

CHSSN sets priorities for action

New priorities for improving health and social services for English-speaking Quebecers have been identified. Building on the major momentum already achieved by the primary healthcare projects and new community networks funded by the federal government since 2004, the new priorities touch those key areas that would benefit from additional federal investment.

“We’ve made significant strides in bringing this issue to the forefront,” says Jim Carter, CHSSN program and policy advisor. “Now we need to ensure that our gains are made sustainable. And we also must undertake new initiatives to ensure that English services are integrated, across the board, into Quebec’s current healthcare reforms.”

There are challenges

For those community networks in place, sustainability depends on the ongoing commitment of the public partners to allow the communities to maintain their coordinating role. It is vital that this role continue to be community-driven and not absorbed into the institutional structures. That the networks created so far cover only 20 percent of the English-speaking population strongly highlights the importance of assisting vulnerable communities that lack the capacity to initiate their own networks.

And there are opportunities

The comprehensive reform now taking place throughout Quebec’s healthcare system offers a golden opportunity for introducing new

models of service delivery in English. The CHSSN plan calls for certain anglophone institutions to act as incubators to demonstrate innovative new approaches that could eventually be integrated into the host system.

Continuing to participate directly in system-wide health reforms such as Info-Santé will also have a long-term impact on improving access to English-language services. So will implementation of regional access programs on health and social services in English, which link directly into the clinical and organizational projects being coordinated by local CSSSs.

Continuity is needed

The CHSSN plan targets two other important entry points for future investments. New integrated university health networks have been set up to provide “corridors” of medical service that allow patients to better navigate through different levels in the system. The CHSSN is promoting mechanisms to track and refer English-speaking patients within and across those networks.

“We’re also eyeing Quebec’s Public Health Plan,” affirms Carter. “We want upcoming prevention and health promotion programs to reflect the needs of anglophone communities. These and other recommendations will be in a report presented to the federal Health Ministry this Spring. We hope that they will be accepted into a new government action plan for future investment in our communities.”

CHSSN releases new report on anglo community diversity

The CHSSN has just released a new report on the findings of its 2005 CROP survey on Quebec’s English-speaking community. The widely held view that Quebec anglophones constitute a monolithic minority is definitively refuted by the survey results. They, in fact, reveal a community with multiple identities, regional diversity and mixed sociocultural characteristics.

The survey results illustrate significant variations in those factors that affect the community’s vitality. It is an ageing population, with noteworthy differences in levels of education, income and employment. And even though English-speaking, a quarter of the survey respondents claim dual identities, feeling that they belong to both the anglophone and francophone communities.

The report examines points of convergence and divergence on issues that concern anglophones. The most prominent are minority status, equality of rights and access to services. Nearly two-thirds feel that their community is threatened and their future uncertain. And nearly one-third of younger anglophones anticipate leaving their communities within five years.

The report underlines the importance of addressing the differing needs and views within the anglophone community, that the traditional one-size-fits-all approach neglects its internal diversity.

Enhancing community links

The CHSSN has directed some additional funding to those community organizations involved in the networking and partnership initiative. Now entering the last year of their startup programs, the organizations were invited to identify a special event or activity that would complement the work already accomplished with their public partners. The new program is called Resources for Enhancing Community Engagement and Participation with Public Partners (RECEPPP).

“We saw RECEPPP as a way to reinforce the participation of our community networks in planning primary level health and social services,” says Russell Kueber, CHSSN project coordinator. “Although the monies involved are

quite modest, they are being put to good use. Overall, the program has been very well received, by both community and public partners.”

The types of activities that are being funded are wide-ranging. Substance abuse is the focus of two of them. Vision Gaspé-Percé Now is working with a local CEGEP to develop a substance abuse survey for students. The Fraser Recovery Program is helping a school in the Magdalen Islands with a prevention and intervention program.

The Coasters’ Association is compiling an information and resources package to support relationships between parents and their teenage children. The Townshippers’ Association is involved with its public partners in studying

rural transportation needs for accessing health and social services, and it is also promoting extension of a program that helps women to continue their secondary studies.

