Baseline Data Report 2012-2013

Quebec's English-speaking Community Networks and their Partners in Public Health and Social Services

prepared by the

CHSSN
Community Health and Social Services Network

for the Networking and Partnership Initiative

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The views expressed herein do not necessarily represent the official policies of Health Canada.

Author's Note

I would like to express my appreciation to the Networking and Partnership Initiative coordinators and community organization executive directors who gave so generously of their time, and hearts, in sharing their partnership experience with me. There were more stories than I had pages for in this report, so a selection had to be made. The responsibility for selection is mine. I have tried as much as possible to include those stories that capture the common perspective and sentiment of interviewees as well as the varied situations of communities across the regions.

One interview participant stated that, "I am privileged to have the relationship with my partners that I have." To my interview participants let me say, it is my privilege to be your scribe.

Joanne Pocock, PhD.
Researcher

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1. Introduction

In this section of the report you are introduced to the Community Health and Social Services Network (CHSSN) and its Baseline Data Report Series, and provided with information about the current report on the partnering experience of the CHSSN community networks across Quebec.

The Community Health and Social Services Network (CHSSN)

The Community Health and Social Services Network (CHSSN) was formed in 2000 to support English-speaking communities in the province of Quebec in their efforts to redress health status inequalities and promote community vitality. The CHSSN aims to contribute to the vitality of Quebec's minority language communities by building strategic relationships and partnerships within the health and social services system to improve access to services.

Through a series of projects and partnerships that link community and public partners, the CHSSN works to strengthen networks at the local, regional, and provincial level in order to address health determinants, influence public policy, and develop services. Begun through the efforts of four founding organizations, the CHSSN now has 64 member organizations and is involved in over 40 projects and partnerships in the areas of primary health care, community development, and population health.

Baseline Data Report Series

The Baseline Data Report 2012-2013 (BDR) is the tenth volume of a series produced by the CHSSN to serve as a relevant and comprehensive knowledge base regarding the health status and vitality of Quebec's English-speaking population. The series is intended to serve as a resource that will allow local communities to better understand the demographic factors and health determinants affecting them and to assist institutional partners and community leaders in developing strategies to improve the well-being of their constituencies. See the Appendix for a complete list of Baseline Data Reports (see www.chssn.org).

About This Report

The 2012-2013 BDR reports upon the nature and development of the partnerships that CHSSN Networking and Partnership Initiative (NPI[1]) networks have established in their regions. The report presents the experience, thoughts, and observations – the collective wisdom – of the NPI

[1] NPI is the commonly used abbreviation of Networking and Partnership Initiative which is itself a shortened version of Health and Social Service Networking and Partnership Initiative (HSSNPI). It is described in greater detail in section 2 of this report.

networks on a range of topics related to their partnerships. The report looks back at the work involved in partnering since the genesis of CHSSN, the ongoing challenges and successes, and the perceived impact of partnering on the NPI communities and their access to health and social services in English.

Methodological Notes

Information was gathered for this report through a survey and semi-structured interviews conducted with each of the 19 CHSSN Networking and Partnership Initiative (NPI) networks on the topic of partnerships. The survey documented the number and type of partnerships formed over the years across the province and at all levels, while the interviews captured the story of the partnerships from the point of view of those with first-hand experience building them and observing their impact. The initiatives implemented through the NPI networks and supported by Health Canada funding include the Networking and Partnership Initiative, Community Health Promotion Project, Adapting Health and Social Services Program, McGill Training and Retention of Health Professionals Project, and the Distance Community Support Program.[2]

[2] For further information on these initiatives and programs see www.chssn.org

The survey and interviews for this report included the following 27 participants:

Organization	Acronym	Interviewee(s)	Health Region
4 Korners Family Resource Centre	4Korners	Rola Helou	Laurentides
African Canadian Development and Prevention Network	ACDPN	Leith Hamilton	Montréal
Assistance and Referral Centre (South Shore)	ARC	Colin Coole	Montérégie
Catholic Community Services	CCS	Luigi Morabito	Montréal
Coasters Association	Coasters	Kimberly Buffitt	Basse-Côte-Nord
Committee for Anglophone Social Action	CASA	Cathy Brown	Gaspésie – Îles-de-la-Madeleine
Corporation de Développement Communautaire, Vaudreuil-Soulanges	CDC VS	Genevieve Leduc, Dominique Labelle	Montérégie
Council for Anglophone Magdalen Islanders	CAMI	Helena Burke	Gaspésie – Îles-de-la-Madeleine
East Island Network for English-Language Services	REISA	Fatiha Gatre Guemiri	Montreal
Heritage Lower Saint-Lawrence	Heritage	Marie-Claude Giroux	Bas-Saint-Laurent
Jeffrey Hale Partners	JHPartners	Richard Walling, Annabelle Cloutier	Capitale-Nationale
Megantic English-Speaking Community Development Corporation	MCDC	Suzanne Aubre, Peter Whitcomb, Christian Lapointe	Chaudière-Appalaches
Neighbours Regional Association of Rouyn-Noranda	Neighbours	Sharleen Sullivan, Nathalie Chevrier	Abitibi-Témiscaminque
North Shore Community Association	NSCA	Jody Lessard, Marilyn Durepos	Côte-Nord
Outaouais Health and Social Services Network	OHSSN	Danielle Lanyi	Outaouais
Townshippers' Association (Estrie)	Townshippers	Shannon Keenan, Debbie Bishop	Estrie
Townshippers' Association (Montérégie East)	Townshippers	Kate Murray, Lindsay Tuer	Montérégie
Vision Gaspé Percé Now	VGPN	Tracey Leotta, Cheryl Henry Leggo	Gaspésie – Îles-de-la-Madeleine
Youth and Parents AGAPE Association	AGAPE	Luigi Morabito	Laval

2. The CHSSN and its NPI Partnerships

In this section of the report you will be introduced to the CHSSN partnership model and the public partners who have been playing a key role in collaborating with CHSSN in promoting community vitality and improving access to health and social services. A view of progress in partnering over the years is also presented.

