

# Relevance and usefulness of clinical tools for working with parents of neglected children

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# General information about the methods proposed by AIDES (Inter-Agency Partnership for Child Development)

What?	<ol> <li>Participatory approach (Lacharité, 2007)</li> <li>Tool: "My Child's Needs"</li> <li>Tool: Needs Analysis Workbook for the Child (CABE in French)</li> </ol>
	Translation and adaptation of the Assessment Framework and the Core
	Assessment Record [Department of Health et al., England, 2000] for Québec by Chamberland et al. [2005, 2012]
Why?	Experimentation and evaluation of the AIDES - a social innovation
	Improve collaborative practices between parents and practitioners
When and	2008-2011 - Quebec, Canada – 2 youth centres (protection services)
where?	4 health and social services centres (prevention services).
Who?	36 case practitioners;
	Parents of 99 children (0-9 years) with complex needs;
	Preferred status: living at home.



# Participatory approach: focusing on the experience of parents

- Takes into account the knowledge, concerns, intentions, and initiatives of parents regarding the well-being of their children;
- Within an ecosystemic understanding of child development;
- Through joint identification of professional actions based on this understanding and harmonized with the positive initiatives of the child's entourage.

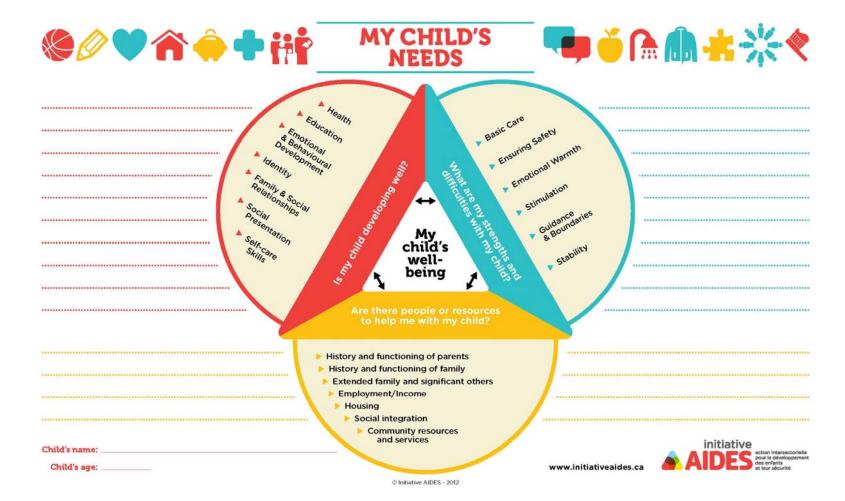
Using the tools <u>without using</u> the participatory approach hinders achievement of the objectives.

### Tool: "My Child's Needs"

#### **Purpose**

- Informs parents about the needs analysis process for the child;
- Creates a space for dialogue;
- Makes parents aware of the links between the needs of their child, their response to these needs, and the factors influencing the quality of their response;
- Introduces the Needs Analysis Workbook for the Child (CABE).

### **FRONT**



## "My Child's Needs"

#### **BACK**





HEALTH	EDUCATION	EMOTIONAL & BEHAVIOURAL DEVELOPMENT	IDENTITY	FAMILY & SOCIAL RELATIONSHIPS	SOCIAL PRESENTATION	SELF-CARE SKILLS
y child  Is generally in ood health  thas normal height not weight  has access to reventive health leasures (vaccinations, ental care, etc.)  receives treatment of case of a health roblem or disability  is developing attisfactorily, given his reparticularities  is protected from veryday accidents y a safe environment people, places, things)  has no risk ehaviours (sex, drugs, cohol, etc.)	My child  Is interested in a variety of activities and has the opportunity to participate in them  Is developing his or her own skills and interests  Is generally happy to go to daycare or school  has satisfactory grades, given his or her particularities  likes to learn  Is able to focus on learning in a given time  almost never misses daycare or school	My child  is generally cheerful and smiling  is easy to console  interacts well with others  will seek help from an adult or another child (how, who, frequency)  shares/takes turns when interacting with others	My child  responds when someone calls his or her name  knows his or her name, age, gender  knows the members of his or her family  takes his or her place among siblings, friends, etc  knows his or her family's routines and traditions  is comfortable with his or her sexual orientation  has positive self-perception  is aware of and comfortable with his	My child enjoys receiving affection and being cuddled likes to be with his or her parents, siblings, and significant others likes to play alone, near a familiar adult or sibling prefers to play with other (siblings, friends) has a close friend has a strong and positive relationship with a parent or significant other	My child interacts differently and appropriately with familiar people or strangers is confident and open with peers is able to make choices regarding his or her appearance likes to talk about his or her family and home has neither provocative nor disturbing behaviour or appearance	My child  tries to do things by him or herself  is developing the skills required for self-autonomy, given his or her particularities and age  likes his or her routine (hygiene, diet, schedule)  has a realistic understanding of potential dangers to his or her person  can cook simple meals  can manage money and buy food and clothes

