Illustrations of the unique experiences of children and their families participating in a social innovation

presented

by

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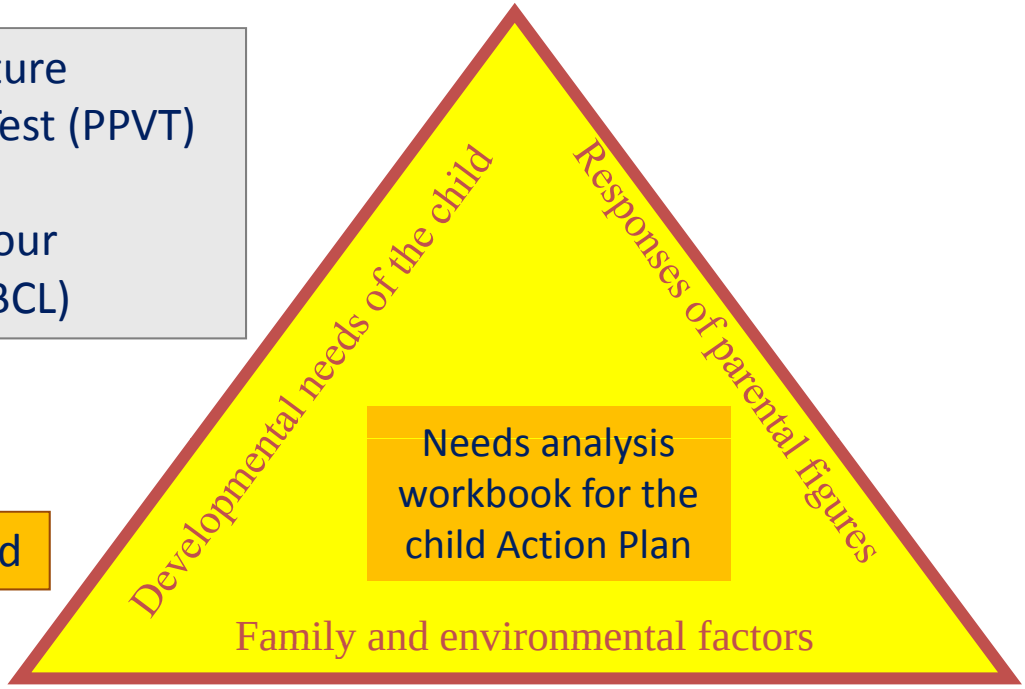
About the selected case histories

- Experimental group (AIDES)
- Selection: one satisfied parent, one dissatisfied parent - Perception of parents regarding services received
- All information sources available
- Children: 9 years old
- Respondents: fathers
- More than one year in project.

Available information

Peabody Picture Vocabulary Test (PPVT)

Child Behaviour CheckList (CBCL)



Case file – child

Questionnaires Combined - victimisation (PCCTS-JVQ-MNBS)

Home Observation for Measurement of the Environment (HOME)

Parental Stress Index (PSI)

Child Abuse Potential Inventory (CAPI)

In-house questionnaire: demographic data / social services received Family Support Scale (FSS)

Perception of parents regarding services received : *Helping Practices Scale* (HPS), *Personal Control Appraisal Scale* (PCAS), *Questionnaire on Parental Figure-Practitioner Collaboration* (QPPC)

Telephone interview: participation-collaboration (parent & practitioner)

Telephone interview: practice conditions (practitioner and other respondents)

