



Formalizing Local Intersectoral Practices: A Case Study of an Initiative Targeting Language Development



Formaliser les pratiques intersectorielles locales : une étude de cas sur une initiative ciblant le développement du langage

Mélissa Di Sante
Angèle Bilodeau
Catherine Chabot
Louise Potvin

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Mélissa Di Sante¹, Angèle Bilodeau², Catherine Chabot¹, and Louise Potvin^{1,2}

¹Centre de recherche en santé publique, Université de Montréal, and Centre Intégré Universitaire de Santé et Services Sociaux du Centre-Sud-de-l'Île-de-Montréal, Montréal, QC, CANADA

²École de santé publique, Université de Montréal, Montréal, QC, CANADA

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David McFarland

Abstract

Intersectoral action is a potential avenue for increasing the availability of and access to language-oriented resources in local communities. Although this strategy has been recommended for reducing social inequalities between children of different communities, the effective practices that underlie intersectoral action (i.e., what intersectoral networks do to achieve change) are rarely discussed in the field of speech-language pathology. The objective of this case study was to document the process of a local intersectoral initiative aimed at promoting the language development of preschool-aged Bengali children living in Montréal. Documentary sources and interviews with key informants were used to reconstruct the chronological story and to identify critical events that were crucial to the progression of the intersectoral process. Critical events were interpreted in the light of three essential functions that lead intersectoral networks to produce change: (a) network setup and governance, (b) representing and influencing, and (c) aligning essential actors and resources. The analysis revealed that the network produced outcomes related to all three functions to achieve their goal. The importance of network-building practices with people from different activity sectors, institutional commitments to build bridges between institutional and community settings, and engaging in participatory approaches are highlighted in the analysis. By identifying effective practices of local intersectoral action, this study can guide speech-language pathologists and actors in early childhood who wish to engage in intersectoral work to act on resources for language development in their local areas.

Abrégé

L'action intersectorielle est une avenue potentielle pour accroître la disponibilité et l'accessibilité à des ressources favorisant le développement du langage au niveau communautaire. En dépit des recommandations en faveur de cette stratégie pour réduire les inégalités sociales entre les enfants issus de différentes communautés, les pratiques efficaces qui la sous-tendent (c.-à-d. ce que font les réseaux intersectoriels pour aboutir à des changements) sont rarement discutées dans le domaine de l'orthophonie. L'objectif de cette étude de cas était de documenter une initiative intersectorielle locale de promotion du développement du langage chez des enfants bengalis d'âge préscolaire vivant à Montréal. Des sources documentaires et des entretiens avec des intervenants clés ont servi à reconstituer la chronologie des événements et à identifier les événements qui étaient cruciaux à l'avancement de l'action intersectorielle. Ces événements ont été interprétés à la lumière des trois fonctions essentielles productrices de changement des réseaux intersectoriels : (a) se constituer et se maintenir, (b) se représenter et influencer et (c) faire converger les acteurs et les ressources nécessaires à l'action. L'analyse a montré que le réseau a produit des effets liés à ces trois fonctions pour atteindre son objectif. De plus, celle-ci souligne l'importance des pratiques de création de réseau impliquant des personnes issues de différents secteurs d'activité, des engagements institutionnels pour créer des ponts entre les milieux institutionnels et communautaires et de l'adoption d'approches participatives. Les pratiques efficaces de l'action intersectorielle locale définies par la présente étude peuvent guider les orthophonistes et les intervenants du domaine de la petite enfance qui désirent s'engager dans des pratiques intersectorielles pour agir sur les ressources qui soutiennent le développement du langage au sein de leur communauté.

Social Inequalities in Early Language Development

In Quebec, results from the latest province-wide survey on children's development and school readiness show that around 11% of 5-year-old children do not meet developmental expectations regarding language and communication skills (Institut de la statistique du Québec, 2018). This rate represents a province-wide average that hides significant variations: The number of children who present with difficulties on such measures can be 2 to 4 times higher in neighbourhoods characterized by higher levels of social disadvantage in the Montréal and Québec metropolitan areas (5%–22% in Montréal and 12%–28% in Québec; Blanchard, 2019). Similar disparities have also been found in other countrywide studies conducted in Australia, the United Kingdom, and Scotland (Law et al., 2017). Yet, effective actions conducted at the level of the local community and aimed at reducing these unfair and avoidable disparities in language development are rarely studied. This article reports on the practices led by a local intersectoral network to create new local resources supporting children's language development in their communities.

Intersectoral Action

Intersectoral action has been recommended as a strategy to address complex societal problems and reduce social and health inequalities through better coordinated and integrated interventions between individuals, sectors, and spheres of society (Bilodeau, St-Louis, et al., 2022; Divay et al., 2013; World Health Organization, 2008). It refers to the mobilization of social actors (people, organizations, or institutions with a role and function with regard to action in the public space) from various activity sectors (e.g., health, education, transportation) and spheres within the public space (e.g., institutional, community organizations, private corporations, philanthropy) with a capacity to improve the availability and accessibility of resources that contribute to health (Chircop et al., 2015; Duff, 2011). This strategy is based on the assumption that health is notably produced in everyday life through the transformation and redistribution of locally accessible resources (e.g., housing, employment, access to public services, or a social network) controlled outside the health sector. These actions can be conducted at the local, regional, or national level.

Applying these concepts to the field of early language development, actions conducted on the social determinants of language—responsive proximal interactions with adults; access to learning materials such as books inside and outside the home; access to language-promoting environments such as parks, libraries, or museums; health and social services such as speech-language therapy and psychology; and high-

quality early childcare settings (Di Sante & Potvin, 2022)—require the involvement of a variety of sectors. As such, we argue that intersectoral action is well suited to maximize language learning opportunities available to children in their local communities and should interest researchers and practitioners in early language development.