Public forums on health and social services are being held with public partners by the Committee for Anglophone Social Action in the Gaspé and CCS in Montreal. The Council for Anglophone Magdalen Islanders is developing a roster of cancer information resources. The Outaouais Health and Social Services Network is conducting a media and information campaign on available healthcare services. The Megantic Community Development Corporation is providing the local CSSS with a central storage and filing site for the healthcare information the Corporation has translated.

Training takes groups one step further

To help the anglophone health networks better prepare for the long-term sustainability of their operations, the Centre for Community Organizations (COCO) was commissioned by the CHSSN to provide training sessions on a variety of management and organizational topics. Trainers have met network coordinators onsite in the Magdalen Islands, the Lower North Shore and Thetford Mines.

“All the sessions have been very organization specific,” says Frances Ravensbergen, COCo trainer. “The groups did their own assessments and told us their needs, and we tailored the sessions to that end.” There were, however, some basic organizational elements that were of

general interest. “Grant writing has become an important preoccupation for all nonprofit managers,” says Ravensbergen. “Governments and foundations each have their own priorities, and the organizations need to understand where they fit. And for continuity of funding, it is important that they nurture a good relationship with funders.”

Sustainability is an overriding concern of the networks. “The first challenge is to get the right people around the table,” Ravensbergen affirms. “Then make sure that public and community partners really do feel ownership, that everyone shares a common vision for the future and a commitment to realizing those goals.”

Building a solid volunteer base is another factor in ensuring sustainability. “The importance of volunteer development was an eye-opener for some people in the field,” says Ravensbergen. “It’s much more than picking up the phone and asking someone for help. Volunteers have to be attracted, directed, supported, motivated and, always, thanked.”

COCO has also been giving sessions on board development, fundraising, and project design and management. “We can’t emphasize too strongly how important it is to continually evaluate projects. Often assumptions are made that turn out not to be valid. That can mean the loss of some very important work.”

Projects galore in the East End of Montreal

Three years of consultations, networking and planning for improved healthcare services for anglophones in East End Montreal are finally bearing fruit. Initiated and funded through the QCGN, McGill and CHSSN healthcare projects, this initiative spawned an unprecedented collaboration between the local anglophone community and public institutions. Thirteen new projects have been developed so far, nine of which are now being implemented.

“Because of the size and complexity of our territory, it’s taken us some time to lay the groundwork,” says Janet Forsyth, community organizer and project manager. “We’re talking about 10 communities, with hundreds of local organizations. What started as a CCS networking program has led to a solid partnership of four local CSSSs with some 60 community organizations, schools and churches. This cooperation has made a tremendous breakthrough for us.”

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Community learning centre

By far the largest, and the most far-reaching, East End project is the new community learning centre (CLC). Set up by the Quebec Education Ministry to be a hub of community education and development, the CLC at Laurier-MacDonald High School will have a supra-regional as well as a local mandate. Healthcare information evolving from East End projects will be made available to other anglophone communities via the CHSSN teleconferencing network. (Jennifer Johnson, the CHSSN’s executive director, is a member of the Ministry’s CLC Resource Advisory Group.)

Diabetes education

The first venture of the new CLC involves McGill nursing students going into schools to determine the incidence of diabetes. Depending on their findings, strategies for prevention and control of the disease will be developed. These same students will serve summer internships in anglophone organizations and healthcare establishments in the regions.

In a parallel project, a group of the High School’s media students are to create diabetes-related information pieces in different formats, including CDs for people without access to the Internet.

Addiction problems

A project on substance abuse awareness and prevention is to be set up with the participation of 11 church parishes. Persons identified as having problems, particularly youth, will be referred to the Foster Pavilion, which has opened a satellite centre to provide English counselling and treatment services.

Intellectually disabled children

A daycare and respite centre for intellectually disabled children is in the works. A local CSSS has agreed to supervise CEGEP students who are specializing in healthcare subjects to work with the children.

