

New initiative announced

A new \$3.4 million grant from Health Canada will further measures already triggered by the CHSSN's program on primary healthcare delivery to Quebec anglophones. This funding is to support a new initiative that will build on the gains achieved by existing projects.

"This is an important new development," affirms Jennifer Johnson, CHSSN executive director. "It is designed to foster even closer links between local community organizations and the public institutions that deliver healthcare services. Strong and lasting partnerships are crucial if all the progress made so far is to be sustained."

Much was accomplished in the first primary healthcare program, completed in March 2006. Thirty-seven public institutions upgraded their capacity to serve English-speaking clients. Seven projects focused on improving anglophones' accessibility to Info-Santé. Twenty-five other institutions upgraded frontline health and social services and five long-term care centres adapted programs to better serve English-speaking clients.

There are 26 public institutions involved in the new initiative. They have drawn up plans to pursue three basic goals: Promote organization of services to English-speakers within the design of local clinical projects and as regional access plans are implemented. Sustain the long-term partnerships created between public institutions and the community. Develop innovative measures that

can be applied across the healthcare system, and that will better identify and monitor problems, so that a broader roster of services in English is available.

Getting logged in English

The Jeffery Hale Hospital/Saint-Brigid's Home has developed a procedure to identify anglophone users within the healthcare system. The aim is to have language preference included as one of the defining criteria in the government's new patient identification plan. Now being applied in the Quebec City region, it could eventually serve as a model for the province.

Promotion of Info-Santé

Several measures are aimed at boosting anglophones' use of the government's healthcare telephone service. Now that the Montreal call centre is prepared to provide Info-Santé in English, a major publicity campaign will be launched across Quebec to promote the service. In the Laval region, telephone responders are being provided with English-language training and appropriate healthcare documents in English. A project to improve accessibility for anglophones to Info-Social is under way in the Saguenay-Lac-Saint-Jean region.

The CHSSN is planning to hold a national symposium to bring its project partners together with their francophone counterparts who are participating in primary health care programs in other provinces. "We can certainly all learn from each other," says Johnson.

CHSSN calls for more federal funding in Quebec

Jim Carter, policy and program advisor for the CHSSN, met with the federal Standing Committee on Official Languages in October to report on the impact that recent federal funding has had on access to health care in English in Quebec. Carter cited the many successes already achieved in new accessibility projects, and proposed that such federal assistance be continued.

Partnership networks (\$4.7 million): A provincial network of 65 anglophone organizations. Ten local and regional networks that brought together community organizations and public institutions to identify needs and priorities of anglophone communities.

Primary level health care and social services (\$10 million): Access to primary level health care and social services improved within 37 public institutions. Access to Info-Santé in English guaranteed. Programs for anglophone clients adapted by 5 long-term care centres. Frontline services upgraded by 25 other institutions

Human resources development and distance service delivery (\$12 million): English-language training to over 1,400 francophone healthcare professionals. Partnerships set up in 14 regions to provide internships for health and social services students. Twenty-eight sites across the province participated in telehealth conferences.

"We emphasized that new federal contributions are required to sustain all these initiatives," says Carter. "We also pointed out two priorities for additional funding to improve access to services: research on official language minority communities and expansion of telehealth projects in isolated regions."

Project fares well

There were some adjustments along the way but, overall, the CHSSN's first primary health care program gets a very positive rating. An evaluation just completed by the École nationale d'administration publique (ÉNAP) points out that significant progress was made towards improving healthcare services to anglophone Quebecers.

"To me, the great achievement of this program was the strong links it created between the community organizations and their public partners," affirms Sylvain Bernier, evaluation project manager. "There is more awareness now of the communities' needs and a clear willingness among the service providers to respond to them. The 15-month time constraint did create challenges for a few projects, however, so that in some cases reorganization of services was not as widespread as hoped."

Telehealth proving to be a great success

The telehealth program devised by the CHSSN has made major strides in bringing healthcare services and information to anglophones living in remote Quebec communities. From its first four pilot sites, the program has blossomed into 28 sites across the province during the past year. Videoconferences were held on such topics as adolescent behaviour, cancer, palliative care, drug and alcohol abuse, and bereavement.

The numbers keep growing. Sixty people attended a session on mental health; 150 attended one on bullying. "It's very exciting to see the enthusiasm these sessions have

Community learning centres coming

Quebec's Ministry of Education has just launched its new program of establishing Community Learning Centres (CLC) in English-speaking communities. Operating for many years in the francophone sector, the CLCs are intended to open up schools to their communities through the development of partnerships with public, private and community organizations. The 15 new anglophone CLCs are to become hubs of education and community development.

