

EXPLORATORY COMMUNITY-BASED ACTION RESEARCH: BALANCING RESEARCH AND ACTION FOR COMMUNITY DEVELOPMENT

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Background: Changing realities among English speakers in Quebec

Since the British Conquest in 1759, the English-speaking population of Quebec has experienced significant demographic, political and economic changes. Following the defeat of the French forces, increasing numbers of English speakers came to settle in what is now Quebec. While by no means were all these settlers well-off, historically the English-speaking population has been well-represented among Quebec's economic and political elite. The position of English speakers remained strong until at least the mid-20th century, however changing political circumstances led to an increasing outflow of English speakers from the province and a decline in the vitality of some of the communities they composed. For example, from 1971 to 2001, the population who spoke English as their mother tongue dropped by 25% and its share of Quebec's population fell from 13.1% to 8.3%. Meanwhile, the French-speaking population rose slightly (from 80.7% to 82.5%) while speakers of other languages almost doubled their share of the total population (from 6.2% in 1971 to 10.3% in 2001) (Parenteau et al., 2008).

The English-speaking population of Quebec includes citizens throughout the province who choose to use the English language and who identify with the English-speaking community. This community has always been diverse in its make-up (originally comprising English, Scottish, Welsh and Irish, Catholics, Jews and various Protestant denominations, among others), and that diversity has increased over time to encompass people from a broad range of origins around the world. Today the English-speaking community is made up of a broad range of sub-communities that are diverse, multicultural and multi-racial (Maynard 2007). In addition, the contexts in which they are located vary greatly. While the majority of the population with English

as their first official language lives in the Montréal area (about 80%, Corbeil et al., 2010), many English-speaking communities are located in rural or remote areas of the province. In some cases, English speakers are a very small proportion of the local population, while in other municipalities they may represent a significant percentage, or even a majority.

These changing demographic realities present a number of challenges to English-speaking communities, such as the issues related to an aging population and to the decreasing proportion of caregivers and youth who leave the province in greater numbers than do seniors. For example, 8.3% of the population who speak English as their mother tongue left Quebec for the rest of Canada between 1991 and 1996 and 8.9% left between 1996 and 2001, as compared to 1.6% and 1.7% for the total population. Within the English-speaking population, younger age groups were the most prone to leave the province: the 25-34 year-olds had a 15.8% out-flow rate, and the 5-14 year-olds had an 11.6% out-flow rate, while fewer people aged 65 and over left (Parenteau et al., 2008).

Another challenge is the socio-economic status of English speakers in Quebec. Although poverty does not affect all English-speaking Quebecers, it is a reality for many, and the gap can be significant between French and English speakers. For instance, in some regions, English-speaking families are more likely to have a low income compared to their French-speaking neighbours. The same is true for educational attainment: in some regions English speakers are less likely than their Francophone peers to have completed high school or to have pursued post-secondary education (Pocock et al., 2010).

These demographic and socio-economic realities exist in the context of major and rapid changes in the health and social services system as it attempts to respond effectively to emerging needs, technological advances and the rationalisation of public resources. Although rates of bilingualism are on the rise among people whose mother tongue is English, and English speakers are more likely than other language groups to be able to converse in both French and English¹ (Parenteau et al., 2008), accessing health and social services remains a challenge for many. Access to the public system is an issue for many English speakers, as is the development of community solutions to meet growing needs (CHSSN Prospectus 2004).

An organizational response: the Community Health and Social Services Network

In 2002, in response to the difficulties experienced by English-speaking communities, the Community Health and Social Services Network

(CHSSN) was founded. It was established to support communities in their efforts to develop community infrastructures and build strategic relationships and partnerships within the health and social services system to improve access to services (CHSSN Prospectus 2004). In doing so it aims to support English-speaking communities in Quebec in their efforts to redress health status inequalities and promote community vitality. Through a series of projects and partnerships that link community and public partners, the CHSSN is working to strengthen networks at the local, regional and provincial levels in order to address health determinants, influence public policy and develop services.

The organization's key objectives are twofold. First, it aims to increase the overall vitality of English-speaking minority communities. Recognizing that traditions of neighbourliness and of community support for individuals in need of care are strong in English-speaking communities in Quebec, it also acknowledges that these communities are increasingly vulnerable. The CHSSN therefore proposes innovative investment in better services from the public system of health promotion and health care in order to support and encourage English-speaking communities.

