PROMOTING ACCESS TO SOCIAL SERVICES FOR BLACK ENGLISH-SPEAKING FAMILIES AT RISK

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ABSTRACT

This article briefly describes the on-going campaign by a prevention network within the Black English-speaking community to increase access to needed prevention resources to reduce the over-representation of Black youth in the Provincial Youth Protection system by increasing prevention resources in the target neighbourhoods with significant numbers of Black families at risk. The campaign focuses on increasing local capacity to develop best practice prevention approaches, improving partnerships with the public network of social services, and identifying a clinical model of partnership with the CSSS in order to better integrate community-based prevention developments within the Provincial Youth Protection reform. The McGill School of Social Work, Batshaw, and the CSSS Cavendish are cited as important allies in this knowledge development and model building. Finally, this is a case example of how the CHSSN (Community Health and Social Service Network) supports a English language minority community in Montreal to ensure access to appropriate social services and how opportunities exist within the English-speaking community to promote these policy changes.

IMPROVING ACCESS TO SOCIAL AND HEALTH SERVICES FOR ENGLISH-SPEAKING MINORITY COMMUNITIES: THE CASE FOR REFORM IN ADDRESSING HEALTH DISPARITIES

The increasing diversity of the Quebec population has placed demands on mainstream institutions to ensure that services meet the needs of minority populations, especially the health and social service sector. However, there is compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities amongst minority populations and this article briefly describes the agenda for reform to address these disparities by a prevention network within the Black English-community, a group having the unique double status of a language and racial minority in Montreal. Indeed, despite notable progress in the overall health of Quebecers, there are continuing disparities experienced by Black English-speaking youth and their families, compared to the population as a whole. The demographic changes anticipated over the next decade magnify the importance of addressing these disparities in health status. Minority groups currently experiencing poorer health status are expected to grow as a proportion of the total population; therefore, the future health of Quebec as a whole will be influenced substantially by improving the health of these racial, linguistic, and ethnic minorities. A focus on disparities in the health status of minorities, especially the Black English-speaking community is timely and long over-due.

THE BLACK ENGLISH-SPEAKING COMMUNITY EXPERIENCES THE STATUS OF A "DOUBLE MINORITY", AS A RACE-BASED AND LINGUISTIC MINORITY

A review of the literature suggests that ethno cultural groups, especially the Black English-speaking community in Montreal, are relatively vulnerable to mental health, family neglect, and substance use problems due to pre-migration trauma, economic and social disadvantages, isolation, racism, discrimination and cultural pressures. Evidence further shows that that members of ethno cultural communities have a much lower rate of participation in health promotion, prevention and treatment programs, and are less likely to receive needed care than the general population due to systemic and service barriers which include language and cultural factors, discrimination, stigmatizing attitudes and mistrust of mainstream service providers.

Eliminating racial and linguistic disparities in health for the Black English-speaking community in Montreal will not only require enhanced efforts at prevention, promoting healthy practices, and delivering appropriate care by State mandated agencies, but also identifying mechanisms to address systemic barriers, such as discrimination, lack of cultural competence, and bias. This will necessitate improved collection and use of standardized data to correctly identify all high risk populations and monitor the effectiveness of health interventions targeting these groups. Evidence-based practice demonstrates that working in partnership with community groups from the target community, and community-based agencies helps reach intended audience, identify culturally competent strategies and gives more credibility to the initiatives to promote policy, program, and practice reforms

CASE EXAMPLE: ACCESS TO PREVENTION RESOURCES FOR BLACK ENGLISH—SPEAKING FAMILIES AT RISK

A considerable challenge has been for Quebec Youth Protection services to respond effectively in addressing the unique needs of these populations. In particular, the Black community has found the interventions of these Youth Protection services problematic. One of the most challenging and controversial issues facing the State is the disproportionate representation of ethnic minority children and families, particularly African-Canadian children. It is hard to believe, but true: Black youth make up approximately 6% of the population in Montreal, yet comprise nearly 22-24% of the numbers of youth placed in the Youth Protection system. These numbers have not changed in over fifteen years, in spite of numerous programs initiated by the agencies involved.

DISPROPORTIONATE NEED AS A RESULT OF MARGINALIZATION OF BLACK FAMILIES

Some believe the cause of this situation is a complex web of economic and societal factors that extend far beyond the child welfare system Yet, there are three dominant theories explaining the over-representation of minority children in the child welfare system: 1) the disproportionate need found among minority families; 2) racial bias in child welfare decision making; and 3) family risk and child welfare practice. In addition, the Black community as part of the English-speaking community, faces the difficult challenge of also negotiating access to State sponsored social services, dominated by the French-speaking minority.

DIFFERENTIAL ACCESS TO PREVENTION RESOURCES FOR MINORITY FAMILIES:

One mechanism to increase access to prevention resources has been efforts by State agencies, such as the Batshaw Youth and Family Center and local CSSS, to promote development of a continuum of community-based family focused resources within the Black community. During the past ten years, there have been efforts to develop community partnerships to reduce the numbers of Black youth in the Youth Protection system. The Black Community Council of Quebec, The Jamaica Association, the Little Burgundy Black Family Support Group, and the LaSalle Boys and Girl's Club are some of the organizations who have participated in these initiatives with Batshaw and some CSSS agencies . Funding for such initiatives usually emerge from the Regional Council (now called Agence de Montreal), focusing on short-term fixes for long waiting lists, or project funds to promote increased collaboration between the social service system and the CSSS. None of these projects have become institutionalized within the child welfare system, inspite of promising results

Yet, the costs to treat the symptoms of the problem are staggering in comparison to the investment in prevention efforts. Millions of dollars have been spent during the past fifteen years on an institutional approach with little improvement in the neighborhood and socio-economic conditions that propel these children into this system. The funding for prevention of community-based approaches has actually dwindled drastically during this same period,

reducing the traditional networks of social supports in |the Black community for high-risk families

EFFECTIVE AND COORDINATED COMMUNITY-BASED STRATEGY TO INCREASE ACCESS TO PREVENTION RESOURCES

Lessons learned from previous efforts to promote reform to reverse the phenomena of over-representation of Black youth in the Provincial Youth Protection system indicated that the Black community must marshal its talents and strengths to push for change. Change must emerge from within the Black community itself. One identified barrier to reform was a need to reduce competition for scarce resources amongst Black agencies, so a plan was identified by the Cote des Neiges Black Community Association to forge a prevention and social development network amongst existing front-line Black community organizations.