The Partnership Approach

In its brief to the Standing Committee on Official Languages (2012) the CHSSN states that "Partnering between community-based networks and the public health and social services system has been the key to implementing and sustaining the results of the federal support in Quebec."[3]

The Roadmap for Canada's Linguistic Duality 2008-2013 reaffirms the Government of Canada's commitment to promote official languages and enhance the vitality of official-language minority communities in priority sectors such as health, immigration, justice, and economic development[4]

Over the course of the implementation of the Roadmap measures through Health Canada, the CHSSN has worked in collaboration with community, institutional, and government stakeholders to integrate the results into English-speaking communities and into Quebec's health and social services system. The key to success has been an implementation agreement between the CHSSN and the Quebec Ministry of Health and Social Services, through which the CHSSN and its community partners collaborate with Quebec authorities at the provincial, regional, and local levels, recognizing fully Quebec's jurisdiction in this area. The goal is not to create a parallel network of services, but to work with service providers and government to ensure that the Roadmap measures are making a difference in the lives of community members and are fully integrated into a modern system that serves all Quebecers equally.

Meet the Partners

The Community Networks

The Networking and Partnership Initiative (NPI) is a funding program of the Community Health and Social Services Network as a measure of Health Canada's official languages strategy. Through

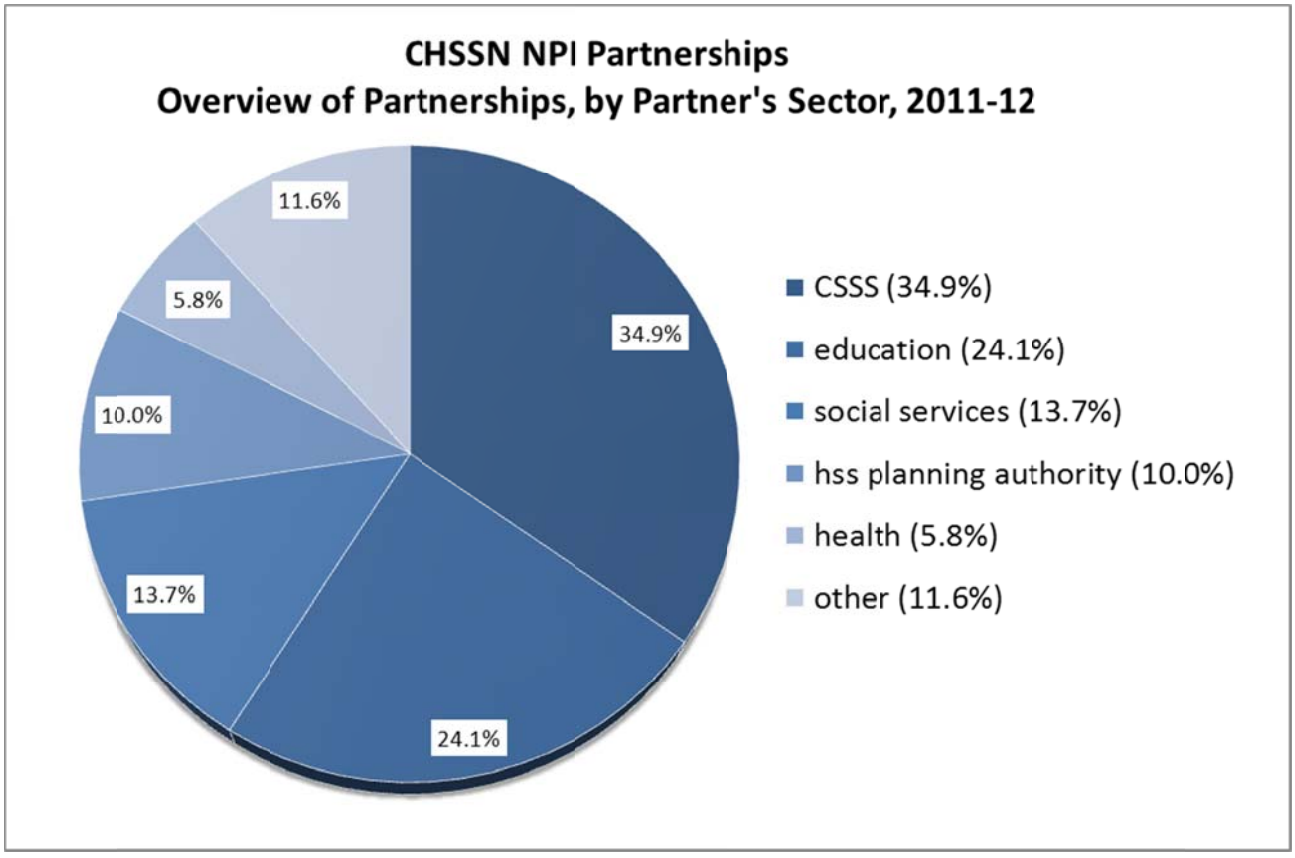
[3] www.chssn.org

[4] The Roadmap outlines the Government of Canada's official languages strategy and major policy direction for the 2008- 2013 period although it is not the only component of the Government of Canada's Official Languages Program. The Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future Mid-Term Report (2012) includes an overview of Roadmap objectives, a review of action areas, and an assessment of the road travelled to date. The report may be accessed at www.pch.gc.ca

the Networking and Partnership Initiative 19 community networks have been established across the province as the focal point for addressing the needs of English-speaking communities and responding to priorities developed in partnerships with community organizations and the public health and social services system (www.chssn.org). The NPI networks have been at the heart of the CHSSN partnership approach. The engagement of public institutions with English-speaking communities through a number of federal initiatives has resulted in numerous joint undertakings that are making a difference in the health of English-speaking people and revitalizing their communities.

The Public Partners

The partnerships formed by the NPI networks are primarily with partners in the health and social service sector, including over 40 health and social service centres delivering primary level care. Other partners include 12 of the 16 regional planning authorities (health and social services agencies), institutions that meet the needs of vulnerable groups such youth protection agencies, school boards and local schools, church and volunteer community organizations, sports and leisure organizations, two municipalities, and three universities.



