

REPORT:

The Network Model: Influencing Public Policy for Social Change



The network model has encouraged some organizations to venture into the policy and political arenas to effect social change for their communities. The indications are these organizations are meeting with some success in establishing themselves as legitimate stakeholders at the policy level. What are the specific strategic challenges for organizations working to gain a foothold in policy process? How is success measured and how is it communicated to local community constituencies?

**2017 COMMUNITY NETWORK FORUM
THURSDAY, FEBRUARY 23RD, 2017**



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INTRODUCTION LETTER

At our February gathering of the Community Network Table we heard from several local organizations of their ventures into policy arenas to effect social change for their communities.

Their stories were inspirational as proof of the worthiness of the community development approach of the Networking and Partnership Initiatives. They highlighted their role as successful agents of change.

We thank them for sharing their experiences with us and look forward to more news of their successes. Please share this report with your many partners.

Anne Usher

Forum Facilitator

Community Health and Social Services Network-CHSSN

SETTING THE STAGE

What is the "network model"? Connecting the network and partnership development approach to the "next level" of policy action.

Russ Kueber and Jim Carter (Community Health and Social Services Network-CHSSN)

To set the stage for our Network Forum, I want to share some observations about our network model and its potential for encouraging networks to venture into policy and political arenas to effect social change.

Our networks are serving as “drivers of change” already. Networks are mobilizing communities to be actors in their own health promotion. They are using social innovation to reinvigorate community relationships across different sectors. They are connecting communities with the health and social services system, and gradually moving that system toward being more open and accepting of English-speaking communities.

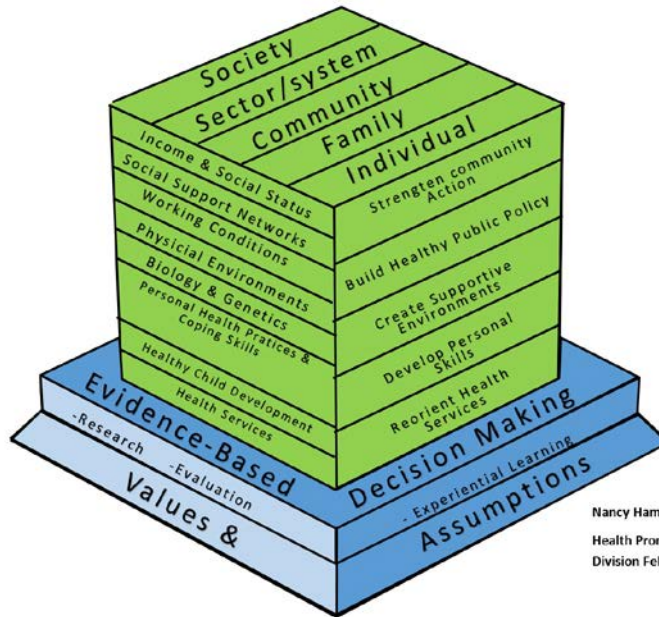
Intersectoral networking and partnerships are now a defining characteristic of our networks and our development model.

- In our benchmark year (2015-2016) our networks were operating over 500 partnerships, with just under half with non-government organizations in their communities, and a similar proportion with public sector and government organizations.
- The intersectoral nature of the partnerships is clearly a feature, with a third involving social services, a quarter involving health, and a fifth of them the education sector.
- The stages of partnership are defined from the early stages of “community readiness” to “strategy development” and “knowledge-sharing” to “partnership planning” and “joint action” to “trust” and “interdependence” to “partnership expansion”. We can document how many of these partnerships in our benchmark year are at these different stages. For instance, the partnerships that have matured to the level of “joint action”, “trust”, and “interdependence” represent well over one-third of all the partnerships.

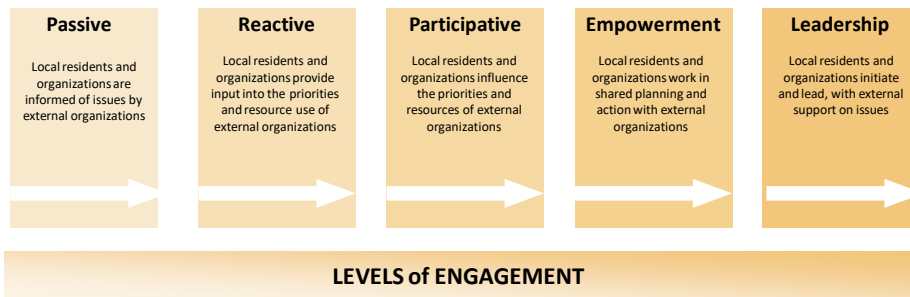
So, the network model has established a track record of encouraging organizations to establish collaborative relationships with a range of institutional and community interests to pursue initiatives at the local community level. The track record also points to action on priority health determinants and target populations.

The case studies being presented in today demonstrate that the development principles are at work every day and are now being pressed into new areas of action. The values underpinning the network model include promoting the identity of our communities, promoting social inclusion and advocating for equity in the broader society in its treatment of communities. These values can support network strategies to enter the “next level” of participation in societal initiatives setting broad policy goals. The reward for such effort can be societal recognition that the programs that define Quebec’s commitment to social progress also include our communities.

