

COMMUNITY NetLink

NEWS FOR THE COMMUNITY HEALTH AND SOCIAL SERVICES NETWORK

SPRING 2020 | VOLUME 32

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The main response of CHSSN's partner NPIs to COVID-19 is collaborating with their CISSS-CIUSSS in ensuring regional and local access to information in English. They're also finding innovative ways to keep people in touch during the pandemic; here's a small sample from across the province:

Coasters Association through their Coalition for Health network partnered with the CISSS de la Côte-Nord in order to translate and disseminate regional corona virus information to community members.

MCDC in Thetford Mines and **Agape** in Laval delivered printed copies of a *COVID-19 Self Care Guide* to English-speaking seniors in their areas who don't have internet or a computer. AGAPE is also distributing "Care Packages" for senior citizens in need.

ARC on the South Shore has set up a weekly virtual gathering space for community members, a support line for caregivers, and a "mental health café" for people living with mental health challenges. Like many other NPI networks, ARC is participating in the delivery of emergency meals to a number of self-distancing people. [N](#)



The Importance of Networks

We recognize in this NetLink that our community and government partners are now singularly focussed on the challenge of COVID-19.

Community and government are working together to support and keep our communities safe with a host of measures that have impacted many programs. This includes programming that in normal times would address a range of other needs.

In particular, we wish to acknowledge the role the community health and social services networks (NPI's) are playing right now. They are connecting communities with critical information and support, and working with government agencies and institutions to ensure that measures are effectively communicated and understood.

The networks are resourceful and have adapted programming in innovative ways to ensure their key function to mobilize communities and partner with government continues. Some recent examples are included here; they are a small sample only—dozens of initiatives are underway in all regions thanks to our NPI partners.

The networks through their model have proven their effectiveness over the years in promoting the health and well-being of their communities. Now this foundation of community infrastructure and programming is playing its part in the larger collective response to COVID-19.

This NetLink anticipates the 20th anniversary of CHSSN's founding in November 2000. In it, we take stock of achievements and challenges we have lived along the way. We share perspectives on the road ahead and on our commitment to support networks that will endure and serve our communities well in the years ahead. [\[N\]](#)

“Strengthening Collaborations” was the theme of the first ever provincial symposium on early childhood development specifically for the English-speaking community, held February 11 and 12 in Laval.

With funding from the Public Health Agency of Canada, and the Lucie & André Chagnon Foundation, CHSSN and a group of close partners—LCEEQ, Literacy Quebec, LEARN, Ministry of Education and Higher Education, Secretariat for Relations with English Speaking Quebecers—joined forces to host a symposium that welcomed 250 participants.

The event was designed for educators, practitioners, administrators, and community organizations interested in enhancing knowledge and collaborative-practice skills to better support English-speaking children and their families.

Symposium organizers invited high caliber presenters to share information and insights on topics such as mental health, school readiness, parental engagement,

early literacy, learning through play, and dual-language learners.

“The partners involved are all very proud to have hosted a symposium like this, a first of its kind,” said Anne-Marie Cech, Program Manager with CHSSN.

More information about “Strengthening Collaborations,” is available at <https://ecs.lceeq.ca/#>. [\[N\]](#)



Provincial Early Childhood Symposium—A first of its kind!

CHSSN Bright Beginnings Regional Partners

Left to right: Russell Kueber (CHSSN), Jennifer Cooke (CHSSN), Kathleen Copp (Public Health Agency of Canada), France Bélanger (Public Health Agency of Canada), Mathieu Forgues (Lucie and André Chagnon Fondation), Valérie Pelletier (Lucie and André Chagnon Fondation), Anne-Marie Cech (CHSSN), Jennifer Johnson (CHSSN)

Speaker at the conference, Christiane Bourdages-Simpson, Responsable des programmes d'éducation préscolaire et du programme Passe-Partout, Ministère de l'Éducation et de l'Enseignement supérieur

Symposium Organising Committee Left to right: Gabrielle Thomas (Literacy Québec), Russell Kueber (CHSSN), Suzie Descollines (Ministère de l'Éducation et de l'Enseignement supérieur), Debbie Horrocks (LEARN), Geoffroy Hipps (LCEEQ), Katherine Dimas (LEARN), Anne-Marie Cech (CHSSN), John Ryan (LCEEQ), Lisa Storozuk (Secrétariat aux relations avec les Québécois d'expression anglaise)

ERCC Conference— Training, Networking, Sharing Promising Practices



CHSSN held a three day conference, February 26-28, to support regional organizations participating in the Enhancing Regional Community Capacity initiative (ERCC). A broad range of topics and issues was discussed and information shared to support recipients in successful implementation of the initiative. One full day was also devoted to leadership development.