Despite being acknowledged as a potential strategy to reduce health inequalities in the population, the ways by which intersectoral action can lead to transformations in the availability or access to local health-related resources are discussed less often (Chircop et al., 2015; Villevall et al., 2016). Studies on intersectoral action do, however, often report on its relevance, successful intersectoral initiatives, and conditions that favour or impede such collaborations. That notwithstanding, those studies generally fail to report on how intersectoral processes unfold to achieve change. Moreover, the need for a more in-depth examination of these collaborative, taken-for-granted practices has been emphasized in previous studies (Calancie et al., 2021; Chircop et al., 2015; Seaton et al., 2017).

Recent research has highlighted some core components of effective intersectoral collaborations, including three of focus here: formalizing partnership and functioning (i.e., who is included and with what roles, rules for collaboration and decision-making, structure and mission of the network, management of interests); communication and leadership practices (i.e., communicating information within and outside the network, including community partners, writing, and reporting); and actions that lead to balance, gain, or allocating human and financial resources (Bilodeau, Chabot, Martin, et al., 2022; Butterfoss & Kegler, 2009; Corbin et al., 2018).

To our knowledge, the ways these three practices are linked to the production of observable effects in terms of locally available resources for the language development of children have never been studied. Speech-language pathologists have the expertise to engage in public-health discussions and intersectoral action to support the language development of children in their local areas (Di Sante & Potvin, 2022). Understanding the intersectoral practices that are likely to generate local resources aimed at supporting the language development of children appears to be an important first step to guide speech-language pathologists in conducting intersectoral action effectively (Di Sante & Potvin, 2022).

Current Study

To shed light on these issues, the objective of this study was to document the intersectoral practices conducted in the context of a local initiative targeting the language

development of Bengali children living in a low-income neighbourhood of Montréal. More specifically, we aimed to understand which intersectoral practices were crucial to creating a new locally available resource allocated to early language development.

Context

In Montréal, local intersectoral action is a strategy supported by the Montréal Initiative for Local Social Development (Comité de pilotage de l'initiative montréalaise de soutien au développement social local, 2015). This initiative has been operating since 1997 through the partnership of three regional funding agencies (United Way of Greater Montréal, the City of Montréal, and the Montréal Directorate of Public Health), together with the Montréal Neighbourhood Committee Coalition, which represents the 32 neighbourhood committees funded through the initiative. Based on their knowledge of local realities and their ability to mobilize local actors and citizens, the mission of these neighbourhood committees is to produce local diagnoses and strategic plans as well as to prioritize and coordinate intersectoral action to improve living conditions.

Theoretical Framework

This study builds on the foundations of the actor-network theory (ANT), a sociological theory that focuses on how changes and innovations are driven by network action and how such activities are constructed and operated (Lascoumes, 1996; Latour, 2005). In ANT, networks are sociotechnical, meaning they assemble both human (e.g., individuals, social actors) and nonhuman entities (e.g., knowledge, programs, laws/policies, equipment, resources) to create solutions to complex situations or problems (Bilodeau & Potvin, 2018; Latour, 2005).

An ANT-informed theoretical framework developed and validated by Bilodeau et al. (2019) and Bilodeau, Chabot, Martin, et al. (2022) theorizes the process–effect links of local intersectoral action. This theory has been built on multiple case studies stemming from more than 20 years of collaborative research conducted with the Montréal Coalition of Neighbourhood Committees. This theoretical frame serves as the primary foundation for the current case study.

This framework is organized around the critical events that mark the progression of network action (the *process*) to its effects on the local environment (i.e., observable changes in the availability or access to a local health-promoting resource). *Critical events* are those

repeatedly mentioned in the data sources to generate documented consequences in the ongoing action (Figueiro et al., 2017): transformations in the network and its actions, interests and representations of the situation; . . . new actors, resources, or knowledge; new roles negotiated; . . . generation of new solutions; opportunities taken or constraints imposed on the action. (Bilodeau, Chabot, Martin, et al., 2022, p. 2)

These events generate specific transitional outcomes (henceforth referred to as *outcomes*) which are crucial points of inflection that lead the intersectoral process to its effects (Bilodeau, Chabot, Martin, et al., 2022; Bilodeau et al., 2019). These outcomes are linked to one of three essential functions that lead intersectoral networks to produce change: (a) network setup and governance, (b) representing and influencing, and (c) aligning essential actors and resources. These three functions are the lenses through which we documented intersectoral practices in this study (i.e., what intersectoral networks do). They are presented in more detail below.

Network Setup and Governance

Building the network and establishing methods of collective functioning is an essential function of intersectoral networks. To do so, they must gather together human (individuals, social actors) and nonhuman entities (knowledge, policies, technologies, legislation) from different sectors and fields, around common goals. They can also adopt rules and strategies to regulate their actions (e.g., decision-making processes, coordination of activities, roles of members). Handling controversies, by identifying solutions in response to problems that arise in the network and prevent cooperation and progression of action, is also an essential outcome that helps sustain network composition and functioning.

Representing and Influencing

To achieve change, intersectoral networks need to make themselves known, gain credibility, and influence other people and networks towards making commitments. They do this through a variety of externally oriented strategies, such as productions (plans, reports, briefs, position statements), representations (meetings, presentations), and activities (public consultations, collective deliberating) to express who they are, what their ideas are, and what positions and priorities they take. This is done in an effort to solicit support and resources and to gain legitimacy and credibility with the interlocutors they seek to interest and influence.

Aligning Essential Actors and Resources

Partnerships and resources are essential to achieving change. Obtaining them depends mainly on external actors (e.g., commitment of decision-makers) that the networks seek to mobilize in order to strengthen themselves, solidify their projects, and achieve their goals. The critical impact of failure to gain resources or develop alliances with key actors, and the withdrawal of actors already involved in the course of action, are also observed in this function.

Using this framework to identify outcomes related to these three functions that are generated by networks can help link the intersectoral process under study to its effects in terms of the creation of a new local resource allocated to early language development.