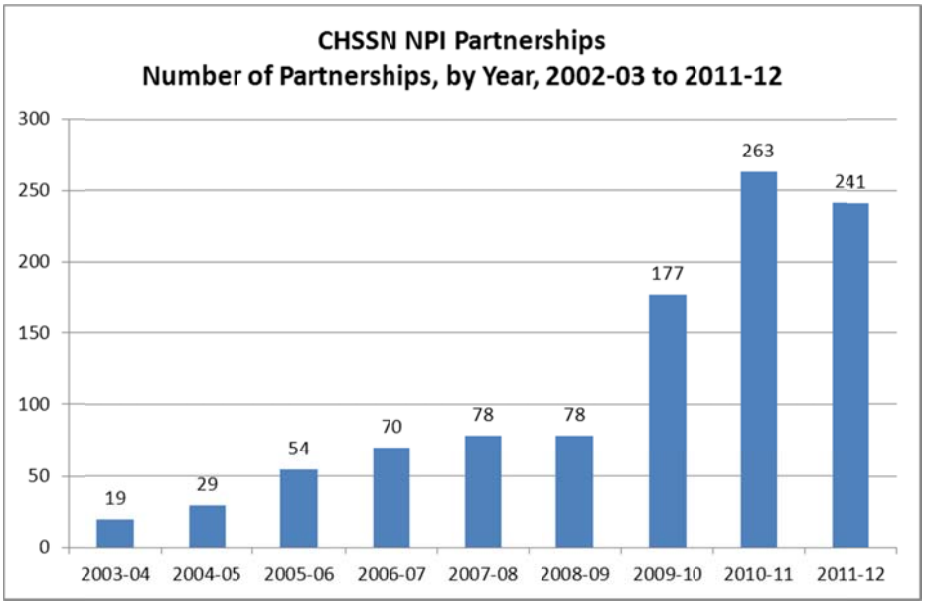
The number and type of partners and the evolution of public partner participation varies in accordance with the particularities of the region in which they are located. While the common goal of partnerships is to achieve structural changes that are the most likely to result in sustainable improvements in access to services in English, each regional community differs in its needs and in the availability of public agencies as potential partners.

Partnership Progress: 2003-2012

Overall, the number of partnerships in which CHSSN community networks are engaged has increased from 19 in 2003-04 to 241 in 2011-12. Aside from this overall count, there are a number of observations that may be made about the progress in partnerships over the years.

One observation is that while the increase in the number of NPI networks explains some of the evident growth (NPI's grew from 8 in 2005-06 to 19 in 2011-2012), the number of partnerships per NPI network also grew over time. In other words, the average number of partners per network was 6.3 in 2003-04, 8.7 in 2008-09 and 14.2 in 2011-2012.

A second observation is that the rate of partnership formation varies when the early phase of NPI partnering (2003 to 2007) is compared with the later phase (2008-2012). NPI networks from the early phase tended to start out with 2 or 5 partners and have experienced steady growth over the years to as many as 11 or 13 in 2012. Among the NPI Networks that were established in the later phase, more tend to start out with a larger number of partnerships and maintain these numbers over time such as 18 in 2009 to 20 in 2012 or grow more rapidly in a two or three year timespan, such as from 3 in 2009 to 13 in 2012.



This pattern of progress suggests successful knowledge transfer from the early ground-breaking years of partnership formation to the more recent implementations of the partnership approach. No doubt increased awareness and expertise by both the community networks and their public partners with respect to the partnership approach explains, at least in part, the acceleration of the rate of growth and number of partners per network in recent years. In other words, the best practices and positive results of the founders are incorporated into the evolution of partnering benefitting both the older and newer networks in the more recent years.[5]

According to research on partnerships in health care and social service provision, the presence of health professionals who move freely between domains like that of public institutions and community level organizations, and have the trust of both domains, signals the achievement of community readiness for the partnership approach. The increase in the rate of partnering among NPI networks suggests – and this is also supported by interview findings for this report – that the emergence of these "boundary crossers" is facilitated as the pathway is more frequently pursued as a viable and proven option.[6]

[5] The number of partnerships has been determined from periodic surveys and activity reporting of the NPI networks. The figures are considered a reasonable – but not necessarily precise – indication of the number of partnerships created over the period of the program.

[6] For further discussion of the practice of boundary crossing see: Sue Kilpatrick, Brian Cheers, Marisa Gilles and Judy Taylor. (2009). "Boundary Crossers, Communities, and Health: Exploring the Role of Rural Health Professionals". *Health & Place*. 15. pp. 284-290.

3. "We are better together." Lessons from inside the Partnership Model

In this section of the report you will learn about the experience of partnering from the point of view of the CHSSN NPI networks, many of whom have been engaged with the creation and development of partnerships for some years. In the course of interviewing the 19 networks, important lessons emerged, many shared by all, about the building blocks of rewarding and sustainable collaboration. Flexibility, mutual respect, trust, coordination and communication, a strategic mindset, and adequate resources are among the major factors deemed to be essential to partnership readiness and success.

Flexibility: Adapting the Model to the Partnering Context

In their work to improve the health and vitality of English-speaking communities, the NPI networks and their partners across the province find themselves in surprisingly diverse situations. While English-speakers in Quebec number almost 994,000, they make up anywhere from 32% to as little as 0.6% of the total regional population in which their community is located.[7] The state of their local communities varies not only in terms of their size and geographical location but also with respect to such characteristics as their institutional base, their composition, socio-economic standing, and their general recognition as a minority language group within the larger population.[8] The majority of the NPI networks operate within regional English-speaking community organizations that have a history of relations with surrounding public agencies. Partnerships are not formed in a socio-political vacuum. Even the level of cohesion and awareness of the English-speaking community *as* a community varies among the NPI network territories.

While the objective of improving access to health and social services for English-speakers is shared by all the NPI networks, and while they all benefit equally from the training and guidelines of the CHSSN support team,[9] they contend that their success with the partnership approach flows from the flexibility granted in its implementation. The latitude given to adapt the model to the particular partnering context not only ensures the relevance of partnerships to local community

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[7] Community Health and Social Services Network. (2009). *Equitable Access to Health and Social Services to Enhance the Vitality of English-speaking Quebec: Prospectus,* p.5. www.chssn.org/Scripts/Document_Center.asp

[8] There are a number of CHSSN reports that explore these characteristic of English-speaking communities at the local level. See also the CHSSN online series, "Socio-economic Profiles of Quebec's English-speaking Communities by CSSS and RSS Territories(2006 census data)and the companion report to the online series (March 2012) by J.Pocock, J.Warnke and J. Carter.

[9] For an account of the training and guidelines provided by the CHSSN support team to the NPI networks see: Joanne Pocock (2007*).* Baseline Data Report: 2006-2007. *Community Network Building: Case Studies on Developing Networks between English-speaking Minority Communities in Quebec and Public Partners to Improve Access to Health and Social Services in English.* Report for the Community Health and Social Services Network (CHSSN), pp.19-21 www.chssn.org

needs and the priorities of public agencies, but also lays the ground for the partners to "take the lead" in shaping their joint efforts.