A presentation of overall ERCC results and accomplishments to date was included on the agenda. Some highlights include:

- 24 organizations participating;
- 17 new satellite offices established;
- 18 initiatives expanding mandates into new sectors of activity, and;
- over 100 new partnerships developed.

For more information about ERCC, visit: tinyurl.com/yal2c5rg [\[N\]](#)

Leadership Development Webinar Series

—a huge success!



CHSSN offered a series of four community leadership webinars this spring. The online training was extended to organizations and sectors within the English-speaking community beyond CHSSN's regular partner networks.

"The response and turn-out was wonderful," said Russ Kueber, CHSSN Program Manager. "We had fifty-five participants registered in the first training session alone."

In 2016, CHSSN joined forces with the Department of Applied Human Sciences at Concordia University and created a formal community leadership program. This community-university collaboration aligns theory and practice with the unique leadership needs and challenges facing minority English-speaking communities in Quebec.

The Leadership Development Framework document is available at: chssn.org/NPI-Leadership-Development-Booklet-EN.pdf

CHSSN

Training sessions will be held from **10am - 11am**

Community Leadership Training Program

The CHSSN is extending its NPI community leadership training by offering a Webinar training series to the CHSSN-ERCC network .

Come join the presenters Russ Kueber and Jenn Cooke in building our collective knowledge and skills in community leadership.

Date:	Topic:
March 26th	Principles of Collaborative Leadership
April 23rd	Values-based Leadership
May 28th	Stages to Partnership Development
June 18th	Community Development and the Collective Planning Cycle

To register, please email Jennifer Cooke, CHSSN Development Officer – Greater Montreal at jcooke@chssn.org

For more information on the CHSSN's Community Leadership Training Program <https://chssn.org/pdf/En/NIP-Leadership-Development-Booklet-EN.pdf>

This leadership training series is part of CHSSN's Enhancing Regional Community Capacity Initiative (ERCC), which is funded through the Secretariat for relations with English-speaking Quebecers.

Seniors Health and Well-being Symposium

—celebrating Madelyn Hayes!

At a recent one day symposium for NPIs to share resources and best-practices to enhance the health and well-being of English-speaking seniors, CHSSN recognized Madelyn Hayes from CASA for her years of service in supporting English-speaking seniors in her region. Madelyn was one of the first in the network to pilot a "seniors wellness centre" based on a Holland Centre model. Today there are more than forty Senior Wellness Centre sites in the CHSSN-NPI network, supporting over 1,500 isolated English-speaking seniors in all regions of Québec. These centres bring together English-speaking seniors on a regular basis to break down isolation and sponsor

health promotion activities. In its latest budget, the government of Québec's Secretariat for Relations with English-speaking Quebecers announced long-term funding to maintain these centres.

Another important development at the symposium was the launch of an English language version of a recently produced toolkit by the Réseau FADOQ to break down social isolation for seniors. Réseau FADOQ (the Fédération de l'Âge d'or du Québec) is a provincial organization whose mission is as to serve people aged 50 and over, representing them at various government levels to ensure that seniors' needs and rights are acknowledged and addressed. CHSSN and the FADOQ partnered to disseminate the new resource to NPIs. The toolkit is available on the FADOQ website, fadoq.ca.



REACHING OUT TO, UNDERSTANDING, AND SUPPORTING SOCIALLY ISOLATED SENIORS

Resource Toolkit

Centre intégré
universitaire de santé
et de services sociaux
de la Capitale-Québec

Québec

fadoq
Réseau québécois de
Centres d'Âge d'Or



20 YEARS OF MOBILIZATION & EMPOWERMENT

This year marks the 20th anniversary of CHSSN, created by four partner organizations in September 2000 to encourage community mobilization and empowerment for the enhancement of the vitality of English-speaking Quebec.

Throughout 2020, CHSSN is celebrating our origins and our development into a dynamic, innovative, engaged movement, active across the province. This special edition of NetLink looks back at the beginnings of CHSSN through the eyes of some of the people and partners who pioneered its rise to success.



