

Faculté de santé publique

Meeting Points for Children and Parents of the French Community in Belgium as structures to prevent parental burnout

The perception of professionals

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... Dad, this is how it looks behind the mountains.

Plagiarism

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CHAPTER 1. PARENTAL BURNOUT

1.1 Parenting determinants model. -

Parenting has been described as a period that implies a personal crisis within the adult. According to Benedek as cited by Roskam et al. [1] this crisis transforms social, family, and economic spheres of parents and influences their personality, identity and self-esteem. To adapt to their new identity and life, it is necessary to reorganize many personal and environmental resources [1]. For it, in 1984 Belsky, defined a model of the determinant of parenting which consisted in parents', children's and environmental characteristics [2].

1.1.1 Characteristics of parents:

Personal history and attachment patterns: they are related to the influence of relationships parents have lived, or what they have witnessed in family or in society [2]. Also, the new-born child could re-activate unsolved childhood's conflicts of parents which could determine child-parent interaction [3]. If parents do not elaborate properly these conflicts, projection towards children risks being rigid and deforming, sometimes with irreversible consequences in the development of children [4].

Personality: different personalities as, neuroticism, extraversion, agreeableness, conscientiousness and openness [1]. Prinzie and his colleagues [5] determined that higher levels of extraversion, agreeableness, conscientiousness, and openness are related to a warmth and structured parenting (behavioral control). Likewise, high agreeableness and low neuroticism are related to autonomy and to support [5]. They demonstrated that neuroticism is highly related to negative attributions to children behavior [5].

Parenting cognitions: they are parents' beliefs and theories regarding children's development [2].

Parenting self-efficacy: this is the perception that parents have of their positive influence in the behavior and in the development of their children [1] as the capacity to cope with difficult situations and to handle children related issues as well [6]. The construction of this sentiment is mostly improved through social interaction, experience, and feedback [1].

1.1.2 Characteristics of children:

Child's temperament: it is defined as biological bases that are not modifiable [1]. There are three main groups: sociable, adaptable, and easy to sooth, fearful and; difficult child with constant crying and tantrums [2]. Each one will have a direct impact on parenting self-efficacy and on parenting practices [1].

Child's behavior: they are the observable reactions such as agitation, impulsivity, aggressiveness, objection, provocation or emotional instability [2]. The reaction of the parent and his influence over the child, will depend on how long it takes the parent to manage this behavior, as well as the environmental situation, and the age of the child [1].

1.1.3 Social context:

Educational level: it gives clues of early life circumstances, resources, and determines cognitive functioning and analytical abilities of parents [7].

Marital/partner relationship: the support perceived by each parent from their significant other [2].

Co-parenting: this is the quality of the coordination of parental tasks between both parents which evolves over time [2,8].

Social support resources vs. social support stress: this is the network which parents can activate in order to receive an effective answer in case they need it [2]. This factor can help parents to deal with isolation and to increase their parenting self-efficacy as to broad parenting educational skills [1].

With these determinants we can consider the factors that intervene dynamically and permanently in parenting. These are characteristics that must be mobilized and adapted to help parents to find their new identity and life. However, when parents struggle to make it happen, this can cause a lot of frustration or suffering because parenting is a role that they cannot abandon [1].

1.2 Burnout background. -

Back in 1974 the psychiatrist Freudenberger, after two years of volunteering at the Free Clinic of addictions in New York, reported that his colleagues who at the beginning were the most engaged and motivated, started to lose energy, interest and motivation to work and to have contact with patients [9] . He described this *like a candle that after long hours of light, has burned from the inside and offers only an old flame*. For it, he named as burnout to the condition of chronic stress of healthcare workers due to individual factors in professional life [9]. Afterwards, he related it with working (or

environmental conditions) of jobs for educators and social domains [9]. Finally, he proved to be a long-term feeling of fatigue due to the lack of reciprocity between the engagement in the activity and what is received back [9].

In the same year, the psychologist Christina Maslach studied the emotional responses in nurses [10]. She confirmed the hypothesis of Freudenberg: caregivers who were much involved in their work and who took their role very seriously, started to get exhausted, they were no longer fulfilled by their job, their performance was poor and sometimes they became cynical and distant from patients [10].

Both authors stated that not every professional were at risk of having burnout syndrome; environmental and individual factors as: age, low capacity of adaptation and low self-esteem, influenced as well [11]. Moreover, Maslach et al. [12] considered that one of the main factors of burnout was having really high standards for performance.

To measure the level of burnout within professionals of human health services as health care, social services, mental health, criminal justice, and education, Maslach and Jackson developed an instrument in 1981 [13]. The objective was to validate its three different components: emotional exhaustion, depersonalization of clients and reduced personal accomplishment [13]. As a result, they created the Maslach Burnout Inventory (MBI) which has 22 items that correspond to symptoms related to the three components and are measured through a 7-point scale (from 0 'never' to 6 'everyday'). Since then the MBI has become the gold standard [13].

Continuing, in 1984 Procaccini & Kiefaber extended this concept of burnout to other areas like sports, managerial professions, voluntary activities, political activism, marriage and parenting [14]. Almost thirty years later, in 2010, Norberg and his research team settled the basis to talk about parental burnout within parents of children with disabilities or chronic diseases [15]. In 2008 and 2014 Guéritault and Holstein respectively, expanded the term to parenting in general however, they didn't use a scientific method to prove its existence [15]. For it, one year later in 2015 Roskam and Mikolajczak launched a research to validate parental burnout syndrome, in order to understand its nature, causes, consequences, treatment and prevention [15, 16].

1.3 Parental burnout syndrome. -

It was necessary to separate parental burnout from other syndromes to make an insight and to find proper ways of treatment and prevention [14]. As stated earlier, in 2015 Roskam & Mikolajczak created the research program BParent in Belgium which

used a mix method approach to understand the nature, causes, consequences, courses and treatment of parental burnout [16].

The first step was to establish the differences and similarities between professional and parental burnout syndromes and second, to validate the specificities of parental burnout to consider it as an independent syndrome from professional burnout and from depression [17]. For this, through clinical experiences with parents from the center of Psychological Consultations Specialized in Parenting at Louvain-la-Neuve, the 22 items of MBI were adapted to parenting reality, as a result the Parental Burnout Inventory (PBI) was created [17].

To compare the dimensions between professional burnout, depression and parental burnout 379 parents (83% women, 17% men) completed three tests: MBI, PBI, and the Beck Depression Index (BDI) [17]. Two dimensions of professional burnout were highly correlated to parental burnout: emotional overwhelming (0.94) and sense of ineffectiveness in parental role (0.84), the only dimension that had a low correlation was depersonalization (0.45) [17].

So, it was necessary to define an equivalent term of *depersonalization of clients or patients* for parental burnout, because children cannot be considered as clients for it, through focus groups with parents, researchers adapted this dimension to *emotional distancing from their children* [17]. A second research to validate PBI was made with 1723 parents (87% women, 13% men) and after crossing the information consistency augmented for all components: 0.91 for the global score, 0.95 for emotional overwhelming, 0.87 for the sense of ineffectiveness, and 0.88 for the emotional distancing with their children [17]. Lastly, 22 items were chosen to create the final version [17].

Finally, to define co-existing dimensions of parental burnout Parental Burnout Assessment (PBA) was proposed [17, 18]. Using testimonies from parents in parental burnout, 50 items were created for a first version of the PBA, it was applied amongst 901 parents (71.8% English and 28.2% French) and simultaneously they completed the PBI [18]. This research adapted the dimension of *sense of ineffectiveness in the parental role* mostly to *saturation in the role of parent with loss of pleasure*, and it showed the fourth co-existing dimension of parental burnout: contrast [17, 18].

In order to validate the PBA exploratory and confirmatory analysis were conducted in English and French to define the final items according to the final four dimensions of parental burnout: *exhaustion*, *saturation in parenting with loss of pleasure*, *emotional distancing with children* and *contrast* [18]. Socio-demographic information as

age, gender, sex, and educational level, type of work, family composition and marital status were collected as well [18]

As in the PBI, each item represents a symptom and scores refers to their frequency: 0 to 6 where 0 means “never”, 1 “at least once in a year”, 2 “at least once a month”, 3 “sometimes in a month”, 4 “once a week”, 5 “sometimes every week”, and 6 “everyday” [17]. For quotation it only takes to make an addition of all the scores. Results should be interpreted as following [17]:

Less or equal to 30	Non-significant risk of burnout, that doesn't extent parent to never have burnout however for the moment parent has necessary resources to face stress.
Score between 31 - 45	Low risk of burnout, this means there are more protection factors than risk factors.
Score between 46 - 60	Moderate risk of burnout, it is the moment to watch out and start to take care of himself.
Score between 61 - 75	High risk of burnout, the principal symptoms are fatigue and exhaustion. Currently, it is crucial to intervene.
Score higher than 76	Burnout, parent is in the moment of burnout, exhausted, tired, and drained. This is the moment to find professional help.

1.3.1 Parental Burnout Dimensions:

To talk about parental burnout, it is not necessary that parents have all the dimensions. It is necessary of the presence of 60% of the symptoms to talk about parental burnout. The different aspects are:

Emotional and physical exhaustion related to parenting activities: it describes the moment when the parent feels exhausted, empty and at his breaking point. This is a very deep exhaustion where the parent has consumed all his resources that even thinking about what he must do for his child(ren) is difficult [18, 19]. Parent feels the need to rest for a moment, to be alone, to sleep because he cannot handle parenting anymore. Because the consumption of resources, parents find hard to get up in the morning, also, they can only think about extreme solutions like dying or having a serious disease to finally have some rest. This aspect refers to a complete loss of energy of his role as parent [18, 19].

Emotional and affective distancing with children: this element of parental burnout refers to the disinvestment and to the emotional distancing with children. Contrary of professional burnout, the parent cannot reduce his child(ren) to an object so, he accomplishes daily parenting duties with little or no effort at all to show affection because he does not have enough energy for doing it [18, 19].

Reduction of personal accomplishment and fulfillment in the parenting role: this dimension has a close relation of parental identity. The parent has the impression that he cannot handle anymore this role because it is too much for him [18]. Consequently, he losses pleasure in all the things that are related to parenting.

Contrast: there is a difference between the parent he used to be and the parent he is with his child(ren). Parent feels like he is no longer the person he would like to be when he is in this role, he has the impression of being a terrible parent. This can create feelings of shame, guilt, and a loss of pride of who he is as parent. He does not recognize himself anymore [18, 19].

To represent this dynamic and complex process of parental burnout Gleis & Hubert [16] proposed a schema to understand the process of parental burnout (see figure 1.1).

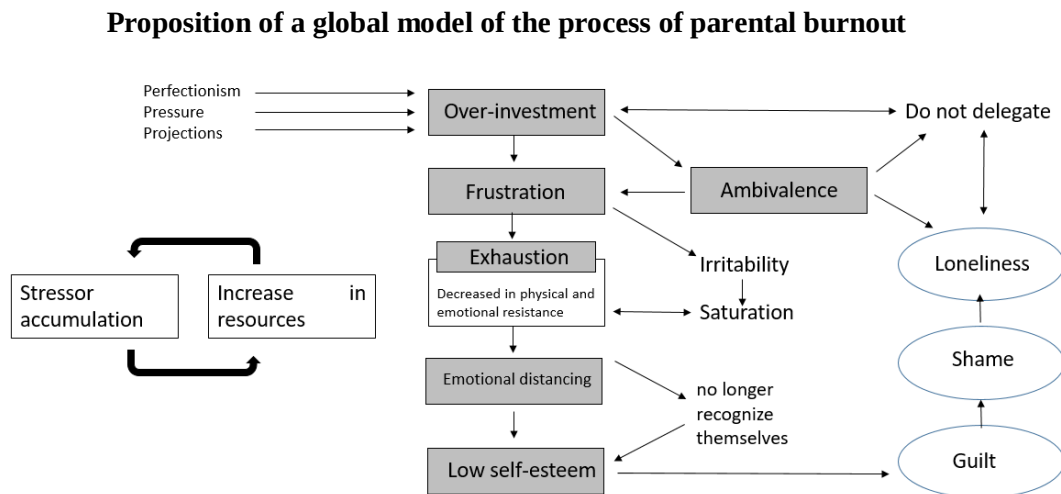


Figure 1.1

1.3.2 Parental burnout consequences:

Parental burnout can have serious consequences for parents, for children, and within couple.

For parents the most common consequence is addictive behavior, mostly to alcohol, smoking, game, and work. An addictive behavior from the past may reappear as

a short-term escape to their stress, and it can imply a health risk to other physical diseases. Also, sleep disorders, depression, irritability, and anger [19]. In extreme cases, some parents in parental burnout could see death as the only way out.

For children, the consequences of burnout can have a huge impact on their development. Parents in burnout have a higher risk of neglect their children and abusive or physical or psychological violence [19]. All these behaviors can put children in danger, in many cases the State can intervene to protect children and guard them in a safe environment [19]. In the most optimistic cases, parents who receive an adequate treatment will gather together again with children, in the worst ones, they are separated for a long term.

For the couple, non-solved conflicts from the past can return creating tension, or new conflicts pop-up. In one hand the reduction of libido and in the other hand the need to escape from parenting, increases the risk of infidelity and of getting a divorce [19].

1.3.3 Parental burnout risk factors:

Parental burnout is a non-linear, dynamic and multivariate cause syndrome there are different factors which interact and make some people more vulnerable than others [16, 20, 21]. These factors can be classified in sociodemographic, situational, personal, parenting, and marital factors.

- 1) Sociodemographic factors have a low correlation with parental burnout. They include parent's gender, single parenting, age of children and parents themselves, family composition, number of children, education level, working conditions, neighborhood and living conditions [16, 20].
- 2) Situational factors have also a low or moderate correlation with parental burnout. These factors include learning disabilities or serious diseases as chronic conditions or disabilities in children or even adoption [16, 20].
- 3) Personal factors which correlation with parental burnout goes from low to high. The factors which are highly or moderately correlated to parental burnout are low emotional skills, perfectionism, neurotic personality and anxious attachment [20, 21, 22].
- 4) Parenting and educational factors refer to the relation with the child, parenting practices, and parenting cognitive skills. These factors are closely related to how the parent handles his role on its daily basis [23]. The factors that

are highly correlated to parental burnout are feelings of not being a good parent, role restriction and absence of warmth [21].

5) Family and marital factors which are: co-parenting or perceived support, marital satisfaction and conflicts [24]. This means, availability and support parents receive from their significant other to complete parental tasks. The highly correlated factors are familiar disorganization and marital discontent [21, 24].

Not all categories can be boarded by professionals, for example, sociodemographic and situational factors cannot be modified in the context of a therapeutic intervention. So, professionals focus on the other three categories which can adjust through individual or group work in short and middle term [21].

Aside from the different factors which intervene in parental burnout, there are three conditions for its development: accumulation of stressful factors, the reduction of resources to face them and its progressivity over time [16, 21].

The process starts with the self-pressure of being a perfect parent which leads to an overinvestment on the child(ren), the parent feels like he needs to be present all the time. For it, parent sacrifices oneself, leaving his life aside. At this point, parent is in a moderate risk to develop parental burnout, these “sacrifices” create frustration because things do not happen as expected and parent might not have the expected reward or recognition. Gradually, the energy starts to go down specially for activities related to parenting. This is the limit of a high risk of developing parental burnout, the next steps are exhaustion, emotional distancing, loss of efficiency and fulfillment [16].

1.3.4 The Balance of Risks and Resources model:

As it was noticed, parental burnout is caused by an accumulation of risk factors which cause a lot of stress and reduce parental resources. Therefore, parental burnout can be explained by the model of cumulative risk of Evans & Whipple, 2013 cited by Mikolajczak & Roskam [16]. These factors can be classified into three types: situations, events, or traits. Even if this model allows professionals to consider the environment and the individual dimensions of parental burnout it ignores resources that parents might have to face stressful situations, considering that the absence of a risk factor does not mean the presence of a protection factor. To answer to this limit, Roskam & Mikolajczak [21] created the Balance of Risk and Resources model (BR²) which consists in exploring the

imbalance of parental burnout between stressors (risk factors) and resources to answer (protection factors) (see figure1.2) [21].

Schematic representation of the balance between risks and resources theory of parental burnout

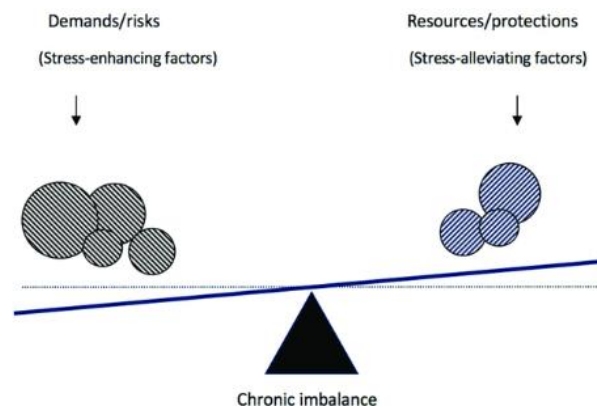


Figure 1.2

To evaluate it, they have created a specific tool with 39 bipolar items questionnaire that for each risk factor or stressor, presents a protection factor or resource. Each item has a weight from -5 to 5 (with 0 included) according to the intensity of this factor to obtain a final score. But before, the authors proved that the relation between parental burnout and BR^2 was testes through a linear regression model [21]. This model proved to be a predictor of parental burnout cross-sectionally and prospectively ($\beta = -0.58$, $p < 0.001$; $\beta = -0.53$, $p < 0.001$). The amount of variance of parental burnout (R^2) explained by BR^2 was 34% cross-sectionally and 28% prospectively [21]. This means that if the score of BR^2 is negative the parent has more risk factors than resources, if this is the case, the parent has a high risk of parental burnout or has already parental burnout. The inverse applies with positive scores, for it, this model has been recommended to accompany parents in a preventive or therapeutic way of parental burnout [21].

BR^2 is a model which considers each parental burnout history, and the aim is to balance it again according to the weight of the resources and demands that each parent has. There are four main actions to reestablish the balance [16]:

- 1) To take out of the balance one or various stressors to reduce risk factors.
- 2) To reduce the weight of stressors that are impossible to take out.
- 3) To improve the resources that are already available
- 4) To include resources that have not been considered.

1.4 Interventions for parental burnout. -

To treat parental burnout there are two approaches: by individual and by group. Professionals from the Center of Psychological Consultations Specialized in Parenting at Louvain-la-Neuve in Belgium have noticed that usually parents arrive for a different demand than parental burnout [25]. Normally, they consult for problems related with managing their children. Not many parents are aware of their parental burnout risk or their situation. And to open could be difficult because parents in high risk or in parental burnout tend to feel alone, ashamed and guilty.

Since the first encounter, professionals need to adopt an attitude that promotes care-based on recognition of individual needs, avoid the judgement, promote kindness, and active listening [25]. According to BParent program the five main principles for a structured intervention of parental burnout are to normalize the experience of parental burnout syndrome or a severe risk through the even effect, to activate common therapeutic levers that empower parents of the psychological device, to work in an active acceptance process of factors that are not changeable as situational or socio-demographic factors, to center the attention into the factors that are highly correlated to parental burnout as personal, parenting and couple factors. And to make a balance between the resources and stressors of the parent [26].

1.4.1 Individual intervention:

After a few sessions and once the parent has opened up about his feelings and emotions related to parenting and the professional has identified parental burnout situation, normally, through the main tools specific to parental burnout: PBA and Balance of Risks and Resources; the first step is the consciousness of parental burnout risk or condition [25, 26]. Then, to consider the different factors specifics for each situation to establish individual therapeutic goals. Most of the time, individual interventions have a duration of thirteen sessions. Follow-up is the most important thing to avoid a relapse [25].

1.4.2 Group interventions:

1.4.2.1 Group workshops:

6 to 12 parents where group dynamics support parents. Many activities are developed to recognize everyone's story, to normalize their condition and negative emotions, to open about perfectionism and overinvestment trend, and to work emotional

skills [27]. Also, boarding co-parenting in different dimensions and to promote the development of new resources to reduce risks and improve parenting practices to reduce vulnerability in front of burnout [27].

1.4.2.2 Talk groups:

For this intervention there are different stages, 1) the creation of the group, 2) sharing of their experiences and 3) the course of burnout, today's parenting, parental burnout consequences, place of parents, and parent itself. This is a non-directive intervention based on metacognition¹. Here professional's role is to support uncertainty of the contents and dynamics of the group [27].