Method

Study Design

This case study adopted a retrospective longitudinal design and was conducted as part of a funded research project entitled *Value of Local Intersectoral Action in the Production of Healthy Environments* by Potvin, Bilodeau, and Bourque, from 2017 to 2021. Ethical approvals for both this case study and the funded research project were obtained from the Comité d'éthique de la recherche en sciences et en santé (ethics committee; University of Montréal, 17-130-CERES-D, for this study).

Case Selection

A voluntary neighbourhood committee in early childhood development collaborated in selecting a case for the current study. This committee is situated in a Montréal neighbourhood with high rates of (a) children with communication and language difficulties upon entering kindergarten, as measured in the 2017 edition of the "Québec Survey of Child Development in Kindergarten" (Blanchard, 2019), and (b) social and material disadvantage (Blanchard, 2019; CIUSSS-Centre-Sud-de-l'Île-de-Montréal, 2016; Montpetit & Bergeron, 2011). The coordinator of this neighbourhood committee helped the research team select a case that, at the time of selection, had (a) involved at least three organizations, and (b) successfully created new resources or facilitated access to locally available resources for the language development of children. This led to selecting the Bengali Language Workshops initiative as the case for this study.

The Bengali Language Workshops Initiative

Around 2016, Bangladesh became the third main country of origin of immigrant families in this local area (CIUSSS-Centre-Sud-de-l'Île-de-Montréal, 2016). In the summer of

2018, speech-language pathologists working in this area noted a significant overrepresentation of Bengali children in their caseloads. Moreover, these children were particularly lagging behind their peers in terms of school readiness and language development. As part of their mandate as front-line workers in the public health and social services network in Montréal, these speech-language pathologists served on their neighbourhood's intersectoral committee on early childhood development. When members of the committee expressed the need to focus on promoting the development of vulnerable and hard-to-reach communities in their territory, a speech-language pathologist suggested a project aimed at creating new local resources to support the language development of Bengali children. This was the starting point of an intersectoral initiative.

The initiative mobilized a heterogeneous group of social actors from different activity fields (speech-language pathology, social work, immigration, family, and parenting) and sectors of society (philanthropic, community, municipal library, institutional, academic). **Table 1** summarizes the main social actors (people, institutions, and organizations) involved, as well as their roles in the initiative.

In less than a year, the initiative led to the creation of a new local resource in the form of a series of language-stimulation workshops for parents and their children. These workshops were led by facilitators (community organizers, speech-language pathologists, and students). The workshops included multiple targets: language skills (supporting vocabulary development in Bengali and French), parent-child interactions (introducing shared-book reading practices, promoting the use of the Bengali language, teaching language facilitation techniques), preparation for school (providing information and support to parents regarding their child's transition to school entry), and parenting support (providing information about child-rearing practices, accompanying families to local resources supporting child development). Six workshops were held in the first edition (winter 2019) conducted as a pilot version of the project. The future of this initiative was deemed promising, as it was formally included in the 2020–2023 local action plan of the neighbourhood committee. Because families from outside the Bengali community expressed an interest in participating in the workshops, the network planned for an expanded target audience (i.e., allophone children) as well as new potential partners (e.g., childcare centers) and funding sources to expand the initiative to an adjacent neighbourhood in the following year. Unfortunately, the onset of the COVID pandemic in March 2020 brought these efforts to a halt.

Table 1**Main Social Actors Involved in the Bengali Language Workshops Initiative**

Social actor	Sector	Activity field/expertise	Role and contribution to the initiative
Coordinator of the neighborhood committee ^a	Community (neighbourhood committee)	Community work Family and parenting	Coordination of the actions of the group, knowledge of local territory and resources (partners and community organization in childhood, funding, opportunities).
Speech-language pathologists (S-LPs) ^a (2)	Institutional (public) Health and social services frontline institution	Language development	Instigator of the idea to support the language development of Bengali children (S-LP1); evidence-based practices to support language; work experience with immigrant families; member of the neighborhood committee (S-LP2).
Community animator: La Relance Jeunes et Familles ^a	Community (community organization)	Social work Immigration	Facilitation of Bengali workshops (training of students); experience in conducting workshops for families; experience and trust bonds with local immigrant parents.
Facilitator/trainer ^a	Self-employed/consultant	Family and parenting	Helped develop and facilitate the workshops. Experience in parenting, parent-child interactions, school readiness.
Researcher	University/academic	Research on language development of children from minority/language communities	Evidence-based knowledge to support the language development of Bengali children; knowledge about a language intervention program for refugee children; recruited student volunteers to animate the workshops.
Bengali mothers (2)	Community/citizen	Realities of local families, Bengali language and culture	Insights regarding the needs and concerns of immigrant parents, translation of documents and during workshops, recruitment of families from the Bengali community.
La Relance Jeunes et Familles	Community (community organization)	Family, child development (0–12 years), and parenting	Provided venue for Bengali workshops, facilitated the recruitment of parents for Bengali workshops through French-language workshops for immigrant parents.
Frontenac Library	Municipal	Reading, literature	Book selection and purchase; activity held at the library as part of the workshops.
Réseau Réussite Montréal	Philanthropic (regional organization)	Educational success and perseverance	Provided funding to support the purchase of materials (e.g., books, snacks).

^a Key informants for the case study; interviews (n = 5).**Data Sources**

Our goal was to analyze the intersectoral process underlying this initiative and determine how it achieved effects. In line with our theoretical framework, the process included the critical events that characterized the progression of the initiative, from the identification of its objective to the creation of the desired resource. In the same line of thought, the effects under study are those of the

intersectoral process (i.e., observable changes in availability or access to a local resource favorable to children's language development), rather than its impact on children's language development.

The observation period began with the first meeting of the intersectoral network to pursue its goal in June 2018 and continued until the end of the first edition of the Bengali language workshops in the spring 2019. Multiple data

sources were used to document the process and its effects: (a) administrative documents ($n = 21$, including 10 sets of meeting minutes, five working papers and internal documents, four action plans and reports, and two presentation documents); (b) two other documents (a manual of a language intervention program aimed at refugee and immigrant children and a local sociodemographic report); and (c) individual interviews with five key informants (see **Table 1** note) involved in the initiative to clarify and validate information from the documentation sources. Interviews were audio recorded for further analysis.