> *Be open to opportunity. You cannot approach your partners with demands. Know your evidence-base, know your community, but then the decisions take place at the decision-making table – together.* (MCDC)[10]

> *It is important to listen. Listen to the concerns of your partners as well as those of the community. Our public partners are very committed people, but they have their limitations and we need to find ways of working with them that are within their mandate ... At a certain point the community takes ownership of an activity initiated by the partnership, but the partnership continues. The partnership is the catalyst. The relationship has to be a win-win for both sides for it to last.* (Townshippers)[11]

> *Learn what your partners need and how they can contribute, then be available to support them.* (NSCA)[12]

Research supports the claim that policy (which provides the conditions for the emergence of local leadership within the partnerships themselves, both through the partnership itself as a leading agency in bringing about social change and by the rise of individuals who become leaders by virtue of the platform the partnership experience offers) is a factor in the sustainability and success of the approach.[13]

[10] Megantic English-speaking Community Development Corporation

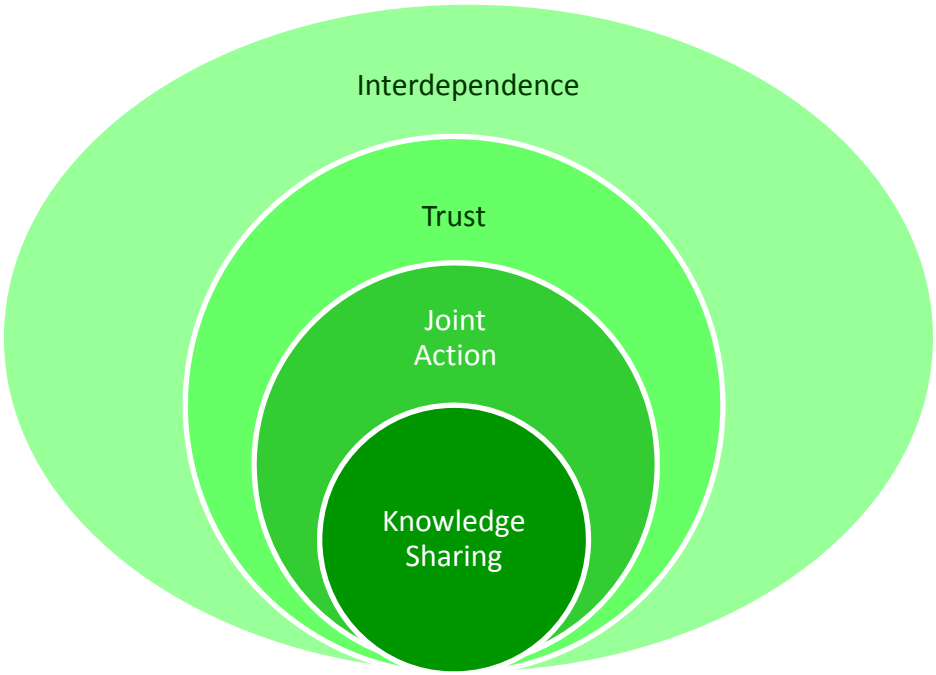
[11] Townshippers' Association (Montérégie East)

[12] North Shore Community Association

[13] For example see: Brenda Nowell and Lisa Macon-Harrison (2011). "Leading Change through Collaborative Partnerships: A Profile of Leadership and Capacity among Local Public Health Leaders". *Journal of Prevention & Intervention in the Community*. N.39, pp.19-34 ISSN:1085-2352 print/1540-7330 online

Stages of Partnership Development

While there is no hard and fast formula to be found, all the network interviewees agree that partnerships tend to have a life course of their own. There are stages of partnership development, and it is advantageous to try and gauge where you are on the continuum at any given time. Every stage has its challenge and reward, and inappropriate expectations at any given stage can be a recipe for failure.[14]



The stages are generally described as unfolding from knowledge sharing at the beginning of partner contact through to the state of interdependence as diagramed above. The development is not simply a linear process, as some stages, like knowledge sharing, may reoccur at different points even among the most mature partnerships. Some networks, especially among those joining CHSSN NPI at a later phase, began with a more mature relation to the public health and social service system at the outset and therefore tended to progress to advanced stages more quickly than those starting more-or-less from scratch.

The early stages of knowledge sharing and joint action are carried out with partnering agencies, but for many interviewees these are both part of a period where community readiness and partnership formation are the focus. The more mature stages of trust and interdependence are where the focus shifts to solidifying partnership leadership and long-term commitment.

[14] The recognition and awareness of partnership stages are a feature of NPI retreats.

I. Knowledge Sharing

The NPI interviewees underline that their first steps were supported by the knowledge base provided by CHSSN research, as well as the need assessments and priority setting exercises conducted within their regional English-speaking communities. The knowledge base serves as an important resource in opening doors and pressing their case for their communities and it clarifies the group targeted for concerted action.

> *You have to do your homework and know your community.* (REISA)[15]

> *Whatever we do we've got to back it up. It must be evidence-based.* (CCS)[16]

> *Our public partners need us because they need to know who the English-speaking community is and how to reach them to make sure they have access to services. We are not just asking for help. We have something to offer to help them help us. We need them in order to improve access for our communities – they need us to fulfill their mandate as public service providers.* (VGPN)[17]

Importantly, knowledge sharing lays the groundwork for crucial ingredients of the partnership approach. One ingredient is cohesion and a unified voice as the basis for mobilization among community constituents. The impact of being a minority language community in Quebec is fragmentation and marginalization in relation to a public system that operates primarily in the majority language. The first step in partnering for change in service access is to ready the community for representation and their eventual ownership of results.

Another important ingredient supplied by knowledge sharing is coherence. Both the literature on partnering in health and the interviewees for this report agree that the partnership approach makes organizational coherence more necessary and more challenging than traditional institutional approaches.[18] Knowledge sharing supports coherence within the community and its organizations and facilitates alignment with public health and social service agencies, as well as policy-makers and researchers in government departments and universities. Put simply, it gets everyone on the same page.

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[15] East Island Network for English-Language Services

[16] Catholic Community Services

[17] Vision Gaspe Percé Now

[18] See Rob Ball, Tom Forbes, Maxine Parris and Lynn Forsyth (October 2010). "The Evaluation of Partnership Working in the Delivery of Health and Social Care". *Public Policy and Administration* 25(4). Pp.387-407 www.sagepub.co.uk See also Gloria Bazzili, Elizabeth Casey, Jeffery Alexander, Douglas Conrad, Stephen Shortell, Shoshanna Sufaer, Romana Hasnain-Wynia and Ann Zukaski. (December 2003)."Collaborative Initiatives: Where the Rubber Meets the Road in Community Participation". *Medical Care and Review*. Vol.60 No.4 pp.63S-94S Sage Publications.

