

Leaders in leadership

“It was made by them and for them.” A publication just launched by the CHSSN, NPI Leadership Development Framework, is a roadmap for organizations seeking a dynamic, effective leadership. “One of the most striking things about this publication,” says **Jennifer Johnson**, executive director, “is that it was created by leaders of our community networks, the people on the frontline of community action. It’s based on common values and principles that we developed together over the past 10 years.

“The CHSSN has always identified leadership as a critical element for success in achieving access to health and social service in English,” says Johnson. “So we created this document to help future generations of leaders in the community have an easier time to determine what they need and learn to develop skills to be better leaders in their community.”

It was time

Russell Kueber, CHSSN project manager, directed the publication process. “We often move right into a project thinking of activities, who should do them, what resources we need and when. We assume that everyone is capable and competent to deliver. But what if we don’t take time to develop people as leaders?

“CHSSN has been into leadership training since the beginning of the NPI program,” says Kueber. “It’s

part of our basic mandate. And it was identified as a key development principle when we were preparing our Community Mobilization Model for improving the health and vitality of English-speaking communities in Quebec. In setting future priorities, leadership was identified as crucial for continued success. We decided it was time to put this concept into a more formal framework.”

It was thorough

The new document evolved over eight months of discussion and ideas exchange among the design team of 15 networks and CHSSN staff. Specialists from the Concordia University Department of Applied Human Sciences were part of the process, providing support and guidance from an academic standpoint. “They made the bridge between leadership research and literature and the lived experience of our networks,” explains Kueber. “They confirmed that what we were thinking and doing actually aligned.”

A bottom-up exercise

The team started by zeroing in on 20 leadership competencies, such as skills, attitudes and behaviour, that are most basic to effective leadership. These were grouped under four themes, or “pillars”: leading within the English-speaking community, leading local networks, playing a leading role in the broader community and determining future leadership issues.

The resulting framework*, in English and French, also contains a self-assessment tool for evaluating individual leadership competencies.

Reaction is positive

The new leadership document has elicited favourable response. “There are many practical applications for this competency-based framework,” says Concordia professor **Steven Henle**. “It can be used for recruitment, for training and development, and for evaluation, to name a few.”

“That applies not only in health and social services but in any other sector,” adds Kueber. “There’s been interest from the education field. And it was recently featured in the widely-read Tamarack magazine. We’re now planning the first ever Community Leadership Institute for next summer.”

Fast action in the field

Kimberly Buffitt, executive director of the Coasters Association, has championed one of the framework’s pillars for immediate action. Reaching out to other leaders in the broader community, Buffitt organized a two-day retreat for Coasters’ health coalition partners from across the Lower North Shore. Kueber conducted the leadership training sessions for representatives from the police, school and business communities.

*Available at www.chssn.org

Adaptation program is on course

Repercussions from Bill 10, the legislation reorganizing Quebec's health and social services system, were expected to echo throughout the healthcare network. And so they did, but fortunately for the English-speaking community, there was one exception that proves the rule.

The adaptation program initiated by the CHSSN, partnered by the Quebec Ministry of Health and Social Services, and funded by Health Canada, carries on intact. Projects designed by institutions to improve access to English services originally submitted to regional agencies are now being run under the new integrated health centres.

"In fact there was only a pause," says **Jennifer Johnson**, CHSSN executive director. "Somehow we survived the tornado going on around us and even while the community was frantically negotiating clauses of Bill 10 to protect access, these adaptation projects were seamlessly being switched over to the new centres."

Two of the more innovative of those projects are in the East End of Montreal and in the Mauricie.

Leaner means better

History is being made in Montreal's East End with the introduction of a different approach to providing healthcare services to English-speakers. Well-known in the corporate world, the "LEAN" system of management (created at Toyota) is designed to better overall efficiency and quality of services by redefining responsibility processes.

It focuses on driving out waste so that all work adds value and serves the customer's needs.

"It's a system widely applied in Quebec's healthcare system," says **Mylène Kosseim**, LEAN specialist and consultant to the East End Network for English Language services (REISA). "But for the first time it's being tested in providing access to services in English."