1.5 Chapter's conclusion. -

Nowadays, psychosocial diseases as burnout are one of public health's major problems [28] with a prevalence of 5% of parents with parental burnout and 8% of parents with a high risk of developing it [19]. However, and since parental burnout is a brand-new subject, there are some challenges to face. First, the lack of specialized institutions for parenting and the lack research which impacts on its official recognition as a syndrome by the International Classification of Diseases (ICD), promoted by the World Health Organization, and the other Diagnostic and Statistics Manual of Mental Disorders (DSM) promoted by the American Psychiatric Association [29]. This can make difficult to establish an official diagnosis and evidence-based treatment and most important to determine actions for its prevention [29].

If mental health and family professionals are not allowed to prevent this syndrome, the access to parental burnout interventions will still be limited for those who luckily arrive to specialized centers. Nevertheless, for those parents who do not have enough information and resources it could be crucial.

¹ Metacognition refers to the knowledge someone has of their own cognitive process, it means about his own thinking (Flavel, 1979). Taken from https://saylordotorg.github.io/text_leading-with-cultural-intelligence/s06-02-what-is-metacognition.html

CHAPTER 2. MEETING POINTS FOR PARENTS AND CHILDREN². -

2.1 Historic background. -

Since the Geneva Declaration of the Rights of the Child in 1959, the perspective of family has changed. Before this, parents were focused on formal education rather than on affective and cognitive development of children. After this Declaration society started to recognize the humanity and vulnerability of children, 193 States got engaged through policies and laws to support family and parenting [1].

Twenty years after the Declaration of Children's Rights and thanks to the analytical job with young children, the French psychoanalyst Françoise Dolto noticed psychological disturbances linked to specific transitional moments of parenting like going back to work, leaving children in the kindergarten or elementary school, seeking for parental identity, and social isolation [30]. This separation child-parent caused anxiety symptoms and externalized behavior on children and suffering within parents [30].

In 1979, Dolto decided to implement an infant-and-parent nurture center³ as a preventive program for children which involved families, professionals and society she called it, *La Maison Verte* [30]. This program focused on the prevention of separation anxiety symptoms on children from 0-3 years. The three main actions aimed to develop an early autonomy supported by their parents or closest ones, to coach children and their parents to social life and to support parents and to take them out of isolation [30, 31]. This was considered a primary preventive program because the intervention was done before separation anxiety symptoms appear and before parental suffering starts [30]. The characteristics that made it different from other childhood places as kindergartens were that these interventions were centered in family interaction, for it, parents and children must participate together [31]. This kind of prevention programs has three main actors: children, parents and professionals⁴.

Professionals are available to listen and to enhance the communication with children in the presence of parents not to give clinical advice [32]. They must take a step

² Homologue of the French term 'Lieux de Rencontre Enfant-Parents' in the website <https://www.one.be/public/cest-quoi-lone/about-us/>. Even if officially it is translated as 'parents and children' we decided to inverse it to 'children and parents' to keep the original idea in French.

³ This term was taken from the official website of Dolto's Association to denominate the French term 'Maisons Vertes' <http://www.dolto.fr/archives/siteWeb/english/index-en.htm>

⁴ The French denomination for these professionals is "*accueillants*", in English we found different possible translations as 'carers', 'caregivers. However, for us these terms did not keep the sense of their function, so we decided to use the term 'professional(s)' all along this research.

back from theory, leave space to the symptoms and quit their professional role [31, 32]. This, to create an alliance with prevention and to give place to the symbolization, representation and creativity. In this way professionals take distance from the traditional vision of prevention and listen to the desire of children and parents [33].

In conclusion, this way of working with families is unique because despite the initial demand or motivation of parents to participate, the preventive work is almost made in silence, through the discovery of subjectivity of parents and children, it is not invasive and it does not judge families [34].

2.1.1 Infant-and-Parent Nurture Centers as prevention structures:

As it was described, one of the main objectives that encouraged Dolto to create nurture centers, was to prevent the separation anxiety symptoms within young children from 0-3 years that she observed in medical consultation [30]. These symptoms have been an important issue of early childhood for the past 40 years. Different research have found that separation anxiety symptoms can lead to separation anxiety disorder, which is the most frequently anxiety disorder diagnosed amongst preschool children with a 4 – 5 % of prevalence in general children population [6, 35, 36].

Separation anxiety is known as the excessive and unrealistic fear of separation from an attachment figure [37]. In children from 1 to 2 years this fear can be expressed by distress, rumination, and nostalgia for family reunion. The first one is communicated through crying, tantrums, reject of leaving without parents, nausea, and vomiting, headache, and stomach pain [4, 30, 32, 37]. The rumination has to do with constant thoughts of parental availability and an unrealistic fear of being separated from them which many times lead to nightmares [4]. Children with separation anxiety symptoms check constantly parental availability, once they are far from parents (or attachment figures) they turn nostalgic and this is seen in constant sadness, lack of initiative and concentration and crying [4].

In Canada two longitudinal studies were conducted, to define the consequences of separation anxiety in children between 1.5 to 6 years old [36, 38]. They showed that, with an adequate intervention and family care, children with low separation anxiety symptoms were expected to get better by the age of 4-5 years [36]. Children with a high level of separation anxiety symptoms were most likely to develop separation anxiety disorder. Internalizing symptoms as depression and anxiety, worse overall academic achievement,

poorer physical health and mothers with higher anxiety in mid-childhood and preadolescence [36, 38].

Yet, symptoms of separation anxiety are difficult to notice because parents (and educators) tend to attribute them to the personality and temperament of the child more than separation itself [4]. Moreover, when parents deal with separation anxiety symptoms, they develop frustration and irritability towards their children [6].

A study made by Herren et al.⁵ [6] demonstrated the consequences of separation anxiety symptoms of children within parents. The results showed that in the avoidance of separation situations, parents have higher levels of dysfunctional beliefs like lower expectations of child's coping ability or personality than parents with children without anxiety ($p \leq 0,000$). Also, mothers tend to have lower parenting self-efficacy ($p \leq 0,004$) and satisfaction than control group ($p \leq 0,000$). Finally, fathers of children who are avoidant to separation situations have lower parenting self-efficacy than fathers of less avoidant children ($p \leq 0,005$). These effects were not significant when comparing the group control with social phobia children and social phobia children with separation anxiety disorder group ($p \geq 0,05$).

This impact on parenting can be explained through the bi-directionality of infant-parent relationship [1]. Also, to explain it Storlow created the concept of inter-subjectivity which refers to the shared experience between two people in affective, cognitive and mental levels [39]. For the European psychoanalysis this concept is essential to understand the influence that psychism of both, parents and children, have in childhood issues as separation anxiety [4, 39].

Therefore, for Dolto was so important to promote their interaction, because even if the heart of the program was the prevention of childhood problems, it had a direct impact on parents' mental health and emotional state [30 – 34]. Since 1979, these places became crucial for the prevention of childhood problems and to give a new sense of parenting [30 – 34].

2.2 From Infant-and-Parent Nurture Centers to Meeting Points for Parents and Children⁶ in Belgium. –

⁵ Study made within 171 mothers and 145 fathers of 171 children (94 with separation anxiety disorder, 33 with social phobia, and 44 a control group).

⁶ From now on, we used the term “Infant-and-Parent Nurture Centers” or “nurture centers” to talk about the preventive programs created by Dolto which are different from “Meeting Points for Parents and

In 1982, a group of parents who had heard about nurture centers in Paris, gathered together in what is known as the Family Leagues (*League des familles*) and took the initiative to reproduce it in Brussels with the name of *Bébérencontre* (baby encounter) [40]. A year after in 1983 also in Brussels, thanks to the initiative of young fathers and mothers who worked at the Mental Health Services of South-East Brussels and with the help of childhood professionals, the first initiative inspired by Dolto's model was created: la *Maison Ouverte* [40]. Since then, from 1983 to 2019, 180 places inspired by Dolto's model have been created in the French Community in Belgium. With the principal objective to prevent separation anxiety symptoms within children that can also prevent different childhood issues and suffering among parents [40, 41].

Due to the singularities of functioning, the donors or financial supporters for these venues are in three typologies. In the social level, there are the spaces like *Bébérencontres* which are supported by associations, federations and family leagues, and parents take part in their organization [41]. Then, there are six venues alike nurture centers or *Maison Ouverte* where their functioning is the most attached to the original Dolto's model [40 - 42]. Finally, and in a public level, venues that are under the responsibility of Office of Birth and Childhood Office (ONE in French) which has denominated them meeting points for children and parents (MPCP) [42]. All of them accompany families in a preventive way and gentle socialization [41]. In order to have a research that respects homogeneity, this research focus its attention on MPCP that are under the responsibility of the ONE in the French Community in Belgium.

2.2.1 Objectives of MPCP:

The ONE is an independent institution managed by the Minister for Childhood of the Wallonia & Brussels Federation of the French Community in Belgium⁷ [40, 41]. This Institution supervises all subjects related to childhood, children's policies, children and mother protection, medico-social accompaniment of the mother and child(ren), day-care centers for children outside their homes and parenting support activities [40]. Also, to promote their actions, they have established five main principles: universality, non-discrimination and accessibility for all; quality of the services offered; well-being;

Children" which is the program under the responsibility of the ONE in Belgium based on Dolto's model. Both have philosophical and practical differences.

⁷ Translated from la *Fédération Wallonie Bruxelles de la Communauté Française en Belgique*.

stakeholder's participation and finally action in partnerships [40, 43]. For these reasons, the ONE became an important supporter and financier of MPCP.

The terminology 'meeting point for children and parents' was adopted by the ONE back in 2005 to include the different types of initiatives with Dolto's model around the French Community [40, 41]. The ONE described them as places to speak, to exchange and to meet in a quality environment. Where they offer a joint care for children up to the age of six accompanied by their parents or family members in an unconditional reception area and quality meetings⁸ [40 – 42]. The main objectives are to reinforce child-parent relationship, to improve children's early socialization, to take out families from the isolation and to improve children's development [40]. Each MPCP answers to a context with different social priorities, according to them they response to these objectives and specific missions [40, 43]

- | | |
|---|--|
| 1) Cultural integration | 5) Help to youth |
| 2) Promotion of the neighborhood dynamism | 6) Gentle socialization |
| 3) Social remediation | 7) Permanent education |
| 4) Mental health prevention | 8) Health and good treatment promotion |

Also, there are the following quality principles: accessibility, professional quality, networking, parents' participation, and disposition of resources. Through this, MPCP contribute to reduce social inequalities especially for vulnerable families [40]. They are not only focused on children through the speech, parents are recognized as subjects and finally there is a common world that is built through shared experiences [40]. In other words, these spaces can promote inter-subjectivity between parents and children [39].

2.2.2 Functioning of MPCP:

Their general functioning is almost similar around, most of MPCP follow the setting of Dolto's model each one with their particularity according to population needs and context [40 – 42]. Initially, to establish a horizontal interaction between the professionals and the families, identity is respected, this means that only the name of the child is required [31]. Last names or social-economic status are not needed to participate, this is called the principle of anonymity [30, 31]. This also means that there is not a

⁸ Title 1. Definitions and General Provisions, Section 1. Definitions, Article 1. point 9: meeting points for children and parents of the Decree of the Government of the French Community on the approval and subsidization of specific services to support parenting in May 2019.

follow-up of families because participation can differ from one encounter to another. During free-time encounters, there are no directed or planned activities, not even a previous subscription is required, the support is done based on each day interaction⁹. This to promote the discovery of each family and their capacity of making decisions daily [31].

Families (parents) participate in a voluntary basis during the time they want to in defined opening hours [30, 31, 43]¹⁰. There are assigned places to eat, baby-changing tables or breastfeeding, spaces designated for babies, cars or bikes, etc., and it is the role of each parent to reinforce the respect of these rules [31, 34]. Finally, there is a professional team composed by diverse professionals generally specialized to educational, social, psychological, medical, analytical and familiar environment [34] however, in some cases there are communicators, managers or even students. Their main task is to carry out the MPCP's missions with children and parents¹¹ [43]. Also, they need to be part of a reflexive approach to their practice according to the reflexivity modality established by each MPCP (clinical supervisions or regular training)¹² [43].

The task of professionals is to build up the work through a non-interventionist logic with the information they get and observe each day [31]. Professionals must avoid fusion with the theory, so they are able to see the phenomena as it comes and subsequently to support exchanges [30, 31]. Nowadays, they have new functions as the activation of a professional network in case that it is necessary, mostly for families that have situations of mistreatment, poverty, negligence, or any other development or health issue [33]. So, as we can see, even if the bases are Dolto's model, MPCP have evolved not only in the functioning but in the delimitation of concrete actions trough public policies [41]. This, because even if they base their work on a free-time reception, they need to answer to the diversity of the neighborhood, resources, physical disposition of the venue, socio-economic status and cultural backgrounds [40 - 43].

2.3 Chapter's conclusion. -

⁹ Many MPCP can have complementary activities like thematic workshops or trainings out of free-time encounters, however, they are not part of the Dolto's model [40].

¹⁰ Title V. Accreditation, Section 2. Specific conditions for accreditation article 9: conditions to accredit meeting points for children and parents of the Decree of the Government of the French Community on the approval and subsidization of specific services to support parenting in May 2019.

¹¹ Title V. Accreditation, Section 2. Specific conditions for accreditation article 9: conditions to accredit meeting points for children and parents, point 4 of the Decree of the Government of the French Community on the approval and subsidization of specific services to support parenting in May 2019.

¹² Title III. Framework document, Article 7: contents of framework document, Point 10. Reflexivity modality of the Decree of the Government of the French Community on the approval and subsidization of specific services to support parenting in May 2019.

Almost at the same time as the Declaration of Children's Rights, theories of psychoanalysis' authors Donald Winnicott and Françoise Dolto became the focus of work with children. Back then, recognizing subjectivity and needs of children was a revolution [44].

Since 1979 Dolto's revolutionary preventive program of childhood issues as separation anxiety symptoms through parent-children interaction were successful in Europe [33, 40 – 44]. Consequently, all around the world, these spaces have been adapted to promote family well-being, in Belgium they are called meeting points for parents and children [33, 41].

We stated through the literature research that Dolto's model of nurture centers have evolved, each time engaging more and more participation and place for parents. However, even if many research [6, 35, 36] have proved the consequences of childhood issues like separation anxiety symptoms in parents at different stages of life the impact of these kind of programs in the well-being of parents and in the prevention of parenting rest barely studied [35, 45].

CHAPTER 3. DEFINITION OF THE PROBLEM. –

Although parenting is a complex period of life that moves economic, social and personal resources to deal with and that continuous social pressure and high-performance attendance for being a 'good parent', may increase stress and create a low satisfaction on their role [1, 2, 16]. It is not so common to think that there are some children more difficult to handle than others, for social view parents should answer in the same way independently of this factor [4]. The most common childhood problems are separation anxiety symptoms like tantrums, crying, vomiting, nausea or headache, influencing directly on parenting skills and beliefs [6]. It can cause feelings as guilt, sadness and low satisfaction on their role mostly for parents who do not have proper resources to manage these situations [4, 6, 16].

As the relation children-parent is bidirectional, difficult situations not managed on time can lead to negative consequences for both generally in mild-childhood and preadolescence [6, 16]. This means, parenting will be lived with a lot of stress and suffering in all children stages [6]. Because of these difficulties, Françoise Dolto's proposition of *Maison Verte* to prevent childhood separation anxiety symptoms and

accompany parenting have had a great impact and acceptance by children and family professionals around the world [30, 32].

In Belgium, this kind of places called Meeting Points for Children and Parents aim to enhance parenting self-efficacy, parenting skills, communication skills and parenting cognitions considering the particularities of each context such as socio-economic status and cultural background [40, 41]. One of the most important elements for parenting is the opportunity to share with other parents to promote the even effect which helps to relieve the stress and the feelings of guilt [40]. Besides, professional teams focus on the re-construction of children and parents as individuals and on the overtaking of their difficulties beyond to focus on a directive clinical and theoretical prevention. The main idea is that by touching parents and improving their personal and parenting skills, they can become prevention actors for themselves and for the others as for their children [33].

Mental health experts have proved the fact that parenting can become a long-term suffering and overwhelming period that affects emotional and physical spheres and it can cause parental burnout syndrome [16]. This is the result of a constant exposure to stress, to overinvestment in parenting role and to other changes in social, economic, and personal variables. The syndrome leads to the exhaustion in activities related to parenting, the reduction of personal accomplishment and fulfillment in parental role and the emotional distancing with children [16, 18].

When a parent develops this syndrome, it impacts the relation with children, with one couple and with the parent itself. In extreme cases, it can lead to violence, negligence, divorce, depression, suicidal thoughts and reappearance of addictions [19]. Even though the research is still brand new, to treat parental burnout professionals have started running intervention programs in individual and group level. In what concerns individual interventions, psychological therapy is the best known, so far [25 - 27, 29, 45].

Group interventions consist in workshops and talk groups which enhance parenting self-efficacy, parenting practices, parenting cognitions. They also help parents to put into perspective some situations and to provide support through the sharing of experiences and the even effect [27]. However, there is scarcely any information about prevention actions for parental burnout [29].

As seen the different models and interventions for parental burnout [21, 25-27] as well as the objectives, the functioning, and the parenting determinants touched in MPCP [2, 4, 30-34, 41, 42] moreover taking into account the preventive basis through family

interaction of childhood issues as separation anxiety symptoms that these venues have [30 – 43] our research question regards to what the role of MPCP to prevent parental burnout could be? This leads us immediately to another interrogative in which risk level of developing parental burnout do parents who participate at MPCP are situated the most?

CHAPTER 4. MATERIALS AND METHODS. –

This research was addressed to answer two fundamental questions: what the role of MPCP when it comes to preventing parental burnout is? And what is the level of risk level of developing parental burnout or if there is any parent already in this situation?

4.1 Study design. –

Mixed method embedded design was used to answer research questions; however, we emphasized the qualitative method [46]. The quantitative method was embedded in the qualitative design to have further information about parent's situation in what concerns to parental burnout. We favorized the qualitative method considering that we wanted to address parental burnout through professionals' perceptions and also, the process of a quantitative approach with parents would carry different ethical inconveniences (Annexed 1).

For the qualitative data set we made focus groups with professionals due to their experience on the field of work with parents. We used thematic analysis for data collection and for analysis [47]. This approach allowed the creation of representative themes which emerged from data to answer to the research question inductively [47]. Despite not having established direct contact with parents who participate at MPCP, we were able to collect socio-demographic information concerning them.

Concerning the quantitative section, we used a cross-sectional survey approach to obtain percentages of parents who participate in MPCP in each category of the risk level of parental burnout as well of those who are already in this situation through the application of the Parental Burnout Assessment [48]. Finally, we made a descriptive analysis of socio-demographic information collected through surveys.

At the end of data analysis, we sent the integral transcription of focus group to each MPCP. Also, we planned a meeting in the month of September 2019 with the participant meeting points to the retour of the main results.

4.2 Setting. -

The research was carried out with professionals and parents from different Meeting Points for Children and Parent supported by the Office of Birth and Childhood (ONE) in the French Community of Belgium. We made an open invitation for MPCP to participate in the research within training programs organized by the ONE during the months of October and December of 2018 at Brussels and Mons where we achieved to contact 7 places. In order to amplify our sample, we made a recall via mail in early February 2019. Then, 15 places showed interest in participating, 2 of them placed in Brussels decided not to participate due to the time lapse and to the implications of the research and we lost contact with one of them placed in Liege. From 12 remaining places, 1 of them in Brussels had to abandon the research middle May due to undefined reasons. We ended up working with 11 MPCP in Belgium: Brussels (6), La Louviere (1), Waterloo (1), Namur (1), Liege (1), Enghien (1).

The common characteristics of these places are the following:

- Belong to the French community of Belgium
- Receive support from the ONE
- Included children from 0 up to 4 years old and their parents in their practice
- No subscription is needed for participating
- The participation fee goes from 0 to 2 euros per family

As it is known, one of the characteristics of qualitative approach is that research question can evolve during the process. Our first question was *what are the elements of MPCP that can help to prevent parental burnout?* As we discussed with responsible of each venue, we noticed that the research question mostly corresponded to a description of the place rather than going deeper into professional's perceptions. Seen the implication of professionals in these environments, the second question deepened into *how professionals perceived their role when it comes to preventing parental burnout?* However, according to the literature [30 – 34] we focused on one of the elements of the MPC, the functions of professionals. after many discussions with the research team and through literature research we defined our research question in *what is the role of MPCP when it comes to preventing parental burnout?*

4.3 Qualitative data set. -

4.3.1 Participants:

We decided to work with professionals because of the functioning of MPCP, the variable participation of parents and in order to respect the anonymity principle. Also, the professionals' continuous field work and experience could depict better the situation of parental burnout in meeting points. We maintained focus groups with $N=54$ professionals from 11 MPCPs in Belgium. We used an opportunity sample based on availability for participating [49]. We were able to collect information that reflected the diversity of professions that coexist in this work. Reported professions were, psychologist (29), specialized educators (4), hosts (2), speech therapists (2), no profession (2), psychologist assistant (1), social assistant (1), sociologist (1), midwife (2), family counselor (1), communicator (1), administrative domain (1), and not defined (7). Also, 52 of them were women and 2 were men.

