

Evaluation of Intersectoral Collaborations

'Relevailles' and Intersectoral collaborations

Brief Report

CONTEXT AND KEY ISSUES

In the interest of population-based responsibility, health and social services establishments (HSSEs) are expected to establish more working partnerships with organismes communautaires Famille (OCF – community-based family organizations). Some OCFs offer a service called 'relevailles,' which consists of providing a home-visiting postnatal support program that adapts to the needs of each family, in order to listen, encourage, inform, and support day-to-day organization. The use and impacts of this service, as well as the collaborations surrounding its implementation in local networks of services provided by health and social services establishments, remain largely unknown.

AIM AND OBJECTIVES

Aim:

To evaluate relevailles services provided by four OCFs and the intersectoral collaborations they maintain with HSSEs to consolidate services in the postnatal period.

Specific objectives:

- 1) To explain how the determinants of intersectoral collaboration between OCFs and HSSEs influence the provision of relevailles services;
- 2) To explain how collaborations between OCF actors providing relevailles and HSSE actors help consolidate postnatal support around the provision of relevailles.

HIGHLIGHTS

- In 3 of the 4 cases, the key actor in the collaborative network was the OCF coordinator/liaison officer.
- All the networks were vulnerable to the departure of a key actor.
- Collaborative networks did not include any perinatal assistants.
- 35 of the 37 HSSE actors involved in collaborative networks belonged to a local community services centre (CLSC), even when there was a birthing hospital or birthing centre in the HSSE.
- Five determinants contributed to or constrained intersectoral collaborations between OCFs and HSSEs.
- Sufficiency of resources, knowledge of the partner organization, and complementarity/flexibility in the delivery of services were determinants of collaborations.
- Six modes of OCF/HSSE collaboration were identified.
- There are few formal mechanisms for collaboration between organizations.
- Disagreements/misunderstandings on the mechanisms for sharing information about families occurred between organizations and even within organizations.
- Some parents perceived links between OCFs and CLSCs as falling into two modes of collaboration, namely 1) activating the request/recourse to partner organization services and 2) coordinating the services provided to families.

Figure 1. Reference framework



Adapted from Lasker et al. (2001)

REFERENCE FRAMEWORK

Evaluation of the functioning of intersectoral collaborations surrounding the offer of relevailles was based on an adaptation of the conceptual framework developed by Lasker et al. (2001). This conceptual framework consists of 5 determinants: partner resources, partner characteristics, relationships among partners, partnership characteristics, and external environment (Figure 1).

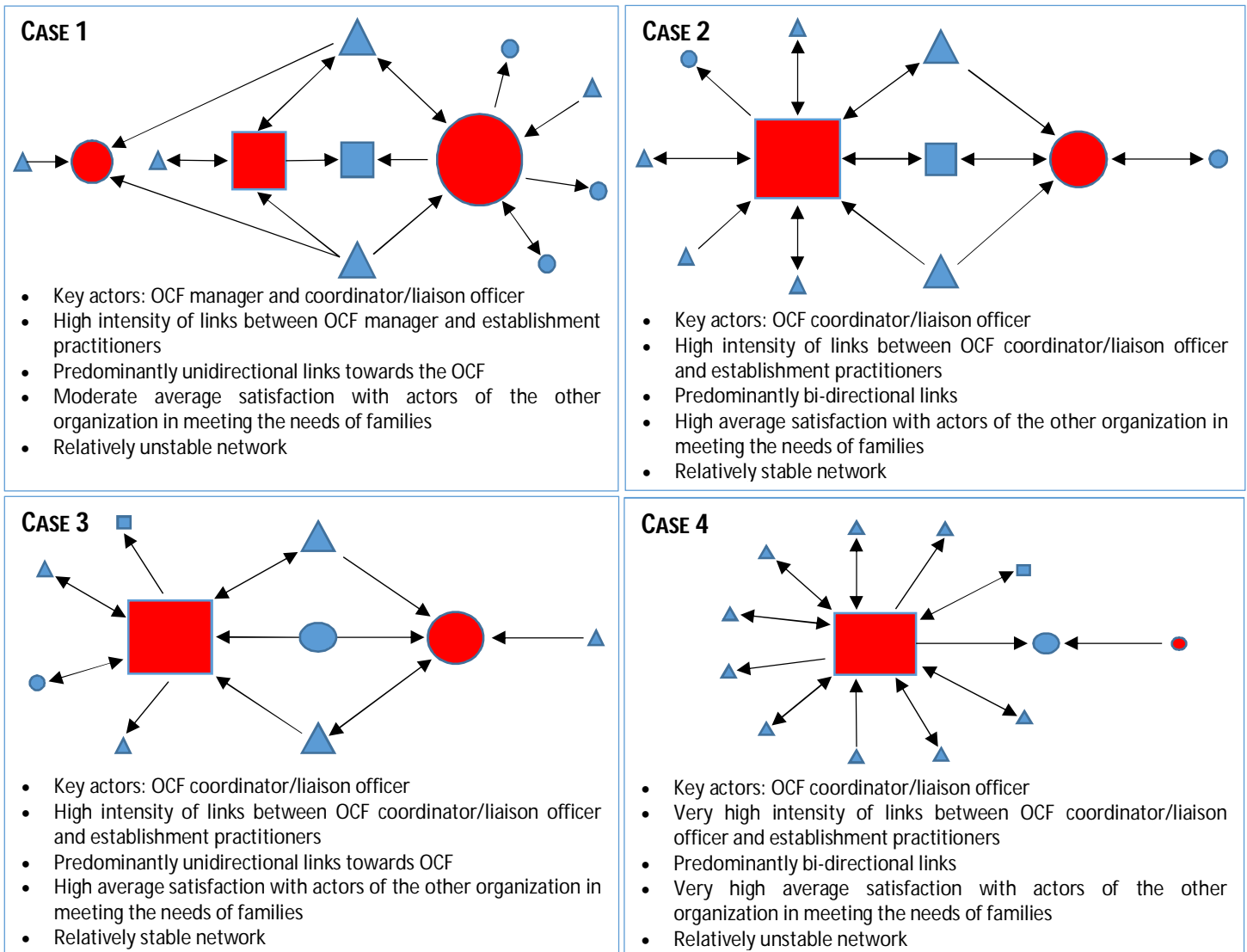
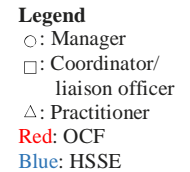
METHOD