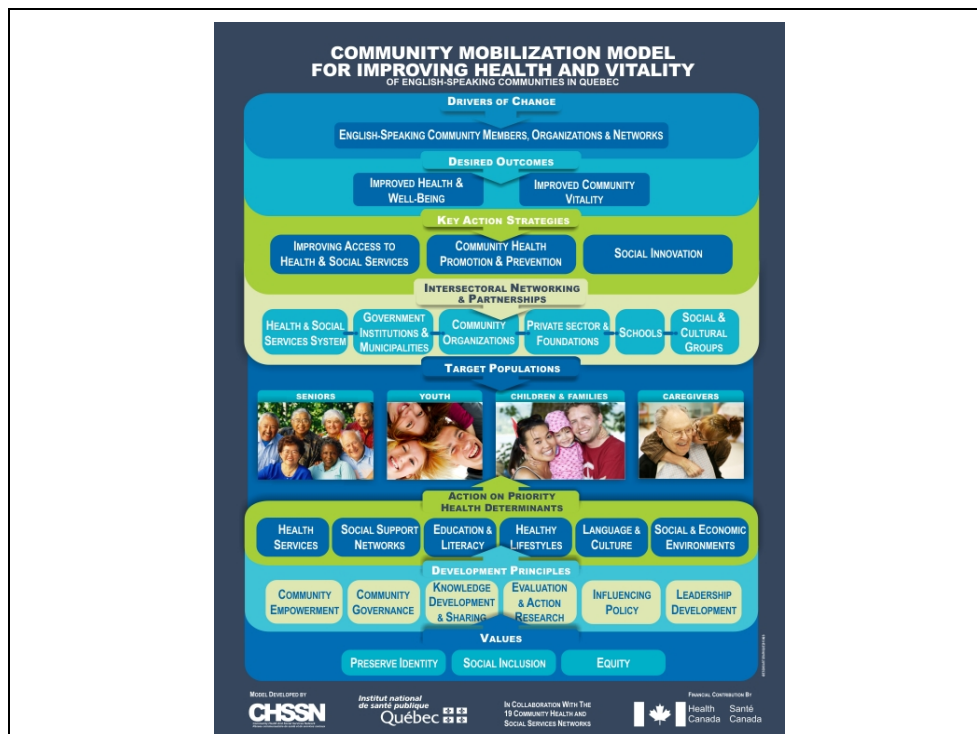
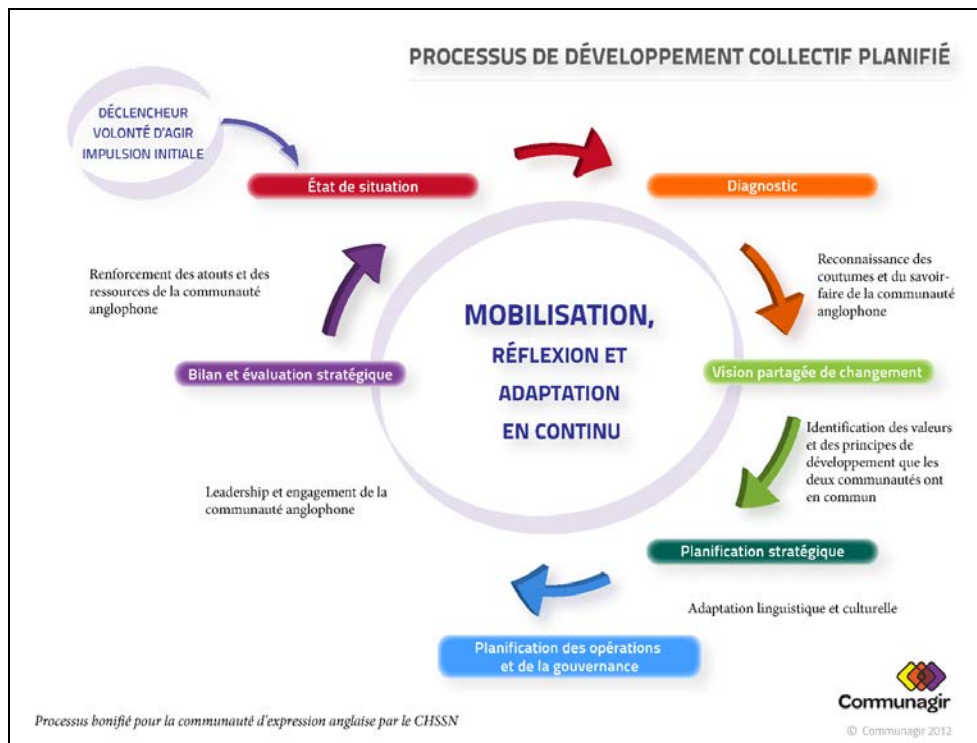
Population Health Promotion Model



Nancy Hamilton & Tariq Bhatti
Health Promotion Development
Division Feb 1996



Adapted from: Hashagen 2002 and Sydney Department of Planning 2003.



REISA

Presentation of the multi-year undertaking connecting the public system to English-speaking people and influence a broad range of professional and administrative practices adapting services to English-speaking communities in the East Island.

Fatiha Gatre Guemiri and Janet Forsyth (The East Island Network for English Language Services-REISA)



Strategies partenaires pour l'adaptation linguistique des services de santé primaires

Partnership Strategies for Linguistic Adaptation of Primary Healthcare

Processus

1. Établir la collaboration
2. Identifier/évaluer les problèmes
3. Proposer de strategies pouvant soutenir un processus de changement
4. Mesurer l'impact des strategies sur les problèmes identifiés

Process

1. Establish collaboration
2. Identify/evaluate problems
3. Propose strategies to support change
4. Measure the impact of strategies on identified problems

Améliorations au CLSC Mercier-Est

- La réception, l'accueil et « **l'intervenant de vigie** »
- Pochettes d'accueil traduites
+ Guide de ressources en anglais
+ Lexique Passeport Santé
- Les aînés et l'équipe SAD connaissent mieux les services en anglais
- Les gestionnaires SAPA apprécient les stratégies et le soutien partenaire du REISA
- Almage peut activer une réponse rapide en cas de crise

Improvements at CLSC Mercier-Est

- Reception, intake and “**Lookout worker**”
- Translated information packs,
+ English resource guide
+ Health Passport lexicon
- Staff and seniors' knowledge of services in English
- SAPA managers enjoy the resourceful support of REISA
- Almage can easily activate a quick response to a crisis

Défis

Cibler un impact sur la population d'expression anglaise 65+

Adapter le processus d'un CLSC à neuf CLSC, tous différents:

- profil population linguistique
- dynamiques internes
- niveau de connaissances

Développer des outils selon différents contextes locaux pour améliorer la réalisme des stratégies visant l'efficacité, la qualité éthique et l'aise d'intervention en présence de toute barrière linguistique

Challenges

Target impact on English-speaking 65+ population

Adapt the process of one CLSC to nine very different CLSCs

- linguistic population profile
- internal dynamics
- knowledge base

Develop tools in a variety of local contexts to improve the realism of strategies used to ensure efficiency, ethical quality and ease of intervention in the presence of all language barriers

Outils d'adaptation linguistique

- Collecte ludique de données qualitatives décrivant l'expérience des aînés avec les services de leur CLSC
- Mesure des compétences linguistiques (toutes langues) des intervenants et de la volonté de les utiliser au travail
- Évaluation par les intervenants de l'impact de barrières linguistiques sur leur travail

Linguistic adaptation tools

- Entertaining activities to gather qualitative data on seniors' experiences with services from their CLSC
- Measurement of healthcare providers' linguistic competency (all languages) and consent to use in work environment
- Evaluation by health and social service providers of the impact of language barriers on their work

Mesure de l'impact

Mobilisation: 10 CLSC
(PLA 65+= 8 645)

CLSC Ahuntsic/ Montréal-Nord:

- 77/200 ont répondu
- 50 ont consenti
- 37 prennent plus de temps
- 56% insatisfaits du rapport humain
- 40% s'inquiètent du risque
- 40% difficulté à évaluer ce qui a été compris

Measure of impact

Mobilization : 10 CLSCs (*pop.*
ESP 65+=8,645)

CLSC Ahuntsic/ Montréal-Nord:

- 77/200 answered
- 50 consent
- 37 spent more time
- 56% dissatisfied with quality of human relationship
- 40% worried about risk
- 40% difficulty evaluating what was understood

Changements administratifs et professionnels **Administrative and professional changes**

CLSC Rosemont

L'échelle de compétences sert:

- à répartir le personnel selon le profil linguistique du territoire
- à juger des atouts à l'embauche
- à structurer l'interprétariat interne

Les mesures de l'impact:

- Ont suscité le désir d'avoir de données plus précises: Fréquence? Coûts? Risques? Facteurs de stress?
- Ont mené au questionnement et dialogue sur les barrières linguistiques

CLSC Rosemont

Competency scale used to:

- allocate staff according to linguistic profile of territory
- assess linguistic assets in hiring
- structure in-house interpreting

Measurement of impact:

- created a desire for more precise data on language barriers: how often? What cost? What risks? What stresses?
- led to questioning and dialogue on language barriers and greater understanding

Prochaines démarches?

Enricher l'analyse des données obtenus par nos partenaires et aider leur recherche de strategies realistes avec:

- Données de la recherché
- Stratégies à données probantes
- D'autres outils (?)
- Profil linguistique par CLSC
- Adaptation aux dynamiques internes des CLSC
- Valeurs partagés dans l'Est de l'Île de Montréal
- Contribution partenaire digne au sein de communautés multiculturelles

Next steps?

Enrich analysis of data obtained by partners and assist their search for realistic strategies with:

- Research evidence
- Proven strategies
- Other tools (?)
- Linguistic profile by CLSC
- Adaptation to internal service dynamics
- Shared East Island values
- Contribution as worthy partners within multicultural communities

Stabilité et rigueur dans l'innovation partenaire

McGill 2008-2017

4 écoles; 7 disciplines; stages
BA/MA dans l'Est de l'Île

+ soutien universitaire

Dépendances 2007-2017

Pavillon Foster à l'Est

Toxico-Stop: agrément/EMS

**Résilience et estime de soi
chez les jeunes** 2010-2017

Diabète 2007-2011

Télémonitorage pionnière de
diabétiques d'expression anglaise,
avec 7 partenaires en 6 régions

Documentation: besoins
spéciaux, proches aidants, etc.

Stability and rigour for networked innovation

McGill 2008-2017

4 schools; 7 fields; BA/MA
internships in East Island

+ academic support

Addictions 2007-2017

Foster Pavillon dans l'Est Toxico
Stop: accreditation/EMS

Youth resiliency 2010-2017

Friends For Life, House of
Queens

Diabetes 2007-2011 Pioneering
telemonitoring for English-
speaking diabetics, with 7
partners in 6 regions

Needs/assets assessments:
special needs, caregivers, etc.

Merci!

The REISA team



CHSSN, CASA, TOWNSHIPERS ASSOCIATION

Presentation of the coalition strategy that is leading English-speaking communities into Quebec's new youth policy for the first time.

Jennifer Johnson (Community Health and Social Services Network-CHSSN), Cathy Brown (Committee for Anglophone Social Action-CASA) and Rachel Hunting (Townshippers' Association)



Townshippers' road to a provincial pilot project



Timeline of Townshippers' Association's participation
in the negotiation of a pilot program funded by
Quebec's Secretariat à La Jeunesse

**Relier les Jeunes d'expression anglaise à l'offre
provinciale des services d'employabilité et de
ressources en matière d'emploi**

2014 - 2017



In the beginning...

The catalyst for Townshippers' involvement in negotiations with the SAJ was an August 2014 call for support from long-time funder, Place aux Jeunes en Région.

TA's first move in the dossier was to contact our region's MNAs and seek their support for the renewal of PAJR's funding during Liberal austerity measures.



Along the road...