Touring community centre

As many seniors with loss of autonomy cannot access the local Almage Community Centre, the Centre will take its services and resources activities to them, at various sites in the community. First year social work students will participate in this outreach, helping to inform seniors, who are noted for

under-using the healthcare system, about available services. They will also identify seniors who need care.

Literacy and health

This project is designed to help immigrant anglophone families whose children are in French schools to navigate the healthcare and education systems. Social work students will tutor bilingual high school students to translate and inform the parents of available services, to help the children with their homework and to help link parents with the schools.

Mental health

With no local group providing information on mental health in English, AMI-Quebec has extended its telephone network workshops into the region. AMI will also now distribute information on available English health services along with its own promotional material.

Families in Transition

Mediation and counselling will be offered to families going through social disruptions such as divorce, separation or custody conflicts.

Linguistic coaching

Community volunteers are holding discussion groups in English with CSSS francophone professionals who are participating in McGill’s language training program.

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“At first,” says Forsyth, “our potential partners thought we’d be a burden on their already strained resources. But our message, and we’re proving it, was that we anglos are partners, not complainers, so there is a lot more openness now.”

Radio helps spread the word

Community radio offers an interesting new opportunity to deliver healthcare information in English to isolated anglophones. That was illustrated in a pilot project recently conducted by the Townshippers' Association. The two on-air sessions organized by the Association not only served a local audience, but the broadcast tapes will also be replayed to anglophones living on the Lower North Shore by their community radio stations.

The one-hour sessions covered two topics, dependencies and mental health. An expert in studio discussed the topic, and then answered phone-in questions from the radio audience. The sessions were also broadcast on the Web (at: www.cjmq.fm/interviews).

Networking projects on target

The 11 community networking and partnership projects initiated in 2004 would seem to be headed in the right direction. According to an evaluation conducted by the École nationale d'administration publique (ÉNAP), their implementation and short term outcome has been excellent. Evaluators noted that there have been net effects at many levels: knowledge development, identification of needs and priorities, community participation, volunteer development and training.

It was initially thought that the dispersal of anglophones over large areas would impede project progress the most. As it turned out, geography was not the deciding factor. The key to success was having already established links with

“We arranged for clusters of people to listen to the broadcasts in Knowlton, Magog and Thetford Mines,” explains Kelly Haworth, CHSSN consultant, who animated the broadcasts. “The reason for that was to have a guaranteed listening audience that would later evaluate the program and make it a meaningful adult learning activity.”

Evaluation of the broadcasts is being handled by an online service to facilitate listeners' participation. Success of this McGill-supported pilot opens the possibility of a province-wide radio program focussing on health and social services information. Community radio as an information vehicle adds another important dimension to the CHSSN's telehealth program.

public establishments prior to networking. Even limited funds did not prevent those groups from setting up active networks.

Progress was not the same everywhere. For some regions, like Montreal, this was the first major effort to get all the players into a room together. In some regions, it took longer to get the cooperation of public establishments. Some new services have been offered, but there is still major reorganization to come.

There is another year to go for the networks to deliver on their goals. Sustainability is one of their major concerns, but indications are positive. Several started looking for sustainability funding early on, a very good sign, according to ÉNAP.

Tracking anglos in the healthcare system

One of the improvements Quebec is making in its current healthcare reforms is to streamline the flow of client information within the system. Projects are now under way all over the province to put in place common client indexes as part of the information systems of healthcare establishments. The Saint Brigid's-Jefferey Hale complex is recommending that language be included as one of the identifying characteristics used in the master patient indexes.

“There are so many information systems in operation,” says Louis Hanrahan, executive director of the Jeff, “and they've all been operating independently. It's been extremely difficult to follow any client through the system. It's nearly impossible to track anglophone users.”

The Jeff has been examining how identifying language preference might be done in the Quebec City region. For example, there is already an optional field for user language in its healthcare establishments' admission procedures. It could be made obligatory to collect that information. The regional Agency might make use of RAMQ data on anglophone healthcare users. The Public Health Department or other partners might be interested in improving their monitoring of the anglophone population.