Jim Carter, Russ Kueber, Brenda Edwards, Christiane Nadeau, and Jennifer Johnson

IT'S ALL ABOUT TRUST & CONFIDENCE

“Ah, yes,” **RON CREARY** laughed. “The famous Drummondville meeting!”
Creary is the Chairman of the Board of Directors of CHSSN and represented one of the four founding organizations that met in Drummondville in November of 2000 to create a new network focused on health and social services for English-speaking Quebec communities.

“I represented the Butters Foundation that worked with the intellectually handicapped,” Creary recalled. “Martin Murphy, who was the Executive Director of the English Speaking Catholic Council, was elected as the first Chairman. Richard Walling was with the Holland Centre in Quebec City and was on the first board along with Louis Hanrahan from Saint Brigid’s Home.”

At the time, English-speaking Quebec was in a crisis mode. Previous Liberal governments had passed legislative guarantees for health and social services

in English and put structures in place to implement them, including a Provincial Committee and a system to develop local access plans. The election of a Parti Québécois government and the appointment of less-than-friendly minister resulted in the mass resignation of the Provincial Committee and a stand-off on funding that the federal government was making available to Official Language minority communities.

“Holland Centre had a powerful model of community development around health and social services,” remembered Creary, “and Jim Carter had been working as the secretary of the Provincial Committee and knew all the key players in Quebec City. I was on the Provincial Committee and Martin Murphy was Vice Chair of QCGN with a great overview of province wide English-speaking community needs and challenges.”

CHSSN began with a clear vision of what needed to be done with governments in order to apply the Holland Centre model as widely as possible. First, a direct relationship needed to be established with federal Official Languages programming, in particular with Health Canada as it became involved in supporting communities across

Canada. Second, a close relationship with the *Ministère de la Santé et Services sociaux* was critical. Both required great sensitivity to issues of jurisdictional authority and rivalry.

“As we built relationships, especially with senior public service leaders in Quebec City, things warmed up,” said Creary. “Our basic approach was to never ask for special consideration, only access to what already existed for francophones. Our ability to access money for adaptation of services at a local level was also key to getting the contribution agreements that allowed federal money to flow into English language service enhancement.”

“Look, it doesn’t matter who’s in power at both levels of government,” said Creary, “you have to work with them. The hallmark of CHSSN is our ability to navigate successfully—to be the go-between. It’s always been about relationships and the trust and confidence that we have built.”

Richard Walling and Ron Creary





◀ Jennifer Johnson

PEOPLE WANT TO PROVIDE THE BEST SERVICE POSSIBLE

“The people who work in the health and social services sector, in general, want to provide the best service possible to their clients regardless of race, language or culture,” insisted **JENNIFER JOHNSON**, Executive Director of CHSSN in a recent conversation. “From the get go, the response our networks have had from the public system has usually been very supportive, though sometimes it took time to figure out how to do it.”

Johnson’s involvement with CHSSN and its community mobilization and empowerment model goes back to the Holland Centre pilot project in Quebec City in the 1990s. She remembers the strong relationship that developed quickly with the local public system once an evidence base was established that showed that English-speaking people were not getting equitable access to services.

She was also on the ground floor with the McConnell Foundation sponsored extension of the Holland Centre model to Thetford Mines, providing support to the local leaders who came together to form MCDC and mobilize their community.

“What we saw happen with MCDC, we’ve see in several other communities and local networks,” said Johnson. “People shifted from a mode of ‘let’s take care of who’s left’ to a mode of ‘let’s connect our people to the public services that are available to others.’ It’s a profound shift in perspective and in community dynamics.”

This process of community mobilization and parameter-shift was particularly evident in smaller, non-urban regions of the province but also in Greater Montreal with its higher level of institutional support.

“It was exciting to watch as ACDPN became an informed, effective voice with the public system for black families, helping these families navigate a youth protection system that was struggling to provide

services to them,” recalled Johnson. “By interpreting the reality of black youth and the best ways to support them to the public system, they are contributing to reducing the disproportionate number of black kids being removed from families .”

“My own growth as a leader has been a result of being part of this CHSSN movement,” concluded Johnson. “It’s rewarding to see a community develop its ability to work alongside the public sector and it’s inspiring to see the difference volunteer and staff leaders have made in the communities where we have been active.”

