

PAPEFC

Programme d'aide personnelle, familiale et communautaire

Program Guide — Second Edition

March 2017

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PAPFC²

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Carl Lacharité

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Preface

1990 : Program 1st generation
 2005 : 2nd gen. – 1st edition
 2014 : 2nd gen. – 2nd edition

¹ AIDES : Action intersectorielle pour le développement des enfants et leur sécurité [intersectoral action for child development and safety]. For further information, please visit www.initiativeaides.ca.

The first edition of this guide, published in 2005, presented the results of an in-depth revision of the developmental and ecosystem-based intervention program developed in the 1990s for neglected children and their families. That guide was thus an entirely new (second) generation of the program. Although much water has flowed under the bridge since the first edition, the vast majority of the guide’s content remains relevant today, and the second generation of the program continues to show signs of vigor. However, after eight years of implementation in a variety of contexts (various administrative territories in Quebec, various countries), some aspects of the program have matured and have been clarified, such as the content related to the participatory analysis of children’s needs, as well as the links between the PAPFC² and the “Initiative AIDES¹”. Moreover, I have been asked many questions about the program over the years. In many cases, the answers could be found in the guide. But some questions drove me to new reflections about the PAPFC²’s intervention model. And it must also be noted that the 2005 document had a number of typographical errors.

All the foregoing considerations argued for the production of a second edition of the PAPFC² program guide. This second edition of the guide, it must be emphasized, is not a third generation of the program. In fact, I set out to make as few modifications as possible to the original document. I was initially tempted to undertake an in-depth revision of the first edition, and most particularly to integrate ideas published in French and English over the last eight years. But this would have been quite time-consuming and would have considerably increased the size of the new guide. I therefore resolved to take a strict approach to the second edition of the guide, and reserve in-depth discussion of the conceptual and clinical aspects of the PAPFC²’s approach to intervention for another book, projected for 2015, provisionally entitled “It Takes a Village To Raise Children and Families”. I am also working on another book, also projected for 2015, devoted exclusively to the moderation of groups of parents. Only time will tell if I manage to keep these two promises I’ve committed myself to here...

Obviously, I would be remiss if I did not acknowledge the genealogical tree made up of all those who directly contributed to the development of the intervention model presented here. This includes my fellow researchers Louise Éthier, Ercilia Palacio-Quintin, Colette Jourdan-Ionescu, Jean-Pierre Gagnier, Renèle Desaulniers, Louise

² Since 2010, Paola Milani (University of Padua, Italy) has been responsible for the implementation and evaluation of the PIPPI, a modified version of the PAPFC².

Preface

Bourassa, and, more recently, Paola Milani². These people have been, and in some cases continue to be, sources of inspiration for my reflections on the phenomenon of child neglect, the theoretical basis for interventions involving neglected children and their families, and the evaluation of the effects of these interventions. But my genealogical tree has other branches as well, in which we find practitioners: Pierre Pinard, Guylaine Fafard, John Denham, Réal Ménard, and, more recently, Josée Caron, Line Couvillon, and Mohamed l’Houssni. Without them (and many others not mentioned here, but whose numbers are steadily increasing), the PAPFC² would probably be a pilotless plane searching for a landing strip. These incomparable practitioners were—and in many cases still are—the air traffic controllers and pilots who made it possible for the program to land on the solid ground of practice. The content of this program guide owes much to all these colleagues, some of whom I have known for 20 years. But I, of course, assume full responsibility for any weaknesses in this guide.

I cannot close without emphasizing the essential contribution made by the hundreds of children and parents whom I had the good fortune to meet over the last two decades. They, indeed, were my true teachers. They taught me the most about the challenges children, mothers, and fathers face in coping with the often atrocious conditions typical of the world of neglect. I hope that this guide is a true reflection of their daily lives, their concerns, and their suffering—but also of their knowledge, their dreams, and their strengths.

Carl Lacharité
March 2017, Trois-Rivières

Introduction

¹ The list of publications upon which the first generation of the program was based can be found on page 4.

* The PAPFC² acronym is used throughout this document. It stands for *Programme d'aide personnelle, familiale et communautaire - deuxième génération* which is the french name of the program.

In English, the program was named "Ecosystemic and Developmental Intervention Program for Children and Families - Second Generation".

For more information, see Lacharité, C. (2014). *Transforming a Wild World: Helping Children and Families to Address Neglect in the Province of Quebec, Canada*. *Child Abuse Review*, 23, 286-296.

This document provides a global overview of the main elements of the second generation¹ of the PAPFC^{2*} (*Programme d'aide personnelle, familiale et communautaire*). The program is designed for children and parents faced with personal, relational, and social difficulties directly resulting from situations of real or highly probable neglect.

Because the modifications to the initial program have been substantial, we chose to rename the program PAPFC² (rather than PAPFC-2), which emphasizes the exponential nature of the changes. The first modification was a complete revision of the conceptualization of child neglect, which allowed for a much fuller explanation of the multiple facets of neglect, the underlying mechanisms of neglect, and the consequences of neglect on the wellbeing and development of neglected children, particularly those who are chronically neglected. In fact, the new generation of the program is an attempt to translate and apply, in a practical way, an ecosystemic and developmental theory of child neglect.

Modification of the initial program was also driven by the results of more than a decade of longitudinal research by the GRIN (Groupe de recherche et d'intervention sur la négligence, neglect research and intervention group). In particular, this research significantly advanced our understanding of the trajectories of neglected children and their families, and of the impact of support programs targeting families in which neglect occurs.

These conceptual and empirical advances made possible a review of all the operational aspects of the program. In our opinion, the new structure of the program is more coherent than the original version, in terms of both its linkage to the phenomenon of neglect (external coherence) and the links between the theoretical framework, program goals, proposed actions, and expected results (internal coherence). This improved coherence facilitates the program's appropriation, application, and evaluation.

1. Introduction

Several aspects of the second generation of the program were presented to various groups of professionals in the social services and youth protection networks. While some of these presentations were only a few minutes long, most were more substantial opportunities for shared reflection, lasting for as long as several days. Thus, this guide is also a product of twelve years of questions and comments by hundreds of professionals.

The efforts to integrate the second generation of the PAPFC into the logic underlying the delivery of child and family services should also be noted. This integration is crucial to the comprehension of child neglect and the interventions that can make real differences to neglected children and their families. In the early 1990s, the initial version of the PAPFC laid the groundwork for the intersectoral cooperation needed to develop neglect-specific interventions. The PAPFC² is a clear extension of this approach, and can only be fully understood through the prisms of service integration and coherent support to children and their parents.

It is for these reasons that the revision of the PAPFC was accompanied by the design of another, more global program that defines integrated child-neglect services throughout a given health services territory—the **Faire la courte échelle**² program. The second generation of the PAPFC thus has close structural links to that integrated services program. The implementation of the PAPFC² must also be part of a broader approach to the establishment of integrated services that support the creation of local institutional environments that favour the program's inclusion in their range of services.

² For more information on the **Faire la courte échelle** program, consult the list of suggested readings on page 4.

It should also be noted that the revision of the initial version of the PAPFC was influenced by research on the development on what would become the “Initiative AIDES”. Over the last eight years, this research has made great strides and has been formalized, to the point that the practices and tools which initially had only been sketched out have now been made explicit. These tools and practices were gradually integrated into the second generation of the PAPFC; in return, the PAPFC was a strong stimulus for the development of the “Initiative AIDES” (particularly with regard to the development of a participatory approach to family interventions). Consequently, research in these two areas has become virtually inseparable. In fact, although all the tools developed for the “Initiative AIDES” are not necessary for the implementation of the PAPFC², an ecosystemic approach to the analysis of children's developmental needs is a core feature of the latter program. Furthermore, although the analytical and practical elements of the “Initiative AIDES” can be applied to issues other than child neglect, the theoretical and empirical research related to the initiative has only examined its use in situations of real or potential neglect.

The first section of this guide describes the four processes—appropriation, reflective sharing, appreciative inquiry, and feedback—that must be undertaken in any local implementation of the PAPFC².

The second section summarizes the program's theoretical foundations. Program agents³ are often disinclined to “plough through” this material. However, one of the tacit assumptions of the PAPFC² is that program agents share a rich vision and understanding of child neglect. It is therefore recommended that every program agent read this section carefully and participate in group discussions about the program's foundational concepts. To ensure that this section fosters personal and collective reflection, only a schematic overview is provided.

The third section presents the logical model that forms the PAPFC²'s backbone. The section clearly defines the program's target clientele, the general needs targeted by the program, and the professional and institutional resources necessary for program implementation.

The fourth section provides guidelines for the analysis of families referred to the PAPFC². These guidelines help standardize the analysis of the information collected and ensure that this analysis remains consistent with the program's basic principles. For example, the concept of children's developmental needs is essential to the comprehension of the phenomenon of neglect, and is therefore a central element of the PAPFC². This being so, referrals to the program—either voluntary referrals from a Centre jeunesse, or recommendations by a CSSS—must include a summary of the main developmental needs of the child who will be the subject of PAPFC² interventions and service plans.

The fifth section describes the PAPFC²'s specific objectives, and the principles and strategies governing program interventions.

The sixth section presents guidelines for the supervision of program agents.

The final section presents an analytical checklist that facilitates the planning of the evaluation of the program's implementation and effectiveness. This evaluation takes into account two types of coherence:

- **Internal coherence**, the relationship between program intentions and actual field practice—the relationship between words and actions.
- **External coherence**, the relationship between the nature of child neglect, the goals of the implemented program, and the observed effects on program subjects (children and parents).

This section is intended to support the formulation and implementation of a program-evaluation strategy that includes the measures of effectiveness and efficiency necessary for the monitoring of the program.

³Throughout this document, the term “program agent” designates a person directly involved in the application of the program through interaction with children or families. The choice of this term over “frontline worker” was motivated, in particular, by the program's dependence on the participation of individuals who are not, strictly speaking, frontline workers (parental support workers, managers).

But when we specifically want to focus on the professionals workers responsible for the direct intervention with families, we will use the term “workers”.

extra information
note 1 on page 1

The list of publications upon which the first generation of the PAPFC² was based.

Éthier, L. S., Couture, G., Lacharité, C., & Gagnier, J.P. (2000). Evaluation of an Ecosystemic Intervention Program for Families At-Risk for Child neglect. *Child Abuse Review, 21*, 19-36.

Éthier, L. S., Gagnier, J. P., Lacharité, C., & Couture, G. (1995). *Évaluation de l'impact à court terme d'un programme d'intervention écosystémique pour familles à risque de négligence*. Trois-Rivières, QC : Groupe de recherche en développement de l'enfant et de la famille (GREDEF), Université du Québec à Trois-Rivières.

Ménard, R., & Pinard, P. (1997). *Programme d'intervention en négligence*. Trois-Rivières, QC : Les Centres jeunesse de la Mauricie et du Centre-du-Québec.

Palacio-Quintin, E., Ethier, L., Jourdan-Ionescu, C., & Lacharité, C. (1994). L'intervention auprès des familles négligentes. Dans J.P. Pourtois (Éd.), *Enfance Maltraitée*, Belgique : DeBoeck.

extra information
note 2 on page 2

Faire la courte échelle program

Agence de développement de réseaux locaux de services de santé et de services sociaux de la Mauricie et du Centre-du-Québec (2005). *Faire la courte échelle : pour atteindre l'inaccessible face à la négligence*. Gouvernement du Québec.



Lacharité, C., Pinard, P., Giroux, & P., Cossette, F. (2007). Faire la courte échelle : Développement d'un programme de services intégrés pour contrer la négligence. In C. Chamberland, S. Léveillé, & N. Trocmé (Eds.), *Enfants à protéger, parents à aider : des univers à rapprocher* (pp. 307-322) Montréal : Presses de l'Université du Québec.

Implementation of the PAPFC²



It is important to recall that this document is a guide to the complex process of developing and implementing a service and support program that specifically targets the main features of neglect in western societies.

Our experience¹ has shown us that what truly differentiates successful professional interventions in families from unsuccessful ones are the cooks (i.e. community workers, managers, parents, children) and the kitchens (institutional, professional, and social contexts), not the recipes (intervention programs, strategies, techniques). Furthermore, a steadfast focus on individuals and contexts does not preclude sensitivity to the services, practices, and procedures associated with initiatives such as the PAPFC². The inverse, however, is rarely true: a focus on services, practices, and procedures does not necessarily lead to attention to either the individuals who, when all is said and done, must be their agents and subjects, or to the contexts in which these individuals must operate.

Our work is thus grounded in a unique conception of the development and implementation of programs targeting complex issues such as neglect. Traditionally, program development and implementation are thought of as two, virtually independent universes. The individuals who define the program's orientations, strategies, activities, and equipment work in a silo, and implementation only commences once they consider the program to be sufficiently advanced. The task of those involved in program implementation, on the other hand, is to follow the prescribed elements and processes as closely as possible; to this end, implementation is often preceded by awareness-raising and detailed training activities. This model of program development and implementation presupposes that every aspect of the program has been defined and circumscribed during the pre-implementation development phase. With programs that have a limited number of objectives, agents, and institutional contexts, this model provides rational

¹ Lacharité, C., de Montigny, F., Miron, J. M., et al. (2005). Le soutien professionnel aux parents à risque ou en difficulté : modèles conceptuels, stratégies d'action et réponses aux besoins. Research report. Québec, QC: Fonds québécois de recherche sur la société et la culture.

2. Implementation

and productive roadmaps. However, with multidimensional programs, it presents as many (if not more) drawbacks as advantages. In these cases, it is more rational to conceptualize program development and implementation as significantly overlapping—a sort of “essential overlap”. Program implementation is now conceptualized as a specific step in program development, particularly with regard to the contextualization of intervention principles and strategies. Conversely, program development must accommodate the logic of program implementation, and avoid rigidly defining every program element—which would leave little place for the institutional, professional, and social imperatives which must be taken into account upon implementation. Instead, the mandated intervention principles and strategies must leave program agents leeway to analyse their own professional and institutional practices, and take ownership for managing the changes to their practices that flow from this analysis. Thus, program agents follow an implementation process of their own design, rather than an imposed one, and contribute iteratively to program development. The program is thus the product of a practice and knowledge community rather than of a small group of experts.

The concepts of the essential overlap of program development and implementation, and of the construction of a practice and knowledge community lie at the heart of the PAPFC². On the one hand, the PAPFC²'s theoretical framework is grounded in an understanding of conditions in the field—good and bad, obstacles and facilitating conditions. The program's underlying concepts should thus be seen as practice-oriented tools rather than abstract ideas. On the other hand, it is essential that program agents fully appreciate the intervention strategies and principles embodied in the PAPFC²'s structure and logical model. In other words, the strategies and principles are conceptualized and contextualized by specific individuals in specific contexts.

For these reasons, the implementation of the PAPFC² requires that the program agents not only appropriate the program's clinical and intervention practices, but that they also actively participate in three other processes: reflective sharing about neglect, appreciative inquiry into their own neglect-related practices, and feedback about the effects of the practices on program users. In any local implementation of the PAPFC², the operationalization of the specific services and activities that are available to targeted children and parents is characterized by interaction between these four processes (Figure 1).



..... **Appropriation**

Most attempts at program implementation are based on a process of appropriation, the process by which program agents familiarize themselves with the program's essential elements, namely the program's characteristic clinical principles and intervention strategies. Typically, appropriation is based on a formal program guide (such as this document), and on training and co-development activities that help program agents familiarize themselves with the program's functioning. The endpoints of appropriation are effectiveness and uniformity, i.e. ensuring that the application

of the program is as faithful as possible to the intervention model. The more the program proposes specific actions and systematic procedures, the more the emphasis should be placed on appropriation. The program guide is thus the program’s “bible” and, as such, should be quite detailed and precise. Moreover, training activities for program agents require a substantial time investment (often several days, but in some cases, weeks or months). While the three other implementation processes are not completely absent in such cases, they are often marginal and implicit.

To be blunt, this implementation strategy reduces program agents to docile, albeit effective, followers of orders who must exercise sufficient discipline to faithfully implement the proposed treatment for program users. Within this view, the program’s effectiveness is primarily dependent on the agents’ ability to reproduce the program’s various attitudes, acts, and tasks.

Of course, the PAPFC² must also exhibit effectiveness and uniformity. However, it is clear from the literature on neglect that the clinical principles and intervention strategies of a neglect program should encompass relatively simple activities that most workers in the fields of social services, community work, health, and education possess (e.g. listening, encouraging, reinforcing, teaching, accommodating, giving feedback, facilitating, counseling). In situations of neglect, the complexity lies not with the intervention strategies, but with the obstacles that interfere with the application of strategies. It is for this reason that the implementation of the PAPFC² depends not only on appropriation but also on three other processes that help agents overcome these obstacles. Metaphorically, one could say that neglect-related interventions are like simple tasks such as threading a needle, pouring coffee, and looking up a telephone number in a telephone book. As simple as these tasks may be, they become challenging if one attempts to perform them in poor light, constant movement, and deafening noise—say, in a rowboat in the middle of a lake during a storm. In such cases, it is not particularly useful to merely provide program agents with detailed instructions on (for example) how to thread a needle and demand that they follow them to the letter. This being said, it is nevertheless true that program agents must understand the nature of the task required of them (threading a needle, pouring coffee, looking up a telephone number). This guide is, in fact, intended to precisely define the actions that program agents must take in cases involving neglect, and propose ways to overcome the obstacles that interfere with these actions.

.....
Reflective Sharing



Reflective sharing is a process that allows program agents to fully appreciate the nature of the problems before them and the obstacles they will encounter in their work. One of the major challenges in neglect-related interventions is the collapse of the ecosystem perspective and its replacement by a behaviourist perspective. In cases of neglect, failure to take into account parents’ current and past contexts often compromises interventions intended to change parental (especially maternal) behaviours. Furthermore, these interventions are often incapable of reversing the development sequelæ of child neglect, which result not only from deficient

Theoretical framework of the PAPFC²

Knowledge of the mechanisms underlying neglect, and ecosystemic understanding of these mechanisms and their developmental consequence.

Best practices by PAPFC² partners

What program agents do best when faced with cases of neglect.

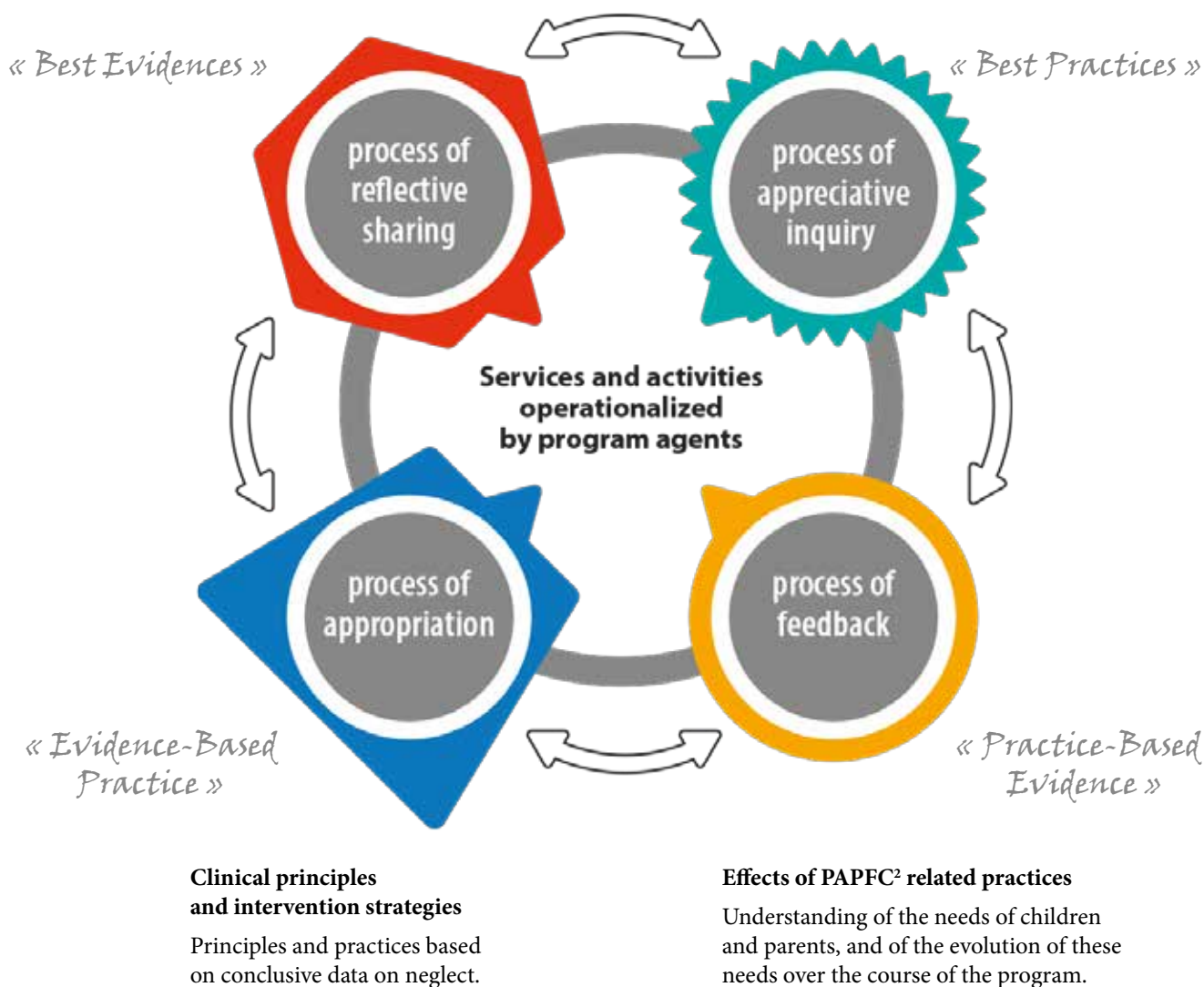


Figure 1 — The four processes underlying implementation of the PAPFC²

parent-child (and, often, more simplistically, mother-child) relationships, but also from factors unrelated to the parent-child relationship (marked absence of normative developmental experiences with their entourage, neurophysiological deficits resulting from cranial trauma secondary to accidents or sensory and motor hypostimulation).

To embrace what may be termed the true “spirit” of the program, PAPFC² program agents must therefore be as deeply invested in the comprehension of, and reflective sharing about, neglect as in the appropriation of the program’s practical elements. What is being asked of them is that they think about and see neglect in a certain way, and not merely acquire academic knowledge. Reflective sharing about neglect also allows program agents to construct a shared vision of the problem. The PAPFC² does not require program agents to all act the same way, but it does require them to think the same way, with similar visions of the nature and challenges of neglect. As can be seen from Figure 1, the process of reflective sharing about neglect directly influences the nature and quality of program services and activities. This means, for example, that moderators of parent groups organized as part of the PAPFC² must fully comprehend the participants’ realities. It is not necessary that they be specialists in every individual, familial, and social problem experienced by the parents—but they must be specialists in the challenges that these problems cause with regard to parenting, the parent-child relationship, and family-community collaboration. This also implies that the category of program agents responsible for following families—the workers—can only plan relevant interventions, provide adequate case management, and procure personalized support if they take into account all the issues that structure the lives of the children and the parents.

Appreciative Inquiry²

Many programs are based on the tacit assumption that agents are untrained in the program’s specific practices. In practice, however, program agents draw on their own personal and professional experience to make sense of the intervention model that they are asked to follow. It would therefore be more accurate to say that program agents already perform some, perhaps even many, things that are entirely congruent with the new program. A program’s services and activities are thus also dependent on the agents’ analysis and reinforcement of their own practices—a process known as appreciative inquiry.

Appreciative inquiry requires program agents to identify the elements of their attitudes and practices that are best suited to the program’s clinical principles and intervention strategies, as well as the ways the program should be understood. A tacit assumption of the PAPFC² is that agents dispose of adequate time, place, and support to indulge in appreciative inquiry about their practices involving children and parents. It should be emphasized that appreciative inquiry is a two-step process. In the first step, agents engage in personal reflection about the representative elements of their practices. In the second step, they share the fruit of



²This form of appreciative inquiry is inspired by the work of Cooperrider and colleagues:

Cooperrider, D. L., Sorensen, P. F., Whitney, D., & Yaeger, T. F. (2000). *Appreciative inquiry: Rethinking human organization toward a positive theory of change*. Champaign, IL: Stipes.

In Québec, a noteworthy application of this approach can be found in Lacharité et al. (2005). In France, the studies by Leboterf (2001, 2002, 2004) are also compatible with this approach.

2. Implementation

their reflection. To identify and analyse their best practices and “tricks of the trade”, program agents require a context of recognition and authentication that allows individual capacities and initiatives to be transformed into program-relevant skills.

This approach has direct consequences for the implementation of PAPFC² services and activities, especially because it allows the program’s intervention principles and strategies to be embedded within the program agents’ experience and expertise. This process also allows the program to accommodate variations in professional and institutional cultures, while remaining faithful to the most important elements of the model. For example, if CSSS personnel have developed specific expertise in systematic family intervention, appreciative inquiry about their tricks of the trade with families at high risk of neglect could allow this expertise to be transposed into the PAPFC²’s principles of personalized professional support (see Chapter 4). Similarly, if a territory possesses significant resources in child mental health (e.g. pædopsychiatric services) appreciative inquiry by the program’s clinical team may highlight the relevance of this resource and lead to the establishment of a partnership protocol that formally includes the resource in the program’s direct clinical practices involving children.

Thus, every local application of the PAPFC² must be based not only on the program’s theoretical foundations and clinical principles (reflective sharing and appropriation) but also on the multiple skills that shape the actions of the partnering establishments and their personnel. The PAPFC² is thus a chameleon that can change its colour to suit its environment. But that is the extent of its flexibility: regardless of its outward colour, it remains the same chameleon.



Feedback

The last process that shapes the formal activities of the PAPFC² requires program agents to take into account the specific situation of the parents and children in their care, the progress these families make, and the relationship of these families to the aid and services they receive. To this end, program agents must integrate the results of a feedback process that allows fine-tuning of the PAPFC² clinical principles and intervention strategies into the objective and subjective realities of the children and parents in the program.

Typically, programs are developed and implemented with the assumption that their relationship with users is a one-way street: the program acts on the users, not the other way around. Users’ contribution to program content is usually virtually null, or, in the best of cases, very distant from the program’s regular activities (e.g. when users are asked to participate in formal program evaluation). Several studies³ have demonstrated that this model, which may be termed “the medical model” is ill suited to psychosocial interventions. The medical model assumes that the positive effects of intervention are primarily due to the intervention per se. However, it has been demonstrated that in psychosocial interventions, specific intervention

³ See the list of suggested readings on page 13.

strategies only explain about 15% of the observed effects. The remaining 85% is explained by the following factors: individual characteristics and extra-intervention context (40%), quality of the worker-user relationship (30%), and user anticipation of change, hope, or the placebo effect (15%).

