Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts

Introduction and Method

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GReFOPSS
Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire

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This collaboration has led to the identification of some of the innovative initiatives included in this *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts,* thereafter referred to as *Directory of Innovative Practices.* Several of these practices were supported by the Société Santé en français and its regional networks.

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SUMMARY

The *Directory of Innovative Practices (*previously the Handbook of Innovative Practices on the Integration of Social and Health Services in Official Languages in a Minority Context) is a complementary resource to the Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity[1]. In this document, users will find initiatives that are most often implemented at the local level. These initiatives meet a community need and are perceived as innovative by the various actors involved in their execution. Practices were identified, analyzed and ranked according to an evaluation framework developed by the Health Council of Canada. This framework allowed us to make a distinction between emerging, promising, and leading practices. Some of these practices were put forth by the *Société Santé en français* and provincial, territorial and regional Francophone health networks. We identified more practices through our own research and that of our partners, as well as from findings of a preliminary review conducted in 2016 while the self-assessment tool was being developed. An update was conducted in February-March 2021, at which time additional initiatives were added to the directory.

Analyzed against strict criteria, the practices described in this handbook are unique, original, and generated positive changes within organizations.

They may encourage social and health services providers to design and tailor such measures to their own context and organization, thereby improving the continuum of official language health and social services in a minority context.

Complementarity Between the Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity and the Handbook of Innovative Practices

This tool is designed to encourage reflection about management practices that could be put in place to promote health and social service integration and continuity for seniors living in linguistic minority situations. It is intended for managers, health and social service providers and decision makers who wish to improve their organizations' practices. It was structured according to the Framework for the Analysis of Health and Social Services Access and Integration for Official Language Minority Communities, which is available online[2]. The tool proposes an examination of possible actions for each of the structures outlined in the analytical framework. It is presented as a series of brief statements or questions that health and social service providers (managers and decision makers) can answer according to their degree of agreement or disagreement.

The development of this tool led to the observation that an accompanying resource for managers outlining innovative practices was both relevant and required. Thus, the *Directory of Innovative Practices* provides information complementary to the initial tool; its users are presented with experiences that are most frequently implemented locally. In addition, these practices fulfill relevance criteria (meeting a need), while being perceived as innovative by various actors involved in their implementation. This

[1] This tool is available in French and in English and can be accessed via the following links:
https://www.grefops.ca/outil_autoevaluation.html. (French version)
https://www.grefops.ca/selfassessment_tool.html (English version)

[2] Savard, J., Savard, S., Drolet, M., de Moissac, D., Kubina, L.A., van Kemenade, S., Benoit, J., & Couturier, Y. (2017). Framework for the Analysis of Health and Social Services Access and Integration for Official Language Minority Communities available at: http://www.grefops.ca/cadre_analyse_en.html

Directory is an effective means for knowledge-sharing among individuals who are called upon to set up French-language health services for official language communities in a minority context.

The *Directory* also includes definitions for the tool's frequently used concepts (e.g. active offer, service integration, service coordination, etc., see Appendix 2). Both resources promote informed choices and decision-making that users need to optimize their organizational and community resources. This, in turn, will enhance the quality and safety of services for Canadian seniors living in a linguistic minority situation.

CONCEPTS AND DEFINITIONS: From emerging to best practices

To clarify the types of practices that would be included in the *Directory of Innovative Practices,* an overview of the literature was conducted. From sources that were reviewed, we concluded that these definitions exist along a continuum, ranging from "emerging practices", to "promising practices", and finally to "best practices or leading practices". Therefore, "innovative practices" as a category encompasses all these practices.[3] When implementing an initiative, an organization would aim for it to become a best or leading practice.

We chose to retain the definitions proposed by the Health Council of Canada (2012) for these three types of practice: emerging practices, promising practices, and best or leading practices. These definitions are presented in Appendix 1.

We have sought to group together in this Directory practices that emphasize either the active offer of French language services, or the coordination, integration or liaison of French language services. Definitions of these concepts are presented in Appendix 2.

METHOD

The development of the *Directory of Innovative Practices* involved the following steps:

a) Development of an evaluation grid

The grid draws on existing resources as well as on the *Innovative Practices Evaluation Framework* developed by the Health Council of Canada (Appendix 1). We used the first three criteria mentioned in the "Concepts and Definitions" sections and then applied four additional criteria.