MCGILL: THE OBVIOUS HEALTH PARTNER

Health Canada was an early and consistent supporter of CHSSN, recognizing its effectiveness as the primary vehicle for the federal government department’s direct support of health services for Official Language minority communities in Quebec.

Early on, however, CHSSN recognized that another key community player needed to be brought into the challenge of enhancing access to health and social services in English. Just two years into its program life, CHSSN approached McGill University to become a Health Canada partner. As a result, about \$80 million of federal support has come through McGill for the benefit of English-speaking Quebec.

MIREILLE MARCIL is the Director of Dialogue McGill, the university-based partner of CHSSN and Health Canada. From her office at the university, she remembered Jim Carter’s invitation to become involved.

“I knew Jim from his work at the *Ministère de la Santé et des Services sociaux* and he knew that I had been involved in finding creative solutions to the Monfort Hospital crisis in Ottawa from the Quebec government’s side. He said there were lessons I must have learned and could apply with English-speaking Quebec and we started working from there.”



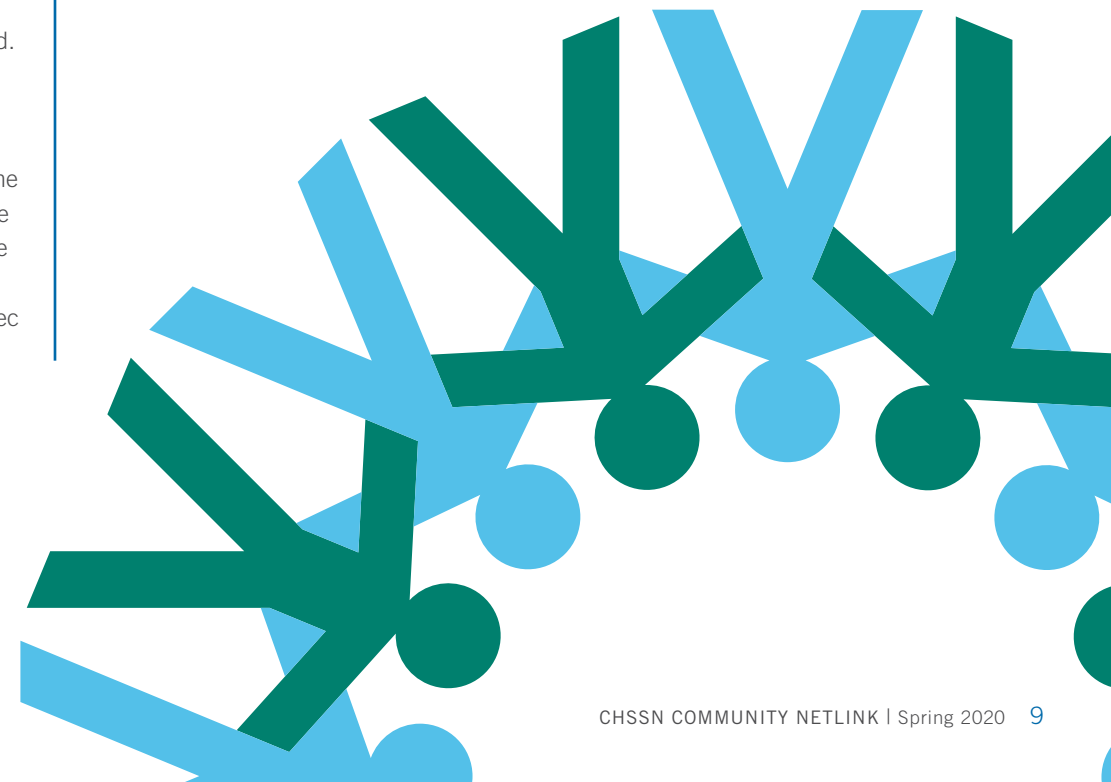
◀ Mireille Marcil

Much of the earlier Monfort solution involved finding creative ways to enhance French language training and capacity for health professionals who would work at Ontario’s only French language hospital. For a mirror program in Quebec, Carter suggested McGill was the obvious home given its strong academic and research capacity for a range of health and social services professions. Marcil agreed.

“Russ Williams was the parliamentary secretary charged with this file by Daniel Johnson,” explained Marcil. “He was instrumental in putting an entente in place between McGill and Health Canada to develop a range of very decentralized training opportunities: everything from *stages en milieu de travail* in the regions, to English language training for francophone

health professionals, to bursaries and research grants focused on enhancing access to health and social services in English.”