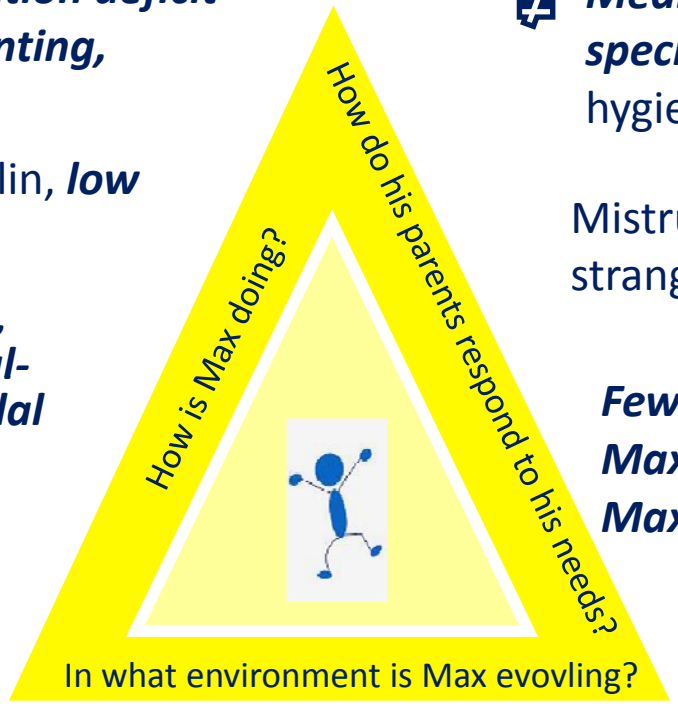
Max in the first 6 months of the project

Hypotonia (difficulty eating), ***Attention deficit hyperactivity disorder (ADHD), stunting, sleeping problems.***

Special education, successful if Ritalin, ***low vocabulary (PPVT),*** likes school.

Distracted, aggressive, introverted, anxious-depressive and withdrawal-depression (CBCL=very high), suicidal thoughts, expresses ideas by shouting/hitting, feels unloved.

Conflicts: siblings, parents, friends at school, gets along better with those older than him.



Medical/dental follow-up, special diet?, proper hygiene.

Mistrust of parents toward strangers and neighbours.

Few compliments because Max regressing; parents love Max.

Parental stress (PSI=very high)

Parents: fear of hospitals and dentists. Seven family members = frail health. DI: spouse, Max's older sister and younger brother

Unemployed. Social assistance. Small dwelling, overcrowded, noisy (HOME);

contacts: extended families, neighbours, friends; social activities.

Social worker, special education teacher, and speech-language pathologist = extremely helpful people (FSS).

Familiar with neighbourhood resources, but prefer to cope alone, independent.

Successful appropriation of the methods…
and a parent who feels heard

1. **Intermediary/vehicle/ occasion** for understanding Max's situation: space for dialogue and awareness;

2. **Provides structure - common thread** in and between meetings – goals better targeted with the parent and more meaningful for the parent;

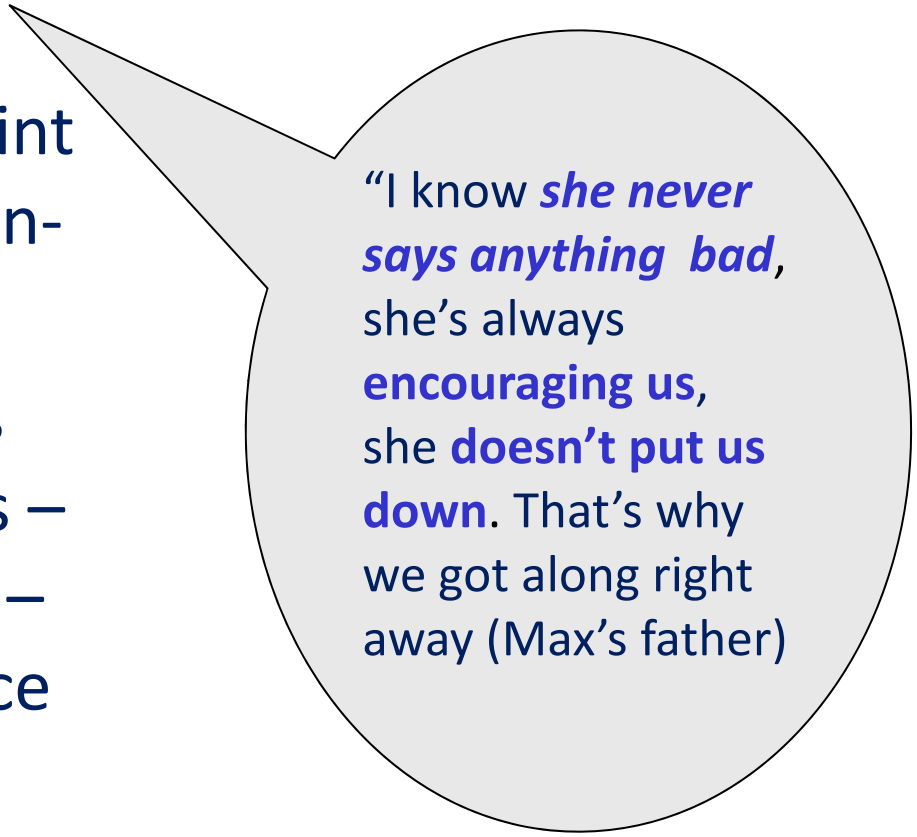
"It was like I wasn't the one asking **the questions, although I was, but through the workbook*. It was easier to approach the parents."** (social worker)

