Development of Practice Guidelines in Social Care –
A position of the INESSS Social Care Practice Guideline Committee

ABSTRACT

INTRODUCTION

Practice guidelines reflect a culture of excellence characterized nowadays by the political will to promote high quality and effective interventions. INESSS was created in 2011 to promote clinical excellence and the efficient use of resources in the health and social care. At the heart of its mission and amongst other mandates, INESSS develops guides to support optimal practice in health and social care.

With that in mind and considering the relative paucity of validated processes to develop practice guidelines in social care, INESSS consulted key informants, mainly the members of the Social Care Practice Guideline Committee (see Appendix for the list of members), to help establish a consensual process for the development of such guidelines. This document could not have been written without their invaluable contribution and INESSS kindly thanks them.

This abstract is drawn from a report analyzing the work accomplished by the Committee in 2010–2011 and is based on the findings of a narrative review of the literature on practice guidelines. The purpose of that review was to compare the practice guideline process that emerged from the Committee’s work with the approaches described in the literature. This document presents a process for developing social care practice guidelines built upon three key steps: (1) decide to develop a guideline; (2) collect and analyze different types of data; and (3) finalize the practice guideline and implement it in the field. Although these steps are presented separately, they remain interdependent, each driven by the other.

PRACTICE GUIDELINES: DEFINITION

Practice guidelines can be defined in various ways. The definitions differ according to their purpose (decision support, knowledge transfer, response to an ethical issue) or their potential users (social care users, practitioners, managers, other stakeholders).

Based on the work of the Social Care Practice Guideline Committee, we define them as follows:

Recommendations developed systematically and transparently by and for all the stakeholders concerned with a specific intervention in the social care. These recommendations are founded on evidence-based data supported by exhaustive contextual data and expert knowledge, particularly that of researchers, managers, social care practitioners, and social care users. They are presented in a clear and concise manner so that they can be understood by the stakeholders and thus support their decisions.
Developing a practice guideline can prove to be a demanding and expensive task. It therefore calls for a strategic decision in terms of both relevance and feasibility. The decision must first be based on the priorities set by the institutions concerned. Given that human and financial resources are generally limited today, the issue of making the best use of these guidelines requires institutions to compare needs and their effects in order to determine their priorities.

This means that the decision to develop a practice guideline must be based on a rational or empirical process initiated by a need that requires corrective or adaptive measures. This need may come in many forms and may be triggered by different situations or different circumstances. These triggers go beyond objective aspects such as an amendment to a law or budgetary or organizational constraints, or the exacerbation of a social problem. Stakeholders’ subjectivity, along with their beliefs and values, must also be taken into consideration.

Analyzing the Problem

Problem analysis is a fundamental step in decision making because it helps to define the purpose of the practice guideline and to understand the context for its use. It is governed by two key steps: determining the aspects to review, and identifying and understanding the target intervention settings and stakeholders.

The aspects under review direct the problem analysis process. Aspects such as security, legality, efficacy, safety or cost effectiveness are often considered either separately or together against the backdrop of ethical aspects, including service equity, acceptability and accessibility. No matter which aspects are being studied, all are meant to fill a need. It is nonetheless necessary to know the context to which this need applies.

Identifying and understanding the target intervention settings and stakeholders is therefore a critical step in decision making. Practice guidelines may be designed for different intervention settings that may vary in scale. They may address an intervention on a national level, a particular intervention setting or a group of settings with or without the same mission.

Setting analysis informs about user health and well-being and reveals what interventions are in use. This step also provides information on current practices and their conditions of application (e.g., severity of the problem and of any concurrent problems, intensity and frequency of the interventions). On the one hand, these data may be very useful because they may report not only on obsolete practices but also on commonly applied, evidence-based practices. As such, they may serve as comparator data against practices proven to be effective as demonstrated by data in the literature or against promising practices. They also provide information on the need, the will and capacity (e.g., financial, organizational) to change a practice and therefore on the potential use of the guidelines. On the other hand, these data may also demonstrate that a current practice is effective, perhaps even cost effective, and that there is no need in the circumstances to change it for another, or even to produce a practice guideline.