Analysis

A qualitative deductive analysis was conducted based on the previously presented theoretical frame (Bilodeau, Chabot, Martin, et al., 2022; Bilodeau et al., 2019). Its use is appropriate to document intersectoral processes targeting resources in the community, regardless of their goals or activity fields (transport, housing, food).

The analysis took place in five steps:

1. The chronological story of the case was reconstructed based on the documentary sources and interviews.
2. Within this story, the critical events that were crucial to the progression of the intersectoral process were identified.
3. A database was created to organize the data related to each critical event, with the following headings: What action was conducted/What event occurred? When? By whom? With what consequence/outcome for the network?
4. The significance of these critical events in the intersectoral process (the answer to the question "With what consequence/outcome for the network?") was interpreted in the light of the three essential functions that characterize the production of a change process led by local intersectoral networks (Bilodeau, Chabot, Martin, et al., 2022): (a) network setup and governance, (b) representing and influencing, and (c) aligning essential actors and resources.
5. These interpretations were validated in a final group interview with four of the five key actors. The first author (MD) led all steps of the analysis, supported by the other authors, who have extensive experience with this type of analysis. They validated each step of the analysis before its results were submitted to the key informants for final validation.

In addition to this qualitative analysis, a quantitative descriptive analysis identified the frequency of critical events related to each function over the course of the process. To get a better sense of the functions mobilized at the beginning, in the middle, and towards the end of the process, the chronological sequence of critical events was divided into three parts (or tertiles). These defined intervals each included one third of the critical events that took place. Tertile 1 thus included the first third of the critical events that took place (beginning of the process), Tertile 2 the second third (middle of the process), and Tertile 3 the last third (end of the process).

Results

Results related to the analysis of the intersectoral process are presented first, followed by their effects in terms of change in the availability or access to local resources in language development.

Process

Table 2 presents the critical events in chronological order, and the interpretation of their outcomes in light of the three functions of intersectoral networks. In total, 27 critical events occurred between June 2018 (the network's first meeting) and January 2019 (the holding of the first workshop). Results show that the network generated a series of outcomes related to the three functions of interest: Network setup and governance ($n = 8$, 30% of total), representing and influencing ($n = 8$, 30% of total), and aligning essential actors and resources ($n = 11$, 40% of total).

Table 3 details the frequency of occurrence of outcomes related to each function in each tertile of the process. Results indicate that each of the three functions was mainly mobilized at one specific period in the process. Practices related to setting up the network (Function 1) occurred mostly at the beginning of the process (66% of outcomes in Tertile 1). These practices helped the group identify important actors and resources, which they then engaged and obtained to make the workshops come to life (Function 3, 66% of outcomes in Tertile 2). In the end of the process, the outcomes generated by the network mainly related to representation efforts and influencing other people and networks (Function 2, 66% of outcomes in Tertile 3), when the group tried to publicize the project and make it known in the community.

Furthermore, the qualitative analysis highlighted the importance of specific practices and their significant effects on the progression of the process. These practices are detailed in the following sections and pertain to network-building practices, institutional commitments,

Table 2

Critical Events Within the Process of the Bengali Language Workshops Initiative (in Chronological Order), Associated Outcomes, and Functions Mobilized

Tertile 1 (Beginning of process)	Tertile 2 (Middle of process)	Tertile 3 (End of process)
<p>Observations shared between neighbourhood committee members (including an S-LP from a local health-care institution) about the challenges of reaching out to vulnerable children and their families and the need for a project to support their development (#1 Function 1: knowledge shared);</p> <p>The local health-care institution agreed that participation in this project fell within the mandate of both the institution and its S-LPs (#2 Function 3: commitment of decision-maker; #3 Function 3: resources acquired);</p> <p>Working committee established for a project targeting the language of Bengali children (#4 Function 1: network created);</p> <p>Knowledge about the language development of allophone children added to the problematization (#5 Function 1: knowledge shared);</p> <p>Selection of workshops as the preferred format (#6 Function 1: new ideas and solutions generated)</p> <p>A community organization for children and families (La Relance Jeunes et Familles) became one of the leading carriers of the initiative (#7 Function 1: network created);</p> <p>Knowledge shared by S-LPs about an existing evidence-based program to support refugee children's vocabulary through parent-child interactions and shared book-reading (#8 Function 1: knowledge shared)</p> <p>A researcher presented this program to the group and agreed to support the network in adapting the program to their needs (#9 Function 3: interests aligned).</p>	<p>Recruitment of speech-language pathology students to animate the workshops facilitated by the researcher (#10 Function 3: resources acquired)</p> <p>Focus group conducted with immigrant parents on their concerns and perceptions of their child's development (#11 Function 2: legitimacy gained)</p> <p>Consultation and involvement of two mothers from the Bengali community (#12 Function 3: network expanded; #13 Function 2: legitimacy gained)</p> <p>Alignment of the committee around the idea of academic success, which was highlighted as very important to parents, as a basis for the workshops (#14 Function 3: interests aligned)</p> <p>Translation of documents into the Bengali language by volunteer mothers (#15 Function 3: resources acquired)</p> <p>Involvement of the local library in the selection and purchase of books for the workshops (#16 Function 3: network expanded; #17 Function 3: resources acquired)</p> <p>Integration of the Bengali language workshops into the actions of a preliteracy committee, (active, recognized, already funded by the neighbourhood committee) (#18 Function 1: rules and structures adopted within network).</p>	<p>A description of the workshops was developed (#19 Function 2: productions) and submitted as part of a funding application to Réseau Réussite Montréal, a philanthropic organization (#20 Function 2: productions shared)</p> <p>Funding was obtained (#21 Function 3: resources acquired)</p> <p>The group chose to begin workshops in the winter to acquiesce to the funding body's requests (#22 Function 3: interests aligned)</p> <p>Tasks to prepare for the workshops were shared among the group according to each actor's expertise (#23 Function 1: rules and structures adopted within network)</p> <p>Dissemination of information about the workshops and invitation for parents participate (#24 Function 2: representations)</p> <p>Meetings with organizations, cultural sites, and key institutions in the area (#25 Function 2: representations)</p> <p>Calls to local schools (#26 Function 2: representations)</p> <p>Information about the workshops shared by one Bengali mother with local Bengali parents through word-of-mouth (#27 Function 2: representations). The first workshop took place (effect: creation of a local resource in the form of a series of parent-child workshops).</p>

