

THE IMPLEMENTATION OF THE COMMUNITY LIAISON PROJECT: A PROMISING INNOVATION FOR FACILITATING ACCESS TO HEALTH AND SOCIAL SERVICES FOR THE ENGLISH- SPEAKING COMMUNITY OF RICHMOND, QUEBEC

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Vie



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- Conclusion



RICHMOND AND THE SURROUNDING AREA



- Located in the Val-Saint-François MRC, it includes the communities of Richmond, Melbourne, Cleveland, Ulverton and Kingsbury
- A rich history:
 - 26.2% of the population is English-speaking
 - Good relations between English and French
 - Good community ties
 - Major historic contribution of the English-speaking community (ESC) to the area's development
- Economic difficulties, lower income, lower educational levels
- Weak links between public institutions and ESC
- Difficulties in access to health and social services by the ESC
- Initial training of committed ESC members led to the creation of a cross sector partnership of key

THE COMMUNITY LIAISON PROJECT



- Cross-sector partnership:
 - Townshippers' Association
 - CIUSSS de l'Estrie - CHUS (formerly CSSS du Val-Saint-François)
 - Eastern Townships School Board (mainly Richmond regional high school and its Community learning center - CLC)
 - ValFamille, concertation 0-5 ans
- Major involvement of the Community learning centre
- Community liaison agent (CLA) hired
- Community Watchdog (CWD) program: training of 31 resource persons
- Community outreach
- Sensitize HSS and community service providers/managers to ESC reality
- Expected long-term impacts: increase access to HSS by ESC, increase ESC vitality and empowerment

THE EVALUATION

- Developmental evaluation - April 2015 to March 2017
- Interest in knowing “what works for whom, in what contexts, and how” (Pawson and Tilley)
- Interviews (individual and group) with partners, HSS workers and managers, community organizations, resource persons, community liaison agent
- Participatory observation of different project-related activities
- Regular feedback to partners and community liaison agent



COMMUNITY OUTREACH INTERVENTION

UNDERLYING PRINCIPLES (MORIN, ALLAIRE, BOSSÉ, 2015)



- Understand the territory
 - Characteristics of the population
 - Assets and weaknesses of the community
 - Services available
- Intervening locally (outreach of the community liaison agent)
 - Be visible and accessible to the ESC
 - Ability to deal with complexity, uncertainty, unanticipated changes and occasional feelings of powerlessness
 - Frequent outreach to citizens
 - Draw from and work with, community strengths, interests, skills, and needs
 - Mobilize and support resource persons in the community
 - Be a liaison between citizens and services
 - Foster empowerment, citizen participation and facilitate social networking
 - Continuously adapt actions to community needs
- Provide clinical and administrative support to avoid intervener burnout and maximize benefits of interventions

KEY FINDING 1 : NEED OF AN EFFECTIVE CROSS-SECTOR PARTNERSHIP

- Development of the project collective agreement
 - Determination of, and agreement on, broad goals and objectives
 - Actions partly defined and shared
- Shared knowledge of ESC situation
- Openness of the French-speaking partners
- Changes in partner representatives over time
- Better understanding of each partner role, responsibilities, constraints and reality
- Real climate of trust
- Partners that advocate for ESC
- Problems now shared and recognised
- Partnership that will continue in the future



KEY FINDING 2 : LIAISON IN THE COMMUNITY : A REAL CHALLENGE THAT NEEDS TO BE WELL TARGETED



- Unclear supervision at first
 - Maternity leave of the supervisor (CLC coordinator)
- Good knowledge of the ESC and resources available to the CLA
- Outreach in the community
 - Time consuming
 - Important to liaise with potential resource persons
 - It's liaison, not social work!
- Community watchdog program as a means of empowering ESC members
- Outreach to HSS and community service providers/managers involves respect for organizations' procedural ways and internal policies
- Difficulties encountered by CLA in staying focused on the broad objectives and liaison responsibilities when asked to intervene on behalf of ESC members in need
 - At stake for a liaison role → find the right balance between immediate field action with people (to deal with everyday emergencies) and structured actions targeted toward collective

KEY FINDING 3 : BRIDGING OPPORTUNITIES NEEDED TO FORGE LINKS BETWEEN ESC AND HSS

- CLA offered HSS providers opportunities to engage with ESC members
 - CWD program workshops
 - Health and wellbeing fair
 - Other public and community activities
- Increased visibility of social intake worker within the ESC by way of outreach activities
- Requires flexibility and open-mindedness from service managers
- Partnering with ESC is slowly taking place
 - Structurally easier for social than health services
 - Culturally easier for some community organisations than others



KEY FINDING 4 : CWD PROGRAM: EMPOWERING RESOURCE PERSONS IN THE COMMUNITY – COMPLEX TASK, EVOLVING RESULTS

- Program consisted in:
 - Offering 4 to 6 different workshops, 1 night/week
 - Teaching basic skills: active listening, identifying warning signs, accessing services
 - Exploring themes (mental health, CLSC services, caregiving) and resources covered
- Hard to recruit, given scheduling conflicts, parenting and work responsibilities, and hesitancy about assuming a ‘watchdog’ role
- Workshops appreciated
- Resource persons trained are unsure of their role in the larger community and of how to use knowledge benefitting ESC members other than family and friends
- No other strategies to train hard-to-reach populations and to recruit more community resource persons



KEY FINDING 5: PROVIDER CULTURAL COMPETENCE: OFTEN ABSENT, MISUNDERSTOOD OR IGNORED

- Lack of awareness and appreciation of the impact of provider-user cultural differences on communication, trust, accessibility and acceptability of services, and perceived healthcare quality
- Need to bridge the cultural distance:
 - by sensitizing providers to the meaning and importance of culture (including the relationship between cultural factors and health beliefs, values, preferences, behaviors, and attitudes toward healthcare);
 - by expanding their cultural knowledge of the ESC;
 - by adapting their services to meet the culturally unique needs of the ESC
- Need of ongoing cultural competence and education training for service providers regarding



CONCLUDING REMARKS AND RECOMMENDATIONS

- Short-term project and evaluation (2 years) while the major expected outcomes and impact slowly evolve over time: increased access to HSS, community vitality and empowerment
- Short- and long-range vision is needed from partners and CLA to insure that actions are kept up once the project is over
- Focused and consistent management of, and clinical support for, the CLA are needed to produce intended outcomes
- Made possible by the project's implementation, the forging of links between various community stakeholders takes time and needs tending in order to be enduring
- Community outreach interventions are time-consuming and their beneficial effects are not immediate but unfold over time



THANK YOU

For more information

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