Impacts on User Families
'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 OBJECTIVE

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 objective:

To describe how relevailles services meet the needs of parents and how parents benefit, taking into account their use or non-use of other professional services in the health and social services sector.

HIGHLIGHTS

- *The impacts of relevailles reflected the five components of the relevailles program logic model.*
- *Relevailles services and professional services complemented each other, thus covering most of the needs expressed by parents.*
- *Relevailles provided by OCFs partially met the needs expressed at the physical, psychosocial, and instrumental levels.*
- *On a physical level, relevailles mainly responded to a need for rest. On a psychosocial level, most of parents' needs for respite were met by relevailles (socializing, time for oneself, leaving the house, breaking down isolation, etc.). Finally, on an instrumental level, relevailles mainly addressed the need to simplify family logistics.*
- *Parents used professional services to receive regular medical follow-up for the mother or children, obtain prenatal information, or receive special follow-up regarding the development of their baby.*
- *In particular family situations (e.g. twins, illness), complementarity with health services, as well as an increase in intensity and duration of relevailles, were noted.*

REFERENCE FRAMEWORK

The framework used is based on the "Perinatal Maternal Health Promotion Model" proposed by Fahey and Shenassa (2013) and on the forms of social support identified by Moran et al. (2004).

- The needs of parents are at the core of this model.
- Three categories of needs are identified: physical, psychosocial, and instrumental.
- The social environment of parents consists of formal support (professional services), semi-formal support (OCFs), and informal support (family, friends, and neighbours).

Figure 1. Reference framework
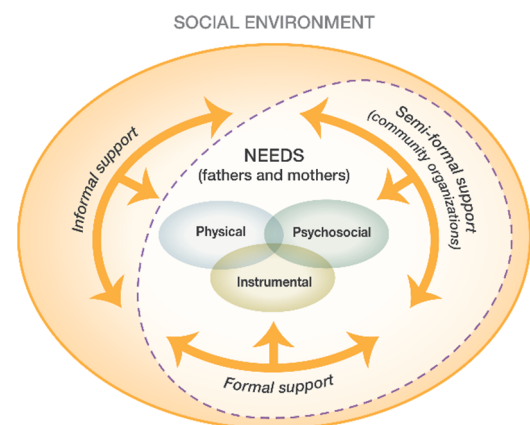
Adapted from Fahey and Shenassa (2013) & Moran et al. (2004)

METHOD

- Individual interviews with user parents: n = 23 (22 W/1 M)
- Group interviews with user parents: n = 3 (17 W*/1 M for a total of 18 participants)
- Documentary sources (e.g. annual reports, agreements, websites, etc.): n = 191
- Interviews with 7 OCF actors to audit conformity of the program logic model
- Focused content analysis of interviews (QDA Miner®, Provalis)
- Triangulation/integration with documentary sources

One participant took part in a group interview and in an individual interview.

RESULTS

OCF relevailles program logic model

- A program logic model (PLM) comprising five complementary components and all the activities required to achieve them (Figure 2).
- The elements of the PLM are similar to those documented in a previous project with social economy enterprises that also offer relevailles (Roch et al., 2014), with some differences observed in inputs and results.* It appears, for instance, that for some OCFs the recourse to funding programs incentivizing volunteerism of perinatal assistants or targeting specific clienteles (e.g. with precarious socio-economic status, twins, etc.) limits accessibility. In terms of expected outcomes, we see that OCFs aim to not only maintain the volume of relevailles, but also to increase it in the short term, and that they aim to improve the welfare and retention of perinatal assistants.