Note: Based on the three functions of intersectoral networks (Blodreau, Chabot, Martin, et al., 2022); Function 1 = network setup and governance; Function 2 = representing and influencing; Function 3 = aligning necessary actors and resources; S-LP = speech-language pathologist; #s refer to critical events.

Table 3

Frequency of the Functions Mobilized by the Network in Each Tertile (Beginning, Middle, and End) of the Process

Functions	Tertile 1 (Beginning)	Tertile 2 (Middle)	Tertile 3 (End)	Total
	n (%)	n (%)	n (%)	
Function 1: network setup and governance	6 (66)	1 (11)	1 (11)	8 (30)
Function 2: representing and influencing	0 (0)	2 (22)	6 (66)	8 (30)
Function 3: aligning essential actors and resources	3 (33)	6 (66)	2 (22)	11 (40)
Total	9	9	9	27

Note. Based on the three functions of intersectoral networks (Bilodeau, Chabot, Martin, et al., 2022).

and the expansion of the network through the addition of social actors.

Building the Network

At the onset of the process, the network sought to understand the local issue and agree on a project to address it. Individuals of various activity sectors (e.g., speech-language pathology, social work, community work) put in common scientific, clinical, and field knowledge related to language development, support for parents in minority language situations, and school readiness. These practices helped the network achieve important outcomes, such as getting a clear understanding of the problem at hand and identifying the people who needed to be involved for the problem to be addressed adequately (Function 1). In response, new individuals and partnerships were added to the network (local community organization dedicated to immigrant families, researcher in the field of language development, trainer specialized in parenthood). Their interests and expertise solidified the network by bringing in additional resources (Function 3), namely, voluntary students in speech-language pathology to facilitate the workshops, access to physical settings in a primary school to conduct the workshops, and knowledge about already existing evidence-based language stimulation programs developed for immigrant children.

The Importance of an Institutional Commitment Towards Change

Informants repeatedly highlighted the importance of the approval of a health institution to let speech-language pathologists participate in intersectoral work with an existing network of local actors in a community-based setting. When questioned about the significance of this critical event on the intersectoral process, they emphasized that this commitment was necessary to achieve change in their local

territories (Function 3) because professionals working in institutional primary-care settings are typically required to prioritize the provision of direct clinical interventions with children and their families, despite the mandate of these institutions to provide population-based services. According to them, this commitment allowed a speech-language pathologist to bring the concerns about the language skills of Bengali children in the neighbourhood to the committee’s attention. This is what truly enabled the network to place language development at the heart of its priorities (Function 3). This event also helped the network acquire specialized clinical resources in speech-language pathology, which are rarely available in community settings (Function 3). On the other hand, speech-language pathologists deemed this commitment essential to reach out to recently immigrated families, who were less likely to know about and use public health and social services, and with whom the community organizations had already built bonds of trust.

Addition of New Partners Who Influenced the Shape of the Project

Throughout the process (primarily Tertiles 1 and 2), the network involved new collaborators, namely the local library and a philanthropic funding agency supporting school readiness. In addition to expanding the network (Function 3), these events yielded additional financial and specialized resources (Function 3) and enriched the project by adding innovative components to support language development, such as accompanied visits and shared reading activities at the local library (Function 1).

The network also conducted focus groups and discussions with parents from the Bengali community, which led to the involvement of a Bengali mother in planning, translating, and leading workshop content. These critical events had numerous positive outcomes for the network and its progression towards achieving effects:

(a) gaining credibility and legitimacy as spokespersons of the community they wished to serve (Function 2); (b) aligning their goals and priorities with those of parents in this community, that is, the academic success of their child (Function 3); and (c) reaching out to Bengali families more effectively (Function 2). This last outcome was important: In spite of the network's various attempts to recruit families in this community to participate in the workshops (Function 2, 66% of Tertile 3), the word-of-mouth approach led by the Bengali mother was the only effective recruitment method.

Effects

The analysis brought out two main effects of the intersectoral process: (a) the creation of language stimulation workshops for Bengali children and their parents, and (b) the facilitation of access by families enrolled in the workshops to existing local resources that offer opportunities to foster language development, such as the library and speech-language pathology services. For example, informants mentioned that activities held at the library helped demystify some perceptions that parents from the Bengali community presented about the fact that such quiet settings are unsuitable for young (possibly noisy) children. Furthermore, the analysis revealed that the presence of speech-language pathologists during some of the workshops promoted trust links with parents and facilitated the process for some parents to ask for and access public services in speech and language for their child.

Discussion

This case study aimed to identify intersectoral practices that enabled a network to generate transformations in the availability or access to local resources for language development. This study made it possible to formalize practices that are often invisible, yet essential to generate change. Four main findings and their implications for researchers and practitioners in the field of language development will be discussed.

Mobilizing a Series of Outcomes Related to Three Essential Functions

The results reveal that, even over a relatively short period (less than a year), outcomes related to the three main functions of local intersectoral networks can be seen in the process, that is, creating and sustaining network composition, representing and influencing other people and networks, and aligning essential partners (e.g., decision-makers) and resources. These results suggest that all three functions contribute to some extent to the effectiveness of intersectoral practices. From a theoretical point of view, it further suggests that this framework focusing on transitional outcomes and functions mobilized by local

intersectoral networks is, as anticipated, appropriate for documenting local cross-sector initiatives regardless of their pursued goals in local territories (e.g., urban planning and transportation, food and housing initiatives) including those targeting child development (Bilodeau, Chabot, Martin, et al., 2022; Bilodeau et al., 2019).

