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

INTRODUCTION AND METHOD

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GReFOPSS
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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*, hereafter referred to as the *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 in Health and Social Services in Official Language Minority Contexts* is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*. In it, 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 implementation. Practices were identified, analyzed and ranked according to an evaluation framework developed by the Health Council of Canada[1] (2012) and definitions from the Public Health Agency of Canada (PHAC, 2017). This enabled us to distinguish between emerging, promising and leading practices. Some of these practices were suggested by Société Santé en français and the provincial, territorial and regional French-language health networks. We identified other practices from our own research and that of our partners, and from a preliminary review conducted in 2016 during the development of the self-assessment tool. Updates were made in February–March 2021 and in January–February 2025, during which other initiatives were added to the directory.

The practices we present have been analyzed using rigorous criteria. They are unique and original and have resulted in positive changes within the organizations. They could inspire health and social service providers to design measures adapted to their own contexts and organizations in order to improve continuity of health and social services in the minority official language.

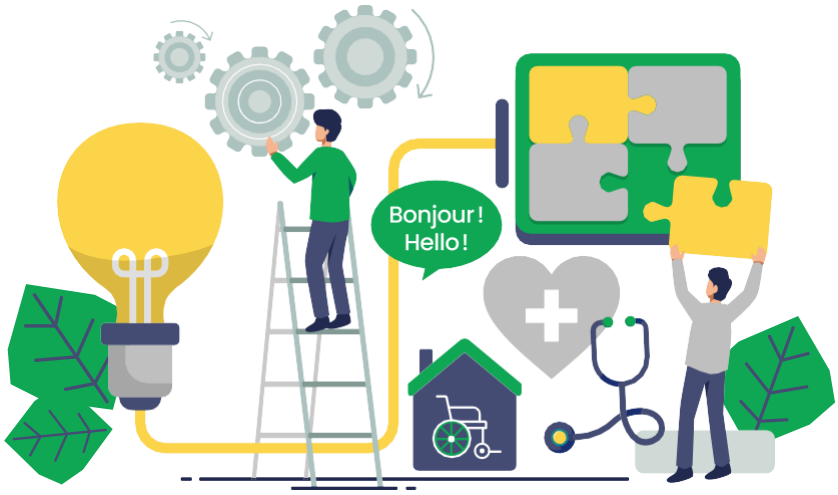
Complementarity Between the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity* and the *Directory of Innovative Practices*

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; it presents experiences that are most frequently implemented locally. In addition, these practices fulfill relevance criteria (meeting a need), are supported by

1 The Health Council of Canada no longer exists, but its analysis framework and definitions remain valid for our own analysis. In addition, they are aligned with those of the PHAC.

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*. This framework can be accessed at the following web address: https://www.grefops.ca/uploads/7/4/7/3/7473881/cadre_explication_pour_site_web_ang_avril2020.pdf.



evidence and are perceived as innovative by the various actors involved in their implementation. This *Directory of Innovative Practices* is an effective means of knowledge sharing among individuals who are called upon to set up French-language health services for official language communities in a minority context. Both resources promote informed choices in the decision-making process that users will undertake in optimizing their organizational and community resources. This, in turn, will enhance the quality and safety of services for Canadians living in a linguistic minority situation.

CONCEPTS AND DEFINITIONS: from emerging to best practices

To clarify the types of practices to 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 “best practices or leading practices.” “Innovative practices” as a category encompasses all these practices. When implementing an initiative, an organization would aim for it to become a best or leading practice. Indeed, policy- and program-related decisions should be based on evidence. This evidence (data) comes out of high-quality research that includes the innovative practices, and it has an impact on public health.[3]

We selected the definitions proposed by the Health Council of Canada (2012) and the PHAC (2017) for the following three types of practice: emerging practices, promising practices and best or leading practices. The definitions are presented in Appendix 1.

We have sought to include in this directory practices that emphasize either the active offer of French-language services, or the coordination, integration or liaison of services in a minority-language context. Definitions of these concepts are presented in Appendix 2.

3 Finkle-Perazzo & Jetha (2011); Spencer et al., (2013).

METHOD

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

a. **Developing 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" section 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.

b. **Validating the grid with our research partners**

The grid, along with an example of it being applied to one specific practice, was submitted to our partners from Société Santé en français and approved by the team and partners.

c. **Surveying innovative practices**

The team undertook an effort to identify 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 updated and six new ones were added. In January 2025, 22 practices were updated and three new ones were added.

d. **Analyzing, ranking and validating practices**

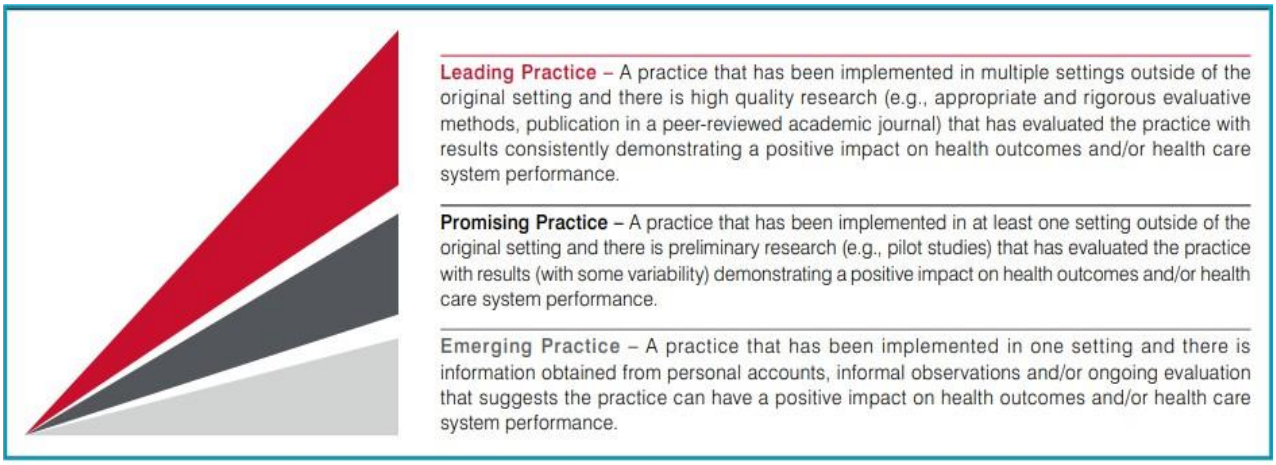
Information about each practice was obtained from various public sources such as organizations' websites, annual reports, publications about the initiatives, videos, newspaper articles, general research related to the field of practice and research conducted by the team. The material was complemented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

Each practice was ranked according to all the aforementioned criteria (Appendix 1) and this process was validated by all members of the research team.

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

Source: Health Council of Canada (2012). *Innovative Practices Evaluation Framework*.

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: "bringing a certain order to each other's actions is necessary to harmoniously live 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 with a view to better protecting their interests while continuing to foster their functional and decision-making autonomy. In the face of ageism and other negative representations of aging associated with loss and dependency, it is important to focus on the functional capacities associated with users' quality of life and that of their caregivers" [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 autonomy.

SERVICE INTEGRATION

Service integration is defined as "the desire 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 allows spaces to be created for dialogue and collaboration among service providers to reduce service fragmentation (Somme et al., 2014). Researchers identify three models of integration: (a) liaison, (b) coordination, and (c) full integration (Leutz, 1999, as cited in Couturier et al. 2013). These aim for "either simply referring seniors 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" [translation] (Bouchard et al., 2012, p. 57).

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