There is obviously a need for some improvement. Staff in public institutions are often not aware of access programs or the difficulties some anglophones face in accessing services. Applying the LEAN process to management of such services offers exciting possibilities.

"That's why, with our public partner, we decided to sponsor a pilot LEAN project," says **Fatiha Gatre Guemiri**, REISA executive director. "We've targeted one clientele, vulnerable anglophone seniors, at one establishment, the CLSC Mercier Est/Anjou."

A brainstorming session with clinical personnel and administrative staff led to agreement on objectives, action to be taken, and who is responsible. So far this has included document translation, identification of bilingual staff, a voice mail message for English inquiries, and identification of patients' language use in their files.

"There's wonderful receptivity," affirms **Guemiri**. "They are really committed to making this work. We hope to apply for a second grant next year to involve another CLSC."

By word of mouth

For Quebec's English-speakers to access health and social services in their own language they first need to know what services are actually available. But many do not. So the Townshippers' Association - Estrie and its community and public partners are sponsoring a "watchdog" program in Richmond to spread the word.

The messengers are volunteers who attend training workshops to learn about available services and how to access them. The key is that they are receiving accurate and up-to-date information that they can pass on to others.

"CHSSN research shows that English-speakers in our region tend to ask friends for their health information," says the Association's past NPI director **Shannon Keenan**, "and they're not always well informed. Now we have a liaison agent who is a key link with the CIUSSS and the school board, partners in the project, and a team of informed volunteers."

First focus of the program is vulnerable families with children, a group traditionally difficult to reach directly. They have many problems associated with unemployment and poverty, and stand to benefit greatly with proper direction to services.

The program potential has spurred the interest of researchers at the Universities of Sherbrooke and Bishop's who provide advice on workshops and outreach efforts and will evaluate their effectiveness. □

Bill 10: the aftermath

It came with a shock. Bill 10, and massive reorganization of Quebec's public health system, has reached into all corners of the province's health and social services network. And while it has indeed brought new challenges to the province's English-speaking communities, it has introduced new opportunities for inter-action and collaboration.

"The community networks really mobilized around Bill 10," says **Jennifer Johnson**, CHSSN executive director. "They were fast out of the gate soliciting names of candidates for boards of the new regional health centres, and identifying local organizations to provide nominations for the regional access committees. They worked hard to have the best representation of the community involved in the new structures. It was really an outstanding example of community development and leadership."

Individual networks have been establishing active links with the new regional centres by reconnecting with transferred staff at the program level in the new structures. Some are finding "champions" that have assumed more essential positions in the new system. Others are new appointees eager to establish good relations with the community.

"The CHSSN and QCGN have been very active in watchdogging implementation of Bill 10," affirms Johnson. "But the very solid work of the networks has been paramount in keeping a spotlight on access to English services in this province."

Quebec a case apart

English-speakers in the Capital region received special recognition under Bill 10. In fact, there are two pages in the reform legislation dedicated to the Jeffrey Hale-Saint Brigid's complex.

"We were able to negotiate changes to the original legislation to protect the critical leadership role that the Jeff plays in the English-speaking community here," explains **Richard Walling**, executive director of Jeffery Hale Community Partners. "We're very satisfied with the provisions that were finally implemented."

These include naming its own director and creation of an advisory committee. "Other institutions must ask for such a committee," says Walling, "but ours is embedded in the law. And because the Jeff wasn't fused into the new CIUSSS, and remains a legal entity, it continues to exist and is able to maintain its visual identification. That is so very important for an institution with over 300 years of history and experience."

A new wind in the Gaspé

"I was blown away recently by the sudden appearance of bilingual posters and signage at the Hotel Dieu Hospital," says **Cheryl Leggo**, executive director of Vision Gaspé Percé Now. "Before Bill 10 there was very little English in evidence. What's even more impressive, we hadn't asked for this. The new director, who knows our community, did it on her own."

"There's also been some great news in the new organizational setup," says Leggo. "A member of the English-speaking community was named as president-director-general of our new CISSS. That is a breath of fresh air."

