us that culture matters when attempting to understand health and well-being. Research of recent years has shown that cultural awareness is linked to health equity. Not only is it important to critically examine one's own culture, perceptions and assumptions, but to also be mindful of the cultural contexts of others as culturally-based differences in health beliefs, values, needs, and perceptions are known to shape subjective experiences of health, well-being and illness, and to influence individual and collective behaviors.

Highlighted in the present evaluation are 3 key findings that relate to cultural competence. To begin with, interviews conducted with various health professionals, service providers, managers, and decision-makers over a two-year period reveal a general lack of awareness and appreciation of the impact of provider-user cultural differences on communication, trust, access to services, and perceived healthcare quality. While a few can be said to realize the impact of such differences on healthcare access for the ESC, many have not engaged in a reflection about the nature and implications of such cultural differences. This is particularly interesting in light of previous research showing that linguistic and cultural misunderstandings between service providers and users can give rise to experiences of distrust and dissatisfaction acting as barriers to healthcare access, thereby potentially compromising health and well-being (Charpentier et al, 2011; Saha et al, 2008; Betancourt et al, 2003; WHO, 2017, p.21).

A second finding points to the need to bridge the cultural distance between local H&SS providers and the ESC. This could be accomplished by way of sensitizing service providers, managers and decision-makers to the meaning and importance of culture. That cultural competence goes beyond linguistic proficiency is clearly not well understood. To be culturally aware means understanding that cultures vary in their health beliefs, values, preferences, behaviors and attitudes toward health care. Such a realization calls for an integration of culturally competent interventions into the health care delivery system (Betancourt et al, 2003). Failure to realize this can negatively affect the interactions between the ESC and service providers, and result in health disparities for members of this minority community. To be culturally responsive and knowledgeable involves a better understanding of this population group: it means appreciating and valuing the unique characteristics and needs of the ESC, and adapting the offer of local and regional services to fit the needs and expectations of care of this community.

Finally, given the near absence of cultural education at this time, cultural sensitivity training is needed within the health care system to promote an understanding of the relationship between culture and health, thereby enhancing the cultural competence of service providers. The WHO 2017 policy brief (p.21) reminds us that equity in health care involves much more than simply increasing service provision and access. A tailored rather than a one-size-fits-all approach to care is required to avoid discriminating against those whose unrecognized needs are different from others. In the words of its authors, "responding effectively to the needs of a community involves aligning caregiving practices with how care is understood and experienced by those receiving it" (Napier et al, 2017, p.24). In line with 2017 World Health Organization objectives, culturally sensitive training and education fostering the emergence of contexts for trust and belonging for ESC members would allow for a more effective response to the health needs of this community.

Importantly, the need of training for health professionals is one among a number of recommendations found in the 2016 Public Health report on the health of linguistic and cultural minorities in Estrie (CIUSSS de l'Estrie –CHUS, 2016). This report endorses the view put forth by previous researchers who have suggested that living in a minority context be deemed a health determinant given its links to social health disparities. Among the recommendations made in the report are the following, 1) as it bears on Health research and evaluation: "Support research and health assessment and evaluation initiatives, which focus on the English-speaking and immigrant communities. Health perceptions and beliefs (physical and mental), health and social service's needs, barriers and facilitators to services, as well as cultural elements associated with the use of services should be prioritized"; and 2) as it bears on Training of health professionals: "Offer and promote access to training that is adapted both to the needs and expectations of those communities and to the needs and work experience of the workers of the CIUSSS de l'Estrie-CHUS to health professionals who work with these population groups"; and again, "That the CIUSSS de l'Estrie –CHUS improve the intercultural competency of the organization while considering the latter as one of the dimensions of service quality… Enhancing the intercultural competency of the organization as a dimension of service quality as regards the English-speaking community could also be considered" (CIUSSS de l'Estrie-CHUS, 2016, pp.45-46).

Governance partners are of the opinion that generally speaking, cultural sensitivity has improved somewhat during the course of the project's unfolding. Some find it hard to gauge this: "I'm not sure how much of an impact we could measure. It's hard for me to say". One must recognize that this cultural sensitivity to the reality of the ESC, and openness to meeting their needs, are influenced by many factors, such as political opinion, knowledge and interpretations of provincial human rights laws, provincial health care laws, familiarity with the region and the area's historical unfolding over time, resistance/openness to change, and ability to speak English. As one partner put it, "it is important to link cultural sensitivity with the historical background of the Eastern Townships and the coexistence of the French-speaking community and the English-speaking community, which is specific to our region." The thought is that without this knowledge and understanding, it is easier to play down the importance of the ESC culture and the unique characteristics of this population group.