II. Joint Action

A small joint venture early in the partnership is seen as an opportunity to test the viability of working together and to learn about the strengths and weaknesses of each team player, and there is nothing like a success to establish credibility. When it comes to joint projects the mantra shared by all and repeatedly voiced in NPI interviews is "small steps". Less is definitely more, especially when partners are still in the stage of "breaking the ice".

Small steps, small successes. (REISA)[19]

Celebrate the small steps. (CAMI)[20]

Both are important, but doing projects together builds the relationship differently than simply joining a regional decision-making table. (Townshippers)[21]

Don't sit on the sidelines. Both sides need to know the partnership can deliver. (MCDC)[22]

According to interview participants, there is nothing that compares with being willing to roll up your sleeves and getting involved – together. The coordination between partners established through a small project that is handled with ease is the foundation for a larger project and can be seen as its most important outcome:

They learn that we will do the coordinating and bring the partners together. This means a lot. (4 Korners)[23]

Aside from formal meetings, weekly – sometimes daily – emails, telephone updates, and drop-in visits provide the partnership with important momentum. Interviewees emphasized that open communication and consistent contact were "the wheels" that gave the partnership momentum at every stage. Beyond sheer information transfer, communication as interpersonal engagement "from the heart" is seen to nurture genuine connection and spur action forward. In their words:

You need to knock on doors and be there in person. You have to be passionate. Your partners are people, too. (Coasters)[24]

You need to engage. You can't just sit at the partnership tables. Be there. Be vocal. Face to face is important. You can't build relationships over the internet. That is too far from the heart. (AGAPE)[25]

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[19] East Island Network for English-Language Services

[20] Council for Anglophone Magdalen Islanders

[21] Townshippers' Association (Estrie)

[22] Megantic English-speaking Community Development Corporation

[23] 4 Korners Family Resource Center

[24] Coasters Association

[25] Youth and Parents AGAPE Association

III. Trust: The Tipping Point

At the core of the development scheme is the most often mentioned and clearly most cherished achievement, namely, trust. The progress of the partnership unfolds primarily around nurturing the conditions that strengthen trust between partners and solidifies their interdependence. Evidence of this stage in the relationship between NPI networks and their public partners was celebrated as the tipping point to a viable future together. According to NPI testimonials, a key marker of having attained the stage of trust is the emergence of partner reciprocity. This is often captured in an overture by the public partner to the NPI coordinator(s) that warrants the recognition that "they now come to us".

> *Build on small successes to establish trust. Give credit equally. We can mobilize quickly now because of trust.* (Coasters)[26]

> *When I get a call from the CSSS*[27] *or a visit telling me that they are planning something and they want to be sure to reach their English-speaking community and they need our help…that speaks volumes.* (CAMI)[28]

> *In our region the English-speaking communities have tended to be a silent minority. Our partners did not have knowledge of the English-speaking community … they didn't know there was an English school in Baie-Comeau! Our partners have come to learn that we aren't making special demands – we are about helping them improve their services. Today, our Director General of the local CSSS is very active in improving services to the local English-speaking community and very active in the NPI network. We now have trust to build on, and this shows in the way our partners are willing to come to us more and more. We were invited to the official launch of a customer service/interpreter position at the hospital in Sept Îles and given a public thank-you by the Director General of the hospital for our part in the project. That recognition was very rewarding.* (NSCA)[29]

> *In the beginning our community was skeptical. We would have to say in our case we went ahead "in spite of" the community. Our community is very small and they did not believe that things could change. Some members of the majority community didn't even know there was an English-speaking community. We have gone from the early days of working to create an awareness of the community's needs to recently being invited by our French-speaking partners to join them in applying for a regional project. We got the funding which is great but even more important is that our partners came to us. We have come a long way baby!* (MCDC)[30]

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[26] Coasters Association

[27] CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as Health and Social Services Centre.

[28] Council for Anglophone Magdalen Islanders

[29] North Shore Community Association

[30] Megantic English-speaking Community Development Corporation

IV. Interdependence

The stage of interdependence is often described as one where a notable turnaround in the original dynamic of the partnership is evident. A cautious public partner eventually becomes a champion for the partnering approach and for improving access to services to the English-speaking community, or an individual located in a public health and social service institution becomes an advocate for the locally partnering NPI network and English-speaking community organization, even attending an NPI training retreat. The emergence of these "boundary crossings" is noted by the research literature, and NPI interviewees would agree, as the outcome of very carefully and skillfully prepared stages of partnership.[31]

At our first access plan committee meetings, the Agence[32] *staff person was very cautious. Today she is our best champion, working internally all the time on our behalf. We do not have designated institutions*[33] *in our region. The access plan varies from one area to another and there are no resources behind it. What our partners needed was exposure to the English-speaking communities, to learn who they are, and to understand that what we really wanted was to support them in what they are already doing, but for a community they are not reaching.* (Neighbours)[34]

For us, the community and the public partners are interdependent. We now have an integrated vision. We shape public policy. Groups can get stuck at different stages of development like assessing needs. You can get stuck in the advocacy role. You have to be an actor and assume responsibility for results. We used to help people make complaints, now the complaints also come to us. (JHPartners)[35]

Our Wellness Centers have created a buzz in the community. Our partners are now advocates for us. They wish their Francophone community had a CASA! It is a wonderful feeling … I never would have imagined 6 or 7 years ago that we would be in this position … and not with just one CSSS. My partners even come to my CHSSN forums and retreats with me. (CASA)[36]

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[31] Sue Kilpatrick, Brian Cheers, Marisa Gilles and Judy Taylor. (2009). "Boundary Crossers, Communities, and Health: Exploring the Role of Rural Health Professionals". *Health & Place.* 15. pp.284-290. www.elsevier.com/locate/healthplace

[32] Agence is an abbreviation of *L'Agence de santé et des services sociaux*, which translates into English as Health and Social Service Agency.

[33] In October 2006, the Government of Quebec revised the list of designated institutions mandated to provide the full range of their services in English. Of the 42 institutions named, 29 are in Montreal (eight of which are long-term care centers or residences), one in Quebec City, three in Estrie (Eastern Townships). Two in Outaouais (western Quebec), one in Côte-Nord (Lower North Shore), one in Laval, one in Lanaudiere, one in Laurentides, and three in Monteregie.

[34] Neighbours Regional Association of Rouyn-Noranda

[35] Jeffery Hale Partners

[36] Committee for Anglophone Social Action

A Strategic Mindset

A factor frequently addressed as a determinant of partnership success is the ability to adopt a "strategic mindset". Seizing opportunity, well-planned and tested solutions, and integrated performance measures are all tactical approaches that enhance partnership effectiveness and positioning. The partnership approach is not the standard model of work for those located in Quebec's public health and social service institutions so partners have to be especially vigilant and creative in finding a "niche" and in demonstrating results.

