

CONSTELLATION:  
*TAKING ACTION FOR HARD-TO-REACH, ISOLATED FAMILIES*

# SUCCESS FACTORS

FOR ENGAGING WITH AND RESPONDING  
TO THE NEEDS OF HARD-TO-REACH,  
ISOLATED FAMILIES—A HANDBOOK

A PROJECT:



IMPLEMENTED WITH:



# Produced by Horizon 0-5 as part of the *Constellation Project: Taking action for hard-to-reach, isolated families*

## Research and Writing

Marie-Pier St-Louis, Centre de recherche sociale appliquée (CRSA)

Gaëlle Brocvielle, Horizon 0-5

Annick Brouillette, Horizon 0-5

Brigitte Vaillancourt, Horizon 0-5

## Coordination

Cindy Boisvert, Horizon 0-5

## Follow-up Committee

Danielle Bordeleau, Direction régionale de Montréal -  
ministère de la Famille

Valérie Fortin, Centraide of Greater Montreal

Marie-France Genest, Bibliothèques - Ville de Montréal

Sylvie Lavoie, Direction de santé publique de Montréal

Françoise Tremblay, Direction régionale de Montréal -  
ministère de la Famille

## Editing

Aaron Ricker

## English translation

Michael Varga

## Graphic design

Basalte

Updated by Concertation Montréal – September 2021



Proud partner of Montréal's Policy on Children.



Whenever possible, inclusive gender references have been used throughout the text. Any specific references in the masculine form are intended to be inclusive.

This document can be accessed on the Constellation Project website ([www.projetconstellation.com](http://www.projetconstellation.com)) and on the Concertation Montréal website ([www.concertationmtl.ca/projet-constellation](http://www.concertationmtl.ca/projet-constellation)).

Reproduction of this document is permitted on condition that the source is credited.

## Citing this document

St-Louis, Marie-Pier. *Success factors for engaging with and responding to the needs of hard-to-reach, isolated families*. Montreal, Constellation Project, Horizon 0-5, 2017.

ISBN : 978-2-9820177-3-3

# TABLE OF CONTENTS

The <i>Constellation</i> Project	2
The analysis process	3
Graphic representation of the success factors	4
<b>Component 1 – Families’ needs at the heart of interventions</b>	<b>5</b>
Adopt a comprehensive approach	6
Know your territory and available resources	8
Diversify contact opportunities	10
Create a welcoming experience	12
Build relationships based on trust	14
<b>Component 2 – Collective learning</b>	<b>17</b>
Foster learning opportunities	18
Take the time to reflect and work as a team	20
Put learning outcomes into practice	22
<b>Component 3 – Coherence: practise what you preach</b>	<b>25</b>
Develop a common vision of intervention	26
Capitalize on human resources	28
Allow for organizational flexibility	30
Bibliography	32
Appendix 1	34
Appendix 2	35
Acknowledgments	36

# THE CONSTELLATION PROJECT

In 2012, in response to a major concern raised by local and regional early childhood actors—What can be done to more effectively engage with hard-to-reach, isolated families with young children?—Horizon 0-5 developed the Constellation Project: Taking action for hard-to-reach, isolated families.

Focused on knowledge acquisition and transfer, the Constellation Project set out to develop processes for disseminating, exchanging and sharing knowledge as well as facilitating knowledge acquisition and practice adaptations so that intervention workers could more effectively engage with hard-to-reach, isolated families.

The implementation of the Constellation Project relied on a collaborative approach. From the outset and throughout the different project phases, local and regional early childhood actors got to have a say, including as part of the steering committee and various working committees. Owing to the focused nature of the collaborations, we were able to address early childhood actors’ concerns in a coherent manner.

During the first project phase, 34 strategies for engaging with hard-to-reach families were collected from a large pool of participants, including, community organizations, the institutional sector, daycare centres, and community forums. When these strategies are applied to interventions, they help foster and develop the empowerment of families.

The second project phase consisted of a careful analysis<sup>1</sup> of the collected strategies in order to identify the success factors most useful for engaging with hard-to-reach, isolated families and to determine how to implement them. The success factors were grouped into three main components.

## THE THREE MAIN COMPONENTS:

- ✓ **Families’ needs at the heart of interventions**
- ✓ **Collective learning**
- ✓ **Coherence: practise what you preach**

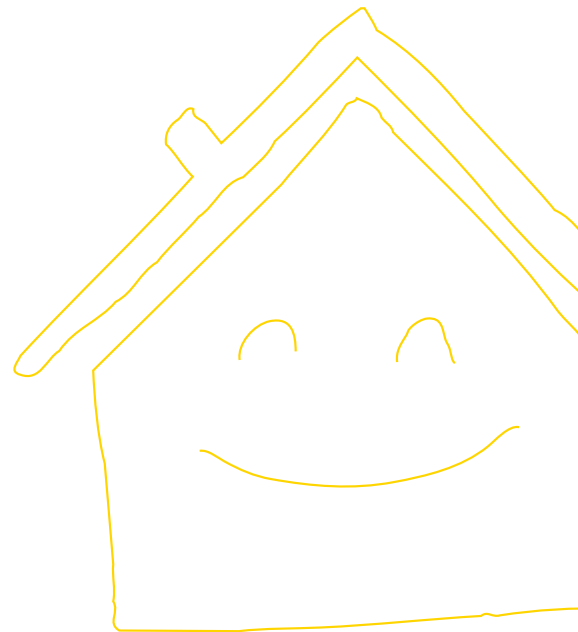
With each of the three component areas detailed in separate sections, this handbook aims to encourage reflections on how individual and organizational practices can be of service to intervention workers when engaging with hard-to-reach, isolated families.

The purpose of this handbook is not to provide a set intervention formula for dealing with hard-to-reach, isolated families. Readers should feel free to embrace the information most suitable to their own specific practice and intervention contexts.

A third project phase was devoted to developing a collective, team-focused approach for facilitating knowledge acquisition and practice adaptations so that intervention workers could more effectively engage with and respond to the needs of hard-to-reach, isolated families.

In 2018, Horizon 0-5 joined Concertation Montréal. Three years later, they have teamed up to launch a new phase of the Constellation project, supported by regional partners working with stakeholders in various sectors. Updates to this document have been made possible thanks to this new phase.

Happy reading!



<sup>1</sup>The analysis for identifying the success factors was based on a series of semi-directed interviews with different early childhood development organizations. As such, the opinions and perspectives of local early childhood actors played a central role in the process. For further information about the methodology used, please refer to the appendices.

# THE ANALYSIS PROCESS

During the first project phase, we collected 34 **strategies** for engaging with **hard-to-reach, isolated families** from a large pool of participants, including community organizations, the institutional sector, daycare centres, and community forums. When these strategies are applied to interventions, they help foster and develop the empowerment of families. Fact sheets describing the strategies are available on the [Constellation Project website](#).

This documentation exercise constituted an opportunity to tap into the rich diversity of the existing and potential pool of expert knowledge available in Montreal. We proceeded to analyze the underlying strategies so we could identify the **common success factors** for engaging with hard-to-reach, isolated families. The analysis process was driven by a desire to better understand the issues concerning hard-to-reach, isolated families and to create tools for early childhood development **intervention** workers.

Several of the strategies were selected as the focus of a second data collection phase, taking special care that our selections represented the types of organizations and territories where the strategies originated.

We organized semi-directed group interviews with the early childhood actors associated with the selected strategies. The data collection centred on what the individuals interviewed had to say, i.e. their practitioners' observations, which were primarily based on first-hand experience or on studies and preliminary evaluations carried out by the respective organizations. Two conceptual frameworks were used to analyze the interventions: the intervention approaches associated with Bourque, Comeau, Favreau and Fréchette (2007), as well as the conditions—defined by the INSPQ (2009)—that are believed to make interventions effective or promising.

Working in tandem, a follow-up committee and several advisory committees composed of local and regional early childhood actors oversaw and guided the evolution of the project.

For more detailed information on the main steps undertaken to identify the success factors and elaborate content and activities, as well as the methodology used, please refer to Appendices 1 and 2.

## CONSTELLATION - KEY TERMS

In an attempt to better reflect the reality of the *Constellation* Project, we decided to define certain terms.

**Strategy:** All projects, programs and interventions undertaken in an effort to engage with hard-to-reach, isolated families. This includes everything we do on a daily basis to help us make contact with families, build relationships based on trust, and foster a sense of belonging.

**Hard-to-reach, isolated family:** A family with one or more children under the age of five. Although the family has needs, it is not making use of the resources and services that could be of help.

**Success factor:** All the conditions that need to be in place in order to more effectively engage with hard-to-reach, isolated families. These conditions depend on individual as well as organizational practices.

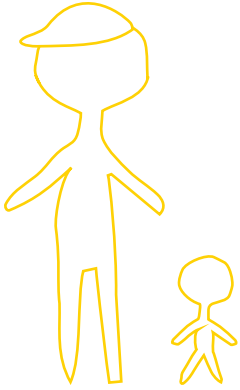
**Intervention worker:** Any person who intervenes on behalf of families, such as a family counsellor, development worker, early childhood educator, community worker, social worker, nurse, volunteer, or manager.

# GRAPHIC REPRESENTATION OF THE SUCCESS FACTORS



# COMPONENT 1

## FAMILIES' NEEDS AT THE HEART OF INTERVENTIONS



Placing families' needs at the heart of interventions is a key success factor for effectively engaging with hard-to-reach, isolated families. The various early childhood actors interviewed strongly emphasized the importance of adapting intervention strategies to families' interests and needs, while at the same time fostering their empowerment.

Addressing families' needs—in particular their basic ones—is the best way to shape and implement interventions. As the intervention workers proceed to respond to these needs, they should also solicit the families' active input and involvement with regard to the formulation and implementing of solutions.

Equally important is the manner in which a family's needs are addressed and the kind of guidance they are given. When the specific realities of the individual concerned are given consideration, interventions are more likely to make a significant impact. This is particularly relevant in relation to the family's level of participation. The potential to build meaningful relationships in this context can produce a favourable impact on self-esteem and ultimately affect the individual's degree of empowerment.

### FIVE CRITICALLY IMPORTANT SUCCESS FACTORS FOR ENSURING FAMILIES' NEEDS ARE AT THE HEART OF INTERVENTIONS:

- ✓ **Adopt a comprehensive approach**
- ✓ **Know your territory and available resources**
- ✓ **Diversify contact opportunities**
- ✓ **Create a welcoming experience**
- ✓ **Build relationships based on trust**

The following sections in the handbook look into these five success factors in greater detail.



### THEORETICAL REFERENCES

If we want to place families' needs at the heart of interventions, we first need to have a clear understanding of what these needs are. Although individual needs may vary, they can be compared to the basic human needs identified by Virginia Henderson (1994). These include: food and drink, rest, clothing, safety, communication with others, acting in accordance with one's beliefs and values, working in such a way that there is a sense of accomplishment, recreation, and learning.

*The Centre d'études interdisciplinaires sur le développement de l'enfant et la famille (CEIDEF) offers a theoretical framework that makes it easier to understand the parenting experience. The development of the parenting relationship between parent and child depends on the interaction of several factors, which can be grouped into three principal categories:*

- 1) **The child's distinctive characteristics—including sex, the presence of a disability or other disorder, behaviour, and temperament—structure the manner in which the parent interacts with the child. As a result, each parent-child relationship is different.**
- 2) **Parents' personal characteristics, including "their developmental history, which shapes their personality, the manner in which they apply the parenting models they have been exposed to, as well as the presence of mental health problems or disorders" (Lacharité et al., 2015, p. 12).**
- 3) **The social and contextual factors that affect the family's life, including "the parent's relationship with the other parent, the social support network, access to information about child development and parenting, and experiences in the workplace" (Ibid, p. 13).**

If we consider the interactions that play out between these principal categories, we can better understand a given person's specific parenting experience.