Bill 10 brought some bad news in that under the new criteria the local seniors' day centre no longer qualified and was to be closed. "But the new pdg identified it as qualifying as a wellness centre," says Leggo, "which allows us to carry on. We're very happy about that."

A change in status

The legislative reform has brought a new independence to the Magdalen Islands. Creation of the CISSS-des-Îles means more decision-making at the local level and increased influence for the English-speaking community.

"We used to be grouped with the health agency in the Gaspé," says **Helena Burke**, executive director of the Council for Anglophone Magdalene Islanders (CAMI). "Under the new structure, we still have a link with Gaspé on regional dossiers, but now we control our local files, like hospital and clinical services. So we report directly to the Ministry on Island issues."

"This direct access means that we're at the decision-making table," says Burke. "We're remote and isolated, and we understand our own reality. We're very pleased that now we can explain our needs and not have to rely on someone else to do it on our behalf." □

Visible, vulnerable

The CHSSN's most recent report on English-speaking members of Quebec's visible minority population illustrates a level of socio-economic diversion from the majority population that should cause concern. While most are located in the Montreal, Montérégie, Laval and Outaouais regions, there are now substantial numbers of visible minorities in other parts of Quebec such as the Capitale-Nationale, the Laurentides, l'Estrie and Lanaudière.

They share common challenges. For example, 54 percent of visible minority members have an income below \$20,000 compared with 41 percent of the non-visible minority group. Nearly twice as many live in poverty as the majority population. In the Montreal region, some 40 percent of the Black and South Asian communities live below the poverty line. This compares to just over 20 percent for the general non-visible population.

Their numbers continue to grow. According to Canada's 2011 census, five times more visible minority immigrants than non-visible had arrived in Canada during the previous five years. Forty percent are 25 to 44 years old; a quarter of the majority are in that age group.

According to **Joanne Pocock**, CHSSN consultant and author of the report, "Given the numerical importance of visible minorities within Quebec's English-speaking communities, this report is a prime resource for community developers and government policy makers."

It is available at: www.chssn.org. □

Networks star

CHSSN networks shared star billing on October 8 when the Quebec Community Groups Network (QCGN) presented its 2015 Sheila and Victor Goldbloom Distinguished Community Service Awards.

Lynden Bechervaise and **Gary Briand**, co-founders of the Committee for Anglophone Social Action (CASA), were pioneers in this province's English-speaking community's advocacy movement. They also played a key role in several other local and provincial English community organizations.

Fatiha Gatre Guemiri was nominated for her work as founder and executive director of the East Island Network for English-language Services (REISA). She was also cited for her efforts to establish harmony between different cultures and, particularly as a member of the Canadian Council of Muslim woman, between Jewish and Arab communities.

Royal Orr has a long history in English-speaking communities as both volunteer and professional. Past president of Alliance Quebec and one-time executive director of the Townshippers' Association, he has volunteered for a number of other community organizations.

Winner of the first Young Quebecers Leading the Way Award was **Alexander Gordon**. He was cited for his volunteer involvement in student activities and his commitment to community action. This new award is co-sponsored by the QCGN, the Notre Home Foundation and the CBC. □

Making the link

There are health services available in English for anglophone Quebecers. There are professionals willing to deliver them. But too often there is such a gap between the two as to deprive the English-speaking community, particularly its most vulnerable members, of the services and rights which are its due. But help is at hand: the community liaison agent.

Four years ago, the North Shore Community Association (NSCA), influenced the Sept-Îles Hospital to hire **Sharon Tardif** as a liaison agent, to be the link between the hospital and its anglophone clientele. That idea worked so well it became a CHSSN success story.

"Liaison agents can be doubly effective," explains **Russell Kueber**, CHSSN program director. "Firstly, they work with vulnerable English-speaking clientele to help them become aware of services and to navigate through the healthcare system. At the same time they sensitize and support the health professionals to better meet the community's needs."