Certain functions were mobilized more frequently than others, and each predominated at different stages in the process. These results are in line with those of cross-case analyses of intersectoral initiatives in Montréal (Bilodeau, Chabot, Di Sante, et al., 2022) that suggest that intersectoral processes can be divided into two main types, depending on whether networks hold control over decision-making and levers of action to produce the desired change within their neighbourhood. When they do ("Do it" type projects), processes are mainly characterized by network setup practices (Function 1), which appear in the early stages of the process and help the network build on its momentum afterward, and by those related to capturing resources (Function 3) which appear throughout the process. This was observed in the present case study: the network started by concentrating its efforts on involving core actors, built on readily available human and financial resources to provide language stimulation workshops, and continued engaging new partners to strengthen the project throughout the process. On the other hand, when local networks don't hold these levers of action themselves ("Make it happen" type projects)—for example, if they wish to have a bus route changed to better serve the needs of the population—they must allocate most of their time to gathering evidence and information about the needs of the population and presenting these data to the right people (Function 2), to convince them of the importance of their issues and obtain commitments towards change.

As this remains an understudied topic, more research is needed to better understand the links between the aims of network projects and how intersectoral processes unfold. In the meantime, intersectoral networks who wish to create, transform, or facilitate access to local resources that promote early language development can nonetheless reflect on (a) their ability to conduct practices consistent with these three essential functions to increase their success, and (b) the specific functions on which they may need to concentrate their efforts, depending on their goals, existing resources, and action-levers. Specific questions can help them with this endeavor (*Tool for Assessing the Effects of Local Intersectoral Action, available in English and French, by Chaire de recherche du Canada Approches communautaires et inégalités de santé*, 2019), for example:

- Function 1: Should other actors be mobilized when looking at the desired effects? Why? To what extent are the populations directly concerned by the issue engaged in our network?
- Function 2: Does our network need to convince or connect with specific people to move our project toward its goals? If so, has our network produced means of communication and influence (plans, tables, summaries, reports) to develop a shared definition of the problem and potential solutions? Which new actors would be likely to use these means of communication?
- Function 3: What actions, actors, or resources are required to strengthen our network or project further? Which decision-makers must remain or be newly engaged? Which decision-makers will be a determining factor in engaging other decision-makers?

Giving People From Different Worlds Opportunities to Talk About Language Development

Network setup and governance represent around one third of the outcomes that make up the process. In line with the results of a cross-case study on intersectoral action (Bilodeau, Chabot, Martin, et al., 2022), these outcomes were particularly prominent at the beginning of the process, suggesting that they served as a solid foundation upon which the network built to progress and generate effects. Such network-building practices contribute to constructing a common vision and arguments, essential to developing innovative, tangible, and complex solutions adjusted to the complexity of issues and local contexts—they are a crucial starting point for creating change. Sufficient time and space should be allocated to early childhood actors (including speech-language pathologists) so they can integrate, develop, and maintain collaborative networks around child development. This also involves developing knowledge about potential partners in early childhood working in their local area, reaching out to them, and regularly devoting time to participate in, consolidate, and maintain these collaborative links. In the case of speech-language pathologists working in institutional healthcare settings, the importance of such practices is often under-recognized by public institutions, whose performance is generally evaluated based on clinical actions (i.e., number of families met, assessments, and direct intervention sessions conducted with children). Recognizing these intersectoral practices as part of the roles of speech-language pathologists—especially those in primary-care settings with population-based mandates—appears to be

an essential step to create supportive environments for children’s language development in local areas (Di Sante & Potvin, 2022).

The contribution of people from different worlds (e.g., health, education, social work, parenthood) in implementing local change was particularly interesting in this case study. The heterogeneity of the knowledge, action levers and competencies the heterogeneous actors involved in the Bengali Language Workshops brought to the table is precisely what increased the network’s capacity to conceptualize the problem from different, complementary perspectives (e.g., language-development expectations, the value of the home language, parent-child interactions, parenting in the context of immigration, transition to school and school readiness, access to language learning materials), and, ultimately, identify more holistic or comprehensive solutions that mirror these perspectives. As a reflection of the heterogeneous group of people involved in the project—who came from the health, education, social work, municipal, and community sectors and had expertise and experience in speech-language pathology, immigration, and parenthood—the output of this initiative is a multifaceted project, including interventions conducted at the level of the child (language), the parents (parent-child interactions, knowledge about language and school readiness) and, to some extent, the social determinants of language development (i.e., access to language-learning materials through the library and access to speech-language pathology services).

Considering this, heterogeneity in the composition of a local intersectoral network is an extremely promising avenue to act on the social determinants of language development (e.g., access to educational materials and settings, social-support network, parenting support, employment, and social and health care services), and thus, tackle the root causes of important language disparities among children (Di Sante & Potvin, 2022). Increasing opportunities to target multiple social determinants of language is an important added-value of intersectoral action that speech-language pathologists should take advantage of to achieve the most gains in children’s language development. Taking part in local intersectoral networks devoted to early childhood appears essential for speech-language pathologists to simultaneously target language and its numerous social determinants, which leads to the next key findings.

Building Bridges Between Institutional and Community Settings

This case study also highlighted the importance of the commitment of a public institution to allow its speech-

language pathologists to participate in intersectoral work with an already established community network of intersectoral collaborators in early childhood, and how this contributed to making language development a local priority. These collaborative links increased the power of institutional and community-based settings to achieve common goals by combining their respective strengths and resources. Indeed, compared to health institutions, community organizations benefit from easier access to local immigrant families, multiple partnerships, and greater leeway to carry out multiple actions in the various environments where children live, play, and learn (family, parks, libraries, childcare settings). That notwithstanding, insufficient recognition and funding of their activities limit their access to specialized resources such as speech-language pathologists who can help them select appropriate, evidence-based practices to support language development and provide guidance to adjust practices to different populations, settings, and contexts.