Thus, in the field of psychosocial interventions, it is entirely fallacious to simply view individuals as passive targets of treatment, or immobile targets of action. Users of psychosocial services are always active agents in the proposed process of change. It is for this reason that children's and parents' personal, interpersonal, and social resources are the primary determinants of the effectiveness of interventions. A corollary of this is that the primary mechanism of change is the shared identification of children's and parents' needs, and the identification, mobilisation, and utilization of children's and parent's resources⁴.

It is equally fallacious to suppose that professional workers are the most important determinants of user progress in psychosocial interventions. Progress is in fact largely conditioned by the users'—not the worker's—perception of the worker-user relationship⁵. This key consideration is all the more important when one recalls that one feature of neglect is the significant disruption of the relationships between families and their entourage, particularly professionals (see the section on the theoretical foundation of the PAPFC²). It is thus entirely predictable that improvements to (or transformations of) the circumstances of neglect are dependent on the establishment of relationships between service providers and neglected children and their parents. Furthermore, children's and parents' positive perceptions of program agents and program activities are as influential factors of change as are intervention strategies. This relationship is tightly linked to the benefits that children and parents expect from the program, both for themselves and others.

All these factors of change (rather than specific intervention strategies alone) are the foundation of the PAPFC². The operational implication of this approach is that program agents have a responsibility to take an interest in regularly and systematically collecting information on children's and parents' needs, resources, and perception of their situation and progress, and of the quality of their relationship with program agents.

Feedback is the final implementation process of the PAPFC². The program's services and activities are designed to accommodate, to varying degrees, regular feedback from users. Feedback also ensures that the PAPFC² fosters the empowerment of children who have suffered neglect or are at risk of being neglected, as well as the empowerment of the parents of such children, and of these families' communities.

The feedback process has two foundations: 1) evaluation and analysis of the developmental needs of referred children; 2) systematic implementation of procedures that allow children and parents to inform program agents of the program's impacts on them.

⁴ See Dunst, C. J., Trivette, C. M., & Deal, A. G. (1994). *Supporting & strengthening families*. Cambridge, MA: Brookline.

⁵ See especially Bachelor, A., & Horvath, A. (1999). *The therapeutic relationship*. In M.A. Hubble, B. L. Duncan & S. D. Miller, (1999). *The heart and soul of change: What works in therapy*. Washington, DC: APA.

2. Implementation

A detailed and comprehensive portrait of the developmental needs of referred children, and of the evolution of these needs over the course of the program, is the principal source of feedback that justifies the program's implementation, and its adjustment to meet the needs of specific families. The development of this portrait is discussed in the section on the analysis of situations of neglect and referral of families to the PAPFC².



⁶ See Lacharité, C. (2009). Approche participative auprès des familles. In C. Lacharité & J. P. Gagnier (Eds.), *Comprendre les familles pour mieux intervenir : repères conceptuels et stratégies d'action* (pp. 157-182). Montréal, QC: Chenelière Éducation.

To facilitate feedback on the program's impacts on children and parents, very simple tools (Appendices 2 and 3) have been developed that allow parents to describe their current situation and evaluate the entire range of program activities and services they participate in or receive (individual meetings with workers or support parents, group sessions with parents, service planning meetings, collective activities, etc.); these tools may be easily adapted for children. They take only seconds to complete and do not require written responses. In fact, parents are not even required to read the instructions themselves—program agents can simply read the instructions to them. After a few uses, parents and children remember the tools' content and can complete them unassisted. The feedback obtained with these tools takes the form of clear, simple, and direct messages. These messages must be discussed with the parents and children, and must lead to concrete action (e.g. if a parent reports feeling that the group moderators did not listen to them, understand them, or respect them in the last session, the message must be explored, needs must be identified, etc.). The crucial point here is not the formal requirement to use these tools, but rather the agents' conviction that the participation of the families is essential in many ways⁶—particularly in revealing the immediate effects that agents have on them and their lives.

Evaluation of Program Agents' Progress during Implementation

To help orient and supervise program agents, a checklist that operationalizes the four implementation processes has been developed (see the section on the management structure of the PAPFC²). This checklist (Appendix 1) identifies the program agents' specific objectives, and can be used for the evaluation and self-evaluation of agents' progress throughout the implementation process. Program agents should be formally evaluated at least twice a year in the first two years following implementation, in order to monitor their integration into the program. Of course, the individuals performing this monitoring (management, supervisors) must themselves be evaluated with regard to their management practices in the program.

2. Implementation

Asay, T.P., Lambert, M.J., Gregersen, A.T., & Goates, M.K. (2002). Using patient-focused research in evaluating treatment outcome in private practice. *Journal of Clinical Psychology, 58*, 1213-1225.

Hubble, M.A., Duncan, B.L., & Miller, S.D. (1999). *The Heart and Soul of Change : What works in therapy*. Washington, DC : APA.

Lambert, M.J., Whipple, J.L., Smart, D., Vermeersch, D.A., Nielsen, S.L., & Smart, D.W. (2003). Is it time for clinicians routinely to track patient outcome? A meta-analysis. *Clinical Psychology, 10*, 288-301.

Messer, S., & Wampold, B.E. (2002). Let's face facts : Common factors are more potent than specific therapy ingredients. *Clinical Psychology, 9*, 21-25.

Wampold, B.E. (2001). *The Great Psychotherapy Debate : Models, methods, and findings*. Hillsdale, NJ : Erlbaum.

Wampold, B.E., Mondin, G.W., Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies : Empirically "all must have prizes". *Psychological Bulletin, 122*, 203-215.

extra information
note 3 on page 10

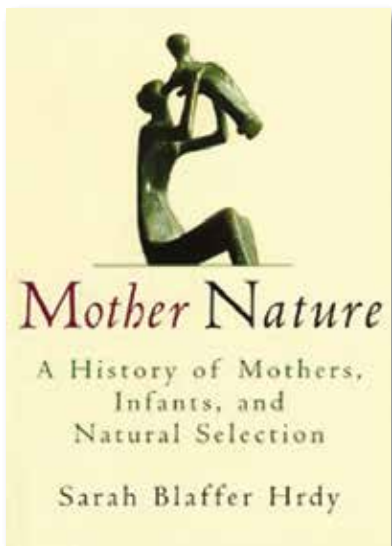
Several studies have demonstrated that the medical model is only moderately suited to psychosocial interventions.

Theoretical Framework of the PAPFC²

3

Although it may seem outrageous today, the failure of adults with responsibility to children to meet the latter's needs is a phenomenon with a long history. Some eras even developed institutionalized practices towards children which reflected the preponderance of interests other than children's.

One need look no further than 17th- and 18th-century France, where the child of a woman who agreed to be a wet-nurse for one or more children of the upper classes was often neglected, undernourished, and understimulated. Another example is the practice of primogeniture, which granted greater rights to the oldest male heir—thereby subordinating the welfare of the younger heirs¹.



Thus, child neglect as a social practice is far from rare in the history of humankind. However, neglect as a social problem is a relatively recent invention, and is tightly linked, in western societies, to the rise of individualism. The idea that every human being—and, more specifically, every child—has rights has directly contributed to the emergence of a social preoccupation for the welfare of all members of society. Although this idea, which can be termed solicitude, was met (and continues to be met) with resistance, it has progressed steadily to the point that it is now both a recognized and expected feature of modern societies. Today, in modern western societies, every child counts. The criteria for good parenting, good family life, and good social life do not consist of ensuring that some children survive and prosper, but rather in ensuring that all children do so. Every child's life is therefore seen as a universe to be explored, monitored, cared for, and protected. This conception of the child has contributed to the creation of scientific and professional disciplines specifically devoted to childhood—for example, developmental psychology, paediatrics, and education. The emergence of child neglect as an important social problem is thus intimately linked to current conceptions of modernity. Each case of

¹ On this subject, see the excellent book by S. Blaffer Hrdy (1999): *Mother Nature: A history of mothers, infants and natural selection*. New York, NY: Pantheon.

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child neglect is a false step or admission of defeat by any community that seeks to define itself as modern and progressive.

Work on problematizing child neglect has been ongoing for approximately six decades, primarily in anglophone countries. Researchers have however been faced with a major obstacle—defining precisely what child neglect is. In fact, this obstacle encompasses three distinct questions: How can we identify children’s basic needs? How can we determine the relationship between the satisfaction of these needs and the child’s development? What are the care and educational practices of the adults in a child’s entourage (parents, entourage, professionals, etc.) that favour the satisfaction of these needs?²

² Pour plus de détails, voir le texte suivant : Lacharité, C., Éthier, L. et Nolin, P. (2006). Vers une théorie écosystémique de la négligence envers les envers enfants. *Bulletin de psychologie*, 59, 381-394.

Throughout history, societies have proposed answers to these three questions. Not surprisingly, it is therefore difficult, if not impossible, to produce a universal definition of neglect. Definitions of child neglect are necessarily context-specific, which is to say situated historically, culturally, and sociopolitically. Defining child neglect in any given society thus requires a broad perspective that allows analysis of that society’s conceptualizations of childhood, individual development, parenthood, and the role of the state and the community in family life. The true challenge here is to find an approach to understanding neglect that does not, paradoxically, contribute to the neglectful practices that the society would like to eradicate. A narrow perspective often leads to a partial or complete disregard for certain essential dimensions of child neglect, which considerably reduces the potential scope of interventions aimed at promoting child welfare.

The ecosystem approach prioritizes the context in which neglect occurs over the behaviours through which neglect is expressed. The approach frames the behaviours of parents (and those of children) as individual mechanisms for coping with objectively unfavourable conditions—“ground rules” for life in these contexts. The neglect of ecology—i.e. focusing on parental behaviours only—is an important feature of the ecology of neglect. This being so, understanding the nature and consequences of adults’ neglectful behaviours towards children, and children’s coping reactions to these behaviours, requires understanding the universe of neglect.

.....

The Universe of Neglect

The universe of neglect is governed by rules of conduct dictated by families’ objective conditions of life. It is tempting to see this universe as a world somehow cloistered off from mainstream society—but nothing could be further from the truth. What society terms “neglected children” and “neglectful parents” are in fact products of the very society in which they live. While we are inclined to see cases of neglect in our immediate circle as aberrations completely unrelated to our lifestyles, they are indeed the products of modern societies. The rules of conduct in the universe of neglect flow directly from the general rules of conduct that prevail in the rest of society—in fact, these rules may be considered extensions of cer-

tain societal rules governing the conduct of children and families. To fully appreciate the rules governing the lives of neglected children and their parents it is therefore necessary to immerse oneself in the dominant values and lifestyles of their society. More specifically, understanding the praxeology³ of neglect in Quebec society⁴ requires an understanding of at least three “ground rules” of the universe of neglect. These rules condition the behaviours not only of parents and children but also of the professionals mandated to interact with these individuals.

The Choice of Necessary

The first rule is an extension of what Bourdieu called “the choice of the necessary”⁵. This rule highlights the importance of choice in the construction of individuality in modern western societies. The existence of, and opportunity for, choice are fundamental acts of individualization: it is through the choices available and the choices made that a person constructs themselves as a unique individual. This practice of choice is intensely supported by Quebec society. For example, the cognitive capacity for making choices is initiated, reinforced, and, ultimately, exerted in early childhood. In parallel, parents are expected to explore and know their children’s personal interests and tastes within the latter’s appropriate social contexts. One more example: a significant proportion of consumer acts are grounded not in the satisfaction of basic needs (shelter, food, clothing, etc.) but rather in the tendency of individuals to define their identity and individuality through their choices (living in certain types of housing in certain neighbourhoods, eating certain types of food, wearing certain types of clothing, etc.).

But what happens when this practice of choice is strongly reinforced in a society in which some individuals have severely limited access to collective resources—as is the case in the large majority of cases of neglect? Bourdieu’s “choice of the necessary” refers precisely to the choices these individuals face—the choice of reality over desires. This is an uncomfortable position that obliges individuals to define their identity in terms of their obligation to choose among necessities. It should be clearly understood that this rule is concerned not with deprivation as such (i.e. want, restrictions), but with the meaning of this deprivation within a society that attributes symbolic capital to the capacity to identify oneself through one’s choices. Human beings have always succeeded in caring for their children in difficult physical and social conditions. Moreover, these conditions are not the only obstacles to responsible parenting in our society—there is also the meaning of these obstacles in the construction of parental identity. In cases of neglect, it is not only the improvement of the children’s and parents’ conditions of life that should be targeted, but also the way in which these individuals construct their identity in light of these conditions.

An Individualizing Conceptualization of Parenthood

Another ground rule for fully understanding the universe of neglect is that our society has conceptualized parental roles and responsibilities in individualistic terms. Because most western societies have defined parenthood in terms of accountability and individualism, parents must face their

³ Praxeology refers to the theoretical understanding of the practices and acts of individuals occupying a given position in a given social field. In the case discussed here, the social field is the family, and the main social positions are father, mother, child, but also professional. This analysis is derived from Pierre Bourdieu’s methodological approach. See especially:

Bourdieu, P. (1994). *Raisons pratiques : Sur la théorie de l’action*. Paris: Éditions de Minuit.

Bourdieu, P. (2000). *Esquisse d’une théorie de la pratique*. Paris: Éditions de Seuil.

⁴ The current version of the PAPFC2 was specifically designed for application in contemporary Quebec society. The praxeological analysis on which it is based takes into account the sociocultural and political logics that prevail there currently. It should however be realized that application of this program in another sociocultural context (e.g. First Nations communities, families in other countries), must be accompanied by a new praxeological analysis of the determinants of the behaviours of the children and parents in neglect situations. The level of detail of this new analysis will depend on the similarity of the new context to that of Quebec. One may however assume that some contextual features are so widely shared by western societies that some transposition of the program is justified.

⁵ Bourdieu, P. (1979). *La distinction*. Paris: Éditions de Minuit.

3. Theoretical Framework

responsibilities as if they are stranded on a desert island. This conceptualization of parenthood is not inherently problematic, and is in fact an embodiment of modern progressivism: it positions parents as individually responsible for their children's development and minimizes the contribution of their entourage to the support of this responsibility. And in fact, as long as a person has access to the social tools that allow them to construct and maintain their ties to sources of support, this individualistic conceptualization of parenthood is no more than a harmless illusion.

There is no problem in living on an island—as long as one can communicate with the rest of the world. But problems arise when the apparatus for establishing social ties fails, effectively cutting off parents from potential sources of support. When that happens, parents no longer act as if they are stranded on a desert island—they are on that island. From this perspective, it is fair to say that parents who live in a universe of neglect probably incarnate our society's vision of parenthood: relatively isolated individuals faced with a mountain of responsibilities elicited by the presence of a child in their lives. For these parents, social support for parenting is external to, rather than constitutive of, parenthood. For this reason, in cases of neglect, the relationship between parenting and support is as important an issue as the relationship between parents and others.

The Collision between Children's Interests and Parents'

The third ground rule for understanding the universe of child neglect is that the child's needs and interests collide with those of the adults in the child's entourage. Any sustainable relationship between a child and an adult features a fundamental conflict of interests. From the child's perspective, surviving and prospering involves obtaining the most they can from the adult. But from the adult's perspective, surviving and prospering involves providing the least they can, within the bounds of social acceptability. Several things affect the balance of interests here. In fact, parenthood is inherently a question of balancing divergent interests. It obviously involves something else, such as the social capital associated with having a child; in cases of neglect, the particularly problematic issue is the societally normative parent-child equilibrium. It should be noted that it is this rule that contributes to women/mothers, rather than men/fathers, being the primary focus of attention in neglect cases: the mother-child relationship is the primary basis for the definition of the socially acceptable balance between the interests and needs of parents and children, and in many societies, it is primarily women's interests and needs that are invoked in parent-child conflicts of interest.

This has, in particular, fostered the conceptualization of neglect as no more than a problem of poor mothering—it's all the mother's fault! This posture is an eloquent illustration of the slippery slope in the universe of neglect that leads to the un-nuanced opposition of the needs of children to those of the adults who are directly responsible for them. The only thing this achieves is to exacerbate the already difficult reality of these adults and children.

In the universe of neglect, children and parents often have incompatible needs and interests. In fact, in this universe, children's needs do not have inherent priority over those of adults. Rather, the universe is conceptualized as a more or less perpetual arena of conflict, and the parent-child relationship as a space in which adults possess at least a chance of winning. Here, adults often find it in their interest to cultivate a relationship with their child that allows them to better advance their own position.

An Ecosystemic and Developmental Theory of Neglect⁶

The PAPFC² is based on an ecosystemic and developmental theory of neglect that defines the phenomenon as:

Neglect :

The significantly deficient, if not in fact nonexistent, response to the needs defined by current scientific knowledge or—in the absence of such knowledge (or of consensus regarding the meaning of such knowledge)—by the social values of the child's community as fundamental.

⁶ A more detailed version of this theoretical model can be found in Lacharité, Éthier, & Nolin (2006) (see Note 2). Interested readers are invited to consult the schematic diagram in that article (also reproduced here).

A schematic diagram of the main elements of the ecosystemic theory of child neglect is presented in Figure 2. This theory:

1. Defines the specific conditions responsible for neglect.
2. Defines specific expressions of neglect.
3. Describes the main mechanisms underlying neglect.
4. Describes the primary adverse effects of neglect in children.

Expressions and Mechanisms of Neglect

The current scientific consensus is that children's fundamental needs, which are the basis for the definition of neglect, are principally physical and educational. However, the satisfaction of these types of needs depends on a primarily psychological need, namely the need for attention or psychological availability from the child's entourage. The form and intensity of these psychological, physical, and educational needs are quite variable, and, in particular, depend on the child's maturity (age). Failure to fulfil these needs has been demonstrated empirically or is accepted societally to have significant real or potential negative consequences on a child's development or security. The failure to respond to the child's needs is due to the inability (isolated or chronic) or significant difficulty of the child's proximal social network to meet the minimal physical, psychological, or

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educational standards of care of the child’s community. It is primarily the parents or other custodial adults who are responsible for the proximal social network’s failure. However, if parents or other custodial adults do not possess adequate resources to fulfil their responsibilities to the child, responsibility for the failure of the proximal social network must also extend to other players in the child’s developmental universe.

There are two convergent aetiologies of child neglect:

- A disruption of the relationship between parental figures and the child, leading to infrequent and primarily negative interactions.
- A disruption of the relationship between the family and its community, leading to the functional isolation of both parental figures and children.

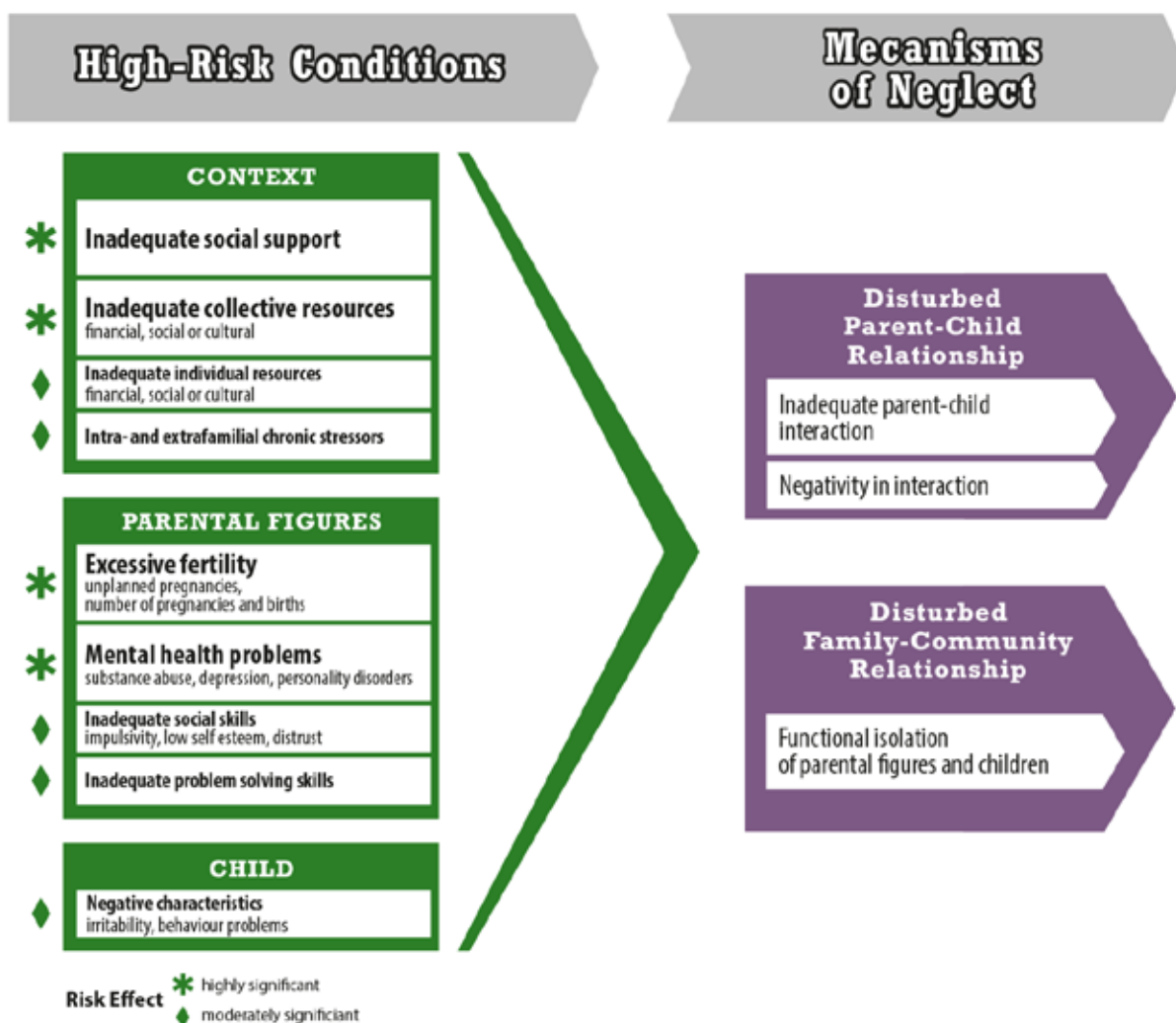


Figure 2 — Ecosystemic and Developmental Theory of child neglect
Lacharité et al. (2006) reproduced with permission.

The Conditions for the Production of Neglect

The conditions for the production, or more precisely, risk factors, for the appearance and maintenance of these two mechanisms (and thus of situations of neglect) fall into three distinct categories: the family’s life context, the characteristics of parental figures, and the characteristics of the children themselves. Research has demonstrated that contextual factors (absence of social support, inadequate individual and collective financial, cultural, and social resources) are the most important of the three in western societies. Among the characteristics of parental figures, excessive fertility and the presence of mental health problems such as personality disorders, depression, and substance abuse are particularly important. Finally, the characteristic of children that appears to most strongly predispose families to situations of neglect is the presence of negative characteristics such as irritability and behavioural problems. It should be noted that major cases of neglect are usually the result of the interaction of these three categories of risk factors. Moreover, while the presence of risk factors

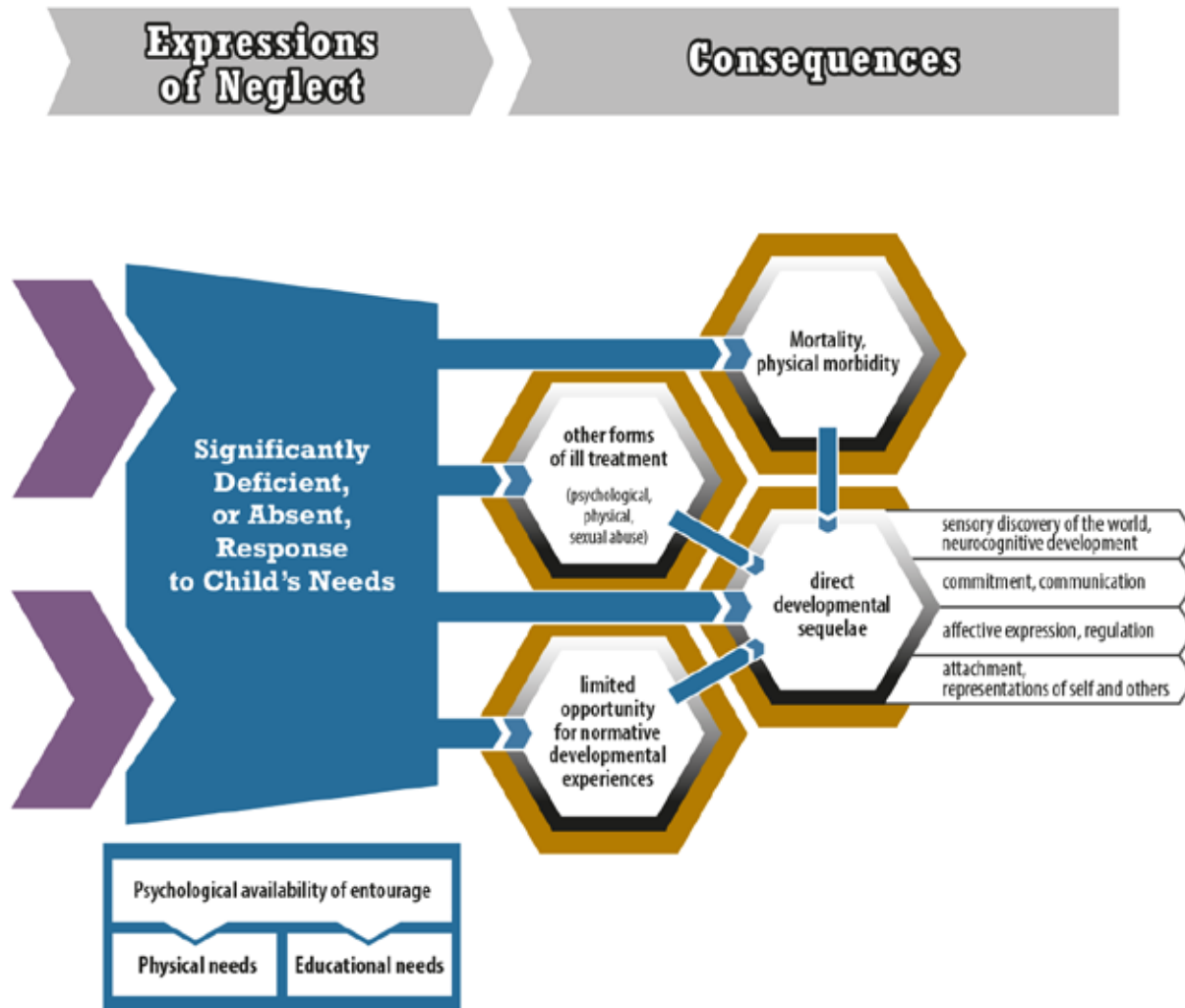


Figure 2 — Ecosystemic and Developmental Theory of child neglect (continued)
Lacharité et al. (2006) reproduced with permission.