4.3.2 Data collection:

4.3.2.1 Focus groups:

To make emerge data of a brand-new subject such as parental burnout through group interaction and dynamic, we decided work through focus groups [46]. We also wanted to promote the creation of definitions and questions that an individual interview would not have allowed it [46].

We conducted focus groups during a 3-month period, starting on March 13th until May 16th, 2019. Before each focus group we kept in touch with the responsible of each MPCP via mail, telephone or individually to discuss the feasibility of the research according its methodology and possible ethical implications (Annexed 1). One of the main challenges of leading focus groups was gathering professionals from each MPCP. Therefore, we set 8 focus groups for the same dates as team monthly meetings and 3 focus groups before encounters with parents. Additionally, we sent a document containing information regarding research objectives, theory frame, methodology, information of the research team and the modalities of the presentation of results (Annexed 2). Two MPCP fixed a 45 minutes meeting and the others lasted more than an hour. Average duration was 1h00 (0h40 – 1h20) and the average participation of focus groups was of 4 professionals (2 – 8). Also, with the previous authorization from professionals, we integrally recorded and transcribed focus groups and we took field notes of new concepts of ideas [46, 47]. To assure the confidentiality of each MPCP we established a code for each place according to the neighborhood or town and date of the focus group. For

example, for one focus group run on April 17th in Charleroi the code was: CH17042019 (Annexed 3).

To construct the semi-structured interview guide and the posterior analyze we were based on the thematic analysis approach. We used a semi-structured interview guide to promote professional's constructions of parental burnout and the active listening of the researcher [50]. This guide evolved through the exchanges with the responsible of each MPCP and the feedback he provided us from the internal discussions with his team. One of the main factors we considered was that these are not centers specialized on parenting, so parental burnout was progressively aboard to encourage team reflection and to avoid possible resistances.

The interview guide started with 10 questions related to the general functioning of the place, parents' socio-demographic factors, place of parenting, needs and expectations of parents, issued and difficulties of parental role, perception of parental burnout and the key elements for its prevention and the role of professionals. After the first focus group we reduced the guide to 7 questions (Annexed 4) since some of them did not provide further information of what we already know from literature.

4.3.3 Data analysis:

In order to promote an inductive research, we were inspired on the thematic analysis. This means a thematic tree¹³ (thematic map) was progressively built and it was only completed at the end of the analysis of the corpus [47]. Once we ended data collection, we used paper support to start the analysis of focus groups [46, 47].

The first step of thematic analysis was to identify and familiarize with data by re-reading it after the transcription of each focus group. This step was essential to establish the bedrock of our analysis. By familiarizing with data, we connected and made patterns of themes for the subsequent steps [47]. The second step was to identify themes. We assigned themes with an ascendant approach (from specific themes to central themes). Also, we started to make connections and to create the thematic tree (thematic map) [47]. The third step was to find central themes in data this means themes were regrouped, prioritized and others were dismissed [47]. As a result of this step we created a first

¹³ This is a type of thematic grouping where several classificatory topics are covered by central themes, which in turn are subdivided into as many thematic areas as the phenomenon under study suggests, these areas themselves being detailed by sub-themes. This construction is based both on the relationships between the themes and on the recurrence of some of them [47].

version of a thematic map. The fourth step was to review, to define and to name central themes for it we checked the coherence and relation between specific themes. After this revision, once more, new central themes were created, others were separated, and some of them were dismissed; we also created subthemes when considered [47]. For the thematic tree (thematic map) (Annexed 5) we kept central themes that formed a coherent pattern to answer to the research question and validated them according to the relation of the whole data set. The final step was to produce the report [47].

4.3.4 Results:

4.3.3.1 Categorization of results:

After the analysis we created 3 central themes: parental participation, role of professionals with parents and the benefits of meeting points in parents. Parental participation refers to the explicit and implicit reasons for which parents participate at meeting points, according to professionals. Also, their emotional state and difficulties. For the role of professionals with parents we included their level of relationship and the know how to-do and know how to-be to accomplish their function. Finally, we aboard the benefits of meeting points in the short and in the long-term that might help to prevent parental burnout.

1. PARENTAL PARTICIPATION. -

1.1 Parent's quests to participate

Professionals reported that parents' reasons for participating participate is the expectation of having benefits in the long-term, and they do not feel obligated to participate because they do not have to pay before. Professionals noticed there are superficial reasons to participate, which are expressed by parents and related to the well-being of children as well as informal reasons which are more unconscious and that commonly are related to their fulfilment. Independently of parents' quests, professionals try to respond by giving a place for parents in the MPCP (see Table 1).

Table 1. Parent's quests to participate

<i>"I think every parent who comes here after leaving home has a question (and) we welcome it as soon as the parents arrive, (but) they will not wait for something at the end of this encounter, they expect something in the long-term". (Extract from focus group UC06042019)</i>

<i>"P1¹⁴: we do not know why each parent comes for</i> <i>P2: Yes indeed</i> <i>P1: but ... superficially the mothers they say they come for their child, informally they come a lot more for them". (Extract from focus group ES02042019)</i>
<i>"If he (parent) comes with his child, it is not only for his child, it is for him too, and then "what is he looking for? What he is here for and how can we answer?" And suddenly he has a place in the meeting point". (Extract from focus group MA04042019)</i>
<i>"Here parents do not feel obligated to participate, they are not engaged through money, because we don't ask them to pay. So, they are not forced to consume something as they usually are". (Extract from focus group LI07052019)</i>

1.1.1 Superficial reasons:

As we can see in Table 2, these are the commonly **expressed reasons** by parents to participate in nurture centres. According to data, there are five common reasons. First, **to promote the socialization of their child(ren) with other children** because he might be isolated from others of his age. Second, **to prepare their child(ren) for going to kindergarten or elementary school**. Third, working parents tend to participate **to share positive moments**. Fourth, because it is an **accessible structure** in what concerns a participation fee, no need for subscription is required and disposition of an ample space and games for children to play. Finally, **to be reinsured** if they are doing okay in their parental role moreover when their child has a disability.

Table 2. Parent's quests to participate: superficial reasons

<i>"(...) to socialize too, to meet other children, to interact with other children, not necessarily of the same age but they are in relation with other children because he is alone at home so..."</i> <i>"I think there are parents who come simply because there is the space, he has games... there is the space ... when the child stays at home in a small room where there is no opportunity to move. So I think the parents come so the child can play in a fairly large space". (Extract from focus group LI07052019)</i>
<i>"So, there are parents who do not see their child in the week and here it's a special moment, to see how his child interacts with others because at school they do not see him with others"</i> <i>"In fact she (the mother) explained to us that she liked coming because there are no fixed activities and we do not have a predefined fee and she said "at least I know that I can contribute</i>

¹⁴ P: professional

<i>to the piggybank with what I have and that will not influence the activity". (Extract from focus group MA04042019)</i>
<i>"P1: (...) And there are parents who are also here because their child has a disability and there are parents also for who school will be starting soon and there are no other children of the same age ... there are also parents with the need to do activities with their small children... parenting does not stop there... P2: they have the desire to do something!" (Extract from focus group LV260319)</i>

1.1.2 Informal reasons:

These are the **implicit reasons** for which parents participate, they are related to their questions and difficulties and the **need for sharing with others** in the same situation and period. We can evidence in Table 3 that some parents participate because they **feel exhausted or fatigated**, so they come **to discharge, to calm down, to breathe** and **to express** what they usually cannot do in other contexts. Many of them are **looking for an anchor to continue** and **to readjust their parenting role**. Others participate because they need a place to belong and sometimes even a family representation. Beyond these reasons, parents participate as here they can be whom they want to be free and without being judged. It helps them out to discover the parent they may be and to feel if they are in the right path.

Table 3. Parent's quests to participate: informal reasons

<i>"P1: (they come looking for taking) a breath sometimes ... sometimes a place where they can be free. When I say that MPCP is free for children, but also for parents (...) Children are free to play with everything, to interact with other children, but it's free for parents to be the ones they want to be. There is no judgment from our part of their way of being (...) so ... parents can breathe and meet other parents and ... P2: share!" "A mother who ... without saying it openly, who is trying to find out how she does as a mother, that she comes to see if we have an opinion on it ... yes, people are interested in knowing which parent they can be. (...) They need a seat to continue in the role and eventually it is like readjusting it". (Extract from focus group UC06042019)</i>
<i>"She (the mother) was really looking for a family". (Extract from focus group ES02042019)</i>
<i>"I think that there are also moms who come to the place, that they do everything and after they also need to talk about their difficulties. We have like that a whole series of moms who really need to discharge between them". (Extract from focus group LV260319)</i>

1.2 Parent's emotional state

This sub-theme refers to different emotional states of parents perceived by professionals. We have included terms of emotions that professionals use instead of parental burnout like suffering, exhaustion, fatigue and violence. Most of MPCP stated that they do not use 'parental burnout' mainly because they do not consider themselves as specialized places in parenting issues, so they do not have a therapeutic goal or means for diagnosing it. Similarly, their functioning does not allow them to make a follow-up of parents.

1.2.1 Parental suffering:

Professionals do not agree that parents have a syndrome (of parental burnout) they find that parents can be in **deep suffering** related to their role and their parenting experience. For some of them is a shock to be confronted between the parent they wanted to be and the parent they are. Professionals link this suffering **to loneliness, to problems in cultural adaptation and in some cases to childhood traumas**. The loneliness and isolation are related to the lack of opportunities to share, to communicate or to talk with other parents in the same situation, which increases their stress. Also, professionals stated that parental suffering is more and more common, and it is connected to the **constant pressure and judgement of society** about being or not a good parent and that they need spaces which recognize their feelings and listen to them as parents and as individuals (see Table 4).

Table 4. Parent's emotional state: parental suffering

"We have moms like that, yes, they are in narcissistic suffering, with dirty words that speak of a trauma."

"She came back several times anyway ... but she did not have access to the French language, she was in a deep ... suffering in relation to that (adaptation to the culture) and her experience as parent ... she had a big backpack in her ... of suffering". (Extract from focus group EN29032019)

"It was extraordinary and since then, I think that we have more and more (parents in suffering). I am also sensitive in the society even in my entourage ... there is ... something of the order of a pressure on the parents, to be a good parent, to give the image of being a good parent. I have met parents in suffering ... you spoke of a syndrome in your email, I do not agree with a

syndrome, I meet more and more parents in suffering...". (Extract from focus group NA16052019)
"They also suffer because apart from working alone with a baby... first is 'being alone' ... The loneliness is the worst, no?" "She said, "we could believe it's nothing but as it was in front of the other parents, I felt like they're pointing fingers at me like I'm a bad mother and I hated it"". (Extract from focus group ES02042019)
"(Another person) will tell you "it has always worked for years so do it like that" "but don't worry let him (your child) cry" But no one listens to the mother as a person like: "you do not imagine how I feel when my child cries" nobody says "and you how do you feel at that moment, come on! We will try to find a solution together" "It is true that in today's society you have the impression of being embarrassed all the time when you have a child.". (Extract from focus group MA04042019)
"People in general they blame parents, they are seen as guilty, when their kids have a crisis in the store, they are pointed at, and all eyes are on them". "When they become parents it is a shock, because they wanted to be in a certain way and then they ended up being different from that... and that is really a shock" (Extract from focus group LI07052019)

1.2.2 Parental fatigue:

As reported in Table 5, many parents who participate are perceived as **extremely tired and overwhelmed when facing their parenting role**. They link it to the **loss of energy** for taking care of their children 27/7. For professionals, parental fatigue is a risk factor for parental burnout. However, it is contradictory to these parents who still have enough energy to get out of their houses and participate. Likely, when parents recognize the fact of being fatigated and see other parents in the same situation, the risk level of parental burnout reduces.

Table 5. Parent's emotional state: parental fatigue

"P1: A little extreme (tired) maybe, but we can't detect that (parental burnout). The fact of being in burnout will already be contradictory because they already manage to get out of their homes but that a person in burnout gets stuck in a certain way... at the limit of being burnout maybe yes, overwhelmed... it seems rather overwhelmed P2: tired P3: to the extreme tired!". (Extract from focus group UC06042019)

<i>"I think that if they (mothers) are far away from exhaustion it is a great step to be able to come... we have those (mothers) who are a little tired but we are not really going to say that there is a phenomenal risk, but the people who would need care and follow-up they do not come to us, I do not have the impression". (Extract from focus group WA30042019)</i>
<i>"I offered her (the mother) to come to the meeting point and... it was the same thing "I can't anymore, I'm tired, they (her children) are too small". Because she had one (child) after the other, and she felt overwhelmed. And it's true that she has come a few times and found the contact with other mothers who say the same things as her. Her children don't go to school so she had them both all the time... so I thought it was a good thing that she dared to say "I'm tired I can't take it anymore, I never imagined that having two of them take so much time, so much work" So having a place where you can say it and meet other people who live it too can already help (to prevent parental burnout)". (Extract from focus group SC02052019)</i>
<i>"It's also important that they can see that there are other parents who are in the same situation as them, sharing helps them feel less tired..." (Extract from focus group LI07052019)</i>

1.2.3 Parental exhaustion:

Professionals stated (see Table 6) that they have never used the term ‘parental burnout’; however, they associate it to ‘parental exhaustion’. They think this exhaustion comes when parents have already ***used all their resources to respond to their parental role***. In some cases, it generates ***violent reactions towards children, discouragement, suffering and loss of energy***. Parents who in these moments see MPCP as a resource will achieve to find different ways to manage parenting. It means they still have the resources for it. However, for those with high levels of exhaustion which do not see the benefits of MPCPs, it will be harder to participate because they are overwhelmed.

Table 6. Parent’s emotional state: exhaustion

<i>"There are these kinds of things or some kind of words, or even things we observe through the attitudes, through the anger or violent reactions towards her child, that a mother shows us that she has already consumed most of her resources". (Extract from focus group WA30042019)</i>
<i>"It happens regularly to see some parents who manage to find their way back, (but) we think of some (parents) who can't... evolve or change or improve their positioning as parents in front of their children and we feel a certain exhaustion, we feel a certain overflow... a discouragement..." . (Extract from focus group UC06042019)</i>

"I think when you're exhausted and you see something that's too much for you, you're going to say: "no, it's not okay with me"" (Extract from focus group SC02052019)
"For a mom who's with two young kids, it is going to be a little exhausting. Here it is a place of resources for moments like this". (Extract from focus group ET13052019)
"But I think she comes here because she still has resources and she's not yet at the stage of parental exhaustion". (Extract from focus group SG130319)

1.2.4 Parental burnout:

Most of the MPCP prefer not to use 'parental burnout' in their practice, they use terms such as '**suffering**', '**exhaustion**' or '**fatigue**'. They stated that to talk about it and identify it, they should be able to make a follow-up or to have a *medico-social* approach. Therefore, most of the spaces have not questioned or talked about their role or the relation between their practice and parental burnout.

For professionals to talk about parental burnout in MPCP is contradictory because those parents would not have the energy to participate. Consequently, they do not worry about the risk level of parental burnout within those parents who participate, even if they might have received some parents in what they call '**a deep suffering**' that could lead to parental burnout. According to professionals, parents who are in deep suffering, have the idea of *being 'a perfect parent'*, most of the time they **are isolated with their children** and their **psychic defenses are rigid**, making more difficult to establish contact with them. Besides, social pressure and constant information of good parenting might influence as well. Yet, for those parents recognizing their suffering would be contradictory with the image they want to show. Contrary, for parents who have recognized their exhaustion and their overwhelming in their parental role, participating in the MPCP would be their last card to play, as some parents stated "MPCP rescued them".

Once professionals recognize all of this, their function is to propose information of specialized places to go as psychologists or talk groups, even they propose literature on parental burnout. They said to have a sort of drawer for parental burnout.

Professionals consider **MPCP as a place of resources** for parents and that the structure itself helps preventing parental burnout. For professionals, these are points where parents can find **their basis of parenting**. The resources are acquired through the **exchange with professionals and other parents** in the same situation. Is through this, that MPCP encourage parents to create support networks between them outside. The principle of anonymity would be the most important aspect to support this structure and this

dynamic since parents can have a fresh start every time without responding to a specific role.

Through the exchanges independently of culture or social differences, parents share and learn information in what concerns ***to parenting skills and the development of children***. Even on parents who do not talk, professionals see how they change their behavior with their children. Here, parents realize there are other ways to be a good parent instead of staying in their *bubble of seeing things* that causes suffering and frustration.

Continuing, professionals ***try to minimize the conception of parental burnout and to normalize emotions and feelings proper to parenting***. So, parents realize what they are going through is normal and they do not have to feel guilt.

For professionals, long-term benefits related to the relationship with children help prevent parental burnout. Being able ***to accept the differences of the development concerning each child***, helps to reconcile the image of the wanted and the real child. When the parent and the child realize they are independent from each other, they allow themselves to explore other spaces separately. Consequently, they ***get out of their isolation*** and reduce their risk of parental burnout.

The encounter with other adults in these spaces emotionally recharges parents that might be at the limit, and for professionals this gives the energy to keep participating beyond their difficulties. Moreover, the availability of professionals and MPCP reassure parents that they are not alone in their role and they can participate when they feel they are in the limit.

The MPCP do not consider they have a specific role to prevent parental burnout because they cannot make a follow-up, identify or intervene with parents who might be at risk. For those cases, professionals think the encounter and some little interventions like readings might not be enough. For it, some MPCP have created partnerships or workshops to expand their actions and support parents in a different way.

However, for professionals, parents who are in burnout stop participating and there, their role stops too, even if it can cause frustration (see Table 7).

Table 7. Parent's emotional state: parental burnout

"P1: but there is still, compared to that, precisely in relation to the parental burnout, I think of a mother ... me personally, I ... I ... there I feel deprived I have the impression that it is a fear farther and that of ... just how to say ... just with readings ... or with ...

P2: there we cannot build a questioning "

"I have the impression that we may have seen parents that they will soon (be in parental burnout) ... but then if they stop participating and maybe they are really in burnout, we cannot see it and we can do nothing. Like L's mom, we've seen her, she's ... (continues with frustration) and after she stopped participating, we're there "wow, did she fall in there, did she succeed to feel better?" We will never know". (Extract from focus group SG130319)

1.3 Other parental difficulties

This subtheme refers to difficulties that parents find in their role which are related to the development of parental burnout.

1.3.1 Violence towards children:

As we can see in Table 8, professionals relate violence towards children with **fatigue, exhaustion and depression of parents**. Also, they stated that exhausted parents are **irritated and overreact** violently to their children's minimum perturbations or actions. They have perceived a level of **verbal, non-verbal, and physical violence** when parents are exhausted; professionals consider that it is a violent reaction not to put words to establish limits. For them, participating in MPCP is necessary to take distance from their children to avoid higher levels of violence.

Table 8. Other parental difficulties: violence towards children

"P1: A mother who grabs her child by his arms because he is hitting another child without putting words on it without... it's very, very violent. Without language it is..."

P2: Then we had mothers who came, and they were exhausted, they came to the meeting point and at the slightest contravention (of children) ... they put themselves in a great state of anger."

"Many moms have troubles managing limits, so the only solution is to threaten their child by saying "we're leaving"'. (Extract from focus group ES02042019)

"She (the mother) thought she was aggressive (with her child), we didn't determine that! She explained to us that she wasn't as usual and that she needed to be without him, and he needed to be without her too. Because staying all weekend with mommy who's depressed all the time at home... it's not the best". (Extract from focus group MA04042019)

"There was a mom who said, "but I've been ready since 9:00 to come to the meeting point! She's finally dressed, but look, it's 11:00! I don't care about it! She says no to everything!!"

"if you're tired you yell a blow, you're irritated, you hurt, you scare". (Extract from focus group ET13052019)

1.3.2 Separation with their children:

Parents express difficulties in separation with children, particularly when they spend all the time together, and the child do not have the opportunity to share with others of his age. Also, as parents cannot see the development of other children, they might think the development of theirs is not optimal and cause frustration and irritability.