> *We have to be skillful in partnerships. We have to be strategic. Locate a gap where needs of Black community are not being addressed and be part of the solution… In our case, we located where English-speaking black youth were falling through the cracks of the Youth Protection system because of lack of prevention resources. We proposed a solution – a proven best practice model – to make the existing system work. We are not duplicating. This is something the CSSS could see as a good initiative for adaptation of their services to ensure a coordinated approach between community and youth protection networks, and now others are interested in replicating the model. Our partnership is identifying a policy and program change agenda for others.* (ACDPN)[37]

> *Be creative, be strategic. Health and social services is a complex system for everyone. We need to make it clear we are all on the same side … we are working to make sure the public system works and is defended. We want to enhance services, address gaps … (it's) not about duplication. Find an issue that you and your partners can get together on. For example, we are a minority in a large French-speaking area. There are very few institutions designated bilingual. I am not going to fight the language law. Instead, I have found an issue that is of broader concern than language. It is more strategic to appeal for some changes by identifying a security risk. In the case of contagious situations such as a flu strain, for example, barriers to communication are a safety risk to both patients and to hospital personnel. This is an issue that the partners can get behind.* (ARC)[38]

> *Our experience with the CSSS has been positive from the very beginning, and our NPI would not be here without them. Everybody gains something from teamwork … we all have strengths. Make it fun and a pleasure to work together towards some goals. Be clear about the goal or you won't know when you've scored!* (CDC VS)[39]

Adequate Resources: Sufficient Time, Sustained Funding and Human Resources

A final factor that interviewees nominated as important to partnership readiness and success was the presence of adequate resources over a sustained period of time. Several types of resources emerged as particularly important to their efforts to improve access to services for the English-

[37] African Canadian Development and Prevention network

[38] Assistance and Referral Centre

[39] Corporation de Développement Communautaire Vaudreuil-Soulanges

speaking community. These resources are time, funding, a centralized physical location for the NPI coordinators and staff, and human resources.

Time and Money

All interviewees underline how important it is to be able to work with their partners to improve health and social service access for minority language communities over an extended period of time. The partnerships themselves are an undertaking that takes time to establish and it takes multiple years of sustained funding and joint action to produce results that will have a proven long-term impact.

A Central Location

The emergence of a centralized physical location for the NPI networks – like office space in a school or community centre – often contributes to coordination and visibility among partners.

> *Our new location in Metis has been a turning point for us. Now we are all together instead of spread out over different locations. It is easier for the community to drop-in … the CSSS professionals and volunteer organizations have a place to come. We have a room for workshops. Now they know we are here and not just temporary.* (Heritage)[40]

Human Resources

According to the NPI interview participants, stability in the personnel of their partnering agencies and their own staff is a positive factor in partnership progress. Turnover can mean the loss of hard-earned momentum. Losing a key connector among public partners can result in regress in the relationship from trust to an earlier stage of partnership development. Sometimes it even results in the halting of meetings and joint activities. Conversely, stability among partners eases coordination.

> *Stability among our partners – many of them members of the original group – has really been a positive. We can mobilize quickly now because of trust. Communication and coordination is easier. Everyone has a role…* (Coasters)[41]

Community organizations depend upon volunteers, who play a crucial role in the capacity of communities to fulfill their side of partnership responsibilities in implementing programs and activities to improve the access of citizens to health and social services in the English language. Ongoing access to this unpaid workforce is a strength when it comes to partnership results.

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[40] Heritage Lower Saint-Lawrence

[41] Coasters Association

Interviewees also mentioned that they benefit greatly from having access to the advice and direction of experts experienced in implementing programs in the health and social service sector. The best practices of those with a proven track record are valued especially if they have experience in finding solutions for minority communities who bear a resemblance to those of Quebec's English-speakers.

> *It is important to draw on expertise on what works. That is the important feature of our best practice approach. We have benefitted from professional advice on how to develop a sophisticated funding proposal, which obtained funding for development of our best practice model for 11 years continuous(ly)! Not all community organizations are able to make these applications or create an infrastructure to implement a best practice model. We consulted program founders in the U.S. for our Strengthening Families initiative and experts from McGill Center for Research on Children and Families on prevention planning and development (differential treatment approach), as well as evaluation from McGill and Concordia University. This all contributes to our credibility and efficacy with our negotiations with partners.* (ACDPN)[42]

[42] African Canadian Development and Prevention Network

4. Partnership Success and its Impact on Quebec's English-speaking Communities

This section of the report provides insight into the impact that NPI partnerships have made upon Quebec's English-speaking minority as witnessed by the 19 networks interviewed. The measures they frequently used in assessing impact were: growth in partnerships and networks and extension of their reach, level of awareness of community needs and resources, level of health and social service information access, communication competency and attitude among health and social service providers, rate of contact of community members with health professionals and their expertise, rate of inclusion of the community in regional health and social service planning and decision-making, innovation in service provision, and renewed vision of vitality or "quality of life" for communities and the larger Quebec public.[43]

Building Bridges and Making Connections

According to interviewees, an important yet often overlooked outcome of a successful partnership is simply more partnerships. Described by one interviewee as "contagious", the partnership approach is being reproduced in sectors beyond health and for English-speaking community organizations this offers the benefit of coherence among their inter-sectoral commitments. For example, Quebec's Community Learning Centres (CLC)[44] have joined the partnership tables and are making connections in education. The partnership approach also means coordination and collaboration – building bridges - across the regions within the health and social service sector in new ways. For example, NPI partnerships from different parts of the urban Montreal region are collaborating with each other as well as with NPI partnerships located in the Gaspé and Côte-Nord regions.

All the NPI networks interviewed are enthusiastic regarding the change in what they describe as the level of "awareness" that they feel their partnership has generated in their communities and among their public institutions. This awareness is many-sided ranging from self-awareness among their communities of their current profile and their needs, increased awareness of the activities of a local community organization acting on their behalf, and improved information regarding existing

[43] Many of these measures are also mentioned by the evaluation literature on partnerships in health and other sectors. See, for example, Rob Ball, Tom Forbes, Maxine Parris and Lynn Forsyth. (October 2010). "The Evaluation of Partnership Working in the Delivery of Health and Social Care". *Public Policy and Administration* 25(4). Pp.387-407 www.sagepub.co.uk. See also Karin Sconzert, Mark Smylie and Stacy Wenzel 2004) *Working for School Improvement*: *Reflections of Chicago Annenberg External Partners.* Chicago: Consortium on Chicago School Research

[44] For further information see www.learnquebec.ca

public health and social services in English in their region.[45] This awareness is seen to support improved connections and resource sharing within communities, as well as between communities and public health and social service institutions.