There are now four more agents in the field: **Gwyneth Grant** hired in Richmond by the Townshippers' Association; **Shannon Keenan** by MCDC in Thetford; **Djahida El Krarraz** by REISA in Montreal, and **Nelson Picard** by Connexions in the Outouais.

"These are pilot projects," says Kueber, "but even the preliminary results have been so outstanding, we're certainly looking to expand the policy into other regions. We think it's the way of the future." □

An important meet

A historic meeting place took place on June 11 when 36 community networks from across Canada gathered in Quebec City to exchange ideas and discuss access to health and social services for the country's minority-language citizens. The CHSSN hosted members of its francophone counterpart, la Société Santé en français (SSF) to a day-long conference that covered a wide range of topics.

"We were all pleased with the progress we had made in the past 10 years," says **Jennifer Johnson**, CHSSN executive director. "Being stakeholders in the public health system has done so much to help revitalize our communities. Sharing experience and best practices in our network development was a critical part of the day's discussion."

Both minority-language groups face the challenge of long-term funding. "Precarious project funding is not the answer to sustainability," says Johnson. "And in Quebec, major upheaval in the health sector has caused no little concern. Health Canada's continued support has been crucial to our success so far, but we both need to seek alternate resources as well. We were pleased to have Health Canada's **Roger Farley** join us to give a brief update on the federal government's appraisal of our work."

It looks as though this meeting will serve as a basis for future network to network collaboration. "We agreed that our two language groups need to work together," Johnson affirms. "There is much to be done on knowledge development and research that we can share." □

Coasters reach out

Its decision to seek new sources of program funding is paying off for the Coasters Association. And in addition to tapping the goodwill of local contributors, Coasters has successfully reached into the Lower North Shore's ex-patriot population for financial support.

Three years ago, Coasters set up a partnership with, and restructured, an existing foundation, Uni-Aid, to create the new Lower North Shore Health Fund. **Kimberly Buffitt**, Coasters executive director serves as Uni-Aid's *pro bono* executive director.

"Our first venture was to provide small loans or grants to people having to leave the region for medical care," says Buffitt. "This year we distributed over \$20,000 from that Fund. Now we're well into supporting social projects also."

This year the Social Services Fund provided \$10,000 to six senior day centres, \$3000 to a youth summer camp program, and \$8000 to youth centre programs across the Lower North Shore. A recent grant of \$45,000 will go for a house that will provide accommodation for people travelling to the Blanc Sablon hospital for medical treatment.

And now there are those monies being raised by former residents for the benefit of their families and friends back home. "We're so pleased that ex-pats are adding to these Funds," says Buffitt. "It's part of our fundraising strategy to reach out to them, and they're responding: 65 in Edmonton and 56 in Gatineau attended fund-raising golf days, and 255 turned out for a carnival supper in Gatineau in October." □

New at MAB

Bill 10 placed private institutions that were not merged into the new health and social services centres in a dilemma. Should they retain their independence and remain outside the public healthcare system or opt in and enjoy benefits of being part of the overall network. The MAB-Mackay Rehabilitation Centre in Montreal has chosen inclusion and now is part of the CIUSSS du Centre-Ouest-de-l'Île-deMontréal.

In another development, the Mackay Centre and Philip E. Layton Schools are to be housed in a new \$21.9 million facility of the English Montreal School Board. The former provides education for blind children, the latter for youngsters with hearing and physical disabilities and communication disorders. The schools are currently housed in the Rehabilitation Centre. □

Sessions still popular

Now in its tenth year, the CHSSN's Community Health and Education Program (CHEP) continues to attract a wide audience. Last year, 740 people in English-speaking communities across the province attended videoconferences on health and social services. Eight sessions were organized by local NPIs at 11 sites, with rebroadcasts reaching a total of 28 different sites over the year.

The topics presented by guest healthcare professionals cover a wide range of health issues. During the current year, subjects include nutrition, stroke, powers of attorney, mandates and wills, Lyme disease, memory loss and dementia, and the risks of smoking. □

Angels at work

As Canada's population steadily ages, there is growing concern and awareness that many vulnerable seniors are being subjected to psychological, physical or financial abuse. The challenge is finding out who is being abused and how to help them. In the Appalaches region, an army of volunteers has been trained to do just that.