Table 9. Other parental difficulties: separation with their children

<i>"Many of them say at home "he does not let me go, I do not know how to do anything" and then they are sometimes frustrated at not having opportunities for 'gossiping', for talking, for communicating, for interacting with other adults and so that's an important stress for them".</i> (Extract from focus group WA30042019)
<i>"There is a difficulty of the mother to let her child go".</i> (Extract from focus group LI07052019)
<i>"There are many moms who think "oh! he does not play with others yet; he will not play with others ""</i> <i>"There are quite a few families who do not have the opportunity to give their children contact with other children".</i> (Extract from focus group UC06042019)

2. ROLE OF PROFESSIONALS WITH PARENTS. -

2.1 Reception in pairs

Most of the places reported working in different pairs each encounter, as they say, it helps them to bring dynamism to the MPCP, **to have a secure setting** and beyond it **to have a mutual regard of situations** (see Table 10). To receive parents in pairs helps professionals **to concern a privileged time with parents and children separately**. It is an important element because this turning reception creates a bond with the meeting point and with the team which could be containing for parents.

There are two ways to discuss their daily practice: **team meetings and clinic supervisions**. Here professionals can discuss the problematic situations with parents, as they stated when a parent is not okay or is in trouble professionals feel it like a heavy experience difficult to manage. These sensations can produce fixed ideas, judgements and dissatisfaction in professionals. Therefore, group discussion helps to unblock discomfort by thinking what do, what to say, and how to be. Likewise, they are useful spaces to make group decisions about external interventions. Finally, they have noticed that in past times,

team meetings and clinic supervisions focused on talking about children's situations; however, parenting is taking more and more an important place on their daily practice.

Table 10. Reception in pairs

<i>"It's complementarity, and that's why it's good to be by two because there are two looks and then when you ask yourself questions you discuss afterwards with someone".</i> <i>"There are parents who don't go well, we talk about it in team meetings and so, the professional comes to deposit his feelings (...) because the parent with difficulties puts us in difficulty. We do not always know very well what to say, what to answer, we feel difficult and heavy things, but the question that arises is "what should I say, what should I do?" So, the team meeting helps to go a little further in the reflection".</i> (Extract from focus group EN29032019)
<i>"We still have common values that make the team work... while suddenly there in a pair, one who takes care of the children the other who takes care of the parents... it's interesting to have someone who cares more children, more parents ... so all the work between two gives a different look, a different approach anyway".</i> (Extract from focus group ES02042019)
<i>"P1: that (reception in pairs) is very important because at each encounter we are two and we are not always the same people. So, is the MPCP I think that also that it is necessary to insist, it is the place and not us (...)</i> <i>P2: I think it's containing; it gives a feeling of being welcomed by a team as well (...)</i> <i>P3: it dynamizes</i> <i>P1: (...) so if we will always be the same people, maybe people are more attached to people".</i> (Extract from focus group ET13052019)
<i>"About twenty years ago we were really in a clinical discussion focused on the little ones and now we are more and more questioning things about the parents who come to us, so something has changed. Parents have integrated differently (with clinical supervision)".</i> (Extract from focus group NA16052019)

2.2 Level of relationship professionals-parents

In order to answer to parents' needs and to support their emotional situation and difficulties, professionals need to adopt a particular position within a specific frame in their relationship with parents. As table 11 shows, professionals do not have a therapeutic or interventionist role. Therefore, there is not a specific profession to become part of the team. Also, ***they must establish a relationship at the same level of parents without taking the place of a professional***, contrary professionals' background of parents might help for it. Still, in some cases, professionals must be directive with parents who due to their high

situation of vulnerability might present limitations for acting. They must be authentic and leave their issues to be entirely able to receive parents.

To guide parents with the tools they might need, professionals need to accept and respect them as there are without judging their lifestyle or personal convictions.

Finally, professionals describe their role as a creative and ethic job like a craftsman or lacework that needs to evolve slowly in order to construct a bond of trust with parents and have a larger impact.

Table 11. Level of relationship professionals-parents

<i>“P1: It's a bit like we're on the same level. They don't say to themselves, "we're below because they receive us or because they are professionals". It really stabilizes the relationship.</i> <i>P2: And that's what's different from the psychotherapy, because this is really putting yourself on the same level, it's not... we are not here as professionals, it's their place”.</i> (Extract from focus group LI07052019)
<i>“It is true that it is as a lace maker's work... the representation of a lace is a very small thing that is done very slowly but that in the long term has an impact. I find that it is really a smooth work and on a lace that takes time and I find that the parents who come is for different reasons in the place”.</i> (Extract from focus group LV260319)
<i>“Language can help us open things up, it's not therapeutic but it's that sometimes certain words come at the right moment and allow the child to grow up and the mother to feel a little relieved.”</i> <i>“It's a small craft job if you want. Each professional is finally the architect of this. It is everyone who has his interventions and answers, but there is a common ethic in which everyone tries to progress with his own significations”.</i> (Extract from focus group EN29032019)

2.3 To know how to be

This sub-theme is related to three main themes of attitudes that professionals take in front of parents, especially with those who are in stressful situations, exhausted or fatigued. These themes are: to be attentive (see table 12), to be benevolent (see table 13) and to be available (see table 14).

2.3.1 To be attentive:

Professionals recognize this as a step to see parents as individuals besides their role of parents and to create a familiar environment. Being attentive helps to notice how parents are taking this period of life. Professionals stated that they are a receptacle of what parents bring at each encounter. Most of the times when parents ask for any advice,

professionals realize they only need someone **to be attentive to their needs**. So, professionals take distance from their background to adapt to these needs.

Table 12. To knowhow to be: to be attentive

<i>"We are just in something from the listening ... well ... you correct me, but in any case, the encounter with parents is that we will support, we will be there as a receptacle of what they will bring ..."</i> (Extract from focus group LV260319)
<i>"listening ... sometimes it feels like they're looking for advice, but I really think they're trying to talk and to be listened rather than ask for advice".</i> (Extract from focus group WA30042019)
<i>"P1: It's our job to recognize the needs, and to listen their needs to be able to put actions later. We try to focus on "you are parent, ok it's one of your functions, but you have others, and before being a parent you're a person, and tell me what was your dream before becoming a parent?(...) some simple things. P2: yes, and it's our instinct to say, "maybe this mom, this dad needs me to position myself like that".</i> (Extract from focus group SC02052019)

2.3.2 To be benevolent:

This attitude is related to receive parents with **kindness** and **accept their differences**, mostly when they are exhausted and overwhelmed. Professionals must be kind witnesses of what parent does, **avoiding a judgement** to help parents find their path. Also, they promote kindness in parents' exchanges to allow them to feel less guilty for not being perfect parents.

Table 13. To knowhow to be: to be benevolent

<i>"This (benevolent exchange) sometimes allows them to not feel guilty or like the marginal mom, not adequate that does not do things properly".</i> (Extract from focus group LI07052019)
<i>"It is the way things flow that everyone is ... that everyone finds his place in the exchange, that the word circulates in a benevolent and respectful way".</i> (Extract from focus group WA30042019)
<i>"What interests me is what they can tell each other as parents during this non-judgmental stage, that the person, the parent, is making his path. We are just kind witnesses..."</i> (Extract from focus group ET13052019)

2.3.3 To be available:

For professionals, parents must feel and know that **professionals are available physically and mentally for the encounter**. It is essential that professionals show their

opening in a defined time and space to receive them without judging their reasons, situation or needs. It is being there for parents that need to discharge and for parents who need to be heard. This characteristic makes parents feel supported and not alone when they are in the limit of exhaustion and overwhelmed.

Table 14. To knowhow to be: to be available

<i>"P1: for me it's a lot of availability, to listen ... not only to be available but to show we are available. That means parents can see that we are there for them and that if I am here from this hour until that hour is FOR THEM, for whatever the reason they come but we are there for everyone ... whatever their situation, their desires, their wishes ... we welcome everyone</i> <i>P2: yes, we're not here to judge, they understand we're here...</i> <i>P3: for me it means being available, mentally and physically and being able to receive. Sometimes moms are fine, and they do not need us to discharge something and we're there just in case but sometimes there are moms who really need someone who listens to them and who be available to receive certain things". (Extract from focus group SC02052019)</i>

2.4 To know how to-do

This category concerns what professionals must do in the interactions with parents.

2.4.1 To put words:

As we see in table 15, professionals describe that this action helps to prevent parental burnout as they **subtitle things** that happen within parents, children or their relationship to avoid misunderstandings. Professionals put words mostly to *subtitle* the problematic situations of parents, so it helps parent and child to understand each other and to remark what is not going well emotionally. Additionally, the preventive side of this action is through the **normalization of the term ‘parental burnout’ and the emotions of parenting** as it helps parents to accept and to search for help. This last does not mean to make the term mundane but to make them notice that what they are going through can happen to every parent.

Table 15. To know how to do: to put words

<i>"So, we ‘subtitle’ things that happen with the child to avoid parent-child misunderstandings. It is a way of prevention (of parental burnout)". (Extract from focus group UC06042019)</i>

<i>"(...) It's important to put words because sometimes situations are not easy for them, but to put words, to put things in ways that he can understand, and it helps the mother also the child to feel better and also to understand (...) and that the child hears it. Because he does not know what is happening and sometimes, he just feels that his mother is not going well". (Extract from focus group EN29032019)</i>
<i>" That's our role to be able to help and that the mother also hears that we put words (...) if she hears that we put words, she may have the tendency to do it too at home " (Extract from focus group LI07052019)</i>
<i>"But besides that, already to make known the concept and a little remove this taboo and the fact that ... well, trivialize a little the thing (parental burnout) saying: "it happens to a lot of people, we must stop being embarrassed, we must be able to talk about it, and there is this, and that, and that (...) it happens often and it does not matter, it can be treated and it happens to everyone even to the best" and try a little bit of (...) to minimize this concept or to put words... and like that it becomes a little easier to live with and to accept". (Extract from focus group SG130319)</i>

2.4.2 To circulate the speech:

In order to help parents to find their place at the MPCP, professionals stated to be less in the interventions and more in the **circulation of information between parents** (see table 16). According to professionals, it is like recognizing their knowledge as parents because it has more impact when a parent advises than if they as professionals do. This because they share the same situation, difficulties and sometimes the same culture. They consider themselves as tools for the creation of networks between parents to get them out of the isolation.

Table 16. To know how to do: to circulate the speech

<i>"We create a bond, that's why we say that we are a tool ... if we talk about us, if we participate in the exchanges, it is that there is a goal behind, it is for the parent who stands aside get integrated into the conversation. For the parent who comes for the first time, when there is a group of parents who has been coming for a long time ... here, our role is to participate in exchanges to connect parents to others, because that creates a sense of belonging ... Our role when we see that there is this kind of exchange between the moms, we start to gap and then we leave ... " (Extract from focus group MA04042019)</i>
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2.4.3 To recognize life forces of parents:

Life forces refer **to the efforts and skills parents still have**, despite their exhaustion or fatigue. It is a way of preventing parental burnout since it is the base to motivate parents to continue participating (see table 17). For professionals, to recognize these life forces and these skills is a way of preventing parental burnout in the long-term. They stated that for parents, especially for those who are exhausted, it takes much effort to participate and to look for exchanges with others. Professionals affirmed that it is brave to participate despite their limitations or their difficulties, even when it would be easier to stay at home. For professionals, it is necessary, too, to value the efforts and skills they have as parents in the presence of their children.

Table 17. To know how to do: to recognize life forces of parents

<i>"She had the courage to come despite her difficulties. Because at some point I think it's easier to stay at home in her cocoon and with her doldrums than to make the effort (to participate). So, we take the positive that she came with her little guy"</i> <i>"It was a big effort (for her) ... she took big a step without even thinking that she still had other things". (Extract from focus group EN29032019)</i>
<i>"I admire all these moms who arrive for the first time ... it must be hard, in a moment I put myself in their place and I say to myself "I do not know if I would have been able""</i> <i>"I think that is where we are very strong in prevention (in recognizing parents), it is strong in the long-term ..." (Extract from focus group ES02042019)</i>
<i>"A parent who has difficulties, he still tries to leave his house to meet others, he makes big efforts". (Extract from focus group LI07052019)</i>
<i>"Even a little word, to take the time to say something, to try to have a minute or a moment for each child and each parent and valorize the parent each time: "oh! Look how daddy reads you a story it must be super!" After the father, he feels good even if he does not say it ... these are little phrases: "you're lucky to have a dad who reads you stories like that!". (Extract from focus group MA04042019)</i>

2.4.4 To take care of parents:

As professionals described, sometimes their role becomes ‘mothering moms’, which means help them in their role from time to time so they can breathe. They mostly take care of parents who are exhausted or fatigued and who have more than one child. Through this, professionals make parents feel valorized and supported, and that they know somebody else recognizes the great efforts they make. One of the main actions to take care of parents is to watch out for their children while they enjoy the space and use

their time to prepare a coffee or to rest. According to professionals, this makes them feel supported (see table 18).

Table 18. To know how to do: to take care of parents

<i>"It is also to take care of them (mothers) because they spend their day, their nights taking care of their child, sometimes their children... and I want to take care of her (...) it goes through a little coffee; it goes through a little help with the child ... it's not baby-sitting but from time to time a helping hand, we can do it. That's caring for them... It is to see and walk with her a little time". (Extract from focus group WA30042019)</i>
<i>"When the mother is exhausted, she cannot... well we're here for that too (to take care of her)". (Extract from focus group EN29032019)</i>

2.5 Actions beyond the role at MPCP

Professionals reported that they try **to expand the benefits of their functioning** by offering complementary actions besides free encounters. Mostly, as sometimes professionals perceive they might not have proper skills to answer to some parental requirements. For it, some MPCPs have created **partnerships with the ONE, the public social actions centres (CPAS), the medical centres or even external professionals** as psychologists, psychometricians. Others MPCPs have proposed **workshops with different subjects or the disposition of a library and material** which parents can rent. We can see in table 19 that in some situations, for parents who are in vulnerable situations, professionals have **kept occasional contact outside the MPCP**.

Table 19. Actions beyond their role at MPCP

<i>"The psychologist stays for a while during the reception to answer questions from parents...it is precisely to be able to act beyond our role, that we can also offer something else". (Extract from focus group ES02042019)</i>
<i>"There is also a small library, there are games to rent to borrow... yes indeed there are board games and books that are available for parents"</i> <i>"We tried to establish collaborations with the CPAS"</i> <i>"We had created talk groups for parents and individual sessions, and that's important because now when we go to see those parents who are at the limit, we'll be able to tell them "do not want to talk to anyone?"" (Extract from focus group WA30042019)</i>
<i>"The professional crossed this mother casually in the street and this little contact with her seemed to me, allowed this mother to say, "I am doing better". So, the contact in the city, outside</i>

<i>the MPCP reinforced the beneficial action (...) these are specific situations. In precarious situations, it is necessary to modify the framework a little". (Extract from focus group EN29032019)</i>
<i>"So, at the level of parenting we have created a project about different workshops and talking groups where they can relax and forget the routine ... " (Extract from focus group LI07052019)</i>
<i>"Sometimes they wait for the end of the encounter to meet you in the sidewalk where they feel more comfortable to talk or to be listened. Because in the end it is a private area ... there we try a little to expand the operation of the place". (Extract from focus group MA04042019)</i>

2.6 Limits of their role

According to professionals, as reported in Table 20, one of the main factors that limit their role in front of parental burnout is ***the lack of follow-up***. First, to identify this syndrome, they should be able to see parents regularly. However, parents who are at the limit of exhaustion, fatigue or parental burnout might not have the energy to continue participating. Second, they could only help to prevent parental burnout in parents who participate systematically, which is not always the case, making them feel frustrated.

The only tools they have, to make follow-ups are clinical supervisions or field journals where they can take notes and discuss what happens at each encounter. In some cases, they can make a follow-up when they have partnerships with medical centres, psychologist or talk groups. Therefore, professionals firmly think that the first contact with parents and their first experience at the MPCP is the most important since they cannot count on their continuous participation.

Finally, professionals stated that they could accomplish their role with parents only when there are not so many children in the space because when that happens, they must focus their attention on children first.

Table 20. Limits of their role

<i>"We cannot count on a follow-up ... that's why the encounter is very important because maybe it happens that we have only in a meeting an important thing ... So, we cannot count on the fact that they will come back". (Extract from focus group ET13052019)</i>
<i>"Did she fall in (parental burnout), did she manage to go back up? we will never know anything (...) It's ... it's frustrating to want to do more ". (Extract from focus group SG130319)</i>
<i>"But we do not talk about parental burnout because we do not follow-up, so to talk about it we would have to see people regularly and that is not the case here, so we are not in this process of identifying". (Extract from focus group UC06042019)</i>

"But it has already happened that there are some people of whom we haven't had more news, and there I think that if they felt into exhaustion. It takes a lot of energy to come. So, we lost sight of some that maybe they were too far away (...) we have this follow-up that is possible, in fact (our partner) offers these talk groups or individual interviews. It allows to send them somewhere where we know there will be support". (Extract from focus group WA30042019)

3. BENEFITS OF MPCP IN PARENTS. –

Professionals said that the short and the long-term benefits of MPCP have a direct impact on preventing parental burnout. However, they cannot affirm it because they are not specific places to make a screening of their risk level, and they cannot make a follow-up.

3.1 Benefits seen at each encounter

These are the benefits reported in Tables 21 – 22, which are related *to parents' emotions and relations in daily encounters*. Professionals said that when they recognize parents since the first encounter, it not only changes their emotional state but is the base to prevent parental burnout. These effects are beneficial for parents, and they reassure professionals that they are doing an adequate job.

3.1.1 Emotional benefits:

As professionals informed, even if it is not therapeutic, the MPCP gives parents the opportunity to share their fears and their difficulties and to see that they are not the only ones struggling or feeling fatigued. It helps parents, *to feel relived and appeased*. Parents feel happiness and joy for sharing quality time with their children. Also, they feel grateful for the support of MPCP and to see other adults share with their children. It is also favourable for them to have materials that generally they do not have at home. These changes can be reported by parents or by professionals.

Table 21. Benefits of MPCP seen at each encounter with parents: emotional benefits

<i>"After a few months later, she came saying" thank you ma'am, I took a psychological follow-up and it's true that it made me well, I'm more serene". (Extract from focus group LV260319)</i>
<i>"They (moms) are super happy, they are super glad! Super happy to see that we are interested in their children". (Extract from focus group ES02042019)</i>

<i>"P1: (...) and sometimes I say to myself "it was enough to look him (parent) with benevolence and to recognize him" so that he feels much more appeased and that he says "I feel much better" ...</i> <i>P2: And that's where I told myself our function goes on the prevention (of parental burnout)".</i> (Extract from focus group ES02042019)
<i>"P1: the fact of being able to express what happens to them, it also relieves them a lot. To express what happens daily, their anxieties, their fears, it relieves them</i> <i>P2: It's also important that they can see that there are other parents who are in the same situation as them, sharing ... it helps them feel less tired ... ".</i> (Extract from focus group UC06042019)
<i>"(...) now she's smiling again, bubbly, pretty colorful in these clothes ... "</i> (Extract from focus group MA04042019)

3.1.2 Relational benefits:

Professionals stated that it is incredible to see **the dynamic and the community that parents create** in the MPCP as there is a lot of kindness and solidarity between them. There are **federating parents** who are the ones who have participated at MPCP after a while, can take the post of professionals and can receive new parents. Also, they **encourage other parents** who might be isolated or in difficulties to continue participating. They help parents that seem to be fatigued in their role **by taking care of their children and by sharing** their own experiences, strategies of parenting and practical information for the development of children. Thanks **to the exchanges**, parents can see that there is not only one way to be a good parent. For professionals, this allows parents to refresh their ideas and normalize what they are going through, and it could actively serve to prevent parental burnout.

Table 22. Benefits of MPCP seen at each encounter with parents: relational benefits

<i>"They help each other but very concretely, if a mother is tired and she comes with two children, another spontaneously proposes to take care of the second. So, they help each other a lot I think"</i> <i>"There is really a solidarity also other moms who live the same situation (...) an interaction that allows to see that there are other ways to be parents (...) That's really amazing to see".</i> (Extract from focus group WA30042019)
<i>"P1: yes, it can open to another way of seeing (things) for people who are isolated who are always in the same ...</i>

P2: to normalize too! It normalizes to see how other parents do, it gives ideas, it leads to ask questions ... I think it opens things and then they talk to each other, it's preventive!" (Extract from focus group ET13052019)

"That's wonderful when one parent can tell the other, "but no, do not feel bad, come on! It's normal " (...) We have extraordinary parents for that ... I have memories of a mother who was wonderful, who could say to other parents things like "you did well!"'" (Extract from focus group ES02042019)

3.2 Benefits after MPCP

As it was said before, professionals think that these benefits are the evidence in how MPCP help in preventing parental burnout. We have classified them in two sub-themes, the relation with children and the creation of parenting networks.