“We're doing this in our region as a public service,” says Hanrahan. “What we accomplish could serve as a model for other parts of the province. Even if it's not adopted elsewhere immediately, we hope to get the Ministry interested.”

Family law a topic for telehealth sessions

Two information sessions on family law and mediation are scheduled for next year's CHSSN telehealth series. This Family Justice Outreach Initiative is sponsored by Éducaloi, a nonprofit organization that specializes in explaining the law in lay language. It also provides a wide range of legal information for the general public. The project is funded by Justice Canada.

"Both sessions are basically child centred," explains Russell Kueber, CHSSN project coordinator. "They will target parents who are separated or divorced, as well as family members and professionals who might be involved in helping to resolve marital conflicts harmful to children of the couples."

The first session will be run by a lawyer from Éducaloi. It will offer legal information on child support, custody and access. The second session will be run by the Consensus Mediation Centre, also a nonprofit, which provides family mediation and counselling to help parents and children deal with the disruptive effects of separation and divorce and. Its animator will be presenting information on conflict resolution through mediation and various conflict resolution tools.

These telehealth sessions will be piloted in the Lower North Shore, the Gaspé and the Townships. There will also be two onsite workshops in Montreal's East End covering the same topics. A booklet containing detailed information on the discussion topics will be provided in advance to people participating in the sessions.

French services improving outside Quebec

Access to healthcare services in French outside Quebec has been improving significantly over the past four years, thanks to a nationwide coalition of francophone minority communities. The Société Santé en français (SSF), the CHSSN's counterpart in English Canada, has 17 community networks working to improve the health of francophones in all provinces and territories across the country.

The situation for the million francophones living outside Quebec is similar to that of Quebec's million anglophones – scattered pockets of a minority population, many in remote regions, with different needs. The SSF has been very effective in meeting its two major objectives: increasing the pool of francophone health professionals and improving access to services in French. The number of students training as health professionals has exceeded set goals And there are 71 projects designed to improve French healthcare services being implemented across the country.

Montreal anglophone initiative moves ahead

The search is on for strategies and policies to improve the vitality of Montreal's English-speaking community. The Greater Montreal Community Development Initiative is aimed at bringing together in common cause the diverse segments of the region's 800,000-strong minority anglophone population. The Initiative was launched in March by the Quebec Community Groups Network (GCGN) with discussions with community leaders and organization representatives. A public forum was held on April 11.

The SSF has significant buy-in at the political level. Apart from its funding from Health Canada, SSF has been able to form close relationships with, and receive funding from, provincial and territorial governments. In fact, both the Ontario and Manitoba provincial cabinets have given formal recognition to the francophone health networks.

Jim Warbanks, project organizer with the CSSS Argenteuil, attended an SSF meeting in February, and was impressed with what he learned about the francophone organization. "The SSF takes a very proactive approach, always promoting the importance of language choice in the health and social services system," affirms Warbanks. "It is particularly strong in making it known to francophones that they are able to obtain services in French. I especially admire how the SSF consistently delivers the message that language choice is not only a tool of communication, it is a symbol of respect."

The QCGN had commissioned research specialists to prepare pertinent discussion papers on six of the key elements affecting the community's vitality. They cover demographics; education; economic development and employment; health and social services; arts, culture and heritage; and social participation. After analysis of the information and opinions shared at the consultations, a final report with recommendations for action will be presented to the community and to all levels of government.

Saint Brigid's, Jeffery Hale in new union

Two venerable anglophone institutions in Quebec City have officially become one. Saint Brigid's Home and the Jeffery Hale Hospital have merged their operations into a single legal entity. At the same time, the CLSC services formerly provided by the Holland Centre became part of the Jeffery Hale mandate. While Saint Brigid's will retain its name, all other front line services will be provided under the Jeffery Hale name.

"We were not trying to create a single institution with its own culture," says Louis Hanrahan, executive director. "Each partner has its own mission and public image. Saint Brigid's continues as a long-term care centre. Ambulatory hospital services, active geriatric services, palliative care and all the professional services specific to the anglophone community will be run under the Jeffery Hale banner."