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Use

Practitioners and parents: during each meeting and throughout the needs analysis process for the child.



# Tool: Needs Analysis Workbook for the Child (CABE)

#### **Purpose**

- Conduct an in-depth analysis of needs of the child;
- Share and understand the strengths and needs of the child;
- Identify concrete measures and services to implement.

#### With parents

#### **Description**

Structured clinical tool: collect, organize, integrate, and analyse information Six workbooks: 0-1 years, 1-2 years, 3-4 years, 5-10 years, 11-15 years, 16-18 years;

Four parts completed by the practitioners and parents TOGETHER:

- 1. General information: identity of the child, reasons for the analysis process, meeting dates; persons consulted;
- 2. References and observations through statements:

7 dimensions of the child's needs: <a href="https://health.com/hea

- 3. Summary and identification of concrete measures;
- 4. Comments and signatures.



# Tool: Needs Analysis Workbook for the Child (CABE)

Use	Case practitioner, parents, family network, partners;
	Throughout the the clinical process (e.g., pre-follow-up; progress report)
Completion	4-6 meetings (varies according to family difficulties)

time

**Training** 

5 hours (prerequisite 5 hours for the reference framework);

Also:

Group support activities – every 5-6 weeks over 6 months; Individual support (face-to-face, telephone, email);

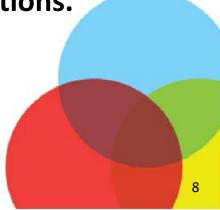
Training on the participatory approach is provided at the same time as the other training.



### Methodology

- 36 practitioners (social workers, educational psychologists, nurses, criminologists, special educators)
- Verbatim transcription of two sources of information:
  - 28 support meetings with practitioners (around 56 hours of content)
  - 18 semi-structured telephone interviews regarding their views about the AIDES tools and the participatory approach

Thematic analyses of individual and group reflections.



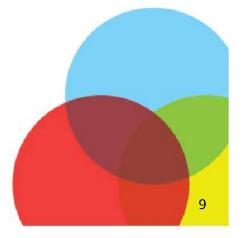


### Issue raised

How did the methods proposed by AIDES support collaborative practices between parents and practitioners?

### Three themes emerged:

- Knowledge of the child's needs
- Managing differences
- Involvement of the parents.





### Knowledge of the child's needs

### **Parents and practitioners**

- Common language for discussing the child's situation;
- More factual than perceptual;
- Complete reading of the child's development.

### **Parents**

Understand the relationship between the child's needs, their responses and family factors and environment.



### Managing views: Agreements/disagreement

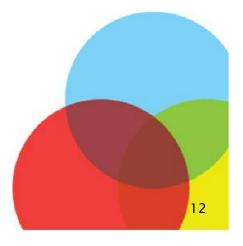
- resistance; opportunities for exchange
- Attitudes of listening rather than of attitudes of persuasion

Agreements are highlighted and used in order to prioritize actions



# Involvement of "less collaborating" parents

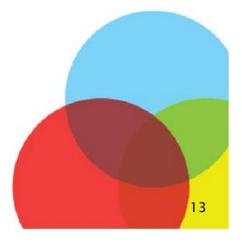
- Pratical and dynamic approach for parents;
- Discussion: relate to their child and not only on their deficit as a parent;
- Better understanding of the intervention plan.





### What ro Remember

- Practioner develops a positive view of the parent;
- Pratictioner and parents use an "intermediary";
- Parents self-awareness





# For more information about the project:

http://www.initiativeaides.ca/

(french and english)