* Tool = Needs analysis workbook for the child

3a. Responds to father's concerns, considers his point of view, supportive and non-blaming;

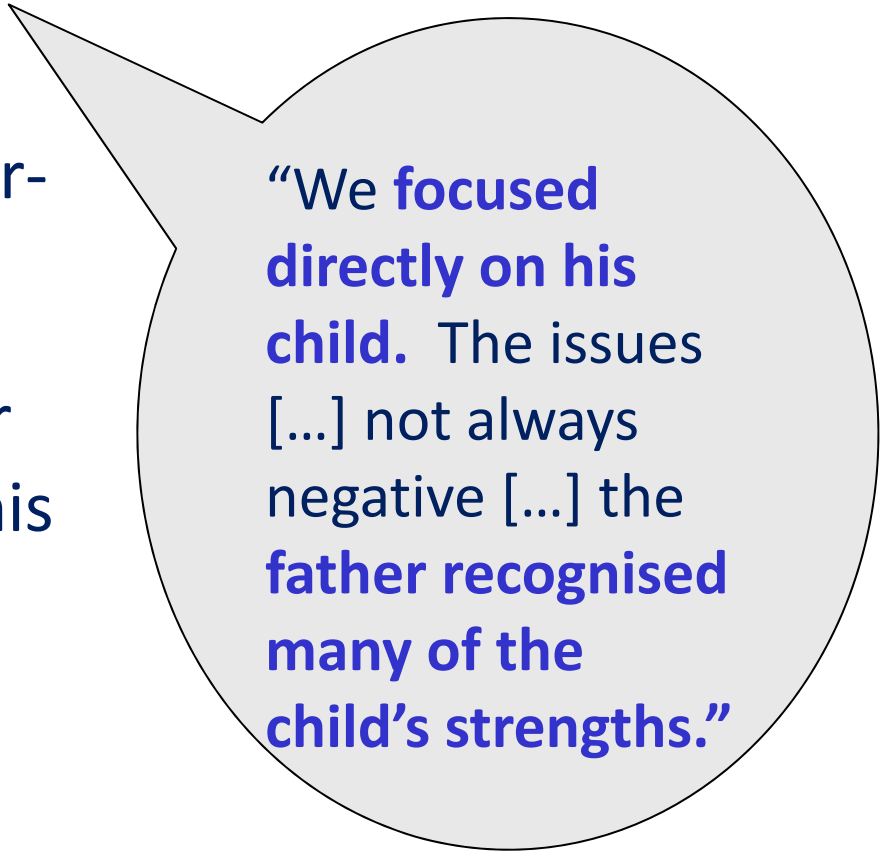
3b. Focused on the strengths and abilities of the parents – relationship of confidence – confidence and self-reliance as a father;

3c. Centred around effective solutions at an adapted pace;