14 meetings over 29 months

- 12 in person
- 2 conference calls

~ 5,477 km driven

2 Academic conference presentations (BU-SUNY & ACFAS)

4 proposal drafts (including action plans & budgets)

4 MNAs (Reid, Vallières, Chevarie, Simard)

1 Premier's attaché (François White)

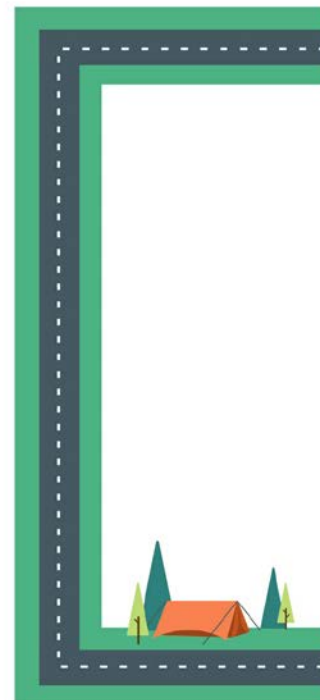
1 Political advisor for the minister of Education, Leisure and Sport (François Whittom)

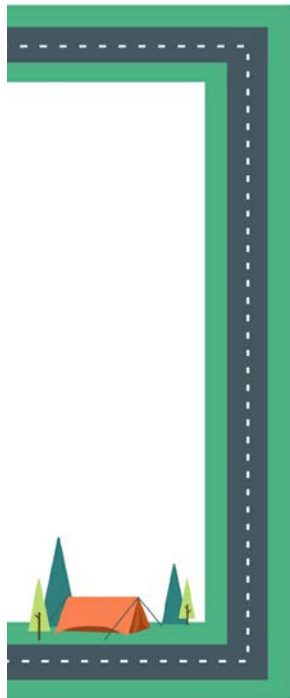
2 secrétaires adjointes à la jeunesse du ministère du Conseil exécutif (Nikolas Ducharme, Isabelle Mignault)



Challenges

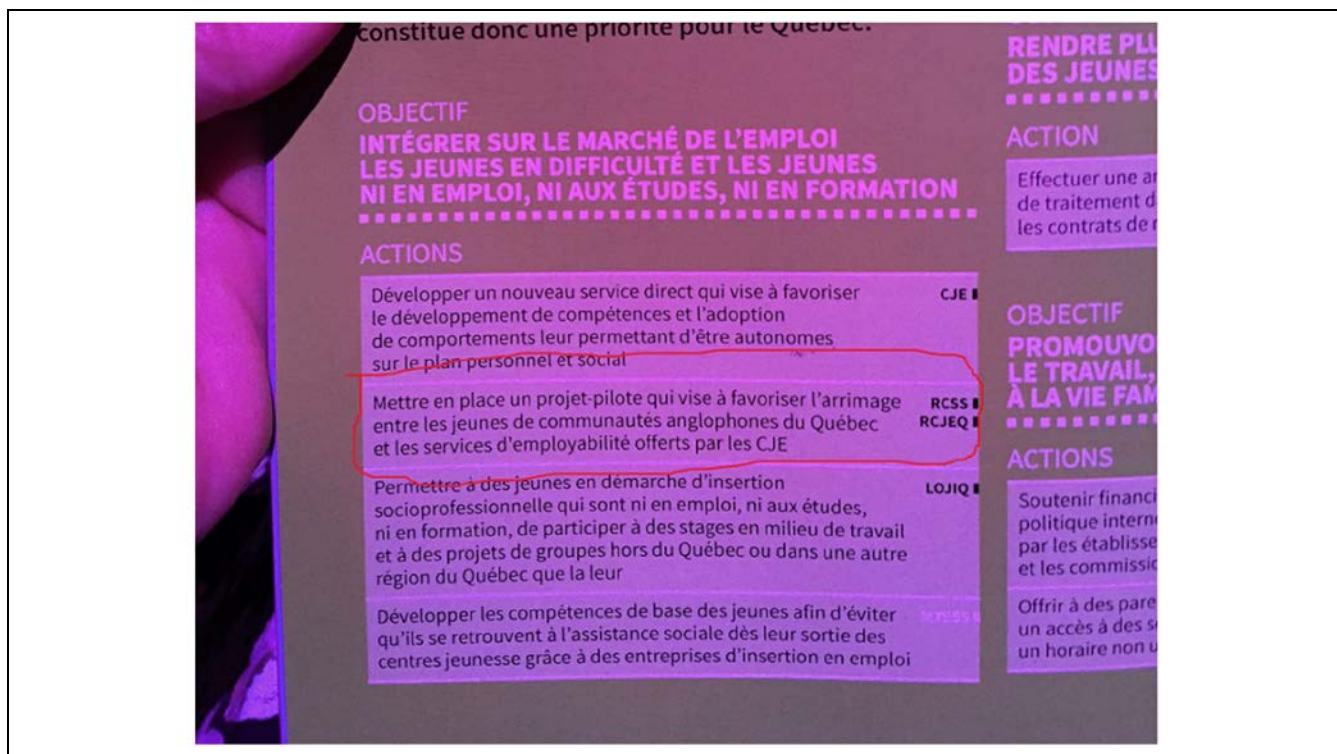
- Not knowing who to contact
- Getting someone to listen AND to follow-up
- Repeating yourself over...and over...and over
- Group work with busy schedules
- Big gains and big setbacks
- Changes in major players
- Impossible and often unknown deadlines
- Increased workload and stress
- Impact on resources





Rewards

- Expansion of the network
- Strengthened ties among organizations
- Recognition of CHSSN's Community Mobilization Model and network expertise
- ESC development recognized and supported under provincial policy
- ESC named in action plan
- Provincial funding injected into the community to improve ESC access to employment services
- Creation of employment opportunities at TA for the duration of the pilot



01 December 2016: Pilot project is named under AXE 4, Emploi, of the 2016-2021 Stratégie d'action jeunesse

02 Premier Philippe Couillard confirms a budget of 450K from 2016-2019 for the pilot project



We did it!

And now we have to do it...stayed tuned for updates on the pilot project as we continue on down the road...



ACDPN

Presentation of the multi-year initiative to change Quebec Ministry of Health and Social Services policy for youth in difficulty. Description of the companion efforts of changing professional and administrative practices with respect to serving Black youth and their families.