Results show that collaborations between institutional and community settings might help promote what Corbin and Mittelmark (2008) referred to as *synergy* in their model of collaborative functioning for health promotion (i.e., the output is greater than what would have been achieved by working in isolation). The synergetic outcomes observed in this case study (workshops in the home language; fostering parent-child interactions, vocabulary development, as well as parent knowledge about school and public services; supported by speech-language pathologists; led in the community setting by a Bengali mother, community leaders, and students in speech-language pathology) go beyond the simple addition of actions conducted by actors from different sectors, which is what is typically observed in the context of early childhood interventions.

Engaging in Participatory Practices With Members of the Local Community

A final finding raised in this case study was the significant contribution of consultations with parents from the Bengali community, which led to the network expanding, reinforcing its legitimacy, adjusting its project goals and forms to the concerns and needs of the community, and achieving greater success in reaching out to families within this community. The magnitude of the effects generated by the involvement of individuals from the community is consistent with studies affirming that community participation and the empowerment that can result from it are necessary to increase democracy, harness untapped community resources and energy, develop more holistic and integrated approaches to tackle issues that are important to community members, achieve better

decisions, provide more effective services, and ensure the sustainability of programs through their wide ownership (World Health Organization, 2002).

In addition to informing and consulting with local communities about children's language development, actors engaged in intersectoral action should seek to enable genuine partnerships with the populations they wish to support, delegating more power to members of these communities to exert control over the circumstances that affect their lives (Davidson, 1998). Because increasing community participation can likely produce effects on other more distant social determinants of language development—such as increased knowledge about and use of local health and social services resources and developing social ties within the community—community participation can be thought of as an end in itself, in addition to a means of supporting the language development of children (Kahssay & Oakley, 1999).

Limitations

This study focused on the intersectoral practices mobilized by an intersectoral network that led to creating a new local resource for language development in a neighbourhood. Additional research is needed to identify the extent to which the transformations of local resources generated by initiatives such as the one under study do promote the language skills of children and if they succeed in reducing the prevalence of language difficulties in local areas over time. Furthermore, although this case study demonstrates that local intersectoral initiatives can create and help facilitate access to local resources related to language development, it must be remembered that the impact and sustainability of such initiatives ultimately depend on the existence of broader policies and funding supporting intersectoral practices in early childhood.

Conclusion

This case study aimed to identify how the process of an intersectoral initiative led to the creation of a new language-oriented resource for children in a local urban area. It highlighted the importance of building bridges between institutional and community settings, allocating sufficient time to build heterogeneous networks, and engaging in collaborative practices with individuals from the local communities. The theoretical framework used in this study, specifically its attention to three core functions that contribute to effective intersectoral practices, can guide practitioners and administrators who wish to engage in intersectoral work to act on local resources for language development.