Now Dialogue McGill is developing programming aimed at metropolitan areas, especially Laval and the South Shore, where, according to Marcil, the health care system has developed over years “by francophones for francophones.” Plans also include ongoing direct support to health professionals in training—more than 220 students have benefitted from the program with documented success in convincing young people to return to their home regions after their training at McGill is completed.



Anne Marie Powell



NOW WE'RE A REAL COMMUNITY

“It seems funny that in a small community there were such silos between town and country people and between towns that are only a few miles apart,” recalled **ANNE MARIE POWELL**, “but there were, so our first job was to just bring people together to break the isolation that had existed for years for isolated communities in our region.”

Powell is the President of MCDC, the English-speaking community group based in Thetford Mines that covers a wide territory reaching from Lake Megantic to Lévis on the south shore. Along with other community leaders like Aline Visser, Peter Whitcomb, and Jan Lowry, she took up the challenge back in 1998 of working with Holland Centre and then with the newly created CHSSN to bring the CHSSN Model of community mobilization and empowerment to her region.

“It started very simply,” she said. “Card parties—that’s what our older people enjoyed and turned out for. They appreciated a place to go and feel comfortable speaking English and soon we’d made friends with people we’d never met before, even though we’re all basically from the same place.”

From these simple beginnings, MCDC has grown in scope, covering its large region with innovative health and social services and volunteer programming for seniors and youth. An MCDC satellite office in Charney was recently opened and community exploration and pilot programming are underway there.

“With executive directors like Suzanne Aubre and now Brian Gignac, we’ve reached a point where the public system calls us if they want advice or help reaching English-speaking people in our region,” said Powell. “We’re just 1% of the population but now we’re a real community that’s recognized and supported by our health and education systems. In my mind, there’s no question that we wouldn’t be where we are without the help of Holland Centre and CHSSN”

Danielle Lanyi



AN INTENSE LEARNING CURVE LEADING TO TRUST

“I remember the intensity of those retreats,” said **DANIELLE LANYI**, Executive Director of the Connexions Resource Centre in Gatineau, reflecting on the beginnings of CHSSN NPIs. “We were on such a steep learning curve!”

Lanyi described the first community participants in CHSSN’s community mobilization effort as “real pioneers.” She said at the beginning of this process in 2005, she often felt like she was moving through fog.

But the fog lifted and the outlines of an effective community organizing strategy became clearer with each encounter and every discussion with Jim Carter and Jennifer Johnson and each role play with Richard Walling that they went through.

“At first, the biggest challenge was simply explaining who we were and what we were doing both to our communities and to local health authorities,” remembered Lanyi. “People knew about minority language

advocacy, but the idea of direct collaboration and partnership between communities and the public system was completely new.”

Lanyi says relationships based on evidence, on adaptation of existing services, and on deepening trust between local community and public system leaders are the most powerful result of a decade and a half of CHSSN linked efforts in her region.

“It’s not been easy,” concluded Lanyi, “but now we can go through fundamental changes to the health and social system like Bill 10 but still be confident that the needs of our community will be on the table as local decision-makers plan for our future.”

Richard Walling



BRIDGING THE GAP FOR COMMUNITIES IN NEED

Like all the founders of CHSSN, **RICHARD WALLING’S** involvement in the English-speaking community’s struggle to provide modern, effective health and social services predates the organization’s beginnings by a decade or more.

“In Quebec City,” said Walling, now Executive Director of Jeffery Hale Community Partners, “we’d concluded by the late 1980s that our community was increasingly missing out as more services were being delivered through new front line service points like CLSCs and as our traditional institutions like the Jeffery Hale Hospital and Saint Brigid’s Home were struggling to find their roles.”

Walling launched a process of evaluating demographic trends and community needs assessment that, with important leadership from Louis Hanrahan at the regional health authority and demographer Jan Warnke, would provide an evidence base for addressing the challenges the community faced.

That assessment confirmed Walling’s perceptions but also underscored the social isolation the English speaking seniors in particular were experiencing. With support from private foundations, the result was the Holland Day Centre for seniors. It rapidly became a focus for services to young families as well.

The McConnell Foundation would be a key player in challenging the Holland Centre to develop a formal model that brought together the evidence-based, community-governed approach that was so successful in Quebec City.

