

DOI: 10.21767/2572-5483.100016

The Parental Center, An Early Prevention Area Protecting the Emotional Bonds of the Father-Mother-Baby Triad

Van der Borcht Frederic*

Psychologist, Hapto- Psychotherapist, Vice President, FNCP (National Federation of Parental Centers), France

*Corresponding author: Frederic Van Derbroght, Air de Famille, France, Tel: 06 07 77 93 50, E-mail: fredvanderborcht@hotmail.com

Received date: October 25, 2017; **Accepted date:** November 30, 2017; **Publication date:** December 7, 2017**Citation:** Van der Borcht F (2017) The Parental Center, An Early Prevention Area Protecting the Emotional Bonds of the Father-Mother-Baby Triad. J Prev Med Vol.2 No.3: 6.**Copyright:** © 2017 Van der Borcht F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

A parental center is a scheme aimed at accommodating the baby with both parents in the context of child protection. Since the Law of 14 March, 2016 on the protection of children, the Code of Social Action and Families (French legislation) it has been recognized by a new article L 222-53. Admission to the parental center is usually made at the request of young parents oriented by maternity, social or educational services. It is based on their desire to found a family, within which the parents can take care of their child together and provide for its protection.

The context of the parental center makes it possible to associate an accompaniment of parenthood and conjugality. It helps prevent domestic violence that often has devastating effects on children. Support in the parental center encourages the stabilization of the families' journey both materially and emotionally, which has a strong impact on the fate and well-being of children.

Keywords Early prevention; Protection of first affective ties; Dad-Baby-Mom triad; Conjugality

Introduction

Paternal and maternal functions among the environmental factors that favor or hinder the development of the baby, the relational and affective climate of the parental couple is of paramount importance [1].

In the book "Psychopathology of Perinatal care and Parenthood", edited by Jacques Dayan [2], marital quality is the primary factor of vulnerability mentioned. According to the authors of this book, discord within the couple predisposes to conduct disorders in pre-school children. A fairly open conflict is a source of disruption to adaptation: children appear uncertain and disturbed when exposed to such conflicts. The imbalance is greater when infants are exposed to physical violence between parents. When the conflict between adults is linked to the child, the child is more likely to be anxious and depressed. The subject of the dispute and its mode of resolution is also important.

Conversely, parental intimacy positively influences the development of the infant. Thus, parents who trust and support one another resolve their conflicts and stay close, have infants who have very little difficulty and who show a good adaptation. Intimacy has been associated with a secure attachment, even measured before birth!

Indeed, the progress of epigenetics (Epigenetics designates the study of environmental or physiological impacts on the expression of genes. They are likely to change the cell evolution and tissue architecture) and in the knowledge of intrauterine life suggests that this is verified at conception. According to Catherine Dolto [3] the influence of stress on embryogenesis and fetal development is now proven. The current state of research on this subject, based on experiments and observations on animals, is very eloquent. Stress in mothers during pregnancy and conception has pathogenic effects, but it is even more surprising to learn that pre-conception stress in male rats influences the health of their offspring. What about human fathers? Jacques Dayan also points out that poverty is associated with less stimulation of the child in early relationships. Precarity is a factor of insecurity and stress, and social devaluation is a factor of discord in couples.

If it is proved that maternal and paternal stress undermines the unborn child and even its offspring, Catherine Dolto [4] believes that it is legitimate to consider that the opposite is true and that emotional security is a factor which favors good development. The issue of emotional security is a key objective of a parental center which, as a child welfare center, takes in and accompanies intensively the child to be born or already born with his father and mother.

In situations of distress, social precarity and psychological vulnerability, the most common responses are to accommodate the mother-baby dyad in maternal centers or mother-infant (mother-infant hospital) units. These institutions remain necessary but they must no longer be the exclusive answer in these situations of social and psychological distress. Indeed, the International Convention on the Rights of the Child supports the right of the child to live as a family, if possible with both parents. The 1998 Anti-Exclusion Act recommends avoiding separation of family members.

In fact, in France as in other European countries, this right is denied from the maternal womb to many children from families in great psychosocial precariousness! Indeed, many young women in distress are forced to separate from their partner and father of their child in order to be accommodated in mother-child centers. Created in the nineteenth century to help mothers-to-be, maternal hotels (and then maternal centers) developed mainly after the war of 40-45 to help isolated, abandoned or widowed mothers. These establishments were at the time an advance as they prevented child abandonment.