The CEIDEF theoretical model emphasizes the emotional dimension of the parenting experience. "By affective dimension, we understand the emotions that arise in the parent, as well as the ways in which s/he deals with them. It also includes the emotions expressed by the child to which the parent must respond emotionally. Finally, the emotional dimension of the parenting experience concerns the emotional repercussions occasioned by the interpersonal relationships parents build with other individuals that come into contact with their child." [Translation] (Lacharité et al., p. 8).

## ✓ ADOPT A COMPREHENSIVE APPROACH

The early childhood actors interviewed emphasized the need to base interventions on a comprehensive approach that considers all members of the family as well as the sum of their circumstances.

“Applying a comprehensive approach in one’s work implies, above all else, that one gains an understanding of the individual in all the many aspects of his/her life, identities (gender, age, sexual orientation, etc.), personal history, living conditions, needs, interpersonal and social relationships, abilities, strengths, resources, etc.” (René, 2005. Cited in Regroupement des organismes communautaires de la région 03, 2012, p. 86).

A comprehensive approach paves the way for a better understanding of a family’s needs and how and when to respond to these needs, with due consideration to the family’s life journey, and if required, while working in tandem with other intervention workers and services.

Furthermore, recognizing that everyone has a personal trajectory helps the individuals concerned to become aware of their strengths and knowledge and their capacity for taking action. This realization serves to reinforce the individual’s self-esteem and empowerment. Interventions are carried out together with, not for the individual getting support.

The comprehensive approach is well suited to multidisciplinary interventions. According to the early childhood actors interviewed, this form of intervention can draw on work done in various expert fields and exploit interdisciplinary complementarity when trying to engage with hard-to-reach, isolated families. This means intervention workers can collaborate with other professionals and agencies active in the same territory whenever a family needs to be referred to a different organization, or they can reach out to other intervention workers looking after the same family to discuss problems.

### TIPS AND SUGGESTIONS

- ➔ Consider the different issues families may be dealing with: poverty, single parent household, immigration, francization, isolation, a first baby, young parents, health problems, stress, insecurity, etc.
- ➔ Act on all the needs experienced by families: finding housing, food, clothing, daycare services, etc. Work in partnership with others and make use of locally available services.
- ➔ Consider all family members in the intervention. The spouse or siblings can be invited to join activities as a way to help consolidate existing relationships.
- ➔ Employ various strategies for building social relationships: set up partnerships and collaborations, organize social events that allow families to get to know one another, introduce a family pairing system, and organize activities that encourage social and intergenerational mixing.
- ➔ Involve the families when choosing an intervention plan and solutions for them.
- ➔ Highlight positive experiences and put families’ knowledge to productive use during formal and informal discussions as well as in the elaboration of their intervention plans.







## THEORETICAL REFERENCES

In 2008, the Fédération québécoise des organismes communautaires Famille (FQOCF) devised a reference framework that defines the comprehensive approach. It is understood to be “an approach based on an understanding that families’ well-being is conditioned by their economic, political, social, cultural and environmental contexts... [Organizations] developed a diverse range of activities that primarily target the underlying causes” (p. 11). To do so, they prioritize activities that foster the empowerment and autonomy of families. The FQOCF’s core intervention philosophy and principle is focused on creating a versatile living environment able to respond to families’ needs in a number of ways and help foster a sense of belonging.

In 1987, Camil Bouchard proposed a specific interpretation of the ecological approach. Drawing on Bronfenbrenner’s writings (1979, 1986), he describes the ecological approach as “the interaction based on the interconnections between systems” (p. 456). He portrays “the environment as the juxtaposition of multiple interlinked systemic layers that interact with one another.” As such, individuals are not simply at the mercy of their environment, but are also capable of exerting influence over it. Bouchard declares that even though the ecological approach offers no concrete application guidelines, it appeals to many intervention workers and program planners. He notes that this particular perspective on the subject matter “can help generate projects that extend beyond single-institution contributions by liberating intervention workers from their narrowly prescribed and assigned roles and giving them greater flexibility and control of the situation” (p. 457).

According to Boivin and Hertzman (2012), taking comprehensive action on several underlying conditions and protective factors at the same time contributes to the well-being of children and families. Young children, in particular, are heavily influenced by their environments as “children’s earliest years constitute a crucial period of development during which the brain and [more specifically] the brain centres that regulate emotions, attention, self-control and stress are developed” (p. 1). That is why it is so important to take action early on and work on the entire set of social and environmental factors.

- “In my organization, we conduct our interventions together with the entire family, all of its members and address all of their problems. The family is a whole, and so we are concerned with the whole.”
- “Our intervention model prioritizes a “doing together” rather than a “doing for” philosophy; however, as we take into consideration the family’s life journey, current conditions and needs, we also bear in mind that any vulnerable period may be temporary.”
- “The intervention workers organize and facilitate socialization activities in accordance with parents’ needs. These activities are often organized together with other local partners. These gatherings help to diminish isolation, encourage families to pair up with one another and also boost parenting skills.”
- “In my organization, the intervention workers adapt themselves to the parents’ rhythm and needs. Most meetings are scheduled during the day. But when they are intended for fathers, they are scheduled in the evenings or on weekends since that is when fathers tend to be more readily available. In some cases, the service is offered to both parents at the same time, in pairs. Each parent is assigned their own intervention worker.”



How are you fostering the empowerment of families?

## ✓ KNOW YOUR TERRITORY AND AVAILABLE RESOURCES

In the course of analyzing the success factors, we found that interventions on behalf of families are most effective if you know your territory well.

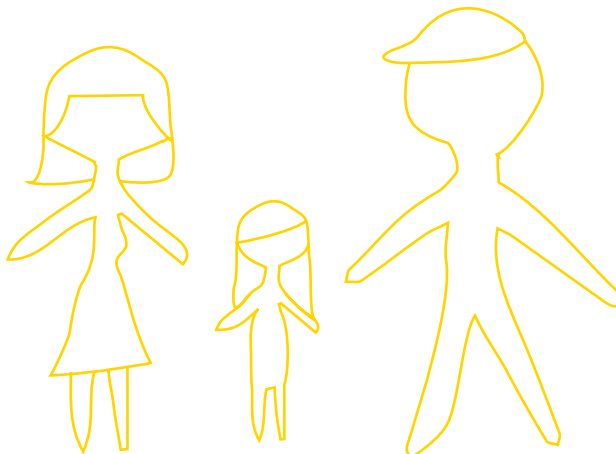
This means that you need to have a clear idea of the territory's demographics (mobility, immigration, etc.), the socioeconomic conditions of its population groups, as well as the available resources, services, structured networks

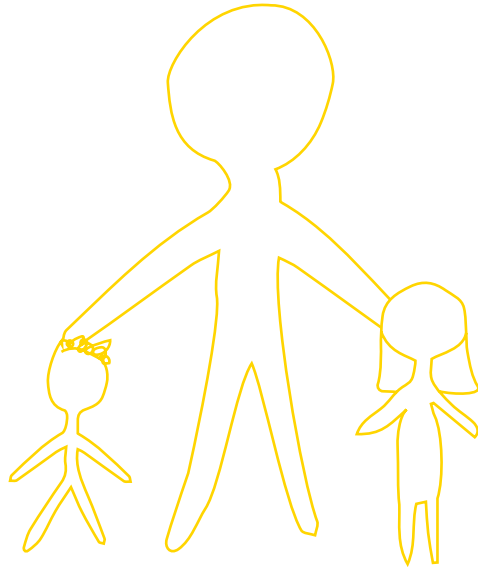
(community forums, partnership tables, etc.) and special interest groups (cultural or religious groups, or social clubs).

Intervention workers who are familiar with their territory and population are in a better position to pinpoint the best places for reaching out to families and adapting their support activities in harmony with the territory's environment.

### TIPS AND SUGGESTIONS

- Organize a tour of the territory and visit other organizations, especially when new intervention workers join your team.
- Become acquainted with the research, profile and history of the territory.
- Take part in conferences, workshops, and training activities.
- Get together to further develop and update the territory profile while taking into account the different priority areas of intervention.
- Take part in roundtable discussions or exchange and discuss your territory's realities and issues with other early childhood actors in the same field of work or assigned to the same territory.
- Meet with members of special interest groups by visiting places of worship, cultural community centres, etc.





“In our organization, the community worker uses an online mapping system that identifies the areas where the families live. Their confidentiality is ensured, as they are identified only by their postal code. This new tool also shows the areas in which organizations are very active as well as the ones that are less well served. This information allows organizations to spread their interventions more equitably across the territory.”

“The liaison officer meets with members of the community forum to get a better idea of how they view the neighbourhood and the relationships they maintain with immigrant families. The liaison officer also consults borough documents and approaches families and merchants in order to identify the existing cultural communities and the places they tend to visit. Awareness-building workshops are then put together and presented to the intervention workers responsible for the area.”

“We invite conference speakers and organize theme-based training activities for our intervention workers. They visit local projects and take part in a variety of activities in different community groups.”



## THEORETICAL REFERENCES

If you know your territory and the available resources well, you are better positioned to adapt your interventions to the realities on the ground. In 2005, the Centre 1,2,3 GO! proposed conducting a community diagnosis prior to implementing an early childhood mobilization process. The set of statistical data collected were refined into key indicators of the situation. At the same time an inventory of the various leadership figures was put together. The purpose of the community diagnosis was to evaluate the territory’s characteristics and the existing collaboration dynamic, but also to develop a common understanding that could be very useful when devising and implementing mobilization efforts (Goulet, 2005).

Conscientization, based on the writings and literacy teaching method of Paulo Freire (1974), refers to the process of developing an awareness of social realities as well as the means to act and change them. With the help of field surveys, questionnaires and collective thinking activities, early childhood actors are asked to engage in a personal self-awareness exercise. This can then serve to inspire discussions in a shared search for solutions (Lamoureux et al., 2008). This method was used by the Regroupement des groupes populaires en alphabétisation du Québec in 2003 and by several feminist groups during the same period.

?

What are the available opportunities (green spaces, early childhood roundtables, etc.) and the challenges in your territory (services located far away, inadequate public

## ✓ DIVERSIFY CONTACT OPPORTUNITIES

If you want to effectively engage with hard-to-reach, isolated families, you must make a concerted effort to reach out to them. Contact opportunities can take place in areas visited by families or during family activities, in particular those designed for children.

The ability and scope for engaging with hard-to-reach, isolated families also depends on the different collaboration- and coordination-based approaches applied in practice. Working together in and of itself is a factor that boosts one's chances to establish contact with families. Intervention workers who are familiar with the territory and become known to their peers will find it easier to make use of available resources and also enhance their ability to (1) understand and respond to families' needs (2) act on a range of different issues and (3) ensure service continuity, while at the same constructing social relationships.