- Semi-structured interviews with OCF actors (n = 10) and HSSE actors (n = 59), followed by a name generator — collection period: September 25, 2014 to April 14, 2015, overlapping with the implementation of Bill 10
- Individual interviews (n = 23) and group interviews (n = 3) with relevailles user parents (38 W/2 M)
- Documentary sources (n = 191)
- Analysis of the networks of actors with quantification of links between OCF and HSSE actors (Ucinet®)
- Focused content analysis of interviews (QDA Miner®, Provalis) with integration of other sources

RESULTS

Collaborative networks

- The 69 actors interviewed helped to identify 46 interlinked actors in the two organizations under study (OCF/HSSE) in each case.
- 35 of the 37 HSSE actors were from a CLSC located near the OCF.
- The actors were grouped into three categories: managers (directors, heads of administration, etc.), coordinators/liaison officers (service coordinators, community workers, etc.), and practitioners (nurses, social workers, speech therapists, etc.).



INTERPRETATION

- The small number of OCF actors limited the size of collaborative networks surrounding the offer of relevailles.
- No OCF practitioners (perinatal assistants) were involved in collaborative networks; all links with HSSEs were maintained by OCF managers and/or coordinators/liaison officers. However, several HSSE practitioners were involved in collaborative networks.
- All networks remained vulnerable to the departure of a key actor.
- In three of the four cases, the majority of the bi-directional links were maintained by the coordinator/liaison officer.

Determinants of intersectoral collaboration

PARTNER RESOURCES

- Within the same case, disagreement as to the sufficiency/insufficiency of resources.
- Recognition that practitioners' skills/expertise are differentiated and complementary.

Table 1. Partner resources

Facilitating elements	Constraints
<ul style="list-style-type: none"> - Sufficient OCF and CLSC resources to meet the needs of families - Experiential skills and relational proximity of perinatal assistants - Diversity of professional skills and CLSC multidisciplinary 	<ul style="list-style-type: none"> - Precarious OCF organizational structures - Instability/non-recurrence of funding granted to OCFs - Budget cuts to the establishment - OCF and CLSC resource availability limits the offer of services

Table 2. Partner characteristics

Facilitating elements	Constraints
<ul style="list-style-type: none"> - Knowledge of the origin of relevailles and the partnership history by OCF - Knowledge of relevailles and OCF by CLSC - Knowledge of CLSC by OCF - Diversity of services offered by OCF and roots in the community - Diversity of the CLSC professional contribution - Stability of staffing within OCF and CLSC - Sharing common goals with regard to families 	<ul style="list-style-type: none"> - Unawareness of relevailles and OCF by CLSC - High staff turnover at OCF and CLSC - Multiple changes in service organization at the establishment

PARTNER CHARACTERISTICS

- Adequate knowledge of the partner organization (functioning, services, human resources) is a determinant of collaborations.
- Without formal follow-up mechanisms between partner organizations, staff turnover affects the stability of relations.

RELATIONSHIPS AMONG PARTNERS

- OCF's feeling of dependency in relation to referral/support from the establishment.
- Fluid communication occurs mainly with the CLSC that is geographically close to the OCF and rarely with other types of establishments.