The second objective is to improve access to health and social services for these communities. Research has shown that English-speaking Quebecers have the greatest difficulty accessing quality health and social services of all official language groups in Canada. There is, as well, a wide variation in accessibility and quality of health and social services in English across the province. This second key objective is therefore rooted in a commitment to bring more equity of access to English-speaking individuals and communities in Quebec (CHSSN 5-year plan 2008–2013).

Through its Networking and Partnership Initiative (NPI), the CHSSN has helped to create 18 regional networks throughout the province. It fulfills several different roles with those networks, including training and support, and providing a knowledge base in the form of research, statistics, reports and other information. There are networks (NPIs) in many regions of the province. In the Montréal region there are: the African Canadian Development & Prevention Network (ACDPN), East Island Network for English-Language Services (REISA), Catholic Community Services (CCS) and Youth and Parents AGAPE Association (in Laval). In other regions of the province there are: 4 Korner (Laurentians), Lower North Shore Coalition for Health (LNSCH), Committee for Anglophone Social Action (CASA, Gaspé Coast), Magdalen Islands Network for Anglophones (MINA), Outaouais Health and Social Services Network (OHSSN), Heritage Lower Saint-Lawrence, Jeffery Hale Community Partners (Quebec City area),

Megantic English-Speaking Community Development Corporation (MCDC), Neighbours Regional Association of Rouyn-Noranda, North Shore Community Association (NSCA), Townshippers' Association (Estrie and Montérégie regions), Vision Gaspé Percé Now (tip of Gaspé Coast), and Vaudreuil-Soulanges.

These regional networks cover very different realities. Some have a very large territory while others cover just a few urban neighbourhoods. Some territories are very heterogeneous while others have a high degree of historical and cultural coherence. Some are urban, others rural and others remote, and some networks include a combination of these types of communities.

Beyond their differences, the NPIs share a number of principles, including knowledge-based action, and partnership with public institutions and community organizations. The expected outcomes of these networks, as presented by the CHSSN, are:

- Increased adaptation and coordination of health and social services resulting in improved access in English to the range of services;
- Increased partnership activities between the community networks and the public health and social services system;
- Increased awareness among stakeholders that networks serve as a focal point for addressing the health and social services needs of English-speaking communities;
- Increased dissemination and adoption of knowledge, strategies, innovative service delivery models and best practices addressing the health and social needs of English-speaking communities (CHSSN Investment Priorities 2009–2013).

Context of the present project

In 2009, the CHSSN concluded an agreement with the Institut national de santé publique du Québec (INSPQ) to conduct three projects as part of an initiative for knowledge development. The project presented here is one of the three projects and aims at providing support with community development in the form of research, knowledge transfer and tools. There are three phases to this project. The first is to develop knowledge of English-speaking communities in Quebec, and is therefore research-oriented. The second is to develop tools for mobilizing English-speaking communities in Quebec, and is therefore focused on knowledge transfer. And the third is to support English-speaking communities in implementing a community development approach, thus providing training and support.

Theoretical and methodological approach

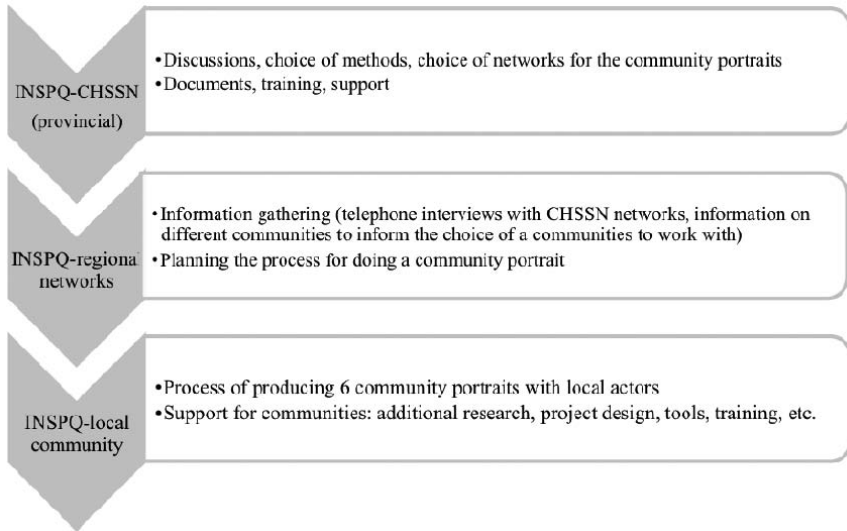
In keeping with the CHSSN's commitment to a population health approach that takes into account the range of health determinants, this project adopts a holistic view of health. This means examining ways to improve people's health, and the health of the community more broadly, by acting at the level of the environment (and not the individual). The building of a healthy community therefore is grounded on community participation, intersectoral collaboration and the active involvement of the municipality and other political actors through local public policies that contribute to health. This approach is predicated on one fundamental principle: empowering individuals and communities to take greater control over their health and future, with a view to reducing inequality among community members (Simard, 2011).