3. Theoretical Framework

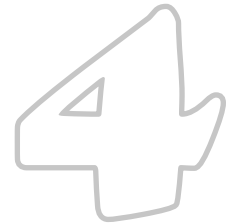
within one or the other of these categories increases the risk of neglectful behaviour by parental figures, such behaviour does not, however, inevitably lead to confirmed cases of child neglect, especially because other adults may step in to compensate for the neglectful behaviour.

Consequences of Child Neglect

Neglect has multiple consequences for children, and in fact appears to be the form of ill treatment that has the most serious consequences for children (Schumaker, Smith Slep, & Heyman, 2001). There are four main categories of consequences:

- Increased risk of mortality or physical morbidity
- Increased risk of exposure to other types of ill treatment
- The presence of significant socio-educational barriers to normative developmental experiences
- Developmental sequelæ, directly caused by neglect in the following areas: sensory and neurocognitive function, commitment and communication, affective expression and regulation, attachment, and representations of the self and of others.

It is important to emphasize that child neglect disrupts not only the relationship between parent and child but also the relationship between family and community. One of the most notable consequences of this “cloistering” of the family is the limited development of protective or coping factors—and, as a corollary, the increased likelihood of a problematic parent-child relationship. This is one of the features that distinguishes situations of neglect from other problematic parental situations, such as substance abuse or depression.



The Logic of the PAPFC²

Two conclusions may be drawn from the critical evaluation of interventions intended to counter the persistence of neglect in families and the developmental effects of neglect in children:

- Simultaneous action is needed on several fronts: the child itself, parental figures, the family unit, and the family's community. Neglect-related interventions are thus grounded in integrated social/community, educational, and clinical action. Interventions that are too narrowly focused (e.g. psychosocial support for parents only, in the absence of improvements to family's conditions of life or direct support for the child) have little chance of success.
- The intensity, coherence, and duration of the professional (formal) and paraprofessional (informal) support provided to children and parental figures are important predictors of a positive prognosis for neglected children and their parental figures. Conversely, inadequate (evaluated in terms of the children's and parents' needs), fragmented, and discontinuous services are excellent predictors of the maintenance, and even exacerbation, of difficulties in families in situations of neglect.

These observations lead to three fundamental principles governing neglect-related interventions:

PRINCIPLE 1

Neglect-related interventions must be embedded in a logic of integrated local services.

Integration of the services provided to neglected children and the parental figures responsible for their welfare should be foremost in the minds of all those in the local community who intervene in situations

4. The Logic of the PAPFC²

of neglect (housing, employment, education, health, rehabilitation, social services, justice, etc.), at all service levels (general/specific, specialized, and highly specialized). Consequently, the practice of entrusting a victim of child neglect (and his or her family) to a program agent who is asked to evaluate the situation and act alone is counter-indicated.

2nd principle

There must be a common framework for understanding the child’s needs and the sharing of responsibilities by adults in the child’s entourage.

Consequently, practices which neglect, and in some cases frankly hinder, the establishment of a global profile of the child’s needs are counter-indicated, as are practices that diminish parental figures’ accountability or disqualify them in favour of other categories of adults with responsibilities to the child (e.g. professionals).

3rd principle

Interventions in case of child neglect must directly involve the child.

Neglect-related interventions should not be limited to specialized clinical actions in response to the multiple cognitive, linguistic, emotional, and social challenges the child faces, but extend to social and educational actions that provide normative contexts in which neglected children—like any other child in their community—can have experiences that are alternatives to, and complementary to, those offered by their family (introduction of protective factors in their lives).

Taking these principles into account, the PAPFC² attempts to fulfil three essential neglect-related functions:

3 essential functions of the PAPFC²

- 1 Offer fathers and mothers a range of services that help them increase and consolidate their psychological availability towards their children, and support responsible and sensitive behaviours related to their children’s basic needs.
- 2 Offer children a range of services that support their overall development in various environments.
- 3 Offer parents and children a range of services that help them improve their relationship with their social and institutional communities (in terms of conditions of life, insertion, affiliation, and empowerment).

Figure 3 illustrates the main elements of the logical model of the PAPFC². Every program is based on some logical model, which, among other things, describes the theory of action on which the program is based. The program’s theory is operationalized through hypotheses that associate mechanisms mobilized by the program with expected short- and long-term outcomes. To generate these hypotheses, the logical model must identify the intermediate or mediating effects that explain the expected

ultimate (distal) outcomes. In the case of the PAPFC², the ultimate outcomes are, obviously, the significant reduction, if not elimination, of the neglect of children's developmental needs. The long-term goals of the PAPFC² are thus to improve the ability of parental figures to respond to children's developmental needs, to mobilize the resources, support, and help needed to put these abilities into practice, and to coherently orchestrate the life of the child in various environments. Furthermore, the PAPFC² is intended to significantly improve the psychological and social adaptation of neglected children. Its final goal is to break the intergenerational cycle that sees neglected children reproducing, with their own children, the type of developmental context they currently find themselves in. As these ultimate outcomes cannot be obtained directly, they must be arrived at through intermediate steps. The PAPFC²'s logical model posits that the program leads to directly observable improvements in the following areas:

- objective conditions of life of the child and their parents
- support for parenting
- parental figures' psychological availability related to their children's needs and their parenting practices
- collaboration between the family and professionals, as well as between the professionals working with the family
- the child's functioning in various environments (family, peers, daycare, school, etc.)

These direct, or proximal results are linked to the implementation of an intervention process that extends to the manner in which the analysis of children's developmental needs is conducted, up to and including the establishment of structures for the coordination of specific services. This intervention process is the series of actions that must be performed to obtain the expected outcomes.

The PAPFC²'s logical model also identifies the specific resources—primarily human resources with expertise in a variety of health, social services, education and community-action fields—that the program makes available to children and parental figures. It is important to note here that the PAPFC² does not assume the availability of any special biomedical, behavioural, psychological, educational, or social “technologies”. Rather, it posits that the skills of the program's professionals and paraprofessionals, as well as the services that these individuals offer, are adequate responses to the needs of neglected children and their parental figures. The challenge is thus not related to the content of the services, but rather to the context in which the professional services are provided and are accepted by children and parents. This context encompasses the nature of, and limitations to, the intensity, duration and continuity of the services. The program must also have sufficient logistic and financial resources for the allocation of program agents and the active support of families' participation in various activities.

4. The Logic of the PAPFC²

Program Goals

The child must live with adults who are attentive to their needs and are able to adequately respond to them (as appropriate for their age and other individual characteristics).

That adults in the child's entourage agree on the sharing of their responsibilities to the child and collaborate to ensure the child's well-being and optimal development.

Target Population

Children and parental figures characterized by the three following conditions:

1. The child's development or safety are considered "of concern", or even compromised, by virtue of their living in families in which parental figures experience significant difficulty fulfilling expected physical, educational, or emotional responsibilities.
2. Multiple general or specific services provided to the child or their family have not resulted in an improvement of the child's situation.
3. The general orientation agreed upon is maintenance of the child in the family, with parental support.

Program Resources

The intervention team comprises social workers, psychoeducators and psychologists (from the Centre Jeunesse or the CSSS), community workers, paraprofessionals (from partner organizations associated with the CSSS or Centre Jeunesse), and any other relevant professionals.

The logistic and financial support must be sufficient for the participation of families (transportation, caretaking, etc.) and program agents in program activities.

Program Activities (practices)

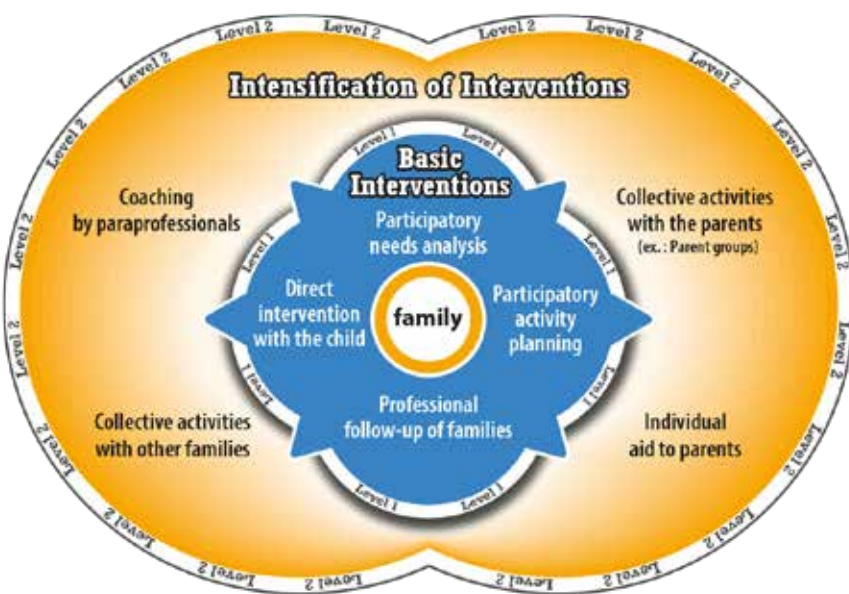


Figure 3 — Logical Model of the PAPFC² (first part)

4. The Logic of the PAPFC²

Analyse the needs of the child and the parents, in collaboration with parents and other significant adults in the child's entourage, and in terms of the three functions of the PAPFC².

Develop intervention plans, a service plan, and a contract that outlines the objectives corresponding to the three functions of the PAPFC².

Provide families with personalized professional support based on the principles of the effective aid to vulnerable individuals.

Refer children and parents to general/specific, specialized, or highly specialized services appropriate for their needs, and offer individualized coaching in the provision of these services.

Establish group meetings, reflecting the principles of effective moderation with vulnerable individuals, where parents can discuss the main themes associated with the three functions of the PAPFC².

Establish collective self-help and socialization activities for parents and their children.

Establish paraprofessional coaching for families (for example, support parents)

Establish a management structure for the coordination of program interventions and the modulation of interventions in reaction to feedback from children and parents.

Objectives Linked to the **Intervention Process**

The family's conditions of life improve to the point that children and parents have the resources necessary for the maintenance of their health and welfare, and their empowerment.

Parental figures have sufficient social support to fulfil their responsibilities to their children. This support is defined on the basis of the needs expressed by the parents (and is thus sufficiently intense, coherent, and continuous).

Parental figures' psychological availability, and response (responsibility, sensitivity) to their child's needs improves.

Collaboration between parental figures and professionals, as well as inter-establishment partnerships, foster the coherent sharing of responsibility for the child.

The child's psychosocial and cognitive functioning in various environments improves.

Objectives Related to **Proximal** (short-term) **Program Outcomes**

Parental figures demonstrate stable abilities to respond to their child's needs, mobilize personal, social, and financial resources, mobilize support and aid appropriate to their child's and their own needs, and coherently orchestrate the lives of their children in various environments.

The child's global development and psychosocial adaptation improves.

The cycle of negligence and abuse is broken such that the adult child does not reproduce their experience when they become a parent.

Objectives Related to **Distal** (long-term) **Program Outcomes**

Figure 3. Logical Model of the PAPFC² (second part)

4. The Logic of the PAPFC²

The PAPFC²'s logical model also underscores the program's "indications". In particular, the program is intended for real or potential situations of neglect sufficiently serious or chronic to justify the intensity, duration and continuity of the services offered. In fact, while there is a continuum of neglect, ranging from slight to serious, the PAPFC² is particularly indicated for midrange situations. Two key factors must therefore be considered when recruiting families into the program. The first is the response of the children and parental figures to conventional services (custodial services, basic social services, selective prevention programs such as integrated perinatal and early childhood services in vulnerable families). If these services are unsuccessful in significantly improving the situation of children and parental figures, the families in question are candidates for the program. The second key factor is the degree of deterioration of the family environment. If the situation has deteriorated to the point that "permanent" withdrawal of the child from the family is indicated, the PAPFC² is clearly counter-indicated. It should be recognized that there is a broad middle ground, characterized on the one hand by unsatisfactory expected outcomes from conventional services, and on the other hand by an inclination to maintain the child in their family environment and provide family support.

The age of the neglected child is not an a priori selection criterion of the PAPFC². While it is true that, for reasons of internal consistency, the PAPFC² is intended for families with children of preschool and school age (between 1 and 10 years), there is nothing preventing specific aspects of the program from being applied to families with infants or adolescents, where numbers justify—provided that the program content is adjusted to take into account the realities of families with children of these ages. The logic underlying limiting the program's application to children of a specific age range is that the PAPFC² calls for many groups activities involving parents and families (groups of parents, collective activities). On the one hand, it is easier to elicit self-help and collaboration when parents share a certain range of experiences, and these experiences are strongly shaped by the age of the children. On the other hand, program agents are not infinitely flexible. Few agents possess the knowledge and experience to be comfortable not only in situations involving young babies but also in situations involving adolescents. Collaboration among agents (for example, through co-moderation) may, however, overcome this limitation.

Referral of Families to the PAPFC², and Orientation

¹ Throughout this chapter, the terms evaluation and analysis refer to distinct entities. "Evaluation" is the specialized description, in terms of specific, normative, conceptual frameworks, of a person's (or family's) situation, on the basis of the knowledge and judgement of a professional (social worker, psychologist, physician, nurse, etc.). Evaluation is thus an act performed by a competent professional in order to provide specialized information on one or more specific aspect of a person's functioning. The person being evaluated participates in the evaluation as a source of information for the professional.

"Analysis", in contrast, is the integration of multiple perspectives (that of evaluating professionals, but also those of the person being analyzed and of that person's intimates) in order to achieve a global understanding of the situation of the person being analyzed. Analysis of a child's needs is thus a collective act that is based on the intersection of multiple sources of information and on joint reflection elicited by these sources. The objective is not to explain a situation in normative terms (although this may be taken into consideration) but to collectively construct a portrait of the situation, establish priorities, and generate ideas about coherent intervention.

As the PAPFC²'s *raison d'être* is attention to children's developmental needs and the improvement of the response of the children's immediate entourage to these needs, it is essential that the approach to referral and orientation be based on a shared understanding of these needs and of the entourage's response. Accordingly, the program's first action is the development of intervention and service plans upon reception of a referral by the program committee (for a description of the mandates and responsibilities of the program committee, see the section on the program's management structure).

The intervention and service plans must take into account the child's needs, the capacity of parents to respond to these needs, and the characteristics of the family and social environments (all directly related to the PAPFC²'s three functions). What is important here is the shift from a logic of evaluation¹ revolving around the risks and dangers faced by the child in specific situations to a logic of analysis¹ revolving around the child's needs. This shift both repositions the child as the central focus of concerns and actions, and immediately addresses the question of why the child had been considered a real or potential victim of neglect.

The analysis of the neglected child's needs is based on the theoretical framework developed by Ward and colleagues² (see Figure 4). This ecosystemic framework posits that a child's welfare is influenced by the

² See Ward, H., Rose, W. (2002). *Approaches to Needs Assessment in Children's Services*. London: J. Kingsley.

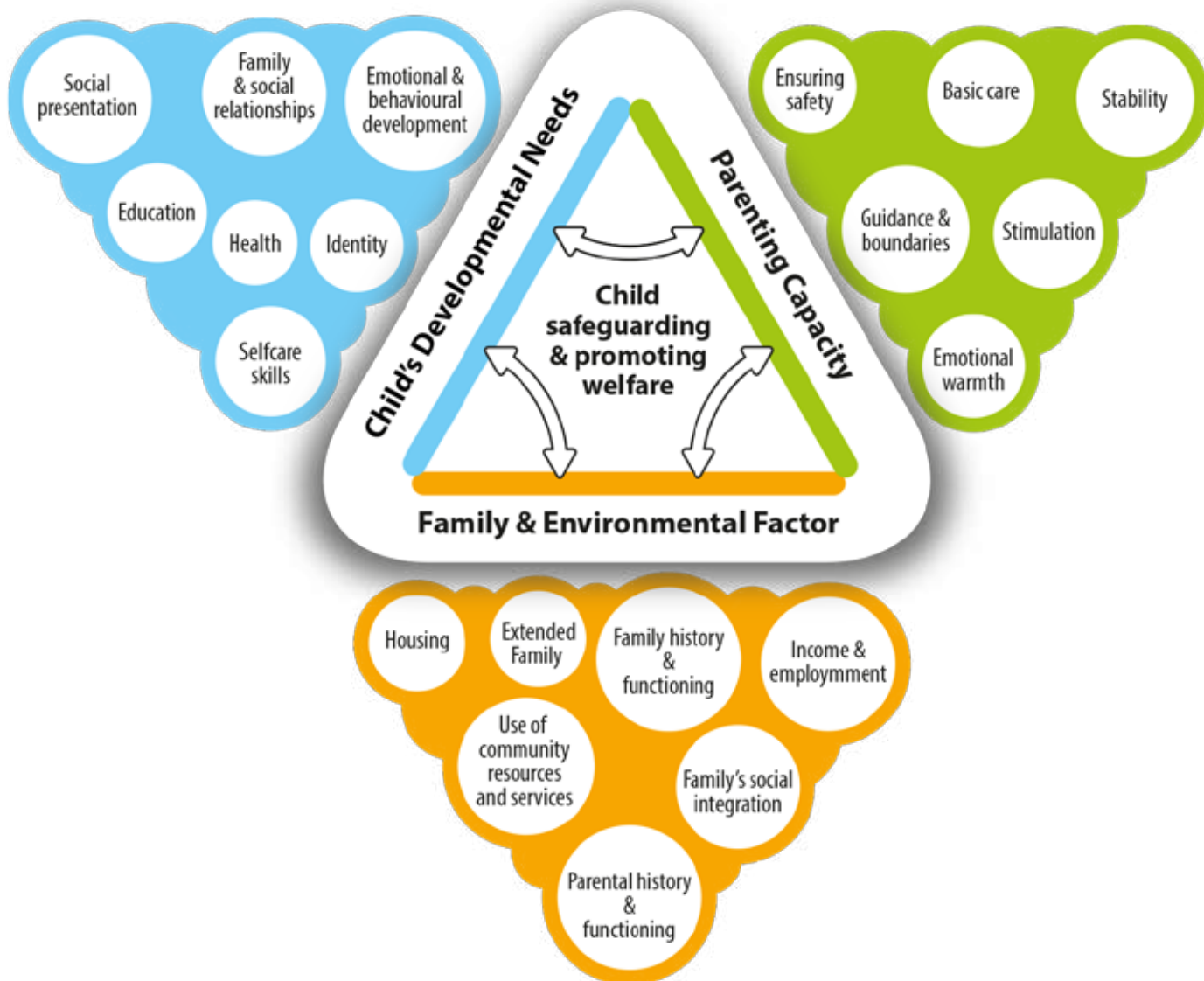


Figure 4 — Ecosystemic Analysis Framework of child's needs (adapted from Chamberland, Lacharité et al., 2012, and Ward & Rose, 2002).

³ See Chamberland, C., Lacharité, C., Clément, M. È., Dufour, S., Lemay, L., Lessard, D., Bouchard, V., Plourde, S., Fafard, G., Ludvik, M., Léveillé, S., & Larocque, R. (2012). Recherche évaluative de l'initiative AIDES. Research Report. Stratégie nationale de prévention du crime du gouvernement du Canada et du Ministère de la Sécurité publique du Québec.

The terms "evaluation" and "analysis" came to have the meanings ascribed to them in Note 1 during the development of the "Initiative AIDES".

interaction between the child's lifestage-specific developmental needs, the capacity of adults (notably parental figures) in the child's immediate entourage to perceive and respond in a socially appropriate manner to these needs, and the quality of the environment that facilitates the emergence of an appropriate child-adult relationship (each of the elements of this ecosystemic analysis are described in Appendix 4). In Quebec³, this approach has been adapted and formalized as the AIDES (Action inter-sectorielle pour le développement des enfants et leur sécurité). Although this approach to children's needs is applicable to various issues (sexual abuse, behavioural problems, autism-spectrum disorders, etc.), it was developed specifically for neglect. There are thus tight links between the fundamental principles of the "Initiative AIDES" and those of the PAPFC².

Specific tools have been developed to facilitate the evaluation and analysis of children's needs in terms of this framework⁴. While the PAPFC² does not formally require their use, it does require that some similar conceptual framework govern the orientation of cases (regardless of whether these are referrals from the CJ or the CSSS). Referrals to the program must be formally supported by high-quality information on the developmental needs of the referred children, the capacities of the adults responsible for caring for these children and responding to these needs, and the familial and social resources and obstacles that facilitate or hinder responses to these needs. Finally, needs analysis and intervention planning must be based, from the outset, on the family's participation⁵.

For example, with CJ referrals, the voluntary measures must specify the specific developmental needs of the child that are compromised by the current situation, as well as the parental behaviours that must be modified. The ultimate objective of the assessment is not to improve parental behaviours⁶, but to ensure that the child's developmental needs are met. To this end, the assessment is designed to improve or transform certain parental behaviours and certain environmental factors. Furthermore, the assessment must take into account the features of the familial and social environments that appear to interfere with parents' capacity to respond adequately to the identified developmental needs. These features are additional intervention targets for the PAPFC². The foregoing points apply equally to CSSS referrals, with appropriate adjustment for differences in institutional logics.

The other factor to take into consideration in the orientation of cases of real or potential neglect referred to the PAPFC² is the importance of using a participatory approach with the adults with primary responsibility for the child. In light of the two features responsible for situations of neglect—the significant difference between parents' implicit theories about children's needs, on the one hand, and social norms of child care and education, on the other, and the functional isolation of family members from their community's resources—special care must be taken to ensure that program interventions do not reinforce the very problems they attempt to solve. Approaches to evaluation, analysis, and orientation that are not grounded in vigorous participation by the parents and children targeted by the program are bound to perpetuate the obstacles these individuals already face in their universe of neglect (external norms perceived to be arbitrary, social distance that confirms and reinforces fractures in the family-community relationship, etc.). A participatory approach to the analysis of the neglected children's developmental needs is not merely seductive—it is necessary. This type of approach to children and parents positions the participatory analysis and the planning as interventions in their own right, allowing parents and children to objectify their needs, that is, examine them from new perspectives and experiment with the consequences of this new vision of themselves and their situation.

The tight focus on the developmental needs of real or potentially neglected children, and the active participation of these children (if they are old enough) and the adults in their entourage in the analysis are trans-

⁴ For tools for the clinical evaluation of neglect, see: Turcotte, G., Pilote, C. Châteauneuf, D., Lamonde, G., & Young, S. (2012). *Inventaire des outils cliniques en négligence : Rapport final au MSSS*. Québec, QC: CJQ-IU.

For the ecosystemic analysis of children's developmental needs, the "Initiative AIDES" adapted tools such as the Core Assessment (Cahier d'analyse des besoins de l'enfant – CABE), the Initial Assessment (Grille d'analyse préliminaire des besoins de l'enfant) and the Common Assessment (Grille commune d'analyse des besoins de l'enfant).

⁵ See, on this subject, Lacharité, C. (2009). *Approche participative auprès des familles*. In C. Lacharité and J. P. Gagnier (Eds.), *Comprendre les familles pour mieux intervenir : repères conceptuels et stratégies d'action* (pp. 157-182). Montreal, QC: Chenelière Éducation.

⁶ Parents may well modify their conduct without any concomitant improvement in their response to their child's developmental needs. For example, when a measure calls for parents who consume and traffic in drugs to refrain from doing so at home in the presence of children. The parents may superficially submit to this requirement without, however, changing anything in their relationship to the child.

5. Referral of Families and Orientation

positions of the fundamental principles of the PAPFC² into the specific domain of the evaluation of situations of neglect. It would therefore be illogical to implement the PAPFC² without closely examining the processes underlying referral and orientation within partner institutions. The process by which families are referred or recruited must therefore be based on measures intended to orient the way the evaluation and analysis of situations of neglect. For example, a referral or recruitment protocol could collect information on children's developmental needs, parental skills, and the quality of the environment, and, if necessary, a service plan could be developed to take into account the information collected.

As the PAPFC² is the logical extension of the development and implementation of neglect-specific integrated services, it is essential that it be compatible with institutional procedures and clinical processes related to the management of requests for service or the reporting of compromised child safety or development. In Quebec, there is a legal framework for these procedures and processes, especially with regard to the production of an intervention plan (IP) for any follow-up required by a health and social services professional, and of a personalized service plan (PSP) when a situation of neglect requires the direct involvement of professionals from more than one establishment. The PAPFC² does not modify these obligations, of course. However, the program does invite professionals who fall under the ambit of these obligations to ensure that their interventions and services are child-centric, and that the child's needs are analyzed in a participatory manner with parents and other pertinent individuals.

On the other hand, referral of a family to the PAPFC² rests on procedures which often exceed the scope of these personalized intervention and service plans. A strategy specific to the PAPFC² must therefore be established, to allow service establishments' professionals responsible for follow-up of families, their partners in the program team, and their intersectoral partners to establish IPs and PSPs. This strategy must also allow the PAPFC² team and parents to ratify a specific contract concerning the family's participation in program activities. This contract defines the formal ties between the IP/PSP processes (which may cover broader and less formal aspects than those addressed by the PAPFC²) and program activities. For example, a PSP process may require all partners involved with a family to participate actively in the development of the intervention and service plan. With PAPFC² contracts, it is primarily the professionals directly involved in the scheduled activities who should participate in this process.

In summary, there are clearly important overlaps between the PSP approach and the PAPFC²'s approach to contracts. This overlap is the justification for conferring responsibility for the definition of the coordination and application (and in some cases, superposition) of the approaches in a given territory to the local coordinating committee (see the section on the program's management structures).



Description of PAPFC² activities

The PAPFC² comprises several types of activities: participatory analysis of the needs of children, participatory and ecosystemic planning of program action, personalized professional support, direct action with children, individual and collective action with parents and families, and para-professional coaching (Figure 5). These activities are organized hierarchically, to ensure that they can be applied flexibly, in response to the needs prioritized through the participatory analysis.

It is noteworthy that it is the family, not the child, which is at the centre of Figure 5. This is, of course, intentional: the PAPFC²'s primary focus is on children as family members, not as isolated, abstract entities bereft of any relationship to their primary environment. Obviously, the PAPFC²'s focus on family encompasses the child—but it is the child as an object of investment, knowledge, dreams, etc. by parents and other adults in the child's entourage, not as a user of institutions and services. Too often, public policies and intervention programs frame children in terms of institutional logics—for example, as a student or patient. This has important consequences for the way parents and the parent-child relationship are conceptualized—for example, insidiously transforming “parents” into “parents of a student” or “parents of a patient”. The choice to centre the PAPFC² on the family was motivated by a desire to counter this type of displacement, which sometimes impels professionals to insert themselves between parent and child, and transform the parent-child relationship into a professional-child relationship. This relegates parents to a secondary role. In the PAPFC², however, every conceptualization of the child is accompanied by direct reflection about the parents.