However, these maternal centers, which are funded in France by the departmental councils for the protection of children, are facing a serious paradox in the whole country, by inducing, despite themselves, the break-down of couples and of so-called "single-parent households".

However, we know that single-parent households are the most precarious despite the multiple aids they receive. We also know that the child's double attachment to his mother and father is very favorable to his good psycho-affective health. All early childhood specialists emphasize the importance of the father as a separator necessary for the child's emotional balance. Professor Golse (Parenting centers want to come out of the shadows (2015) in ASH n°2906), head of the child psychiatry department of the Necker Hospital (Paris), former president of the Francophone branch of the WAIMH (World Association for Infant Mental Health), emphasizes the importance of the concrete, sensitive presence of the father in his direct interaction with the baby and through the support he gives to the mother. He considers that depriving a young child of his father when it can be avoided constitutes a "developmental" monstrosity. The same question arises in the mental health field. The creation of mother-infant hospital units and mother-infant hospitals was also a good thing in that they helped to avoid brutal mother-baby separations in pathological situations, supporting mothers and confirming these mothers in their maternal function. However, this type of establishment also has its limitations, as a child psychiatrist, who has long been responsible for a mother-infant unit, has recognized it in the case of a diagnosis of maternal psychosis: it is paradoxical to hospitalize the so-called psychotic mothers without the spouse and/or the father of the baby, whereas their pathology is precisely the tendency to exclude or deny the third person.

There is then an iatrogenic risk of reinforcing the symptom by feeding the fantasy that the baby is the extension of the mothers' body. Of course, this is not the intention of the caregivers who want the program to serve as a holding to the mother to promote mother-child separation, but it is the consequence of an administrative environment exclusively hosting the dyad. In practice, many of these social establishments and health services are increasingly opening their doors to work with the father and often have seen the benefits, but this support is often informal without a structure that supports it sufficiently, because the father is not administratively recognized as a resident or patient and the couple relationship is not officially identified as included in the care.

In the mother-child schemes that open up to the consideration of fathers, some perverse effects are observed. The work is done at the will of the mothers according to their mood episodes and it can even accentuate positions of omnipotence ("I take, I throw") prejudicial to the need for continuity of the baby. When the institution allows fathers to freely spend time with their partner and their baby in their accommodation and even allows them to spend several nights a week with them without being residents, they are surely full of good intentions. However, this is why these institutions encourage fathers to take advantage of the system, to take advantage of the mother and the child, without supporting their commitment and responsibility, since they are not under any obligation.

In this type of scheme, only the mother-baby dyad is recognized administratively, and "without the triad, the dyad does not exist". Therefore, this type of structure is unsatisfactory and requires a more coherent and containing framework. In the interest of the baby, to take into account as a person to become, the accommodation of the triad must be able to be recognized administratively as part of the accompaniment and early care!

This is an observation that has been made by many professionals working in Mother-Child centers.

It is a Fight That Animates the Association Aire de famille

The project of Aire de famille

The association was founded by Brigitte Chatoney in 1997. At the time, she was a manager in Mother-Child center after having been a children's home educator, AEMO (Open Educational Aid) and then working for many years in adult psychiatry units. She landed as candid as an executive in a maternal center, eager to discover the world of early childhood she did not really know. And soon enough, she heard the reflection of a resident: "It's nice to welcome me and my child but my couple has split up."

Many Mother-Child center professionals have heard this type of remark; the difference being that Brigitte Chatoney has done something about it. Very naively, she went to see the director of her institution saying, "We are in child protection work, so it is obvious that when there is a father, when the parents wish to live together, it is absurd to exclude it; in the name of the best interests of the child, we are obliged to welcome him and both his parents." The Director refused, while at the time there were fathers in the parlor of the maternal center who were announced anonymously and undifferentiated by a "visit of Madame arrived". Fathers, appearing quite often, after the arrival of the young women in the maternal center, were not recognized in their place, they were even denied: their connection with the child and the mother of the child was not really recognized, which was very tough! She quickly realized the catastrophic effects of this type of process, especially for the more fragile mothers: in the representations of professionals, fathers were a priori considered as trouble-makers and violent

without seeing that it is the system which, by excluding them, emphasized or even provoked their violence.

