CHSSN COMMUNITY Link



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Fellowship, Fun, & Food

"They're the core needs for effective community development," says **Anne Usher**, secretary of the Community Network Table. "Fellowship, fun, and food!"

A II were in abundance at the February 23, 2017, meeting of the Community Network Forum at the Leonardo Da Vinci Centre in St Léonard. The event was titled "The Network Model: Influencing Public Policy for Social Change" and for the first time brought Montreal-area NPIs and community based organizations together with NPIs from the regions of Quebec.

"We designed the event to show evolution from locally based networking and partnering efforts into policy influencing and policy making with public institutions and health and social services administrative structures," explains Usher. "This session was unusual, bringing people together from across the province. We operate on a shoe string but CHSSN supported us and we made this Forum province wide."

Fatiha Gatre Guemiri is the ED / NPI Coordinator for REISA (East Island Network for English Language Services). REISA has coordinated the gatherings of the Community Network Table and its seven annual Forums since the Table's founding. She appreciated the chance to learn and exchange with colleagues and organizations from outside the Greater Montreal area.

"We were very impressed with each other's successes, I think," says Gatre Guemiri.

Usher points to REISA's effective work building trust and partnerships with local public institutions and decision-makers as a good example of how to get officials to address language related issues without prejudice or judgment.

"Deep trust lets you get into issues in a spirit of investigation and practical

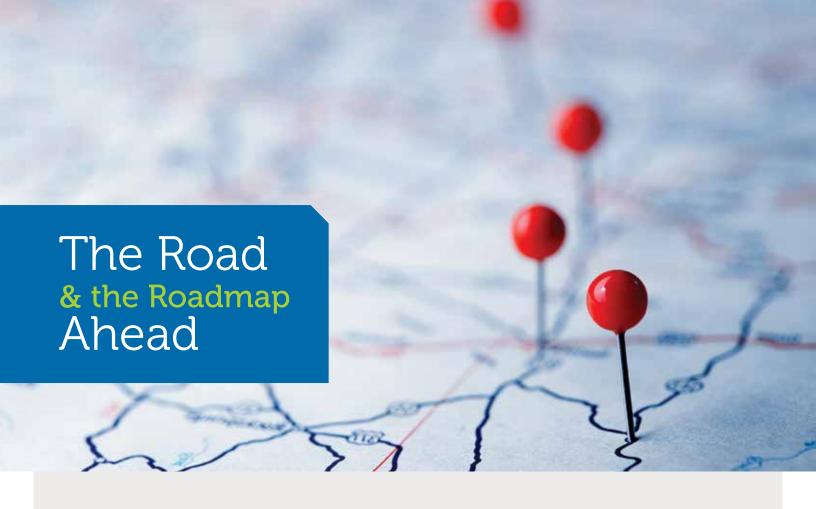


Fatiha Gatre Guemiri

innovation," Usher observes. "It really underlines, though, the importance of stable, long-lasting leadership in community-based organizations."

"It took a long time to get to the point where we work easily and effectively with the CIUSS and local institutions," agrees Gatre Guemiri. "Attitude is extremely important — we never walk in and demand changes or services. Instead, we say we are here to collaborate, to present evidence and to explore solutions."

That approach characterized all the presentations made from all participants with demonstrable success. The Community Network Table meets twice a year, once as a committee and once at its annual Forum.



Back in March 2013, the federal government announced the Roadmap for Canada's Linguistic Duality for the period of 2013–2018. As part of the federal commitment, Health Canada developed its Official Languages Health Contribution Program to improve access to health and social services for English-speaking communities in Quebec and French-speaking communities in the rest of Canada.

n Quebec, the Health Canada Contribution Program has helped create hundreds of collaborative projects through implementation agreements between the designated program beneficiaries and the Ministry of Health and Social Services.

As the 2013 – 2018 program moved past its half-way point, the Government of Canada announced a series of consultations in June 2016 in anticipation of developing a new federal Official Languages plan. To support Health Canada in its mandate to prepare a new Contribution Program, the sponsoring

organizations of the twenty recognized community health and social services networks (NPIs) along with CHSSN prepared and submitted a comprehensive report with recommendations on the English-speaking communities' perspective on the road ahead.

Work on the report was guided by the Health and Social Services Priorities Committee (HSSPC). The HSSPC mandate is to provide advice on an ongoing basis to Health Canada on the health and social services priorities of Quebec's English-speaking communities as well as monitor from a community perspective the implementation of Health Canada's multi-year Contribution Programs that are designed to enhance the vitality of English-speaking communities in Quebec.