3.2.1 Relation with children:

3.2.1.1 Health disinvestment of the relationship parent-children

Professionals consider that most of the time, parents are by themselves with children and that fatigues both (see Table 23). The fact that professionals have the role of being available helps parents to feel comfortable for focusing on expressing their concerns knowing that children are in a security frame. For professionals, this is how the child realizes he can explore without being attached to his parent and most vital that it is not his function to heal him. Professionals consider healthy disinvestment as a tool to reduce the stress of parent, which allows to take care of himself. This dynamic that starts in the MPCP is usually taken outside where parents let go of their children and dare to ask for help to consecrate some time for themselves. So, participating at MPCP helps them to take some air of their relationship, which in many cases, this is necessary for avoiding higher levels of violence and fatigue.

Table 23. Benefits in parents after MPCP: health disinvestment of the relationship parent-children

"She was aggressive it was not us who determined that! She told us that she was not as usual and that she needed to be without her child and for him to be without her too (...) so I think his child said "we are together but everyone spends a little time on his side, not like at home where we are always together". (Extract from focus group MA04042019)

"A mother said: "it has been a long time that I have not allowed myself to leave my daughter at my friend's house to take time for me"". (Extract from focus group WA30042019)
"I think it also allows the child to say "It's nice! Mom she does not need to be glued to me, I can play and then enjoy this little space that she leaves me (...) I can be interested in other things than being glued to my mom and heal her"" (Extract from focus group EN29032019)

3.2.1.2 To see the child otherwise

As professionals said (see table 24), some parents set a high bar for their child and when he does not answer to it, they get mad, stressed, and frustrated and think about development trouble. However, when children are in collectivity, parents realize that is not as bad as they thought, so they **reconcile the desired and the real child**, this means parents accept their children. To watch the behaviour and the development of other children, helps parents to realize their child is healthy, that every kid is different and that there are difficult periods for every parent. It impacts directly on their relationship, both grow-up and communicate differently.

Table 24. Benefits in parents after MPCP: to see the child otherwise

"Our child might disobey us at home and contrary when we see how he behaves when we are outside, we realize it is not that bad. Moreover, we have the opportunity to reconcile with this child that we wanted to be different". (Extract from focus group UC06042019)
"P1: (...) the father said: "she (mother) says our son does not do that, he does not do this " P2: she wanted to paint with her son, and she got mad ... P1: because he ate the crayons, but he is eleven months! But yes, it's normal so reassure this parent that his son was normal. Because the mother was setting the bar so high for this child that ... the question (of the father) was "if my son is autistic or retarded" P3: I think it's nice that between parents they also get to understand that all children are not the same and it can reassure parents". (Extract from focus group SC02052019)

3.2.2 Creation of parental communities:

Typically, parents that participate in MPCP live in the same neighbourhood. However, they do not know each other before the MPCP. These places help them **to create friendship bonds outside MPCP** which professionals perceive as positive especially for those parents who are alone and fatigued. The reported benefit seen in table 25, is that it helps parents to get out of isolation, to find support and to talk about parenting difficulties.

Table 25. Benefits in parents after MPCP: creation of parental communities

<i>“A network where they support each other is created, it's great! She (the mother) continues to see other moms and they support each other...” (Extract from focus group SG13032019)</i>
<i>“They (parents) create bonds by participating here and sometimes they see themselves outside and where they were alone before... well ... they create themselves a small network of friends like that and people with whom to talk to and at the end it is really good ...” (Extract from focus group LV26032019)</i>
<i>“Parents are very supportive we have parents who do not know each other before even if they live on a street next to each other, and there was a mother (...) who was in trouble and there was a baby-sitting system that was created (...) So there is a system like that now, there is this side of (little pause) There are some parents who see them as a family”. (Extract from focus group MA04042019)</i>

4.4 Quantitative data set. -

4.4.1 Participants:

We invited all parents from the MPCP to complete the survey. Lately, we made exclusion of surveys that did not respect our inclusion criteria, to have unless a child above 18 months living under the same house and participating at one of the MPCPs with one of them. In the end, we worked with the information of n=29 parents who reported average participation at MPCPs of 3,03 times a month (0-8) in Brussels (51,72%), Liege (44,82%) or Enghien (3,44%). In Table 26, we show the main characteristics of our sample. Additionally, the mean age of parents was of 34,24 years old, the average number of children under 18 years old living in the same house was of 1,67 with an average of 5,46 years old (0.1- 15).

Table 26. Description of sample characteristics (n=29)		
		n (%)
Relation with children		
	Mothers	27 (93,10)
	Fathers	1 (3,44)
	Not specified	1 (3,44)
Education level		
	Elementary school	1 (3,44)
	High school	16 (55,17)
	University	8 (27,58)
	Master's degree	4 (13,79)
Mother languages		
	French	22 (75,86)

Nederlands	1 (3,44)
Arab	1 (3,44)
Others*	3 (10,34)
Not specified	2 (6,89)

*other mother languages were Spanish, Greek and Turk

4.4.2 Data collection:

4.4.2.1 Parental Burnout Assessment (PBA):

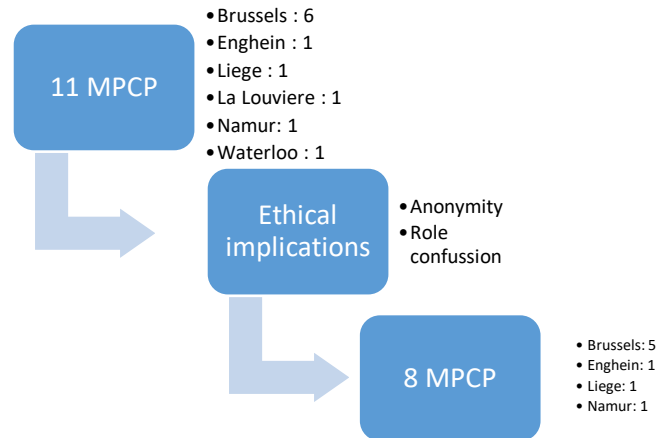
The PBA is a quantitative survey of 23 items where each one represents a symptom of parental burnout according to its four dimensions. Parents should give a score from 0 to 6 considering the frequency of each one, where 0 means “never”, 1 “at least once in a year”, 2 “at least once a month”, 3 “sometimes in a month”, 4 “once a week”, 5 “sometimes every week”, and 6 “everyday”. It takes among 20 minutes to answer, and it contains socio-demographic information as age, gender, sex, and educational level, type of work, family composition and marital status [18].

As many professionals defined during the setting of the research, MPCP receives parents from different cultures and cultural backgrounds. For it, to cover one of the limitations of parental burnout research related to the diversity of the sample [18] we attempted to make a direct application of the PBA to at least 100 parents who participate in MPCP independently their language, cultural background, age, gender or socioeconomic status. This strategy of data collection pretended to promote the participation of multicultural families, with limited access to technology and with low communication skills in French or English.

After each focus group, we discussed with professionals of each MPCP the contents of PBA and analyzed the feasibility of it. There were two primary concerns within the MPCPs regarding the informed consent of the PBA, the risk of breaking anonymity, which could lead to the break of the bond between parents and the MPCP. Moreover, second, the potential confusion of the objective of the space for parents who assisted for the first time.

We decided to submit the surveys with informed consent requiring full names and date. Nevertheless, we discussed different options with the ethical commission of the Institut de Recherche en Sciences Psychologiques (IPSY) (Annexed 6) from the Catholic University of Louvain like: to avoid completing the informed consent, to sign the informed consent with the first two letters of the first and last name of parents or to make

a general informed consent with each MPCP. Though, in a direct application of the survey, this was not possible. For it, as we see in Graphic 1., three places decided not to participate, and with the 8 MPCPs that accepted, we made an open invitation for parents (Annexed 7), and professionals agreed to encourage their participation in each encounter.

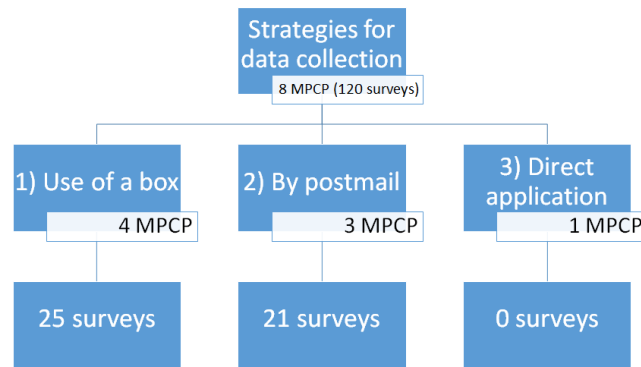


Graphic 1. Process of selection of MPCP to apply the PBA

We distributed a total of 120 surveys of PBA, 15 to each MPCP which contained information concerning the general objective of the research, the informed consent, possible emotional implications and the contacts of research responsible in case of need (Annexed 8). As we can see we added 9 socio-demographic questions related to gender, age, education level, mother language, number of children at home, age of each child, frequency of participation in MPCP and its localization¹⁵. Similarly, to identify the provenience of surveys and to assure the confidentiality, we established one code for each place according to the neighbourhood or town and date of the focus group. For example, for one focus group run on April 17th in Charleroi the code was: CH17042019. Finally, we invited parents who required more information about parental burnout to leave their contact, at the end 11 parents asked for more information. For them, we sent links of articles and videos of parental burnout as contacts of specialized places in parenting.

Following, we can see in Graphic 2, and we defined different strategies to collect the PBA according to the willingness of each MPCP to safe the identity of parents and the relationship with them. The strategies were 1) to put a box on each place to collect informed consents and PBA (4), 2) to take the PBA home and send it directly to the researcher by post-mail (3), and 3) to apply it directly by the researcher (1).

¹⁵ This step was realized with the previous advice of one of the authors of the PBA, Pr. Isabelle Roskam.



Graphic 2. Process for data collection in the MPCP. (Total number of surveys= 46)

Formal survey round started at the end of May until mid-July 2019. In what concerns to used strategies, strategy 1 was the most successful, however one of their limitations as reported by the responsible, was that parents took the survey home and they did not take it back to the MPCP, so we lost track of them, we collected 25 surveys from the boxes and for the strategy 2, we received 21 surveys. In the end, we were able to collect 46 surveys. Also, as we can see in graphic 3., after reviewing the inclusion criteria, 14 were parents from children of less than 18 months, and 3 surveys were incomplete. In the end, we used 29 surveys to analyze data.



Graphic 3. Survey selection process

4.4.3 Data analysis:

We decided to make a descriptive analysis of collected data of final scores of PBA and socio-demographic factors, we created a database in the Statistical Package for Social Sciences (SPSS), and verified¹⁶. Finally, we classified the results of each survey according to validates scores [18].

4.4.4 Results. –

¹⁶ This sample is not representative of the background of families who participate at MPCP. Therefore, we did not calculate the standard deviation or p-value for our results because we would have obtained extreme values. Consequently, the information presented here treated as a small description of what could be happening in these spaces in terms of parental burnout, without any statistical signification.

1. PARENTAL BURNOUT RISK. -

According to the score of each survey, we interpreted the results following the conditions of PBA [17]. In that way, we obtained the risk level of parental burnout as seen in Table 27.

Table 27. Risk level of parental burnout in MPCP• (n=29)	
	n (%)
No risk	14 (48)
Low risk	5 (17,24)
Moderated risk	2 (6,89)
High risk	7 (24,13)
Parental burnout	1 (3,44)

▪ no risk (scores from 0 to 30); low risk (scores from 31 to 45); moderated risk (scores from 46 to 60); high risk (scores from 61 to 75); parental burnout (scores from 76 and beyond) (Roskam, Brianda & Mikolajczak, 2018).

To have deep regard of the situation of these 29 parents, for each risk level, we calculated the mean and the median of scores as seen in Table 28.

Table 28. Mean and median of scores of PBA• per category of risk level of parental burnout in MPCP•• (n=29)		
	Mean	Median (min; max)
No risk	14,5	12 (4;28)
Low risk	39,6	42 (33;43)
Moderated risk	46,5	46,5 (46;47)
High Risk	67,85	68 (61;75)

▪ Parental burnout assessment (Roskam, Brianda & Mikolajczak, 2018).
 •• no risk (scores from 0 to 30); low risk (scores from 31 to 45); moderated risk (scores from 46 to 60); high risk (scores from 61 to 75); parental burnout (scores from 76 and beyond)
 ••• parental burnout category was omitted from the table because we had only one score to calculate mean and median (85).

In Table 27, we describe, in a general way the percentage of parents in each risk category of parental burnout. We can see that most parents are in the no-risk category of developing parental burnout. When we calculated the mean and the median for the scores of each category in Table 28, we had a broader vision of the situation. We realized that in no risk, low and high-risk categories, some parents might be in the limit scores to belong to a higher category of risk or even parental burnout. Nevertheless, in the categories of low, moderated, and high risk, there might be those parents who apparently can move back to the previous level, reducing the risk of parental burnout.

2. PARENTAL BURNOUT DIMENSIONS. -

These results allowed us to see how many parents are in moderate, high risk or parental burnout situation. To give a better description of results, we decided to report the mean and median of each question grouping them according to the four dimensions of parental burnout: exhaustion in the parental role, emotional distancing, feelings of being fed up and contrast in the parental self [17-19].

Table 29. Frequency▪ mean and median scores per question (n=29)		
		Mean (median)
Exhaustion in parental role		
	Q1	3,10 (3)
	Q4	1,93 (2)
	Q7	2,13 (2)
	Q8	2,31 (2)
	Q10	2,03 (2)
	Q12	1,62 (1)
	Q15	1,96 (2)
	Q21	1,89 (2)
	Q23	1,20 (1)
Emotional distancing		
	Q14	1,20 (1)
	Q20	1 (0)
	Q22	1,79 (2)
Feelings of being fed up		
	Q3	2,62 (2)
	Q6	0,89 (0)
	Q9	1,72 (1)
	Q11	0,55 (0)
	Q16	0,62 (0)
Contrast in parental self		
	Q2	2,10 (1)
	Q5	1,41 (1)
	Q13	1,31 (1)
	Q17	0,65 (0)
	Q18	0,65 (0)
	Q19	1,58 (1)

▪ Each item represents a symptom and scores refers to their frequency: 0: never, 1: at least once in a year, 2: at least once a month, 3: sometimes in a month, 4: once a week, 5: sometimes every week, 6: everyday (Roskam; Brianda & Mikolajczak, 2018).

In Table 29, results suggest that symptoms in parents occur at least once a month (2) and sometimes in a month (3) for the dimension of exhaustion on the parental role. Especially the Q1 “I’m so tired out by my role as a parent that sleeping doesn’t seem like enough” and. For questions Q7 “I have the sense that I’m really worn out as a parent”, Q8 “I sometimes have the impression that I’m looking after my child (ren) on autopilot”

and Q10 “When I get up in the morning and have to face another day with my child(ren), I feel exhausted before I’ve even started”.

In what concerns to the frequency of symptoms in the dimension of the feeling of being fed up the Q3 “I feel like I can’t cope as a parent” was reported to be felt at least once a month (2). Concerning the dimension of contrast in parental self, parents reported feeling at least once in a month (2) the symptom of Q2 “I feel as though I’ve lost my direction as a dad/mum”. The only dimension which parents reported a frequency of never (0) and at least once a year (1) was emotional distancing with children.

CHAPTER 5: DISCUSSION. –

Qualitative results of our study showed that professionals from 11 meeting points for children and parents in the French Community in Belgium, do not see a specific role of MPCP in what concerns to preventing parental burnout. This because as our results showed, professionals consider as fundamentals elements for it, to be able to identify the risk of parental burnout, to make a specific intervention and to make a follow-up to see their evolution. They also stated, that to talk about parental burnout in MPCP, they would need to have a medico-social approach or a therapeutic goal, which are not the case.

Therefore, instead of talking about parental burnout to refer to those parents who are in the limit of their parenting role, they use terms as parental (deep) suffering, parental fatigue, parental exhaustion. Professionals relate these feelings to the loneliness, the isolation, the frustration, the idea of being a perfect parent and the constant social pressure. Nevertheless, and even if professionals do not refer precisely to parental burnout, according to literature, these are risk factors and symptoms of parents with a high risk of developing it [17, 21]. Also, like in parental burnout literature [21], professionals stated that exhaustion comes when parents do not have enough resources to answer to their role, and there is an accumulation of stress [21]. Moreover, they have witnessed that this exhaustion has as consequences irritability, suffering and violence over children [19].

As they do not consider themselves as specialized places for parenting issues, professional have created different strategies outside free encounters in MPCP to expand their action and to support parents, especially those who are in the limit. Some of the

strategies have been parental talk groups, partnerships with CPAS, medical centres, specific interventions of external professionals as psychologists and thematic workshops.

Nevertheless, professionals believe parenting has become more and more an essential subject on their daily practice, and for it, they have specific roles in supporting parents and in helping them when they need an anchor in their parental role. Moreover, this is places where parents can create communities with others and have available immediate sources to answer their daily questions of parenting without being judged. For all of this, our results suggested that, even if MPCPs do not have a concrete role for preventing parental burnout, they might hold critical elements to function as an accumulative model of resources and well-being to prevent parental burnout.

Finally, in what concerns to our quantitative data set, the results showed that most of the parents who participated at the PBA are not in risk of developing parental burnout. We can relate this to the repeated statement of professionals that parents who are not in the limit still have the energy and resources to participate. However, based on the scores of those parents from higher categories (see tables 26-27), they might be in the limit of increasing their risk level of parental burnout. These scores opened a gate to show how fragile the emotional state of parents could be in terms of parental burnout.

5.1 Summary of main findings

As reported in our results by professionals MPCPs do not have an important population of parents of newborns, normally children are older than a year. As quantitative results showed, the average age of children is 5,67 years. Considering this information, parents who participate could be in risk of developing parental burnout and no other parenting issues as baby blues, postpartum depression or depression [51].

In what concerns to parental quests, superficial reasons (see table 2) are related to the missions and to the objectives created by the ONE [40 – 42]. This means that parents understand the functionality of MPCPs mostly these reasons can be valid for to those parents who are in the low risk level of parental burnout (see table 27), because they are still available to invest themselves in parenting activities [16, 17, 21], so they look for these kinds of places where they can share quality time with their children. Because as our results have shown, parents participate to have good times with their children because MPCP provides the material and the space to get out of the routine at home (see tables 1 and 2). That means, for those who are not in risk, these spaces can reinforce the fulfilment in their relationship with their child [49].

Also, as seen in literature [17, 18, 21], for parents who are in parental burnout, it is hard to keep up in their parental role because they have so little energy that even to think in the activities they must accomplish each day seems a lot. Increasingly they manage their activities in autopilot with a lot of guilt and shame for not being the parent they would like to be [17]. Our results illustrate this situation; professionals reported that some parents who are in the limit of exhaustion and suffering, participate only once and then they do not come back because it seems to take a lot of their inexistent energy (see tables 4-7, 9, 17). Besides, to respect the principle of anonymity of Dolto's model [30, 31], professionals do not have any contact information of these parents so they cannot intervene or propose something else than what is available in the encounter. This feeling of powerless in front of these parents in high risk and parental burnout causes frustration within professionals. The main question they ask is what happened to the others?

Nevertheless, the theory has also shown that in the beginning, most of the parents participate in parenting programs for reasons concerning their children. Yet, and as reported in our results (see Table 3), it is a matter of time for parents to express what really concerns them, their well-being [16]. As we see in our results (see Table 3) informal reasons to participate are mostly related to feelings of exhaustion, fatigue, the need of a space of support to deposit parental concerns, to take a pause and to readjust themselves to continue, mostly when they are in the limit. Contrary to what we can see in Table 27 and as the scores were seen in Table 28 confirm, some of these reasons are symptoms of parents with moderated and high risk of parental burnout [17]. Yet, the balance of these parents still has resources to face stress, but it is necessary to re-establish it by reinforcing protection factors and reducing risk factors, also to take care of themselves and reduce the risk of parental burnout [16, 17, 26]. As professionals reported one of their roles is to take care of parents, independently if they are in risk or not, they help parents in their role so they can breathe, feel valorized and supported (see table 18).