"We have one of the highest levels of ageing in the country," affirms **Suzanne Aubré**, executive director of the Megantic English-speaking Community Development Corporation (MCDC). "So both francophones and anglophones were anxious to address the problem of abuse."

"We developed a training program for volunteers in the greater Thetford region on how to detect abuse situations, and what to

do. We called it l'École des Anges. MCDC is managing the project.

"We targeted volunteers already providing frontline services," says Aubré, "like meals-on-wheels, home visits, or transport to medical appointments. They are often the only social contact that vulnerable seniors have. So they're in a prime position to help."

"We trained 125 angels in five groups in five workshops," says Aubré. "The first series was so successful that many have asked for follow-up sessions. We ask a lot of our volunteers, so we need to help them cope with what might be unpleasant situations."

"Anglophones are one percent of our population," Aubré says, "but are very well represented on boards and tables throughout the region." □

SAQ researching seniors

The Seniors Action Committee is spearheading a project to motivate English-speaking communities into taking action on the most pressing issues facing seniors in their regions. Funded by Canadian Heritage, it is called Community capacity building: from evidence into action. The first stage, just under way, targets four regions of the province. The results of that exercise will serve as basis for a province-wide endeavor.

"We're working with five partner organizations that are directing focus groups in 15 communities in the Gaspé, Magdalene Islands, Sept-Îles on the North Shore, Quebec

City and the Outouais region," says **Ruth Pelletier**, SAQ executive director. "They've customized their approach according to local characteristics and experience. But each has the same goal: to zero in on one, single priority, on which action must be taken."

To encourage attendance, these meetings are being held in wellness centres, churches or community centres – wherever seniors already gather. Once their local priority is determined, participants will identify local partners with whom to work in drawing up an action plan to attain that goal. □

Kids count

A highly successful method of helping to tame troubled kids' antisocial behavior has taken root on Montreal's West Island. The Family Resources Center has embarked on a five-year, \$million program called Stop Now and Plan (SNAP). Funded by the federal Department of Public Security and Crime Prevention, it is designed for youngsters from six to 11 who are potentially at risk with the law.

"It was designed by the Children's Development Initiative (CDI), based in Toronto," explains **Carrie Goldberg**, Center executive director and clinical director of the project. "It's been going strong elsewhere in Canada for 25 years. In Quebec, it's a first for us and a Cree community in the North."

The new program, run jointly with Projet communautaire de Pierrefonds, a nonprofit working with immigrant families, started this fall. It will handle eight groups of children for a total of 64. Candidates are identified by schools, police or youth protection services. Goldberg and her team received intensive training from CDI.

"The emphasis is on individual attention," says Goldberg, "so the numbers are kept small. We work with both the kids and their parents on improving their self-control, curbing anti-social behaviours, and so on. And it's very thorough. After two months of assessment, we'll run 13 weekly sessions, with parents and kids separately. There is a full year of follow-up. Whenever required, they'll get extra individual counselling. It's really an amazing program." □

CASA celebrates 40

Its name tells the story. From its beginnings, in 1975, the Committee for Anglophone Social Action (CASA) has been in the forefront of promoting the social wellbeing of English-speakers along the Gaspé coast. For 40 years, CASA has been stimulating and supporting community efforts in health and social services, culture and heritage.

"Our beginnings were modest," says **Lynden Bechervaise**, CASA co-founder. "We decided to start a newspaper to link the anglophones scattered along the coast. They were so separate from each other, with no exchange of information. In fact, they were getting all their news from New Brunswick or P.E.I. We wanted to create a community, and the paper was the best way to start."

That mission was accomplished. CASA evolved into the hub of services and activities that today benefit both anglophone and francophone Gaspesians. It has assisted other organizations in their formative years, and has formed partnerships around the province to further anglophone rights.