In addition to outlining practices, the *Directory of Innovative Practices* proposes an analytical approach for evaluating criteria such as quality of evidence, applicability and transferability, among others.

b) Validation of the grid with our research partners

This grid, along with an example of one specific practice application was submitted to our partners from the *Société Santé en français* and approved by the team and partners.

[3] Kentucky Cabinet for Health and Family Services (2017). Retrieved from : https://chfs.ky.gov/agencies/dph/dmch/cfhib/Coordinated%20School%20Health/Emerging_Promising_Best_Practices.pdf

c) Survey of innovative practices

In the summer of 2017, the team undertook the identification of innovative practices, attempting to include initiatives implemented in various Canadian provinces that meet the needs of both official language minorities. The first version of the then called *Handbook of Innovative Practices* outlined sixteen practices carried out in five Canadian provinces. In the winter of 2021, the sixteen practices were reviewed and updated as needed, six new practices were added, and we chose to compile everything in an online Directory rather than a Handbook in order to better accommodate a product that requires review and updating on a regular basis.

d) Practice analysis, ranking, and validation

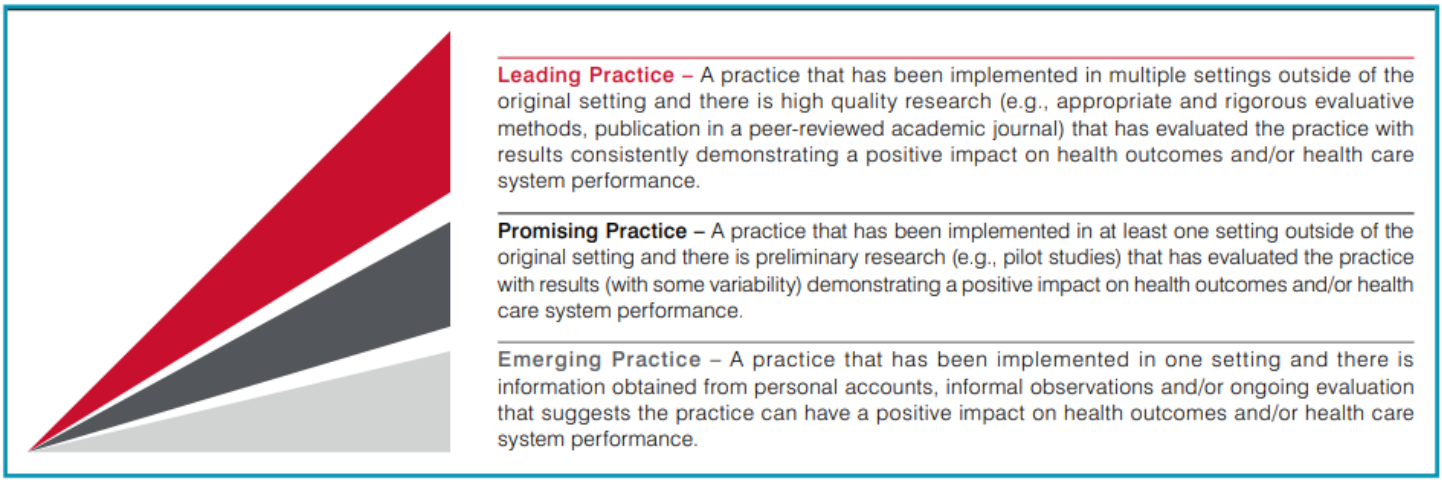
Information about each practice was obtained from various public sources as such as organizations' websites, annual reports, publications about given initiatives, videos and newspaper articles, general research related to the field of practice and research conducted by the team. The material was complemented by interviews with resource persons leading these initiatives within organizations. Finally, we asked these individuals to validate the practice description.

Each practice was ranked according to all the aforementioned criteria (Appendix 1) and attribution of this ranking was validated by the project's lead researchers.

Appendix 1 — The Health Council of Canada's Innovative Practices Evaluation Framework

Source: Health Council of Canada (2012). *Innovative Practices Evaluation Framework.* Retrieved from: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf

a) Category Descriptions under the Framework



Leading Practice – A practice that has been implemented in multiple settings outside of the original setting and there is high quality research (e.g., appropriate and rigorous evaluative methods, publication in a peer-reviewed academic journal) that has evaluated the practice with results consistently demonstrating a positive impact on health outcomes and/or health care system performance.