4. Different picture of Max – strengths and abilities of his son – better quality of father-son relationship;

5. Impact was positive: greater understanding of Max and his family.



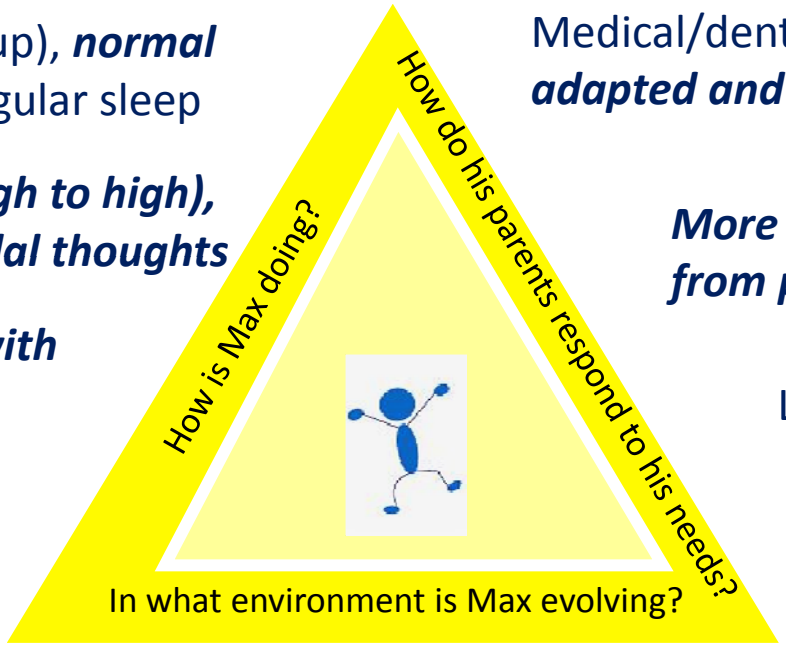
Max at the end of the project

ADHD (Ritalin: regular follow-up), ***normal weight,*** regular/varied diet, regular sleep

Less aggressive (CBCL: very high to high), normal anxiety level, no suicidal thoughts

More "normal" relationships with siblings, closer with father, friends at school/neighbours

Uses microwave oven, responsibilities at home/school



Medical/dental follow-up, ***adapted and varied diet***

More positive attention from parents

Less verbal abuse

Parental stress (PSI: very high to high)

More frequent contact with spouse's mother.

Family still inward-looking, but confides in social worker.

Max allowed to play with two neighbourhood friends.

More services: Educational psychologist , nutritionist, family ***doctor of the pediatric clinic***

Léa in the first 6 months of the project

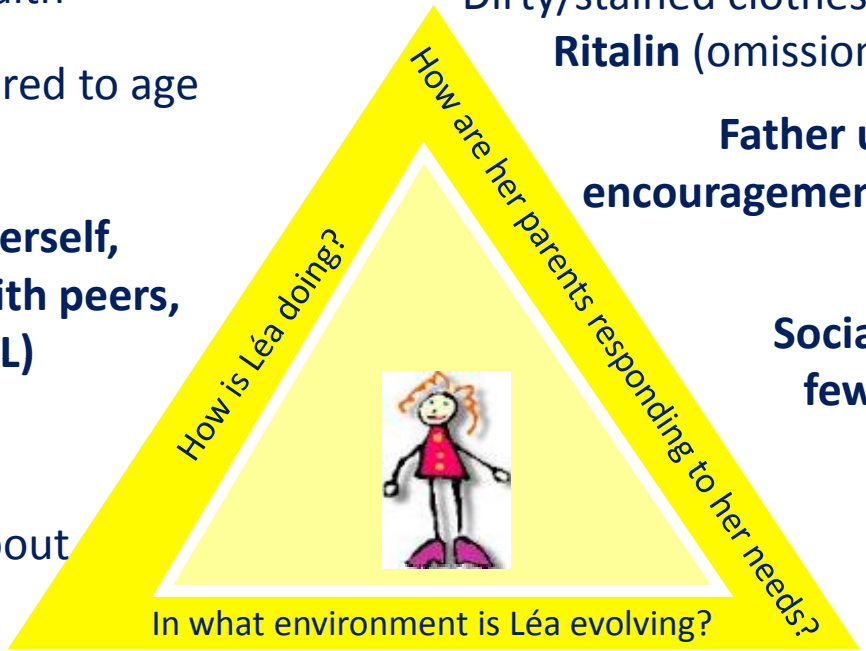
ADHD, overall good health

High vocabulary compared to age group (PPVT)