Faced with the refusal of her management to follow her idea, Brigitte Chatoney was therefore led to create an association in 1997: Aire de Famille. She started on what had to be done and met the administrations. The General Council (department in France) in charge of child protection said "there is a father so it does not concern us the State said "there is a child less than three years so it does not concern us". In 2000 she was introduced to the cabinet of Ségolène Royal, then French Minister of the family, who said to her: "your project is obvious so it must be done." The minister wrote to the administrations, urging them to allow the opening of the parental center. What was deemed impossible became possible. In that way, in 2004, Brigitte Chatoney opened the Parental Center "Aire de famille" in Paris in the 19th arrondissement.

In 2007, she was joined by Frédéric Van der Borgh, a psychologist who asked her to take on the clinical responsibility of the parental center. For her part, she had also created an association ("Living as a family") with the same objective. Through his experience as manager in a Children's Home, he realized that very often the placement of a child does not solve the family and relational problem that caused it. On the contrary, this placement could, in many cases, accentuate the child's suffering by creating more emotional deprivation rather than truly protecting it. The difficulties of many young adults who find themselves in wandering out of the Child Protection Service illustrate this observation. Hence the idea, in situations of distress and precarity where there is an imperative of protection, to welcome the child with his parents to undertake the educational and therapeutic job of the family. For nearly 10 years from 2004 to the end of 2013, the Parent Family Center has accompanied intensively over several years a cohort of more than 53 very targeted couples 18-25 years old, in great difficulty, and more than 60 children.

Of the 106 young parents who were included in the program 40 had been attended by the child protection services, sometimes practically from birth. One of the first admitted dads was born in prison. Fifty-six of them had experienced street wandering and squatting, some from the age of 14, 44 had experienced severe domestic violence and abuse, 38 had problems with drug abuse and/or alcohol, and 31 were concerned with all the above issues. Many dads have gone through prison or have had legal problems. Of the families taken in charged in 2012, 75% came from ESA, and sometimes both members of the couple with rather serious problems. In fact, the parental center Aire de famille welcomed these young adults known as "misfits" who had become parents.

A large number of mothers admitted to the parental center would never have managed to adapt to maternal centers resulting in immediate placement of the child. In fact, very few children had to be entrusted to the Protection Child Service at the end of their stay at the Family Center, and a large majority of these children were found to stand out positively when entering the kindergarten.

The gateway to the parental center Aire de famille: it is the child and his protection but the child with his parents, because, as Winicott said, "a child alone does not exist". This is what justifies the accommodation of the parental couple and thus of the conjugal couple. Indeed, the French law (article 371-1 of the Civil Code) says that parents are the primary actors in the protection of the child (but not exclusively of course).

This work is also based on everything we know today about the importance of intrauterine life. This is why taking charge of the couple and their child in the parental center is desirable as early as possible, preferably before birth: in the more difficult situations, it is highly beneficial. The accommodation before birth has resulted in the resorption of placental detachments, prevention of prematurity which could have been disastrous, and contributes to a good in-utero development of the baby. There are many preventive and protective effects of accompanying the child-parent triad from prenatal life. From this point of view, the perinatal haptonomic accompaniment given to each couple is very beneficial: it consists in helping the parents to meet their baby in utero. The benefits are many: good birth experience, emotional maturity of the child, secure attachment of the child to his parents allowing detachment.

The very pragmatic approach of "Aire de famille" is in many respects in line with the recommendations of John [4] in his 1951 report "Maternal Care and Mental Health". In this report, he proposes immediate and long-term material and psychological help; he recommends the accompaniment of couples, conjugality. He said very relevant things about the need to combine support for parenthood with support for conjugality (especially for the most fragile mothers), to combine the prevention of child abuse with the prevention of domestic violence.

The support of the couple promotes protection and good psychic health of the child

A psychologist trainee made the remark: "What is striking is that these young parents have a place where their couple is also supported, while in their immediate family circle and friends they are told" no, no, do not go with this guy, with that girl." This is the case, for example, of a young couple of Malian origin who was taken charge of with their baby at Aire de famille. Neither he nor her had ever set foot in Mali, but the young man was of a so-called "noble" family, whereas the young woman was from a "slave family", so it was impossible for their families to make an alliance! When they came to the Parental Center Aire de famille, they found a space that recognized and protected their relationship as a couple. For a young couple caught up in the stress of the current social context, there are many risks of splitting up. For the most vulnerable, intensive support can allow a continuity of the couple relationship, favorable to the continuity of the ties for the baby.