Change in the direction of greater cultural sensitivity toward the ESC was noted for two community organizations, though this evolution was modest for most of them. These groups now advertise more in English and try to organize activities in English. The other groups often have limited English-speaking human resources or are limited in the number of services that they can offer. The collective kitchen organization (cuisine collective), for instance, is already operating at full capacity by servicing its maximum number of kitchen groups. ESC members are welcome to join already existing groups if space is available, but the collective is not able to develop more services specifically targeting ESC members. This organization cannot guarantee that the group will be in English, because if it consists mostly of French speakers, the group will speak French. As suggested by one partner, a possible impediment to showing cultural sensitivity for some organizations might be understood as a certain shyness to speak English while simultaneously attempting to override the natural and ingrained tendency to respond in French as the habitual medium of communication within the organization. What has helped in enhancing cultural awareness and knowledge has been the Health Fair organized by the CLA in the fall 2016, which represents a step forward in bridging the gap between the ESC and public- and community-sector organizations.

CONCLUDING REMARKS **AND RECOMMENDATIONS**

The Community Liaison project and the evaluation of its effectiveness have been carried out over a two-year period. Evidence of the project's intermediate and long-term outcomes as well as impact (increased access to HSS, community vitality and empowerment) is difficult to document when gathered over a short period of time. When a project is about community development and empowerment, time is needed to fully comprehend its impact. Bridging links and trust building which are needed to reach greater outcomes are time-consuming endeavors. This kind of project should therefore be sustained over a longer period of time than two years in order to realize the full measure of its impact. The partners' actions are moving in that direction. Their assumption of an advocacy role within their organization, their accurate representation of the needs of the ESC, their cultural sensitivity, and their commitment to shaping the service offer represent so many opportunities that could yield positive outcomes in the future.

In order for actions to continue and be sustainable over the long run, it is clear that continued involvement of the partners and the CLA is needed. A clear and commonly held vision of the short- and long-term outcomes is important so as to align immediate actions with long-term objectives.

RECOMMENDATIONS

The following eight recommendations have been articulated in the belief that their implementation can address the project's weaknesses while supporting the realization of its short- and long-term goals.

RECOMMENDATION 1

Keep the cross-sector partnership active and strong to consolidate present gains and achieve sustainable outcomes over time

The partnership has realized positive outcomes. If active and sustained over time, it could build on these outcomes and register a greater impact as collaboration and trust presently exist between partners.

RECOMMENDATION 2

Meet the need for focused, consistent, and flexible project management and for clinical support of the CLA, to produce intended outcomes

Role confusion and blurred boundaries between governance and management responsibilities were observed, as well as an inconsistent clinical support to the CLA. Clarifying managerial and supervisory roles could result in increased clinical support to the CLA.

RECOMMENDATION 3

Explore options and create opportunities for English-speaking CIUSSS interveners and the CLA to meaningfully work together

Institutional boundaries and internal rules are complex and may be difficult to understand for anyone not working within the CIUSSS system. In the course of the project's unfolding, the CLA often dealt directly with interveners, whereas the latter would have first needed to seek their manager's permission before acting jointly with the CLA. The collaborative process could be made more explicit by agreeing on, and clarifying, ways of doing things when it comes to joint work with the CLA.

RECOMMENDATION 4

Assist the CLA in striking the right balance between immediate field action and structured actions aimed at long-term objectives

In light of difficulties and role confusion experienced by the CLA while doing outreach intervention, changes are needed that would clearly spell out the nature and limits of outreach and liaison activities respectively.

RECOMMENDATION 5

Work at strengthening newly-forged links between various community stakeholders so that they are enduring

Various community stakeholders, such as representatives of community organizations, associations and partnerships have been approached so as to sensitize them to the characteristics and needs of the ESC. While these bridging opportunities are important, they must be strengthened so as to bring about a changed mindset and ensure that it becomes second nature to keep ESC needs in mind.

RECOMMENDATION 6

Expand the CWD program beyond the present format (training sessions) by implementing flexible and varied strategies to increase the number of resource persons

The actual training format limits the participation of certain population groups, like families, shop owners, etc. Other training possibilities, such as training people individually while working around their schedule could be explored in order to reach people who might otherwise be open to getting involved but are yet not available for an intense training.