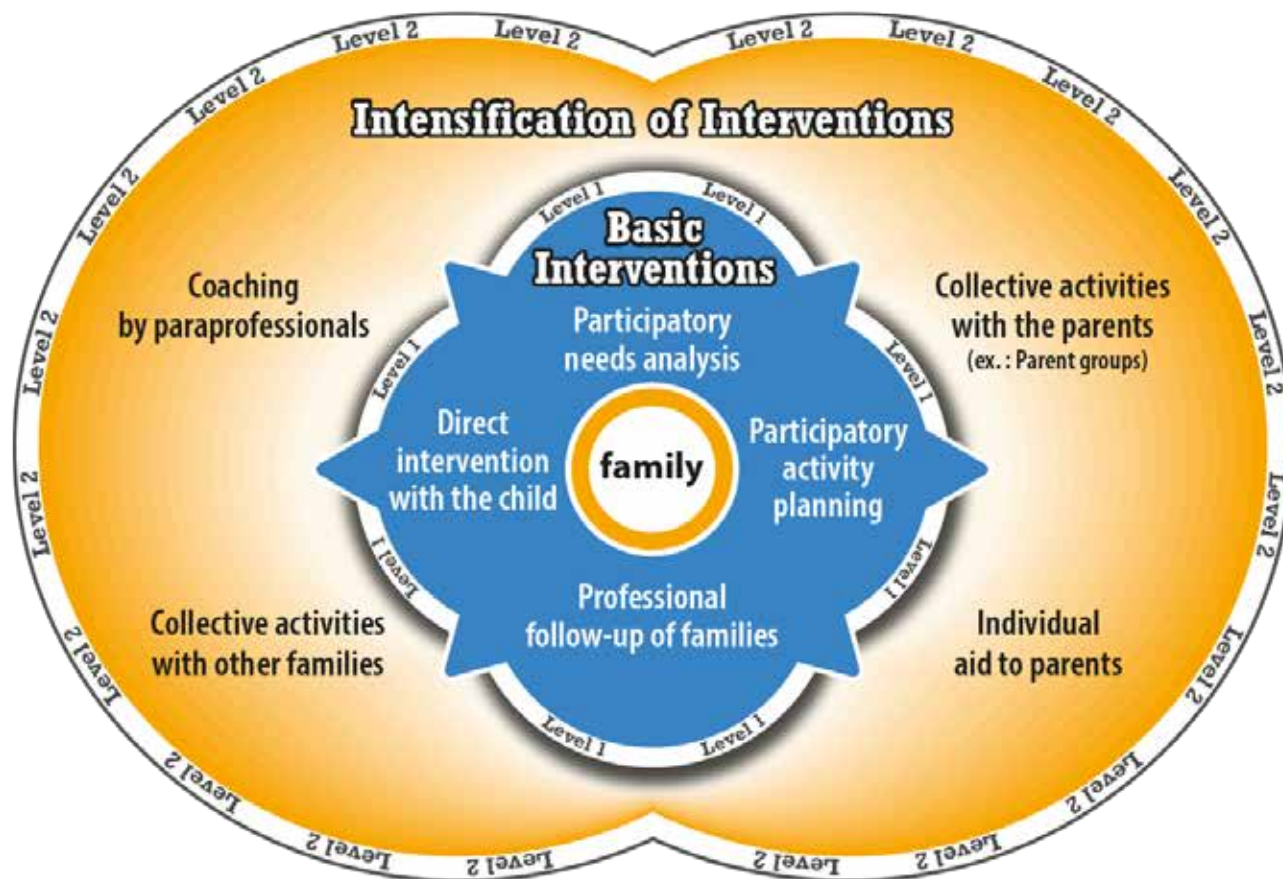


Figure 5 — Description of PAPFC² activities

Thus, the participatory analysis of needs (described in the preceding chapter) and planning of relevant actions are the gateways to the program, and the definition of the form and content of the other program activities flow from the participatory analysis. Personalized professional support and direct action with children are “imposed” on all families who participate in the program, for the entire duration of their participation. However, individual and collective action with children, and paraprofessional coaching, are elective, and undertaken only when analysis of the children’s and family’s needs suggests they are relevant. This does not mean that activities of this type are subject to the whims of users and program agents. Rather, they must be negotiated and justified in light of the family’s situation. In youth protection contexts, they may even be mandatory. However the need for these imposed activities must be regularly reviewed (just like, it should be noted, any other activity imposed in these contexts).

The hierarchical organization of program activities also determines the priorities of, and resources allocated to, program implementation. For example, there is no point investing significant effort in implementing parent groups or paraprofessional coaching if there has been no effort to establish procedures for the analysis of the children’s needs, ensure that professional support offered to children and parents is consistent with

the program's clinical principles, and plan direct educational, social, and clinical actions with children. On the other hand, with families that require more intensive services and support, the failure to implement parent groups or paraprofessional coaching would place undue pressure on personalized professional support activities and direct actions with children.

This being said, experience has demonstrated that families, as well as program agents and other professionals, consider activities associated with parent groups and paraprofessional coaching to be the most tangible and visible expressions of the program. The official launch of the program in a territory often coincides with the implementation of at least one of these activities with program users who require more intense intervention. It is essential to bear in mind that the PAPFC² consists of more than these two activities, both of which must be based on and coordinated with other basic program activities. A family referred to the PAPFC² is not simply referred to a parent group or to paraprofessional coaching. Rather, they are referred to a specific method for the analysis of the child's and family's specific situation, to a specific form of personalized professional practice sensitive to the child and the parents, and, where necessary, to a parent group and a paraprofessional coaching resource.

Every conceptualization of the child is accompanied by direct reflection about the parents.

The intensity of exposure to the program (number and duration of activities involving family members) may be adjusted to take into account the nature of needs at entry to the program and the evolution of the family situation. In general, families participate in the program for 18-24 months, although longer and shorter durations are also possible. The configuration of each family's program is determined by the intervention plan, the service plan, and the family's specific contract with the program (revised as needed). This chapter describes the various intervention activities that are set in motion by the participatory analysis of needs and the planning of activities.

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Personalized Professional Support

There are at least two requirements for the definition and circumscription of the professional support offered as part of the intervention plan intended for and performed in collaboration with all those involved in neglect situations—children, parents, families, communities, etc. The first is to envision professional support in terms of the principal mechanisms and challenges that characterize the contexts in which neglect arises in societies such as ours. This requires asking: **What type of professional support is necessary and appropriate in the world of neglect?** The second requirement adopts the opposite perspective. It consists of re-examining professional and institutional logics, in order to translate these necessary neglect-specific support functions into forms that are compatible with the missions and the frameworks for reference and action of the establishments and organizations active in the world of neglect. This, in turn, leads to a second question: **How are the things that establishments and organizations do the best (particularly through the actions of their professionals) relevant to the support needed in situations of neglect?**

Table 1 — Principles of effective support and help
in parent-professional relationships
(adapted from Dunst, Trivette et Deal, 1988, 1994)

Principles of effective support

1. Support is most effective when the professional is positive and inviting (sincere desire to care for another and provide help, warmth, encouragement). Support is viewed more favourably when a professional's actions are perceived to be motivated by kindness or generosity.
2. Support is more likely to be received favourably when the professional offers the support rather than waits for the parent to ask for it. The professional's sensitivity to the parents' verbal and non-verbal messages is an essential determinant of appropriate action. Support is perceived as more effective when the professional offers support that corresponds to a need felt by the parent.
3. Support is most effective when the professional clearly allows the parent to make the decisions, including decisions concerning needs to be satisfied, goals to be attained, means to be used, and, ultimately, acceptance or rejection of support. The right to refuse support must be accepted by the professional. Similarly, the decision to refuse support must be clearly validated (approved), and the possibility of future discussions must be left open. The less the help involves a loss of freedom, the more favourably and effectively it is perceived.
4. Support is more effective when it avoids implying that the parent is abnormal (compared to others in the same situation). Non-normative support may lead to feelings of inferiority and incompetence.
5. Support is more effective when it is consistent with the parent's evaluation and understanding of their problems and needs. A person's perception of their needs exerts a great influence on the direction of their behaviour.
6. Support is more likely to be favourably received if the "costs" of seeking and accepting it do not exceed the "benefits" it brings. Support tends to be considered "a good deal" if it reduces the risks of lowered self-esteem, encourages the exercise of freedoms (decision making), and favours feelings of competence and adequacy.

Table 1 — Principles of effective support and help
in parent-professional relationships (continued)
(adapted from Dunst, Trivette et Deal, 1988, 1994)

Principles of effective support

7. Support is more likely to be favourably received if the parent is able to “respond in kind” (reciprocity) and if the professional clearly approves of such action, without however formally expecting it. Reciprocity allows parents to feel that they have given as much as they have received, and is an effective means of reducing feelings of indebtedness towards the professional.
8. Support is more likely to be beneficial when parents feel that they have immediately resolved a problem or fulfilled a need, or have made immediate progress towards doing so. The primary way of achieving this is by encouraging parents to use their existing strengths and abilities to resolve elements of the problem.
9. Support is more effective when the professional encourages parents to use their natural support networks, and does not favour the replacement of these networks by a network of professional support. Support re-empowers parents when it improves discussions with members of their natural social networks and encourages feelings of belonging in rather than alienation or exclusion from a community.
10. Support is more likely to promote positive functioning when the professional can lead the parent to feel cooperation and shared responsibility (partnership) in the satisfaction of a need or the resolution of a problem. Parents feel valued, important, and equal when they participate actively in decisions that affect them and their children, and share the burden of responsibility with professionals.
11. Support is more likely to be beneficial when the professional encourages the parent to acquire skills and strategies that reduce the need for future help. Whatever the type of support, support is perceived more favourably when the professional actively seeks to make the parent more competent and autonomous. This is one of the most important characteristics of the support relationship between the professional and the parent.
12. Support is more likely to be beneficial when the parent can see improvement in their situation and perceive themselves to be responsible for the improvement (feelings of control/mastery). This is the primary determinant of sustainable change.

Professional Support in the World of Neglect

Subjective experiences of isolation, if not frank abandonment, abuse, and betrayal, are all too common among children and adults in the world of neglect. Support, particularly professional support, tends to be experienced as fragmentary and ad hoc at best, and as disruptive and threatening at worst. However, the situation is anything but homogeneous, and some narratives of professional support for children and parents living in highly vulnerable contexts are positive. These “good news stories” highlight a number of principles that shape professional support practices for actually or potentially neglected children, and their parents. Research¹ has demonstrated that the application of these best practices does not depend on the family’s level of distress or the individual’s motivation to receive support. In fact, support practices appear to be most useful and relevant in situations of great distress and low motivation. A schematic overview of the principles underlying these best practices related to parent-professional relationships is presented in Table 1.

¹ See Dunst, Trivette, & Deal, 1994; Lacharité et al., 2005.

The application of these principles highlights four fundamental issues that professionals must always bear in mind when organizing interventions with parents and children. These issues are framing concepts for the interpretation of situations involving these families.

- 1 The first issue these principles highlight is the crucial importance of establishing and maintaining mutual confidence between neglected children and their parents, on the one hand, and professionals, on the other. In fact, the depth and breadth of this support is directly proportional to the confidence the partners have in each other. In situations of great distress, such as those characteristic of situations of neglect, professional and institutional missions and mandates may sometimes lead to a shift of focus from maintaining mutual confidence to attaining specific objectives (e.g. changes in lifestyle or parenting). What is at stake here is not so much willingness or motivation to receive support, but rather the fundamental conviction that the other is (un)trustworthy: “I don’t trust you (anymore)” is a much more serious problem than “I don’t think you’re helping (anymore)”. Accordingly, the establishment, maintenance, and restoration of mutual confidence must always be Priority 1, regardless of the professional or institutional interventions that may or must be performed.
- 2 The second issue these principles highlight is the pursuit of bridges between the value universes of professionals and those of families living in the world of neglect. For these purposes, it is the shared values, not the divergent ones, that constitute resources. There is no point in offering (or imposing) support that has no value or meaning to the intended recipient—or to the professional. Each partner must see the meaning and value in the support experience.
- 3 The third issue these principles highlight is the need for organizing the support around the process of needs definition. But who should take the lead in this process? Because of the current configuration of healthcare and social services, and the characteristics of the most vulnerable families

organizing interventions : 4 issues

and individuals, the definition, evaluation and identification of the needs of children and parents is primarily the responsibility of professionals. Accordingly, the relationship to the needs of the children is primarily established by the professionals, not by children and parents, who, although they are to receive support, have little relationship themselves to the needs in question. It is thus the process by which the needs of children and parents are identified that should be examined. This is a central question in situations of neglect, because these situations are, in fact, characterized by adults' relationship to the needs of children. It is, in fact, impossible to talk about neglect with also talking about the partial or total failures to satisfy children's fundamental needs. In this context, the primary goals of professional support are to help individuals identify their own needs and, in collaboration with professionals, analyze these needs and the actions needed to satisfy them.

*organizing interventions :
4 issues*

Finally, these principles highlight the necessity of going beyond helping neglected children and their parents become “good clients” or “good users” of the various establishments or organizations they encounter (centre de santé et de services sociaux, centre de la petite enfance, schools, centre jeunesse, community organizations, etc.), to helping professionals (and their establishments and organizations) become “good resources” in the lives of these individuals and families. Although quite complex, and capable of eliciting strong emotions, this reciprocal investment (familial investment in institutions and institutional investment in families), usually proceeds uneventfully in families that are not vulnerable². On the other hand, with vulnerable families, this process is usually difficult, both for family members and professionals. Research³ has demonstrated that this difficulty is due in part to the fact that investment is a one-way street for these families: while they become registered users of institutional services, the institutions' coherent and relevant investment in family life is rarely a priority. This type of professional support must not be conceptualized solely as a series of mandated institutional actions with neglected children and their parents, but also as a series of life experiences for these individuals. The provision of integrated services is a valuable solution to this problem, as it helps shift professionals away from the tightly focused institutional issues they must cope with. However, it should not be forgotten that services that are provided in an integrated fashion to families must also be experienced in an integrated fashion by families. These questions are not typically taken into consideration by models of service integration. But in the world of neglect, they are unavoidable.

4

² One need only think of the family's relationship to a hospital when a child is born, or to a school when the child is older.

³ See especially Lacharité et al., 2005; Soulet, 2003.

Professional Practices and Neglect

It is important to consider how certain common practices in establishments and agencies that apply the PAPFC²—centres de jeunesse, health and social services centres, and community organizations—constitute “zones” of application of the foregoing principles. This is not a question of looking at establishment practices randomly, but rather of identifying the expertise and resources that an establishment and its professionals can most usefully deploy in support of neglected children and their parents.

6. Description of PAPFC² activities

Current practices in the social services network can be divided into two major categories: case management practices and direct intervention practices (e.g. psycho-educational intervention, family therapy, individual psychotherapy with children and parents). The application of professional practices in these two categories in situations of neglect must be guided by four basic principles.

PRINCIPLE 1 professionnal practices

Personalized professional support must respect the logic of integrated services

- In the field of neglect, the logic of integrated services establishes:

A A common way of “seeing” the needs of children (and the adults who are directly responsible for them), consistent with the major issues in the field.

B A common way of acting towards children, the adults who are directly responsible for them, and their community.

- At least five questions may guide professionals here⁴:

1 Given the real effects neglect has on child development and safety, and the higher risk of suffering neglect that some groups have, how should child and family professionals characterize the developmental needs of each child in their care and the situation of these children’s families? How do training, institutional structures, and alliances with other professionals or establishments in their community support them in the performance of these tasks?

2 How do professionals leverage the resources they possess or control to the benefit of the child? How does real or suspected child neglect mobilize, intensify, or focus these professional resources?

3 How do professionals share their preoccupations about a child with other adults who are directly responsible for the child’s welfare (parents, extended family, and other professionals)? What contexts and means are available to foster sharing? How do professionals moderate these sharing contexts? How do they present their concerns? How sensitive are they to the reactions of others? How do they use sharing moments to define relevant action on their part?

4 To whom should professionals turn when their resources and expertise, or those of their establishments, do not lead (or no longer lead) to improvement or change in the child’s and family’s situation, and there continues to be concern about the child’s development and safety? How should such “invitations” be made? Who should participate in the definition, structuring, and implementation of these invitations? What hinders such invitations from being offered during discussions of the child’s needs with other adults in the child’s entourage? What favours this invitation’s emerging from col-

⁴ For more information on this subject, see Lacharité, Pinard, Giroux, & Cossette, 2007.

lective and common action by the child's entourage (parents, family's first-line support network, professionals already involved) rather than being an individual act by an isolated professional?

5 When a professional (or their establishment) receives an invitation to help improve or transform the situation of a child or a family, how should he or she work with others already involved with the child (other professionals, parents, the child, etc.)? How should professionals combine or merge the resources they possess or control with the resources of others involved in the case, in order to improve or transform the child's situation? What mechanisms and professional attitudes and skills most favour the successful combination of the professional's resources with the resources of others already involved in the case?

PRINCIPLE 2

professional practices

The concepts of “need” and “resource” can only be applied to one's life and to the lives of those in one's entourage if certain psychological and social conditions are satisfied. Identifying these needs and resources is a complex act for which parents and children in the world of neglect are often inadequately prepared.

Professional support must therefore provide a framework that allows these individuals to think of themselves in terms of their needs and the resources available to fulfill them.

- This principle has major implications for case management. The management of cases involving families in the world of neglect must not primarily be conceptualized of in terms of linking individuals to specific services but rather as mediation between individuals and thought processes characteristic of the individuals' community.
- This has three implications:
 - 1** The mode of conversation with parents and children must not take for granted that these individuals have a cognitive understanding of what constitutes a need or a resource, or that they organize their daily lives as a function of such an understanding.
 - 2** It is important to establish psychological and social conditions that support the cognitive processes that allow individuals to think of themselves and others in terms of needs, and of the resources and means to fulfill these. These conditions include the ability to see things as others do, the ability to reflect about the consequences of one's actions, a structured sense of time, and an understanding of the main symbolic elements that characterize community life.
 - 3** Parents and children should be supported in a manner that allows them to experience and consolidate this sociocognitive process with other service providers in their community.

⁵This conception of case management is strongly influenced by Guay, 2005.

6. Description of PAPFC² activities

- Given all these considerations, case management truly becomes an exercise in coaching clients in their community rather than merely dispatching them to services. This form of case management requires persistent links between professionals and family members, adaptable and flexible family services, multifaceted professional roles and functions, ongoing updating of individual strengths, and sharing of responsibilities between the various actors⁵.

PRINCIPLE 3 professional practices

In situations of neglect, both the family-community relationship and the parent-child relationship are disrupted. Moreover, every contact with community professionals is a potential occasion for the family-community relationship to be disrupted anew.

Improving or transforming the parent-child and family-community relationships requires building alliance between professionals, on the one hand, and parents and children, on the other.

- Professionals who seek to build alliance with disaffiliated and distrustful individuals must bring to the table a rich and detailed phenomenological understanding of these individuals' vulnerability.
- This understanding is grounded in a number of core professional attitudes (proactivity, listening, respect, etc.) which are taught in most college- and university-level training programs.
- However, these training programs also emphasize specialized, discipline-specific intervention practices. Professionals tend to construct their professional identity around specialized practices rather than core attitudes. With individuals who have significant resistance to alliance, this tendency—associated with institutional pressure to fulfill mandates or missions—leads to an over-professionalization of the relationship between the professional and the resistant individual. This leads to workers paying much more attention to their professional or institutional objectives, and applying specialized practices they have been trained in and for which they have been hired by their establishment—to the detriment of the application of basic attitudes that would allow them to familiarize themselves with these attitudes and understand the experience of family members. This over-professionalization of the relationship between professionals and vulnerable individuals also leads to the reproduction, in the latter's lives, of the mechanisms (disaffiliation, exclusion, oppression, reification, isolation, distancing, etc.) responsible for the disruption of their relationship to their community.
- Professional support for parents and children in the world of neglect must therefore prioritize the constant and nuanced application of basic attitudes that foster the establishment, maintenance, and restoration of alliance, rather than the application of specialized professional practices, which are in fact extensions of the aforementioned basic attitudes.

PRINCIPLE 4
 professional practices

It is essential to orient and supervise professionals working with very vulnerable individuals. The primary focus of the orientation must be on the establishment, maintenance, and restoration of alliance, rather than on the application of specialized professional practices or institutional mandates.

- It is particularly difficult to empathize with experiences of severe chronic vulnerability. Professionals faced with this type of experience may experience intense emotions and a loss of cognitive benchmarks; these phenomena are not necessarily the result of counter-transference, and consequently may be difficult to objectify through the self-analysis typical of more traditional supervisory activities.
- In addition, professionals have great difficulty taking a step back and realizing their (involuntary) participation in the mechanisms of alienation of families living in the world of neglect. For example, it may not be obvious to professionals that presenting themselves as models of sensitive parenting increases young mothers' feelings of disqualification.
- When professionals encounter difficulty establishing, maintaining, or restoring alliance with family members, their defensive reaction may be to turn to their service plans or refer the family to other professionals. As tempting as it may be in such circumstances to ask others for help, simply to lighten the load, such requests are actually attempts to relieve anxiety, not share responsibility.
- The primary focus of interventions with families of neglected children should not be on applying specialized or highly specialized interventions (although this is often necessary).

Professional agents directly involved in the PAPFC² must therefore examine their personalized professional support from four perspectives. Thus, the PAPFC² does not prescribe specific types of psychosocial practice (psychotherapy, psychoeducation, social work, etc.) or specific approaches to intervention (solution-focused, cognitive-behavioural, systemic, etc.). Rather, it prescribes a form of practice that accommodates several approaches.

The Question of Fathers

Unfortunately, intervention programs intended to counter neglect often focus solely on mothers. There are a number of reasons for this, some more reasonable than others. On the one hand, both male and female professionals perceive fathers less positively than they do mothers: fathers are perceived as less warm, competent, nice, honest, wise, social, courageous, adroit, generous, clean, hard-working, coherent, easy to get along with, quiet, talkative, and active⁶. On the other hand—and of more concern—

⁶ See Lacharité et al., 2005.

6. Description of PAPFC² activities

it is mothers who are generally considered the primary authors of child neglect. Even though paternal figures (biological father, mother's spouse) are now more commonly considered to be part of the problem of neglect (e.g. through absence, immaturity, or violence), they are still far less likely to be considered directly responsible for the welfare of the children under their care. In cases of neglect, it is difficult to imagine that men can even take care of children (that is, like a woman would), let alone be concerned with their welfare. Men are thus part of the problem but not part of the solution.

⁷ See especially Lacharité & Éthier, 2003; Mayer, Dufour, Lavergne, Girard, & Trocmé, 2006.

Nevertheless, research⁷ has demonstrated that men in families of neglect are much more present than is suggested by the statistics that target single motherhood as a significant risk factor for neglect. At least 75% of neglected children live or have regular contacts with at least one paternal figure (biological father or regular spouse of the mother), and almost two thirds (64%) of men in families receiving services related to situations of chronic neglect live with or have regular contact with at least three children. Thus, men and neglected children are, in practice—and for better or worse—inevitably part of each other's worlds.

Professional practices targeting paternal figures in the areas of youth protection and psychosocial prevention tend to exhibit a threshold effect. When the intensity of the problems is relatively low, efforts will be made to include the paternal figure in the intervention plans or services. However, as the intensity increases, a threshold is crossed, and the tendency is to shift to various forms of disengagement and eviction, such as prioritization of the mother, relaxation of paternal support, support of the mother's choice of partner, imposed reduction of child-paternal figure contacts, and outright exclusion of the paternal figure from the family. Naturally enough, these practices of disengagement and eviction often lead to... the paternal figure's disengagement and eviction. However, they also often lead to short-term benefits, including reduction of the intensity of family problems, and improvement of the mother's and children's welfare. This is why, in some cases, these practices are considered legitimate, the end justifying the means. However it is important to ask what the men do and where do they go when they are disengaged from the family. Experience indicates that many⁸ of these men become engaged in another family and become paternal figures for children (both pre-existing and biological) in that family. Thus, all in all, the parental pathway of these men exposes them to increasingly complex⁹ relationships with children. Men in these situations find it particularly difficult to be psychologically available to the needs of the children around them, and to engage in supportive relationships with their social network and professional networks. Thus, the risk of neglect increases with each new cycle of this parental pathway. Paradoxically, professional practices of disengagement and eviction of paternal figures promote the intensification, in addition to the displacement, of the problem of neglect.

⁸ Lacharité and Éthier (2003) reported that 45.5% of men in a family receiving services for chronic neglect had lived in another family.

⁹ According to Lacharité and Éthier (2003), less than 5% of these men live in an intact nuclear family, which is the standard point of reference in Western societies.

Rejecting practices that lead to the disengagement and eviction of paternal figures in favour of practices of engagement and inclusion does not mean embracing an ideology of maintaining the father in the family

at any price. Rather, engagement and inclusion practices emphasize the importance of supporting men in the parental role regardless of their relationship with their children and the mother of the children. This means “helping men cope with the concrete challenges they face in their relationships with their children and making the complexity of these relationships intelligible, so that they can clearly define their specific contribution to the development of the children in their lives; the support they receive should help them better define their ‘generative position’ to these children.”¹⁰

¹⁰ Lacharité & Ethier (2003).

The personalized professional support practices outlined above are applicable to both mothers and fathers. Special attention must however be paid to the application of these practices to fathers or paternal figures in families referred to the PAPFC² ¹¹. The obstacles to the application of these intervention principles are different for fathers than for mothers. Establishing a climate of mutual confidence with a father often requires a different approach, and building bridges between the professional’s values and those of a father may be longer and more challenging. A father’s relationship to his own needs and to those of his children may be more tenuous, and his perception of the pertinence of the professional’s services may depend on elements not typically seen when dealing with mothers. One of the reasons it is necessary to pay particular attention to personalized professional support practices for fathers is that they are less likely to participate in other PAPFC² activities (e.g. needs evaluation/analysis, collective action with parents, paraprofessional coaching, and direct action with children), despite efforts to involve them (e.g. direct solicitation of fathers’ participation in the evaluation and analysis of children’s needs, father-friendly collective activities with parents, group meetings with parents designed specifically for fathers). For these purposes, collaboration with organizations and workers who have developed expertise with fathers may be indispensable.

¹¹ Lacharité and Éthier (2003) demonstrated that this form of professional practice is as applicable to fathers as to mothers. Their results indicate that fathers and mothers have very similar experiences (control over services, reduction of stress, perceived parental effectiveness and competency, more positive perception of the child).

.....
Direct Action with Children

This component of the PAPFC² is based on the principles, benchmarks, and rules described in the previous section. However, it is discussed as a distinct entity to emphasize the importance of direct action with neglected children, rather than merely action with parents and families. In Figure 5, direct action with children is given the same priority as personalized professional support for parents. It is thus mandatory, not elective. Accordingly, PAPFC² intervention and service plans must encompass direct action with children.