In very concrete terms, couples are accompanied on the basis of contracts of stay of 6 months, renewable up till the 3rd birthday of the child. At the beginning they are housed in relay studios and then in a second stage in sliding lease contact apartments (that is to say, the lease can slide for the benefit of

the family at the end of their stay in the center parental) Accommodation is not collective because they are accommodated in various apartments located in the neighborhood. The parental center staff has a duplicate set of the keys of the studios and apartments and it is agreed with the families that they can enter the housing in the event of a worrying situation of the family and if it is not possible to make contact. There is a collective dimension in the work of accompaniment since the families come to the premises of the parental center, they meet in a friendly way. It is a place of life, where there is a living room, a kitchen, a space for the children, a place of exchange. The place represents a supporting landmark for them. They say "it's like our second home." To the contract of stay is linked a project of accompaniment. Different areas of work are proposed: parenting, conjugality, administrative support, housing support, health, budget, training, employment, opening out to the neighborhood. It is a bit like an "à la carte" menu composed by each family that defines its objectives according to its needs, constraints, challenges and desires. The accompaniment is carried out with a network of partners: maternity wards, PMI (state run Infant and Pregnancy protection centers), CAF (Family allowance payment centers), crèches, local missions, social insertion organizations associations accompanying indebtedness situations, various cultural associations. On the other hand, all the accompaniment psychological work is done internally (within the parental centers) as it has become important that the team assumes the therapeutic function of the institution. Receiving care from outside structures could have dispersive and disruptive effects. Having said that, of course, nothing prevents a resident from consulting outside professionals if it suits him better, but in general, it is at the end of their stay that they are ready to do so.

The Parent Family Center refers to different theoretical-clinical approaches

- Haptonomy, as a science of affectivity [5].
- Neurosciences, Psychoanalysis and the attachment theory
- The systemic approach, family therapy in particular through "the clinic of concertation" [6].

What make the link between these three approaches are the complexed thought and the transdisciplinarity that helps to emerge from a dogmatic and cleaving approach. Indeed, the intensive accompaniment of the child-parent relational triad is a complex matter.

The reference to haptonomy is particularly invested in Aire de famille because the accompaniment of affective maturation is at the heart of his work of early prevention and protection.

The emotional experience of a human being begins at conception. Indeed, through haptonomic contact, its parents can meet the baby in affection emotionally as well as after birth. This confirms the child emotionally and builds its internal core security. This also confirms the parents and builds the basis for a "secure" attachment allowing a satisfactory detachment. The best known indication of haptonomy is certainly in the pre et postnatal field, but there are other applications from conception to the end of life in the areas of educational support, disability and psychotherapy with children and adults. In family practice,

haptonomy enriches not only the perinatal accompaniment but also the quality of presence in the relation to the others.

Encouraging Results

The road to rebuilding these young parents is long and nothing is gained in advance. However, the evolution of more than 60 children who were born and raised in the parental center between 2004 and 2013 is very encouraging. At the age of three, the vast majority is fully prepared to succeed on entering kindergarten; they are bright and alert thus the pride of their parents. It can also be noted that:

- Prenatal counseling has in several cases prevented prematurity,
- It also allowed the establishment of breastfeeding despite initial reticence,
- The benevolent presence of professionals has helped to avoid the repetition of abusive behavior and the harmful effects of isolation,
- In all cases, it was possible to set up a safe mode of care for the children,
- In all cases, appropriate medical and psychological care for the child,
- In all cases, support to build relationships with the extended family, especially with grandparents.
- All children accompanied, since the opening of the parental center, develop well on the psychomotor aspect and on the level of the language.
- All three-year-olds have entered kindergarten and have managed to adapt in a completely satisfactory manner. They are very active and alert.
- Once out of the parental center no protection measures outside the family environment were required.

Even in the event of separation from the couple, all children still benefit from the investment of both parents. Four years later, the development of these children has been confirmed. Families often stayed united and other children were born. The parents have inserted themselves inserted professionally.

National Federation of Parental Centers

Aire de famille has contributed to the creation of a national federation of parental centers (FNCP) in June 2013 with the aim of promoting the development of parental centers, changing practices in child protection and research. One of the objectives of the federation was also to give a legal framework to the parent centers.