RECOMMENDATION 7

Offer training sessions to personnel on cultural competence, appreciation and knowledge, and implement culturally sensitive actions specifically aimed at ESC vitality (training format could be extended to other cultural communities)

Given the importance of providing culturally competent interventions, specific actions could be taken to sensitize workers to the existence of cultural differences in health beliefs and preferences, and their impact on perceived healthcare accessibility and quality. This training should target not only interveners, but also nurses, receptionists and other H&SS groups of workers dealing with an English-speaking clientele.

RECOMMENDATION 8

Include outreach and liaison practices within the CHSSN community mobilization model

A synergy could be developed between the CHSSN's Networking Partnership Initiative and the Community Liaison Project with its liaison dimension, in the near future. As the Community Liaison Project is grounded in and focused on community vitality and empowerment, it could be an excellent addition to the CHSSN community mobilization model.

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APPENDIX
INTERVIEW GUIDES

FIRST INTERVIEW WITH GOVERNANCE PARTNERS, CLA AND CLC COORDINATOR

→ From your perspective, tell us what the Community liaison project is about.

→ How and when did you become involved in the project?

COMMUNITY CHARACTERISTICS

→ What are the main characteristics of Richmond and of the surrounding area?

1) territorial characteristics
2) economic life
3) available services
4) education
5) employment
6) community life and vitality: solidarity, community leadership, mobilization, participation

→ How would you describe the reality of the English-speaking population?

1) elders
2) families
3) youth
4) social exclusion and loneliness
5) place within the community (participation in, recognition by, and relation to, the French-language community)

→ In light of the ESC characteristics, why do you think this particular project was developed?

→ In what ways are the community services accessible to the ESC?

1) Can you give an example of this?
2) For the different categories of population

→ In what ways are the H&SS accessible to the ESC?

1) Can you give an example of this?
2) For the different categories of population

→ To what extent do ESC members sit on committees in the community?

1) As it relates to community groups
2) On institutional boards and committees

THE PROJECT AND THE PARTNER ROLE

1) What are your expectations for this project?
2) Why is it important?
3) What are the roles and responsibilities of the Community liaison agent?
4) What are the roles and responsibilities of the Community watchdogs?
5) What are the roles and responsibilities of the community partners?
6) What are the roles and responsibilities of the governance partners?

→ What role do you play within the project?

1) How do you conceive of your role in relation to the Community liaison agent?

PARTNERSHIP

→ Why is a partnership needed to accomplish your purpose?

→ Are all partners that should be part of this project presently involved in it? Is anyone missing?

→ What should come of this partnership?

→ What type of involvement should exist among partners in this project?

→ How is the partnership working right now?

1) Expression of different viewpoints
2) Decision making
3) Resolving divergent positions
4) Recognition of the partners' contribution

→ What could be done to improve the relationship and communication between partners?

EXPECTED OUTCOMES AND HOW TO ACHIEVE RESULTS

→ What outcomes do you anticipate?

→ What actions should be put into place to obtain these results (for each outcome)?

1) as it relates to the community watchdogs
2) as it relates to the ESC and community vitality
3) as it relates to the community groups
4) as it relates to the community liaison agent

→ What do you anticipate to be the enabling (helping) factors?

→ What do you anticipate to be the challenges?

CONCLUSION

→ Is there anything else that you would like to see happen as a result of the implementation of this project?

FIRST INTERVIEW WITH CWD

COMMUNITY CHARACTERISTICS

→ What are the main characteristics of Richmond and the surrounding area?

1) territorial characteristics
2) economic life
3) available services
4) education
5) employment
6) community life and vitality: solidarity, community leadership, mobilization, participation

→ How would you describe the reality of the English-speaking population?

1) elders
2) families
3) youth
4) social exclusion and loneliness
5) place in the community (participation in, recognition of, and relation with the French-language majority)

ROLES AND RESPONSIBILITIES OF COMMUNITY WATCHDOGS (CWD)

→ How and when did you become a community watchdog?

→ Who approached you to become a CWD?

→ Did you receive training?

1) if yes, what training was it? Do you need more information or accompaniment?
2) if no, what type of training/information would you need?

→ What is a CWD for you and how do you construe the role of a CWD? Can you give some examples?