The CLC partnership concept is consistent with the Networking and Partnership Initiative (NPI) that the CHSSN has fostered over the past three years. It is not surprising, then, that proposals from its NPI partners were among those selected for the CLC project. For example, Vision Gaspé Percé Now is the community partner with the Eastern Shores School Board, and the CCS-led NPI

is a partner in East End Montreal's new CLC.

The CHSSN itself will be playing an important role in the CLC initiative where the school identifies health and social services as one of its community components. It has formally agreed to provide strategic demographic data and development assistance for the NPI/CLC partners through its community support program. It has also offered to assist in the development of a CLC video collaboration network through its own telehealth program.

The CHSSN will also be working directly with the CLC project management team, providing them with information and materials on health delivery systems, community development strategies, and so on. In addition, the CHSSN has been invited to be a member of the CLC Resource Advisory Group.

aroused," says Jo-Ann Jones, the telehealth coordinator. "They keep asking for more."

The key to further expansion lies in finding locales with the necessary equipment. So far, organizers have been able to use local schools or hotels, as well as the government's telecommunications network. But there is an increasing demand for distance conferencing from many sectors. "It's interesting to note, though, that we're the only province that is using teleconferencing for community learning," says Jones.

The telehealth program is evaluated on an ongoing basis: the

CHSSN team and participants rate the presentation after each session. A more formal appraisal is to be done to measure the impact of the program in order to determine whether future financing is justified.

"We'll be tracking what value the sessions have had in supporting the community to improve people's health," explains Russell Kueber, CHSSN project manager. "The number one criterion is to identify how the participating communities act on their new knowledge. What new activities or programs have actually proceeded from the telehealth sessions? We think that outcome will be positive."

Community networking stimulates services

The networks developed by community organizations through the Health and Social Services Networking and Partnership Initiative continue to open up access to delivery of healthcare services in English. Some of their most recent activities include:

Council for Anglophone Magdalen Islanders (CAMI): A draft action plan; an umbrella committee on adult and youth substance abuse; a seniors' home-care project; several youth recreational projects.

◇

Committee for Anglophone Social Action (CASA): Creation of small networks on priority issues identified as seniors, home care, cancer victim support and mental health; agreement to display English healthcare information in local institutions.

◇

Catholic Community Services (CCS): A formal partnership with four CSSSs for improving services delivery in East End Montreal; a touring community centre to bring care to isolated seniors; family mediation; substance abuse facility.

◇

Coasters Association: A social economy project to house intellectually handicapped persons; a women's needs assessment; a children's breakfast program; telehealth conferences in seven communities.

◇

Fraser Recovery Program: Public sessions and teleconferences to sensitize populations in the Magdalen Islands and the Gaspé on adult and youth substance abuse; an umbrella committee to provide information on treatment resources; a youth forum in the Gaspé.

Megantic English Community Development Corporation (MCDC): Expanded partnerships in the Beauce and central Quebec; promotion of available healthcare services; assessment of seniors' long-term care needs.

◇

Townshippers Association in the Montérégie: A major youth forum; plans for future forums on seniors and mental health; coaching for anglophones on asking for services; adoption of a formal CSSS policy on provision of English services.

◇

Townshippers Association in l'Estrie: Noted major progress in availability of healthcare service; a feasibility study on anglophone transportation needs; translation of the CSSS Website into English; health promotion activities.

◇

Regional Association of West Quebecers: A public consultation on English healthcare services; creation of five local action committees to feed into a new regional community health table; a strategic communication plan.

◇

Vision Gaspé Percé Now: Its anglophone community profile adapted by healthcare institutions for staff information; substance abuse awareness activities; planning on seniors housing; working directly with the local CSSS on new access programs.

◇

"We're really encouraged by the growth these networks have achieved in the past year," says Jennifer Johnson, CHSSN executive director. "They each have a particular flavour that reflects their own community."

Social economy approach to benefit disabled

A new central facility to house intellectually disabled anglophones on the Lower North Shore is soon to become a reality. The partnership network spearheaded by the Coasters Association has adapted a social economy approach to meet what has proven to be a major need in the region. With funding from Canadian Heritage, the project has entered the final planning stage.