Setting analysis may also cover physical facilities and objective elements such as budgets, regulations and service organization. These settings may also be those of “real people” applying practices driven by knowledge, experience, professional habits, values and beliefs to which the guideline must adapt. These stakeholders, including managers, practitioners, users and carers, may belong to different decision levels. The process of analyzing the problem must not only identify the settings addressed by the practice guideline but also provide a clear understanding of the different stakeholders on both an objective and a cultural level.

Defining the main question(s) and aims

The adequate translation of the problem into main study question(s) and aims is crucial to help establish the frontiers of the practice guideline content. For example, the guideline may deal with a particular approach, a specific professional activity, a general practice or a practice specific to a client group or community.

Practice guidelines must also be formulated as recommendations developed with a view to proposing a practice designed to enhance user well-being or improve the health and social care system.

Practice guidelines make recommendations on how something should be done, while of course leaving room to professional or personal judgment. They are distinct from more prescriptive documents, such as those that enforce a law, a policy or professional standards. Practice guidelines do not dictate; they accompany practices, and each stakeholder is free to apply them in part or in whole.
Determining the Relevance and Feasibility of Developing a Practice Guideline

Once the problem has been posited and the aims determined, decision makers must agree that developing a practice guideline is the most efficient strategy in the current or future situation. To do so, they must first consider other avenues, such as systematic reviews, decision support tools, audits, ad hoc or continuing education, or else communication strategies, management strategies, and even regulations. These strategies each have specific aims and their own rationale. They must be compared against each other to reach an informed decision.

Moreover, given that practice guidelines require a fair amount of different types of data to make it possible to form recommendations, prior knowledge of available data, including existing practice guidelines, is crucial for the decision of whether or not to develop one. These data are not limited to those found in the literature. Contextual data and expert knowledge must also be taken into account. Other important prerequisites include analysis of the availability of human and financial resources, and the political and institutional will to promote their use. That is why decision makers must ensure that they have all the necessary elements in hand in order to foster user uptake of the guideline. It is not enough to plan to develop a practice guideline; it is also necessary to plan its use. From the outset, the decision to develop a practice guideline implies planning all the steps in the process, including those related not only to its development but also to its delivery and uptake by the intended users. Both barriers and enablers must be identified to be able to overcome the obstacles to guideline use and to emphasize the elements that facilitate it. The following box lists selected criteria guiding the decision to develop a practice guideline.

Selected criteria guiding the decision to develop an evidence-based practice guideline

- A situation in current practice is causing a problem that needs to be corrected.
- Stakeholders consider that solving this problem is a necessity or a priority.
- Problem analysis takes into account the aspects to be reviewed, the target intervention settings and stakeholders, and particularly users.
- The main question and aims are clearly formulated, and the expected outcomes are measurable.
- A practice guideline is the best tool to reach the objectives.
- There are sufficient scientific and contextual data to lead to applicable recommendations.
- The enablers and barriers regarding the use of the guideline are known; they can be built upon or overcome.

Request to a Developer

The requester and the developer begin to interact at this point. Requesters are those who define the need and decide that a guideline should be developed. They may belong to any level of society: a government department, network, professional body, partner association, etc. Requesters act as moral person in that they ask a developer to produce a practice guideline, even though they may develop it themselves. Developers are those recognized by requesters as having the necessary expertise to develop the guideline.
STEP 2. COLLECT AND ANALYZE THE DATA

ROLE OF EXPERTS

Expert Panels
Although practice guidelines are sometimes developed by groups of experts from the same field, it is recommended that all stakeholders and relevant fields be represented. A multidisciplinary effort makes it possible to organize the work by building on complementary knowledge and on several different viewpoints.

Panel members are generally selected for their expertise in relation to the guideline main question and aims. Owing to their experiential knowledge, users are considered to be experts, and their participation appears to be essential.

In principle, none of these experts, and particularly the chair, should have any conflicts of interest. Each member must therefore sign a disclosure statement of potential conflicts of interest. Yet, the presence of certain specialists who earn a large share of their income from services related to practice guideline development may be unavoidable in some cases. In these circumstances, these experts should be in the minority. However, employees of funding agencies should never be members of expert panels.