Tania Callender (African-Canadian Development and Prevention Network-ACDPN) and Michael Udy (Seniors Action Quebec)

IMPACTING PUBLIC POLICY

THE ACDPN EXPERIENCE
FEBRUARY 2017

VISION

What change does ACDPN want to achieve?

Macro:

- That the provincial government use policy as an explicit response to the reality of discrimination and exclusion experienced by minorities.

Micro:

- Give meaning to:
 - Section 2 (5) of the H&SS Act "...establishes an organizational structure of human, material and financial resources designed...to take account of the distinctive geographical, linguistic, sociocultural, ethnocultural and socioeconomic characteristics of each region".
 - Section 15 (the right to services in English as provided for in Access Programs).
 - Section 5 of the MSSS *Programme jeunesse (Adaptation des services aux communautés...ethnoculturelles)*. Co-construct the concrete manifestations of this adaptation with the Montreal public network by collaborating on adaptations of its services to the reality of the youth and families of the English-speaking Black Community.

COMMUNICATING THE VISION

AFRICAN CANADIAN DEVELOPMENT PREVENTION NETWORK

A Framework

For Achieving Policy, Program and Service Adaptations

To Increase Access to Prevention and Early Intervention Services

Focused on parenting skills and child behavior management

For Black English-speaking Families in Montreal

September 2016

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COMMUNICATING THE VISION

The Framework document table of contents

- The position of the English-speaking Black Community (ESBC) as a double minority (racial & linguistic) & its history in Montreal.
- The reality of overrepresentation of ESB youth and families in Montreal Child Protection services.
- Black Families & Child Welfare Systems in North America.
- Causes of overrepresentation.
- Ways to address overrepresentation.
- Past efforts in Montreal.
- The role ACDPN gives itself in the adaptation of policies, programs and services.
- **ACDPN's goals in policy change.**
- How ACDPN governs the policy change work.

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COMMUNICATING THE VISION

A word from the Executive Director

The African Canadian Development and Prevention Network (ACDPN) was founded in 2005 to provide leadership within the Black English-speaking community to increase access to needed prevention resources and social development strategies for Black English-speaking families facing a variety of social and health risk factors. It is a network formed by local community organizations that spring from and serve local Black communities. ACDPN fosters solidarity and inter-organizational collaboration across sectors that influence the health and wellness of the Black community.

ACDPN's goal is to help neighborhoods with significant Black populations build the networks of social, cultural, educational, economic, and psychological supports that promote the healthy development of Black families by means that are value based, culturally appropriate, and accessible in their language. ACDPN intends that lessons learned be of use to other Black and ethnocultural communities.

To fulfill its mission ACDPN provides a variety of services to, and advocates on behalf of several different population groups within the Black English-speaking community: children and families, youth, young women, adults with health risks, and seniors.

This 'Framework' document has been prepared as the guide for ACDPN's work with one of its target population groups: children and families in the Black English-speaking community who need parenting supports or who are at risk of Child Protection Interventions. It presents historical and social context for ACDPN's actions and future goals.

It is intended for ACDPN's community, institutional and governmental partners. We invite you to communicate with us regarding any questions or to give feedback.

Tania Callendar
Executive Director, ACDPN
September 2016

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OWNING COMMUNICATION OF THE VISION

- The Framework is “owned” by ACDPN.
- Not intended for random copying or excerpts.
- It is “our” story.
- Delivered by ACDPN in a context it chooses and controls.
- Compare to First Nations concept of OCAP™.
 - Ownership
 - Control
 - Access
 - Possession

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WALKING & CHEWING GUM

ACDPN's goals in policy change

1. Raise public awareness and consciousness about disparities (the context of the ESBC).
2. Promote empowerment of Black Families via direct intervention. Be an example of the change we preach.
3. Explain the implications of diversity to community organizations and public institutions. Be the solution to the problem they have.
4. Develop diversified support for this agenda at all levels of the system.

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1. RAISE PUBLIC AWARENESS AND CONSCIOUSNESS ABOUT DISPARITIES (THE CONTEXT)

What has been done?

- Two summits on the Black Family:
 - Spring 2011
 - March 2012
- Round Table Forum (Concordia and Alpha Beta Kappa) July 2013.
- Black Community Forum (BCRC)-June 2016.
- Black Youth Socio Economic Development (Ville de Montréal)-Jan 2017.
- Participants: community; network service and policy practitioners; academics; politicians.
- All presentations about and representations on behalf of ACDPN are used as an opportunity to raise awareness and consciousness about the context of the ESBC.

Where are we now?

- The Batshaw partnership moved the agenda along more quickly:
 - Raises awareness and consciousness among front-line workers;
 - F-L workers see the value of ACDPN's contribution.
- Raising awareness and consciousness is a work in progress.
- There are still issues related to Quebec's grasp of diversity: a minority grappling with acceptance of minorities:
 - The 2015 Charter
 - Current Bill 62

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2. PROMOTE EMPOWERMENT OF BLACK FAMILIES VIA DIRECT INTERVENTION.

What has been done?

- ACDPN has built on CDNBCA's deployment of Strengthening Black Families
- The joint project with Batshaw-"Empowering Parents and Families" (EPF) is a result
- Implementation of parents' groups
- Health Promotion
- The overarching theme of all ACDPN activities: Empower parents to access the public system

Where are we now?

- Community Access Support Service (CASS) in collaboration with CDNBCA

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3. EXPLAIN THE IMPLICATIONS OF DIVERSITY TO COMMUNITY ORGANIZATIONS AND PUBLIC INSTITUTIONS.

What has been done?

- EPF – The solution to a network problem.
- CASS – The solution to both a community and a network problem.
- Both are examples of partnerships that include culture and adaptation to diversity as part of the approach.

Where are we now?