"CHSSN is playing a key strategic role for English-speaking communities through its active and formal partnerships with Health Canada, the Quebec Ministry of Health and Social Services and McGill University," says lead author of the report, Jim Carter of CHSSN. "CHSSN leadership has been instrumental in ensuring full recognition of our communities in the shared goal of ensuring effective integration

of Health Canada investments into Englishspeaking communities and Quebec's health and social services network. This report and its recommendations continue that leadership."

The report (available in June 2017 at chssn.org) was presented in February to Health Canada and reflects the continuity of results and the emergence of new priorities stemming from multi-year initiatives carried out by the community and public partner stakeholders in the Health Canada Contribution Program. It incorporates a dynamic evidence base established through an HSSPC monitoring program of current priorities of access, CHSSN-CROP surveys, a series of CHSSN portraits that highlight the situation of vulnerable English-speaking populations in Quebec, and other information from census data and reports on population health.

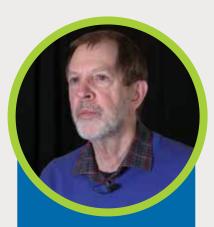
"Several new development areas were identified by communities in the priority setting process," says CHSSN Executive Director Jennifer Johnson. "There are still many regions that are currently not served by a health network and could be if there were additional resources available."

There's need for support for more innovation as well.

"Networks have also been piloting projects that use community outreach workers to connect with the most vulnerable populations like isolated seniors and young families," Johnson adds. "These pilots have been so successful that networks want to make outreach a permanent part of their activities."

Fundamental aspects of CHSSN's approach — like partnership-building and volunteerism — are reinforced in the report and its recommendations.

"The formal partner agreements that we have with governments, local health authorities, and community-based organizations are at the heart of measures



"CHSSN is playing a key strategic role for English-speaking communities through its active and formal partnerships with Health Canada, the Quebec Ministry of Health and Social Services and McGill University,"

— Jim Carter of CHSSN. lead author of the report

that are strengthening English-speaking communities and promoting a more open public health system that is accepting of English-speaking communities and committed to improving access to services in English," says Carter.

"The success of volunteer development projects is also driving the priorities for 2018 – 2023," explains Johnson. "Networks want to improve their capacity to engage their communities in improving access to health and social services by increasing their capacity to develop, organize and support volunteer initiatives in their communities."

CHSSN and NPI networks have also started to see notable retention and recruitment of health professionals through the McGill Project that was supported by the current Road Map.

"Several regions have successfully brought bilingual professionals back to their regions through these programs," Johnson says. "Networks see their role in helping to recruit, support and retain these students and professionals as critical and hope to be even more present in the process as more students become aware of the programs. We've recommended that these efforts continue."

CHSSN's commitment to evidencebased decision making based on strategic knowledge about the communities it serves was also highlighted in the report.

"Developing the understanding of the health status of the Englishspeaking community and mobilizing the communities and their partners to use this information is a critical element to improving access to health services," Johnson explains. N

The Report on the Health and Social Services Priorities of English-speaking Communities in Quebec (February 2017) will be available on the CHSSN website, chssn.org, in June.



The Report on the Health and Social Services Priorities of English-speaking Communities in Quebec (February 2017) contained several key recommendations for the next phase of Health Canada's investment in the health and vitality of English-speaking communities in Quebec. CHSSN's Jim Carter, principal author of the report, prepared this summary:

HSSN and the NPI's are proposing support for creation of new NPI's and enhancement of existing network capacity. The NPI's aim is to expand their outreach and liaison activities connecting communities with the public system. They also intend to promote volunteer action, provide information and referral to improve access, and develop community leadership. New resources will expand current community-based health promotion programs to reach more English-speaking communities.

The network measures would work hand in hand with proposals to direct some investments into the public system. Resources for public partners would enable them to adapt programs to better serve English-speaking communities. Through an agreement between CHSSN and the Quebec Ministry of Health and Social Services, funding would support projects to improve access to services, working in partnership with the NPI's.

The public network would also receive support from McGill University, by agreement with the Ministry, to provide language training to increase the number of professionals who can offer services in English. Other measures supporting McGill would

promote recruitment and retention of new health and social service professionals. Educational institutions could be eligible for resources to provide French-language training to English-speaking students, support for internships, and a community bursary program. The NPI's would continue to be key partners, carrying out promotional activities supporting recruitment and retention as well as a bursary program for students from their communities intending to return once they have graduated from a degree program.

CHSSN and the NPI's recognize the importance of strategic information to link communities, researchers and the public system in a common effort to advance knowledge to improve access and health outcomes. The networks are proposing that resources be provided to support creation of new knowledge of the health status of English-speaking communities, promote research, and mobilize knowledge to engage communities and the public system. N

The full report to Health Canada will be available in June at chssn.org.