Decision Process Dynamics
Forming an expert panel is not a trivial task, given that the effectiveness of a practice guideline greatly depends on the quality of the consensus or deliberative process. These expert panels are task-oriented and their role is to share information or opinions. The process involves combining various perspectives in order to develop a guideline acceptable to all stakeholders and applicable to different intervention settings.

However, in any given health and social care system, they do not all have the same status or say. There may also be interprofessional tensions. To promote a valid and democratic decision process, those involved in forming an expert panel must be guided by the desire to find the right balance among the members in terms of numbers, their ability to attend meetings and the quality of their input, while the members with the least decision-making power should be more greatly represented or supported by their peers. The chair must therefore pay special heed to group dynamics (e.g., how the group interacts, communicates and makes decisions), must be able to mediate any conflicts that might arise and must make it easy for all the members to express themselves.

Expert Assessment
During the development of a practice guideline, some data may be missing, incomplete or controversial. Data cannot be converted directly into recommendations. The experts must assess the expected benefits, risks or anticipated effects of a given intervention in order to issue recommendations. Experts are human beings and their opinions, knowledge, experiences and values are coloured by subjectivity. It stands to reason that their assessments cannot be totally objective. This factor must be taken into account throughout the data collection and analysis process. Transparency is therefore a necessity.

Types of Data
Practice guidelines are based on different types of complementary data: (1) data drawn from the scientific literature, which are often the foundations of practice guidelines but are insufficient alone; (2) contextual data, which refer to different information specific to the intervention context, including subjective data; (3) expert knowledge, which is provided by the experts consulted and useful for answering specific questions, such as the cost or acceptability of implementing a guideline, conditions for success, operational constraints, along with the risks of an intervention (e.g., social stigma). There seems to be no pre-established order for collecting these data. The process may be iterative and may require alternating between the different types of data.
**Literature Search**

Developers can use various electronic databases to retrieve the information needed to address the problem under review. This requires access to these databases and the skills to query them. Universities and research centres have access to these databases and their library information specialists can help them with their literature searches by identifying information relevant to the guideline main question and aims and by proposing keywords.

**Scientific Data**

The types of scientific data comprising the body of a practice guideline is a matter of debate. Data selection is governed by two main paradigms. The first derives from the evidence-based medicine (EBM) movement. It aims to demonstrate what works, based on a pre-established standard for grading *levels of evidence*, often giving precedence to meta-analyses and systematic reviews of randomized controlled trials (RCTs). The second relies on the use of a *diversity of data sources* with a view to taking into account the complexity of social care interventions and demonstrating what works in a given intervention setting rather than in a highly controlled situation. The major controversial issues revolve around defining data quality and determining what constitutes an effective intervention. Choosing either paradigm will necessarily affect the approach taken to assess social care interventions and their emerging practice guidelines.

Assessing the robustness of the data drawn from social science literature may differ from that in the medical field, which already has a highly developed culture of assessment and experience with RCTs, which are often inapplicable for ethical reasons or owing to the complexity of the social science field. As a result, the types of data and levels of evidence expected to determine if an intervention is effective, promising or harmful may differ between the healthcare sector and the social care sector.

This means that it is especially important to consider criteria other than efficacy in a controlled setting, such as users’ values, preferences or living conditions. These perspectives are not supplementary to scientific data but part of them. Strength of evidence in the social sciences must therefore be defined as an exhaustive and comprehensive analysis of an issue and cannot be based on assessing a specific type of data. This is why, from the angle of decision support, triangulation is the advocated approach to ensuring data quality. This process must be rigorous, transparent, independent, legitimate and credible from the viewpoint of using different data to support decisions and guide practices.