"We're compiling data on exactly where our intellectually handicapped people live and what their numbers are," says Shelley Fequet, project coordinator. "That could affect where the facility would be sited. We're also developing options for its operational structure and for financing possibilities."

It would have a busy future. "We see this centre becoming a multi-use asset for the anglophone community," says Fequet. "Ideally, it would incorporate facilities for our seniors as well. And, farther down the road, it would become a centre for recreational and social activities for the broad community."

"This is a classic case of good partnering in community development," affirms Hugh Maynard, CHSSN consultant. "Because there was already a network in place, the key players were around the table and able to rally together."

Maynard is also consulting on two other social economy projects, in the Gaspé, both at a preliminary planning stage. One aims to preserve an existing community facility; the other, to examine food provision for seniors.

Social support decline a challenge for Quebec anglophones

A new CHSSN report on the status of anglophones in Quebec raises some disturbing questions. [Social support networks in Quebec's English-speaking communities](#) highlights the many factors that determine the strength and vitality of communities. It illustrates how weakness in some of these areas is affecting the health and well being of anglophones in this province. But the report also offers some answers.

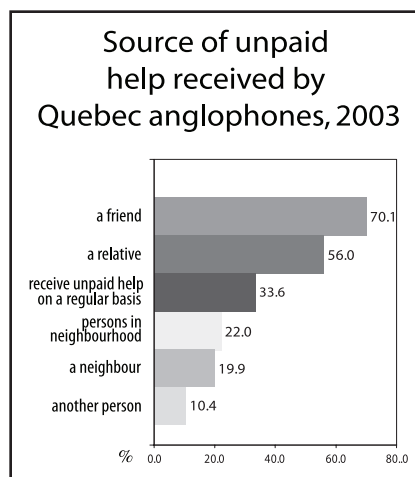
“Our main objective was to provide communities with strategic information that they can use to build and sustain social support networks,” says Joanne Pocock, author of the report. “It is to deepen their understanding of this key determinant of the vitality of English-speaking communities and the health of their members. It should lead to a sense of direction for future community initiatives.”

Data for this report was gleaned from two major studies. The 2003 Statistics Canada social survey measured the level of Canadians' social engagement. The CHSSN/CROP survey of 2005 appraised the vitality of Quebec's English-speaking communities. Merging the findings of these two studies provides some powerful insights into what needs to be considered if anglophone Quebecers are to play a definitive role in their future.

Social capital of a community is measured by the informal support networks upon which its members depend. “At this time, when there are so many government cutbacks in formalized services,” says Pocock, “the healthcare burden is being shifted to the informal networks of

family, friends and community. We must pay attention to the scope of those networks. Does this shift represent too heavy a burden for too few people?”

There is a combination of factors that are thinning the fabric of the traditional networks. This report reveals that compared with the francophone majority, anglophone networks are less likely to include a health professional, and do include households with lower levels of knowledge about available services, high levels of unattached individuals and low levels of civic participation.



Volunteerism the key

The foundation of social capital is an active and adequate volunteer base. National studies show that Quebec has the lowest volunteer rate in the country and the smallest volunteer core. Volunteering among Quebec anglophones, though, is high and, in some regions, exceeds the Canadian average.

“The greater part of this activity, however, is being performed by the older generation, greatly influenced by childhood models and youth

experiences,” says Pocock. “And they benefited from a rooted middle income group that has dramatically declined in recent years. There is now a ‘missing middle’ that is a new challenge to anglophone Quebecers’ longstanding civic mindedness.”

Unpaid help need help

As more responsibility for health care shifts from the state to the household, distribution of the load has not been equal. In the anglophone communities, it is carried mainly by women. For example, they are 47 percent more likely to be providing unpaid care to seniors than francophone women, 91 percent more likely than anglophone men and three times more likely than francophone men.

“Women have traditionally been the primary caregivers,” Pocock affirms. “But we’re looking now at communities with a high rate of ageing, where there are high levels of unattached and single parent households, where the youth are leaving. Demand for unpaid care is high; care-giving capacity is low.”

Civic engagement lacking

The report reveals that English-speaking Quebecers show a striking lack of confidence in their province's leaders, the lowest in the country. Yet civic vitality is measured by the capacity of a population to trust and to participate in the governing structures that define its existence.

“We found that anglophones have a problem identifying with the provincial leadership,” says Pocock. “And they are less comfortable and less likely than their francophone

counterparts to rely on government-supported health and social services. Networks could be the solution to nurture partnerships and improve relations with public institutions.”