Promising Practice – A practice that has been implemented in at least one setting outside of the original setting and there is preliminary research (e.g., pilot studies) that has evaluated the practice with results (with some variability) demonstrating a positive impact on health outcomes and/or health care system performance.

Emerging Practice – A practice that has been implemented in one setting and there is information obtained from personal accounts, informal observations and/or ongoing evaluation that suggests the practice can have a positive impact on health outcomes and/or health care system performance.

Not Categorized Practice – A practice reported on by the Health Council that has not been evaluated using the *Innovative Practices Evaluation Framework*.

b) **Innovative Practices Evaluation Framework™ Matrix**

EVALUATION CRITERIA	FRAMEWORK CATEGORIES		
	EMERGING PRACTICE	PROMISING PRACTICE	LEADING PRACTICE
Quality of Evidence	There is information from personal accounts and/or informal observations that has evaluated the practice and/or formal evaluation is ongoing.	There is preliminary research that has evaluated the practice (e.g., pilot studies).	There is high quality research that has evaluated the practice (e.g., appropriate and rigorous evaluative methods, publication in a peer-reviewed academic journal).
Impact	Results are emerging and indicate the practice can have a positive impact on health outcomes and/or health care system performance.	Results (with some variability) demonstrate the practice has a positive impact on health outcomes and/or health care system performance.	Results consistently demonstrate that the practice has a positive impact on health outcomes and/or health care system performance.
Applicability	The practice has only been implemented in one setting but is theoretically applicable to other settings.	The practice has been implemented in at least one other setting.	The practice has been implemented in multiple additional settings.
Transferability	The results have not been replicated in another setting but are theoretically replicable elsewhere.	The results have been replicated in at least one other setting.	The results have been replicated in multiple settings.

Appendix 2—Key Concepts and Definitions

SERVICE COORDINATION

Essentially, coordination consists of combining ("co") interdependent elements to bring order to a life that would otherwise quickly become chaotic, "orderly actions by everyone are necessary to a harmonious living together in a world that is by nature decidedly plural" [translation] (Couturier et al., 2013, p.14).

It involves a global and comprehensive evaluation of users' needs to best protect their interests while continuing to foster their functional and decision-making autonomy. In the face of ageism and other negative representations of aging particularly associated with loss and dependency, it is important to rely on the functional capacities associated with the user's and their caregivers' quality of life" [translation]. (Couturier et al., 2013).

Service coordination is part of the movement to humanize services; it considers users' needs and requests and respects their humanity and dignity.

SERVICE INTEGRATION

Service integration is defined as "the will to harmonize various dimensions of the health system with other required services to ensure users' well-being" [translation] (Couturier et al, 2013, p.38). It promotes the creation of spaces for dialogue and concertation among service providers to reduce service fragmentation (Somme et al., 2014). Researchers identify three models of integration: a) liaison, b) coordination, c) full integration (Leutz, 1999, as cited in Couturier et al. 2013). These aim for "either simply liaising a senior from one organization to another, health service coordination or the full integration of services that a senior requires" [translation] (Éthier & Belzile, 2012, p. 30). Integration contributes to achieving outcomes such as administrative simplification, economic efficiency and individuals' improved health (Éthier & Belzile, 2012; Couturier et al., 2016).

Thus, service integration aims to improve cohesion among services to better meet the overall population's frequently complex needs (Couturier et al., 2013).

LIAISON OFFICER

The liaison officer facilitates a user's smooth navigation between various organizations, particularly by means of interinstitutional protocols, mutual knowledge of both organizations' operating modes and a bidirectional information system to enable information-sharing.

ACTIVE OFFER

Active offer (AO) is a proactive model of health services in the official minority language, which are offered prior to their request. According to Bouchard and colleagues (2012), principles that support the AO approach include equity, accessibility, and equality. Active offer aims to reduce or eliminate health inequities that lead to minorities' poor health. The practice of active offer consists in:

> "A verbal or written invitation for people to speak in the official language of their choice. The offer to speak in one's preferred official language must precede the request for services. Active offer must then be visible, audible, accessible and apparent" [translation] (Bouchard et al., 2012, p. 47).
>
> Active offer is "proactive, precedes the request, visible, available and of high quality, equitable, client-centered and accessible through the whole range of health services and along the entire continuum of care"[4] [translation] (Bouchard et al., 2012, p. 57).

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