**Data Synthesis**

Different data synthesis methods may be applied. The most common methods for synthesizing research findings are scoping reviews (mapping), systematic reviews and meta-analyses, meta-ethnography, mixed-method approaches, meta-narrative synthesis and realist synthesis. They make it possible to structure aggregated data by favouring a transparent and generalizable process. No single method is preferred over the others, since the type of data collected governs which method is used.
Step 1: Decide to develop guideline

**Problem Analysis Process**

- **Problem**
  - legal
  - ethical
  - political
  - organizational
  - social
  - professional
  - economic
  - innovation
  - crisis

- **ASPECTS UNDER REVIEW**
  - legality
  - cost
  - effectiveness
  - safety
  - acceptance
  - equity
  - accessibility
  - security

- **INTERVENTION**
  - national
  - regional level
  - institutional groups
  - communities
  - institutions (schools, daycare centres, residences, youth centres, workplaces)

- **STAKEHOLDERS**
  - practitioners
  - volunteers
  - teachers
  - parents
  - users
  - managers
  - planners

- **SYNTHESIS**
  - guidelines
  - development
  - adaptation of existing guidelines

**Relevance**

- **QUESTION UNDER REVIEW**
  - application of a law or regulation
  - approach or program
  - specific problem
  - general practice
  - service for specific clients
  - specific professional activity

- **TARGET OBJECTIVES**
  - raise awareness
  - assist
  - prevent
  - specify
  - guide and support
  - propose

- **DEVELOPER**
  - agency
  - research group
  - professional body
  - practitioner group
  - users
  - institution
  - other stakeholders

- **INTERACTION**
  - with different stakeholders

- **IMPLEMENTATION ENABLERS AND BARRIERS**
  - costs
  - human resources
  - capacity for change
  - political and organizational will
  - available evidence
  - acceptability
  - organizational culture

- **SCIENTIFIC LITERATURE**
  - literature search
  - data collection
  - data analysis
  - quality assessment
  - data synthesis
  - writing

- **PROCESS**
  - literature search
  - data collection
  - data analysis
  - quality assessment
  - data synthesis
  - writing

- **CONTENT**
  - specific quality standards
  - AGREE

- **STANDARDIZATION**
  - specific quality standards
  - AGREE

- **PARTICIPATING IN ANALYSIS PROCESS**
  - specialists
  - experts
  - stakeholders
  - different settings
  - multidisciplinary effort
  - methods
  - diversification
  - triangulation
  - generic quality standards

- **REPORT**
  - relevance
  - feasibility
  - constraints
  - success
  - harmfulness of the intervention
  - stakeholder constraints

- **INTERACTION**
  - with various stakeholders
  - in different settings
  - indicators for success
  - usefulness
  - and assessment of its guideline in the field of practice

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Step 1: Decide to develop guideline
- crisis
- innovation
- professional
- organizational
- political
- ethical
- legal
- communities
- institutional groups
- centres, workplaces)

Step 2: Collect and analyze the data
- contextual knowledge
- experts knowledge
- experts participating in data-collection process

Step 3: Finalize the guideline and implement it in the field
- report
- analysis
- adaptation
- implementation
- guideline format
- choice of one or more strategies
- interaction with stakeholders
- application of one or more strategies

Inclusive: Objective and subjective
- psychological and social conditions
  - preferences
  - stakeholders
  - laws and regulations
  - budgets
  - socio-demographic characteristics of the population
  - burdens
  - culture and values
  - acceptability of the intervention
  - living and working conditions
  - service accessibility
  - equity

- content
  - consensus methods
  - interviews
  - discussion groups

- process
  - interviews
  - grey literature
  - field observation
  - program evaluation
  - surveys
  - databases
  - discussion groups

- adapt
  - de novo development
  - diversification

- synthesis
- experts
- data collection and analysis process
STEP 3. FINALIZE THE GUIDELINE AND IMPLEMENT IT IN THE FIELD

Practice guidelines show their full value when they are applied in the field. However, a good number of them get left by the wayside after dissemination. It is therefore critical to know the conditions for the success or failure of their application in the field. Adapting the data collected during the second step of the practice guideline development process is key to successfully implementing these guidelines.

**Converting the Data into Practice Guidelines**

The purpose of the data collection and analysis process is to produce a report (or any other type of synthesis document) responding to the problem under review. This report is not a practice guideline. While it is true that it contains a set of data essential for developing a guideline, the report format is not necessarily accessible to everyone in the field and to all stakeholders. That is why it must be converted before dissemination.