Social exclusion a serious issue

In general, Quebec anglophones exhibit a weak sense of belonging. They show substantially less confidence than francophones in the welfare system, in major corporations, in the school system and in the healthcare system. In fact, the majority of English-speaking Quebecers feel the future of their community is threatened.

“They feel abandoned,” Pocock says. “And this heightens the sense of exclusion already experienced by new immigrants, the long-term unemployed, lone mothers, youth at risk and the unattached elderly. These are very vulnerable groups within the community. Their situation deserves attention.”

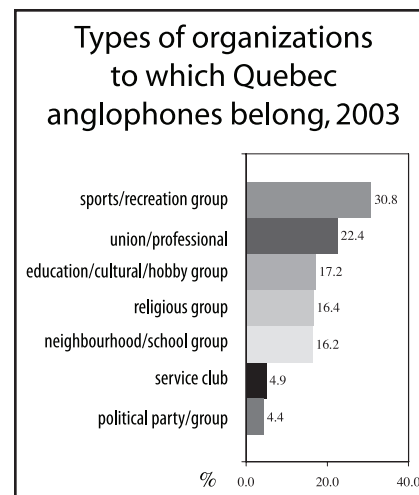
Language a central issue

Throughout this report, there are consistently strong differences between Quebec’s two language groups. “They behave differently at every level,” says Pocock, “and that’s one of the most prominent aspects of our study. I think that one of our central findings is the importance of language as a factor in informal health care, yet health policy rarely takes this into account.

“Clearly, policy in the area of health that is insensitive to language differences will not only be ineffective but, in fact, could deepen the vulnerability of those citizens who are at the greatest risk of a poor health status.”

The crux of this new report is getting the right information to the right hands. “If we’re to build community vitality through social capital strategies,” Pocock affirms, “we need to know the patterns of social engagement in all its aspects as they are experienced at the level of household, neighbourhood and local associations.

“This study is a natural follow up to the CHSSN report on access to healthcare services,” says Pocock, “because the issues go hand in hand. Where there is adequate access, there tends to be strong social networks and, ultimately, higher levels of health.”



This report is particularly aimed at the NPI groups, but can be an important resource for any organizations in the regions in their relations with public partners. “We’ve offered some entry points for community action,” Pocock explains. “We show how people can use the social capital knowledge we’ve provided as a strategy to build and improve their networks. Then they can really make things happen.”

Promoting community action

While highlighting the challenges facing anglophone communities in building social support networks, this report also provides extensive information on key issues that can help stimulate community action.

Volunteerism: Examine existing patterns of social participation in the community to decide whether there is a need to reinforce or rebuild. Consider the differences from the majority language community that can affect public funding and accessibility. Build bridges to potential new volunteers, among youth and newcomers. Increase volunteering in the health and social services organizations.

Civic vitality: Strengthen the voice of anglophones at municipal, regional and provincial levels of government. Keep the community, especially youth, informed about activities that promote the interests of English-speakers in health and social services and economic development. Find common cause across Quebec’s regions, and learn from other official language minority communities in Canada.

Social exclusion: Assess and assist the most vulnerable groups in the region. Change misconceptions the majority may hold of “privileged English”. Facilitate employment of anglophones in both provincial and federal departments in the regions. Facilitate employment of youth in the health and social services sector.

The complete report is now available at: www.chssn.org.

Networking groups get strategic coaching

The community organizations participating in the Health and Social Services Networking and Partnership Initiative (HSSNPI) will be receiving some specialized training to bolster their efforts. The Montreal-based Centre for Community Organizations (COCO) has been contracted by the CHSSN to advise these 10 groups on how to play an effective role in their local healthcare system.

“We’ll be coaching them on several fronts,” says Frances Ravensbergen, COCo co-founder and trainer. “One of the first is in understanding the implications of the government’s recent healthcare reforms. This is basic to developing strategies for pursuing access to services and strengthening local health and social services networks.

“Most groups need help with strategic planning and fund-raising,” says Ravensbergen. “We’ll also offer workshops on leadership and team building, on volunteer development and partnerships. All our sessions will be tailor-made to the specific needs of each group.”

An important feature of the program is the ongoing support that the CHSSN and COCo will provide after the training sessions. There will be follow-up training by telephone, video conferencing and on-site visits to the communities.

The training program is part of the Community Health Promotion Strategy for English-speaking Communities. The strategy is managed by the CHSSN and funded by the Public Health Agency of Canada.