Tenacious mobilization and concerted action has made it possible to achieve this objective: French Law No. 2016-297 of 14 March 2016 -art 20 on the protection of children introduced in the code of social action and families a new article L 222-53: Children under three years of age may be taken care under the protection of children in a parent al center, accompanied by both parents when they require educational support in assuming their duties parental. The two future parents can also be accommodated under the same conditions in order to prepare for the birth of the child.

Since January 2014, the Association Aire de famille no longer directly manages a parental center (The establishment of Riquet Street (Paris 19^e) managed by the Estrelia association has no connection with Aire de famille and is not part of the FNCP). Following an unfortunate merger, the Aire de famille association was provisionally dissolved in July 2012 and was recreated in December 2013. On this occasion, it protected the name Aire de Famille [7] at the INPI. It is the sole owner of the concept, the specific methods and above all the spirit of the family area. Since 2015, Aire de Famille has started a training and relay activity at the request of members of the FNCP. In 7 departments, it trained more than 150 trainees, professionals from the Child Protection services, PMI, parental centers: doctors, midwives, nurses, specialized educators, early childhood educators, social workers, night watchmen. The management and executives have followed these courses, which is essential so that these training courses to lead to meaningful transformations.

It is a matter of transmitting the experience and the spirit of the "Aire de famille" and of accompanying teams implementing a parental center or having the project to implement a parental center.

The aim is to help professionals modify their representations and transform their professional postures based on the analysis of clinical situations and their professional practices. It is also a matter of learning how to build a flexible and containing an environment, favoring a context of confidence and maturation.

These courses are very intense and open the professionals to another view on their position which helps them to overcome the stereotypes and to gain a better understanding of the issue of the alliance of the families around the needs of the child.

"Aire de famille" label and project to create a pilot project

Aire de famille will put in place a process of labeling. This will require, in particular, that all the professionals of these structures have followed sufficient training time from Aire de famille. The objective of this label is to transmit and to multiply experiences inspired by the Spirit of Family Area.

Beyond the application of methods and theoretical-clinical references, it will be necessary to create a context allowing everyone to take his place, enabling the encounter and favoring a very protective emotionally nourishing climate for the baby.

To support this process of spin-off, Aire de famille has the project to create a parental center "Pilot family". In conjunction with a university research laboratory and maternity wards, this system could develop action research on early prevention practices and child protection in perinatal conditions, combining intensive psychosocial support for the parent-baby triad and health care.

Early prevention is the priority highlighted in the report "A Consensus Statement on the Basic Needs of the Child in Child Welfare" presented to the French Minister of Families in March 2017 [8]. Considering the fall in financial support provided by the departments (a French administrative unit) and the need to overcome the division between child protection and child and psychiatric care, it is urgent to put in place structures that really embody this priority by combining social assistance funding Childhood and health.

To welcome, accompany and shelter as early on as possible during pregnancy, young couples in situations of great social and psychological distress, who become parents for the first time, is certainly a risk. It is mostly a bet and an investment for the future. The desire to provide for one's own child, in spite of one's past difficulties, can become a springboard to re-focus one's life. This newborn child offers the opportunity of change for his parents. The challenge is to work on the fundamentals of child welfare: to promote the birth of a family, the primary soil of the social bond, and to give room to the "trinification of the child's relationship with his parents, according to the beautiful expression of Bernard This (French psychiatrist, psychoanalyst (1928-2016) Author of many books including the book "Father birth certificate-Threshold (1980)". He created "Green Houses" with Françoise Dolto and contributed to the introduction of haptonomy in France).

"Caring for toddlers and their parents is about making the human horizon and it is the best and perhaps the only real bulwark against barbarism" Catherine Dolto.

References

1. Chatoney B (2014) From maternal protection to parental center in Social Link. 1149: 36-37.
2. Jacques D (2014) Psychopathology of perinatal and parenthood, coll ages of life, Masson.
3. Catherine D (2016) Epigenetics and Brain Plasticity, Haptonomic Presence N°12, Proceedings of the VI International Congress of Haptonomy.
4. Bowlby J (1951) Maternal Care and Mental Health, WHO Contribution to the United Nations Program for the Protection of Homeless Children, Geneva.
5. www.haptonomie.org
6. www.concertation.net
7. www.airedefamille.org
8. <http://www.familles-enfance-droitsdesfemmes.gouv.fr/publications/enfance/publications-protection-delenfance/rapport-demarche-de-consensus-sur-les-besoins-fondamentaux-de-lenfant-en-protection-fromchildhood>