Practice guidelines must be adjusted to the different target clients and settings. Some guidelines will need to be modified for a specific group (e.g., members of a professional body). Others may be tailored to different audiences (e.g., practitioners vs service users).

Converting data into practice guidelines can be quite a demanding job. It cannot be done without a thorough knowledge of the intended users and communities, including their values and preferences. It requires taking into account the implementation context, as well as the resources available to offer the intervention and manage practice changes, given that such changes will need to be supported through activities, such as training, and then through practitioner supervision.

**Guideline Implementation Enablers**

Apart from demonstrating its relevance and validity both to the intended users and to their organizations, the guideline must be seen as an added value that will improve current practice. To be accepted and recognized, it must also propose changes that are compatible with standard practice to ensure that the degree of change and the level of complexity are not excessive.

There are many factors enabling guideline implementation. The lack of these enablers may in itself become a barrier. The following factors deserve mention: (1) plan an implementation strategy as soon as the decision is made to develop a practice guideline; (2) plan to involve all the stakeholders required to take ownership of the guideline; (3) take into account community characteristics; (4) get organizational approval, including that of management; (5) take into account the human and financial resources required to both implement it and support it; (6) plan training for the intended users; (7) make sure that the political will exists; (8) ensure that the objectives are realistic and that expected outcomes are measurable for evaluation purposes.
It must be acknowledged, however, that the relative effectiveness of guideline implementation strategies—whether conventional or interactive—has not been demonstrated by evidence. Too few data exist to be able to estimate with any certainty that a single strategy or a combination of strategies is more effective than another. In addition, the specific characteristics of practice guidelines, their potential users and their implementation contexts compromise the external validity of studies on this topic. If possible, it is recommended to assess or at least field-test the usefulness of a guideline once it has been implemented. The entire process of developing a practice guideline, from the decision to develop it until its implementation, along with assessing its usefulness, requires human and financial resources. Given that all institutions have budget limitations, they must factor in the costs associated with guideline implementation. In these circumstances, distributing educational material, for example, may be more cost effective than launching a media campaign.

### Practice Guideline Formats

Practice guidelines come in many formats and they can be distributed in different ways, such as by mass mailing or on the Internet. The report and its major findings may be written in a simplified form for general readership. It can be made into a video or a pamphlet highlighting its key messages. The format may also be adapted to some of the intended users’ characteristics, such as large print for easy reading. The content can also be divided into a series of derivative products adapted to specific clients, such as children, parents and practitioners. For the sake of transparency, the report should remain easily accessible with a clear indication of the original data that led to developing the guideline.

### Implementation Strategies

Various strategies may be used to implement practice guidelines in the field. These strategies are sometimes interactive and require the participation of users, service providers or organizations. Others are more conventional and simply transmit information through various communication channels.

Stakeholder interaction is a strategy used to support the relevance of guidelines, making them easier to implement. In the social care sector, professional bodies, managers, practitioners, volunteers, users and carers are the main parties concerned. Interactions should not be limited to post-implementation satisfaction surveys. Ideally, this process should be put in place much earlier, even as a partnership, as soon as the data collection process begins. These interactions can take place in a variety of ways: forming work groups with institutional managers, offering staff training, holding seminars or conferences for practitioners and users, etc.
CONCLUSION

This abstract proposes a method for developing practice guidelines in social care, from the decision to develop them to data collection and synthesis, to implementation in the field. It is based on knowledge gleaned from the experience of the Social Care Practice Guideline Committee and from the specialized literature. It is designed mainly to identify the elements that seem to meet with consensus and to share them with the social care community in order to promote a common vision. It also meets the objective of applying knowledge and strengthening a culture of assessment enhancing public well-being.

A report containing a more detailed description of evidence-based guideline development is currently being drafted. It is scheduled for publication in the fall of 2011. A notice will be posted on the INESSS website at that time: inesss.qc.ca/.

SUGGESTED READINGS


APPENDIX

INESSS sincerely thanks the members of the Social Care Practice Guideline Committee.

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(September 2010–)

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