Figure 2. Program logic model components*
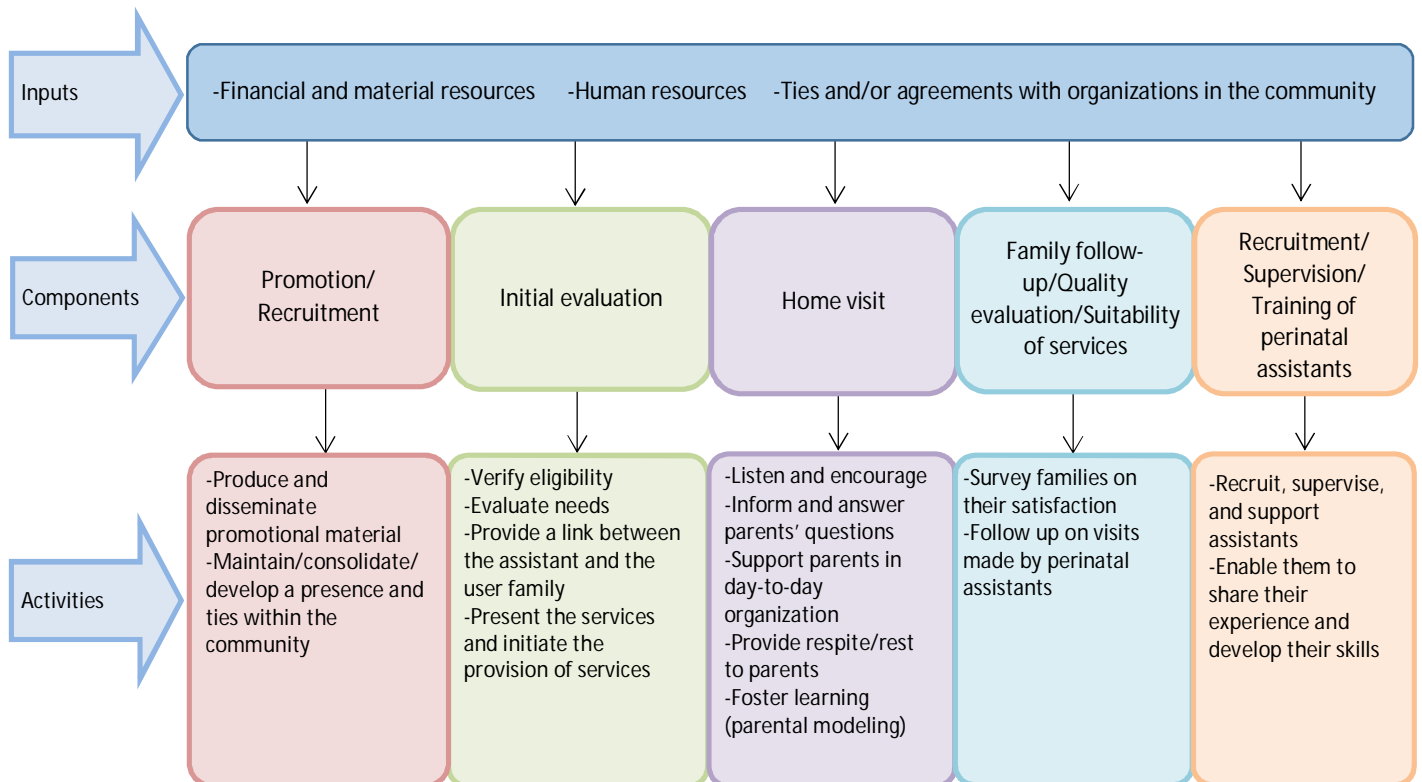
Note: The short-, medium- and long-term results are presented in Figure 3.

Characteristics of participating parents (N=40)

40 participating parents (38 women/2 men):

- 18 were between 30 and 37 years old
- 31 lived as a couple with the baby's parent; 9 single parent families
- 7 received relevailles services for twins
- No other children (n = 17); 1 or 2 other children (n = 20); 3 or 5 other children (n = 3)
- 33 were born in Canada, 4 in Europe, 2 in Latin America, and 1 in Africa

Level of education completed:
- Secondary/vocational (n = 15); College (n = 8); University (n = 17)

Gross family income:
- Less than $20,000 (n = 8); $20,001 to $40,000 (n = 7); $40,001 to $60, 000 (n = 10); $60,001 to $80,000 (n = 8); $80,001 and more (n = 4). Missing data (n = 3)

Needs expressed by parents

- The needs expressed by parents in the perinatal period are classified into three categories: physical needs (sleeping, eating, etc.); psychosocial needs (socializing, spending time as a couple, etc.); and instrumental needs (household chores, child care, etc.).
- Ten of the 16 expressed needs specifically drove the recourse to relevailles – these are shown in bold (Table 1).