→ Are you aware of the resources available to the ESC as they relate to health and social services? What about services offered by community organizations?

1) How do you come by this knowledge?
2) Have you, your family, or friends ever used these services? If so, which one(s)?

→ Do you feel confident in your role as a CWD?

CLA FOLLOW-UP AND INTERVIEW – JUNE 2016

1) Could you describe the main actions you are involved in as CLA?
2) Mapping of the main actions on a board, regrouping actions by themes and asking the other questions by themes
3) For each action/theme, could you tell us:
    a. Who is the targeted population?
    b. What are the expected results?
    c. How are you carrying out the action?
    d. What are the main obstacles encountered?
    e. How do you think this action will contribute to the expected outcomes of the project? (in relation to the TOC)
    f. What's the time frame to carry out the action?
4) Management of the project and support
    a. How has the change in CLC coordinators worked out for you and for the project? What was its impact?
        i. How is it going with the present CLC coordinator? Strengths and challenges, supervision and collaboration
    b. For you, what is the best management model and style for the project?
    c. At first, it was part of the project's design to have a support committee to support you. That committee was never created. Do you feel supported in your job? What would increase your support?
    d. You have recently asked for a reduction in work hours. What drove you to make this request? What will be the impact and changes on the project?
5) Collaboration with partners
    a. How is the collaboration going with partners?
        i. Governance partners
        ii. Community and public institution partners
    b. What is at stake in accessing partners' services?

CONSULTATION WITH THE COMMUNITY GROUPS

1) Quelles sont les caractéristiques et services pour la communauté anglophone de Richmond?
2) Quels services offrez-vous?
    a. Annoncez-vous vos services en anglais?
    b. Sont-ils disponibles en anglais à Richmond?
    c. Quels sont les défis pour annoncer ou offrir les services en anglais à Richmond?
    d. Quels sont les leviers (drivers that could enable you to offer services) qui vous permettent ou pourraient vous permettre d'annoncer ou d'offrir les services en anglais à Richmond?
3) Connaissez-vous le projet d'agente de liaison pour la communauté anglophone et les CWD?
    a. Si oui, qu'est-ce que vous savez de ce projet? Quel est son utilité?
    b. En quoi d'avoir une agente de liaison est un levier ou non pour votre travail?
4) Présentation de Health fair : pensez-vous y participer?

DISCUSSION WITH THE CWD (EVALUATION ACTIVITY WITHIN THE CWD PROGRAM)

1) Do you identify as a community watchdog?
    a. Are you using skills learned, and how are you using them?
    b. Are you now better at recognizing warning signs and identifying needs of ESC members?
2) Have you had opportunities to use and share information about H&SS services learned in the workshop? How have you used the information?
3) What kind of follow-up should there be after the workshops?
    a. What might you need that would allow you to continue what you are doing?

OBSERVATION GRID – HEALTH FAIR – OCTOBER 22, 2016

- → Setting of the event (drawing)
- → Atmosphere at the fair
- → General attendance
- → First contact at the fair: welcoming of participants
  - _ How? – Who?
- → Booth
  - _ In French, in English,
  - _ Is someone available that can speak English? Fluent in English?
  - _ Pamphlets in English?
- → Participants
  - _ Who is coming (age, gender, ES or FS, target groups: families and elders)?
  - _ Are they taking the time to visit the booths?
  - _ Are they talking with the booth exhibitors?
  - _ Are they staying to hear the talks in the auditorium?
- → Talks
  - _ Topics and presenters
  - _ ES or FS
  - _ Able to understand English and answer questions in English?

INTERVIEW WITH CLA AND CLC – END OF EVALUATION OF CLP PROJECT

KNOWLEDGE OF THE ESC

- → How have you taken into account the reality of the ESC and the strengths and deficits described in the community portrait as they have come to light during the project's unfolding?
  - _ In your actions?
  - _ In the governance partners actions?

PARTNERSHIP

- → Was each partner involved as it was originally intended?
  - _ Why?
  - _ What could have been done better?
- → Did the partners work in the same direction?
  - _ Can you give examples?
- → How did the partners report the outcomes of the different actions?
  - _ What outcomes have you reached?
    - ▸ How were they reached?
    - ▸ What were the barriers and facilitators?
  - _ What outcomes could be reached in the near future?
    - ▸ How can they be reached?
    - ▸ What will be the barriers and facilitators?
- → How has your understanding of partner services and mission evolved over time?
- → Is the collaboration with partners easy?
  - _ How about transparency?
  - _ How about commitment?
  - _ How about the flow of communication?
  - _ How about information sharing?
  - _ How about activity coordination?
  - _ How about trust and respect?
- → What are the partners' organizational limits in regard to the project?