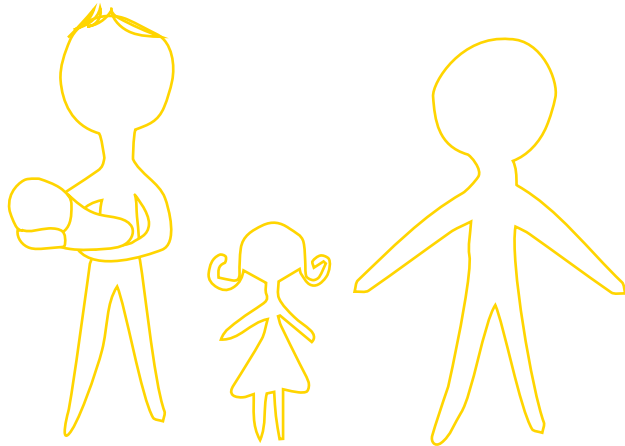
Collaboration- and community forum-based practices serve to enrich the interventions and practices of intervention workers and organizations. At the same time, they can enhance their knowledge of the available resources in the territory and foster a climate of trust, making it easier to refer families. This approach also helps to ensure a good measure of service continuity, which benefits families. Roundtable discussions involving a range of different experts contribute to a better understanding of families' needs as well.

Collaboration- and community forum-based practices make it possible to act on a range of issues. Collaborations can be set up to deal with complex problem situations. An intervention's effectiveness depends on the level of complementary services partners in the same territory can offer one another.

Knowing what others in the same territory are doing—rather than everyone working in isolation—enhances your ability to make client referrals, which leads to a greater degree of service coherence and complementarity. By working together and setting up collaborations and partnerships, we can construct a safety net for families. The problems can be dealt with in a service continuum by a cross-section of intervention workers, who are committed to working closely together, while also maintaining a measure of flexibility and versatility.

### TIPS AND SUGGESTIONS

- Strengthen your foothold in the territory by teaming up with intervention workers in the same district or with those that come from the same cultural community as the target population.
- Focus on spaces visited by families to establish informal contact situations: family celebrations, parks, cafés, family community organizations, vaccination waiting rooms.
- Collaborate with colleagues and organizations in the same territory so you can more easily refer families to other organizations.
- Discuss problems with colleagues or with other organizations.
- Establish contact with other intervention workers or organizations working with the same family.
- Develop a measure of continuity between support meetings, follow-up and relationship-building to help ensure a degree of multidisciplinaryity.
- Encourage networking practices or diversified service offers within the same organization.



“During the summer, a mother living in the neighbourhood was hired to go and meet parents in the parks and direct them to the resources offering family services and activities.”

“Prenatal classes offered by the community family organization include a male intervention worker whose role is to engage the participation of the fathers. A breastfeeding godmother is on hand to provide information and steer the future parents towards the mother-baby activities offered by the organization.”

“In our organization, intervention workers from various cultural communities were hired so we can better reflect Montreal’s immigration context and reality.”

“Ensuring families have solid ground to stand on, while also strengthening the communications and networking between intervention workers is crucial for maintaining a personalized, trust-based relationship.”



## THEORETICAL REFERENCES

Organizations working together is generally understood to mean that they set up and engage in coordinated, collaborative initiatives and partnerships in the communities.

The term community forum refers to all the connections and spaces devoted to exchange and discussion in settings where several organizations rally around a common cause. As connections are established they can take on various forms and bring together early childhood actors from diverse backgrounds. Collaboration, on the other hand, usually refers to loosely structured, relatively informal relationships between two organizations. This contrasts with the concept of partnership, which involves a structured relationship built on exchange and formalized in an agreement signed by the participating organizations (Bourque, 2008).

An evaluation report on early childhood actor mobilization carried out by the Centre de recherche sociale appliquée (CRSA) (St-Louis, 2014), shows that coordination-based practices relating to children aged 0 to 5 increase the opportunities for making contact with families. In the context of a shared project known as Bienvenue familles, organizations in Pointe-aux-Trembles and Montréal-Est were able to develop a common understanding of family-friendly procedures that make families feel welcome to visit and use public spaces. A certification system was introduced and shared with many other organizations.



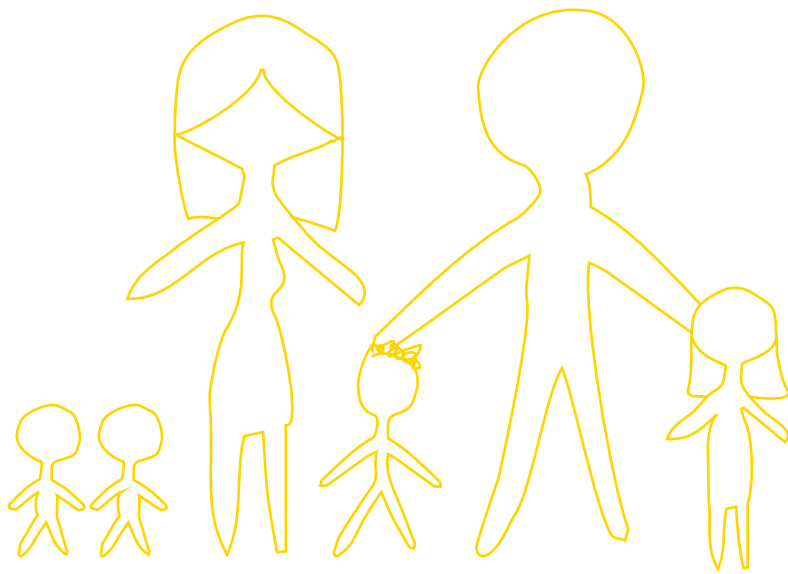
What strategies are you implementing to build relationships with families?

## ✓ CREATE A WELCOMING EXPERIENCE

The welcome stage is a crucial strategic factor in reaching out to families and encouraging them to get involved and take action. The early childhood actors interviewed in the Constellation Project stressed the importance of the first contact situation for building a close and trusting relationship.

The quality of this first contact experience will lay the groundwork for building a meaningful, lasting relationship.

Welcome procedures need to be well adapted to the environment and to the individuals concerned. Intervention workers must be able to rely on their professional judgment as well as their soft skills to build a climate of trust.



### TIPS AND SUGGESTIONS

- Adapt your measures to ensure you offer a warm welcome: facilitation techniques, layout of facilities, interventions workers' soft skills, etc.
- Offer incentives such as food, free transportation, a daycare facility for children during an activity.
- To put families at ease, use spaces they are already familiar with.
- Focus on informal exchanges and provide families with activities and spaces that are well suited to this type of interaction.
- Show that you are open to the various requests and needs that families may have.

“The first meeting with a family is extremely important; the intervention worker must do and say what it takes to ensure that the individual feels like coming back.”

“When we do home visits, we sit down in the living room without producing any documents. We focus on a friendly relationship. We behave like a friendly neighbour. Before long, we find ourselves in the middle of the action as we guide a parent in need towards a food bank or assist with immigration procedures.”

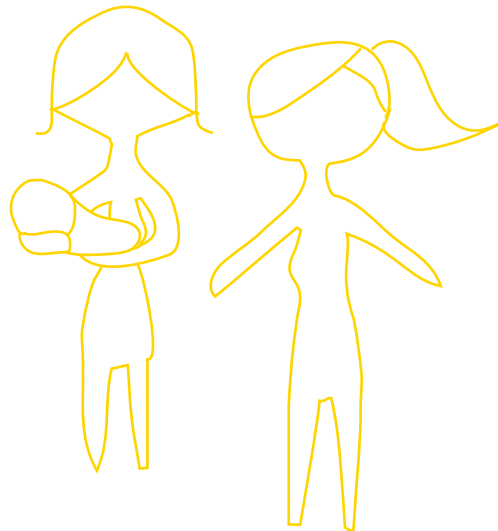
“The reception desk is very significant. We constantly remind our staff how important it is to make eye contact with families.”



## THEORETICAL REFERENCES

According to St-Germain (2011), the first contact experience will guide subsequent relationships with the families as well as the interventions planned for them. “For the individual concerned [getting referred to another intervention worker or organization may entail] a disruption in the process. The need to explain him- or herself once again or to adapt to a different environment and build a new relationship after s/he has already invested a lot of energy into seeking help is a major effort” (p. 59).

This also calls to mind the challenges associated with handing over an existing relationship built on trust to another resource. Several authors (Campéon, Le Bihan and Mallon, 2012) have pointed out that in order to ensure smooth handovers, organizations and intervention workers need to be able to rely on the mutual trust between them.



What are you doing to make your welcome procedures more family-friendly?

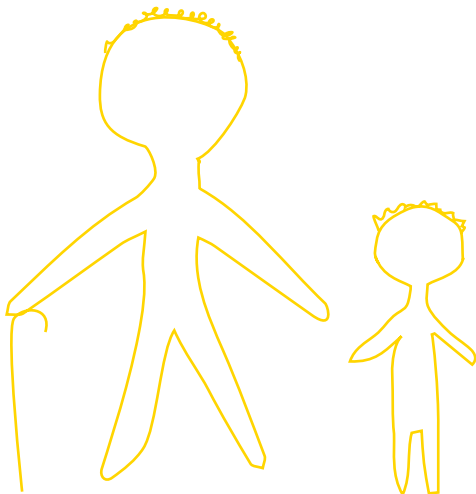
## ✓ BUILD RELATIONSHIPS BASED ON TRUST

Quality relationships between intervention workers and families are forged through direct and close interactions in a climate based on mutual respect and trust. The exchanges and discussions must allow for listening, reciprocal interactions, and confidentiality. The early childhood actors interviewed emphasized the importance of taking all necessary steps at the appropriate time—as soon as a specific need has been identified or when the family signals its openness to taking action.

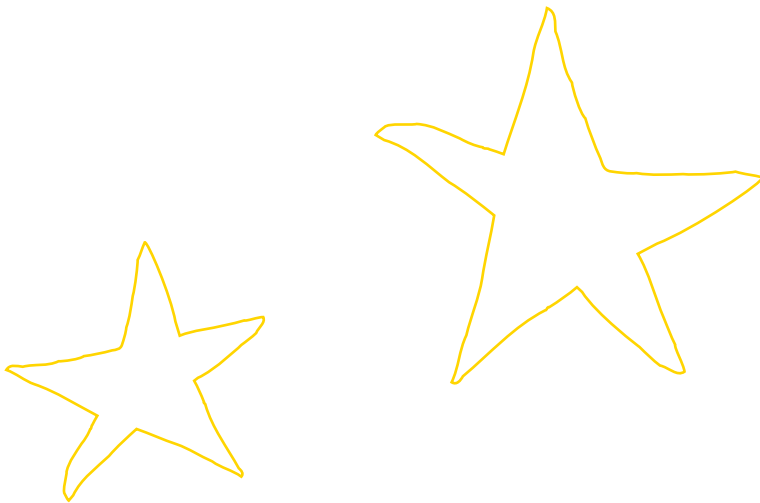
In a context of vulnerability, being open toward the other makes it easier to connect. Individuals may have different needs at different times. To win a family's trust, they must be made to feel that they are being treated with consideration. An intervention workers' manner of communication, especially in using language that is adapted to that of the target family, makes a big difference when building a relationship based on trust.

### TIPS AND SUGGESTIONS

- To help ensure an egalitarian relationship, show empathy and avoid value judgments.
- Put your role and values as an intervention worker on hold to help ensure a harmonious relationship.
- Use active listening techniques: listen for the underlying message, respect the rhythm and the silences, ask open-ended questions, paraphrase and recap to make sure you have understood the message.
- Pay careful attention to the clarity and precision of the language you use; if necessary, adapt your language register.