Introverted, keeps to herself, problems socialising with peers, lies/thwarts rules (CBCL)

Unsure of herself

Does not like to talk about her family



Dirty/stained clothes (HOME), **irregular intake of Ritalin** (omission of father and foster family)

Father unaware of Léa's talents; no encouragement; little parental sensitivity; father unavailable

Social activities not encouraged; few learning materials (HOME)

Verbal abuse; respect and tolerance not taught

Parental stress (PSI:low)

Blended family: 7 children, 4 laced (Léa). Léa's **father alcohol problem**

No extended family

Social assistance; family allowances

Formal and informal support considered weak (FSS)

Owners of 12-room home; **unattractive and unsafe environment (HOME)**

Poor relations with neighbours and authorities

Social worker from protection services, foster family (custody by father from Friday to Sunday)

Special educator at school, physician, homework assistance, daycare, clothing bank

A PROMISING BEGINNING… but unsuccessful appropriation in the end ***and a parent whose mistrust deepens***

1a. Knowing Léa's needs (father);

1b. Preparing meetings and stepping back;

1c. Goals: better targeting Léa.

"I **guess there were some things I didn't know, but the workbook taught me something**." (Léa's father)

UNSUCCESSFUL APPROPRIATION IN THE END

2a. Lack of understanding of ***framework;***

"Mr. A and I have conflicts, you know. He annoys me (…) Like, **instead of seeing the positive, he's always seeing the negative, and he never shows us the positive**" (Léa's father).

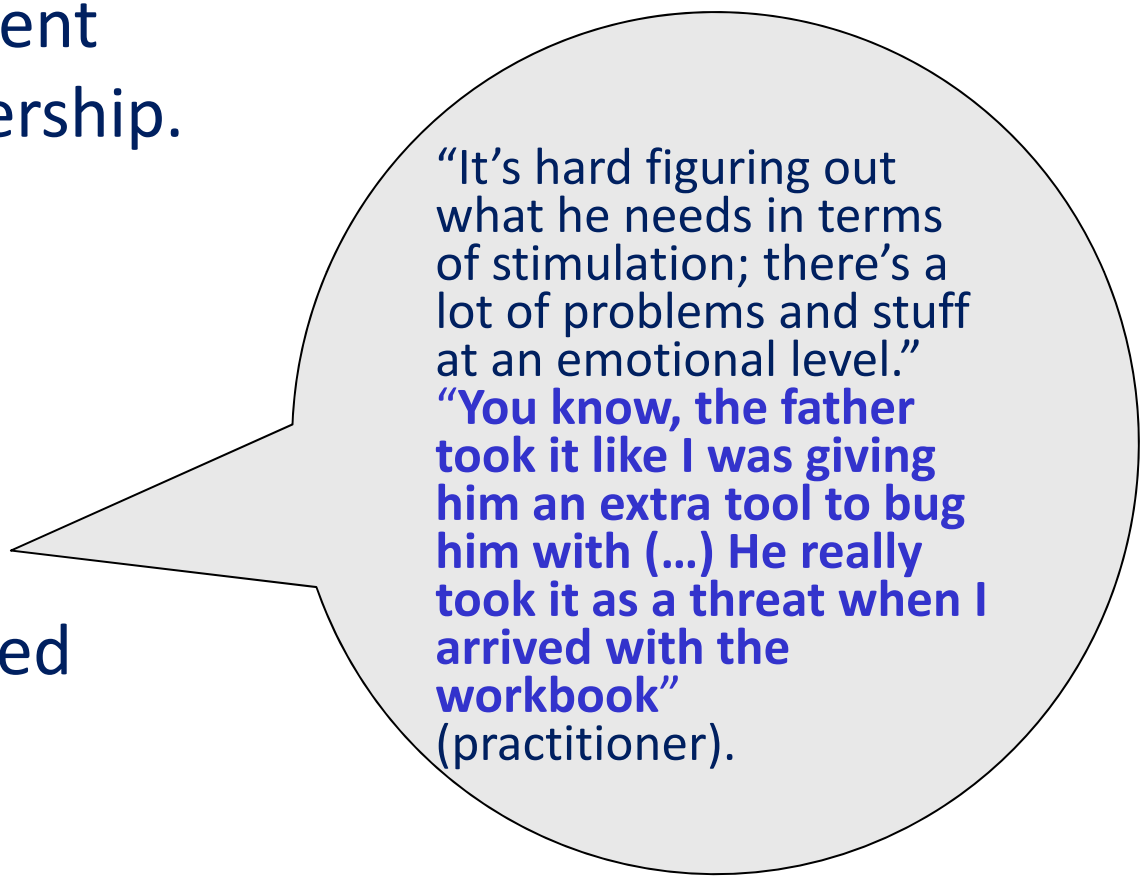
2b. No participatory approach or relationship of confidence;