CHSSN-SUPPORTED RESEARCH IS "IMMENSELY **IMPORTANT**"

The **Second Science** Colloquium: The Health of Canada's Official Language Minority Communities which took place in Ottawa at the end of February was described by its organizers as an event meant "to engage the health research community in English and French linguistic minority communities, to develop tools, practices and information for improving the health of these communities and to improve health services in both official languages across Canada."

he gathering saw researchers from across Canada and its diverse official language communities presenting and sharing their research work with one another and with representatives from Official Language Minority communities as well as from interested governments.

"Much of the impulse behind the Colloquium is to bring together the research community that's particularly focused on language barriers to equitable health care and to the realities experienced by minority official language communities," says Joanne Pocock, who along with **Russ Kueber** presented findings related to networking and



partnership on behalf of CHSSN at the Colloquium.

"It was interesting to see how many different language communities across Canada were represented and of course very rewarding to see a lot of work being done on the English-speaking community in Quebec," says Pocock. "Probably the most valuable part of the conference is the sharing of tools and best practices."

Representatives of local NPIs were also present. Kimberley Buffitt, the Director of Programs for the Coasters Association was able to attend the event. "I think it's critical work," Buffit says. She explains that this kind of "hard data" provides evidence about the realities of life in minority language communities.

"These realities are well known to the people who live in these communities." she says, "but getting change requires this kind of research in order to inform governments and local decision-makers."

Lorraine O'Donnell, the Coordinator-Researcher of the Quebec English-Speaking Community Research Network (QUESCREN), notes that "when

community groups and government develop policy programs they try to use, as much as they can, evidence-based decisionmaking." Events like the Second Science Colloquium help build the evidence base.

"The more we know about those very concrete questions of the health status of communities and barriers to accessible services," observes O'Donnell, "the better we can tailor our resources to community needs."

Both O'Donnell and Pocock insist that the research that CHSSN has supported is "immensely important" as part of the broader body of research currently being conducted in Canada.

"It's exciting for an organization like CHSSN to see the potential of networking and advancing work with other Official Language Minority Communities across Canada," says Pocock.

"We are extremely grateful for the research that CHSSN does," adds O'Donnell. "I use it all the time and I refer other researchers to it regularly — it's very important!" N

RESEARCH **TO EMPOWER ENGLISH SPEAKING COMMUNITIES**

rof. Claude Charpentier from Bishop's University and fellow researcher Jean-François Allaire of the Université de Sherbrooke were approached to do an evaluation of the CHSSN/ Health Canada sponsored Community Liaison Project in the Richmond area. The resulting research was presented at the Second Science Colloquium in Ottawa at the end of February and was entitled 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.

"The broad aim of the project in Richmond was to strengthen the link between the English-speaking community in the Richmond area and healthcare professionals," says Charpentier, "but also to empower English speakers to seek help when needed."

Charpentier and Allaire evaluated the project over two years, adopting a "qualitative and not quantitative" approach, conducting interviews with many involved in the project as service providers and as community members. Charpentier explains that the primary aim of the research was to look at "what it is about the structure they developed that works and what needs to be improved."

The research resulted in many useful findings about the project's implementation, but one of the more interesting and pertinent results according to Charpentier is "the lack of cultural competence on the part of service providers." She found that service providers did not understand the cultural aspects of how English speakers seek — or fail to seek — care and treatment.

"We need to be mindful of this because it has an impact on communication," says Charpentier. "There's a need to bridge this cultural distance." N

Key findings from the report by Charpentier and Allaire are available from CHSSN.







"IT TAKES A VILLAGE"

ommunity Learning Centers (CLC), supported by LEARN's Provincial Resource Team describes itself as an organization aimed at supporting "community and school improvement through enhanced access to recreational, educational, social, and cultural opportunities for youth, families, and the English-speaking community at large."

Benjamin Loomer, the Community Service-Learning Coordinator & English Language Arts Consultant for Learn/ CLC says, "It's been great to work with CHSSN." As he sees it, "we work with the same community on many of the same issues, just from different angles."

Funded through the Canada-Quebec Agreement for Minority Language Education and Second Language Instruction, CLCs started in 15 schools and the network has expanded to more than 80 across the province. CLC says that its program is based on the idea that "it takes a village to raise a child," — that is, the best learning happens when people of all ages in a community take responsibility for education.

"CHSSN focuses on access to health services in English for the community, while our angle is supporting Englishspeaking youth, primarily in the education system," says Loomer. "There are obvious points of overlap and many opportunities for collaboration."