**“***The biggest impact on a family’s degree of participation derives from the quality of the intervention worker-family relationship.***”**

**“***If you want to build meaningful relationships, you have to fully recognize the experience of the other, including their ways of expressing their feelings, needs and aspirations, while also acknowledging their knowledge and skills.***”**

**“***[Building a quality relationship] requires that you be there for the parents, including their ways of identifying their needs and expressing their feelings. That means you must be attentive to opportunities for building bridges with the community, ensure you have the means to communicate effectively, are sensitive to the families’ needs, and of course you must be available and ready to deal with any problematic situation that may come up.***”**

**“***You have to give yourself time to build relationships, connect with people, evolve and change.***”**



## **THEORETICAL REFERENCES**

**Building a relationship based on trust shares many similarities with Carl Rogers’ Person-Centred Approach (PCA) (1971). It emphasizes intervention workers’ attitudes and manners over their professional expertise and interventions. Fundamental to this approach are attitudes such as empathy, unconditional positive regard for the other, and congruence (the intervention worker’s ability to present him- or herself as a genuine human being rather than an expert).**

**According to Rogers, listening must be kind and caring, or in other words, it should aim to communicate the implicitly expressed emotions and feelings. As such, active listening must go beyond reformulation and instead put into words the emotional dimensions that aren’t being verbalized. This amounts to an exercise in self-empathy as well as empathy towards the other.**

**In the same vein, Marshall Rosenberg developed the concept of non-violent communication (NVC), which is based on positive thinking, expression and communication. “Instead of habitual or automatic reactions, our words become conscious responses based firmly on an awareness of what we perceive, feel and want... We then clearly and honestly express who we are, while showing respect and empathy towards the other” [Translation] (Rosenberg, 1999, p. 23). The author proposes a process of deepening self-discovery (of one’s needs, feelings, prejudices, fears) as a way of opening up to the other.**



**What are you doing to help foster relationships with families that are based on trust?**



# COMPONENT 2

## COLLECTIVE LEARNING

The interviews conducted with the early childhood actors demonstrated how important it is to evolve into a learning organization and to make this work as a success factor for engaging with hard-to-reach, isolated families. A learning organization is characterized by its implementation of a set of practices and measures that ensures it is true to itself (meaning true to its directions, practices, interventions and goals). A learning organization has to embrace a dynamic that allows it to adapt to the environment and to the families’ needs.

What this means for intervention workers is that they must be able to distance themselves from their experience and critically reflect on their practice. As such, they are required to pair their “doing” with “thinking.” The early childhood actors that were interviewed specifically mentioned having to continually re-examine their intervention position, the ways they view the family, their intervention choices, and the resulting implications.

The notion of learning entails an awareness of the impact of one’s actions. By taking a step back to reflect on and make sense of an intervention, you can go on to apply the lessons learned to your practice and may end up gaining a new perspective in the process. Intervention workers refer to this as their changed practices; their discoveries of new ways of doing things; or the outcomes, impacts and effects inspired by their past practice.

Intervention work can often be a very challenging context in which to foster collective learning. Several of the early childhood actors interviewed mentioned how difficult it can be to transfer the same intervention model to a different context. What may work well in one set of circumstances, neighbourhood or family will not necessarily work or produce the same outcome in a different context. When this happens, these same early childhood actors are prepared to adjust their interventions and try out new ways of doing things.

### THREE ESSENTIAL SUCCESS FACTORS FOR FOSTERING COLLECTIVE LEARNING:

- ✓ **Foster learning opportunities**
- ✓ **Take the time to reflect and work as a team**
- ✓ **Put learning outcomes into practice**

The following sections look into each of these three success factors in greater detail.



### THEORETICAL REFERENCES

According to several authors (Le Boterf, 2013; Kolb, 1984, Piaget, 1977), experiential learning occurs in the course of a four-stage dynamic cycle. These stages are:

- 1) concrete experience
- 2) reflexive observation and explanation of the experience (a first step in distancing oneself from the experience)
- 3) conceptualization, which involves explaining and reformulating in generalized terms, and
- 4) transfer and transposition to new situations, which involves considering the lessons learned from experience and applying them to practice. It is by going back and forth between these four interlinked stages that experiential learning takes place.

Racine (2000) states that learning can result from experience. Learning “on the job” or “in the heart of the action” means “being fully engaged in a project.. In that sense, learning is the outcome of an action that keeps the intervention worker fully engaged” (p. 73). As such, intervention workers will look for what they need to conduct an intervention, while observing and critically reflecting on their conceptions of the problem.

## ✓ FOSTER LEARNING OPPORTUNITIES

The early childhood actors interviewed emphatically stressed how important the work environment and practices are for fostering conditions that conducive to learning in an organization.

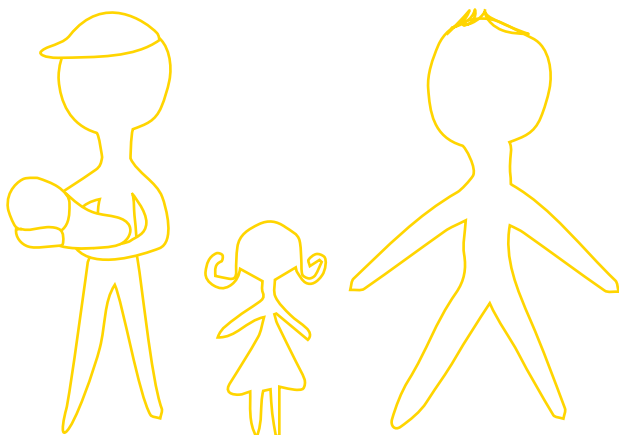
To reflect critically on one's practice requires an ability to re-examine one's role and to be open to change. This means that we need to step back from our concrete experience on the one hand, and on the other, that we should share our reflections with our peers so that we can confirm the relevance of our practice, or otherwise change it.

Several everyday intervention procedures contribute to intervention workers' learning. One such aspect frequently mentioned by the early childhood actors is the active observation of the individuals targeted in an intervention: observing the individuals' participation in and receptivity to

an activity, their reactions, point of view and evaluation of the activity are all indicators that let intervention workers explore the effects of their practice and revise their interventions accordingly.

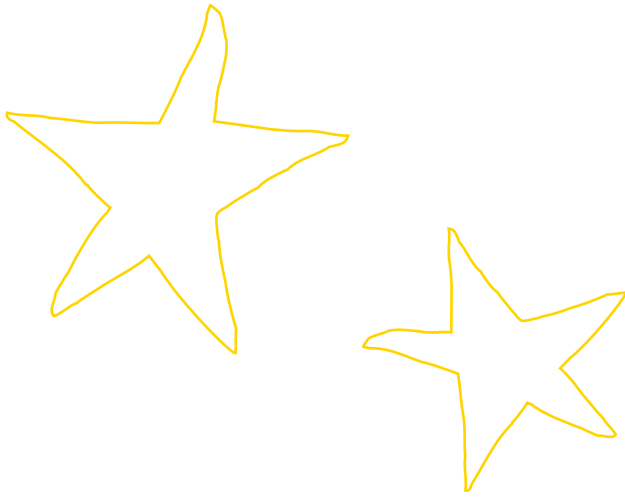
Moreover, when intervention workers document and share certain observations with their peers, they can validate their perceptions, single out what worked well and what didn't, and discuss the limits of their interventions and how to better underpin and consolidate them.

If we want to foster learning, factors such as the recognition of one's work by superiors and peers, mutual trust, open-mindedness, and a spirit of encouragement can help enable intervention workers to distance themselves from their concrete experience, re-examine their practices, and embrace change.



### TIPS AND SUGGESTIONS

- Never take anything for granted, and critically reflect on what may call into question your values, preconceived ideas, habits, etc.
- Develop and use observation tools.
- Document your practices (intervention diary, roadmap, etc.)
- Develop and strengthen procedures for recognizing the work of team members.
- Implement measures that let you find out families' satisfaction levels and develop evaluation tools that can measure intervention effects on families.



## THEORETICAL REFERENCES

According to Ninacs (2003), developing people's empowerment depends on three factors: individual, community and organizational empowerment. A competent organization that fosters empowerment is "a place where the different systems [or factors] succeed in addressing individuals' needs and where individuals succeed in using the systems effectively" (Ibid., p. 9). Employees' self-esteem, which the author associates with a sense of recognition, enables the organization to seize the opportunities available to it.

Vallerie (2012) maintains that developing intervention workers' empowerment is fundamental to their ability to hone their soft skills and professional expertise. In the same vein, when intervention workers' work is recognized and they receive encouragement, they are more likely to re-examine their experience, collaborate with others and embrace change. When these conditions are in place, experiential learning is made possible.

Furthermore, the author states that it is possible both to learn how to develop one's empowerment and to communicate this learning to others. Intervention workers who get to develop their empowerment alongside their colleagues show a tendency to replicate the same relationships when working with families. Intervention workers use the knowledge they acquire "in an effort to help develop the empowerment of the individuals they are assisting" (Ibid., p. 157).

**"**The activity program offered in my organization is based on previous experiences, discussions with our partners in the neighbourhood, as well as what we observe in the environment and in our clients. The management and the employees regularly re-examine their practices. This prompted us to carry out a mini survey of parent-clients to find out their interests in relation to our program for children aged 0 to 5.**"**

**"**When you work with clients who frequently move house, you end up constantly re-examining and revising your practices and consulting with partner organizations. Our clients change every year, making it necessary to revise our program.**"**

**"**We trust one another in my organization, but we also know how to re-examine our practices and find solutions together.**"**



How do you distance yourself from your practice in order to reflect on it?

## ✓ TAKE THE TIME TO REFLECT AND WORK AS A TEAM

The analysis of the success factors demonstrated how important it is to develop spaces that allow for reflection, collective learning, and collaboration so that several knowledge sources can be tapped into at once. According to Lafortune (2007, cited in Relais-Femme, 2008), “You need the opportunity to reflect on your practices and submit them to others for feedback so you can make any necessary adjustments in your future practice” (p. 4). Therefore, it is important that intervention workers get a chance to share their knowledge with each other, the families they assist, the partners in the same territory, other professionals dealing with the same challenges, or even with external

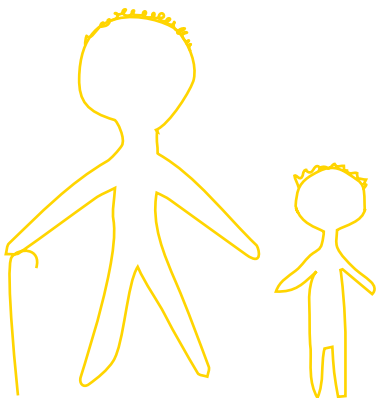
experts (researchers, evaluators, trainers, community mobilization officers, planning officers, etc.). The same intersection of knowledge can be replicated by consulting relevant literature to enrich your reflections and perspectives on a problem or issue.

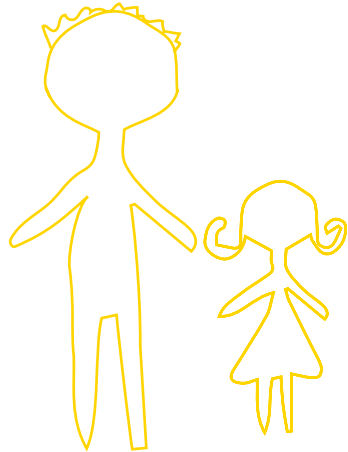
The early childhood actors interviewed observed that these sharing spaces help to keep their knowledge up-to-date, develop a common understanding of the problems experienced by families, and ensure practices benefit from a measure of continuity and complementarity and from common approaches shared between colleagues and organizations.