Since individual health depends on a series of factors – notably living conditions – we need to look beyond the health of individuals to consider the health of communities, be they geographical or social (communities of interest or identity). A significant number of health determinants are beyond individual control and only the community can influence them. Therefore, just as individual empowerment is important for health and well-being, so too is community empowerment. This means building the community's capacity to structure itself in ways that help to improve the quality of life of its members. Beyond such traditional indicators as the economy and demographics, we must take into account factors such as democratic life, community dynamics and social capital, all of which testify to the health of a community as a living entity (Simard, 2011).

Within the public health sector, community development is both a field of action, with employees dedicated specifically to working with local communities, and a value-based approach. The definition put forward in a joint document by the INSPQ and the Ministère de la Santé et des Services sociaux is as follows: “... a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions.” (INSPQ, 2002: 16).

In keeping with the above principles, the first phase of this project (knowledge development) is carried out in the spirit of community-based participatory action research. In practice this means that the work is centred on the community (village, neighbourhood, community of identity), involves community members in the process, aims to inform action (future directions for policy, programs, and projects), and involves the systematic collection of information. It is predicated on the conviction that the community is the expert on itself. Through

participatory action research, participants develop knowledge, the ability to think critically, and a culture of learning. Communities are then better able to develop and identify local solutions to local problems, and individuals and communities can be empowered through the process (Minkler & Wallerstein, 2002).



The terms of the project must therefore be decided jointly (or co-constructed) by those involved. In this case, there are three different levels of participation in the action research process, which correspond to provincial, regional and local actors in the CHSSN network:

The research questions, choice of methods and work with communities are the object of discussions with the CHSSN. The later steps of developing training and tools for the NPIs are also discussed with the appropriate people in the organization. The regional associations and NPIs also participate in the project at the stage of completing portraits of a number of communities, by planning the process, identifying and collaborating with other stakeholders, documenting the community, and more. Finally, the local community participates in the process by providing information (statistics, past reports, knowledge of the community, and more), by providing contacts with local stakeholders and community members, by taking part in a community consultation, and by providing feedback on the portrait and the desired follow-up to it.

Project activities

As described above, the project involves both research and support for action, and as the project unfolds, these are often combined. In order to become better acquainted with the CHSSN network and to document it at a particular point in its development, a series of telephone interviews with each of the CHSSN regional networks was conducted². The themes explored included: the organization of the networks (history, background and current functioning of the host organization and the NPI); the local community (or communities) covered by the network; people's sense of belonging and identity; community engagement; community governance; leadership; community assets and challenges. These themes were helpful in selecting the networks to involve in the next phase of the project, that is, completing "community portraits" of six different English-speaking communities in Quebec.

In choosing the communities to involve in this phase of the project we aimed for diversity. Some communities are in urban, multicultural environments, others in rural, small town communities, and others in remote communities of Quebec. In some places English speakers are a very small percentage of the population; in others they represent a larger proportion. Some communities are thriving while other are more vulnerable. Consideration was also taken for local interest and capacity for being involved in doing a community portrait. In some cases a community was chosen because the NPI coordinator or host organization felt it was a good opportunity to reach out to that community and get to know it better. In other cases, there was a convergence of interests that made it a good time to bring together stakeholders and pool knowledge and resources, for instance, as a municipality developed a family and seniors policy, or as a health centre assessed the needs of the English-speaking community.