Table 1. Needs expressed by parents

Categories	Needs expressed by parents*
Physical	• **Rest or sleep** • **Support for day-to-day activities** • Pre/post-delivery health follow-up • Support for breastfeeding
Psychosocial	• **Socializing** • **Personal respite** • **Information on the baby's development** • **Spending time as a couple** • Psychological support • Being reassured in one's role as parent
Instrumental	• **Help with family logistics** • **Help with caring for children** • **Spending time as a family** • **Babysitting** • Health follow-up for baby/kids • Special follow-up for baby/kids

In bold, needs driving the recourse to relevailles

Table 2. Impacts of relevailles

Categories	Benefits expressed by parents
Physical	• Rest and sleep • Support for day-to-day activities
Psychosocial	• Enjoying psychological respite • Feeling of comfort • Strengthened parenting skills • Eases the conjugal relationship
Instrumental	• Simplifies family logistics • Help with caring for the baby/other children • Eases the relationship with other children • Increases quality family time • Awareness of other community resources • Recourse to other OCF services

Impacts of relevailles

- The impacts of relevailles (Table 2) respond, in whole or in part, to 9 of the needs driving the recourse to relevailles and to 2 of the other needs expressed by parents (psychological support; being reassured in one's role as parent).
- The need for babysitting is not fulfilled by relevailles.
- These impacts themselves are also related to the three categories of the theoretical model.

Use of professional services

- Parents use 4 categories of professional services, associated with 9 reasons for use (Table 3).
- Medical follow-up of mothers and children is the main reason for using these services.
- Instrumental support and postnatal education relate to needs that are also met by relevailles services.

Table 3. Use of professional services

Category of services used	Reasons for using professional services
Health services	• Prenatal and postnatal follow-up of the mother • Medical follow-up of infant or another child • Instrumental support • Breastfeeding support
Social and psychological services	• Professional follow-up for the mother • Professional follow-up for another child
Perinatal information	• Prenatal education • Postnatal education
Material resources	• Food support (OLO program)

Responding to parents' needs

- As indicated in Table 4, some needs are met exclusively by relevailles services (6); others exclusively by healthcare professionals (4); and yet others by both relevailles and professional services (5). Only babysitting remains unmet by relevailles and professional services, but can be addressed via other OCF services (e.g. drop-in day care centre) or information on external resources.
- The need for information is fulfilled by both relevailles and professional services. However, in the prenatal period it is essentially met by professional services and in the postnatal period mainly by relevailles – parents sometimes noted contradictory messaging.
- In particular situations (twins, sick baby), the same needs can be answered by both relevailles and professional health and social services. An increase in the intensity and/or duration of relevailles can then be observed.
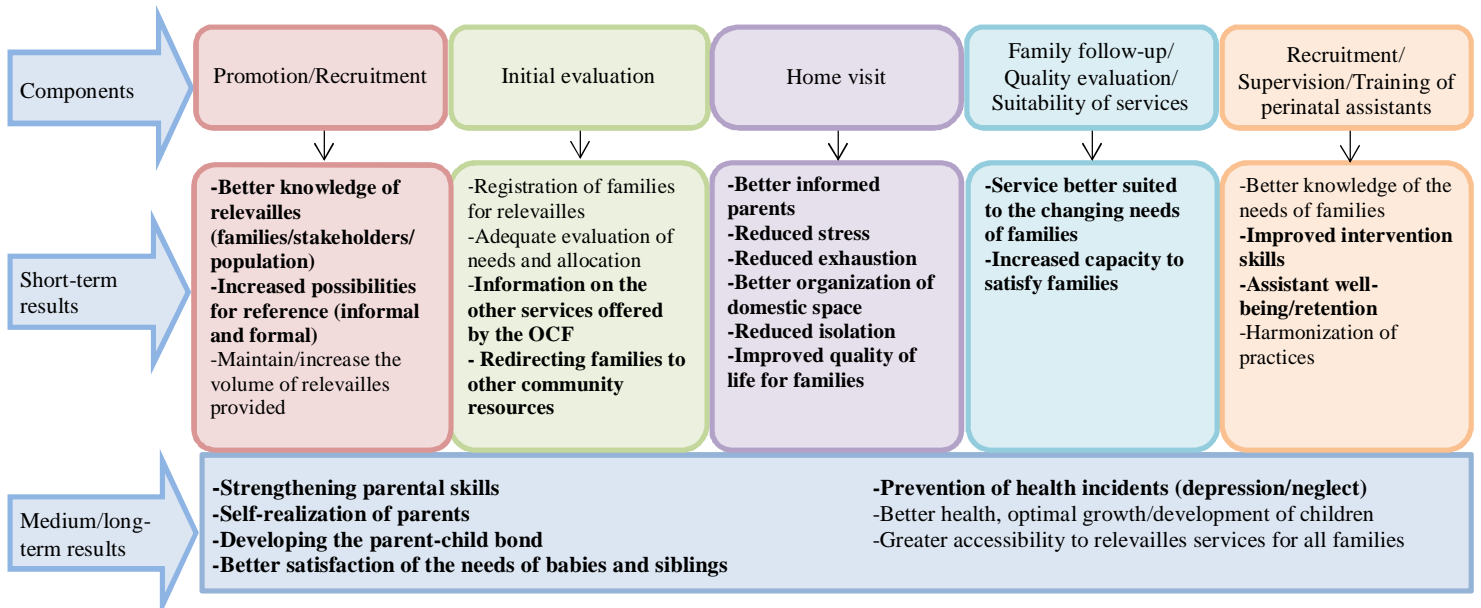
Table 4. Respective contributions of relevailles and professional health services to meeting the needs of parents