As it was stated in theory, to back to the balance there are four strategies that can be put in place, first to retire stressful factors, to reduce the weight of those risk factors that parents cannot change, as their personality, to promote the use of resources that already available and to incorporate new resources [21]. As we can evidence in our results, MPCP helps to preserve the balance of parents by incorporating and promoting social support (see tables 22 and 25) which consequently also increases parenting self-efficacy, keeps the balance stable and reduces the risk of parental burnout [1, 2, 16, 21, 40]. Moreover, the functioning of MPCP [30 – 32] and the feeling of a kind, non-

judgmental and benevolent community of parents that is created inside of MPCP (see tables 12-14, 25) can be seen as strategies to include resources in the balance and eliminate or accept stressors to reduce the risk of parental burnout [17, 26, 27].

Finally, as MPCP is available in the same context, economically accessible and do not require personal information parents with exhaustion, suffering or fatigue who normally feel guilty and judged can consider them as a non-invasive contention different to a therapeutic space which motivates them to continue participating and accumulating resources and well-being. Still and independently of the reason for which parents participate, parents attend to see benefits in the long-term, which is related to the participation rate reported in the quantitative data set, which is 3 times a month, this means at least once a week.

Our results confirm what we have seen in literature, in MPCP professionals do not have a therapeutic or intervention role [31, 33]. Still, even if professionals do not search for a deep insight into parents' situation, the level of relationship between professionals and parents is deep enough to allow parents in general and also to those who are exhausted, fatigued and in deep suffering, to express their concerns related to parenting and get out of their bubble of isolation and frustration that they have at home (see tables 3, 8, 11). Through this, professionals can notice the situation of parents and think about it in team meetings and clinic supervisions to make a transition from Dolto's model to a psychoeducational model (see table 10). Also, to function as a third who represents the culture, due to the horizontality of the relationship (see table 11), who helps circulate the speech between parents to break this social idea of a good and perfect parent (see tables 1, 22, 25). As reported in our results and according to the literature [21], this has a moderated correlation with parental burnout so, breaking it can reduce its risk [22].

At the same time as our results have shown, parents find new ways of parenting and create different ways of being a good parent by looking at others but also by looking at their children differently and by recognizing their individual needs, apart from what social models expect (see tables 22, 24). This can also be supported by the fact that in MPCP parents can take distance of their children and devote time for themselves and their questions, even to take a coffee, knowing that their children are in a security frame (see tables 23, 24), something that could be difficult when they are isolated at home. Also, each encounter is crucial for parents who are at the limit, so professionals consider as their priority role to recognize their life forces to encourage them to continue participating and reduce the suffering and the risk. This role can be compared to a strategy to keep the

balance of resources [21]. And as in structured interventions for parental burnout [26], professionals of MPCP do not point what parents cannot do, but what they do right and how, in recognizing them as individuals, they can do it better (see table 17). This means that as professionals stated, is a place where parents can be free, can set their parenting basis and is all about creativity. Additionally, this role of professionals can help creating an alliance that reinforces the preventive benefits of MPCP and allow parents to become actors of these spaces by taking a step back from their theory background [33] as we can see in the case of what we know in our results as federating parents (see table 22).

Continuing, one of the five fundamental principles of structured interventions of parental burnout that is also an important therapeutic lever is the normalization [26]. This term is defined as the fact that the group (of parents) raises awareness of the suffering experienced by others as well, which helps to overcome the feeling of being the only one experiencing difficulties as a parent [18]. In our research, normalization is a key element to prevent parental burnout, and it comes through two roles of professionals which are closely related and sustained by the horizontal and non-therapeutic relationship with parents, to put words and to circulate speech (see tables 15, 16). Through both professionals try to create a group dynamic between parents that help those who are in deep suffering, exhaustion and guilt, to notice that they are not the only ones to have complications in their role. Similarly, parental burnout can happen to any parent, and it is okay to ask for help. Professionals reported that these elements, relieve parents and help to prevent parental burnout.

As we can see in Table 29, parents in MPCP did not present an important frequency in questions related to an emotional distancing of children. Besides, in our results professionals did not report parents who were disinvested in their relationship with their children, mostly because one of the conditions of Dolto's model is that it is based in family interaction and for it, parents and children must participate together [31]. This is a remarkable finding in our research since MPCP are based on the interaction parent-child [30 – 34], parents who participate here, still have the energy and the desire to invest in their children. Moreover, symptoms related to emotional distancing with children [17, 18, 22] might be reduced because as reported in results, one of the benefits in long-term is that parents see otherwise their child(ren) so consequently it stops the comparison tendency and helps to readjust and learn other ways to share and communicate with their child (see table 24).

As specified in our research one of the challenges that parents face is for parents to separate from their children, some even quit their jobs to become a 24/7 parent, especially those who have this idea of being a perfect parent (see table 9). This evidences the tendency of an over-investment and self-sacrifice that as literature reports, could generate frustration when children do not answer as expected and increase the risk of parental burnout [52]. One of the main difficulties for parents in these phases have the tendency to overcharge themselves with responsibilities and do not ask for help [52]. In our results, one long term benefits of these spaces that could work as a preventive element of parental burnout is the healthy disinvestment of the relationship with children (see table 23). Contrary to the relational disinvestment that starts on moderated risk level of parental burnout, in which parents accomplish their parenting activities mechanically [17, 53], this is considered as a tool to reduce stress of parents to take care of themselves because it is made in a security frame with safe referents as other parents or professionals (see table 23). It also allows parents to be confident enough to delegate parenting responsibilities to take a break and to take care of themselves without feeling shame or guilt. They can delegate these duties to parents' networks they have created in the MPCP (see table 25), helping to reduce the feeling of isolation which is essential to increase the resources in the balance and reduce the risk of parental burnout [21]. Also, and most important in cases where parents are exhausted and overwhelmed, this healthy disinvestment prevents higher levels of violence towards their children, avoiding parental burnout consequences [22]. This healthy disinvestment could be explained through the terms of bi-directionality [1] and inter-subjectivity [4, 39]. In this safe frame, children understand that there are other adults that can take care of them and answer to their demands in and outside the MPCP [30]. Results show that children can understand that their role is not to take care of their parents, so they can address their attention to other adults, children, and activities giving some space for parents to breathe and being less demanding for their parents (see table 23). This result shows that as seen in literature MPCP reduces the separation anxiety symptoms in children [30 – 34, 40] which will increase of parenting self-efficacy [6] and reduce the risk of parental burnout [21].

Through our data, we evidence that MPCP is non-conventional preventive programs [40] which help parents to empower from this space to become preventive actors for themselves [33], in terms of parental burnout [21], and for their children, in terms of separation anxiety [30]. Still, parents become prevention actors also for other parents. In results we mentioned above, results show federating parents who are those

empowered enough of the MPCP that can take the baton from the professionals. This means, they receive, take care, be benevolent and kind, give information and normalize negative feelings of this period of parents that have just arrived and who are in the limit (see table 22). This empowerment could be promoted by the turning of professionals, which creates a bond with the dispositive and in that way, parents can see MPCP as structures of resources (see table 10). Finally, these are places that allow increasing the resources of the balance of parents because they touch almost all parenting determinants [2]. Mostly parenting self-efficacy and parenting cognitions can be readjusted or reconstructed through the share with other parents [1,2]. In some cases, as we can see in the results, some parents can even reconstruct their personal history and attachment patterns (see tables 21 and 22). Also, the creation of networks of parents that most of the times end to be as a family outside these spaces modify the environmental characteristic of social support which as reported by professionals (see tables 21 and 22) and as it is seen in theory [1], helps parents to get out of isolation and has a direct impact in parenting self-efficacy and parenting educational skills and reduces the risk of parental burnout [1, 21].

Nevertheless, in what MPCP cannot intervene is in the familiar and marital factors because to access an adult, meaning father, mother, close relative or babysitters is required and also, even if these places can be an alternative to other children spaces like workshops or kindergarten, the free schedule and no previous subscription do not promote to establish of routines.

5.2 Limits and strengths. -

To the best of our knowledge, this is the first study that tries to see the situation of parental burnout in meeting points of children and parents in the French Region of Belgium. Therefore, one of the main strengths of our research is the engagement and the interest presented by our supporters from the ONE and the MPCP which showed us that we based our research in an innovative subject. Another strength was the relation we created with the persons in charge of MPCP because that helped us to keep deeper discussions in what concerns to limits and strengths of the research. Our sample of MPCP for focus groups was fair enough to have a shared vision of the perceptions of professionals in what concerns to parental burnout prevention, this we could see through our convergent results from each focus group. Finally, our qualitative approach was a

qualitative inductive method, this means that the results from this data set is in a great part the voice of professionals.

Despite its strengths, the findings of this study must be seen in light of several limitations. In what concerns to our quantitative data set, first, the sample of parents who answered to the PBA was insufficient for a significant statistical measurement, this is closely related to our method to collect the data. Even if our effort was to reduce one of the limits of precedent studies [16] through direct application of the survey and even if we thought the main inconvenient could be what refers to the informed consent which required the full name of parents, which broke the principle of anonymity of MPCP [30, 31, 34] some places abandoned the quantitative data set and others reported that in practice, the application of the PBA was uncomfortable and too interventionist. This represented a major concern because of the possible damage in the bond they have created with parents who participate frequently and the confusion of functions of these structures in the new arrivals. Moreover, in some places, parents who agreed to participate, took surveys home and did not return them back, losing the track of them. In what concerns to direct application by the researcher, there was a conflict of interests, because herself works as a professional in one of these MPCP. Second, the surveys we were able to collect might have an impact limit because most of surveys come from Liege and Brussels. These two limits do not make possible to generalize our quantitative results. Therefore, for future studies, researchers should consider the functioning of MPCPs and find support from a second researcher to make a direct application.

In what concerns to the qualitative data set, the first limit is the lack of a pre-test of the interview guide. Consequently, we did not have the feedback for the improvement of this guide to collect deeper information. This also blocked us from preparing relevant relaunch questions leaving many unexplored aspects to answer to our research question. Unfortunately, we realized this limit only after the transcription. The second limitation concerns the presence of a second researcher to observe the interaction and to take notes as it is expected in focus groups [46] nevertheless this was not possible because of time disposition of professional teams for the focus groups and limited time for the research. This restricted our research as in some focus groups, the interviewer lost key ideas to make relaunch questions and was not completely available for groups' productions obstructing in some cases the transfer with professionals. Third, for one of the places there was a double relation of professional and researcher, thus during the development of this

focus group the information was partial and not conducted properly. Finally, in what concerns to time management we found two main limits, first, we did not consider the time needed to transcribe the interviews, this made difficult to have a formal revision of transcriptions by each MPCP and to receive a feedback. Second, we neither considered the time to translate the main findings to a second language (from French to English) in order to keep the same sense. This influenced our timing in our agenda presented in the research protocol (Annexed 1). For future research, our recommendation is to work in parallel with one of the MPCP to discuss possible obstacles and levers.

Lastly, due to the characteristics of our research design, the perspective of parents of the benefits of MPCP in their parenting role could not be sought. Their opinion obviously deserves to be unfolded in a separated study.

5.3 Perspectives. -

Our results showed that meeting points for children and parent could have an essential role in the prevention of parental burnout beyond professionals' perspectives. It is impressive that prevention is made directly through the interaction with children and through the creation of parental networks. Therefore, it would be interesting to widely explore the situation of the risk level of parental burnout in parents who participate here with a larger sample. It could give us some essential clues in what concerns to the dimension of emotional distancing with children that seems to be 'healed' and at some point, prevent parental burnout.

It would be also interesting to examine the economic implications of the participation in MPCP and of the healthcare of parents in parental burnout situation for the State and families to see in detail the underlying benefits that this preventive program can implicate.

From our results, we also realize that the principle of anonymity can be a benefit for parents who are not in a high risk of parental burnout or burnout situation. Nevertheless, this principle could be a limit to the work of parents who are in the cut-off. For it, further studies could focus on how to proceed in these cases without going against the philosophy of MPCP.

Finally, it would be interesting to have the perspective of parents of the benefits of participating at MPCP in their parental role to consider elements as resiliency, socio-economic factors, frequency of participation, and many more.

CONCLUSION

The general objective of our research was to explore the role of MPCP from the French Community in Belgium in what concerns the prevention of parental burnout. Moreover, to obtain statistics about parental burnout risk within parents who participate here. As research developed, we found sub-objectives in what refers to crucial elements which might help to reduce the risk of parental burnout.

We noted that most of the professionals believe in this model to build up the basis of a healthy family considering parents as individuals beyond their parental role, with their history and needs. Professionals see themselves as tools to guarantee the functioning of this preventive model without creating dependency but aiming to give them necessary resources to keep the balance when they are overwhelmed. These venues try to enhance cognitive, communication skills and capacity of a decision of parents and children.

We also found that one of the essential things of MPCP is that parents need to embrace these structures as theirs, to empower themselves and others to become prevention actors. Even if parenting is a challenging and complex period in an adult's life, they must see to each other with kindness and benevolence to recognize their forces and humanity without judging, to create spaces different from the judgmental regard of society. It is crucial for parents, for their development as individuals and to find their anchor and identity.

Meeting points for children are parents are more than preventive programs, are structures to create new senses and significations to parents, to children and society. These are structures that work through the principle of anonymity not to ignore parents but to give them the freedom to find their identity and help them to embrace who they are not only to prevent parental burnout but to become the tracers of their path in this period of their lives.

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ANNEXED 1
RESEARCH PROTOCOL



Université Catholique de Louvain
Faculté de Santé Publique
Master 2 en Sciences de la Santé Publique
Protocole de recherche
2018 - 2019

Promotrice : Isabelle Aujoulat, Institut de Recherche Santé et Société (IRSS)

Co – promoteurs : Isabelle Roskam, Psychological Sciences Research Institute (IPSY)

Antoine Borighem, Office National de l'Enfance (ONE)

Etudiante : Gisela Silva-González NOMA : 9283-16-00

Titre provisoire :

Le burnout parental : le rôle des lieux de rencontre enfant-parent (LREP) au sein de la Communauté Française en Belgique pour sa prévention

Introduction :

La parentalité a été définie comme une période complexe de la vie qui oblige à gérer différentes ressources économiques, sociales et personnelles. De plus, la pression sociale continue et la forte assiduité à la performance en tant que « bon parent » peuvent accroître le stress d'une façon progressive et permanente. Cela peut entraîner un sentiment de culpabilité, de tristesse et de faible satisfaction à l'égard de leur rôle (Roskam & Mikolajczak, 2018). Cette exposition constante au stress, plus un surinvestissement dans le rôle en tant que parent peut avoir un impact du côté émotionnelle et physique. De plus, la parentalité pouvait facilement être comparée à un emploi du domaine du *care* et comme tout autre travail de ce type, elle peut conduire au burnout (Mikolajczak & Roskam, 2017). Le syndrome du burnout parental conduit à l'épuisement, à la réduction de l'accomplissement personnel, de la distance affective avec les enfants et au contraste entre le parent rêvé et le parent réel (Roskam & Mikolajczak, 2018).

Afin de comprendre de manière globale sa nature, ses causes, ses conséquences, son cours et son traitement, le programme de recherche BParent a été lancé parmi environ 5000 parents en Belgique (Roskam & Mikolajczak, 2018). D'abord pour valider le burnout parental, définir sa spécificité pour le différencier de la dépression et du burnout professionnel le

questionnaire Parental Burnout Assessment a été créé (Roskam, Brianda & Mikolajczak, 2017). Comme résultat, les dimensions principales de ce syndrome ont été définies : 1) l'épuisement physique et émotionnel dans le rôle en tant que parent, 2) la distanciation émotionnelle vis-à-vis de ses enfants, 3) la perte d'efficacité et d'épanouissement dans le rôle parental et 4) le contraste avec le parent souhaité et le parent réel.

En plus, les facteurs de protection et de risque et ses conséquences ont été déterminées (Roskam & Mikolajczak, 2018). Ils existent cinq catégories des facteurs de risque pour tomber en situation de burnout parental : la sociodémographique, la situationnelle, la personnelle, la parentale et éducationnelle et la familiale et du couple. Les conséquences du burnout parental tombent directe sur la relation avec les enfants, le couple et lui-même. Dans des cas extrêmes, cela peut conduire à la violence, à la négligence, au divorce, à la dépression, aux pensées suicidaires et à la dépendance aux substances.

Pour l'intervention du burnout parental il y a des programmes individuels et collectifs. La thérapie psychologique est la mieux connue en ce qui concerne les interventions individuelles. Les interventions de groupe consistent en des ateliers et des groupes de discussion qui renforcent l'efficacité personnelle, les pratiques parentales, les cognitions parentales. Ils aident également les parents à mettre en perspective certaines situations et apportent leur soutien à travers le partage d'expériences. Pour y parvenir, les professionnels doivent éviter le jugement, avoir une écoute active et une attitude bienveillante. Malgré cela, il n'y a pas encore une recherche approfondie sur la prise en charge et la prévention (Roskam et Goodman, 2018).

De nombreux auteurs ont établi que la relation entre parents et enfants est bidirectionnelle. Cela signifie que les deux sont influencés l'un par l'autre (Roskam, Galdiolo, Meunier & Stiévenart, 2015). Par exemple, les enfants présentant des symptômes d'anxiété de séparation tels que : l'excès de colère, les pleurs, les vomissements, les nausées ou les maux de tête, influent directement sur les compétences et les croyances parentales (Herren, In-Albon & Schneider, 2012). Malgré tout, ces symptômes sont généralement liés à la personnalité et au tempérament des enfants plus qu'à la séparation elle-même. C'est pourquoi il est difficile pour les parents et les professionnels d'intervenir à temps, ce qui a des conséquences sur la petite enfance et la préadolescence. Cela signifie que la parentalité sera difficile à toutes les étapes, créant une relation difficile entre les enfants et les parents (Oyarce, 2017).

Françoise Dolto a créé à Paris une nouvelle façon de travailler avec les familles : la Maison Verte. Ce lieu avait plusieurs objectifs : prévenir l'angoisse de séparation chez les enfants de 0 à 3 ans en les aidants à développer une autonomie précoce soutenue par leurs parents. Préparer les enfants, leurs parents à la vie sociale, les soutenir et les sortir de leur isolement (Dolto, 2009). Ce type de programmes de prévention des troubles de la petite enfance a trois acteurs principaux : les enfants, les parents, les accueillants (équipe de professionnels).

Le fonctionnement est le même et l'idée d'accompagner les familles de manière préventive et de socialiser en douceur reste toujours au centre du travail malgré les particularités de chaque lieu (Panisset, 2014). L'équipe d'accueillants est généralement

composée de psychologues ou de professionnels de la petite enfance. Ils doivent recevoir les familles et leur expliquer le fonctionnement afin de les engager dans la démarche. Ils construisent le travail à travers une logique non interventionniste (Benoit, 1988). Ce sont aussi les accueillants qui doivent accompagner les parents et les enfants dans la reconstruction en tant qu'individus, toujours avec la bienveillance et le non-jugement (Lafleur-Dincq, 2003). Les parents peuvent assister de façon volontaire sans une inscription préalable, ils peuvent rester le temps qu'ils veulent pendant les heures d'ouverture. Un des principes les plus importants à respecter c'est la règle de l'anonymat c'est-à-dire qu'aucune donnée personnelle au-delà du prénom de l'enfant est demandé (Benoit, 1988). Aucun enfant ne doit être laissé seul, un des deux parents ou des proches doit rester avec lui.

En Belgique, jusqu'en 2013 il y avait 133 lieux inspirés par cette philosophie que l'on peut répartir dans 3 catégories différentes. Premièrement, les lieux de type 'Maison Verte' ou 'Maison Ouverte'. Deuxièmement, au niveau social, il existe de nombreux d'autres espaces soutenus par des Ligues de Familles. Finalement et au niveau public dans la Communauté Française les lieux relevant de la responsabilité de l'Office National de l'Enfance (ONE), qui les a baptisés comme lieux de rencontre enfants-parents (LREP) (Bazier, Bouchelet, Denis & Panisset, 2013). Un des objectifs des LREP est d'améliorer la qualité de la vie grâce au soutien social et la création des réseaux. Ils s'efforcent d'améliorer l'auto-efficacité parentale, les compétences parentales, les compétences de communication et les cognitions parentales en tenant compte des particularités de chaque contexte (Bazier et al. 2013). Cela aide aux parents pour atténuer le stress et la culpabilité, grâce au partage d'expériences et à un effet pair. C'est-à-dire que grâce à l'interaction qui se passe ici, les parents peuvent devenir des acteurs de prévention pour eux-mêmes et pour les autres comme leurs enfants (Lafleur-Dincq, 2003).