- Progress on the front line.
- Needs to consolidate at the level of public network leadership and governance.
- The environment is still turbulent.
- If there was a one-size-fits-all fix: Engage with a community organization.
- Need to establish person-to-person, and leader-to-leader contacts.
- David & Goliath → Different and complementary roles.
- ESBC is not just an isolated entity; it is an example of an ethnocultural community; adaptations to ESBC are relevant to other communities.

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4. DEVELOP DIVERSIFIED SUPPORT FOR THIS AGENDA AT ALL LEVELS OF THE SYSTEM.

What has been done?

- Support of an influential community organization (CHSSN) and an experienced consultant since 2012
- Opportunity to exchange with the leadership of the *Programme jeunesse* in MSSS (Spring 2015)
- Contacts with CIUSSS managers
- Participation on:
 - McGill Geographies of Care Advisory Committee (Research on Views of Child Supervision Across Cultures)
 - CIUSSS ODIM Diversity Committee
 - *Comité de travail sur la négligence parentale* in Lachine
 - Research project on Well-Being in Black Communities in Lachine

Where are we now?

- Deep in the work of dragging the boat up the beach

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TRUDEAU'S LUCK

Events along the way when preparation met opportunity

- Application for adaptation funds (2014)
- Revision of the *Programme jeunesse* (2015)

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IN SUMMARY

- **Clarify (for yourself and others) the vision of the policy change you advocate;**
- **Document the current context and the steps you propose to bring about change;**
- **Repeat and repeat the advice to the public network:**
 - Engage with a community organization that understands the community you are concerned with;
- **Be an example of the solution you propose;**
- **Look for allies (individuals and/or organizations) who are truly engaged with your “cause”.**

CASA, VISION GASPÉ-PERCÉ NOW AND CAMI

Presentation of their community coalition efforts to lever gains into major entry into programs supporting income security, youth and other vulnerable groups in their communities.

Cathy Brown (Committee for Anglophone Social Action-CASA), Jessica Synnott (Vision Gaspé-Percé Now) and Helena Burke (Council for Anglophone Magdalen Islanders-CAMI)



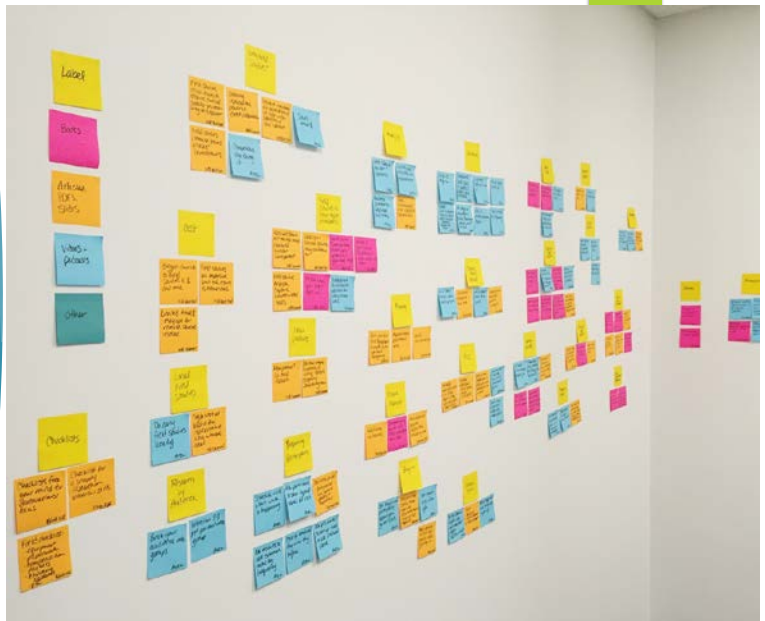
In 2014, CASA received funding from the CRÉ to create Synergy Gaspésie-les-Îles.

A blue curved rectangular box containing text in yellow and white.

The purpose of Synergy GIM was to create and implement a strategy for regional collaboration that would benefit the community.



Vision Gaspé-Percé Now, CAMI, CASA and other organizations participated in an intensive planning process.



Synergy Conference 2015



Community leaders from throughout the region gathered to discuss moving forward together.



First concrete step towards collaborative change:

Creation of a regional table to address the needs of 0 to 5 year olds.



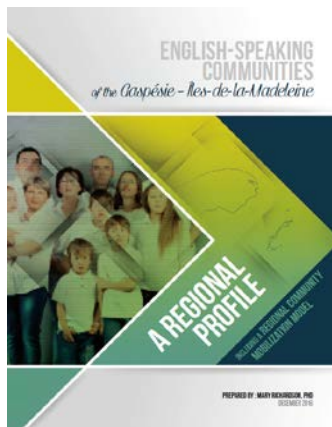
Seniors Wellness Centres Sustainability Plan

This inspired partners to:

- Pool funds and resources
- Hire a professional to compile a general regional profile
- Begin other collaborative projects



Regional Profile



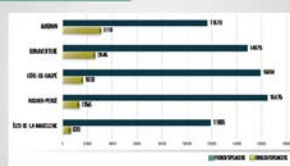
English-speaking population in GIM

The smallest English-speaking population is in the Magdalen Islands, while the largest is in Miramichi.

In terms of the proportion of the overall population, the Magdalen Islands has the smallest proportion of the population that is English-speaking and Miramichi has the highest.