	Needs	Relevailles	Prof. services	Specifics of the health and social services intervention
Physical	Rest/sleep	X	X	Twins
	Support for day-to-day activities	X	X	Twins/OLO program
	Health follow-up		X	Pre/post-delivery medical follow-up
Psychosocial	Socializing	X		
	Personal respite	X		
	Psychological support		X	Professional follow-up
	Being reassured in one's role as parent	X		
	Information on the role of parents	X	X	Via prenatal courses
	Information on baby development	X	X	Via prenatal courses
	Spending time as a couple	X		
Instrumental	Help with logistics	X	X	Twins/single parent families
	Help with caring for the children	X		
	Spending time as a family	X		
	Babysitting	Unmet		
	Health follow-up for baby/children		X	Medical follow-up/sick baby
	Special follow-up for baby/children		X	Professional follow-up

PLM components addressed by relevailles services as reported by parents

- The outcomes mentioned by parents relate to the 5 components of the program logic model (Figure 3).
- 5 of the 7 medium- to long-term results were also mentioned by parents.

Figure 3. Results of the program logic model perceived in the outcomes documented with parents

Components	Promotion/Recruitment	Initial evaluation	Home visit	Family follow-up/ Quality evaluation/ Suitability of services	Recruitment/ Supervision/Training of perinatal assistants
Short-term results	**-Better knowledge of relevailles (families/stakeholders/ population)** **-Increased possibilities for reference (informal and formal)** -Maintain/increase the volume of relevailles provided	-Registration of families for relevailles -Adequate evaluation of needs and allocation **-Information on the other services offered by the OCF** **- Redirecting families to other community resources**	**-Better informed parents** **-Reduced stress** **-Reduced exhaustion** **-Better organization of domestic space** **-Reduced isolation** **-Improved quality of life for families**	**-Service better suited to the changing needs of families** **-Increased capacity to satisfy families**	-Better knowledge of the needs of families **-Improved intervention skills** **-Assistant well-being/retention** -Harmonization of practices
Medium/long-term results	**-Strengthening parental skills** **-Self-realization of parents** **-Developing the parent-child bond** **-Better satisfaction of the needs of babies and siblings**			**-Prevention of health incidents (depression/neglect)** -Better health, optimal growth/development of children -Greater accessibility to relevailles services for all families	

* The elements highlighted in bold in the PLM represent the outcomes of relevailles recognized by parents.

STRENGTHS AND LIMITATIONS

- First study to consider the contribution of relevailles in relation to the use of health services in meeting the needs of parents in the postnatal period. The triangulation of data with documentary sources adds value to the evaluation by identifying the specific contribution of relevailles services.
- One group interview could not be conducted, causing a variation from 3 to 10 in the number of individual interviews per OCF. Only 2 fathers were interviewed: one in an individual interview and the other in a group interview. However, it is important to consider that it is mainly mothers who call upon relevailles services.

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