Conference focuses on families of handicapped

A special conference on the quality of life for families of intellectually handicapped children was held in Montreal in November. It was organized by the Taylor-Birks and Butters Foundations and hosted by the McGill Faculty of Education.

“It was a wonderful success,” says Ron Creary, who created the conference and who has long been associated with both foundations. “We had 165 parents, professionals, students and practitioners and from across the province. We were concerned about changing dynamics in the social and medical fields that are seriously affecting many families with mentally disabled children. We wanted to open up discussion.”

There are approximately 50,000 mentally handicapped Quebecers who require social services all their lives “Given the major advances in diagnostic tools, that number should be going down,” says Creary. “But it’s not, because the increase in cases of autism has had a major impact. That disorder has been getting government and institutional attention, while the traditionally disabled are no longer a priority.

“Many of these families are overwhelmed,” says Creary. “What we’re looking for is to develop a comprehensive approach on how these families can be better supported.”

The plan is to have an annual conference. “We want to continue the dialogue that has started so well,” says Creary. “And we want to reach out to many more of those families that are in need of help.”

CASA raises the challenge for youth

The Committee for Anglophone Social Action (CASA) has provided youth in the Gaspé with a promising new opportunity to improve their lives. In October, CASA brought together 400 students from eight schools and 130 adults to participate in an introspective exercise called Challenge Day. It was inspired by the Be the Change movement introduced in the U.S. in 1987.

“It’s a day-long program that has long-term effects,” explains Kim Harrison, CASA executive director. “It’s designed to bring people together in an atmosphere of trust to break down barriers and combat the isolation that so many teens experience. It’s been proven to be effective in reducing teen substance abuse, school absenteeism and aggressive behaviour.”

The Gaspé sessions were held over four days. Participants were divided into small “family groups” that stayed together for the day. The adults had been trained in special techniques to encourage both adults and teens to open up and share their personal experiences. Everyone committed to confidentiality.

“It was a huge success,” affirms Harrison. “There were a lot of tears and hugging, and many, many spontaneous kindnesses. Follow up in the schools has been tremendous, especially in the First Nations community. Students volunteered to create Be the Change teams in their schools. And social workers have strongly endorsed the program. We’re now planning a year-long series of events to carry on the movement for change.”

Program helps isolated seniors to stay active

The Holland Centre in Quebec City has introduced a new program that brings stimulating activities to housebound seniors. Developed by the CLSC René-Cassin in Montreal, the program enlists students and volunteers to visit and engage frail or isolated seniors in enjoyable diversions. As well as improving quality of life for the seniors, the weekly volunteer visits can also provide respite to family caregivers.

“We have an interesting demographic here,” says Jennifer Robert, director of care and services at the Holland and at Saint Brigid’s Home. “Most anglophone seniors don’t have the same family social support that francophones do because their families have moved away. Their social isolation can become overwhelming.”

The program is attractive to students because, by participating, they receive official recognition of their community involvement, as required by their CEGEP. Applicants go through a stringent screening process, and receive

intensive training before starting their visits. They must have a sound knowledge of first aid and CPR and show an understanding of the ageing process. Under supervision, they draw up the activities program, which is tailored to the interests and capabilities of the senior involved. A supervisor is always on call for backup security.

“This is an excellent learning experience for the students,” says Robert. “They can develop a warm relationship with an older person: it doesn’t take long to develop a bond. They become comfortable with writing reports. They observe how the professionals on our interdisciplinary team work with each other in home care delivery.”

The sessions are at a pilot project stage right now. “We’ll be doing an evaluation in March,” says Robert. “But so far it has proven to be a very valuable breaker of social isolation and a way to encourage younger people to get involved with others. I think that it’s a perfect intergenerational project.”

AMI-Québec reaches out with telephone workshops

AMI-Québec (Alliance for the mentally ill) is now running mental health workshops on the telephone. Its new outreach program is aimed particularly at anglophones who live in areas where mental health services in English are lacking. The Montreal-based agency adapted this simple format as an easily accessible communications tool.

“We were receiving so many calls from other regions,” says Ella Amir, AMI’s executive director, “that we

just had to find some way to answer what seems to be a major need.”

The free workshops are animated by AMI staff members, with guest professionals providing the expertise on a variety of topics. In 2007, there will be sessions on caring for a mentally ill relative, different types of anxiety, and living with mental illness. For anyone interested in registering, or for further information, there is a toll free number: 1866 396 AIDE.