ENGLISH AND FRENCH SPEAKING POPULATION BY CENSUS DIVISION



TARGET POPULATIONS and our shared goals



PRE-SCHOOLERS 0-5

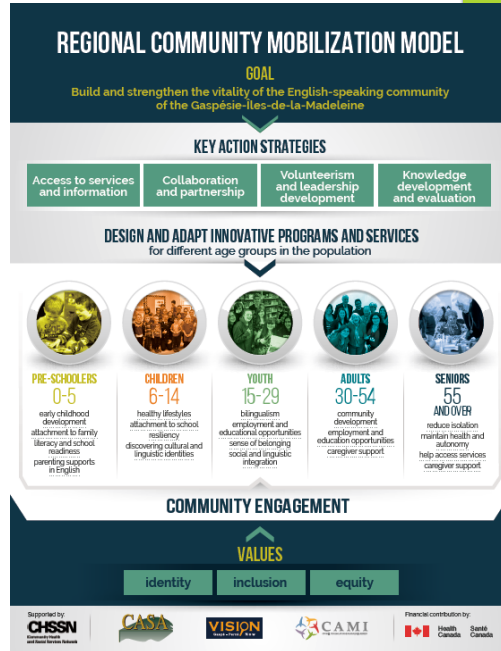
Promote early childhood development such as attachment, early literacy, school readiness and parenting support in English.

CHILDREN 6-14

Support children in achieving healthy literacy habits, making school attachment and discovering their cultural and linguistic identities.

YOUTH 15-29

Help youth to become lifelong learners by strengthening their educational, social and linguistic engagement, education and employment.



Key messages

We are stronger together

Speaking with one voice and representing higher numbers of English-speakers gets more attention from the policy and decision-makers.

Use your evidence base for action

We effectively used our demographics and evidence base to influence regional and provincial partners, as well as to create our first Regional Action Plan, which targets the 0 to 5 population.

Be part of the long-term solution

Our long-term collaborative action plans will help to ensure that we are included in new planning and funding.

AMI-QUÉBEC

Presentation of the three-year policy initiative to introduce resiliency programming into the curriculum of the English school system to support the learning environment and vitality of English-speaking communities.

Ella Amir (AMI-Québec) and Janet Perlis (English Montreal School Board-EMSB)

The Resiliency Enhancement Policy Group

Presented by Ella Amir,
Executive Director, AMI-Québec

amiquébec
Agir contre la maladie mentale
Action on mental illness

INFLUENCING PUBLIC POLICY FOR SOCIAL CHANGE
Community Network Forum, February 23, 2017

The Resiliency Enhancement Policy Group

- ▶ Friends For Life (training, piloting) – 2010-2012
 - ▶ Project Evaluation
 - ▶ Research Evidence
 - ▶ Policy Group: 2013 –
 - ▶ Mental Health Conference March 31, 2017
-

AMI-Quebec's work is focused on helping families to cope with the hardship caused by mental illness in a loved one. Children and youth are not AMI's target population, but the increasing rates of anxiety, depression and other mental health challenges in children and youth compelled us to pay attention, with the hope of curbing the trend and reduce the number of adults suffering with mental illness.

Prevention is an important strategy to reduce future problems; one way to implement prevention strategies is by promoting mental health in children and youth. While prevention is focused on what not to do, promotion is focused on what to do

In 2009 AMI-Quebec approached REISA with a proposal to pilot Friends for Life in selected schools in the East End. Friends for Life is an anxiety prevention program that was developed in Australia more than 20 years ago by clinical child psychologist Dr. Paula Barrett. The program builds resilience and self esteem in children (age 4-17) by teaching cognitive, behavioral and emotional skills in a simple, well designed and structured format. Resilient children have been found to better cope with feelings of fear, worry, depression and anxiety. They are better equipped to deal with emotional distress and less likely to develop psychological disorders.

CHSSN provided seed money and the EMSB recognized the potential of the program and came on board.

In 2010, 3 training programs were offered to teachers and other school staff; 53 participated. (A fourth training was offered in Laval in 2011).

Two elementary schools in the East End were identified (General Vanier and Gerald McShane) and 370 students from K to grade 4 participated in the first cohort.

Dr. Rob Savage of the Faculty of Education at McGill evaluated the implementation's outcomes. The findings were similar to those in Australia and other countries and suggested a promising impact: emotional symptoms and conduct problems were down and social skills were growing post program. Moreover, the strongest effects were found in a school with a large number of at risk children.

Several attempts were made to keep the program alive (resiliency was the topic of the 2013 Montreal Network Forum, focusing on enhancing resiliency to overcome the challenges of work and personal stress.)

However we recognized that if not integrated into the school curriculum the program would die down. The pilot project worked because there were champions in the selected schools and the cost was covered by the grant.

At the same time, research suggests that mental health is essential for children's social and emotional development and therefore to their well-being and functioning throughout their entire lifespan. It is estimated that in Canada 14% (or 800,000) children, experience mental disorders that cause clinically significant symptoms and impaired functioning. Anxiety, behavioral and depressive disorders are the most common. Mental disorders often carry on into adulthood and cause lifelong distress and disability. Given the associated costs, both financially and in human suffering, mental disorders are a leading health concern in Canadian children. Increasingly, research evidence suggests that childhood is the optimal time to influence determinants of social and emotional well-being.

In light of the above, it was felt that a public health policy is needed, not only to provide effective treatment for children with established disorders, but also to promote the social and emotional well-being of all children and to prevent mental disorders wherever possible.

Therefore, a working group was created in 2012 to explore and promote school mental health. Potential stakeholders were invited (EMSB, Centre for Excellence in MH, AGAPE, CHSSN, etc). The group embarked on a fact-finding mission in order to better understand the environment, the dynamics and the relevant stakeholders. Similar initiatives were explored in BC and NS.

The March 31 Conference on School Mental Health is the culmination of the Policy Group work, with the objectives of (1) further developing collaborative practices between schools, community organizations and public institutions that enhance positive mental health, promote emotional well-being, resilience, mental health literacy and academic perseverance for children and youth; (2) determining optimal organizational conditions to promote effective school based mental health orientations and approaches, and (3) to focus on making school based mental health policy and practice sustainable in the long-term.

INFLUENCING POLICY FOR SOCIAL CHANGE: A NATURAL NEXT STEP FOR THE COMMUNITY NETWORK MODEL?