The organization which was created to provide the leadership within the Black community to increase access for Black English-speaking families at risk to needed prevention resources is the African Canadian Development and Prevention Network, which was founded over five years ago to promote best practice prevention and social development strategies. The primary mission of the **African Canadian Development and Prevention Network** is to foster public policies, human service reforms, social development, and community supports that better meet the needs of vulnerable families in the Black community. The Network's agenda is grounded on two fundamental convictions: first, there is no substitute for strong families to ensure that Black children grow up to be capable adults. Second, the ability of Black families to raise children is often inextricably linked to conditions in their communities. Our 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 which is value based, culturally appropriate, and accessible in their language.

ADAPTING A BEST PRACTICE PREVENTION MODEL TO MATCH LOCAL NEEDS, CULTURE, AND HISTORY

ACDPN, with funding from Health Canada over the past four years, has adapted a best practice family strengthening program in (4) neighbourhoods of Montreal, in partnership with its member organizations and strategic alliances with Batshaw, local schools, and the CSSS Cavendish. Most importantly, the McGill School of Social Work provided the evaluation and supported a process which identifies the emerging model of community development to replicate a best practice prevention model. Initial evaluation results which involved qualitative and quantitative instruments indicated positive changes in the target families. Presently, ACDPN anticipates funding of over 1.5 million for the next five years to continue to adapt the best practice family strengthening program and to disseminate lessons learned on how to replicate this model to other minority communities. The ACDPN had to next identify a strategy which integrated the prevention development within the public networks of social services, and which promoted sustainability after federal project funding ended. A partnership with the CHSSN resulted in ACDPN being awarded funding to develop a planning process which would build on the 1) success of development of this best practice model of family strengthening , 2) the creation of the network within the Black community, and 3) the emerging partnerships with the public networks of social services to increase access for Black English-speaking families to prevention resources. A brief review of this development follows.

ACDPN PARTNERSHIP WITH ENGLISH MINORITY LANGUAGE AGENCIES

The partnership between the ACDPN and CHSSN is one of the more recent, significant alliances in the minority community in Montreal for the simple reason that it makes sense for the linguistic agenda, promoted by the English speaking community, be inclusive and involve fully its minorities communities in shaping public policy. It is also evident that it is win-win situation for linguistic and race-based groups within the English-speaking community to coordinate efforts to promote a policy of access to health and social services which encourages the French-dominated State agencies to be more inclusive and culturally sensitive.

With funding support from the Community Health and Social Service Network (CHSSN), the African Canadian Development and Prevention Network (ACDPN) has embarked on a five year plan to increase access for Black English-speaking families in five neighbourhoods of Montreal (Little Burgundy, Côte des Neiges, Notre Dame de Grace, Lasalle, and West Island) to needed prevention resources, often the responsibility of the CSSS. The vision is to continue the development of a best practice model of family strengthening with funding support by federal agencies (anticipated budget over next five years:1.5 million) and increase the capacity of a

network of front line community-based prevention organizations to adapt, implement, and mobilize a broad base of support for the sustainability of the prevention resources through service ententes with local CSSS.

In addition, CHSSN provides the funding for an evidence—based report which captures a portrait of the Black English-speaking community along with a description of any disparities based upon several indicators of health and McGill School of Social Work offers technical support on identification and development of a model of community development to promote best practice prevention approaches. The evidence-based report will be combined with community forums/consultations to complete a needs assessment in these neighbourhoods, leading to Three Year Prevention Action Plans, Ideally, the Black community will have mobilized a broad base of support and goodwill to make the case with the Provincial government for sustainability and integration of these prevention networks within the public system.

THE CHALLENGES FACING THE ENGLISH-SPEAKING COMMUNITY TO PROMOTE ACCESS

This brief overview of the process to increase access to State mandated services for Black English-speaking families highlights the significant opportunities for strategic partnerships from within the English-speaking community, which bridge the racial, cultural, and historical differences. One cannot underestimate the value of an organization like the CHSSN which focuses on program innovation as a tool for change and building bridges within the English-speaking community (instead of a divisive debate on linguistic identify).

In closing, recognition of the need to reduce the risks factors faced by all vulnerable children, including Black children, can be found in current public and private efforts aimed at strengthening families, building local neighborhood capacity, reinforcing protective factors, and promoting resilience. Yet, the crisis facing Black families at risk, in part, remains byproducts of partially incapacitated communities. Until we dedicate the resources necessary to alter these community structures, over-dependence upon child welfare services will continue to increase despite efforts to improve child welfare practices to minority populations. Community resources—jobs, better schools, social services, health programs, family support, training in community organization skills, and support for resident empowerment should be the focus of a comprehensive multi-focused prevention program. The case example of the ACDPN's effort to develop best practice prevention approaches indicates that there exists within the English-speaking community of Montreal, the goodwill to address the marginalization of Black families at risk.