“Aline Visser from Thetford Mines was on the Eastern Quebec School Board and was aware of what we were up to,” remembered Walling. “She said, ‘You have to come and help us.’ So in partnership with the Anglican Diocese of Quebec and the support of McConnell, Jennifer Johnson and I spent the next couple of years working closely with leaders like Aline and Anne Marie Powell to develop and implement the model in the Megantic region.” →



Roger Farley



Jim Carter



FROM AFTERTHOUGHT TO A FULL PARTNER

Walling was a member of the Provincial Committee on health and social services for English-speaking Quebecers and so had worked with Jim Carter and Ron Creary. With encouragement from Bill Floch, then a researcher and policy expert at Canadian Heritage, Jim Carter was hired to work directly on the challenge of finding a pathway for Health Canada support for Official Language minority communities to come into Quebec.

“In effect,” explained Walling, “CHSSN was created to continue the work of Holland Centre and spread it to all regions of the province. Since our first work in Quebec City and Thetford Mines, the core elements of success have not changed—get to know your community; get to know the health system you’re part of; then start bridging the gap between them.”

In the behind-the-scenes story of the success of CHSSN and its networks, the quiet presence of **ROGER FARLEY** looms large.

Farley became the public servant responsible for Official Languages programming at Health Canada in 2005 after a long government career of involvement with French and English-speaking minority communities across the country.

“I immediately developed a good relationship with Jim and Jennifer,” recalled Farley of his first meetings with CHSSN. “I had a strong feeling that the organization was strong and I was encouraged that they were focused on the delivery of services more than on advocacy and politics. That was refreshing for me.”

Farley made it a policy for himself and for his staff to be present at CHSSN events and in CHSSN network communities as often as possible and he developed a more personal feel for the diversity of English-speaking Quebec.

“This was something I stressed whenever I briefed our leaders at Health Canada—this diversity,” said Farley. “Yes, Montreal has many services but the differences between regions are huge and even in Montreal there are gaps. The human dimension is critical—in very small communities we can make a great difference with even minimal resources.”

According to Jennifer Johnson, Executive Director of CHSSN, Farley’s contribution to the success of the relationship with Health Canada was crucial. “The communities felt he was listening to them and fighting for them,” she recalled. “Under his leadership, we became an integral part of Health Canada’s planning and program development. We moved from being an afterthought to a full partner.”

Farley now works as a consulting expert with Dialogue McGill so English-speaking Quebec will still benefit from his knowledge and engagement. His advice to the communities he knows and respects: “The job of representing and interpreting the realities of life in minority communities never ends—governments change, leadership changes—making your needs understood must be done year after year after year.”

CHSSN’s Effective and Widely Applicable Model

Jim Carter is CHSSN’s Senior Policy Advisor and was a key leader in the development of the organization and its partnerships.

Q: It’s been a long ride for you and the other founders of CHSSN; what are the most important lessons learned from the first twenty years of the organization?

A: I think the key take-away here is that the community mobilization and empowerment model that we adapted for the Quebec context has proven to be effective and widely applicable. The CHSSN Model was developed and first applied in health and social services in non-metropolitan regions of the province, but has now shown it can be extended quickly with positive impact in high and low density population communities and into wider areas of concern for our communities. Its success has been recognized now by two levels of government in terms of growing investment of public dollars through CHSSN networks as well as growing financial support from private foundations. That’s the most important lesson from twenty years of hard work and partnership—our model works.

Q: How do you characterize the CHSSN Model of community mobilization and empowerment?

A: I see the Model as having two basic principles. First, CHSSN promotes mobilization around community needs. That has two key elements—that local leadership takes the lead in identifying those needs and establishes a strong evidence base reflecting communities

and their priorities when representing them to local decision-makers and funders. As a second principle, the Model promotes community partnerships with local government programs and services. This relationship is key to motivating government to adapt or, if necessary, create programs to respond to these locally identified and documented needs. Building these partnerships is not easy and requires respect for jurisdictions, patient cultivation of relationships with elected and public servant leaders, and a well-informed understanding of government policies and desired outcomes. I’m confident that the CHSSN Model will continue to guide the next twenty years of our work.