2c. Needs analysis workbook (tool) for the child not completed;

"… **there were areas I really rushed through; like, for example, education, identity, self-presentation** – these are three areas I explored a lot less than the others (practitioner)

3. Negative prognosis by practitioner: parent never took ownership.

4. Needs analysis workbook for the child (tool) perceived as a threat.

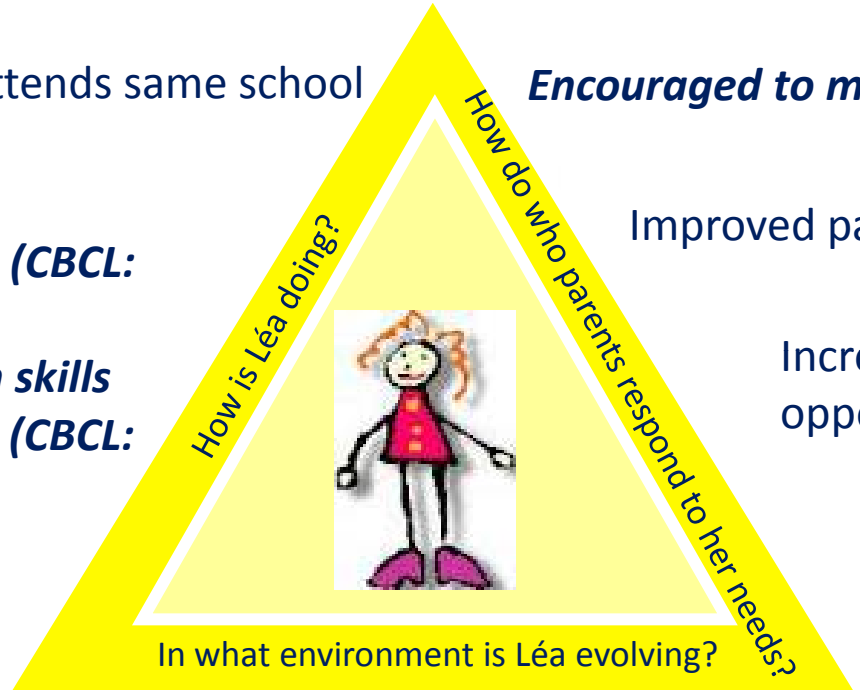


Léa at the end of the project

Difficulties at school, attends same school

Brutish with others, withdrawn, depressed (CBCL: very high), improved socialisation skills (CBCL); internalisation (CBCL: very high)

Placed until majority



Encouraged to maintain daily care routine

Improved parental sensitivity (HOME)

Increased learning opportunities (HOME)

Work and play area kept clean

Foster family: two-parent family

Improved physical environment + clean (HOME)

Special education, speech language therapy, psycho-social follow-up with Léa's protection centre

Supervised visits (3 hours, every other Saturday),

Social worker for father (prevention centre)

Conclusion

- Importance of knowledge, know-how, and human relation skills

- Practice conditions→ factors influencing the acquisition of this knowledge