Depending on the organization’s type, size, team, and available material and financial resources, these spaces can materialize in several more or less structured forms: team meetings, individual follow-ups, training sessions, evaluation processes, etc. Sharing can also happen in more informal settings, for example during breaks or even simply on the spur of the moment.

### TIPS AND SUGGESTIONS

- ➔ Participate in research and evaluation activities.
- ➔ Update and develop your knowledge by taking part in training sessions.
- ➔ Conduct surveys that target families, involve them in the quest for interventions and solutions, let them participate in the different stages of projects.
- ➔ Participate in team meetings devoted to intervention follow-up.
- ➔ To get a wider range of interactions and viewpoints, involve all members of the team, including admin staff, interns and volunteers.
- ➔ Plan and organize activities or follow-up actions together with other organizations.
- ➔ Liaise, consult and share with others so you can learn and exchange your knowledge.
- ➔ Elaborate collective intervention strategies for the entire territory. For example, you could focus on quality transitions into school or early reading and writing skills.





“We have clinical encounters that allow us to discuss our practices and the implementation of various activities. This way, all the partners, throughout the year, participate in the reflections and contribute to identifying challenges and needs. These clinical encounters enable us to review our actions, carry out a self-analysis, and reflect on how our client population is evolving.”

“On the Island of Montreal, meetings are organized to bring together the community mobilization officers, who discuss their respective challenges, strategies and measures. Several of these challenges overlap, affecting more than one territory. The purpose of these meetings is to exchange and share challenges and success stories as well as highlight any remarkable experiences.”

“Whenever we collaborate between colleagues or organizations, all information is handled with the utmost care out of respect for the family, so we don’t categorize them from the outset, but also so we can make the work of the other intervention workers easier.”

“Our strength is communication within the team and sharing information between intervention workers, all of which enables us to do an ongoing and thorough follow-up. That way, when an intervention worker meets a family for the first time, s/he is already familiar with their history.”



## THEORETICAL REFERENCES

When dealing with learning in collaborative contexts, the relevant literature frequently refers to the triangulation concept of knowledge. Martineau (2012) proposes five triangulation categories:

- 1) using different theoretical perspectives to understand a phenomenon
- 2) employing a range of different tools to collect information in order to understand a situation: logbook data, satisfaction surveys, intervention workers’ observations, etc.
- 3) consulting a wide range of relevant literature
- 4) making use of information sources from a variety of actors to gain an overview
- 5) and finally, the triangulation that Martineau calls “ecological” which refers to analyzing and interpreting a situation that requires the validation of different groups of actors (boards of directors, parent or intervention worker groups). All these spaces of intersecting knowledge play their part in developing knowledge and understanding a given situation.

It should be noted that informal sharing spaces can also be a source of learning. With reference to a field study, Racine (2000) demonstrates that intervention workers tend to learn in less formal situations, for example during breaks, when consulting one another in the heat of the action, from colleagues’ observations, etc.



How does collaboration enable you to effectively engage with hard-to-reach, isolated families?

## ✓ PUT LEARNING OUTCOMES INTO PRACTICE

To be a learning organization, it isn't enough to put in place conditions that enable learning; you also need to apply the learning outcomes to new situations.

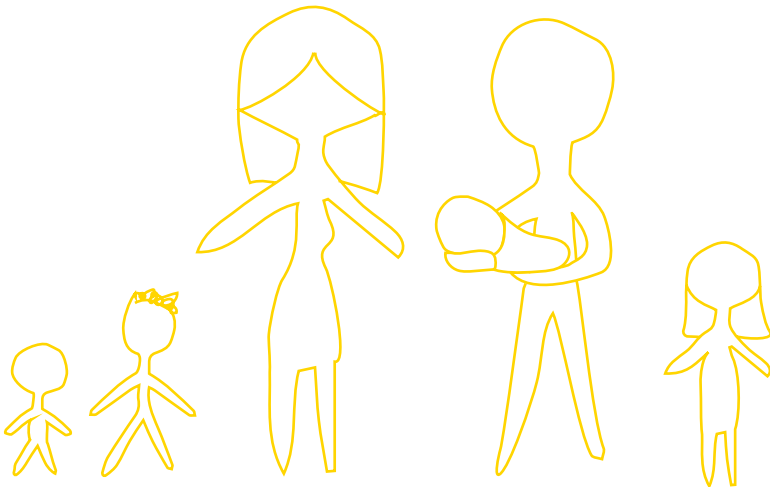
Individual intervention workers automatically establish connections with their past experiences and intuitively fine-tune and adapt their interventions to the context.

Organizations, for their part, also make plans for structured changes, for example when adjusting an activity or intervention. To do so, they set up spaces to reflect or collaborate and develop observation tools that enable them to apply the learning outcomes.

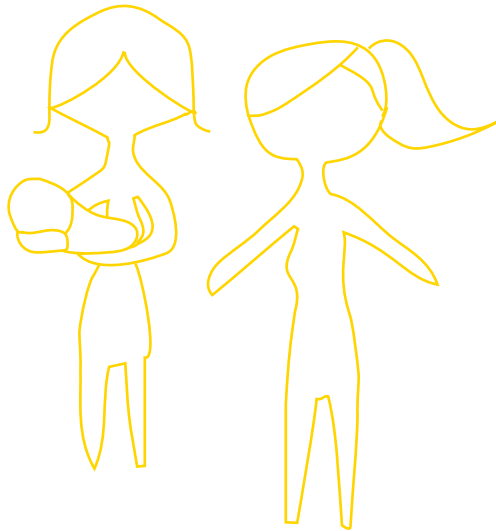
On this point, the early childhood actors interviewed were in broad agreement: there must be some elbow room to adjust the intervention plan while it is underway, including leeway to experiment with specific practices.

### TIPS AND SUGGESTIONS

- Regularly review your program planning in the light of any new discoveries made.
- Adapt approaches and practices to new realities or specific contexts.
- Gear activities towards families' well-being, rather than focusing on your organization's strategic interests.
- Consult evaluation results or project reports when planning activities
- Plan and organize work assignments in a way that allows intervention workers a degree of autonomy in their relating with families.







“As a manager, I listen to my employees’ needs; I want to support their initiatives by ensuring the best possible conditions for their realization. Among my concerns, I want my employees to be able to develop professionally in line with their interests and to try out different roles. They can freely test new activities, re-examine them while underway, and, depending on the outcome, either abandon or extend them. We trust each other and we try new things, but we also know how to re-examine our practice.”

“In terms of the programs we offer, we follow a trial-and-error approach based on shared observations and discussions. We adapt to spikes in demand, and to families’ needs and requests. Available programs may differ from one territory to the next, even though the respective teams share their ideas with one another. Since underlying realities can be very different from one territory to the next, it often happens that an activity that is popular in one doesn’t work very well in the other. Never take anything for granted.”



## THEORETICAL REFERENCES

The scientific literature outlines several methods or categories intervention workers can use in applying their learned knowledge to their practice. These categories—produced by the Institut de santé publique du Québec (2009)—are summarized below.

**Conceptual application:** The knowledge application type most often mentioned by intervention workers is conceptual in nature. New knowledge serves to enhance one’s understanding of a problem and its complexity. This new understanding takes shape gradually in terms of a dynamic that produces knowledge from discussions and exchanges.

**Instrumental application:** Many of the intervention workers interviewed stated that they base their decisions and refocused interventions on experts’ knowledge and recommendations. In other words, they rely on tools and content designed for improving interventions.

**Symbolic or strategic application:** In some cases, the new knowledge is applied to recognize and consolidate existing practices. This method entails recounting lived experience with a focus on what has been learned, thereby highlighting the value of the experience.

**Process-oriented application:** Participating in research and evaluation activities produces learning. The act of taking part in such processes gives rise to changed approaches and mindsets that can be applied to practices already underway.



In your practice, how do you factor in the recommendations made by families? Intervention workers? Researchers?



# COMPONENT 3

## COHERENCE: PRACTISE WHAT YOU PREACH



### THEORETICAL REFERENCES

According to the early childhood actors interviewed, it is essential that the organization ensures its practices cohere with its culture and that it strives to be a learning organization that places families at the heart of its interventions.

Coherence between what is said and what is done can be reflected in several ways: types of activities; relationships between the manager and the team, between intervention workers and the target populations, and among colleagues; management style, decision-making processes, the relationship with partners, etc. Ultimately, the degree of coherence will have repercussions on the intervention work with families.

Early childhood actors maintained how important it is to have a well-defined work environment and clear guidelines to help steer practice. Introducing specific procedures can serve to facilitate and guide intervention workers' words and actions. For example, some of the early childhood actors elaborated reference guides to structure their collaborative working methods (intervention approach, procedures for communicating with partners, services offered, etc.). Others devised common intervention tools to streamline work methods among colleagues and with families (reference guide, logbook, etc.)

Furthermore, the coherence of an organization's culture depends in large part on the ability of the person in charge to lead and guide other individuals or organizations towards the attainment of the intended goals. The early childhood actors interviewed frequently referred to their professional relationships as well as their personal experiences with directors, coordinators, founders or boards of directors, all of which enable them to develop the set of values that define their interactions with families and colleagues.

### THREE ESSENTIAL SUCCESS FACTORS FOR ENSURING YOUR DECLARED VALUES COHERE WITH YOUR PRACTICES:

- ✓ **Develop a common vision of intervention**
- ✓ **Capitalize on human resources**
- ✓ **Allow for organizational flexibility**

The following sections look into each of these three success factors in greater detail.

What Guberman et al. mean by "organizational culture" is "the formal organization and functioning of the workplace; the division and sharing of work; members' status; the distribution of power; the values and conceptions embraced by the members of these groups" [Translation] (Guberman et al., 1994, p. 157). In further clarifying the nature of organizational culture, the authors consider values and interpersonal relationships to be more important than the formal functions of the organization. It is these values that give meaning to the employees' work and prepare them to assume the organization's social mission.

The Comité sectoriel de la main-d'œuvre en économie sociale et en action communautaire (CSMO-ESAC, 2007), in reference to a toolbox for democratic governance, suggests that an organization's values and mission have significant bearing on the kind of management model it puts in place. "The choice of organizational structure determines the organization's democratic and internal functioning as well as the division of power." The CSMO-ESAC describes four management models:

- 1) the hierarchical management model, which concentrates all power and responsibilities in the hands of the management or board of directors.
- 2) the participatory management model, based on equal and democratic power relationships that respect everyone's contributions.
- 3) the co-management model, based on power- and decision-sharing between the team and the managers.
- 4) the collective management model, based on participatory relationships and consensus-building.

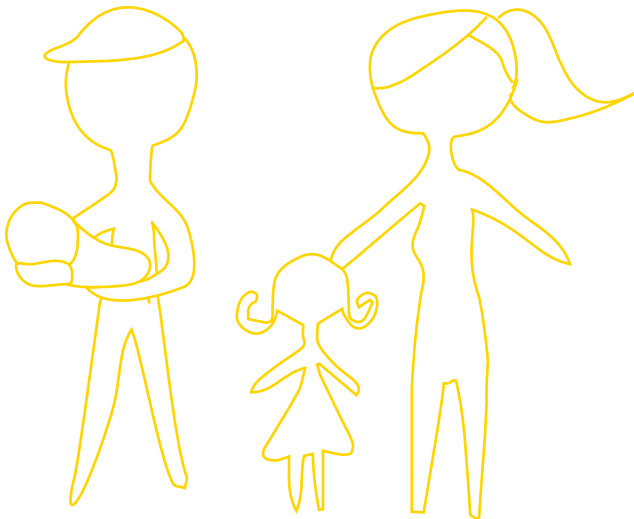
For a more detailed exploration of the concept of organizational culture, a number of further references can be consulted, such as Bernoux (2014), the toolbox created by the Centre St-Pierre, the Leadership rassembleur training session offered by Dynamo, or the tailored training sessions offered by the Centre St-Pierre, including *Gouvernance, gestion et planification*.