References

- Bilodeau, A., Chabot, C., Di Sante, M., Martin, N., & Potvin, L. (2022). *Local intersectoral networks levers for action in creating healthier living environments* [Manuscript under review]. School of Public Health, Université de Montréal.
- Bilodeau, A., Chabot, C., Martin, N., Di Sante, M., Bertrand, L., & Potvin, L. (2022). A midrange theory of local cross-sector action based on the actor-network theory. *Qualitative Research in Health*, 2, Article 100199. <https://doi.org/10.1016/j.ssmqr.2022.100199>
- Bilodeau, A., Galarneau, M., Lefebvre, C., & Potvin, L. (2019). Linking process and effects of intersectoral action on local neighbourhoods: Systemic modelling based on actor-network theory. *Sociology of Health and Illness*, 41(1), 165–179. <https://doi.org/10.1111/1467-9566.12813>
- Bilodeau, A., & Potvin, L. (2018). Unpacking complexity in public health interventions with actor-network theory. *Health Promotion International*, 33(1), 173–181. <https://doi.org/10.1093/heapro/daw062>
- Bilodeau, A., St-Louis, M., P., Meunier, A., Chabot, C., & Potvin, L. (2022). From the production to the use of scientific knowledge: A continuous dialogue between researchers, knowledge mobilization specialists, and users. In L. Potvin & D. Jourdan (Eds.), *Global handbook of health promotion research* (Vol. 1, pp. 525–540). Springer. https://link.springer.com/chapter/10.1007/978-3-030-97212-7_35
- Blanchard, D. (2019). *Portrait synthèse du développement des enfants à la maternelle pour la région de Montréal : Résultats de l'Enquête québécoise sur le développement des enfants à la maternelle, 2017* [Summary portrait of the development of children in kindergarten for the Montreal region: Results of the Quebec survey on the development of children in kindergarten, 2017]. CIUSSS-Centre-Sud-de-l'Île-de-Montréal. https://ciussc-centresudmtl.gouv.qc.ca/sites/ciusscscmtl/files/media/document/RegionalPortraitSynthese_O.pdf
- Butterfoss, F. D., & Kegler, M. C. (2009). The community coalition action theory. In R. J. DiClemente, R. A. Crosby, & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research* (2nd ed., pp. 237–276). Jossey-Bass/Wiley.
- Calancie, L., Frerichs, L., Davis, M. M., Sullivan, E., White, A. M., Cilenti, D., Corbie-Smith, G., & Hasmler Lich, K. (2021). Consolidated framework for collaboration research derived from a systematic review of theories, models, frameworks and principles for cross-sector collaboration. *PLoS ONE*, 16(1), Article e0244501. <https://doi.org/10.1371/journal.pone.0244501>
- Chaire de recherche du Canada approches communautaires et inégalités de santé. (2019). *Tool for assessing the effects of local intersectoral action*. Université de Montréal. <https://chairecacis-outilinteractif.org>
- Chircop, A., Bassett, R., & Taylor, E. (2015). Evidence on how to practice intersectoral collaboration for health equity: A scoping review. *Critical Public Health*, 25(2), 178–191. <https://doi.org/10.1080/09581596.2014.887831>
- CIUSSS-Centre-Sud-de-l'Île-de-Montréal. (2016). *Profil sociodémographique : Réseau local de services (RLS) des Faubourgs, Plateau-Mont-Royal et Saint-Louis-du-Parc*. [Socio-demographic profile: Local services network of the Faubourgs, Plateau-Mont-Royal and Saint-Louis-du-Parc areas]. <https://ciussc-centresudmtl.gouv.qc.ca/sites/ciusscscmtl/files/media/document/DonneesFaubourgsPlateauStLouisDuParc.pdf>
- Comité de pilotage de l'Initiative montréalaise de soutien au développement social local. (2015). *Cadre de référence - Initiative montréalaise de soutien au développement social local* [Terms of reference - Montreal initiative to support local social development].
- Corbin, J. H., Jones, J., & Barry, M. M. (2018). What makes intersectoral partnerships for health promotion work? A review of the international literature. *Health Promotion International*, 33(1), 4–26. <https://doi.org/10.1093/heapro/daw061>
- Corbin, J. H., & Mittelmark, M. B. (2008). Partnership lessons from the global programme for health promotion effectiveness: A case study. *Health Promotion International*, 23(4), 365–371. <https://doi.org/10.1093/heapro/dan029>
- Davidson, S. (1998). Spinning the wheel of empowerment. *Planning*, 1262(April), 14–15. <https://sarkissian.com.au/wp-content/uploads/sites/13/2009/06/Davidson-Spinning-wheel-article1998.pdf>
- Di Sante, M., & Potvin, L. (2022). We need to talk about social inequalities in language development. *American Journal of Speech-Language Pathology*, 31(4), 1894–1897. https://doi.org/10.1044/2022_AJSLP-21-00326
- Divay, G., Belley, S., & Prémont, M. -C. (2013). La collaboration intersectorielle : spécificités, questionnements et perspectives [Intersectoral collaboration: Specificities, questions and perspectives]. *The Public Sector Innovation Journal*, 18(2), 1–22.
- Duff, C. (2011). Networks, resources and agencies: On the character and production of enabling places. *Health & Place*, 17(1), 149–156. <https://doi.org/10.1016/j.healthplace.2010.09.012>
- Figueiro, A. C., de Araújo Oliveira, S. R., Hartz, Z., Couturier, Y., Bernier, J., do Socorro Machado Freire, M., Samico, I., Guadalupe Medina, M., de Sa, R. F., & Potvin, L. (2017). A tool for exploring the dynamics of innovative interventions for public health: The critical event card. *International Journal of Public Health*, 62(2), 177–186. <https://doi.org/10.1007/s00038-016-0861-5>
- Institut de la statistique du Québec. (2018). *Enquête québécoise sur le développement des enfants de la maternelle 2017* [Québec survey of child development in kindergarten 2017]. <https://statistique.quebec.ca/fr/fichier/enquete-quebecoise-sur-le-developpement-des-enfants-a-la-maternelle-2017-portrait-statistique-pour-le-quebec-et-ses-regions-administratives.pdf>
- Kahsay, H. M., & Oakley, P. (1999). *Community involvement in health development: A review of the concept and practice*. World Health Organization. <https://apps.who.int/iris/handle/10665/42151>
- Lascoumes, P. (1996). Rendre gouvernable : de la 'traduction' au 'transcodage'. L'analyse des processus de changement dans les réseaux d'action publique [Making it governable: from 'translation' to 'transcoding'. The analysis of change processes in public action networks]. In CURAPP (Ed.), *La gouvernabilité* (pp. 325–338). Presse Universitaires de France.
- Latour, B. (2005). *Reassembling the social. An introduction to actor-network-theory*. Oxford University Press.
- Law, J., Charlton, J., Dockrell, J., Gascoigne, M., McKean, C., & Theakston, A. (2017). *Early language development: Needs, provision, and intervention for preschool children from socio-economically disadvantaged backgrounds*. Education Endowment Foundation.
- Montpetit, C., & Bergeron, É. (2011). *Regard sur la défavorisation à Montréal. Série 2 : CSSS de Jeanne-Mance* [A look at disadvantage in Montreal. Series 2: CSSS of Jeanne-Mance]. Agence de la santé et des services sociaux de Montréal. <https://numerique.banq.qc.ca/patrimoine/details/52327/2030463>
- Seaton, C. L., Holm, N., Bottorff, J. L., Jones-Bricker, M., Errey, S., Caperchione, C. M., Lamont, S., Johnson, S. T., & Healy, T. (2017). Factors that impact the success of interorganizational health promotion collaborations: A scoping review. *American Journal of Health Promotion*, 32(4), 1095–1109. <https://doi.org/10.1177/089011711710875>
- Villeval, M., Bidault, E., Shoveller, J., Alias, F., Basson, J. C., Frasse, C., & Lang, T. (2016). Enabling the transferability of complex interventions: Exploring the combination of an intervention's key functions and implementation. *International Journal of Public Health*, 61(9), 1031–1038. <https://doi.org/10.1007/s00038-016-0809-9>
- World Health Organization. (2002). *Community participation in local health and sustainable development: Approaches and techniques*. WHO Regional Office for Europe. <https://apps.who.int/iris/handle/10665/107341>
- World Health Organization. (2008). *Closing the gap in a generation. Health equity through action on the social determinants of health – Final report of the commission on social determinants of health*. <https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1>

Authors' Note

Correspondence concerning this article should be addressed to Mélissa Di Sante, Centre de recherche en santé publique, 7101 avenue du Parc., Montréal, QC, H3N 1X9. Email: melissa.di.sante@umontreal.ca

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