Table 3. Relationships among partners

Facilitating elements	Constraints
<ul style="list-style-type: none"> - Trust and equality of relationships - Fluidity of inter-organizational communication - Addressing respective expectations of the organizations 	<ul style="list-style-type: none"> - Mistrust between partners and inequality of relationships - Distant relationships

Table 4. Partnership characteristics

Facilitating elements	Constraints
<ul style="list-style-type: none"> - Leaders' openness to collaborations - Complementarity and flexibility between OCF/CLSC in providing home services - Existence of formal agreements 	<ul style="list-style-type: none"> - Absence of formal agreements - Misunderstandings/unawareness of respective roles and responsibilities - Complexity of referring/exchanging information about families - Limited professional support provided by the CLSC to perinatal assistants

PARTNERSHIP CHARACTERISTICS

- Few formal agreements between partner organizations.
- Complementarity of tasks and assignments between visiting homemakers and perinatal assistants facilitates relevailles.
- Respect of confidentiality varies during the referral process.
- Shared feeling of a decrease in support from CLSCs towards OCFs (mainly linked to a decrease/overload of resources).

EXTERNAL ENVIRONMENT

- Interventions of funding partners, perinatal laws and programs are perceived as facilitating or constraining the offer of relevailles.
- Territory-specific factors can facilitate or constrain the offer of relevailles.
- Programs and policies target specific clientele, while OCFs wish to serve a universal clientele.

Table 5. External environment

Facilitating elements	Constraints
- Presence of local/regional incentives for joint action	- Recruitment challenges related to territory/family characteristics
- Existence of policies/programs encouraging joint action	- Priorities of partners driven by external factors
- Favourable setting for collaborations	- Funds/grants limited to target populations
- Geographic proximity of families/partner organization	- Multiple perinatal resources competing on the territory

Collaborations and consolidation of postnatal support

- Six modes of collaboration between OCFs and HSSE installations were implemented (Table 6).
- Most implemented collaborations involved an OCF and the geographically closest CLSC.
- Only 2 of the collaboration subcategories were oriented from the OCF towards the HSSE, while 4 went from the CLSC to the OCF, 7 were bi-directional, and one was jointly produced through collaborating bodies.
- The bi-directionality of the links reflects mutual acknowledgement between the OCF and HSSE and a sharing of resources between the OCF and HSSE.

Table 6. Modes of collaboration implemented

Modes	Subcategories
Maintenance/development of relationships between partners	- Submitting documentation on services/activities to the partner organization (OCF → CLSC) 4/4 - Visits of actors from one organization to the partner organization (OCF ↔ CLSC/BC) (OCF→ HC) 4/4
Mobilization/exchange of expertise between partner organizations	- Training offered to practitioners in the partner organization (CLSC → OCF) 4/4
Local/regional joint action	- Joint participation in local/regional collaborative bodies (OCF → ← HC) 4/4
Contributions to partner organization activities	- Funding contribution (HSSE/CLSC → OCF) 1/4 - Human resource contribution (CLSC → OCF) 2/4 - Material resource contribution (CLSC → OCF) 2/4
Activation of requests/recourse to partner organization services	- Handing information to families on services/activities of the partner organization (CLSC ↔ OCF) 4/4 - Referral of families to the partner organization (CLSC ↔ OCF) 4/4 - Accompanying families to the partner organization (CLSC ↔ OCF) 3/4 - Contribution/presence of organization practitioners at activities of the partner organization (CLSC ↔ OCF) 2/4 - Undefined modes of connecting with activities/services of the partner organization (CLSC ↔ OCF) 4/4
Coordination of services provided to families	- Exchange of information on client families between practitioners of the partner organizations (CLSC ↔ OCF) 3/4

Legend: BC = Birthing Centre; HC = Hospital Centre; CLSC = Local community services centre

The collaborations from the viewpoint of parents using relevailles

For a majority of parents, collaboration links between OCFs and HSSEs were few or not visible. Only the following two modes of collaboration were reported by the parents.

Activation of request/recourse to partner organization services

- When parents' contact with relevailles resulted from collaboration, it was CLSC nurses who had mentioned relevailles (3/4) or the hospital that had given printed information to the families (1/4).
- Some parents wished for more collaboration between the CLSC and the OCF, to increase awareness of relevailles.

Coordination of services provided to families

- In 3 of the 4 cases, some parents mentioned an increase in the intensity and/or duration of relevailles and the complementarity of services during special situations (e.g. sick baby, twins) enabling them to better meet their needs.
- While some parents wished for a better process for sharing information on their needs between CLSC and OCF practitioners, others were opposed to it or did not see the point of it.

STRENGTHS AND LIMITATIONS

- The originality of the results is based on the study of collaborations surrounding a program under the governance of NPOs rather than government bodies. Also, very few studies on collaborations in the family sector had been conducted to date.
- The integration of multiple data sources offers an additional wealth of explanation.
- Only the relationships between OCF and HSSE actors were taken into account; the network analysis could have been different if we had also considered the links between actors in a same organization.
- Interviews were conducted with actors who were willing and available — 4 identified by the name generator could not be reached, which limited the scope of the network analysis.

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