In the PAPFC², direct action with neglected children reflects four general assumptions:

Situations of neglect in the child’s family have been resolved or are in the midst of being so. Because of this, direct action with children is not intended to help children cope with family environments that remain supremely indifferent to their needs. Moreover, the PAPFC² is only intended for children for whom the general intervention strategy is maintenance in the family. It is pointless to modify or intensify intervention and services

*direct action :
4 principles*

1

*direct action :
4 principles*

6. Description of PAPFC² activities

plans that directly target the child if there is no short-term (< 6 months) improvement in the family environment and parent-child relationships. Rather, parent-oriented interventions should be modified or intensified, and, if all else fails, the overall orientation of the intervention with the family should be reviewed (e.g. by considering a life-project approach to interventions with another family).

- 2 The child's affective relationships with attachment figures in early childhood and the preschool period are relational spaces in which a large part of the child's development in multiple spheres (affective, social, cognitive, linguistic, etc.) occurs. Action with children in this age group should focus on improving their interactions with their principal attachment figures.
- 3 The isolation of families marked by neglect affects children and parents equally. The new social and educational opportunities offered to these children are not primarily intended to compensate for weaknesses in their family environment (although they often do precisely that), but rather to provide them with developmental opportunities similar to those available to their peers in the general population.
- 4 Neglected children may have accumulated multiple developmental deficits, and their coping capacities may have been overwhelmed at an early age. Thus, despite improvements to the family environment, to parent-child relationships, and to opportunities for development, the developmental support of neglected children may be quite problematic. Single parental figures may easily be overwhelmed by the magnitude and complexity of their children's needs, even if they have improved their ability to pay attention and respond to those needs. In such cases, general services are often inadequate, and specialized and highly specialized services are required. The three objectives of negotiating a common understanding of the children's needs, sharing responsibilities equitably between adults in the children's entourage, and collaborating coherently are thus not merely good ideas—they are necessities.

These direct actions should extend to three distinct domains: social action, educational action, and clinical action.

*direct action :
3 domains*

- A** **Social action** offers children places and rich opportunities for socialization and social participation in their community. It also supports the orientation and care of children by social actors in the community who are in direct contact with them.
- B** **Educational action** offers children stimulating educational environments within their community. They also support educators in the community in their efforts to orient and care for the children.
- C** **Clinical action** offers alternative developmental experiences specifically adapted to the children's needs and difficulties, and creates opportunities for the children to explore and organize elements of their global development (child-parent therapy, individual therapy, speech therapy, etc.). It also provides community workers with support in their efforts to orient and care for the children.

For babies and preschool-age children, social and educational action may often be merged into a single domain, **socio-educational action**, with two dimensions:

- Improvement of the family environment and parent-child relationship. This dimension relies on all the activities offered to parents under the headings of psychosocial support, collective action with families, and paraprofessional coaching.
- Provision of normative extrafamilial educational services. These are general or specific services offered locally (daycare, stimulation workshops, educational workshops, kindergarten for 4-year-olds, etc.). With children who are already receiving such services at the time of their entry to the program, action should take the form of support for existing educators and reinforcement of parent-educator links.

1

*socio-educational
action :
2 dimensions*

2

Social and educational actions are typically distinct with school-age children. For all intents and purposes, educational action focuses on the services (regular or specific) that the educational system offers children. The PAPFC²'s actions in this area consist of supporting teachers and other relevant professionals, both in the analysis and understanding of the needs of neglected children in general, and the referred child in particular, and in the provision of adapted educational services for the referred child. Furthermore, program actions support collaboration between parents and educational personnel.

Social action involving school-age children consists of the identification and selection of athletic, artistic and recreational activities for each school-age child in the family. This work is performed in collaboration with the children themselves and their parents, and requires exploration, description, and recognition of the children's interests and tastes, as well as in-depth knowledge of the relevant local resources available and the conditions (financial, geographical, etc.) governing the provision of these services. The point of the exercise is not just to find plausible activities whose costs and resources can become program responsibilities (which may, nevertheless, occur in some cases), but to support children and parents in their reflection about, and resolution of, problems related to the children's realization of personal projects and to social participation¹².

¹² This type of program, centred on children's social activities, is based on research by Browne, Byrne, Roberts, Gafni, and Whittaker (2001), who found that the application of this approach for 2-5 years with very significantly socially and economically challenged families was associated with the direct improvement of children's welfare and mental health, and the indirect improvement of parents' welfare and mental health.

Clinical action involving neglected children responds to specific needs that require specialized or highly specialized interventions or services. When the services indicated by the child's current state are available in the community, these should obviously be provided in a timely fashion, and the necessary support offered (e.g. child psychiatry for mental health problems, paediatric support for medical problems, and rehabilitation for global developmental deficits).

Special attention should be paid to ensuring the participation of parental figures in the planning and implementation of all social and institutional action directly involving children. Parents may easily feel overwhelmed, if not in fact disqualified, when interacting with the various

6. Description of PAPFC² activities

establishments, organizations, or professionals offering general, specific, specialized or highly specialized child services. The successful integration of children into social, educational, and clinical activities is highly dependent on the partnerships built between all the adults responsible for the child's care.

Some direct action with children within the PAPFC² may be undertaken by program agents on the basis of a child's file. For example, a PAPFC² psychoeducator could be responsible for the organization of social activities for school-age children referred to the program, or a psychologist with expertise in child therapy could be responsible for the organization of group therapy for preschool-age children. However, it should be noted that program agents lack the competency, expertise, or availability required for many forms of direct action with children. This is particularly true of educational action that must be administered by daycare services or the educational sector, and of social and clinical action.

When the services dictated by the child's state are not available or accessible in the local community, program agents have three options:

*services
not available :
3 options*

- A** Attempt to find the required service outside the community. However, the parents' and children's existing service load must also be taken into account.
- B** Create a completely new service, if the number and intensity of needs justifies this. For example, the program team may consider it relevant to provide preschool—or school—age children with group therapy that promotes the acquisition of social skills or uses games and stories to allow children to integrate their traumatic experiences. Similarly, mother-child dyads can be offered therapeutic action that promotes the development of secure attachment (for example, Watch, Wait & Wonder, Floor Time).
- C** Team up with parents and children to exert political pressure on public and institutional decision makers. In these cases, it is important to take into account the fact that a region's social and economic priorities are to some extent conditioned by the lobbying of specific interest groups. Because the families served by the PAPFC² are typically marginalized, their interests and their ideas about their needs have little influence on decisions that affect them.

Collective Action with Parents: Parent Groups and Multifamily Activities

There are two justifications for integrating collective action into PAPFC² interventions with parental figures.

JUSTIFICATION 1

The erosion, if not total collapse, of parental figures' informal peer support network.

More often than not, these women and men find themselves functionally isolated. They may have a social support network, but because of their personal characteristics (e.g. depressive symptoms, personality disorders) or the characteristics of their entourage (e.g. absence of concern for children, oppressive or exploitative relationships), this network is unable to provide the contingent and reciprocal support necessary for the realization of their parental responsibilities.

JUSTIFICATION 2

The preponderance or invasiveness of formal or professional support.

Deficiencies in informal support are often compensated for by increased social, educational, legal, and healthcare support by child and family service institutions. This situation may have the perverse effect of positioning parents primarily as users of multiple institutions—each of which has their own definition of family life—rather than simply parents of children.

Collective action with parents, characterized by a high parent-to-worker ratio and promotion of sharing and peer support, is an essential element of neglect interventions. However, this type of action places parental figures in complex social situations, and poses significant challenges for them, due to its overloading of their coping capacities in multiple spheres (relational problems, problems resolving interpersonal problems, problems managing emotions, etc.). To overcome these challenges, collective action should be multifaceted (group action targeting treatment, support, education, and socialization), spread out over 15-18 months, and allow workers some flexibility, particularly in their roles of facilitator, educator, coach, and supportive witness. In addition, the advantages of closed groups (membership, cohesion, personal investment) and open groups (voluntary participation, rapid and easy access, diversity of relationships and subjects) should be fully exploited. Given the preceding requirements, it is possible to divide collective action in the PAPFC² into two categories:

A cycle of **group meetings with parents** that provide support, enrich the parenting experience, and resolve problems.

1

Collective activities with families that foster peer support, growth, and socialization.

2

*collective
action :
2 categories*

¹³ Lacharité, C., & Fafard, G. (2011). Négligence envers les enfants et actions collectives auprès des parents : l'expérience parentale des besoins des enfants dans l'animation de groupes de parole. In C. Zaouche Gaudron, C. Safont-Mottay, O. Troupel-Cremel, V. Rouyer, & M. de Léonardis (Eds.), *Précarités et éducation familiale*. Toulouse: Érès.

Parent Groups¹³

Ideally, parent groups are composed of 8-12 parents, hold 8-15 weekly meetings of 2-2½ hours, and cover 3-5 modules. There is no conclusive evidence, at this stage of development of the PAPFC², in favour of predetermining the number of meetings per module. However, a cycle of fewer than 8 meetings will probably hinder the attainment of program objectives, and a cycle of more than 15 meetings may compromise the program's ability to respond to new referrals within a year. The number of meetings for each module is decided upon by the local coordination committee, after review of the recommendations of the group moderators. Participation in each module should be closed after the second or third meeting, although new arrivals can be accommodated in the next cycle of the module.

There are two reasons for the modular approach to PAPFC² parent groups.

The first reason is conceptual. Knowledge concerning the phenomenon of child neglect—and particularly of the experience of parents in this world—suggests the need to carefully identify and differentiate the challenges faced by parents in their attempt to be good parents and achieve balance in their personal and social lives. It is therefore important to avoid seeing parents as having a global, undifferentiated relationship to parenting, and rather recognize that they have specific relationships to parenting, their children's developmental needs, extrafamilial resources, social values and obstacles, etc. Similarly, parents should not be seen as having global, undifferentiated personal problems but as having interpersonal relationships, strong emotions associated with interpersonal relationships, experiences of assistance and support, success and failure in identity-based projects, etc.

The second reason is operational, and is related to the requirements that are logical consequences of the formation of closed groups, such as those seen in therapeutic interventions. Both parents and establishments must bear the burden of fulfilling these requirements, the first through a moral commitment to participate in the process, the second through the management of new cases once the group has been created.

A truly modular approach to group intervention thus has two objectives:

*modular approach :
2 objectives*

- 1 Increase the ability to integrate new parents into the group-intervention process, and, in operational terms, provide multiple entry points to the meeting cycle.
- 2 Ensure that parents' commitment to participate in the group meetings is based on a focused analysis of their needs, and on regular reviews of the effects of their participation. In operational terms, parents must therefore be provided with formal opportunities for reflection on their situation, and opportunities to recommit on the basis of this reflection.

Such a modular approach necessarily has repercussions on other program activities. It reinforces the role of feedback from parents in the planning of services and activities intended to achieve the parent-defined intervention objectives. This feedback is not limited to the activities of parent groups, but extends to other activities in which the family participates (notably individualized professional support and paraprofessional coaching).

The major themes underlying the modules must promote parents' thinking about their children's developmental needs, their parenting tasks, their relationship to their children, and their relationship to the community, both as parents and as individuals seeking to satisfy personal needs. The precise content of each meeting in a module—apart from the initial introductory and exploratory meeting, and the review meeting—is shaped by the possibilities offered by that module's major theme and the participants' concerns and interests. Before allowing fathers and, especially, couples to participate in a group, the advantages, disadvantages—and even counter-indications—of this participation must be weighed. If the number and interests of participants warrant it, separate meetings for fathers and mothers may also be held.

A parent who participates in every module will attend 40-50 group-parent meetings over a period of 18-24 months. While a parent can decide, in concert with his or her own designated worker, to only participate in a small number of modules—or even in only one—once they commit to a module, they must attend all that module's scheduled meetings. This is an integral part of the contract between the parent and the designated worker. Once they have completed the complete cycle of modules, parents can repeat one or more modules.

Group meetings are co-moderated by workers with expertise in group moderation. These moderators may be workers who devote all their time to this program activity, workers who provide psychosocial support to one or more families referred to the PAPFC², or workers from community organizations involved in the program.

The Roles and Functions of Moderators in PAPFC² Parent-group Activities

A role is defined as a group of behaviours a) associated with a location or specific social status and b) reciprocally expected by social actors in a concrete situation. Thus, individuals never fulfill a role alone. A given role is highly dependent on the multiple roles played by others in the same social situation (the complementarity principle). Furthermore, a role has a functional component: it is linked to the fulfilment of certain social functions that reflect standards or values that are themselves based on systems of mutual expectation (e.g. a teacher's role is to teach students socially acceptable knowledge and skills, a parent's role is to directly provide for the needs of their child). Thus, roles and their functions define the form of professional practices, and the forms of participation and cooperation expected from these practices' subjects and users.

note 14

Obviously, two special social statuses, with reciprocal influences on each other, should be noted here: adult and parent.

Individuals who find themselves in situations in which they do not adequately fulfill the responsibilities associated with their status (e.g. parents who mistreat their children or have personal or social behaviours considered immature) will be stripped of some (sometimes all) of the privileges associated with this status and suffer a relatively significant reduction of the symbolic capital associated with their status. These individuals will generally resist this loss of social privilege and symbolic capital. This is

a major issue influencing their participation and co-operation in a variety of social situations.

The foundational principle of the PAPFC² is that difficulty fulfilling status-related responsibilities does not automatically lead to the loss of status-related social privileges. Thus, a parent who mistreats their child remains a parent (even though the exercise of this role may be severely limited by social and legal injunctions) and has a right to be treated as such by others. Because they are considered full-fledged adults and parents, parents who neglect their children are entitled to play a role in parent-group activities.

note 15

In reaction to the concept of the development of parental competencies—the primary basis for action of establishments in the health, social and educational networks,—the Fédération québécoise des organismes communautaires famille has adopted the interesting concept of enrichment of the parental experience.

The development of parent competencies presupposes an external and normative judgement concerning shortcomings in parental conduct. In itself, this is not a problem—as long as the parents share and validate this external and normative judgement. This is most notably the case for many parents who register for prenatal meetings precisely because they do not feel ready to face all the challenges posed by gestation, delivery, and infant care. However, it is problematic if the parent loses control of the results (the “what”) and the process (the “why”) inherent to the development of competencies.

The concept of enrichment of the parental experience avoids this trap by more broadly defining support actions for parents. This allows parents to add elements or resources to their experience of parenting, which enhances this experience’s density and value. No presuppositions are made about the nature of the elements parents may find enriching. The acquisition of new knowledge, skills, or attitudes is one potentially enriching category. There are many others, including establishment of new social links, discovery of new social positions, and exploration of neglected personal and interpersonal zones. Thus, the development of parental competencies is merely one specific way of enriching parental experience.

For more details, see: Fédération québécoise des organismes communautaires Famille (2008). *Cadre de référence sur les pratiques d’action communautaire autonome famille*. Saint-Lambert, QC: FQOCF.

Available from the federation’s website at www.fqocf.org

The nature and complexity of the concerns, malaises, needs, projects, experiences, and strengths of parents living in the world of neglect directly influence the role of moderators responsible for parent-group activities in the PAPFC². Consequently, clarifying the role of participating parents is much more important than asking abstract and decontextualized questions about the role of moderators. Given parents’ specific place in Western societies and specific local communities, their perceived status¹⁴ (and, consequently, privileges and responsibilities), and the specific situations with which they are confronted in their daily lives, the question is: **What are parents trying to do or accomplish in the parent-group activity?**

One answer to the question of the role of parents in group activities is: parents choose to participate in order to share their parenting experiences. Subjecting themselves to others’ examination and examining other parents are the main functions of this expected behaviour. It should be emphasized that the first thing that parents accomplish in parent-group activities is examination by other parents—with whom they may share their concerns, interests, events, ways of thinking, ways of feeling, etc.—not by professionals (moderators). It is thus primarily parents’ relationships to other parents (not their relationships to moderators) that define their role in group activities. In addition, no aspect of parenting should be excluded from discussion in the groups, be it cognitive (“This is what I think”, “This is what I know”, “My opinion on that is...”, “My plans or intentions about this are...”), emotional (“What I feel”, “What motivates me”, “What

I want to avoid”), or social (“What I expect from others”, “What I do to respond or not respond to their needs”, “What I present publicly of myself and what I keep private”).

A second answer is: parents choose to participate in order to enrich their parenting experience. In other words, they come to explore and eventually acquire knowledge, skills, and attitudes they consider important for parenting¹⁵. Sharing experiences with other parents is one way for them to enrich their own experience. But there are other ways, as well: receiving information and reflecting on it and positioning oneself with regard to it, identifying parenting-related objectives and projects, observing models that appear interesting and exploring ways of reproducing them, attempting to apply new behaviours and receiving feedback about these attempts, experiencing new things, experiencing family situations differently, etc.

A third answer is: parents choose to participate in order to find solutions to personal, interpersonal, or contextual problems they believe interfere with their parenting. This requires them, firstly, to focus on the things that restrain, constrain, limit, or hinder the exercise of their parenting role. Secondly, they must become actively involved with parents and moderators in the group in order to better or differently understand their problems and find solutions to them. This is not, strictly speaking, a behaviour associated with any therapeutic intervention by a moderator, although it may resemble one. The difference lies in the fact that parents’ search for solutions to their problems is not central to their role in group activities. The mere presence of the other two types of expected behaviours (and the requirements associated with them) is insufficient for the creation of a truly therapeutic context (even though, for some parents, it does produce the same effects).

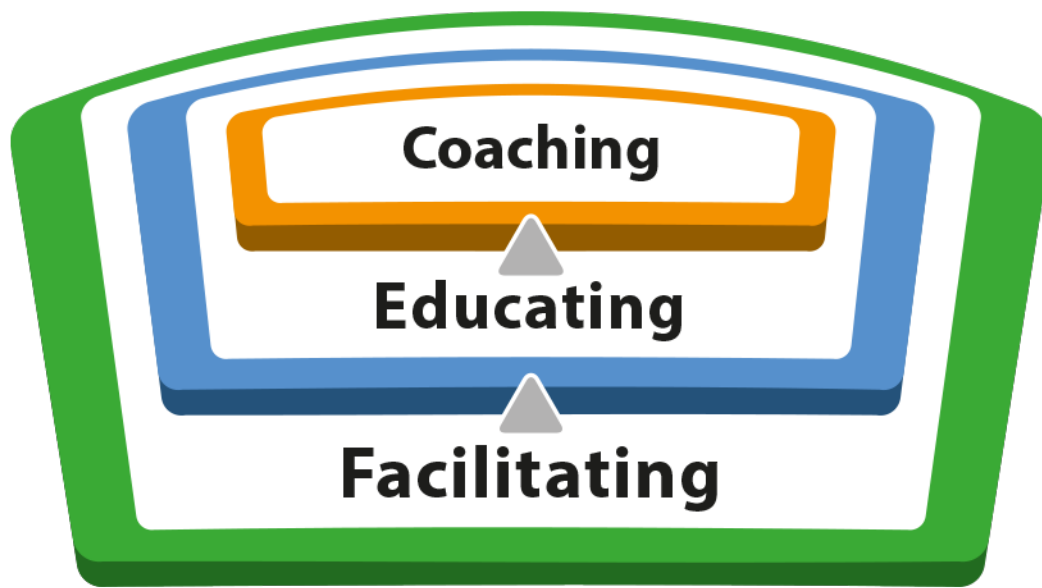


Figure 6 — The three functions of the moderator

6. Description of PAPFC² activities

Thus, the principle of the complementarity of roles in a given social situation leads to the definition of the moderator's role in terms of three professional functions which derive from three functions parents fulfill in group activities: facilitating, educating, and coaching (Figure 6). These functions may be fulfilled sequentially (e.g. moderators may act as facilitators at one given moment, but as educators at another) or simultaneously (e.g. moderators may act as both educators and coaches).

Facilitating

The Facilitating Function

This function supports the sharing of experiences by parents in a group. The first form this support takes is attention to the context of the sessions, in order to allow parents to express themselves, participate, develop a positive presence, and listen to others. Typical facilitating exercises include: welcoming parents upon their arrival at the session, ice-breaking activities at the beginning of a session, the establishment (and enforcement) of group rules, the use of photo-language during the session, review at the end of the session, and the moderator's informal presence during the breaks and as the session breaks up.

The second form of this support is support for parents' expression of their parenting experience: establishing contact with each parent, being present and attentive when a parent speaks, reformulating or recapitulating what a parent has just said, inviting a timid parent to recount a simple event from their daily life, interrupting a parent who talks too much and recapitulating the main points he or she made, offering parents varied ways of expressing themselves (speech, gestures, artistic productions, images, etc.). A central aspect of the facilitating function is the construction of a context that allows the emotions parents experience and express in group activities to be contained. This does not require asking parents to control their emotions, but rather establishing structures that contain their emotions, even the strong ones, and provide a social framework for emotional regulation. The "holding" metaphor is apt here. The framing concept for the metaphor is the stage of a theatre, on which actors play out a script. The bigger and more solid the stage, the better able it is to support complex, intense, and heavy scenarios; the smaller and more fragile it is, the more likely complex scenarios are to chaotically overflow it, even to the point of causing the stage to collapse under the weight of the actors and their play. Moderators play an essential role in the emotional holding of the group. They do not direct the play but rather construct the stage on which parents share and direct the joys and dramas of their lives. Parents living in the world of neglect often have difficulty assuming this responsibility, and moderators therefore sometimes have to be strong, benevolent, and reassuring, and play a structural role. Of course, this requires moderators to contain their own emotions and their reactions to the emotions of others.

The third form of this support is the repertoire of actions that help parents in the group "work together": asking parents what they think of what a parent just said, pointing out links between what a parent just said or did and what another said or did earlier, inviting a parent to ask the other parents something, proposing a broader debate when two parents disagree

with each other, inviting a parent to stop interrupting the others and to pay attention to what others say, verbalizing parents' non-verbal reactions, reformulating a parent's comments or questions in a way that "speaks" to the others, etc. The underlying principle of this work is that the resources of the parents in the group (reactions, opinions, support, experience, disagreements, etc.) are more important than the moderator's. The facilitator's role is in fact to ensure that this principle is applied and kept up to date, despite any obstacles that may arise (wariness of parents towards each other, latent or blatant conflicts, antisocial behaviour, etc.).

The Educating Function

The educating function is the primary way in which the parenting experience of group members is enriched. The two primary educating activities moderators participate in are direct teaching and experiential learning.

Direct teaching requires moderators to make effective oral presentations. Such presentations are lively, no longer than 15 minutes, based on a small number of key ideas, and grounded in what parents already know. They use accessible language, and provide examples, precise descriptions, and clear guidelines. Effective moderators use multiple sensory modes, formulate their message in different ways, and regularly confirm that parents have understood the material presented. Direct teaching activities must be undertaken with prudence with parent groups. Moderators must ask themselves what they are actually trying to accomplish (mandate, objectives, and intentions) with their teaching. Direct teaching is undertaken for at least one of three reasons:

- To modify what parents think and do in concrete, real-life situations (persuasion- or coercion-based teaching/moderation): "I'm going to tell you what you should think and do if you want to be a good parent, because I'm an expert in this field. I expect you to follow my instructions without question."
- To help parents adapt to social norms and to care and service systems mandated to promote or impose these norms (compliance-based teaching/moderation). "I have some experience in what one should think and do in order to be a good parent, and I'm offering to share that, and some useful tips, with you so that you can change your behaviour."
- To help parents make their own choices when confronted by challenges in their daily lives (choice-based teaching/moderation): "I have knowledge and experience related to what it's like to be a parent, and I'm offering you the opportunity to collectively think about and explore the things you find the most relevant and useful at this point."

With adults, persuasion- or coercion-based teaching requires the establishment of a context in which the students feel comfortable forfeiting a large part of their control to the teacher. This type of teaching is particularly prevalent in professional training sessions, which allow students, who have freely chosen to participate, to attain highly valued medium- or long-term objectives. But this type of teaching is a poor fit to the context and process

Educating

6. Description of PAPFC² activities

of parent groups. It drastically limits the scope of what it means to be a parent (being a parent is defined by what the teacher thinks and does) and scope of exchanges between the teacher and the parents (the teacher is the one who determines the content of the exchanges). **This type of teaching is therefore to be avoided**; at most, it should be resorted to sparingly and with great prudence.

Educating

*to be sensitive
to the experience
of the parents*

Compliance-based teaching requires partners to agree at least to some extent on parenting norms, and more precisely, on the nature of their role of parent-user in a service establishment. Common examples of this type of teaching include prenatal meetings and meetings intended to help parents cope with their children's educational experience. In these contexts, parents expect the teacher to teach them how to be informed and competent users (e.g. knowing when to go to the hospital once contractions have started, how to breath during delivery, how to help a child do their homework, what forms of child discipline are consistent with those used in daycares and schools, how to make meals that comply with food guides, how to stick to a budget). This type of teaching is not incompatible with the objectives of parent groups. However, it does tend to prioritize external norms and injunctions, and shift the parents' attention away from processes and discussion internal to the group. **The extent of activities of this type should therefore be strictly limited.**

Choice-based teaching requires the teacher to be sensitive to the experience of the parents (preoccupations, projects, current knowledge, strengths, etc.) and the parents to perceive the teacher as a credible informant who can guide them through the labyrinth of decisions they must make. The accent here is on the parents' relationship to resources and external constraints. This type of teaching is primarily used in contexts in which informed consent is the goal. It is obviously highly compatible with the objectives of parent groups. It establishes a relationship between moderators and parents which is reciprocal (each party brings to the table information that influences the other party's actions), but not egalitarian (since moderators are considered to possess knowledge parents do not). The obtention of informed consent often begins with parents receiving factual information on specific subjects, e.g. children's attachment needs, conjugal violence. This is followed by the sensitization stage, in which parents explore the different ways this information speaks to them, and adopt positions in light of it. In the next stage—awareness—parents explore the possibilities for action available to them in light of this information, and the consequences of their actions on themselves, their immediate entourage, and the broader community.

Experiential learning is based on the following principles that characterize learning in adults (rather than in children)¹⁶:

- 1 Adults learn better in response to perceived needs. Learning must therefore be personalized.
- 2 Teaching adults must proceed from what they already know to what they do not yet know. Adults learn better when they have the opportunity to use what they know.

¹⁶ Knowles, M. (1978). *The adult learner: A neglected species*. (2nd ed). Oxford, England: Gulf Publishing.

Adult education must proceed from simple concepts to more complex ones. Adulthood does not automatically confer the ability to manipulate complex concepts—but adults are not satisfied with simple concepts, and typically want to go further.

3

Adults learn better when they are invited to participate actively rather than listen passively. Active participation allows adults to combine new and existing knowledge.