The new anglophone complex has a unique position vis-à-vis the regional health establishments in that it can offer a range of services that local CSSSs cannot. Its diagnostic equipment and first call emergency services have been serving the Quebec community for several years. "It's part of our policy of working together in a spirit of partnership," says Hanrahan.

A third, independent, partner in the new institutional complex is the Holland Resources Development Corporation. It will continue to research and develop new services and programs for anglophones in the Quebec City region where gaps are observed.

McGill wants more aboriginal social workers

The McGill School of Social Work has launched a new drive to increase the number of aboriginal social workers in Inuit and Indian communities. The School is looking at how to make its certificate and degree programs more attractive and responsive to native social needs.

"Our first – and most necessary – step was to consult with the native peoples themselves," says Oonagh Aitken, Human Resources project coordinator. "We wanted their opinion on the social work needs in their communities, and how best we could prepare our students to address them. The important feature of this consultation is that it was conducted by people in the community, not by us."

One-on-one interviews were held in the community with elders, social

work certificate practitioners and healthcare employers. The School organized workshops in Nunavik, Kahnasatake and Kahnawake where the information collected was shared and discussed. The findings of these consultations will be returned to the communities, and will be used by McGill in planning its future social work curriculum.

"We're also involved in a project called the Aboriginal Health Human Resources Initiative," says Aitken. "It's a federal effort to get more aboriginal people interested in qualifying in health and social services disciplines. That could mean introducing more native content into our courses, or using pedagogical methods more attuned to native culture. We're looking at what other Canadian universities have done in this regard."

Coasters consider young people a priority

The Coasters' Association on the Lower North Shore is devoting much attention and effort to improving life for its younger residents. Their isolation and lack of activities have raised some problems that could affect the well being of young adults in the region. The Coasters are working to counteract that trend.

"We've put together a package of information and resource materials for parents of teenagers," says Ida Jones. "It's a 'survival pack', to help parents address issues and problems related to the behaviour and activities of their teenage children. We worked with our health network partners to compile the material that will best serve those needs."

The Coasters are working with the Anglican Church and local schools and municipalities to set up children's summer camps. Two pilot camps that were organized last year with the help of the Church proved to be highly successful.

"We're also working closely with the 4-H Clubs organization," says Jones, "to establish some of these clubs in our region. They would provide very healthy activities for our young people."

The Association is a key player in the local Community against Drugs program. Its aim is to provide drug-free recreational activities for youth as well as support for parents with regard to prevention of drug abuse.

Western Quebec network is busy

Anglophones in western Quebec are now getting more attention from local healthcare service providers. The Outaouais Health and Social Services Network, which has been formulating its priorities and action plans over the past year, met with its public partners in March to brief them on its progress. The result is a regional health table that will work to facilitate access to healthcare services in English.

“We needed first of all to make people aware of what resources are already available,” says Danielle Lanyi, network coordinator. “So we started a community newsletter in the Fall that covers local as well as Internet sources of healthcare information. There’s been a very good response. We’re building our own Website to serve as a vehicle for information and exchange.”

Historic Montreal institutions have merged

Two of Montreal’s oldest health-care institutions have officially joined forces. The boards of the Montreal Association for the Blind (MAB) and Mackay Rehabilitation Centre voted last year to merge the two centres. Government approval has now been received.

The Mackay opened its doors as an educational centre for the deaf in 1869. Today it offers rehabilitation services to children with language or motor disabilities and to deaf or hard of hearing children and adults.

The MAB, which opened in 1908, provides services to the blind and visually impaired. It also operates a 59-bed nursing home and a day centre for seniors.

Thanks to additional funding from the CHSSN primary healthcare project, the network is developing a promotional campaign to publicize the new Website, and English-language services. “We’re working with our regional Agency,” says Lanyi, “to develop information tools like posters and bookmarks that will be distributed in institutions and schools. And we’ll be advertising in local media.”

Lanyi points out that it has long been a challenge for anglophones to find information on the availability of services: “We live in five separate communities served by five CSSSs. We’re a mix of urban and rural people that are isolated from each other. But the network is making a big difference. We’ve formed one local action committee, and four more are in the works.”