En comparant les principes de base des programmes de prévention des problèmes de la petite enfance tels que les LREP et les interventions individuelles et en groupe du burnout parental. La première hypothèse est que ces endroits peuvent comporter des éléments utiles pour prévenir ce syndrome. La deuxième hypothèse est qu'il peut exister des parents qui participent aux LREP parce qu'ils ont un risque élevé de tomber en situation de burnout parental ou sont déjà dans cette situation.

Hypothèses de la recherche :

- 1) La première hypothèse de cette recherche est que les Lieux de Rencontre Enfant-Parents ont des éléments utiles pour prévenir le burnout parental.
- 2) En raison de l'exposition permanente au stress et de l'augmentation de ses sources, de la tendance au surinvestissement et d'autres changements dans les variables sociales, économiques et personnelles (Roskam & Mikolajczak, 2018), il peut exister des parents qui participent aux Lieux de Rencontre Enfant-Parents qui sont en risque élevé ou en situation du burnout parental.

Les objectifs de la question de recherche :

- 1) Obtenir des informations concernant les perceptions des accueillants qui participent aux LREP pour savoir dans quelles mesures ces espaces peuvent contribuer à la prévention de l'épuisement parental.

2) Obtenir des informations épidémiologiques sur le niveau de risque de développer le syndrome du burnout et identifier les parents qui sont déjà dans cette situation.

La méthode :

Population : Les équipes d'accueillants des onze lieux de rencontre enfants-parents de la Communauté Française. Et des parents d'enfants entre 18 mois et 6 ans, de différents niveaux socio-économiques, âges, origines et genres, qui participent à ces LREP. La limite d'âge est nécessaire pour éviter la confusion avec la dépression post-partum et les baby-blues qui touchent les parents des enfants de 0 à 17 mois.

Approche privilégiée : méthode mixte, design parallèle.

La recherche se déroulera simultanément en deux étapes

Etape	Description	Modalités	Dates
Groupes focaux avec des équipes d'accueillants	Les groupes focaux ont comme objectif de comprendre le type d'accompagnement qu'ils donnent aux parents ainsi, que leur évolution et celle des enfants et de leur relation. Le but est aussi de savoir comment ils perçoivent leur rôle à l'égard de la prévention du burnout parental. La perception des accueillants est importante en tenant compte qu'ils sont des experts sur le terrain qui ont une continuité dans le travail avec les parents et les enfants. Cette activité répond au premier objectif de la recherche.	L'invitation pour participer à la recherche sera ouverte jusqu'à mi-mars. Enregistrement sonore pour la transcription postérieure qui permettra l'analyse. Les groupes focaux se dérouleront pendant les réunions d'équipe ou avant les permanences selon l'accessibilité des membres de l'équipe.	01-03-2019 jusqu'au 30-04-2019
Questionnaires Parental Burnout Assessment (PBA)	Les questionnaires permettront d'obtenir des données statistiques sur le niveau de risque de tomber en burnout parental ainsi que d'identifier la proportion d'entre ceux-ci qui sont déjà dans cette situation.	Ce seront les équipes d'accueillants qui promouvront la participation des parents dans la recherche selon les critères d'inclusion. Il y aura une boîte fermée pour garantir l'anonymat avec un flyer en expliquant le but de l'étude.	15-03-2019 jusqu'au 1-06-2019

	Il est nécessaire de remarquer que les données collectées seront confidentielles et avec un but scientifique c.à.d. qu'aucun diagnostic peut être fait à la fin du PBA. Cette activité répondre au deuxième objectif de la recherche.	Des informations complémentaires sur des lieux spécialisés dans l'épuisement parental seront mises à disposition pour chaque équipe d'accueillants.	
Analyse de données	Pour cette partie, il est nécessaire de retranscrire l'information obtenue des groupes focaux et de récupérer les questionnaires de chaque LREP. Celle-ci sera la dernière partie.	Pour l'analyse des groupes focaux l'analyse thématique sera l'approche privilégiée. Finalement du PBA on obtiendra les statistiques descriptives ainsi que la significativité de ces données pour pouvoir comparer avec la population générale.	01-05-2019 jusqu'au 15-06-2019
Interprétation des résultats		Cette partie sera faite avec le soutien des experts en méthodologie de recherche qualitative et quantitative.	15-06-2019 jusqu'au 25-06-2019
Mise ensemble de l'information et rédaction			26-06-2019 jusqu'au 26-07-2019
Diffusion des résultats via l'ONE		L'ONE mettra à disposition les résultats les plus significatifs via le site web officiel	Septembre 2019

Le mode de collecte des données :

La méthodologie de la recherche a besoin de l'avis de la Commission d'Ethique de l'Institut de Recherche en Sciences Psychologiques de l'UCL pour garantir une procédure éthique et bienveillante envers les parents. En tenant compte que le PBA sont des interventions qui peuvent avoir un impact sur leur état émotionnel.

Ensuite, et avec le soutien de l'Office National de l'Enfance (ONE), le projet sera présenté au sein des LREP via des formations et par mail pour les inviter à participer. Les groupes focaux démarreront avec les LREP qui auront manifesté leur intérêt. Un premier contact via téléphone ou par mail aura lieu pour leur donner l'information pertinente sur la

méthodologie de la recherche. Cela permettra aussi de déterminer les modalités d'application du PBA.

Les focus groupes auront une durée d'une heure comme minimum. Et en tenant en compte que la plupart des accueillants sont des bénévoles, ceux-ci se dérouleront avant ou après les réunions d'équipe ou les permanences.

Parallèlement, pour l'application directe du questionnaire dans chaque LREP une boîte fermée avec un feuillet contenant les objectifs principaux de recherche seront mis en place dans chaque LREP. De cette façon il est attendu toucher les familles précarisées qui n'ont pas d'accès à internet ou qui ont des difficultés d'expression. En ce qui concerne le questionnaire, au niveau pratique et pour respecter les critères d'inclusion de la recherche, il contiendra des questions supplémentaires par rapport à l'âge de(s) l'enfant(s), la région du LREP à laquelle ils appartiennent et leur fréquentation.

Finalement, les questionnaires n'ont pas un but clinique, c.à.d. que dans le cadre de la recherche on ne peut pas donner un retour diagnostic. Il sera conseillé d'aller consulter aux accueillants ou responsable de la recherche pour connaître les lieux spécialisés en parentalité qui peuvent leur aider à aller plus loin.

Les résultats attendus :

Au terme de cette recherche au travers de l'analyse thématique un premier objectif est de connaître la perception des accueillants sur le travail avec les parents dans ce type d'espaces et leur utilité pour la prévention du burnout parental. Cela en tenant en compte qu'ils sont des experts sur de terrain et que leur travail avec les parents à une base continue dans le temps. L'analyse thématique aidera à la construction des réponses aux questions de recherche en utilisant le contenu exprimé par les participants (Wilig, 2013).

Le second objectif est d'obtenir des statistiques descriptives sur le niveau de risque des parents qui participent aux LREP de tomber en burnout parental ainsi que de connaître la proportion des parents qui sont déjà en cette situation. Cela nous aidera à comparer ces données avec la population générale.

L'analyse sera faite au travers du logiciel statistique utilisé en sciences de la santé, SPSS en sa version la plus actualisée. Il est aussi nécessaire de comparer ces données avec des recherches précédentes amenées par le programme de recherche BParent de l'UCL.

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ANNEXED 2

RESEARCH INFORMATION FOR THE MPCP



Information de recherche pour les Lieux de Rencontre Enfants-Parents

Le burnout parental : le rôle des lieux de rencontre enfant-parent (LREP) au sein de la Communauté Française en Belgique pour sa prévention

Problématique :

La parentalité a été définie comme une période complexe de la vie qui oblige à gérer différentes ressources économiques, sociales et personnelles. De plus, la pression sociale continue et la forte assiduité à la performance en tant que « bon parent » peuvent accroître le stress d'une façon progressive et permanente (Roskam & Mikolajczak, 2018). La parentalité pouvait facilement être comparée à un emploi du domaine du *care* et comme tout autre travail de ce type, elle peut conduire au burnout (Mikolajczak & Roskam, 2017). Malgré cela, il y a cinq ans la parentalité et ses problèmes étaient à peine étudiés (Roskam et Goodman, 2018).

Pour cela en 2015 le programme de recherche BParent a été lancé parmi environ 5000 parents en Belgique. Le but était de valider le burnout parental, définir sa spécificité pour le différencier de la dépression et du burnout professionnel au travers de la création d'un questionnaire : le Parental Burnout Assessment. En plus, définir les facteurs de protection et de risque et ses conséquences (Roskam & Mikolajczak, 2018). Comme résultat, les dimensions principales de ce syndrome ont été définies : 1) l'épuisement physique et émotionnel dans le rôle en tant que parent, 2) la distanciation émotionnelle vis-à-vis de ses enfants, 3) la perte d'efficacité et d'épanouissement dans le rôle parental et 4) le contraste avec le parent souhaité et le

parent réel. Malgré cela, il n'y a pas encore une recherche approfondie sur la prise en charge et la prévention.

De nos jours, le type d'espaces avec la philosophie 'Maison Verte' de Françoise Dolto a été reproduit et adapté dans différents contextes. En Belgique jusqu'en 2013 il y avait 133 lieux inspirés par cette philosophie. Ce type d'espaces relèvent de la responsabilité de l'Office National de l'Enfance (ONE) et ont été baptisés comme lieux de rencontre enfants-parents (LREP) (Bazier et al. 2013).

Ce type de programmes de prévention des troubles de la petite enfance a trois acteurs principaux : les enfants, les parents, les accueillants (équipe de professionnels). Un de ses objectifs est d'améliorer la qualité de la vie grâce au soutien social et la création des réseaux. C'est-à-dire que grâce à l'interaction qui se passe ici, les parents peuvent devenir des acteurs de prévention pour eux-mêmes et pour les autres comme leurs enfants. Ce sont aussi les accueillants qui doivent accompagner ces acteurs dans la résolution de leurs difficultés pour la reconstruction en tant qu'individus (Lafleur-Dincq, 2003).

En comparant les composants des programmes de prévention des problèmes de la petite enfance tels que les LREP et les interventions pour l'épuisement parental, la

première hypothèse de cette recherche est que ces endroits peuvent être utiles pour prévenir le burnout parental. Vu que le public et la fréquentation des parents peut varier, la perception des accueillants, qui sont les experts sur le terrain et qui ont une certaine continuité dans ce travail est important d'analyser.

Finalement à raison de l'exposition permanente au stress, la tendance au surinvestissement et d'autres changements dans les variables sociales, économiques et personnelles (Roskam & Mikolajczak, 2018), il peut exister des parents qui participent aux LREP qui sont en risque élevé de tomber en burnout parental ou qui sont déjà en cette situation.

Méthodologie de la recherche :

Population : parents d'enfants entre 18 mois et 4 ans, de différents niveaux socio-économiques, âges, origines et genres, qui ont participé aux lieux de rencontre enfant-parent en la Communauté Française en Belgique.

Etapes de la recherche :

La méthodologie de la recherche a besoin de l'avis de la Commission d'Éthique de l'Institut de Recherche en Sciences Psychologiques de l'UCL (IPSY). Cela permettra de garantir une procédure éthique et bienveillante envers les parents. En tenant compte que le questionnaire PBA peut avoir un impact sur leur état émotionnel.

Avec le soutien de l'Office National de l'Enfance, le projet sera présenté au sein des LREP. Tout cela pour les motiver à participer à la recherche. La participation d'une centaine de parents parmi différents LREP est attendue.

Les groupes focaux démarreront avec les LREP qui auront manifesté leur intérêt pour participer. Un premier contact aura lieu avant le déroulement du groupe

focal pour leur donner les premières informations sur la méthodologie et permettra de déterminer la modalité d'application du PBA.

Ensuite, un feuillet contenant les objectifs principaux de recherche sera mis en place dans chaque LREP. L'application directe du questionnaire dans chaque LREP est prévue pendant les permanences, en tenant en compte des familles précarisées qui n'ont pas d'accès à internet ou qui ont des difficultés d'expression.

En ce qui concerne le questionnaire, au niveau pratique et pour respecter les critères d'inclusion de la recherche, il contiendra des questions supplémentaires par rapport à l'âge de(s) l'enfant(s), la région du LREP à laquelle ils appartiennent et leur fréquentation. Les questionnaires n'ont pas un but clinique, c.à.d. que dans le cadre de la recherche on ne peut pas donner un retour diagnostic. Il sera conseillé d'aller consulter les accueillants pour connaître les lieux spécialisés en parentalité qui peuvent les aider à aller plus loin.

Finalement pour respecter le principe de l'anonymat des LREP, le consentement éclairé pour le PBA sera donné aux parents séparément. Tout cela en renforçant l'idée qu'ils sont indépendants l'un de l'autre.

Un retour de l'information est prévu via l'ONE en Septembre 2019.

Pour plus d'information vous pouvez vous adresser à :

Responsable de l'étude : Isabelle Aujoulat (isabelle.aujoulat@uclouvain.be)

Responsable du PBA : Isabelle Roskam (isabelle.roskam@uclouvain.be)

Responsable O.N.E : Antoine Borighem (Antoine.Borighem@one.be)

Investigateur : Gisela Silva (gisela.silva@student.uclouvain.be)

ANNEXED 3

LIST OF CODES FOR MEETING POINTS FOR CHILDREN AND PARENTS

MPCP 1.-

Code:	SG130319
City:	Bruxelles
Neighborhood:	Saint Gilles
Date of focus group	13.03.2019
Duration:	1h03

MPCP 2.-

Code:	LV260319
City:	La Louviere
Neighborhood:	Toliv
Date of focus group:	26.03.2019
Duration:	1h03

MPCP 3.-

Code:	EN29032019
City:	Enghien
Neighborhood:	Enghien
Date of focus group:	29.03.2019
Duration:	1h05

MPCP 4.-

Code:	ES02042019
City:	Bruxelles
Neighborhood:	Kookelberg
Date of focus group:	02.04.2019
Duration:	1h05

MPCP 5.-

Code:	MA04042019
City:	Bruxelles
Neighborhood:	Machelen
Date of focus group:	04.04.2019
Duration:	1h20

MPCP 6.-

Code:	UC06042019
City:	Bruxelles
Neighborhood:	Uccle
Date of focus group:	06.04.2019

Duration:	0H54
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MPCPC 7.-

Code:	WA30042019
City:	Waterloo
Neighborhood:	Waterloo
Date of focus group:	30.04.2019
Duration:	0h40

MPCP 8.-

Code:	SC02052019
City:	Bruxelles
Neighborhood:	Schaarbeek
Date of focus group:	02.05.2019
Duration:	0h50

MPCP 9.-

Code:	LI07052019
City:	Liege
Neighborhood:	Liege
Date of focus group:	07.05.2019
Duration:	1h02

MPCP 10.-

Code:	ET13052019
City:	Bruxelles
Neighborhood:	Etterbek
Date of focus group:	13.05.2019
Duration:	1h02

MPCP 11.-

Code:	NA16052019
City:	Namur
Neighborhood:	Namur
Date of focus group:	16.05.2019
Duration:	1h02

ANNEXED 4
INTERVIEW GUIDE



Université Catholique de Louvain
Faculté de Santé Publique
Guide d'entretien groupes focaux des accueillants

Question de recherche : « Quel est le rôle des LREP en matière de prévention de l'épuisement parental ? »

« Comment les LREP accompagnent-ils les parents pour prévenir l'épuisement parental ? »

Bonjour, merci beaucoup d'accepter d'être partie de ce focus groupe pour mon mémoire. Je vous invite à vous exprimer de façon ouverte sur les sujets que je vais vous proposer. Le cœur de ce groupe focal est de savoir surtout ce que vous pensez et suivre votre discussion.

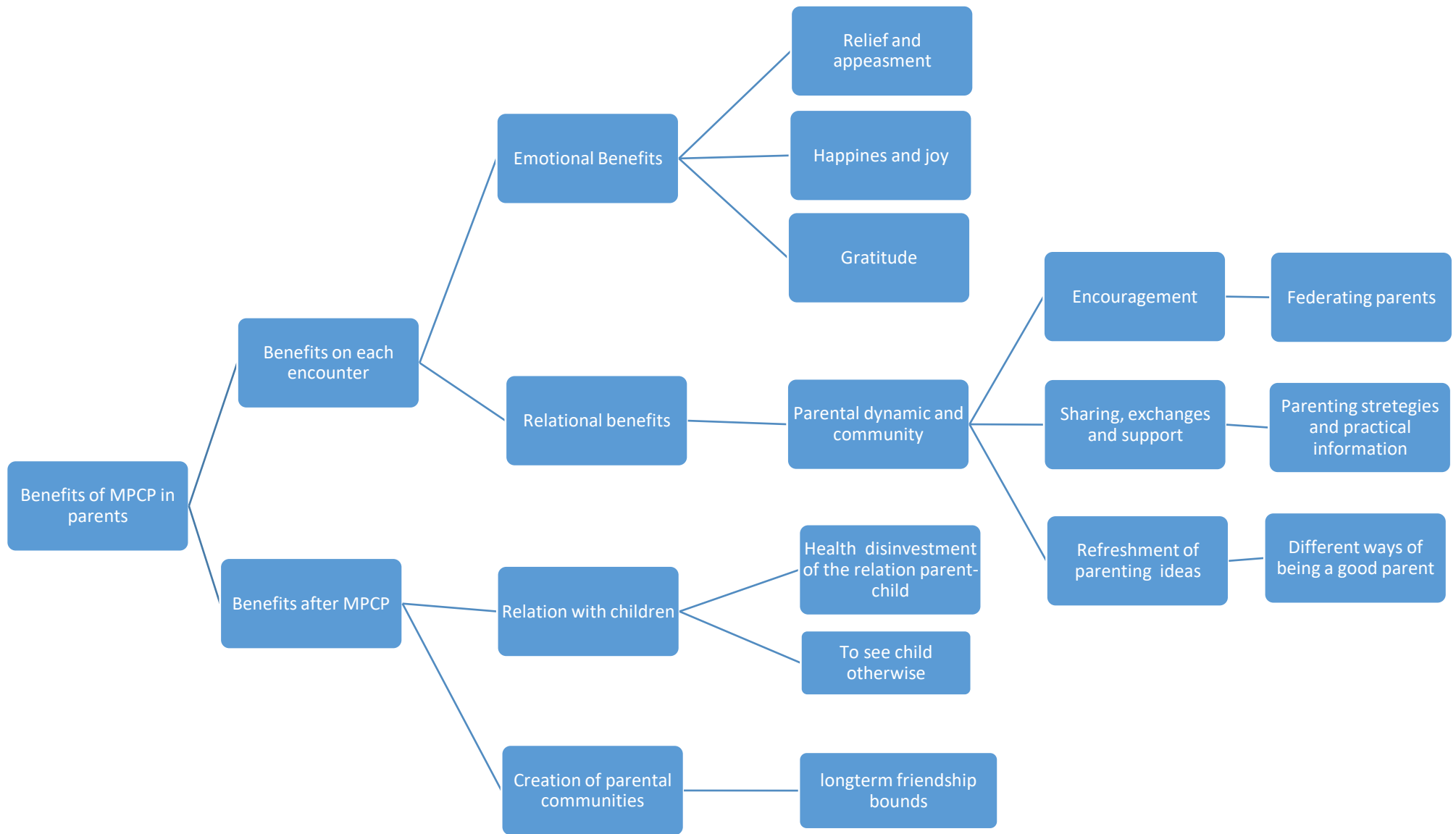
Guide d'entretien

- Pouvez-vous me raconter comment se passe l'accueil des enfants et des parents dans ce lieu ?
- Quels sont les profils des familles que vous recevez normalement ?
- Est-ce que la parentalité fait un objet d'intérêt dans votre pratique quotidienne et pour quoi ?
- A votre avis, que viennent chercher les parents qui fréquentent ce lieu avec leur enfant ?
- Vous arrive-t-il de percevoir que des parents ont le sentiment que c'est trop dur d'être parent ? (ou des parents à risque d'épuisement ou épuisés)
- Pour vous quels sont les éléments du lieu qui peuvent influencer pour prévenir le burnout parental ?
- En quels termes pourriez-vous décrire le type d'interactions qui se passent ici et qui seraient, d'après vous, soutenantes pour les parents en difficulté dans leur rôle parental ou à risque d'épuisement ?