## ✓ DEVELOP A COMMON VISION OF INTERVENTION

Most of the strategies documented as part of the Constellation Project base interventions on values such as cordiality, versatility, flexibility, accessibility, and a family-friendly atmosphere.

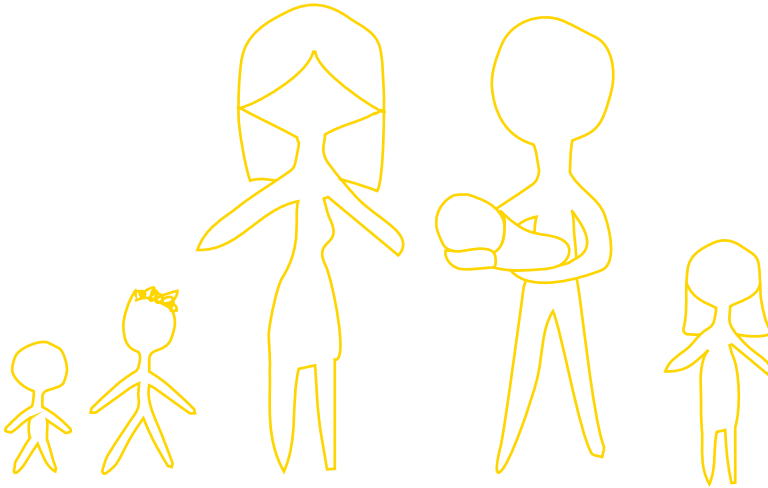
The early childhood actors interviewed signalled the importance of adopting values, approaches and working methods that leave room to consider the needs of hard-to-reach, isolated families. As such, they recognized that the most appropriate approaches focus on collaborative work practices, establishing social relationships, close relationships, continuity of support, and use of the families' natural living environments.

Furthermore, the early childhood actors pointed out the importance of using language and vocabulary that doesn't stigmatize or marginalize families. Specific terminological choices are discussed by the team—not only so the members can reflect on their meanings and scope but also to ensure that everyone gains a common understanding of the terms. This way, the collective use of a shared vocabulary manifests as an attitude or approach that coheres with practice.



### TIPS AND SUGGESTIONS

- Clearly define the intervention approach, vision and values.
- Allow for regular discussion opportunities to help maintain an organizational culture that can live up to families' needs.
- Include families during major events (AGM, strategic planning events, etc.).
- Develop and reinforce procedures for recognizing the work of team members.
- Collectively define the intervention vocabulary to ensure everyone understands and integrates it into practice.



## THEORETICAL REFERENCES

The term “orientation” refers to “a manner of being, doing, thinking and acting” (CSMO-ESAC, 2007). According to Semache (2009), the make-up of the working environment is a decisive factor in whether or not the organization gets bogged down in routines and power games that limit its ability to adapt.

An evaluation report by Dubois et al. (2015) demonstrates how relevant clearly-defined orientations are for attaining intended goals. An organization that decides to reinforce the parent-child emotional bond and integrate it into all activities will produce the desired effects. As part of the support they extend to families, intervention workers have to demonstrate attitudes that encourage close physical and psychological bonds with babies, including breastfeeding. All activities should focus on the importance of the parent-child bond. This particular orientation affects the development of parenting skills as well as the child’s development. The parents gain a greater appreciation for moments spent with their child as well as for the child’s strengths and qualities. They also feel better equipped to take care of the child (Brabant, 2015).

“In my organization, the management plays a key role in nurturing a vision that emphasizes a welcoming and personable atmosphere. Having orientations that are adapted to families’ needs is very motivating for the intervention workers because it grounds them in their work, contributes to their sense of commitment and helps develop their empowerment.”

“My organization prefers to refer to a “context of vulnerability” or of “families with major difficulties” rather than “at-risk or vulnerable families.” When we reflected on this during a community forum roundtable, the members made a decision to use the term “context of vulnerability” all the time. If we want to live up to our intervention philosophy, we must pay careful attention to our language.”

“The reference guide is a structuring tool containing the vision of our intervention approach, solutions to challenging situations, procedures for communicating with our partners, the services we offer, etc.”



How do you make sure your goals address families’ actual needs?

## ✓ CAPITALIZE ON HUMAN RESOURCES

The recruitment, guidance and retention strategies coordinated by human resources staff (personnel and volunteers) support the construction of a well-defined organizational culture.

As an important strategic stepping stone, recruitment involves clearly defining the profile and characteristics of the professional candidates sought. Human resources staff should possess professional expertise and soft skills as well as a set of specialized skills that are commensurate with the organization's mission and target population profile.

Human resource guidance activities can take several forms:

- access to training activities that enhance knowledge and refine practices
- team meetings or follow-up meetings that are adapted to the work context
- emails containing information, documentation or any other materials adapted to the work context

Finally, the role of human resources staff doesn't end with the judicious selection of human resources and effective on-the-job guidance. Once the human resources have acquired the necessary skills and fully embrace the organization's vision, they also

need to be encouraged to stay on in their jobs. The factors that determine whether or not an organization should retain individual human resources include the nature of their work and the recognition they receive from families. Of even greater importance is how well they function within an organization that emphasizes professional autonomy, professional task variety and versatility, and family-work balance. Another crucial factor is that they demonstrate their potential for rising to new challenges, mutual support, and leadership within the team setting.

### TIPS AND SUGGESTIONS

- ➔ Establish clear task descriptions.
- ➔ Introduce the organization's mission, orientations and approaches during the recruitment stage.
- ➔ Nurture a team spirit that relies on interaction and sharing.
- ➔ Provide a workplace environment and working conditions that recognize the contributions made by intervention workers.
- ➔ Find ways to recognize and show appreciation for volunteers' contributions.

“My organization attaches great importance to making people feel welcome. This priority is expressed throughout our recruitment and training processes as well as in the type of guidance volunteers and intervention workers receive: Since they are the frontline workers in our child intervention services, it is crucial that they grasp the foundations and rationale of our approach and are committed to abiding by our intervention model.”

“The primary reason employees in our organization act in accordance with our vision is because they have chosen to work there. Another reason is that they are influenced by their peers right from the moment they are hired. Our selection of new staff members is based on their expertise and soft skills but also on their commitment to our mission.”



**”***In our organization, training activities are focused on the needs and issues affecting the intervention workers and volunteers. The training process involves two phases: regular presentations on a variety of theme-based topics to help consolidate intervention workers’ knowledge; and experience sharing and discussion groups for intervention workers/volunteers from different neighbourhoods. In one-on-one as well as whole-team meetings, the coordinators express their support for the intervention workers’ efforts and validate their expertise.***”**

**”***The structures in place in my organization don’t allow for team meetings, and so as coordinator, I have regular discussions with the intervention workers/volunteers to respond to their needs and clarify the orientations.***”**

**”***In my organization, we make a point of ensuring that employees can develop professionally in line with their interests and try out different roles. Employees who feel their work is motivating stay on in their jobs. This allows us to retain skilled staff, and to maintain the relationships we have built with families.***”**



## THEORETICAL REFERENCES

Intervention workers’ personalities, experience and readiness to embrace change help support the implementation of the organization’s principles and orientations. Le Boterf points out that “Coming up with a business strategy is one thing; putting it into action is a different matter altogether. Having a strategic plan is not enough; you also need to be able to implement it. Experience has shown that effectively turning words into deeds relies in large part on the skill sets and motivation of the staff” (Le Boterf , 2013, p. 32). When intervention workers’ knowledge, skills and contributions are properly recognized, motivational levels surge.

According to Vallerie, “intervention workers [...] seek clear parameters so they can refer to a set of values to guide their practice, while also taking into account all current institutional requirements” (Vallerie, 2012, p. 156).

Establishing a participatory management model reinforces intervention workers’ ability to respect and put into practice the organization’s values when working with families (CSMO-ESAC, 2007).

According to Doucet and Tremblay, “employees are more motivated in organizations with a healthy and stimulating climate” (Tremblay, 2009, p. 139). Such a climate depends on five conditions: 1) the organization must have relationships in place that are founded on trust, 2) the employees must be able to feel that the other team members and their superiors support and recognize them, 3) the fair and equitable handling of all decisions, procedures, and interactions, 4) a sense of empowerment and being in control of one’s work, 5) a sense of commitment and emotional attachment to the workplace.

According to the General Social Survey: Giving, volunteering and participating, carried out by Statistics Canada in 2013, the volunteer sector is alive and well. The survey found that “in 2013, 44% of Canadians volunteered their time” and “volunteers devoted almost 2 billion hours to volunteer activities, or the equivalent of about 1 million full-time jobs.”

In spite of their special status, volunteers are active stakeholders who play their part in carrying out the organization’s missions.



What do you do to consider the needs of all members of the team?

## ✓ ALLOW FOR ORGANIZATIONAL FLEXIBILITY

Issues relating to organizational flexibility came up frequently in the comments made by the early childhood actors interviewed. Some went as far as stressing that flexibility should be made an integral part of an organization’s culture.

Flexibility concerns matters such as eligibility criteria and the running of an activity or program, but it can also be a factor in intervention workers’ task descriptions, and, in a wider sense, affect the ways in which they conduct their work and interventions. In certain cases, flexibility may even enter into play in the possible modification of work tasks or when working outside the organization’s usual scope in order to reach families more directly.

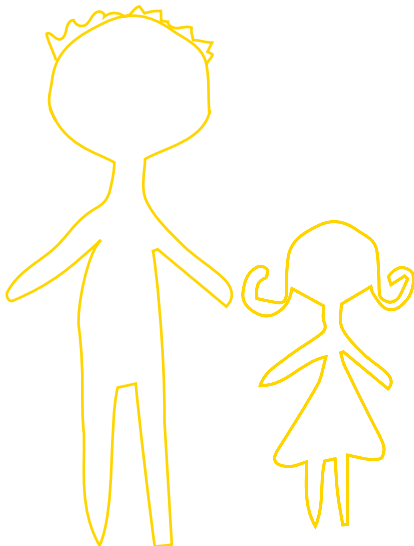
Furthermore, it is important that organizations can adapt their intervention measures in such a way that action can be taken at the appropriate time. The intensity of follow-up

monitoring available to families should correspond to their needs and to their own pace. A very full calendar of scheduled activities and meetings, for example, may constitute an imposition for certain families. Conversely, some situations call for a more sustained follow-up regimen, such as during a pregnancy or the postpartum period. All follow-up activities should be subject to the family’s established pace of life.

Nevertheless, certain structural or administrative constraints may restrict the options for adapting an intervention measure and thereby ultimately also limit families’ scope for participation. Examples of this include a shortage of available rooms and facilities, the need to obtain results quickly, or insufficient financial resources. To guard against such situations, organizations must find creative ways to sustain their mission and maintain service availability.