4

Adults need opportunities to practice their new skills in the presence of a teacher. Teacher observation ensures that adults are not left to their own devices, and avoids their feeling like they're simply—and pointlessly—memorizing instructions.

5

*experiential
learning :
7 principles*

Learning is improved if desired behaviours are reinforced. Adults readily realize their limits, and are conscious of gaps between current and desired behaviours. Nevertheless, they do need to have their progress recognized. This is yet one more example of the importance of starting from what they already know.

6

Immediate feedback or adjustment improves learning. The more rapidly the adult receives feedback on their behaviour, the more inclined they are to integrate that behaviour into future behaviours.

7

The function of a parent-group moderator is thus to create opportunities for parents to learn experientially. These opportunities are often combined with direct teaching activities that allow moderators to inform or sensitize parents about certain subjects. For example, parents can participate in simulation exercises, role playing exercises, or guided experimentation (with their child, with other parents in the group, etc.) that help them apply knowledge, behaviours, or attitudes, and allow them to receive feedback on their performance. “Homework” is another activity of this sort, although it should be noted that it is essential to provide parents with feedback as quickly as possible (the next week), and to never ask parents to do something that they have not at least tried out in the group. Homework should be seen as an opportunity for parents to practice something they had started to become familiar with in some way.

Educating

Although facilitating is the principal function of parent-group moderators, parents typically ascribe the most importance to the educating function, as this is based on a much more direct relationship and leads more readily to concrete and tangible results. From the parents' perspective, a good moderator is a good educator. But to be a good educator, one must also be a good facilitator. A moderator who is a good facilitator but a poor educator may make parents feel like they going in circles or making no headway. A moderator who is a good educator but a poor facilitator may elicit feelings of doubt, resistance, or fear. Co-moderation is one interesting approach to combining these two functions.

Coaching

The Coaching Function

This function is directly associated with the third goal of parents who choose to participate in parent groups: finding solutions to problems. This function presents moderators with somewhat of a paradox. On the one hand, it is facilitating and educating, not finding solutions, that occupy a central role in moderation. On the other hand, parents are referred to a PAPFC² parent group precisely because of problematic behaviours and family situations. In other words, it is often the parents' problems that "set the table" for group sessions. This seriously influences the roles of the groups' moderators and parents. Parents do not come to the group primarily to share and enrich their experience, but to resolve problems—which, quite often, were identified by third parties, not themselves. Moderators thus find themselves obliged to define themselves as experts in every problem area raised by the parents. For both parents and moderators, these positions are at best uncomfortable and at worst untenable.

However, it is obviously impossible to eliminate discussions of problems from group sessions with parents. By sharing and enriching their experience, parents indirectly, yet effectively, address several types of personal, interpersonal, and contextual problems, and identify valuable solutions. Many problems may be resolved by paying attention to and mobilizing the parents' internal and external resources. There is more than one way to solve a problem: several approaches exist, and individuals typically attempt to use them when resolving day-to-day problems. From the very outset of the sessions, therefore, moderators must talk about the many ways humans have of resolving problems. These include seeking support from others (e.g. asking other parents if they have experienced the same problem), taking the time to reflect rationally about the problem, talking to others, attempting to build from what one knows, taking a break and thinking about something else, and enjoying oneself even when things go wrong. This is the more global and pragmatic approach that moderators should propose to parents.

Inevitably, however, problems will arise that require a direct approach. These are the times when the moderator must exercise a coaching function. Here, moderators should not simply give parents a full-blown solution ("This is what you should do."), but rather coach them through a direct problem-resolution process. This coaching must always be combined with the other two components of the group process: sharing of parental experiences and enrichment of parental experiences. For example, the moderator can present a systematic approach to problem resolution and invite parents to try it for themselves with shared problems, such as putting children to bed, coping with temper tantrums, coping with conflicts between parents, and coping with intense emotions. This transforms the problem-resolution process into something that can enrich the parenting experience. Moderators can also suggest exteriorising problems—such as violence against children, childhood abuse suffered by parents, and hyperactivity of children—and ask parents in the group to deconstruct this process using examples from their lives and their relationship with their children¹⁷.

¹⁷ Cette démarche est expliquée dans l'ouvrage de M. White et D. Epston (1992). *Narrative Means to Therapeutic Ends*. NY : Norton.

Other approaches to problem resolution exist. Moderators should choose the approaches with which they are familiar and which can be integrated into their two other functions. It should be emphasized that this means that moderators should not present themselves as experts capable of resolving every problem of every parent in the group, but rather as coaches in a collective approach to problem resolution. This approach often leads to a parent using the group as a springboard for personal action to solve a problem (e.g. deciding to consult a professional outside the group in order to go further, doing something new, etc.).

Integrating the Functions

The integration of the three functions of parent-group moderators—facilitating, educating, coaching—does not occur in a vacuum. It is highly dependent on the way in which parents participate in the group’s three complementary functions: sharing, enriching, searching for solutions. This means that the moderator’s primary focus should be on initiating parents into the role of group participant, and, subsequently, on supporting this role. This task poses some challenges. For one thing, many parents find themselves in a completely unprecedented situation—they have no experience with similar situations and roles, no social and cognitive reference points to help them function in this context. Other parents may well have some experience in group dynamics, but that experience may have been quite different than that asked of them in a parent group. It is when parents begin to participate as expected in group sessions that moderators can begin to deploy their other functions. In some groups, the process goes without a hitch. In others, moderators must invest considerable effort facilitating parents’ participation. In these latter cases, it is important for moderators to avoid the trap of letting the educating and coaching roles eclipse the facilitating role.

Themes Addressed in PAPFC² Parent Groups

The content of parent-group activities must be based on an analysis and prioritization of the capacities and competencies¹⁸ the parents living in the world of neglect must acquire, develop, or improve. It is this constellation of abilities/competencies that guides the identification of the themes that parents will be offered. Because situations of neglect have particularly significant effects on the exercise of many parental abilities/competencies, the number of themes (and, by extension, the number of sessions) is quite large. Some parents may be reticent to participate in a long process, and have difficulty forming a clear idea of what they will gain from it. This is the rationale for the

note 18

The terms “parenting capacity” and “parental competency” are not synonyms even though “capacity” and “competency” are, strictly speaking, synonyms. A capacity is a skill or aptitude (Someone is capable of something.) while a competency is the social recognition of this capacity or skill (Someone is considered capable of something). Thus, reference to parental competency always implies a judgement and a sanction with regard to parental conduct; parental competency is a parental capacity that has been recognized and legitimized. The two terms are used here interchangeably to emphasize the fact that the activities of PAPFC² parent groups are designed to provide opportunities not only for parents to develop or consolidate their

skills or aptitudes but also for these capacities to be socially legitimized (by group members, by moderators). However, the use of both terms is also intended to remind program agents that capacities must be developed before competencies. The premature judging or sanctioning of a capacity does not lead to the development of a competency but to a judgement of incompetence. In such circumstances, the gaze at the parent is heavy with consequences, particularly because of the feelings of failure and the behaviours of withdrawal, disengagement, and resistance it elicits. This is a perverse effect of action intended to develop competencies in individuals whose situation interferes with or hinders the development of capacities.

Parent-group Activities
OBJECTIVES

Table 2 — Suggested content of PAPFC² parent-group activities

Parent-Child Relationship

- Importance of having fun with one's children
- Importance of emotionally bonding with one's children
- The child's feeling of being protected and safe
- The child's feeling of being competent and able to predict what will happen
- The child's comprehension of their limits

The Parent as Parent

- Social requirements and obligations of parenthood
- Differences between being a father and being a mother
- Parental team work
- Decision making and ongoing problem-solving
- Parental models
- Emotions towards one's children
- Coping with parental stress
- Feeling like a competent parent

Parent-Environment Relationship

- Support and resources needed by families
- Role of institutions in family life
- Family values versus social values
- Violence in the family and in society
- Gender relations
- Family and work
- Family and school
- Friendship
- Feeling helped or supported

Relationship with Oneself

- The different types of families
- Marital intimacy
- Feeling useful and productive
- Participating in life-altering decisions
- Ghosts of the past

Table 2 — Suggested content of PAPFC² parent-group activities (continued)

Parent-Child Relationship
Communication
Children's needs
Child development
Stress in children
Planning and organization of day-to-day life
Problems encountered
Authority, discipline, and orientation
The Parent as Parent
Communication
Stress in parents
Planning and organization of day-to-day life
The family
Parent-Environment Relationship
Communication
Children's needs
Child development
My city and my resources
Problems encountered
The family
Relationship with Oneself
Communication
Adult needs
Values
The family

Parent-group Activities
THEMES

6. Description of PAPFC² activities

clustering of PAPFC² themes into overlapping modules. This approach has three advantages. First, it facilitates parents' decision making and their ability to provide informed consent for activities whose content and stakes they understand. Second, it ensures a certain consistency that facilitates the expression and sharing of experiences, the enrichment of these experiences, and the resolution of problems. Finally, it allows moderators to periodically (at the end of each module) summarize the parents' progress, from the perspective of both the parents themselves and the moderators and other professionals providing the families with personalized support.

¹⁹ The professionals in question worked out of the Centre jeunesse and the Centre de santé et de services sociaux of the Victoriaville and Shawinigan regions, in collaboration with a GRIN research professional. They systematically identified and prioritised the parental capacities and competencies to be targeted, analyzed overlaps to determine the number and nature of the major themes around which modules were to be built, developed the most relevant specific themes and subjects, and identified the primary moderation strategies.

The development of the content for group sessions (identification of each module's general and more specific themes and subjects, etc.) must be based on the four processes underlying the implementation of the PAPFC²: appropriation of clinical practices, appreciation of the nature of neglect, reflective sharing on one's practices, and adjustment of the program on the basis of user feedback. This means that those responsible for the implementation of the program in their territory must plan for a content-development process for the parent groups. In order to facilitate this task, the rest of this section provides a schematic overview of the implementation of the program in a specific territory¹⁹.

Meetings with parents are divided into four modules; the major themes, objectives, and specific themes of each module are presented in Table 2. Some themes (e.g. communication) are present in several modules, as they may be approached from many angles (e.g. communication with my child, communication with myself, communication with my social network).

In general, the number of meetings in a module depends on the number of themes and subjects identified during content development. In the case of the implementation presented in Table 2, the number of meetings varied between 8 and 15. In addition, the number of meetings is subject to operational constraints such as Christmas holidays and summer vacations. In principle, the meetings are held weekly, but there is no reason weeks can't be "jumped" for concrete reasons (e.g. legal holidays).

Each module should start with a welcome meeting at which the major theme is explored. This gives moderators the opportunity to present the main issues covered by the module, the questions these issues raise, and the specific challenges associated with the issues. This presentation should be brief, to allow everyone to position themselves with regard to the module's theme. It should not be a lecture intended to teach something to the parents. The rest of the meeting should be devoted to encouraging parents to express and share the concerns, interests, and fears that the module's principal theme elicits in them. The product of this initial meeting is the development of a program for the specific themes and subjects that parents agree on. This program is the intersection of the content developed by the moderators and the concerns expressed by the parents. If parents do not mention a theme or subject, moderators should explain to them why he or she wishes to add it to the program. The program also establishes the schedule for the meetings; the number of meetings may be pre-determined by the moderators.

Each module must conclude with a review session, during which moderators and parents review the process the parents have been through. This session may be largely oral:

- Thinking about the series of meetings we've had, what do you take away?
- What touched you the most?
- What did you particularly like?
- What did you not particularly like?

*conclude with
a review session*

But it may also take less conventional forms. For example, it may incorporate symbolic forms of expression such as drawing, handicrafts, collages, and theatre. The review covers not only the group's effects on the lives of the parents, but also the parents' appreciation of the moderator's work, and the moderator's experience of the module. During the review session, moderators must make a commitment to the parents to consolidate the things the parents liked and improve the things they didn't (e.g. reporting the review to the program committee and the local coordination committee). The review session must also comprise a closure ritual that eases parents' transition back into daily life. This is also the time to inform the parents about the next module, and if appropriate, complete registration forms.

Feedback on the effects of user-oriented practices indicates that the conduct and content of parent-group meetings must be flexible enough to accommodate parents' reactions. While the initial exploratory meeting and the review session are occasions for parents to provide feedback, feedback must also be obtained at every "thematic" meeting of a module. This feedback may be informal—for example asking each parent to say a few words on what they take away from the meeting—or more formal, using feedback tools such as those presented in appendices 2 and 3.

Parents' Conceptual and Ethical Development

PAPFC² parent groups are not primarily intended to help parent acquire new parenting skills, attitudes, or knowledge. Nor are they intended to treat parents' psychosocial problems, or promote peer support. These three important interventions—acquisition of parenting skills, resolution of personal problems, and peer support—must be mediated by work on the parents' awareness and implicit theories of children's needs and parents' role in child development. This awareness building rests in part on the integration of fundamental concepts of parenting in Western societies—for example, what a given culture perceives a child, mother, father, family to be, and what is usually meant by "child development", "rights of the child", "needs of the child", "punishment", "emotions", "attachment", etc. But awareness building also rests on the development of an ethical posture by parents towards their responsibilities to their children. This posture is the basis for ideas such as the higher interests of the child, which are enshrined in most child protection policies and laws around the world.

6. Description of PAPFC² activities

Adopting this ethical posture depends less on the parent thinking about their relationship with their child and more on their thinking about their relationship with themselves when they try to act “a certain way” with their child and evaluate their success in doing so.

Thus, PAPFC² parent groups explicitly address all the subjects identified during the modules’ content-development phase. Moderation should accordingly be centred on parents’ experience, i.e. what, at a specific moment, parents are able to express, understand, know, feel, and do in connection with their children and their role as parent. The elements to be

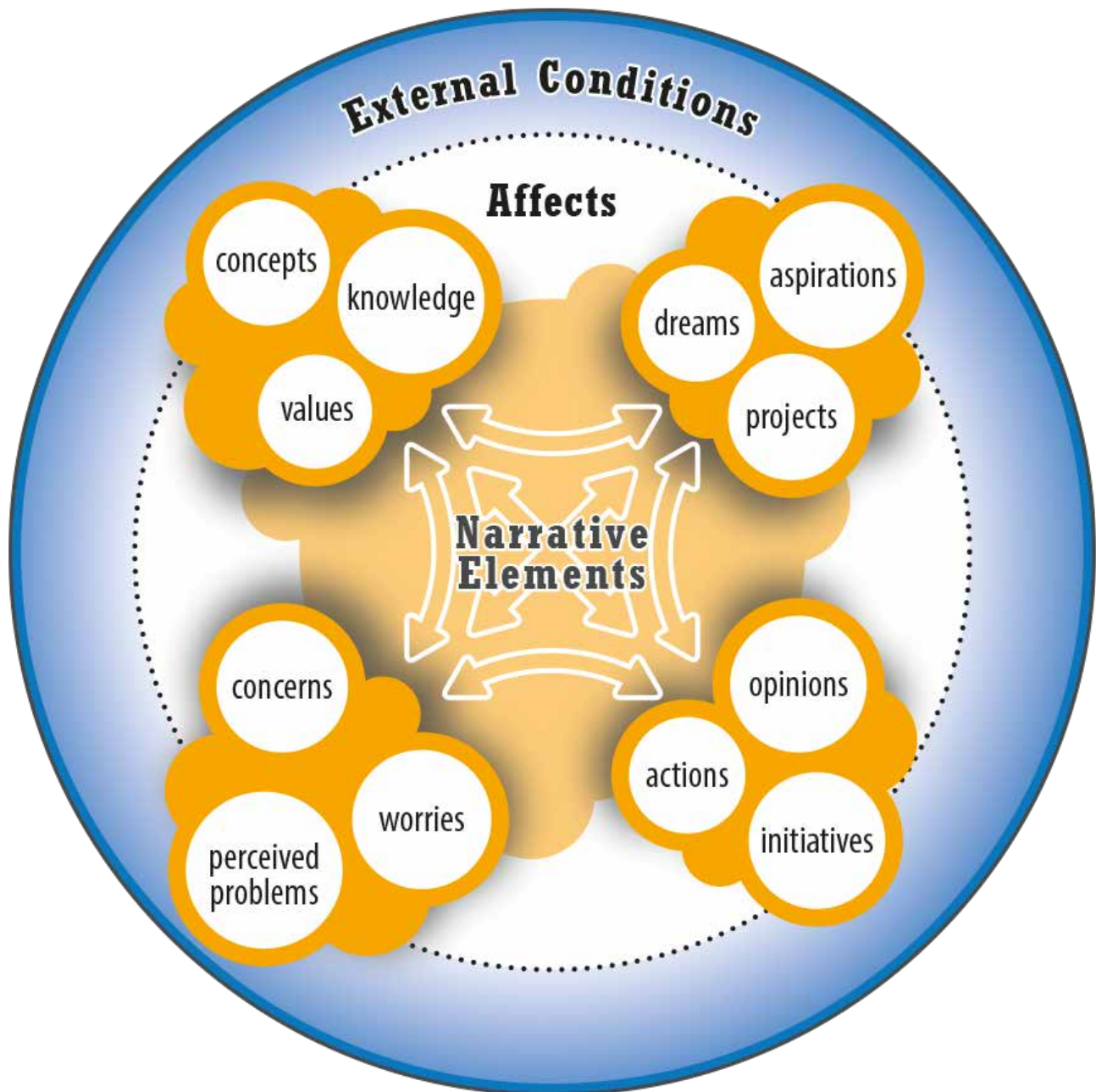


Figure 7 — Aspects of the parenting experience
(adapted from Lacharité, 2009a)

taken into consideration in this attempt to support and enrich the parenting experience are illustrated in Figure 7.

This model of parenting rests on three levels of consciousness. The first level includes what parents' know and can relatively spontaneously verbalize (narrative elements). As Figure 12 indicates, this level comprises twelve aspects, which can be grouped into four clusters:

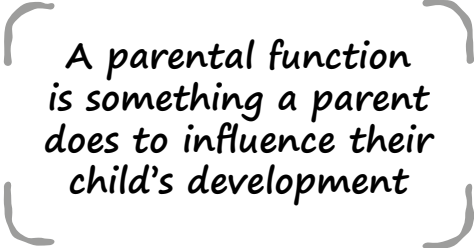
- Parents' day-to-day actions, initiatives, and opinions.
- Parents' concerns, worries, and problems about their lives and those of their children.
- Parents' aspirations, dreams, and projects for themselves and their children.
- The knowledge, concepts, and values parents deploy to give meaning to their lives.

The aspects of each of these clusters are, obviously, inter-related (or capable of being so). For example, some parent initiatives may be behavioural applications of knowledge, concepts, or values, while others may reflect their worries or dreams.

The two other levels—affects and external living conditions—are contextual elements that shape parents' day-to-day reality. The affective level represents everything that parents feel when taking action, expressing concerns or aspirations, or invoking values or knowledge. It is more or less tightly interrelated to the other dimensions of their experience of themselves and of their children, and gives those dimensions their unique textures, through the emotions in play.

The third level (external conditions), encompasses all the other aspects of the other two levels (dreams, concerns, initiatives, etc.) and is an integral part of the parental experience, particularly parents' real or potential knowledge of their relationships to their environment. External conditions—which may be material, economic, social, cultural, judicial, etc.—establish limits or offer opportunities that shape parents' and children's choices, and, by extension, ecology. From this perspective, parental experience is a product of an awareness (and the potential for extending this awareness) of their ecology. The “parent-environment” module is largely based on this model of parenting.

Another consequence of this focus on the conceptual and ethical development of the parents is that parents' experience directly influences their children's welfare and development. This is why, in the PAPFC², building awareness of children's needs and parents' responsibilities is based on the concept of **parental function** rather than on such concepts as parental skills, abilities, or competencies. A parental function is something a parent does to influence their child's development (e.g. care function, protection function, affective holding function). This concept also allows the parents' contribution to be situated in the global ecology of the child's development, that is, among the other sources of developmental



A parental function is something a parent does to influence their child's development

6. Description of PAPFC² activities

support. Situations of neglect affect the reflective function, the relay function, and the orchestration function particularly strongly. These therefore must be addressed in parent groups.

The **reflective function** is the ability of the parent to conceptualize their and their children's experiences in terms of mental states (thoughts, intentions, emotions, etc.), rather than behaviours. This function depends on the parents' ability to reflect on the consequences of their decisions and actions on their child.

Facilitating
and enriching
the expression of
parents' individual
and collective
experiences.

The **relay function** is the parents' ability to recognize the limits to their responses to their children's needs, and their ability to pass the baton to others in their entourage in order to ensure the continuity of child care and attention. This function depends on parents' ability to establish and maintain functional relationships with others with responsibilities to the children.

Finally, the **orchestration function** is the parent's ability to provide their children with temporally and spatially organized lives. This function depends on parents' ability to exploit available resources for their children's benefit.

The most important resources in group meetings are **the parents** themselves and the experiences they express and share; these are also, in fact, the starting point for the moderation process of PAPFC² parent groups. The second most important resource available to moderators is **the group** itself, i.e. all the parents, with all their similarities and differences. The third most important resource is the knowledge, experience, and perspectives that moderators deploy when interacting with parents. Moreover, **the moderators** themselves are a resource, since what they know, do, and say is based on the individual and collective experience of parents. The fourth most important resource is **the themes** that frame the parent-parent and parent-moderator conversations in the group meetings. A theme is not precisely equivalent to the verbal content (subjects discussed) expressed by parents or moderators. Rather, it is an idea that may (must) be developed in light of the intersection of perspectives that arises when a subject is discussed in a group meeting. The final resource available to parent-group moderators is the **activities** and **equipment** proposed by moderators or parents to support group meetings.

Obviously, PAPFC² group meetings do not lack structure or routine—they are not simply a series of long verbal exchanges. They must be dynamic, oriented, and concrete. However, the activities undertaken and equipment used must not be chosen on the basis of abstract considerations. Moderators thus must choose activities and equipment which have one common purpose: facilitating and enriching the expression of parents' individual and collective experiences. Thus, each group meeting should reflect this content hierarchy: pride of place should be given to parental experiences, support and enrichment of individual experience must involve other parents, and the work done by parents should be complemented by moderators' personal and professional perspective. Subjects that structure the meetings, as well as those that emerge spontaneously, are themes to

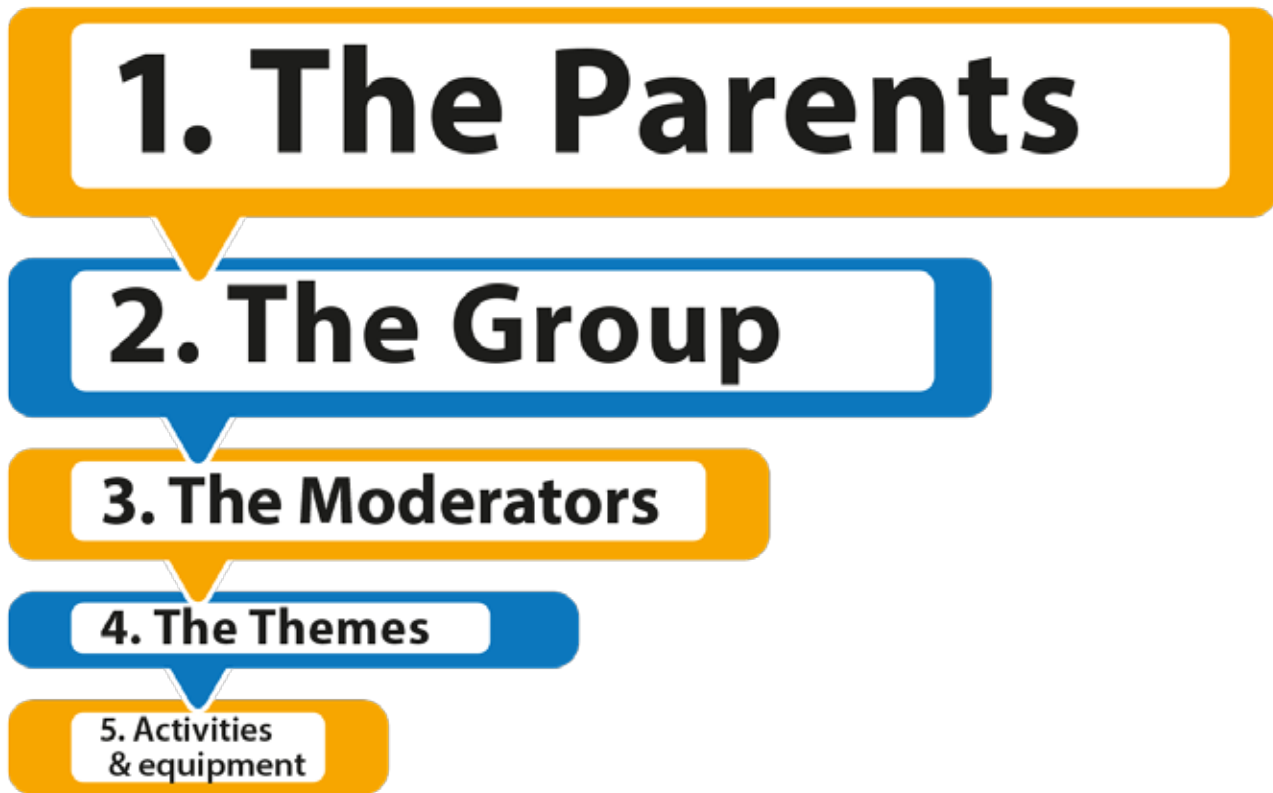


Figure 8 — Hierarchy of resources available to moderators of PAPFC² parent groups

be “unfolded” and correlated to similar themes. Finally, the activities and equipment moderators offer parents must accommodate every possible parental action and initiative, while ensuring that parents cannot fail.

Finally, this focus on parents’ experience, and on parents’ role in their children’s development, invites moderators to rely on practices that actively and vigorously support the individual and collective expression of what it means to be a parent or a child, what it means to live in a family, what it means to have a relationship with community organizations, etc. This entails taking parents from what they know and are familiar with to what they can know and can do in their current circumstances. To achieve this **narrative scaffolding**, moderators ask parents questions that facilitate:

- The characterization of individual and collective experiences.
- The establishment of links between parents’ experiences and the effects of these experiences on parents and children.
- Parents’ assessment of the relevance of these experiences and effects.
- The identification of the values and reference frameworks that form the basis for their judgements in these areas, and of the gaps they observe between these values/reference frameworks and their current behaviour.

6. Description of PAPFC² activities

Narrative scaffolding must therefore encompass problematic, as well as positive and fruitful, experiences.

Collective Activities with Families

This type of activity essentially attempts to provide participating families with social situations that are not saturated by issues of neglect. Here, fathers, mothers, and children can practice their personal skills and aptitudes, and forge links through concrete and pleasant activities. In other words, these activities stimulate the creation of “weak links”, that is, links that impose minimal social and affective obligations but recognize the person as a legitimate member of a social group (e.g. the group of men or women in a community, the group of parents or children in the community). The strength of these weak links can be seen in their importance in individuals’ lives.