The six communities selected for this phase of the project are:

Community	Region	Regional Association
Sutton	Montréal-Est	Townshippers' Association
Saint-Léonard	Montréal-Est	Réseau de l'est de l'île pour les services en anglais (REISA)
Laval	Laval	Youth and Parents AGAPE Association Inc.
New Carlisle	Gaspésie	Committee for Anglophone Social Action (CASA)
Sept-Îles	Côte-Nord	North Shore Community Association (NSCA)
Bonne-Espérance	Basse-Côte-Nord	Coasters Association

The method for completing the community portraits is inspired by various approaches used by groups active in community development, notably in the Healthy Communities movement (Réseau québécois de Villes et Villages en santé), among municipalities and by public health boards. There are several steps to completing these portraits. The first is to engage local stakeholders in the process. The second is to gather existing data, in the form of statistics, past reports and other information on the community. The third step is to obtain qualitative data via a town hall meeting where various themes are discussed and community members are asked to share their perspectives on their community. In some cases, in order to ensure that all perspectives are heard and a wide range of people are contacted, focus group interviews or individual discussions may be held with other community members.

The information gathered is then analyzed and summarized by theme, focusing in each case on the community's assets and the challenges it faces as concerns a range of themes, which may vary slightly from one community to another: social and community life, the economy and incomes, education, the environment, and health and well-being. Threaded throughout is a focus on how each of these dimensions acts as a health determinant. The perspectives of community members are put in context using historical information and statistical data when these exist. The portrait highlights the community's vision for its future and proposes areas that have potential for mobilizing the population. Once a document summarizing all this information has been completed, it is presented at a second community meeting to validate the results and discuss the information with both community members and other key stakeholders. This is also an opportunity to identify priorities for future projects and mobilize the population around issues they care about.

Finally, the six case studies will be analyzed together in an effort to draw out certain understandings about English-speaking communities in Quebec and community development processes. These will concern the diverse ways the process of drawing a community portrait unfolded, for example, according to the community context, the way the process was appropriated by local actors, and varying outcomes. Areas for future research will also be identified. The community portraits will be given to the communities to provide information to potential partners, to mobilize residents, to apply for funding, or for other purposes. In addition a blog has been created as a way to communicate the work being done, to involve all the NPIs in the process and to maintain a dialogue on the subject of community development³.

Co-constructing action research

Although this project is still underway at the time of writing, and conclusions cannot yet be drawn, certain issues are already evident. One is adapting the process involved in doing a community portrait based on a variety of factors. These may include the size of the community, any community development work that has been done in the past or is underway, and existing partnerships. Each community has its own history, its particular social, economic and political dynamics, and a different set of actors. Any community development process must necessarily take these into account and make adjustments. Moreover, the needs of the population can vary radically from one community to another, as can the strategic interests of the regional organization. These can call for a focus on specific themes and issues relevant to the local context. There is also a question of opportunities to be seized and timing to be considered, which can be decisive in the way the process takes place.

In this context, participatory action research faces many challenges. It can take time to stimulate involvement and mobilization in a process that can appear to be coming from outside the community. The shift from doing a project for someone else (the researcher) to doing it for oneself (the community) is essential. Considering the workload of many people involved in community organizations, this is not always easy, as gathering information can add yet another task to a busy schedule. Another challenge is the potential for over-consulting the population in this era of surveys, meetings, public consultations and other processes that seek to elicit the viewpoint of "the population." Indeed, a certain lassitude, even scepticism, has come to dominate attitudes regarding public participation and the real potential for change. The challenge consists in constantly seeking relevance for community members and associations, so that there is value for them in participating in such a process. It is important to not simply consult community members, but to create a space for them to take ownership of the process and the resulting portrait.

Flexibility is therefore essential. The method must not be rigid, but rather adapted to the needs of the community, as identified by local organizations and other stakeholders. Relevance must constantly be checked from both the community's perspective and the perspective of research. This is clearly a balancing act, but one that promises to help strengthen the social fabric as disparate strands within the community are drawn closer together.

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NOTES

1. In 2001, over 67% of English speakers reported that they were bilingual in French and English, as compared to 51% of speakers of other languages and 37% of French-speakers.
2. A total of 17 interviews were conducted from May to December 2010. The interviews were conducted by the same person (the author), and followed the same semi-structured outline. They were carried out with the coordinator of each NPI, the Executive Director of each host (or sponsoring) organization, and when possible a person who is actively involved in the community (a project coordinator, social worker or liaison person).
3. <http://qccommunitydevelopment.wordpress.com/>