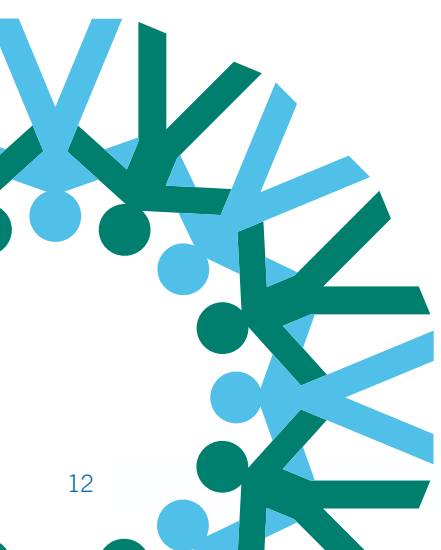
Q: What are the biggest challenges CHSSN and its networks face in the short term?

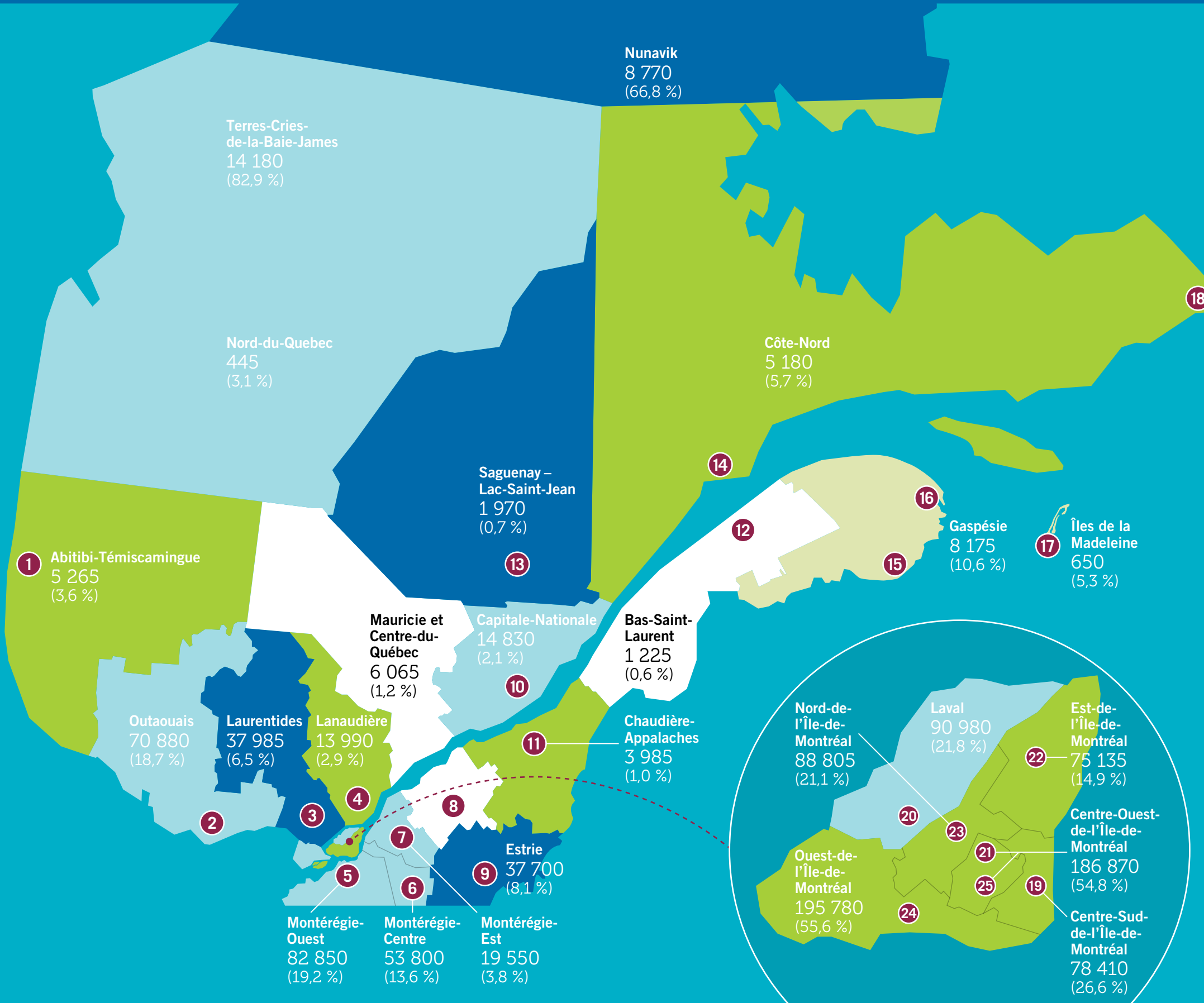
A: Well, they’re happy challenges but daunting ones. The first challenge is absorbing and digesting the rapid injection of new program money from a growing array of funding sources and managing the expansion of community networks supported by the CHSSN that has resulted. We rose to the challenge by showing early positive results. As well, we proved to Health Canada we could successfully inject their added resources into community networks aiming to expand their reach into high and low population areas of the province. Their confidence in us can only be maintained delivering effective programs in communities and demonstrating good return on public investment. So evaluation, reporting, and active involvement in priority setting for multi-year funding agreements are critical