### TIPS AND SUGGESTIONS

- Allow for extra time and leeway to adapt interventions while they are underway.
- Modify available services to accommodate families’ special needs: organize meetings in the evenings to make them more accessible for working parents; institute incentives such as free transportation or free food.
- Respect families’ pace by proposing intervention timelines and intensities that are adapted to their reality.
- Propose an activity frequency that is well suited to the intervention timeline.
- Collaborate with your partners, for example in organizing the use of each other’s rooms and facilities.





“Any program intended for families must be inherently flexible so that the activities we organize can address their specific realities.”

“We adapt ourselves to families’ needs: if a parent needs food, the intervention workers go to the food bank; if a parent needs to sleep, they can make an exception and even look after the child. The intervention workers and coordinators can be reached at all times, around the clock, seven days a week, so they can respond to any emergency needs the families we serve may have. The service is available in several languages.”

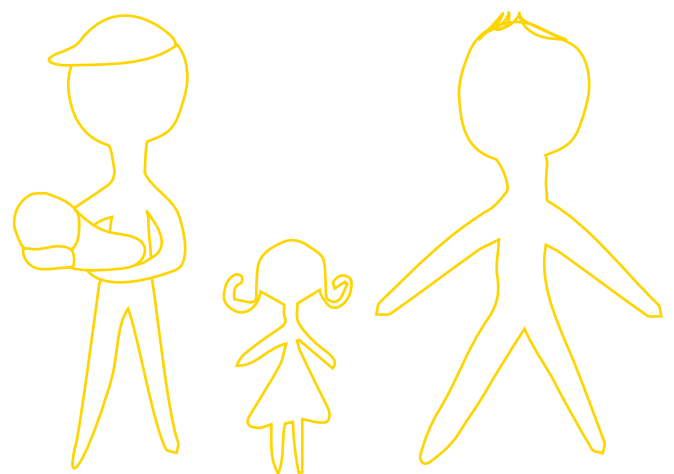
“This year, we shortened the duration of the francization program because last year we observed a substantial drop in participation rates from April onwards. While maintaining the full 100 cumulative program hours, we pared back the 25-week duration to the current 20 weeks. Instead of finishing in May, we concluded the program at the end of March, just before Easter.”

“In our organization, all intervention workers take part in the follow-up activities for families. They all take turns as needs arise. The intervention workers monitor the evolution of the parenting experience and wait for the right moment to intervene or to deal with a complex problem.”



## THEORETICAL REFERENCES

The Direction du développement des individus et des communautés (individual and community development branch) of the Institut national de santé publique du Québec (2009) proposed a reference framework for analyzing interventions geared to health promotion and prevention. According to this framework, organizational flexibility and the ability to take action at the appropriate time are necessary conditions for meaningful and effective interventions. To help make sure that interventions are feasible, implementable and accessible, they must be reproducible and adaptable to a variety of contexts. The reference framework also emphasizes the importance of appropriately-timed interventions, meaning they must occur at the right time to coincide with children’s specific development stages.



How does flexibility enter into play in your organization?

## GENERAL BIBLIOGRAPHY

- ➔ BOURQUE, Denis, Yvan COMEAU, Louis FAVREAU et Lucie FRÉCHETTE (2007), *L'organisation communautaire, fondements approches et champs de pratique*, Québec : Presses de l'Université du Québec, 560 p.
- ➔ Institut national de santé publique du Québec, Direction développement des individus et des communautés (2009), *Analyse des interventions de promotion de la santé et de prévention en contexte scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en santé*, p.23. Repéré à [https://www.inspq.qc.ca/pdf/publications/958\\_RapAnaPPIntEES.pdf](https://www.inspq.qc.ca/pdf/publications/958_RapAnaPPIntEES.pdf)
- ➔ PAILLÉ, Pierre et Alex MUCCHIELLI (2012), *L'analyse qualitative en sciences humaines et sociales* (3<sup>e</sup> éd.). Édition Armand Colin, 424 p.

## BIBLIOGRAPHY | COMPONENT 1 - FAMILIES' NEEDS AT THE HEART OF INTERVENTIONS

- ➔ BOIVIN, Michel, Clyde HERTZMAN et al. (2012), *Early Childhood Development (Le développement des jeunes enfants)*, The Royal Society of Canada & The Canadian Academy of Health Sciences Expert Panel, 166p.
- ➔ BOUCHARD, Camil (1987), «Intervenir à partir de l'approche écologique: au centre, l'intervenante», *Service social*, vol. 36, n° 2-3, pp. 456-477.
- ➔ BOURQUE, Denis (2008), *Concertation et partenariat, entre levier et piège du développement des communautés*. Presses de l'Université du Québec, 152p.
- ➔ BRONFENBRENNER, Urie (1979), *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge. MA: Harvard University Press, 330p.
- ➔ BRONFENBRENNER, Urie (1986), "Ecology of the Family as a Context for Human Development: Research Perspectives", *Developmental Psychology*, vol. 22, n° 6, pp. 723-742.
- ➔ CAMPÉON, Arnaud, Blanche LE BIHAN et Isabelle MALLON (2012), «Formes et effets de la pluridisciplinarité dans le diagnostic et la prise en charge de la maladie d'Alzheimer», *Gérontologie et société*, n° 142, pp. 129-141.
- ➔ Fédération québécoise des organismes communautaires Famille (2008), *Cadre de référence sur les pratiques d'action communautaire autonome Famille*, 23p.
- ➔ FREIRE, Paolo (1974), *Pédagogie des opprimés*. Paris, Maspéro, 215p.
- ➔ GOULET, Denis (2005), *1, 2, 3 GO!, Une façon différente de faire une différence*, Le Centre 1, 2, 3 GO!, 32p.
- ➔ HENDERSON, Virginia, Marie-Françoise COLLIÈRE (1994), *La nature des soins infirmiers*. Paris: InterÉditions, 235p.
- ➔ LACHARITÉ, Carl, Tamarha PIERCE, Sylvie CALILLE, Marleen BAKER et Maxime PRONOVOST (2015), *Penser la parentalité au Québec: Un modèle théorique et un cadre conceptuel pour l'Étude québécoise sur l'expérience des parents d'enfants âgés de 0-5 ans*, Centre d'études interdisciplinaires sur le développement de l'enfant et la famille, 21p.
- ➔ LAMOUREUX, Henri, Jocelyne LAVOIE, Robert MAYER et Jean PANET RAYMOND (2008), *La pratique de l'action communautaire*. Presses de l'Université du Québec, 530p.
- ➔ Regroupement des organismes communautaires de la région 03 (2012), *L'approche globale: contexte et enjeux*. Réflexions d'un collectif d'auteurs, 159p. Accessed: [http://www.roc03.com/files/Recueil\\_approche\\_globale.pdf](http://www.roc03.com/files/Recueil_approche_globale.pdf)
- ➔ ROGERS, Carl (1971), *Liberté pour apprendre*, Dunod, 464p.
- ➔ ROSENBERG, Marshall B. (1999), *Les mots sont des fenêtres (ou des murs)*. Jouvence Editions, 241p.
- ➔ ST-GERMAIN, Lise avec la collaboration de Martine FORDIN (2011), *Améliorer l'accessibilité des ressources aux personnes exclues: défis et innovation. Les leçons apprises d'une recherche action*, Groupe de travail issu de la Table de santé publique en développement social du Centre de santé et des services sociaux de Trois-Rivières (CSSSTR), UQO, CRSA, 70p.
- ➔ ST-LOUIS, Marie-Pier (2014), *Rapport d'évaluation Bienvenue familles*, Centre de recherche sociale appliquée, 1, 2, 3 GO! Pointe de l'Île, 32p.



## BIBLIOGRAPHY | COMPONENT 2 - COLLECTIVE LEARNING

- ➔ Institut national de santé publique du Québec, Direction de la recherche, formation et développement (2009), *Animer un processus de transfert des connaissances: bilan des connaissances et outil d'animation*, 60p. Accessed: [https://www.inspq.qc.ca/pdf/publications/1012\\_AnimerTransfertConn\\_Bilan.pdf](https://www.inspq.qc.ca/pdf/publications/1012_AnimerTransfertConn_Bilan.pdf)
- ➔ KOLB, David A. (1984), *Experiential Learning. Experience as the Source of Learning and Development*. Englewood Cliffs, NJ. Prentice-Hall, 416p.
- ➔ LE BOTERF, Guy (2013), *Construire les compétences individuelles et collectives. Le modèle: agir avec compétences en situation. Les réponses à plus de 100 questions*. Édition Eyrolles, 6e édition, 300p.
- ➔ MARTINEAU, Stéphane (2012, 22 février), «Triangulation en recherche qualitative» [Billet de blogue]. Accessed: <http://propossurlemonde.blogspot.ca/2012/02/triangulation-en-recherche-qualitative.html>
- ➔ NINACS, William A. (2003, novembre), *Empowerment: Cadre conceptuel et outil d'évaluation de l'intervention sociale et communautaire*. Communication présentée à De la sécurité du revenu à l'emploi. Un forum canadien, St-Jean, Terre-Neuve et Labrador. Accessed: <http://envision.ca/pdf/w2w/Papers/NinacsPaper.pdf>
- ➔ PIAGET, Jean (1977), *The Development of Thought: Equilibration of Cognitive Structures*. New York: The Viking Press, 213p.
- ➔ RACINE, Guylaine (2000), «La construction de savoirs d'expérience chez des intervenantes d'organismes communautaires pour femmes sans-abri: un processus participatif, collectif et non planifié». *Nouvelles pratiques sociales*, volume 13, numéro 1, pp. 69-84.
- ➔ Relais-femmes (2008), *Garder des traces. De la formation aux pratiques, des praticiennes réfléchissent sur leurs pratiques de formation*. Synthèse de la journée de réflexion du 2 octobre 2008, 25p. Accessed: [http://www.relais-femmes.qc.ca/files/Synthese\\_2\\_octobre\\_2008.pdf](http://www.relais-femmes.qc.ca/files/Synthese_2_octobre_2008.pdf)
- ➔ VALLERIE, Bernard (2012), *Interventions sociales et empowerment (développement du pouvoir d'agir)*. L'Harmattan, 194p.