Over 100 people gathered to celebrate the organization's 40th birthday party in August, including the Commissioner of Official Languages, **Graham Fraser**, who paid tribute to the headway CASA has made in working with the francophone majority to preserve the vitality of both communities.

Bechervaise and **Gary Briand**, CASA co-founder, received a 2015 Sheila and Victor Goldbloom Distinguished Community Service Award for their long dedication. □

AMI and St. Mary's in the ER

AMI-Quebec and St. Mary's Hospital have joined forces to assist caregivers of elderly patients who are experiencing a medical crisis. Together they have developed an innovative program that will provide these caregivers with information and guidance to support them both in hospital and after the patient's discharge. A two-year pilot, the project will be evaluated for longer-term and broader application.

Many of the elderly's caregivers are elderly themselves," explains **Ella Amir**, AMI executive director. "By having someone there to help

alleviate their burden in an emergency situation, we're hoping to mitigate some of the negative consequences of caregiving. With this kind of dedicated support they'll be better able to cope and will be less likely to require services for themselves."

While it is an AMI employee who will be on hand as direct intervener, St. Mary's staff is very much involved. "The hospital has set up a steering committee to monitor and evaluate the project as it progresses," says Amir. "It's a very collaborative partnership." □

Batshaw tends to aboriginal children

Given the over-representation of aboriginal children in the child welfare system, Batshaw Youth and Family Centres has created a specialized team of social workers to improve services to First Nations, Métis and Inuit children and their families living in Montreal. There are about 100 on file now, half of whom are Inuit.

"Aborigines must face huge adjustments when they move from remote communities to Montreal," says **Leigh Garland**, program manager. "We see a lot of issues related to neglect and abuse when parents can't cope because of substance abuse or depression.

"That's why we maintain strong partnerships with local aboriginal organizations to keep up with the many resources they have available. If we can link these children and their families into those resources early, we can avoid many problems."

Many aboriginal children have limited contact with their families, and little opportunity to connect with their culture. So when an aboriginal child must be placed in foster care, the Batshaw team works with those families to make sure that their historical and cultural sensitivities are respected.

"It's very difficult to find culturally-matched homes," says Garland. "So we direct foster parents to the aboriginal community here where many cultural activities are organized so that children can be exposed to peers with the same background."

To guide and maintain the ongoing development of its aboriginal services, Batshaw is linked into the McGill Centre for Research on Children and Families. The Centre helped organize the Batshaw team and continues to provide its support. □

CHSSN News

The CHSSN celebrated its 15th anniversary in September by honouring its NPI community networks with 10-year birthday citations. "We wanted to underscore the partnerships that have been so much part of the success of the CHSSN since its inception," says **Jennifer Johnson**, executive director. Those receiving citations:

Council for Anglophone Magdalene Islanders (CAMI)

Committee for Anglophone Social Action (CASA)

East Island Network for English-language Services (REISA)

Coasters Association

Connexions

Megantic English speaking Community Development Corp (MCDC)

Townshippers' Association

Vision Gaspé Percé Now

...

To honour her 25 years of service, AMI-Québec has created the **Ella Amir** Award for Innovation in Mental Health, to be given to an individual or organization contributing in a significant way to promoting mental health in the community.

AMI-Québec also awarded **Jim Carter**, CHSSN's policy and program advisor, its Award for Exemplary Service in the Field of Mental Illness for his dedicated activities in protecting English-language services.

Quebec City's Jeffery Hale Hospital celebrates its 150th anniversary this year. Its sister institution Saint-Brigid's is now 159 years old.

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CCS, formerly Catholic Community Services, has changed its name to Collective Community Services and has re-located to Verdun.

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For 26 years a national and international trail blazer in the field of adult learning, the Montreal-based Centre for Literacy has closed due to federal funding cuts. Some key resource materials will be maintained by the Centre's partners. Its library collection, the largest of its kind in Canada, has been distributed among local libraries and organizations. Its children's reading program will be taken over by the Montreal Children's Hospital.

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Ursula Cabral is CCS's new NPI coordinator.

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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 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 English-language 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

For more information on the CHSSN, visit the website or contact us at:

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