activities for us. Second, I’d point to the need for ongoing management of the community dynamics that inevitably arise when there are differing priorities for new monies that are offered to communities. We have to manage our community affairs in a way that recognizes there are a variety of views while at the same time not compromising our working relationships with government upon which access to funding depends.

Q: What about the medium and long term challenges for CHSSN?

A: Some are straightforward and obvious—we have to create the capacity to manage the renewal of multi-year agreements with an array of funding programs streaming through us. We have to demonstrate outcomes consistent with the funder’s policy goals. We must remain sensitive and responsive to jurisdictional issues as we move into new areas of activity and programming. And we need to build our profile in the policy environment of government with all the research and representation that this will require. Long term, though, I think the most important challenge will be to remain open to innovation and change and always be critical when assessing our effectiveness in serving the broader interests of our communities. We need to avoid becoming so connected to government that we are viewed as a platform to deliver government programs, with accountability to funders taking precedence over accountability to our own communities. We’ve overcome big hurdles in our first two decades; so there’s no reason to think we can’t meet these challenges too.





Population
1 103 475
2016 Census of Canada
Recensement du Canada, 2016

13,7 %
of Quebec
du Québec

**The CHSSN
NPI* Network** | **Le réseau
NPI* du CHSSN**

- 1 Abitibi-Témiscamingue**
Neighbours Regional Association
- 2 Outaouais**
Connexions Resource Centre
- 3 Laurentides**
4 Korners Family Resource Center
- 4 Lanaudière**
English Community Organization of Lanaudière (ECOL)
- 5 Montérégie-Ouest**
Montérégie West Community Network (MWCN)
- 6 Montérégie-Centre**
Assistance and Referral Centre (ARC)
- * 7 Montérégie-Est**
Monteregie East Partnership for the English-Speaking Community (MEPEC)
- 8 Mauricie et Centre-du-Québec**
Centre for Access to Services in English (CASE)
- 9 Estrie**
Townshippers' – Eastern Townships Partner for Health and Social Sevices – Estrie and ME
- 10 Capitale-Nationale**
Jeffery Hale Community Partners
- 11 Chaudière-Appalaches**
Megantic English-speaking Community Development Corp. (MCDC)
- 12 Bas-Saint-Laurent**
Heritage Lower Saint Lawrence
- * 13 Saguenay – Lac-Saint-Jean**
English Community Organization of Saguenay – Lac-Saint-Jean
- 14 Côte-Nord**
North Shore Community Association (NSCA)
- 15 Gaspésie**
Committee for Anglophone Social Action (CASA)
- 16 Gaspésie**
Vision Gaspé-Percé Now (VGPN)
- 17 Îles de la Madeleine**
Council for Anglophone Magdalen Islanders (CAMI)
- 18 Côte-Nord**
Coasters Association (LNSCH)
- 19 Centre-Sud-de-l'Île-de-Montréal**
Collective Community Services (CCS)
- 20 Laval**
AGAPE – The Youth & Parents AGAPE Association Inc.
- 21 Centre-Ouest-de-l'Île-de-Montréal**
African Canadian Development & Prevention Network (ACDPN)
- 22 Est-de-l'Île-de-Montréal**
East Island Network for English-language Services (REISA)
- * 23 Nord-de-l'Île-de-Montréal**
East Island Network for English-language Services (REISA)
- * 24 Ouest-de-l'Île-de-Montréal**
African Canadian Development & Prevention Network (ACDPN)
- * 25 Centre-Ouest-de-l'Île-Montréal**
NDG Senior Citizens' Council (NDGSCC)

* Network in development.