Learn/CLC works through 'community development agents' who coordinate with host schools' principals and head teachers to build partnerships between school and community, including on issues concerning the health and wellbeing of children and adolescents.

Loomer suggests that "what's been useful for CHSSN is that Learn/CLC has a kind of captive audience of young people and their families. That's a strong link with a key population and it creates the basis for a natural partnership for us." M

More information on Learn/CLC is available at learnquebec.ca/clchome.

THE INTENTION IS TO IMPLEMENT THE YOUTH WELLBEING **ACTION FRAMEWORK** (YWAF) ACROSS THE LEARN/CLC NETWORK **IN ABOUT**

> SCHOOLS IN THE PROVINCE



YOUTH WELLBEING: A COMMUNITY CONCERN

Russ Kueber is the CHSSN lead on its collaboration with Learn/CLC for the implementation of the Youth Wellbeing Action Framework (YWAF) through schoolbased Community Learning Centres (CLC). CHSSN provided seed money for the initiative and traded on Learn/CLC's extensive expertise in local community animation linked to distance learning.

his is a continuation of a formal partnership that we've had for years with Learn/CLC," says Kueber. "Our experience with them is always positive and we're happy to support their work in local communities."

About 50 people attended an event on January 25 in Montreal that was a combined training opportunity and "soft launch" of this major step forward in implementation of the YWAF for English-speaking Quebec. The session was part of Learn/CLC's annual conference of CLC schools held January 24-26, 2017.

Benjamin Loomer, the Community Service-Learning Coordinator at Learn/CLC, explains that "principals, community development agents and teachers from all across the network," were present at the event "to talk about different ways we can participate in developing healthy schools and communities."

"Both the development of the YWAF and the launch of the Learn/CLC initiative in local schools are great examples of how CHSSN and our partners are taking our communities' concerns about youth and responding with effective programming," Kueber says. "We took a model for school-based, youth-oriented action already widely used in francophone schools called Healthy Schools and adapted it for English-speaking young people using evidence that we have gathered over the years about youth in our communities."

"We also spoke at the launch about how to use the health and wellness framework that was developed by Learn/CLC in collaboration with CHSSN," says Loomer, adding that they are looking at using similar approaches with seniors and other community members as well.

The Youth Wellbeing Action Framework (YWAF), a collaborative effort by Learn/CLC and CHSSN, identifies and organizes a series of "building blocks", "lessons learned" and "strategies" to link youth wellbeing to the wellbeing of schools and local communities. The intention is to now implement it across the Learn/CLC network in about 80 schools in the province. N

The YWAF is available at chssn.org



ponsored by CHSSN and Health Canada, the School-Based Mental Health Conference was a collaboration between AMI-Quebec and the Lester B. Pearson School Board's Centre of Excellence for Mental Health (CEMH). The conference was held March 31st and brought together diverse groups involved in mental health for learning and discussion on improving and expanding collaboration on mental health issues among children and adolescents

"It was the very first conference organized in Quebec about school-based mental health," says Dr. Gerald Weintraub, Coordinator for the CEMH. The conference focused on collaboration and organizing and building sustainable approaches to school-based mental health.

Dr. Ella Amir, Executive Director of AMI-Quebec, describes the conference as "very timely." Some 400 people attended in person, as well as nearly 150 others via webcam. The gathering marks an important step towards a more proactive approach to

mental health in Quebec's English language schools and Englishspeaking communities.

"It was very clear at the conference that when we talk about school-based approaches, it's not just schools — schools are not an isolated island," says Amir. "It's really important for us — and we made it very clear throughout the conference — that we are talking about partnerships and collaboration that extend into other critical institutions as well as across the entire community."

"We know that most mental health issues, when we finally see them in adults, started when people were young," explains Weintraub. "The promotion of mental health among children and adolescents goes a long way to preventing later problems."

Amir agrees: "we really want to try to encourage prevention by strengthening the resiliency of children." She hopes that the most powerful takeaway from the conference is that schools and communities can and should take a collaborative, proactive approach to positive mental health attitudes and practices for young people. IN

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.

FOR MORE INFORMATION ON CHSSN VISIT THE WEBSITE OR CONTACT US AT:

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CHSSN'S OBJECTIVES ARE TO:

- + Foster projects and initiatives, through partnership and network building, to promote access to English-language health and social services and support community vitality;
- + Create new knowledge and provide information on Englishlanguage communities and their needs;
- Promote, evaluate and disseminate successful models of organization of services;
- + Promote informed public policy supporting the vitality of English-speaking communities;
- + Support conferences and other forms of consultation on health and social services for English-speaking communities.