Program

- The network model encourages organizations to establish collaborative relationships with a range of institutional and community interests to pursue initiatives at the local community level. In the recent period, efforts have been made to take these relationships “to the next level” and seek to influence the broader policy environment affecting community members.
- Five case studies will be presented covering a range of policy initiatives that demonstrate the special challenges for organizations that embark on this path. The scope of policy initiatives range from changing professional and administrative practices in large institutional organizations to leveraging networks into regional and provincial policy arenas that are determining orientations affecting aging, youth, income security, employment, and mental health.
- The Forum will look at the features of the network model that support community action for social change. Participants will look at the specific challenges of policy work and the strategies necessary to sustain organizational commitment and community interest over the long haul.

8:00- 8:45 Registration and networking coffee

8:45- 9:00 Welcome and Introduction
Anne Usher (CHSSN)

9:00- 9:20 Setting the Stage: What is the “network model”? Connecting the network and partnership development approach to the “next level” of policy action. *Russ Kueber and Jim Carter (CHSSN)*

9:20- 9:50 REISA
Presentation of the multi-year undertaking to connect the public system to English-speaking people and influence a broad range of professional and administrative practices adapting services to English-speaking communities in the East Island.
Fatiha Gatre Guemiri and Janet Forsyth (REISA)

9:50- 10:20 CHSSN, CASA, Townshippers Association
Presentation of the coalition strategy that is leading English-speaking communities into Quebec’s new youth policy for the first time.
Jennifer Johnson (CHSSN), Cathy Brown (CASA) and Rachel Hunting (Townshippers)

10:20- 10:50 ACDPN
Presentation of the multi-year initiative to change Quebec Ministry of Health and Social Services policy for youth in difficulty. Description of the companion efforts of changing professional and administrative practices with respect to serving Black youth and their families.
Tania Callender (ACDPN) and Michael Udy (Seniors Action Québec)

10:50- Health break
11:05

11:05- CASA, Vision Gaspé-Percé Now and CAMI

11:35 Presentation of their community coalition efforts to lever gains into major entry into programs supporting income security, youth and other vulnerable groups in their communities.

Cathy Brown (CASA), Jessica Synnott (Vision) and Helena Burke (CAMI)

11:35- AMI-Québec

12:05 Presentation of the three-year policy initiative to introduce resiliency programming into the curriculum of the English school system to support the learning environment and vitality of English-speaking communities.

Ella Amir (AMI-Québec)

12:05- Question Period

12:30 Participants have the opportunity to share and ask presenters questions.

12:30- Networking Lunch

1:30

1:30- Influencing policy for social change: a natural next step for the community network model?

2:45

Animation of a panel discussion with the representatives of the five presenting organizations with questions relating to strategy development and challenges organizations face when tackling the policy environment. What are the risks to organizational mandates? How do you connect the long haul goal of change with the organizational mandate? How do you keep communities onside and motivated? How long should “long haul” be? Can “incremental gain” be termed success? If so, how? Participants are invited in the course of the day to submit questions for panelists.

2:45- Wrap-up on the Day

3:00

Anne Usher (CHSSN)



Health
Canada

Santé
Canada



To read more about the Community Network Table, visit the following address:

<http://reisa.ca/community-network-table/>

PARTICIPANT FEEDBACK

1. Why did you attend this forum?

present an adaptation experience;
I was asked to present;
I was a presenter;
to present;
to participate as part of a panel

working with **public partners** and hoping to improve access to services;
access to English services

as a new staffer at ACDPN to understand the work we do;
we are part of the **NPI**;
invited as a member of an organization;
as an NPI organization

to hear other **experiences** and gain knowledge;
information on the subject and the opportunity to meet people

part of the **East end** territory

there to represent our **school**

learn **best practices**;
learn about **adaptation**

networking on **policy change** process;
to learn more on influencing policy and to present

to help us **reconnect** with key partners in our territory after CIUSSS reorganization

2. What did you like most about the forum?

all of the **best practices** and **innovative ideas**;
hearing about the positive changes made;
hearing all the accomplishments and ways people have overcome obstacles;
different experiences/paths in the way of achieving changes;
very enriching accounts from different groups

ALL;
the topics and the **presentations**;
presentation of groups;
AM presentations;
conceptual leap from Tania Callender 'surround people with community presence to access services', WOW

hearing the **stories** and having the chance to pull out the 'learnings';
the community stories;
hearing other groups experiences; knowledge sharing;
personal experiences/reflections of panel members;
pertinent, informative

different examples of **policy changes**;
impact we can have on policy

networking and forming strong alliances

very well organized;
lunch, venue

the **open and informal discussions**;
the exchange

3. Could this event have been improved? If so, how?

maybe just a little **more time**;
extend it to at least 4pm;
earlier start or later starting time;
more question time (right after each discussion);
more break between presentations

a **breakout session** in smaller groups;
more interactive activities/group work;
more interactive panel

maybe one less item on the **agenda**;
ambitious agenda

Getting the packages with the **presentation material**; hearing from the members from CHSSN

4. Would you like to participate in other forums like this? If so, how often?

yes!;
yes if my experience/expertise is relevant;
yes, pending budgets - travelling from the Maggies;
yes, most definitely;
yes;
anytime;
yes;
yes always

Yes, once or **twice a year**;
yes, 2 per year;
yes twice a year;
yes, twice a year;
yes - no more than 2x per year;
yes, a couple of times a year

yes, **annually**;
Yes, whenever necessary, once a year;
yes - yearly;
yes 1/year;
yes once a year

5. Other comments:

Good job in its **organization**;
Very well done and impressive

Thank you!!;
Thank you!;
Thank you for a great day!;
I learned a lot - Thank you;
It was terrific! Thank you so much!;
Great event! Thank you CHSSN!;
Thanks for a great forum it was very informative

Great food and friendliness;
Italian food theme was a lovely thoughtful touch;
Great food!!

excellent **networking and learning experience**;
great, great initiative; create a summary - spread the word

FORUM ATTENDEES

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FORUM PHOTOS