> *Over the last few years we have seen services in English improve quite a bit. The CSSS are more aware of the needs of the English-speaking community and trying to reach out. We have a project in mental health in the Stanstead area that has gone very well. The CSSS are now more implicated and taking on more.* (Townshippers)[46]

Interviewees describe a "change of attitude" among the professionals and staff on the front line of the health and social service agencies delivering care to their communities. Their level of mindfulness and good will regarding access to services for English-speakers is captured in the following account from MCDC.

> *On their own initiative, the hospital decided to test the level of communication of their hospital personnel when it comes to serving a patient in English. They invited Peter (Health Coordinator for MCDC) to be their hidden "spy" or "guinea pig" and to pretend that he needed service in English for an illness. He was accompanied by someone from the hospital who observed the care he received at every stage. This shows a high level of trust and genuine effort by the people we are working with.* (MCDC)[47]

The impact of the increased awareness and mindful attitude means a greater likelihood that community members feel their use of the English language is anticipated and not simply an added burden to the service provider:

> *The fear the community had around language has gone.* (CASA)[48]

Inclusion and Innovation

One indicator of improved access by the minority language population to the health and social service sector is an increased rate of contact with health and social service professionals and their expertise. In recent years, the number of individuals from the English-speaking community who

[45] This is supported by the findings of the CHSSN-CROP Survey of Community Vitality (2005 and 2010) which queried 3,195 English-speakers across the province regarding their (1) access to information about services in English that are provided by the public health and social services institutions in their region, and (2) access to information on public health promotion and prevention programs in English from public health and social service institutions or public health authorities in their region. The findings demonstrated an improvement in access to information in both cases between 2005 and 2010. CHSSN Baseline Data Report 2010-2011. See the report in the Document Center at www.chssn.org

[46] Townshippers' Association (Estrie)

[47] Megantic English-speaking Community Development Corporation

[48] Committee for Anglophone Social Action

are employed in the field of health and social services has been disproportionately low.[49] This has had an effect not only in terms of the likelihood of English-speaking patients interacting with professionals from their language community in medical settings, but also in terms of contact in other social settings where expertise and general service information is shared. Interviewees provide countless examples of the ways that their partnerships have been a factor in increasing the presence of health and social service professionals in their network communities.

> *We have wonderful feedback from our workshops where we have professionals come in to speak to our communities in English. Workshops with different topics, like anxiety prevention, also take place in the schools to reach out to families and youth. We had an older gentleman who attended a caregiving workshop and learned about the services of the CSSS.*[50] *He called the CSSS and went on the waiting list for respite care. He is looking after his wife and didn't know this service was being offered. He went out of his way to return to 4 Korners and drop off a fruit basket to say "Thank-you". He now knows of two places he can turn to for help instead of feeling alone.* (4 Korners)[51]

> *For our Health Matters Program, we use the DVD's from the Community Health Education Program that uses teleconferencing to bring medical expertise and network communities together.*[52] *CSSS la Pommeraie in Cowansville gives us a free room and we bring in a professional either from the CSSS or a community organization who will attend the session and lead discussion about local services. They are pleased to explain what their services are. These sessions have led to the development of peer support groups – a Parkinson's group, a prostate cancer group, a caregiving support group, and bereavement group. These support groups invite professionals to come in and speak to them. There has been incredible support from doctors. It is not easy to liberate a professional for such an event*. (Townshippers)[53]

The increased contact with professionals opens up a number of opportunities for the community, including increased exposure to medical knowledge, increased familiarity with services offered in the region, and increased knowledge of community organizations serving their interests. In the case of Townshippers (see above), it also increased the potential to establish a social support network with neighbors and friends with respect to a health or caregiving issue.

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[49] Blaser, C. (2009). "Health Care Professionals and Official-Language Minorities in Canada 2001 and 2006." Statistics Canada. www.statcan.gc.ca/pub/91-550-x/2008001/beforetoc-avanttdm1-eng.htm

[50] CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as Health and Social Services Centre.

[51] 4 Korners Family Resource Centre

[52] With the videoconferencing technical support of the McGill University Health Centre, the CHSSN has extended health promotion programs in English to the network communities. DVD's have been created using the health promotion sessions. Health promotion programs cover a wide range of concerns such as seniors' hearing loss, allergies and asthma, addictions and cardiovascular health.

[53] Townshippers' Association (Montérégie East)

Contact with professionals and their expertise is already a challenge for the majority population, and the added dimension of needing to communicate in English can raise the level of difficulty even higher. Interviewees report that the partnership approach invites them to be creative, and that innovation is an essential component of meeting the needs of the minority communities. Indeed, the innovation that stems from partnering to improve access to services for a regional community can lead to solutions that can be adapted for a broader provincial clientele or even the majority.

English mental health services for adults and seniors on the East Island of Montreal are inexistent. Through partnerships between the English Montreal School Board and the CSSS's, mental health services are offered through the school system providing students with increased access to expert knowledge. In 2009, REISA promoted and funded a pilot project on resiliency in youth in two Montreal East elementary schools. The Fun Friends - Friends for Life program was integrated into the curriculum, and can be delivered without the ongoing support of hard-to-access mental health professionals. The English Montreal School Board is working to secure means to implement Friends for Life in all of its schools across the Island of Montreal. (REISA)[54]

Empowerment: Beyond Services

Interviewees agree that the increased representation of English-speaking communities among regional planning and decision-making agencies in Quebec's health and social service sector is a positive outcome of their NPI partnerships. A voice in the planning and organization of service provision is an opportunity to influence change, both in practice and in outlook. They are now at the table. For many, the empowerment of their partnerships is an opportunity to go beyond services and to strengthen the place of the community and its community organizations in the overall vision of health and quality of life for Quebec citizens. In their eyes, the impact of partnership fruition is the ongoing humanization of the public health and social service system for the benefit of all.

Whether it is hearing the stories from intellectually challenged youth about what the project of running a café has meant to their lives, the touch of a senior's hand who wants to express their gratitude for helping them find a way out of their isolation, or the tears of relief of a mother whose daughter has found someone to turn to for her depression, NPI networks and their public partners know they are changing lives.