McGill project getting good response

McGill’s Training and Human Resources Development Project is a challenging exercise. The goal of improving access to health care in English relies on a new cooperation between public institutions and community groups. Its provision of language training and professional placement assistance needs the committed support of both sectors.

“We’re very heartened by the response so far,” says Oonagh Aitken, project coordinator. “Over 1400 French-speaking professionals, working in 81 public institutions in 15 regions, have received language training to improve their capacity to provide services in English.”

To date, 22 partnerships have been created in 14 regions to create internships for English-language students in health-related disciplines. Creation of summer placements with regional institutions or community groups is also being discussed. “Promotion of these openings kicks off in January,” says Aitken. “We’ll be letting students know that there’s a lot of support waiting for those who decide to go to the regions, from us and from the local community groups.”

The McGill project also aims to provide assistance to departmental supervisors who will be receiving the new interns into their institutions. Having been proven effective in a pilot study this fall, an online multidisciplinary course will be launched in January to train first-time supervisors, as well as those who would like to update their supervision skills. “All the pieces are now in place,” affirms Aitken.

Program aims to develop children's social skills

Elementary school children in the Outaouais are learning to behave better, thanks to a special program designed to develop their social skills. It is a collaborative effort between the English Network Resources in Community Health (ENRICH) and the Western Quebec School Board. Three elementary schools are participating.

“Teachers have been reporting that, more and more, children are lacking the basic social skills to handle daily life situations and to relate well with their peers,” says Kathy Teasdale, ENRICH executive director. “This leads to all sorts of problems, like bullying and isolation, and other interpersonal problems that can be carried into adult life.”

The program offers eight-week weekly workshops that teach pro-social skills through modeling, role-playing and feedback. They cover such issues as how to listen, how to ignore distractions, how to deal with anger, handling teasing and expressing feelings. “The kids are supposed to go home and practice their new skills and keep a record of what they’ve done. They report back to their group on their progress.”

ENRICH provides a trained facilitator who works closely with the classroom teacher. It also gives training workshops to staff, daycare and noon-hour supervisors. Parents are offered weekly workshops to encourage them to reinforce the social skills being taught and as a forum for discussion and support. The program will continue for two years, at the end of which it will be evaluated for future applications.

Women get Tools for Life

Unemployed women in l’Estrie are to benefit from a preparatory program, Tools for Life, scheduled to start up in late spring. Shannon Keanan, NPI coordinator for the Townshippers Association is on the program’s advisory committee. The program will help participants to complete their high school accreditation and to upgrade their employability skills. For those with young children, parenting skills will also be offered. The women will also be given help in finding a job.

News from the field

The Quebec Community Groups Network (QCGN) has named Sylvia Martin-Laforge as new executive director. The QCGN has also decided to set up new headquarters in Montreal by June. Its Quebec City office will continue to operate.

The QCGN has spearheaded formation of a new organization to be a voice for the English-speaking minority in the Greater Montreal region. Ruth Pelletier has been named executive director of the Greater Montreal Community Development Initiative.

The Ministry of Health and Social Services has issued a new list of institutions designated to provide healthcare services in English – the first revision since 1989.

The latest statistical profiles of English-speaking communities in Quebec are now available on the CHSSN Website.

Voter turnout in the November 2006 elections to provincial healthcare institutional boards hit an all-time low of 1.2 percent.

The CHSSN

The Community Health and Social Services Network (CHSSN) is a network of community resources, associations and public institutions dedicated to the development of health and social services for English-speaking communities in Quebec.

The CHSSN’s objectives are to:

- Foster projects and initiatives, through partnerships and net-work building, to promote access to English-language health and social services;
- Provide information on the English-language community and its needs;
- Evaluate and disseminate successful models of organization of services;
- Pursue community education on key developments within the health and social services network;
- Support conferences and other forms of consultation on the provision of English-language health and social services.

Any organization interested in becoming a member of the CHSSN may contact us at:

CHSSN
1270, chemin Ste-Foy, bureau 3000
Québec (Québec) G1S 2M4
e-mail: info@chssn.org
Telephone: 418 684 2289
Fax: 418 684 2290
Website: www.chssn.org

Legal deposit:
National Library of Canada:
ISSN 1709-2175
Bibliothèque Nationale du Québec

CHSSN Community NetLink
is developed and produced by
GM&A Communication