## BIBLIOGRAPHY | COMPONENT 3 - COHERENCE: PRACTISE WHAT YOU PREACH

- ➔ BERNOUX, Philippe (2014), *La sociologie des organisations: initiation théorique suivie de douze cas pratiques* (6e éd.). Paris: Point Essais, 480p.
- ➔ BRABANT, Isabelle (2015), *Document de synthèse de l'évaluation de la mise en œuvre, des effets et de la valeur économique de la Maison Bleue*. Direction de santé publique, Agence de santé et des services sociaux de Montréal. Accessed: <http://www.maisonbleue.info/images/6-Publications/Evaluation-La-Maison-Bleue-synthese.pdf>
- ➔ Centre St-Pierre: *Formation développement organisationnel*. Accessed: <http://www.centrestpierre.org/formations-et-conferences/formations-sur-mesure/developpement-organisationnel>
- ➔ Comité sectoriel de main d'œuvre économie sociale et action communautaire (CSMO\_ÉSAC), *Boîte à outils sur la gouvernance démocratique, conçue avec le Centre de formation populaire, le Centre St-Pierre et Relais-femmes*, octobre 2007, 472p. Accessed: [http://www.centrestpierre.org/publications/boites-a-outils/doc\\_view/21-gouvernance-democratique](http://www.centrestpierre.org/publications/boites-a-outils/doc_view/21-gouvernance-democratique)
- ➔ DOUCET, Olivier et Michel TREMBLAY (2009), Mobiliser les employés. Dans BOURHIS, Anne et Denis CHÉNEVERT (dir.), *À vos marques, prêts, Gérez! La GRH pour gestionnaires*. Montréal, Québec: Éditions du renouveau pédagogique inc. p.339-354.
- ➔ DUBOIS, Nathalie et al. (2015), *Évaluation de la mise en œuvre, des effets et de la valeur économique de la Maison Bleue*. Direction de santé publique, Agence de santé et des services sociaux de Montréal. Repéré à <http://www.maisonbleue.info/images/6-Publications/Evaluation-La-Maison-Bleue-2015.pdf>
- ➔ Dynamo: *Programme Leadership rassembleur MC*. Accessed: <http://dynamocollectivo.com/leadership-rassembleur#programme-leadership-rassembleur-mc>
- ➔ GUBERMAN, Nancy, Danielle FOURNIER, Josée BELLEAU, Jennifer BEEMAN et Lise GERVAIS (1994), Des questions sur la culture organisationnelle des organismes communautaires, *Nouvelles pratiques sociales*, vol. 7, n° 1 (printemps), pp. 45-62.
- ➔ Institut national de santé publique du Québec, Direction développement des individus et des communautés (2009), *Analyse des interventions de promotion de la santé et de prévention en contexte scolaire québécois: cohérence avec les meilleures pratiques selon l'approche École en santé*, 243p. Accessed: [https://www.inspq.qc.ca/pdf/publications/958\\_RapAnaPPIntEES.pdf](https://www.inspq.qc.ca/pdf/publications/958_RapAnaPPIntEES.pdf)
- ➔ LE BOTERF, Guy (2013), « *Construire les compétences individuelles et collectives. Le modèle: agir avec compétences en situation, les réponses à plus de 100 questions* (6e éd.). Paris: Édition Eyrolles, 300p.
- ➔ SEMACHE, Sabrina (2009), Le rôle de la culture organisationnelle dans la gestion de la diversité, *Management & Avenir*, Vol 8, no. 28, p. 345-365.
- ➔ Statistics Canada (2013), *General Social Survey: Giving, volunteering, participating*. Accessed at: <https://www.statcan.gc.ca/daily-quotidien/150130/dq150130b-eng.htm>
- ➔ VALLERIE, Bernard (2012), *Interventions sociales et empowerment (développement du pouvoir d'agir)*. Paris: L'Harmattan, 194p.

# APPENDIX 1.

## THE DIFFERENT STEPS INVOLVED IN IDENTIFYING THE SUCCESS FACTORS AND DEVELOPING CONTENT AND ACTIVITIES

### Regional launch event

*Constellation*: se relier pour rejoindre les familles isolées (joining forces to engage with hard-to-reach, isolated families) (259 participants).

**Interviews** with early childhood actors from 34 Montreal-based community organizations, the institutional sector, daycare centres, and community forums in order to identify and document strategies for engaging with hard-to-reach, isolated families.

**Cross-sectional analysis** of the strategies, including identifying the main approaches and techniques used by Montreal-based early childhood actors to engage with hard-to-reach, isolated families.

**Theme-based bibliography** related to “Engaging with hard-to-reach, isolated families with young children.”

**Detailed analysis** (with the assistance of seven organizations) to identify the common success factors for effectively engaging with hard-to-reach, isolated families.

Together with a follow-up committee composed of regional early childhood actors, **development and drafting** of theme-based booklets detailing the success factors for effectively engaging with hard-to-reach, isolated families.

**Approval** of the booklets together with an advisory committee composed of local early childhood actors.

**Development** of the reflexive practice.



**34 fact sheets summarizing the strategies posted on our website [www.projetconstellation.com](http://www.projetconstellation.com).**



**Two regional events showcasing the preliminary findings that resulted from the analysis of the collected strategies (120 participants).**



**A regional event showcasing the findings that resulted from the analysis of the success factors for engaging with hard-to-reach, isolated families (134 participants).**



**Distribution of the theme-based booklets.**



**Integration of the theme-based booklets into a single handbook containing all success factors.**

# APPENDIX 2.

## METHODOLOGY USED IN THE DETAILED ANALYSIS OF SUCCESS FACTORS FOR EFFECTIVELY ENGAGING WITH HARD-TO-REACH, ISOLATED FAMILIES

### Sample

Thirty-four organizations volunteered to take part in semi-directed, storytelling-type interviews to talk about the strategies they use to engage with hard-to-reach, isolated families. We summarized the strategies into fact sheets, representing rough drafts of the success factors. We examined the drafts in the light of the conditions set out by the INSPQ (2009) that make interventions effective or promising, and selected seven strategies. We then organized semi-directed group discussions focused on the seven strategies in order to enhance our understanding of the major success factors.

### Research approach and perspective

We opted for an analysis approach based on a qualitative, comprehensive and inductive examination of the strategies for engaging with hard-to-reach, isolated families. We put the emphasis on understanding the phenomenon examined rather than a generalization of the results.

The methodology for identifying the success factors was based on a conceptual approach (Paillé & Mucchielli, 2012). Specifically, the analysis focused on what the early childhood actors said in the interviews. Two conceptual frameworks were used to analyse the interventions: the intervention approaches associated with Bourque, Comeau, Favreau and Fréchette (2007) as well as the conditions—defined by the INSPQ (2009)—that are believed to make interventions effective or promising.

### Reliability criteria and validity

When conducting qualitative research, it is important to include measures to minimize any potential bias on the part of the researchers' interventions or associated with the context in which the research is carried out. Bias may emerge in the course of interpreting or subjectively screening information based on what is known about the early childhood actors in the study, the researchers' attitudes, or their professional and personal experience.

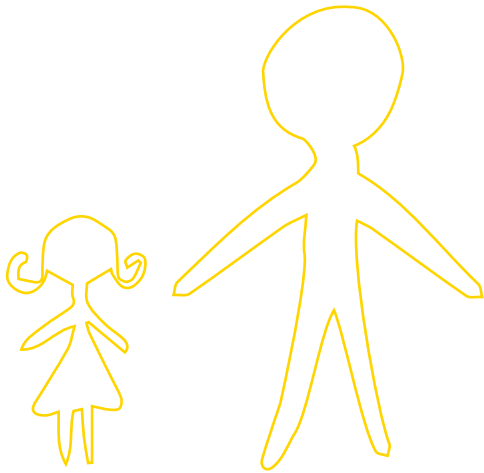
To guard against any such bias, the interviews were first taped and then transcribed into written summaries. The subsequent in-depth interviews were conducted by two or three team members, meaning they were subject to the inter-rater reliability method. A team format was also used to validate the data interpretations.

**Co-construction approach:** During the in-depth interview stage, the results of the data analysis from the first set of interviews were validated and discussed in greater detail by the early childhood actors interviewed. This collaborative process was based on the triangulation of knowledge between the practitioner-users of the strategies and the analysis team.

### Analysis phases

**The different data analysis and processing phases were conducted in the following order:**

- Analysis of the strategies to identify common elements.
- Identification of the analytical frameworks for structuring and making sense of the results: The draft systemization model of the approaches and techniques used by the early childhood actors to engage with hard-to-reach, isolated families was based on Bourque, Comeau, Favreau, Fréchette (2007) and on the conditions deemed effective or promising (INSPQ, 2009).
- Selection of seven strategies based on a grid modelled on the INSPQ's conditions for success as well as the statements made by the early childhood actors interviewed:
  - 1) Concern for the target population
  - 2) Flexibility, accessibility, feasibility and viability
  - 3) Intensity and timeline
  - 4) Comprehensive approach
  - 5) Coordinated implementation effort
  - 6) Level of interventions handled
  - 7) Appropriateness of the intervention and expert recommendations
- Selection of primary and secondary data.
- Group interviews, including validating the understanding of the selected strategies' distinctive features as well as questions for further clarification.
- Transcription and coding of the interview summaries, as well as their categorization and individual and cross-sectional analyses.
- Inter-rater-reliability-based discussions with the members of the team.
- Collaboration with a committee composed of regional early childhood actors: development and drafting of the booklets describing the success factors for engaging with hard-to-reach, isolated families.
- Validation of the booklets together with an advisory committee composed of local early childhood actors.



## ACKNOWLEDGMENTS

**Horizon 0-5 would like to thank the following individuals for their invaluable comments:**

- Arély Andino, Centre multi-ressources de Lachine
- Bianca Boudreau, Comité de concertation enfance/famille de Mercier-Est
- Johanne Cyr, Une école montréalaise pour tous
- Isabelle Dubois, Avenir d'enfants
- Olivier Fortier, Table de concertation 0-5 ans de Cavendish
- Guerlain Guerrier, Garderie LaSalle des petits
- Lyne Piché, Centre multi-ressources de Lachine
- Johanne Rigali, Comité d'éveil à la lecture et à l'écriture de Sainte-Marie
- Martine Thériault, CIUSSS du Centre-Sud-de-l'Île-de-Montréal



This handbook was made possible thanks to the participation of numerous Montreal organizations in the data collection process.

**FACT SHEETS DESCRIBING THE ORGANIZATIONS' STRATEGIES ARE AVAILABLE ON THE CONSTELLATION PROJECT WEBSITE:**

[www.projetconstellation.com](http://www.projetconstellation.com)

**LIST OF ORGANIZATIONS:**

- ATD Quart Monde
- Bambineries de Saint-Léonard
- Bibliothèques Ahuntsic-Cartierville
- Bibliothèques de Montréal – Programme *Contact*
- Bibliothèque de Parc-Extension
- Bibliothèque L'Octogone
- Bibliothèques de Saint-Laurent
- Bouffe-Action de Rosemont
- Carrefour Familial Hochelaga
- Centre multi-ressources de Lachine
- Commission scolaire Marguerite-Bourgeoys – Francisation des parents
- Conseil Local des Intervenants Communautaires (CLIC) de Bordeaux-Cartierville
- CPE Les Marmousets
- École Enfant-Soleil
- Famijeunes
- Fondation de la visite
- Hippy Québec
- J'apprends avec mon enfant JAME
- La Maison à Petits Pas (MAPP)
- La Maison bleue
- Maison de la famille P. B. Noailles
- Maison des familles de Mercier-Est
- Répît-Providence Maison Hochelaga-Maisonneuve
- Services intégrés en périnatalité et petite enfance (SIPPE)
- SIPPE CSSS d'Ahuntsic et Montréal-Nord, CLSC Ahuntsic
- SIPPE CSSS de la Pointe-de-l'Île
- SIPPE Ouest-de-l'Île
- SIPPE Sud-Ouest Verdun
- SIPPE Volet soutien à la création d'environnements favorables (SCEF) Plateau Mont-Royal
- Table d'action et de concertation en petite enfance de LaSalle
- Table de concertation petite enfance famille de Saint-Henri et Petite-Bourgogne
- Table de concertation jeunesse de Bordeaux-Cartierville
- Table de concertation petite enfance de Parc-Extension
- Table de concertation petite enfance Dorval-Lachine



## CONTACT

**Concertation Montréal**

425, De Maisonneuve Ouest #1100  
Montréal (Québec)  
H3A 3G5

**Telephone:** (514) 842-2400

**Email:** [info@concertationmtl.ca](mailto:info@concertationmtl.ca)

[www.projetconstellation.com](http://www.projetconstellation.com)

[www.concertationmtl.ca/projet-constellation](http://www.concertationmtl.ca/projet-constellation)