The content of the activities must strike a balance between family-centric activities, which include parents and children, and adult-centric activities, which that involve parents only. Special attention should be paid to organizing activities that will interest men as well as women.

While collective activities are not intended to provide information, send messages, or mediate psychosocial interventions, these things may occur spontaneously, under the control of the parents and children (e.g. as a result of an explicit request). The professionals who participate in these collective activities are not there to monitor or supervise the children or parents. These activities are “segments of the community and of citizen participation” rather than “segments of institutional establishment and participation”.

Collective activities with families are based on open groups with relatively few constraints regarding the number and type of participants (parents, children, support parents, workers, members of the community). Those activities may be organized by workers with special responsibility for this task or by workers providing referred families with psychosocial follow-up. Because of their relevant expertise and the objectives of these collective activities, community workers should be involved, and appropriate service agreements should be negotiated.

The activities may take many forms: external activities (family parties, picnics, etc.), parent-child activities (with the father or mother), couple activities, film presentations followed by discussion, handicrafts or other manual activities, artistic activities, thematic conferences, etc. In general, these activities take place in the weeks between the modules of the parent-group meeting cycle. Their main objectives are socialization and social participation of parents and children, peer support among parents—and, where indicated, support from workers—and orientation and integration of new parents or workers/partners into the program.

Participants (parents, children, professionals) should provide feedback on the collective activities. While this feedback may be global (e.g.

during the last activity of the year, participants take a few minutes to review all the activities they took part in), it is preferable for every activity to comprise some feedback mechanism. Rapid and easy procedures and tools may be developed for this purpose. It should be emphasized that the implementation of feedback mechanisms must be accompanied by a formal commitment from those responsible to take the feedback into account in the planning of future activities. The concrete utility of the collection of this information must be demonstrated and justified to the participants, who must be able to see their opinions as catalysts for concrete, short-, medium-, and long-term effects.

Collective activities may be conducted between two modules of the parent-group module cycle, or between the meetings of a group module (e.g. replacement of the parent-group by a collective parental or family activity once a month). However, the latter approach compromises the group's openness (ability to accommodate new arrivals), and parents' participation in the group activities must be formalized in the same way as their participation in regular meetings (parents must commit to participate in all the meetings of the module in which the collective activities occur, except for a valid reason).

Paraprofessional Coaching of Families²⁰

The primary goal of matching parents of a target family and another person from the community (generally another parent, although non-parental volunteers are also acceptable) is to “concentrate” the informal support in a defined relational space—the relationship with another person. The creation of significant links with other parents allows target parents to build an interpersonal corridor in which they can experience—often for the first time!—social relationships that are stable and continuous.

There is clearly no consensus on the use of the term “paraprofessional”. On the one hand, it is often considered a neologism that merely suggests, more or less precisely, the roles and functions of the individuals in question: when one hears the term, one is not sure to whom and what it refers. On the other hand, the term masks an essential difference between this type of support and professional support, namely the informal or natural character of the help. And finally, it hierarchizes the professional and the paraprofessional: saying something is “para” is a way of marking it as peripheral to, subordinate to, or dependent on some primary activity (e.g. paramedical).

Despite these difficulties, the expressions “paraprofessional coaching” and “paraprofessional agent” have been preferred to other expressions, such as “voluntary”, “informal”, “natural”, or “community” coaching. There are two reasons for this. First, and most important, the North American scientific literature increasingly uses “paraprofessional” to describe individuals who possess no professional status but do possess personal resources (time, social networks, etc.), skills (sociability, generosity, humour, etc.), experience (as a parent, as a member of a local community, etc.), and knowledge (of community resources, local rules, etc.) that are central to a formal program's theory and structure. The theory and structure of the PAPFC²

²⁰ See, on this subject:

Bourassa, L. (2009). Point de vue des paraprofessionnelles sur les motivations liées à leur engagement auprès de familles vulnérables (Unpublished doctoral thesis). Université du Québec à Trois-Rivières, QC.

Bourassa, L., Miron, J. M., & Lacharité, C. (2009). Portrait de paraprofessionnelles œuvrant auprès de familles en situation difficile: leurs motivations et leur profil d'engagement. *Enfances, Familles, Générations*, (11), 80-102.

²¹ See, on this subject:

Lacharité, C. (2009). *Intervenir dans les situations de négligence envers les enfants*. In M.E. Clément, S. Dufour (Eds.), *Violence et maltraitance envers les enfants en milieu familial*. (pp. 125-142). Montréal: Éditions CEC.

Lacharité, C., & Goupil, E. (2013). *Les familles à problèmes multiples: interventions socio-éducatives et enjeux éthiques*. In G. Bergonnier Dupuy, H. Milova, & P. Durning (Eds.), *Traité de l'éducation familiale*. (pp. 447-466). Paris: Dunod.

PRINCIPLE 1 paraprofessionnal coaching

²² Bédard (1999) compared these individuals to major burn victims: every contact—even those intended to provide relief and care—is a source of suffering.

PRINCIPLE 2 paraprofessionnal coaching

PRINCIPLE 3 paraprofessionnal coaching

6. Description of PAPFC² activities

is based on conclusive research data²¹ on child neglect. On the one hand, the action of paraprofessionals is indeed consistent with participation in a multidimensional program, and their roles and functions are defined in light of other program elements and well integrated into the program. On the other hand, it would be regrettable for the experience obtained from the PAPFC² to go unrecorded and be considered irrelevant to the knowledge and practices of this field of research.

The second reason for using “paraprofessional coaching” is the necessity of highlighting the features common to activities that have a variety of designations: visiting mother, support parent, support family, contact family, godparent, informal caregiver, etc. It is important here to focus on the basic principles underlying action with families living in the world of neglect, and distinguish them from the principles underlying professional action. The PAPFC² does not specify any specific form of paraprofessional coaching (e.g. visiting mothers vs. support family). Rather, it proposes an approach based on appreciative inquiry (see Chapter 2. Implementation of the PAPFC²) of the “paraprofessional” action undertaken in a territory, taking into account the basic principles of the program. Thus, the specific objective of paraprofessional coaching is to provide parents with a clear source of informal social support. The role of paraprofessional agents is broad, but not unbounded. Four principles guide their actions.

Primacy of the Relationship

A relationship of trust must be established with members of the target family. In some cases, the relational suffering of the parents and children²² renders this particularly challenging.

Compassion

Paraprofessional agents must keep in mind the things that they have in common with the target family, and act on the basis of these similarities rather on the basis of their differences with the family. This requires conscious effort, because it is much easier to notice differences and organize one’s actions in response to them. In this context, compassion is not the same thing as pity, but rather a vision of oneself as part of the same “species”, of the same community.

Informal Care

Paraprofessional agents must make available to families their qualities and personal resources that can make a difference to the families’ lives. Agents must avoid the trap of professionalizing their informal support—their only responsibility is to be what they are, with all their strengths and weaknesses. Moreover, a professional relationship is incompatible with the potential reciprocity of the paraprofessional-target family relationship.

Coaching

PRINCIPLE 4 paraprofessional coaching

Coaching involves participating in concrete activities involving members of the target family. Paraprofessionals should focus on acting as “participatory and benevolent witnesses” rather than “models” or “coaches”, although these two latter roles are not incompatible with paraprofessionals’ work if family members “desire” them. Studies of modeling indicate that a model only acts as a model when it is considered interesting and accessible. It is thus the target parents who choose to adopt models, not paraprofessional agents who choose to offer them.

Following their initial training, paraprofessional agents are routinely supervised and oriented. Community organizations are invaluable partners in the planning and implementation of paraprofessional coaching, by virtue of their approach grounded in peer support and informal support, and their expertise in volunteer recruitment, orientation, and support. Service agreements must be negotiated for their participation in this component of the program. Community organizations responsible for collective activities with families may also assume responsibility for paraprofessional coaching, as these two roles are not mutually incompatible. On the other hand, individuals providing psychosocial support to the families cannot be responsible for the recruitment, orientation, and support of paraprofessional agents. There must be a firewall between the psychosocial support and paraprofessional coaching components, to avoid workers directly transferring mandates to paraprofessional agents. The *raison d’être* for this firewall is the preservation of the integrity of the relationship between paraprofessional agents and members of target families. Unlike family aides and assistants, paraprofessional agents must not be perceived as proxies for social workers. To ensure that paraprofessional coaching is coordinated with all the other program activities, the person responsible for the paraprofessional agents should attend meetings involving the coordination of interventions and services. This person acts as a mediator between paraprofessional agents, on the one hand, and group moderators and workers providing psychosocial support, on the other.

Paraprofessional agents must maintain regular contact with families, but the intensity of this contact will depend on the agents’ availability and the family’s needs. Typically, paraprofessional agents work with a family for longer than 12 months, and may even work with it for longer than 24 months.

Although paraprofessional coaching is conceptualized in terms of a benevolent and supportive relationship, paraprofessional agents should receive a stipend that covers their monthly expenses (travel costs, childcare costs, petty cash, etc.). A paraprofessional agent is generally paired with only one family, but they may in some cases be paired with two—and, in exceptional circumstances, more—families.

6. Description of PAPFC² activities

It must be borne in mind that paraprofessional agents need to feel that they are useful and that their work with a family is productive. These needs are obviously present in professionals as well, but they are even stronger motivational factors in paraprofessionals. This means that feedback plays a particular important role with paraprofessional agents. Concrete mechanisms that provide parents with a way of providing direct feedback on the actions of paraprofessional agents must therefore be established. The focus of this feedback should be the quality of the relationship between the paraprofessional agent and the parents. The instrument presented in Appendix 2 may prove particularly useful this purpose. Whatever the mechanism adopted, paraprofessional agents must be able to recognize that they play some role in the lives of the families they work with, and be able to adjust their action if necessary. Paraprofessional coaching must be oriented not only by third-party (supervisor) guidelines, but also by the paraprofessional agent's unique relationship with each member of the family they work with.

Individual Action with Parents

The psychological characteristics of parents (more specifically, mothers), involved in situations of neglect are well known—in fact, this is probably the most extensively studied subject in the field of child neglect. These parents enter adulthood with a significant burden of developmental challenges:

- During **early childhood**: relational adversity or trauma that has led to an insecure, if not disorganized, attachment style; significant deficits in emotional regulation
- During **school age**: learning difficulties and school failures; internalized and externalized affective and behavioural problems
- In **adolescence**: substance abuse; legal problems; diagnosed mental problems (particularly depressive and personality disorders)

This developmental burden is a significant obstacle to the responsible exercise of parental roles, to social integration (social disaffiliation, low employability, interpersonal conflicts, etc.) and to the quality and stability of intimate relationships (high-risk sexual behaviours, conjugal violence, multiple romantic failures, etc.). The PAPFC² is not intended to improve the personal adaptation of parents involved in situations of neglect. On the other hand, the improvement of their personal adaptation is an important mediating factor for the attainment of program objectives (appropriate response to the needs of the child and sharing of responsibilities for the child).

The emotional experience of these parents typically includes fear, shame, and feelings of injustice. This emotional triad (often related to complex or relational trauma) is typically the source of the emotions these parents express: impotence, despair, apathy, anger, aggression, compulsive pursuit of pleasure and strong sensations, confusion, etc. However, the personal strengths these parents have developed despite—in some cases even because of—the past and present adversity in their lives have been

little studied. These strengths include resourcefulness, cunning, the ability to be happy with what one has, and the ability to defend oneself and get up again after being knocked down.

Participatory analysis of the child's needs must therefore encompass the identification of the psychosocial obstacles hindering parents from responding to these needs. This analysis must also identify the strengths that can be leveraged in the development of these parents' parenting skills and the enrichment of their parenting experience. Planning of program action and personalized family follow-up by a designated worker must therefore extend to the identification of action to support parents' psychosocial development and of community resources that can provide the necessary individual support.

The highest priority should be helping parents analyse the links between personal factors and their ability to respond their children's needs, not finding individual services that provide parents' with psychological support. The second priority should be helping parents perform concrete action as a result of this analysis. A notable corollary of this is that professionals who have been asked to provide parents with individual support (e.g. for conjugal violence, substance abuse, or mental problems) must never lose sight of the fact, while organizing their services, that the individuals concerned are parents with daily responsibilities for their children's welfare and development.



The Management Structure of the PAPFC²

The management structure of the PAPFC² comprises three committees, on the one hand, and training and supervision activities for program agents, on the other. These elements are presented schematically in Table 3.

Ensures that the spirit of the program is always respected.

.....

The Local Coordination Committee

The coordination committee provides general oversight for program implementation, integrates the PAPFC² into the structures and logics of local institutions, and ensures that the spirit of the program is always respected. It is, in particular, responsible for all the organizational elements of the program (the organizational plan), and for the program-user interface (the service utilization plan). The coordination committee must thus determine the selection criteria—which must be consistent with the PAPFC²'s general orientations—for the families who participate in the program. Local priorities regarding neglect-specific interventions are specified in the service utilization plan. For example, the local coordination committee may choose to target children of a specific age. Or it may choose to target specific situations, such as families already referred to youth protection services or families living in a specific sector. The coordination committee should base its service utilization plan on the pressing neglected-related social and health needs in its territory. The coordination committee is responsible for the application and monitoring of the program, and meets 5-6 times per year.

.....

The Program Committee

The program committee is a central management structure of the PAPFC². It is responsible for the development of program-activity content, and is the primary locus of appropriation of clinical principles. As such, it determines the manner in which clinical principles are applied with professionals, parents and children. Furthermore, it is an important source of

**Coordination
Committee**

Tableau 3 — Description of the Management Structure of the PAPFC²

Mandate and Responsibilities

Liaise with decision-making bodies of local partners' establishments and organizations

Negotiate and draft service and partnership agreements, including those covering the human and financial resources necessary for program implementation

Develop a territory-specific plan for the organization of PAPFC² services

Develop a territory-specific plan for the utilization of PAPFC² services

Ensure the establishment of the program committee

Supervise program committee work

Plan and organize the training and supervision of program agents

Select trainers/supervisors and ensure their orientation

Ensure the general monitoring of the program implementation

Produce annual reviews of the program implementation

composition

Ex officio members:

- One management representative from each partner establishment and organization
- The individual(s) responsible for orientation of paraprofessionals
- The individual(s) responsible for collective activities with families
- The parent-group moderators

Optional members:

- Workers responsible for the psychosocial follow-up of families
- Management representatives or workers of other establishments or organizations
- Paraprofessionals
- Any other person considered pertinent

Tableau 3 — Description of the Management Structure of the PAPFC² (continued)

Mandate and Responsibilities

Develop the specific content of each type of PAPFC² activity (parent group, paraprofessional coaching, etc.)

Promote the PAPFC² to relevant management representatives and workers, and inform them about the client families

Provide workers with support for the identification of potential PAPFC² families

Provide workers with support for the use of the ecosystemic reference framework used for the evaluation and analysis of the needs of children and their families

Select families on the basis of criteria set out in the service utilization plan

Provide workers with support for the orientation of families who have not been accepted by the referral committee towards other resources

Provide workers who refer families with support for the presentation of the program to parents

Maintain an annual register of all families referred to the program, including those who were not accepted, those who were accepted but declined to participate, and those who agreed to participate

Discuss the needs of children and their families, the program's main intervention objectives, and the specific actions to be prioritized (intervention and service utilization plans) with the workers responsible for the psychosocial follow-up of families and parents

Present the coordination committee with a profile, including intervention and service utilization plans, of each new family in the program

Provide workers responsible for psychosocial follow-up with support for the application of personalized professional support practices specific to the PAPFC²

Support group moderators in the application of moderation functions specific to the PAPFC²

Support those responsible for the orientation of paraprofessionals and for collective action in the application of the principles specific to the PAPFC²

Participate in the evaluation of the progress of families

Program Committee

composition

Ex officio members:

- One program agent from each referring establishment (CSSS, CJ, and community organizations)
- One program agent from each partner community organization

Optional members:

- Any other person considered relevant (e.g. professionals providing personalized support for families, paraprofessionals, child protection reviewers)

**Committee for the
Evaluation of Program
Implementation
and Effects**

Tableau 3 — Description of the Management Structure of the PAPFC² (continued)

Mandate and Responsibilities

Develop a strategy for the evaluation of the implementation of the program that takes into account the available human and financial resources, and the potential for local information collection

Develop a strategy for the evaluation of the effects of the program that takes into account the available human and financial resources, and the potential for local information collection

Implement the aforementioned evaluation strategies in a way that supports rigorous and systematic collection of relevant information

Compile and analyze the information collected in the application of the evaluation strategies

Produce an annual evaluation report that includes recommendations for further program initiatives

composition

Ex officio members:

- One specialist in program evaluation
- One member of the coordination committee
- One member of the program committee

Optional members:

- Any other person judged pertinent

Tableau 3 — Description of the Management Structure of the PAPFC² (continued)

Mandate and Responsibilities

Ensure that program agents appropriate the specific intervention elements of the PAPFC² activities that directly concern them, especially through the acquisition and consolidation of relevant specific attitudes and skills

Support program agents' appropriation of the spirit of the program, especially by pointing out the links between PAPFC² activities and the principles underlying these activities, and ensuring that agents acquire and consolidate relevant general attitudes and skills

Support program agents' objectivation of neglect in the context of their direct PAPFC² activities, especially through the acquisition and consolidation of relevant knowledge

Support program agents' reflective sharing on their current practices in their direct PAPFC² activities

Ensure the implementation of strategies, methods, and procedures, and the acquisition of underlying skills, that support user feedback processes for each type of PAPFC² activity

Participate in the evaluation of program agents' progress in terms of the four implementation processes (objectivation, appropriation, reflective sharing, and feedback)

composition

Ex officio members:

- Trainers and supervisors with functional knowledge of every element of the PAPFC² and expertise in specific intervention domains relevant to the program (e.g. parent-group moderation, professional support, orientation of paraprofessionals)

Optional members:

- Any other person considered relevant by the coordination committee

**Training
and
Supervision /
Co-Development**

7. The Management Structure of the PAPFC²

reflective sharing on the current practices in partner establishments and organizations that can be directly integrated into PAPFC² activities. Lastly, the committee is responsible for the recruitment/referral, selection, and follow-up of families, and for the support of program agents.

The program committee is small, but all members must have functional knowledge of every aspect of the PAPFC². Ideally, all the members should also sit on the local coordination committee. If this is not possible, at least one member should sit on the local coordination committee, in order to ensure proper liaison.

The recruitment, referral, and selection procedures for program families are based on two principles: sensitivity and specificity. Sensitivity refers to the procedures' ability to detect and accept every family that satisfies the criteria set out in the service utilization plan and that receives services from *centres jeunesse* or *centres de santé et de services sociaux*. Thus, target audiences must be made aware of the program and the referral procedure (e.g. by producing a descriptive pamphlet for workers and parents, presenting the program to various decision-making bodies in every establishment, taking part in clinical decision making). Specificity, on the other hand, refers to the procedures' ability to exclude cases which do not satisfy the program criteria. In particular, workers whose referrals were not accepted into the program should be provided with feedback on the reason for the refusal, and with support in choosing alternative courses of action.

An important task performed by the program committee is supporting the ecosystemic analysis of the needs of children and their parental figures. Two of the most useful ways the committee can do this is by proposing the use of appropriate tools (e.g. AIDES initiative tools) and asking direct questions that help professionals structure their analysis around the three elements of ecosystemic analysis: child development, parental capacities, and the quality of the family and social environments.

The program committee helps support all the program agents in the exercise of their various activities (moderation of parent groups, orientation of paraprofessionals, provision of individual support by professionals), and provides specific support—especially in the development of intervention and services plans—for professionals who become program agents responsible for individual follow-up. The committee does not itself train or directly supervise program agents (although these are possibilities), but rather helps program agents navigate the flexible application of intervention principles.

The program committee also maintains a register of program referrals, and draws up a profile of each family selected by the local coordination committee. It must also be closely involved in the evaluation of the effects of the program. The program committee acts as the clinical team that follows the families' progress through the program and makes recommendations to the professionals responsible for individual follow-up. If necessary, reviewers can be integrated into program committees in *centres jeunesse*.

The ex officio members of the program committee should be made available to meet approximately one half-day¹ every two weeks, to follow up on the families participating in the PAPFC². In addition, committee members should be made available one half-day every week for tasks related to promotion of the program in their establishment or organization, support for case evaluation, analysis, and referral, and support for other program agents². Finally, local coordination committee meetings will require a further half-day every month.

¹ This estimate assumes follow-up is provided for 18-24 months to a cohort of 20-25 families, which is theoretically equivalent to a module with two parent-groups, with allowance for the entry of new families at different points of the year. During program start-up (e.g. the first two years), fewer families should be expected (equivalent to a single group of 10-12 families). If the total number of families accepted to the program increases, this estimate should be adjusted, as the time investment of program-committee members is directly proportional to the total number of families followed.

² Program promotion and program-agent support activities are especially intensive during program start-up (the first two years). Subsequently, resources allocated to these activities can be reduced, and the focus can shift to the integration of new program agents.

The Evaluation Committee

The evaluation committee is a sub-committee of the local coordination committee, supplemented by one or more individuals with expertise in program evaluation. Its primary mandate is to develop and implement strategies for the evaluation of the implementation and effects of the program. It is also responsible for analyzing and interpreting information on the implementation of the PAPFC², and the program's effects on users. It should report annually, and submit recommendations, to the local coordination committee so that the appropriate adjustments can be made. The guidelines for the committee's work are outlined below.

Training and

Supervision/Co-Development Activities

Training supervisory/co-development activities are integral to the management of the PAPFC², especially during program start-up. Training and supervision activities operationalize the four processes underlying the implementation of the PAPFC²—appropriation of clinical principles, ecosystemic analysis of neglect, reflective sharing on individual professional practices, and use of feedback from program users. The following points should be taken into consideration in the planning and organization of training and supervision activities.

- Training activities in which a trainer simply talks about a theme and gives some examples of interventions (e.g. using videos or demonstrations) have minimal effects on the acquisition of knowledge, attitudes, and skills directly applicable to day-to-day life. However, this type of activity is an effective way of informing new program agents about what to expect and helping them make informed decisions about their commitment to the program. Furthermore, this type of information/awareness activity is more effective when a program guide (such as the present one) is distributed to agents and agents are strongly encouraged to familiarize themselves with it before undertaking their reflective process. This type of activity should be as short as possible (e.g. a half-day), and may be performed with relatively large groups of professionals and managers.
- Training activities are effective in changing professional practices when they emphasize the concrete experiences of the professionals themselves, and the material taught (in terms of knowledge, attitudes, and skills) is directly based on these experiences. This is the same

7. The Management Structure of the PAPFC²

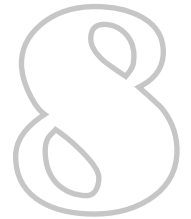
experiential approach to learning as that described for parent-group moderation in this program—in fact, this type of training shares many features with group supervision. This type of activity should be prioritized.

- Group supervision (or experiential training) activities must not be centred on the supervisor/trainer’s clinical judgement, but on group members’ ability to reflect collectively and support each other. This does not mean that supervisors must suspend judgement—all that is required is that they downplay it, and shift the focus away from their own opinions, knowledge, experiences, and competencies. The central material of these supervisory activities must be what the professionals bring to the table: practice narratives, audio or video documents of their follow-ups, clinical notes, personal reflections or questions, etc. The objective here is to construct a context in which group members can develop “operational alliances”³ with each other. They must be able to reflect collectively and later, when they are in the field, recall their colleagues’ input.
- As far as possible, training and supervision/co-development activities should be complemented by in vivo exercises in reflective practice. There are many possibilities: coaching, or even co-intervention, with a more experienced professional (tutoring), use of a two-way mirror for interviews of children, parents, families, or parent groups, definitional ceremonies⁴, etc.
- Every training and supervision/co-development activity must help program agents apply the four implementation process of the PAPFC²: appropriation of clinical principles, objectivation of neglect, reflective sharing on individual professional practices, and use of feedback from program users.
- Program agents should be grouped together on the basis of their primary program activities (moderation of parent groups, paraprofessionals, etc.). However, agents should also have the opportunity to participate in training/supervision activities with all the other agents; end-of-year review sessions are a particularly opportune time for such activities.

³ For more information on the concept on operational alliance, see Lacharité et al. (2005).

⁴ This approach was developed by White (1995, 2000)..

Guidelines for the Evaluation of the PAPFC²



It is impossible to overemphasize the importance of evaluating the program's implementation and, subsequently, its effects on, or results in, users. In general, program evaluation has two objectives:

- 1 **Ensure that the intervention is applied as intended, in terms of both process and content**
 - ◆ Are the human and financial resources adequate?
 - ◆ Has the management structure been put in place as planned?
 - ◆ Do program agents master the implementation process?
 - ◆ Are all the interventions consistent with clinical principles?
 - ◆ Do the families accepted into the program satisfy the referral criteria?
 - ◆ Are there families who should participate in the program but do not?
 - ◆ Evaluate user satisfaction with program activities and services

- 2 **Test the program's theory, that is, the hypotheses underlying its action:**
 - ◆ Does the program's action help produce the appropriate proximal results in users?

... and its conceptual hypotheses:

 - ◆ Do the proximal results in users help produce appropriate distal or ultimate results?

Program evaluation is often considered something external to the program itself, that is, an activity undertaken in response to external requests or pressure, after the program has been implemented. Current knowledge on neglect, and, especially, on neglect-related support practices, is so embryonic that any program in this area must incorporate an evaluative dimension in its implementation process. Because such programs are so multidimensional, their implementation and intervention processes must be rigorously evaluated through the use of concrete metrics. In fact, given

8. Guidelines for the Evaluation of the PAPFC²

the scope of the intervention objectives and the complexity of the developmental processes of individuals affected by neglect, identification of concrete markers of success or effectiveness is essential.

The information presented in this section is especially useful for the development of evaluation strategies for the implementation of the PAPFC², the effects of the PAPFC² on children and parents, and the effects of the PAPFC² on the familial and social environments of children and parents.

Evaluation of Implementation

Three tools are essential for the construction of a strategy for the evaluation of program implementation: the organizational plan, the service utilization plan, and the monitoring protocol.

The Organizational Plan

Evaluation of the PAPFC²'s effective structure requires an organizational plan that includes at least the following elements:

- A description of the service and partnership agreements with establishments and organizations (who does what, who pays for what, etc.)
- A detailed description of the human (identity, training, status, time spent, tasks, etc.) and financial (especially cost estimates for the time spent by salaried and volunteer personnel) resources allocated by each establishment or organization to the application of the program
- A detailed description of the program's management structure (committee composition, mandate, and responsibilities, etc.), including a description of planned training/supervision activities
- An action plan for the implementation of the program (what should we start with, who is responsible, where do we want to be in 6, 12, 18, 24 months? etc.)
- A description of the program's principal management tools (e.g. minutes of committee meetings, register of referrals, description of program agents' tasks, description of training/supervision mandates, strategy for the evaluation of program implementation and effects) and the procedure for appropriate data collection and archiving
- Descriptions of the principal tools used to collect information about the situation of families participating in the program (intervention plans, service plans, program agent case notes, in-program documents or questionnaires completed by parents, etc.) and of the procedure for appropriate data collection and archiving.