The two institutions have long had a close relationship. “We’ve cooperated on administration and on clinical matters for some time, particularly when dealing with multiply-impaired children,” says Christine Boyle, executive director. “We often have clients in common. We were discussing ways to improve services to our clients, and a merger seemed to be a most logical step.”

The partner establishments will continue to operate on their separate sites, under the joint title MAB-Mackay Rehabilitation Centre. While serving the population of Montreal and Laval, they will continue to work in collaboration with other rehabilitation centres of the province serving anglophones.

CCS is celebrating its 75th birthday

Montreal’s Catholic Community Services, known as CCS, is 75 years old this year. Originally designated to serve the city’s Irish Catholic and English-speaking communities, CCS has been continually broadening its scope and its range of services since 1932. The agency now prides itself as “a model of what a nonprofit organization could become.”

CCS services are wide-ranging. The agency runs three seniors’ centres, two children’s summer camps and a camp for HIV positive adults. Its special youth projects target employment prospects and anti-social behaviour. There are several family support programs that deal with parenting skills and early childhood development. In all, these and other CCS programs reach over 6,000 individuals every year. The agency boasts over 600 volunteers.

CCS has been a key player in the networking and partnership project designed to improve healthcare access for isolated anglophones in East End Montreal. Its “Cultivating Roots” project has blossomed into a vital collaboration between 60 other community organizations and local public institutions (see page 3).

“We’re serving a much broader community today than our historical roots would suggest,” says Zenon Bryniawsky, CCS executive director. “We’ve had to keep adapting our operations to changing challenges. Our key preoccupation right now is results-based management. That means managing by objectives, and ruthlessly evaluating how effective our programs are. It will take us about five years to implement.”

New rules enacted for placement of children

Changes to the province's Youth Protection Law aim to improve the situation of children needing to be removed from their families. Strict time limits have been set on the duration of their temporary placement and a new category of guardianship has been implemented for permanent care. Nico Trocmé, director of the McGill School of Social Work's Centre for Research on Children and Families, is playing a key role in monitoring implementation of the new ruling.

"The law requires that there be speedier decision-making and more stable long-term arrangements for these children," says Trocmé. "I did lobby strongly that it also include provision for evaluating the impact of these changes. That was done."

The new legislation dictates how long a child can be kept in foster care or a group home before a final decision is made about a permanent arrangement. From no set deadline, temporary care is now limited to one year for young children and two years for older ones.

"The first priority is of course to return children to their family," says Trocmé. "If that isn't possible, the law now provides for a new permanent guardianship that does not sever all family ties. This is particularly helpful for older children, who might still have strong ties with their family of origin."

Because of his expertise, Trocmé was named to a committee mandated to oversee the evaluation of these new protective provisions. It will make a report in five years.

Holland's wellness clinics serve seniors well

The Holland Centre (now Jeffrey Hale) in Quebec City has made a practice of "going on the road" to provide healthcare services to its senior clientèle. Its community health nurses conduct monthly wellness clinics at different locations around the city that offer both individual counselling and group information sessions.

"We've attached ourselves to the anglophone Golden Age groups," explains Jennifer Robert, director of care and services. "While they provide the social entertainment, we add a health promotion element."

The clinic kiosks are set up for individual health monitoring where the nurse onsite will check blood pressure, give flu shots, and so on. Where a need for further care is identified, medical referrals and appointments are made on the spot. "One can also screen for problems of abuse or neglect," adds Robert.

The second part of the wellness clinics consists of a collective health promotion session. "We discuss things like medications, or cataract surgery," says Robert. "We hold interactive sessions where the seniors play the role of patients, learning how to ask questions about their health. We help seniors to help themselves in crisis situations: how to get up from a fall, how to detect symptoms of stroke or heart attack.

"This kind of patient education is a very exciting concept for me," Robert affirms. "We can see that it has an amazing impact. And the best part is that it doesn't require any additional funding."

The CHSSN

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

The CHSSN's objectives are to:

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

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

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