→ How did the partners sensitize key decision-makers within their own organization to issues identified in the project?

→ When needed, do the partners adopt an advocacy role so as to improve access to services and ensure a continuum of services?

COMMUNITY GROUPS AND CLSC

→ Has cultural sensitivity to ESC needs and characteristics improved among community groups and the CLSC?

→ Are the community groups and the CLSC institution open to CLA input? How has the input been shared?

→ Have there been any changes in how the groups:

- advertise their activities and services in English?
- develop or tailor English-language services to fit the ESC context?
- increase their understanding of access challenges and language barriers faced by the ESC?
- establish links with ESC groups and associations?

ACTIONS AND OUTCOMES

→ What are the main actions undertaken by you in regards to the project?

- By the CLA + strengths and obstacles?

Resource and key persons:

- How have you documented and promoted community engagement and citizen participation opportunities?
- Can you give an example of increased visibility of key ESC individuals on local committees?
- Have ESC needs and reality been the focus of advocacy and taken into account in actions undertaken by different committees?
  - Which committees?
  - What forms do English speakers' community involvement take? Has there been greater involvement on their part over time?
  - What were your actions in this regard?
  - What worked? What didn't?

→ What specific actions were taken with respect to English-speaking individuals who needed help? What were the effects of these actions?

CWD PROGRAM

→ After 3 cohorts, what was accomplished?

→ Have the resource persons been able to increase their knowledge of the availability and accessibility of the services?

→ Has the program reached what you were hoping for?

→ Is there support for resource persons?

→ Where is the program heading and what are the intended outcomes for the future?

INTERVIEW WITH GOVERNANCE PARTNERS – END OF EVALUATION OF CLP PROJECT

- → How have you taken into account the reality of the ESC and the strengths and deficits noted in the community portrait as they have come to light during the project's unfolding?
  - In your actions as a partner?
  - In the governance partners' actions?
- → Did each partner participate in the way in which it was originally conceived?
  - Why?
  - What could have been done differently and better?
- → Did the partners work in the same direction?
  - Can you give examples?
- → How did the partners report the outcomes of the different actions?
  - What are the outcomes that you have reached?
    - How were they reached?
    - What were the barriers and facilitators?
  - What outcomes can be reached in the near future?
    - How can they be reached?
    - What will be the barriers and facilitators?
- → How has your understanding of other partners' services and mission changed over time?
- → Is the collaboration between partners easy?
  - How about transparency?
  - How about commitment?
  - How about the flow of communication?
  - How about information sharing?
  - How about activity coordination?
  - How about trust and respect?
- → What are your organization's limits in regards to the project?
  - How do you deal with these?
- → How do you sensitize key decision makers in your organization to issues identified in the project?
- → When needed, do the partners adopt an advocacy role so as to improve access to services and ensure a continuum of English-language services?
- → Have the community groups and CLSC become more culturally sensitive to ESC needs over time? Are the community groups and the CLSC institution open to CLA input? How has the input been shared?
- → Have there been any changes in how the groups:
  - advertise their activities and services in English?
  - develop or tailor English-language services to fit the ESC context?
  - increase understanding of access challenges and language barriers faced by ESC?
  - establish links with ESC groups and associations?

  Resource and key persons:
  - How are community engagement and citizen participation opportunities documented, promoted, and facilitated by the CLA?
  - Can you give an example of heightened visibility of key ESC individuals on local committees?
  - Are ESC needs and reality the focus of advocacy and taken into account in actions undertaken by different committees?
- → What specific actions were taken in regards to English-speaking individuals who were in need of help?
  - What were the effects of these actions?

CWD PROGRAM

- → After 3 cohorts, what was accomplished?
- → Have the resource persons been able to improve their knowledge of service availability and accessibility?
- → Has the program reached what you were hoping for?
- → As you see it, where is the program heading and what are the intended outcomes in the future?

CONCLUSION

- → What are your general feelings and thoughts about the project?
- → What are your hopes for the future of the project and for reaching greater outcomes?

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