The Service Utilization Plan

Any service utilization plans for PAPFC² users that attempts to provide information about the characteristics of the families participating in the program and the intensity of exposure to activities and services provided by the program must comprise at least the following elements:

- A description of the inclusion and exclusion criteria for the families
- A detailed description of each establishment's procedures for contacting potential parents and informing them of the nature of the PAPFC² and of the commitments their participation implies (tools for the description of the program intended for professionals and parents, referral procedures, etc.).
- A register of referrals to the PAPFC², including information on the inclusion and exclusion criteria applicable to each referred family
- A uniform client dossier containing relevant information on each of the participating families (e.g. content of intervention and service plans, description of services provided, institutional decisions concerning the family), and a description of appropriate data collection and archiving procedures
- A description of the formal tools and procedures used with children or parents participating in the program (questionnaires completed by parents, instruments for the evaluation of child development, etc.), and a description of appropriate data collection and archiving procedures¹

¹ While the establishments' existing tools should be exploited to their fullest extent, the service utilization plan should specify the precise nature of the information that these tools collect, the persons directly responsible for this information, and the location the information will be archived. In addition, the procedure for accessing the information during the analytical phase of the evaluation of implementation (e.g. written consent of parents) should be described.

Program Monitoring Protocol

The program monitoring protocol provides a framework for the monitoring of the main implementation-specific elements of the action plan. In particular, it helps determine the principal mandatory elements of the agendas of meetings of local coordination committees and program committees. The program monitoring protocol facilitates planning of mid-program adjustments. The protocol must contain the following elements:

- Summary and trend analysis of program referrals
- Summary and trend analysis of program agents' progress
- Conduct of intervention activities
- Parent comments concerning the conduct and content of program activities
- Program-agent comments concerning the application and content of the program

The organizational plan, the service utilization plan, and the monitoring protocol provide indicators of the effectiveness of the program. These indicators are observable facts that shed light on the establishment of the program structure and planned intervention processes. Some suggested implementation indicators specific to the first or second year of the PAPFC² are presented in Table 4.

Evaluation of Effects

Users, program agents, managers of host establishments, managers of public financing, etc. are probably most interested in the evaluation of the program's effects on, or results in, users. However, the evaluation of an intervention's effects is often framed in simplistic terms: does the program produce the expected results or not? The simplicity of this approach often betrays a misunderstanding of, if not a certain disdain for, the complexity of situations targeted by psychosocial programs. In fact, such interventions are better evaluated in terms of a variety of questions, such as:

- In what proportion of users does the program produce the expected proximal results?
- At what point does the program produce detectable changes in users?
- Are the effects stable over time?
Do they persist after participation in the program has ended?
- Do the expected proximal effects produce the expected distal effects?
If so, in what proportion of users?
- What characterizes users in whom the program produces the expected effects?
- What sequence of actions characterizes the experience of users in whom the program produces the expected effects?
- What intermediate factors appear to be active in the production of the expected proximal effects? (For example, Action X produces Effect Y which in turn produces Effect Z.)
- Does the program appear to produce unexpected positive effects?
- Does the program appear to produce undesirable effects (side effects)?
- What are the characteristics of users in whom the program fails to produce the expected effects?
- What factors appear to modulate or attenuate the program's effect on users?

Evaluation of the effects of an intervention must also take into account the degree of certainty required for decision making about the program (e.g. program termination, extension, or adaptation, increase or decrease in funding). It is one thing to demonstrate that the program produces the expected results in a significant proportion of users (e.g. that a majority of the objectives of the intervention and service plans have been attained in one third or one half of users). It is quite another to demonstrate that the program was effective, that is, that these results are directly attributable to the program itself and could not have occurred in the program's absence. Evaluating program effectiveness requires a series of rigorous randomized clinical trials. This type of study requires expertise in both program evaluation and evaluative research—and, typically, significant human and financial resources. This is obviously not the type

of initiative in question here; what is being recommended, rather, is the systematization of children's and parental figures' progress through the program, and the establishment of criteria for the assessment of observable changes and attainment of intervention objectives. This approach sets aside the ambitious question of program effectiveness, in favour of the more modest one of whether the expected effects were produced.

The first condition for evaluating a program's expected effects is ensuring that the program has been applied as planned—what is termed program effectiveness. Evaluation of implementation is the means of determining whether intervention objectives have been sufficiently attained in a sufficient proportion of users. Accordingly, the evaluation of program effects should only assess users sufficiently exposed to the program. However, other users (e.g. those who quit or refused to participate, those with whom it was not possible to intervene as planned) may serve as a basis for comparison. The reasons for refusal or quitting, and for program agents not adhering to program principles are, strictly speaking, questions of program implementation, not effect evaluation, and require critical analysis of the organizational and service utilization plans. If any of these issues (e.g. families quitting the program) persist subsequent to operational changes to the program, they must be considered (undesirable) program effects, and be specifically analyzed.

The other condition for evaluating a program's effects is the identification of indicators of success directly related to the problems the program attempts to resolve. The criteria used to determine whether the program objectives were attained with each user must be consistent with the program's proximal objectives. This immediately raises the question: Who are the users of the program? Or: Who is the program intended for? In the case of the PAPFC², the users are children and parental figures, and the program attempts to produce changes in the family and social environments of these children and parental figures. A further question is: What elements of the family and social environments of children and parental figures are specifically targeted by the program?

The evaluation of the program's implementation should demonstrate that the intervention objectives identified in the intervention and service plans are, in the majority of cases, directly related to the three dimensions of the theoretical ecosystemic framework: children's developmental needs, parental figures' capacity to respond adequately to their children's needs, and conditions present in the family and social environments. Procedures must therefore be established for the systematic review of the attainment of these objectives with each child, parental figure, and family, and for the compilation of this information for an entire cohort of families. The annual production and review of intervention and service plans are two excellent contexts for the implementation of such procedures.

Appendix 6 is an example of a tool that can be used by workers at the very start of an intervention to operationalize the various levels of objectives. In particular, this tool can be used to quantify the extent to which the main objectives were attained with a child or parent. Using the tool is

Program Structure

Tableau 4 — Description of the PAPFC² Management Structure

Partnership agreements with relevant establishments and organizations have been approved by the appropriate institutional authorities.

Management representatives and workers, and, where necessary, paraprofessionals, have been duly identified and given program implementation responsibilities.

The experience and expertise of the program agents are consistent with the program’s goals and objectives.

Program agents’ tasks are consistent with program goals and objectives.

A management structure consistent with program goals and objectives has been created.

An organizational plan consistent with program goals and objectives has been produced.

A service-utilization plan consistent with program goals and objectives has been produced.

Program-monitoring tools have been produced.

Strategies for the evaluation of program implementation and effects have been created.

The program’s general intervention principals have been formally operationalized (e.g. selection or development of tools for the evaluation of children’s needs, documentation of program activities in a specific territory, etc.).

Training/supervision/codevelopment activities have been planned and executed. The number and content of these activities are consistent with program goals and objectives.

The working relationship involving all establishments and organizations active in program implementation is healthy.

Program agents’ work climate is healthy.

Program agents feel supported in their tasks and responsibilities.

Each program agent’s functional mastery of the four implementation processes of the PAPFC² (see Appendix 1) is evaluated at least annually. The majority of agents demonstrate the required mastery.

Tableau 4 — Description of the PAPFC² Management Structure (continued)

Documents that describe and explain the program to workers in partner establishments and organizations have been produced.
Documents that describe the program to parents have been produced.
Information and awareness activities have been performed in each referring establishment.
A protocol for the referral/recruitment of families has been developed on the basis of the criteria defined by program users in the service utilization plan.
Management representatives and workers directly involved in the referral and recruitment of families have a functional understanding of the program's goals, objectives, and activities.
At least 25% of the families satisfying the selection criteria have been referred to the program within two years.
At least 90% of the families accepted into the program satisfy the selection criteria.
The acceptance rate by families who are potential program participants is at least 80%.
The retention rate of families is at least 80% after one year.
In at least 90% of cases referred, workers and at least one parent have evaluated and analysed the developmental needs of the target child or children.
A service plan has been developed for at least 50% of the families accepted into the program.
At least 90% of the intervention and service plans include information on objectives related to the developmental needs of the children, the capacity of adults in the children's entourage to respond to these needs, and family and social conditions.
The family's follow-up by professionals—especially community-based coaching (case management), workers' psychosocial support of parents, and direct action with children—is consistent in intensity and content with program principles.
The intensity and content of parent-group moderation is consistent with program principles.
The intensity and content of collective activities is consistent with program principles.
The intensity and content of paraprofessional coaching is consistent with program principles.
Users have formal opportunities to provide feedback on the services they receive (see Appendix 2).
Parents are satisfied with the services and activities in which they participate (see Appendix 5).
Intervention and service plans have been reviewed in a timely fashion.

Intervention Process

8. Guidelines for the Evaluation of the PAPFC²

as simple as determining as precisely as possible the concrete manifestations of each intervention objective (e.g. objectives relevant to mothers) that meet (Level 0), exceed (Level 1, 2), and are less than (Level -1, -2) the expected level. In conjunction with the individual in question, and after a previously agreed upon period, these manifestations can be used to characterize the individual's current situation. This tool may be used to map the intervention objectives for each of the three targets—child, parental figures, and the family and social environment. Obviously, workers' clinical judgment and parents' perception of change play an important role in the use of a tool such as this. Workers should use all the sources of objective information available to them (e.g. child development scale) in their assessment of the situation.

Appendix 3 provides a tool that parents can use to review their personal situation at selected moments and compare their answers with those they provided at an earlier point. The tool's simplicity and brevity lend it to frequent use (e.g. once a month).

These two tools have four advantages:

- They are very closely linked to aspects of the overall situation of neglect that the PAPFC² attempts to improve (criterion of consistency);
- They are directly useful for the planning of interventions with families;
- They require a minimum of preparatory effort by workers and parents;
- They lead to a global appreciation of the program, through compilation, statistical analysis, and interpretation of individuals' quantitative results.

The report produced by the evaluation committee should include an analysis of all the information collected from families who participated in the program over the year, and interpret these results in light of the evaluation of implementation.

Conclusion

Interventions designed to counteract neglect face many challenges. The PAPFC² is a coherent and systematic response to many of these. The program is based on the most recent conclusive data on the phenomenon of neglect in North America, and on the practices that have been demonstrated to be effective with vulnerable families. In this sense, the PAPFC² is an example of evidence-based practice.

The PAPFC² is also based on a theory that attempts to explain the concrete manifestations of child neglect. This both reinforces the consistency of its strategies and provides program agents with a framework for objectivating their practices with children and parents living in the world of neglect. In this sense, the program can be said to be based on best evidence.

Furthermore, the PAPFC² takes into account the current practices of establishments and organizations which collaborate in its implementation. Its basic premise is that counteracting neglect does not require action that is exotic, or alien to the expertise and functioning of establishments in the health, social services, and education sectors, or of community organizations, in Quebec. The PAPFC²'s logic of service integration presupposes that significantly improving the situation of potentially or actually neglected children, and of their families, requires the resources of various establishments. The PAPFC² thus places high priority on analysis of, and reflection on, practices in that lead to the identification of best practices related to the program's clinical principles.

Finally, the PAPFC² is particularly sensitive to its effects on participating children, parents, and families. It thus relies on practice-based evidence and is motivated by a desire to evaluate program operations. These two elements provide a solid foundation for a reflective practice in the world of neglect.

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Appendix **I**

Evaluation of Program Agents' Mastery of Program's Four Implementation Processes

This tool evaluates program agents' mastery of the PAPFC²'s implementation processes. It may be used by agents themselves, their immediate superiors, or their supervisors.

Mastery of the 11 criteria is graded using the following scale:

A	B	C	D
<p>Functional Mastery.</p> <p>The agent requires occasional review of this aspect.</p>	<p>Well on the way to mastering this aspect.</p> <p>The agent needs ongoing support, and regular practice in the various dimensions of this aspect.</p>	<p>Beginning to appropriate this aspect, and explore its various dimensions.</p> <p>The agent requires opportunities to familiarize themselves with the aspect, practice in the aspect's various dimensions, and regular review.</p>	<p>Has not begun (or succeeded in) appropriating this aspect, especially because of specific obstacles, such as problematic work organization, inconsistencies between the agent's learning style and the teaching approaches offered, and low motivation.</p> <p>The agent's ability to deliver this aspect of the program requires analysis.</p>

Evaluation of Program Agents' Mastery of the Program's Four Implementation Processes

Name of agent:	Name of evaluator:
Date of evaluation:	Date of previous evaluation:

criteria		evaluation			
OBJECTIVATION		A	B	C	D
1.	The program agent is able to define and understand neglect from an ecosystemic and developmental perspective.				
2.	The program agent is aware of the concrete consequences of an ecosystemic and developmental perspective of neglect on their intervention and support practices.				
APPROPRIATION		A	B	C	D
3.	The program agent is able to describe the program's general clinical principles, and the more specific clinical principles on which their specific roles are based.				
4.	The program agent masters the specific attitudes and practices required for their role in the program.				
REFLECTIVE SHARING		A	B	C	D
5.	The program agent can identify best practices in their practice with neglected children and their parents.				
6.	The program agent sees the links between their best practices and the practices prescribed by the program.				
7.	The program agent is able to identify conditions that favour the development and maintenance of best practices.				
FEEDBACK		A	B	C	D
8.	The program agent is able to collect information on the needs of the children and parents they work with, analyse this information from the perspective of their role in the program, and share their conclusions with children and parents.				
9.	The program agent is aware of children's and parents' comprehension of their needs and current situation.				
10.	The program agent is able to collect information on children's and parents' progress, from the perspective of his or her role in the program.				
11.	The program agent is able to collect information on children's and parents' perception of their relationship with him or her, and the quality of his or her services, and adjust his or her attitude and interventions accordingly.				

CONCLUSIONS and COMMENTS

Appendix 

My Opinion of the Activity in Which I Participated

This very simple tool provides parents with the means to express their opinion on the activities and services in which they participated. It can easily be adapted for use with children. It only takes a few seconds to complete and does not require those completing it to write anything.

The parents or children do not need to read the instructions—the program agent can read them to them. After a few uses, parents and children manage to remember the tool's content and are able to complete it themselves.

The tool is suitable for all program activities and services (individual meetings with a worker or supporting parent, parent-group meetings, service-plan meetings, collective activities, etc.).

My Opinion of the Activity in Which I Participated

Name: _____

Activity: _____

Date: _____

This form allows you to let the workers who worked with you in this activity know how you felt about it. Your opinion is **very important**, because it will help improve the services you receive. It only takes a few seconds to complete.

All you have to do is make a mark on the line indicating how closely your experience with the worker corresponds to the two statements.

Relationship with worker

I did not feel noticed, listened to, understood, and respected.



I felt noticed, listened to, understood, and respected.



Things we did together

We didn't do the things I expected.



We did the things I expected.



The way the worker or workers did things

I didn't like the way the worker or workers did things.



I liked the way the worker or workers did things.



In general

In general, I didn't enjoy this activity.



In general, I enjoyed this activity.



Appendix 3

Summarizing My Situation and My Child's Situation

This very simple tool provides parents with the means to summarize their personal situation at a given moment in time, and compare their current response to previous responses. It is sufficiently simple and brief to be used often (e.g. once a month). It only takes a few seconds to complete and does not require those completing it to write anything.

The parents or children do not need to read the instructions—the program agent can read them to them. After a few uses, parents and children manage to remember the tool's content and are able to complete it themselves.

Summarizing My Situation and My Child's Situation











Parent: _____

Children: _____

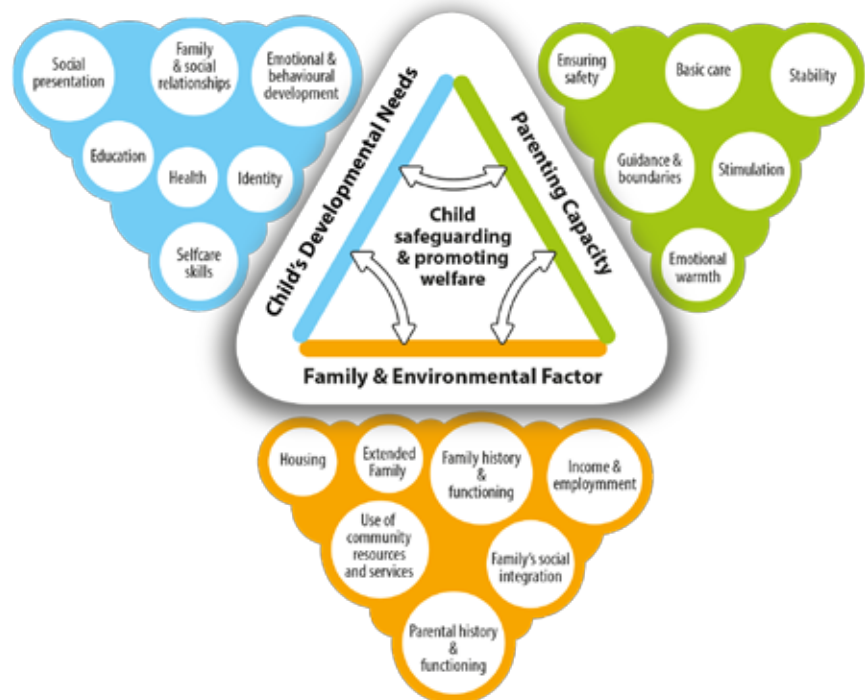
Date: _____

This form allows you to summarize your current situation and that of your children. Think about everything that happened **over the last week** (including today). How did things go for you and your family in various aspects of your lives?

All you have to do is make a mark on the line indicating how closely your situation corresponds for each statement.

		
-----		My experience as a person. My personal welfare.
		
-----		My relationship with my children.
		
-----		My relationships with other people in my entourage.
		
-----		Everything I do in my day-to-day activities.
		
-----		My overall sense of wellbeing.

Ecosystemic Analytical Framework for the Development Needs of Children



(adapted from Chamberland, Lacharité et al., 2012 and from Ward et Rose, 2002).

Ecosystemic Analytical Framework for the Developmental Needs of Children

(Chamberland, Lacharité et al. 2012)

Developmental Needs of Children

Physical wellbeing

Weight and height within normal limits. Genetic factors and medical history (chronic diseases and disabilities). Child receives appropriate healthcare, such as vaccination. Indicate elements affecting health: diet, alcohol, drugs, medication.

Health

Cognitive and linguistic development

General portrait of opportunities: play and interaction with others; access to books; acquisition of skills and development of interests; successful learning. There is an adult who takes an interest in the child's educational activities and progress, and offers encouragement and compliments.

Education

Appropriate expression of feelings, and psychological health

Development of attachment, ability to cope with change, response to stressful events; emotional control and age- and circumstance-appropriate behaviour.

*Emotional and
Behavioural
Development*

Conscious of being distinct from others, and of being appreciated

Child's perception of themselves: capacities, image, individuality, Elements that contribute to the development of identity: self-esteem, ethnic origin, religion, age, sex, family membership, family acceptance, acceptance by peers, acceptance by society.

Identity

Capacity to feel sympathy and compassion

Stable and harmonious relationships with parents, siblings, entourage; capacity to make friends of similar age and get along with them. The child is encouraged to develop relationships with both peers and adults.

*Familial and Social
Relationships*

Self-perception: appearance, behaviour, faults and qualities, other people's impressions

The child practices adequate hygiene: dressed appropriately for their age, sex, culture, and religion. An adult advises them about the best way to present themselves.

Self-Presentation

Development of independence and social skills

Learning of daily activities: securing personal care, dressing oneself, feed oneself, avoiding danger; emotional independence: opportunities to develop confidence and learn conflict-resolution strategies

*Ability
to Take Care
of Oneself*



Ecosystemic Analytical Framework for the Developmental Needs of Children

(Chamberland, Lacharité et al. 2012)



Parents' Responses

Basic Care

Responds to the child's physical needs and provides necessary medical and dental care

Diet is adequate, nutritious and age-appropriate. Clothing is appropriate; the child receives adequate personal hygiene.

Ensuring Safety

The child is protected against intra- and extrafamilial accidents, violence, and abuse

The child has been shown how to play safely, and dangerous practices explained to them; attention is paid to safe relationships to adults and children in the child's entourage.

Emotional Warmth

The response to the child's affective needs is adequate

The parent values the child and shows him love. Demonstrates concern for developing the child's confidence and identity. Is sensitive and reacts appropriately to the child's needs; Treats the child with respect; Encourages the child through appropriate acts.

Stimulation

Supports the child's intellectual development, encourages the child, and expresses approval

The parent's interactions and answers to questions support the development of the child's potential. Supports the child in all the latter's activities (play, school, work). Provides opportunities for the child to develop and succeed: follow-up of schoolwork, appropriate educational methods (realistic expectations, stimulating approach, welcoming approach).

Guidance and Boundaries

Provides uniform and supportive supervision; encourages the child to express their emotions and behave well

Behaves as a model, through appropriate interactions and emotional control; explains how to resolve conflicts; establishes limits.

Stability

Provides a stable environment that fosters the child's development

Attachment is not disrupted; the parent responds to given behaviours in a consistent, uniform, and predictable manner; the parent's response evolves as the child develops; the child is in contact with their family or with individuals who are significant to them.

Ecosystemic Analytical Framework for the Developmental Needs of Children

(Chamberland, Lacharité et al. 2012)

Familial and Environmental Factors

Strengths and weaknesses

Physical illnesses; mental health problems; learning disabilities; substance abuse; conjugal violence; childhood abuse; history of violence towards children; impact on personal functioning. Influence of current experience and of life history on responses (including absence) to the child's needs.

Family composition, and relationships between family members

Changes in family composition and significant events (family history, loss, psychosocial factors: impact on each family member. Parent's childhood experience in their family of origin. Family functioning: custody, access. Relationships between family members; impact on the child.

Role of extended family and other significant individuals

Presence with the child and their parents. Nature of support: financial, psychological, advice, practical help; quality (sufficient, insufficient, etc.)

Amenities in the home and immediate environment: impact on the child and the family

Drinking water, heating, stove, toilet, sleeping space, safety, cleanliness; organization of home is consistent with the age and needs of the child and the other individuals living there.

Family income and financial needs

The family receives all the financial benefits to which it is entitled; appropriate use of resources; impact of financial difficulties on the child.

Impact on the capacity to provide care

Impact of employed family members' work schedules on the relationship with the child.

Integration into a neighbourhood or community; impact on the child and the family

Degree of integration or isolation of the family; existence of friends; participation in community activities/organizations.

Health, daycare, school, religious, transportation services, Consumer-related services (groceries, pharmacy), leisure, First- and second-line services, Specialized services, community organizations

Resource availability, accessibility, and use by family members, and influence on the child and the family, including family members with special needs; relationship of the family to these resources.



Parental History and Functioning

Family History and Functioning

Extended Family and Other Significant Individuals

Housing

Income

Employment

Family's Social Integration

Community Resources and Services

Appendix **5**

**Evaluation
of Parents' Satisfaction
with Services**

Evaluation of Parents' Satisfaction with Services

Name : _____

Date : _____

This questionnaire lets you tell us how satisfied you are with the services you or your children have received so far in this program. Think of all the activities and services your family has participated in since you started the program.

Answer the four questions below by making a mark on the line indicating how closely your opinion matches the following choices:



Not at all satisfied

Moderately satisfied



Very satisfied

How well have the services provided by the program met your **needs** as a **parent**?





In general, how satisfied are you with the **services** you are receiving as a **parent** in the program?





How well do the program's services meet the **needs** of your **children**?





In general, how satisfied are you with the **services** your **children** have received in this program?

Appendix 

Protocol for the Definition and Achievement of Operational Intervention Objectives

Appendix 6 is an example of a tool that can be used by workers at the very start of an intervention to operationalize the various levels of objectives. In particular, this tool can be used to quantify the extent to which the main objectives were attained with a child or parent.

Using the tool is as simple as determining as precisely as possible the concrete manifestations of each intervention objective (e.g. objectives relevant to mothers) that meet (Level 0), exceed (Level 1, 2), and are less than (Level -1, -2) the expected level. In conjunction with the individual in question, and after a previously agreed upon period, these manifestations can be used to characterize the individual's current situation. This tool may be used to map the intervention objectives for each of the three targets—child, parental figures, and the family and social environment.

Obviously, workers' clinical judgment and parents' perception of change play an important role in the use of a tool such as this. Workers should use all the sources of objective information available to them (e.g. child development scale) in their assessment of the situation.

Protocol for the Definition and Achievement of Operational Intervention Objectives

Name: _____

Starting date of evaluation: _____

Name of worker: _____

Check up date: _____

THREE PRIMARY OBJECTIVES TO BE PRIORITIZED		+2	+1	0	-1	-2
	The best possible outcome given the current situation					
	A result that surpasses the intervention's expected outcome					
	A result that corresponds to the intervention's expected outcome					
	A result that is less than the intervention's expected outcome					
	The least desirable outcome given the current situation					



Programme d'aide personnelle, familiale et communautaire



The PAPFC² Program Guide

The goal of this document is to provide a global overview of the main elements of the **Programme d'aide personnelle, familiale et communautaire (PAPFC²)**, an ecosystemic and developmental intervention program intended for children and parents faced with personal, relational, and social problems that directly result from real or highly likely situations of neglect.

This is the second edition of the guide. The first edition appeared in 2005. After several years of implementation in a variety of contexts (in Quebec and internationally), the guide was revised, in order to clarify certain elements, and develop others that had raised questions over the years.



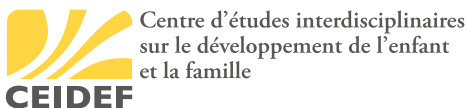
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His career has been devoted to developing respectful and ethical approaches in working with severely distressed families in various institutional contexts (child protection, psychosocial prevention, community action, etc.).

His research has been published in several international journals, and is currently the basis for the development of integrated child-neglect services in Quebec, Europe, and Brazil.

He is also very active in the development of social innovations intended to enhance the role of fathers in child and family services, and develop community-action practices for families.



The CEIDEF is located in the Université du Québec à Trois-Rivières. Its mission is to develop close links between theory, research, and practice related to child development and family life. The objective of the CEIDEF is to be an authoritative reference centre for researchers in these areas.

Recognized internationally for its expertise, especially in family abuse, the CEIDEF provides an interdisciplinary platform that can respond to the increasing requests for information related to children, parenthood, marital life, and family life.