In the end it is about creating the opportunity for people to feel supported and to feel cared for. It is about quality of life and connection between people – not just services. Our NPI partnerships bring the sense of

[54] East Island Network for English-Language Services

community back to the public system for Anglophones and for Francophones as well. We all have vulnerable people who we want to have quality of life. (JHPartners)[55]

You have your eye out for the English-speaking community but you are promoting access to health and social services for all. It is taken a long time, but I am closer to the public system than a partner – I am one of them. I don't want a larger piece of the pie – I want a larger pie... not from the point of view of money, but rather from the point of view of better planning and more efficient use of resources. (ARC)[56]

One Friday I received an email from a young woman who seemed to be in distress. I contacted her and learned she was in a very difficult situation. She had just arrived from a native community with her young son. She had been forced to leave because of threats from her ex. She couldn't speak French and didn't know where to turn. I contacted our CLSC[57] *and within two hours she had support. She had a bed at a shelter and was aware of resources. This was the outcome of the community and our public partners addressing a crisis without delay or barrier. Seamless. We act together to get people into the system.* (OHSSN)[58]

[55] Jeffery Hale Partners

[56] Assistance and Referral Centre

[57] CLSC is the acronym for *Centre local des services communautaire* translated as Local Community Services Centre.

[58] Outaouais Health and Social Services Network

5. Conclusion

This report has introduced you to the CHSSN partnership approach, shared the teachings of the individuals working inside the partnership model across Quebec's regions, and explored the impact of partnership success on communities from the point of view of those most intimately involved.

The experience of NPI networks suggests that the current policy context – from national policy that gives direction to Canada's linguistic duality and Health Canada's support to Official Language Minority Communities (OLMC), to the partnership model of the CHSSN and the access plans of Quebec's health and social service authorities – has contributed to the development of partnerships to improve access to services for English-speaking minority communities. Quebec's regional English-speaking community organizations have used the current policy period to support the vitality of their communities and the health of individual members by strengthening connections with their public health and social service institutions.

The evident progress and positive experience of the NPI networks and their public partners in partnership building has resulted not only in a wealth of knowledge and improved engagement with the public system on behalf of their communities, but also a new horizon of possibilities for the quality of life of Quebec citizens. In keeping with the much echoed "win/win" formula which NPI partners insist is the backbone of successful collaboration, it would seem that the improved vitality of the minority and the well-being of the majority go hand-in-hand.

Appendix – List of Baseline Data Reports

Year	Title	Data Source
2003-2004	Regional Profiles of English-speaking Communities	2001 Census
2004-2005	Profiles of English-speaking Communities In Selected CLSC Territories	2001 Census
2005-2006	English-Language Health and Social Services Access in Québec	2005 CHSSN-CROP Survey on Community Vitality
2006-2007	Community Network Building	Case studies (qualitative interviews)
2007-2008	Health and Social Survey Information on Quebec's English-speaking Communities	1998 Québec Health and Social Survey
2008-2009	Regional Profiles of Quebec's English-speaking Communities: Selected 1996-2006 Census Findings	1996 and 2006 Census
2009-2010	Demographic Profiles of Quebec's English-speaking Communities for Selected CSSS Territories	1996 and 2006 Census
2010-2011	English-Language Health and Social Services Access in Québec	2010 CHSSN-CROP Survey on Community Vitality
2011-2012	Socio-economic Profiles of English-speaking Visible Minority Population by Quebec Health Region	2006 Census of Canada

References

Ball, R., Forbes, T., Parris, M., and Forsyth, L. (October 2010). "The Evaluation of Partnership Working in the Delivery of Health and Social Care." *Public Policy and Administration* 25(4). pp.387-407 www.sagepub.co.uk

Barnidge, E., Brownson, C., Baker, E., and Shetty, G. (March/April 2010). "Tools for Building Clinic-Community Partnerships to Support Chronic Disease Control and Prevention." *The Diabetes Educator* Volume 36, Number 2, pp.190-201. www.sagepub.com/journals

Bazzili, G., Casey, E., Alexander, J., Conrad, D., Shortell, S., Sufaer, S., Hasnain-Wynia, R., and Zukaski, A. (December 2003)."Collaborative Initiatives: Where the Rubber Meets the Road in Community Participation." *Medical Care and Review* Vol.60 No.4 pp.63S-94S Sage Publications

Blaser, C. (2009). "Health Care Professionals and Official-Language Minorities in Canada, 2001 and 2006." Statistics Canada. www.statcan.gc.ca/pub/91-550-x/2008001/beforetoc-avanttdm1-eng.htm

Government of Canada (2012) *The Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future Mid-Term Report.* Ottawa.

Kilpatrick, S., Cheers, B., Gilles, M., and Taylor, J. (2009). "Boundary Crossers, Communities, and Health: Exploring the Role of Rural Health Professionals." *Health & Place* 15. pp.284-290. www.elsevier.com/locate/healthplace

Nowell, B. and Macon-Harrison, L. (2011). "Leading Change through Collaborative Partnerships: A Profile of Leadership and Capacity among Local Public Health Leaders." *Journal of Prevention & Intervention in the Community* N.39, pp.19-34 ISSN: 1085-2352 print / 1540-7330 online

Pocock, J. (2006). "Social Support Networks in Quebec's English-speaking Communities: Building Community Vitality through Social Capital Strategies." *Report for the Community Health and Social Services Network (CHSSN)* www.chssn.org

Pocock, J. (2007). "Baseline Data Report 2006-2007: "Community Network Building: Case Studies on Developing Networks between English-speaking Minority Communities in Quebec and Public Partners to Improve Access to Health and Social Services in English." *Report for the Community Health and Social Services Network (CHSSN).* www.chssn.org

Pocock, J., Warnke, J., and Carter, J. (2010). "Socio-economic Profiles of Quebec's English-speaking Communities by CSSS and RSS territories online series (2006 census data)." See also "Companion Report to the CHSSN Online Series." *Reports for the Community Health and Social Services Network (CHSSN).* www.chssn.org

Pocock, J. (2011a). "Baseline Data Report 2010-2011: English-Language Health and Social Services Access in Québec." *Report for the Community Health and Social Services Network (CHSSN).* www.chssn.org

Pocock, J. (2011b). "Access to health and Social Services: Comparison of French and English language CROP-CHSSN Survey Samples. Companion Report to the Baseline Data Report 2010-2011." *Report for the Community Health and Social Services Network (CHSSN).* www.chssn.org

Sconzert, K., Smylie, M. and Wenzel, S. (2004). *Working for School Improvement: Reflections of Chicago* Annenberg External Partners. Chicago: Consortium on Chicago School Research