ANNEXED 5 : THEMATIC MAP







ANNEXED 6
APPLICATION FOR THE IPSY ETHICS COMMITTEE



**DEMANDE A LA COMMISSION D'ÉTHIQUE D'APPROBATION D'UN PROJET DE
RECHERCHE IMPLIQUANT LA PARTICIPATION DE PERSONNES HUMAINES**

Votre opinion et vos suggestions par rapport à ce document sont importantes pour la commission d'éthique. Vous pouvez nous transmettre vos observations par e-mail à l'adresse demande-ethique-ipsy@uclouvain.be. Si vous désirez le faire de manière anonyme, vous pouvez aussi le faire en envoyant un courrier non signé au président de la commission d'éthique: Nicolas Vermeulen, UCL-Institut de recherche en sciences psychologiques, Place du Cardinal Mercier, 10, 1348 Louvain-la-Neuve.

Volet A. L'identification du projet

1. Nom, prénom de l'investigateur-trice :¹ Silva-González, Gisela Fernanda

Intitulé de la recherche : Children-Parent Meeting Spaces in the Wallonia Region in Belgium: an experience told by parents and professionals.

Pour votre information :

Les signatures attestent que les informations contenues dans ce formulaire ont été données de bonne foi et au meilleur de votre connaissance.

Par la présente, vous certifiez que l'(les) étude(s) menée(s) dans le cadre de votre projet sera (seront) réalisée(s) en conformité avec le code de déontologie de votre profession, et dans le strict respect de l'intégrité physique et morale des participants.

En tant qu'investigateur-trice, votre signature, au bas de ce document, atteste que vous assumerez le rôle et les responsabilités qui vous incombent lors de la réalisation de ce projet. Vous vous engagez également à obtenir l'autorisation préalable de la Commission d'éthique avant de mettre en œuvre tout changement substantiel qui devrait être porté à ce projet.

Date : 26.02.2018

Signature du (de la) Investigateur-trice

En tant que directeur-trice de recherche, votre signature au bas de ce document, atteste que vous assumerez le rôle et les responsabilités qui vous incombent lors de la supervision de ce projet.

Date : 26.02.2018

Signature du (de la) responsable (si applicable) Mail annexed

¹ Attention pour un projet de thèse, il est indispensable que ce projet soit signé par le(la) doctorante et par le(la) promoteur-trice.

2. Objet de la recherche

☐ Thèse de doctorat

Date de début de la thèse :

Année académique :

☐ Recherche académique

☐ Recherche commanditée (précisez)

Date de début et de fin (estimée) de votre recherche :

Autres précisions éventuelles :

☒ Mémoire

3. Investigateur-trice principal(e) ²

² (Notes : l’investigateur-trice principal(e) est généralement la personne en charge de la réalisation concrète du projet, par ex. le doctorant ; s’il s’agit d’une thèse de doctorat, l’aval du promoteur/de la promotrice principal(e) est requis et il convient de compléter le point 4)

Nom, Prénom : Silva-González, Gisela Fernanda

☐ Académique ou scientifique permanent

☐ Scientifique en post-doc

☐ Doctorant(e) (spécifiez la discipline)

Institut/Centre/Service : Faculté de Santé Publique

Téléphone : 0479669176

Adresse courriel : gisela.silva@student.uclouvain.be

4. Responsable académique ou scientifique du doctorat

Nom, Prénom : Aujoulat, Isabelle & Roskam, Isabelle

Institut/Centre/Service : Institut de Recherche Santé et Société; Psychological Sciences Research Institute

Téléphone : 027643475

Adresse courriel : isabelle.ajoulat@uclouvain.be; isabelle.roskam@uclouvain.be

5. Dénomination de la (des) institution(s) où la recherche sera conduite

Adresse : Chaussée de Charleroi 95, 1060 Saint-Gilles (Office National de l'Enfance)

Si la recherche n’est pas conduite dans une institution spécifique, précisez les modalités (par exemple : domicile des volontaires, enquête dans les gares, ...) : Infant and Parent Nurture Centers in French Community of Belgium contacted through the Office National de l'Enfance.

-Le Petit Cedre (Tubize) -L'Espace Famille (Etterbek) -Entreparent'aise (Saint-Gilles) -Le petit prince a dit (La Louviere) -Le Lieu Pour Jouer (Uccle) -La Recré (Essegheem) -Maison de la parentalité (Waterloo) - La Margelle (Bruxelles) - Le Babibar (Liege)

Responsable du projet : Antoine Borighem (O.N.E.)

6. Discipline dont relève l’étude

☒ Sciences Psychologiques

- ☐ Sciences de l'Éducation
- ☐ Logopédie
- ☒ Autre discipline. Précisez : **Public Health**

Si vous avez obtenu un accord après avoir rempli ce dossier, veuillez conserver une copie de celui-ci à toute fin utile.

**DEMANDE A LA COMMISSION D'ÉTHIQUE D'APPROBATION D'UN
PROGRAMME DE RECHERCHE IMPLIQUANT LA PARTICIPATION DE
PERSONNES HUMAINES**

Merci de répondre à toutes les questions de ce formulaire. Si la question ne concerne pas votre projet, indiquez N/A. À la fin de votre travail, veuillez enregistrer le fichier en format .pdf pour sa diffusion au sein de la commission.

Volet B. La description du programme : informations d'ordre scientifique

CONSIGNE IMPORTANTE

Merci de ne pas scanner les volets B, C et D du formulaire.

Pour éviter de devoir scanner le volet A, le message électronique mentionnant l'approbation du promoteur.trice est également recevable.

Veuillez remettre tous les documents en un seul PDF. Les autres formats (.doc, .jpeg, etc) ne seront pas acceptés.

Enregistrer chaque document sous format PDF et fusionner différents documents PDF en un seul à l'aide de logiciel disponible par exemple [ici](#).

1. Résumé du programme de recherche (1 page) ; présentez dans un langage compréhensible à l'ensemble des chercheurs en sciences psychologiques un résumé du programme reprenant les points suivants.

1.1. Objet de l'investigation (titre) :

The analysis of professionals' perceptions and experiences with parents in Infant and Parents Nurture Centers for the prevention of parenting issues such as parental burnout.

Mon projet ne relève pas de la psychologie clinique.

O Mon projet relève de la psychologie clinique*

O Mon projet ne relève pas de la psychologie clinique*

***Pour prendre connaissance de la définition de la psychologie clinique, cliquez sur le lien suivant :**

<https://uclouvain.be/fr/instituts-recherche/ipsy/procedures.html>

1.2. Cadre théorique (5 lignes environ) :

In one hand Infant-and-Parents Nurture Centers (IPNC) have been created to support childhood issues as well accompany parenthood (Dolto, 1985). Childhood issues have a direct impact on parenting efficacy, beliefs, and coping skills. Additionally, it increases frustration and irritability towards children (Heren et al., 2012). The constant exposition of parents to stress can lead them to develop what has been called parental burnout syndrome (Roskam, Brianda & Mikolajczak, 2017). Even if some intervention strategies have been set up, research is still limited to lead to proper prevention programs (Mikolajczak, Raes, Avalosse & Roskam, 2018).

Due to the functioning of IPNC and the variables moved in parental burnout interventions, the hypothesis of this research is that these places may have fundamental components to prevent parental burnout. Finally, there might be some parents that continue to participate in these spaces because as they are at a high risk of developing parental burnout or already in this situation.

1.3. Objectifs, hypothèses, questions de recherche, apports au développement des connaissances (5 lignes environ) :

Hypotheses:

The first hypothesis of this research is that infant-and-parent nurture centers may have fundamental components to prevent parental burnout.

The second hypothesis is that there may be parents who continue to participate at infant-and-parent nurture centers as they are at a high risk of developing parental burnout or already in this situation.

Objectifs :

To analyze the personal experience of professionals and parents in IPNC in order to know how they perceive its role for the prevention of parental burnout.

To have epidemiological information about parental burnout in IPNC to compare its' prevalence to the general population.

1.4. Description de la population visée et des procédures concrètement utilisées, de manière à bien faire percevoir ce qui est attendu des participants (20 lignes environ) :

Population: parents of children from 18 months to 6 years from different socio-economic levels, origins, gender, and ages that participate in IPNC in the French Community in Belgium and its professional teams. It is expected to collect the information of professionals' perceptions through focus groups from at least ten Infant-and-Parent Nurture Centers around Wallonia Region. The invitation to participate will be open to teams until middle March. A previous contact before focus groups is needed to establish the methodology of

the research and find the most suitable dates. Focus groups will go from Mars until May 2019 taking into account that teams may be available only during meetings or clinic supervisions and they will be recorded to further analysis. This step is necessary to elicit the professionals views regarding their role toward the prevention of parental burnout. Following, Parental Burnout Assessment (PBA) will be applied in a physical way to parents who participate actively to IPNC with the help of professional teams. This because the possitive transference and trust relation can encourage parents to participate. The application of PBA will start at the end of Mars until middle May. We expect to reach at least 10 parents from each place to represent the diversity of the population. These features include among others: socio-demographic data, age, gender, origins, number of children, geographic location. To guarantee confidentiality during the process the consentement and the PBA will be given separated and a box will with additional information like research objectifs and researcher contact will be placed in each IPNC. Each consent contains ethical and emotional implications of their participation. Also each questionnaire will be identify with a different code created with the following base : two first letters of the neighborhood and the date of the focus group (ex. UC260218). All the process emphasises the willfulness of their participation and their decision to stop whenever they think is necessary. Finally, even if at the end of each PBA parents that need more information about parental burnout, the research, or anything else related to this process; can leave their phone number or their mail addres. All this information will be kept until the end of the analysis expected to be in June.



2. Informations d'ordre méthodologique	
a) Stratégie de récolte des données : Cochez la ou les procédure(s) utilisée(s) dans votre projet :	
A Utilisation de documents d’archives, de dossiers ou de banques de données contenant des renseignements personnels non accessibles au grand public	☐
B Observation de personnes (plusieurs réponses possibles) <i>B.1 : observation directe par chercheur-euse visible au (à la) participant(e)</i> <i>B.2 : observation directe par chercheur-euse caché au (à la) participant(e)</i> <i>B.3. : observation enregistrée connue du (de la) participant(e)</i> <i>B.4. : observation enregistrée à l’insu du (de la) participant(e)</i>	☐ ☐ ☐ ☐
C Administration d’un questionnaire	☒
D Réalisation d’entretiens(s) individuel(s) ou de groupe(s)	☒
E Réalisation d’une tâche ou administration d’un test permettant la récolte de mesures psychologiques, psychométriques, physiques, intellectuelles ou autres	☐
F Administration d’un traitement médical expérimental G Prélèvement de matières biologiques H Administration de produits ou de substances I Utilisation de matériel biologique obtenu au départ à des fins médicales ou provenant de recherches antérieures ou de chercheurs extérieurs J Investigation physio-, neuro- ou électrophysiologique (EEG, MEG, IRM, TEP, conductance cutanée, ...). Précisez la (les) technique(s) utilisée(s) et leur caractère éventuellement invasif si vous avez coché ce point J : 	☐ ☐ ☐ ☐ ☐
K Autre (expliquez) : 	☐

b) Nombre de participants à l'étude

• **Indiquez le nombre de participants prévu et justifiez brièvement ce choix d'échantillon**

For the first stage of the research it is expected to make focus groups within ten professional teams. In general, taking into account the diversity of the composition of teams, it is expected to work with at least 40 professionals. For the second phase, the limit of age of children has been determined to avoid the confusion with other parenthood issues as post-partum depression or baby-blues. Moreover, at least one hundred surveys are necessary to represent the diversity characteristics within parents and also to have enough statistical information to compare to the general population.

• **Indiquez s'il s'agit de personnes / groupes / familles (spécifiez) :** Parents who actively participated to infant and parent nurture centers in Community French in Belgium

c) Critères de sélection des participants

Critères d'inclusion dans l'étude:

Parents of children from 18 months to 6 years who have participate in infant-and-parent nurture centers from different socio-economic levels, origins, gender, and ages.

Critères d'exclusion de la participation à l'étude :²

All parents can participate, exclusion will be made afterwards.

d) Modalités de recrutement des participants

Indiquez comment vous obtiendrez les coordonnées des participants et comment vous prendrez contact avec eux. Joindre en annexe D une copie du texte d'annonce ou du courriel qui sera utilisé ou du texte identifiant les informations qui seront données lors des contacts téléphoniques, s'il y a lieu:

For the application of Parental Burnout Assessment it is necessary an alliance with professional teams to encourage parents to participate. Each survey contains additional information of researcher as telephone number and email adress will be added.

e) Période de recrutement : de 01-03-2019 (date début) à 31-05-2019 (fin prévue)

Commentaires éventuels:

² Il ne s'agit pas d'exclusion de données lors de l'analyse, ce qui peut se justifier pour plusieurs raisons.

Volet C. Les considérations d’ordre éthique

1. Avez-vous demandé l’aval d’un comité d’éthique biomédicale pour votre étude ?

Oui ☐ Non ☒

Si oui, quel a été l’avis de ce comité ? (joindre ou spécifier si en attente) :

Si non, et que vous utilisez une ou plusieurs des procédures mentionnées aux points F à J dans la méthodologie utilisée, ou si votre étude porte sur une population souffrant de troubles ou de pathologies spécifiques au domaine de la médecine, veuillez préciser les raisons pour lesquelles vous estimez que l’avis de ce comité n’est pas nécessaire (à noter que vous pourriez avoir des raisons de solliciter un tel avis dans le cas d’autres procédures, selon les circonstances) :

Because this research is not based on the implication of patients in a medical context or tries to analyze the suffering of parents. On the contrary, this one is based on a psychosocial prevention program and the deep information about emotional state of parents will be collected in an indirect way through professionals.

2. Protection des populations vulnérables

a) Mineurs, Majeurs inaptes, Détenus

La recherche inclut-elle:

• Des mineurs Oui ☐ Non ☒

• Des majeurs dont l'inaptitude a été constatée judiciairement Oui ☐ Non ☒

Si vous cochez cette case vous devez obtenir le consentement des personnes qui, au plan légal, en sont responsables. Vous devez aussi obtenir l'assentiment des personnes mineures ou inaptes lorsque leur degré de discernement leur permet de comprendre l'objet et la nature de la recherche.

Veuillez expliquer comment vous allez procéder pour ce faire:

• Des personnes en milieu carcéral Oui ☐ Non ☒

b) Lien de dépendance

La recherche inclut-elle:

• Des personnes qui sont dans une relation client-professionnel avec vous, votre superviseur(e) ou un(e) de ses associé(e)s Oui ☐ Non ☒

• Des personnes qui sont dans une relation étudiant-professeur avec vous ? Oui ☐ Non ☒

• Des personnes qui sont dans une relation employé-employeur avec vous ? Oui ☐ Non ☒

Si vous avez répondu « oui » à l’une de ces questions, quelle(s) stratégie(s) entendez-vous utiliser afin de préserver la liberté pour ces personnes de participer ou non ?

3. Risques et avantages (autres que financiers ou matériels) pour les participant(e)s

a) Quels avantages directs ou indirects les participant(e)s peuvent-ils espérer recevoir de leur participation ?

The willness to participate in the research can help parents realize their actual emotional and physical state related to parenthood and encourage them to look for professional support. Also, further information about specialized places or programs is going to be provided in case deeper support is needed.

b) Quels sont les désagréments potentiels liés à cette participation comme, par exemple, des affects négatifs (même temporaires), une dégradation (même temporaire) de l’image de soi, des inquiétudes ou des ruminations, un inconfort physique (même léger), de la lassitude, ou tout autre désagrément ? Merci d’être attentif(ve) au fait que la grande majorité des recherches en psychologie et/ou en science de l’éducation entraînent de tels désagréments.³

Expliquez : To think about their parenting skills and identity as their current emotional and physical state related to parenting.

Quelles sont les précautions prévues pour remédier à ces inconvénients?

IPNC teams will receive further information about parental burnout syndrome and parenting specialized places, websites, professionals, and programs to give support to parents in case it is needed. Also participants can freely contact any of the coordinators and the responsible of the research at anytime.

c) Votre recherche implique-t-elle pour les participant(e)s des risques qui vont au-delà de ceux encourus dans la vie quotidienne : risques physiques, psychologiques, sociaux, professionnels, économiques, politiques ou autres ? Oui ☒ Non ☐

Si oui, expliquez : surveys might bring out some feelings - emotions related to family, identity and parenting.

Dans l’affirmative, quelles sont les précautions prévues afin de minimiser les risques connus ou anticipés pour les participant(e)s ?

Before the questionnaire some information about possible consequences will be also given to professional teams. In order to show their agreement, parents have to give their consent to participate but also they can stop their participation at anytime of the process.

d) Identifiez, s’il y a lieu, les personnes, services ou organismes qui peuvent venir en aide aux

³ C’est notamment le cas des études

- (1) utilisant des questionnaires mesurant des symptômes (par ex. dépression, anxiété) ou des processus psychologiques potentiellement dysfonctionnels (par ex. stratégies de régulation émotionnelle) ;
- (2) ayant recours à des tâches de laboratoire potentiellement difficiles (par ex. tâches évaluant les fonctions exécutives, mnésiques ou attentionnelles) ou ennuyeuses (tâches durant plus de 1 à 5 minutes) ;
- (3) ayant recours à la présentation de stimuli susceptibles de déclencher une activation émotionnelle et/ou physiologique ;
- (4) utilisant des méthodes contraignantes (par ex. eye tracking, EEG, fMRI, TDCS) ;
- (5) dont l’objectif réel n’est pas connu des participants (études utilisant des conditions expérimentales dans lesquelles les participants sont trompés à dessein).

participants : Infant-and-Parent Nurture Centers, Office National de l'Enfance, Consultations [redacted]

4. Consentement des participant(e)s

Les participant(e)s donnent-ils un consentement éclairé pour leur participation à l'étude ?

- ☒ Oui, sous forme écrite (veuillez fournir en annexe D un exemplaire de ce document)
- ☐ Oui, sous forme orale. En cas de consentement oral, précisez pourquoi un consentement écrit ne peut être obtenu et comment celui-ci sera obtenu : [redacted]
- ☐ Non. En cas d'absence de consentement, veuillez en expliquer les raisons : [redacted]

Les participant(e)s donnent-ils un consentement écrit pour l'utilisation de leurs données personnelles rendues anonymes (par exemple lors d'un enregistrement audio ou vidéo, photo, etc.) ?

- ☒ Oui, par le chercheur uniquement, pour l'analyse des résultats
- ☐ Oui, par le chercheur pour la communication scientifique
- ☐ Non. En cas d'absence de consentement, veuillez en expliquer les raisons : [redacted]

Pour une personne mineure ou adulte inapte à consentir, décrivez la procédure prévue pour obtenir l'acquiescement du (de la) participant(e) :

- ☐ un proche,
- ☐ la ou les personnes légalement responsables ;
- ☐ le/la directeur-riche de l'établissement ;
- ☐ le participant après coup ;
- ☐ le conjoint ;
- ☐ autre, expliquez : [redacted]

Si vous avez rencontré une difficulté à choisir, ou n'avez pu donner une réponse pour un des points de cette rubrique, spécifiez pour quelles raisons : [redacted]

5. Divulcation partielle et tromperie

Dans la recherche en psychologie, il est généralement admis de ne pas divulguer aux participants l'hypothèse soumise au test, de manière à réduire les effets des attentes de l'investigateur. L'information fournie aux participants pour obtenir leur consentement reste souvent générale, les détails pouvant être précisés sur demande à la fin de l'étude. Toutefois, dans certains cas, l'investigateur est conduit à dissimuler l'objet réel de sa recherche ou à prétexter un objectif différent de celui qui est poursuivi. De telles tromperies sont susceptibles de causer des dommages psychologiques, en particulier si les informations erronées portent sur des caractéristiques personnelles des participants (personnalité, aptitudes, dispositions, etc.) Les deux questions qui suivent visent à évaluer ces risques.

a) Certaines informations concernant l'objet ou la méthodologie de votre étude doivent-elles être cachées aux participants à des fins de recherche ? Oui ☐ Non ☒

Si oui, donnez-vous la possibilité aux personnes d’obtenir des informations plus précises sur la recherche ? Expliquez: [redacted]

b) Votre procédure de recherche nécessite-t-elle d’induire temporairement en erreur les participant(e)s sur les buts et procédures de cette étude ? Oui ☐ Non ☒

Si oui, décrivez la nature du subterfuge, les raisons justifiant le recours au subterfuge: [redacted]

Si vous avez répondu par l’affirmative à une de ces deux questions, veuillez spécifier comment et quand vous allez en informer les participants (méthode de désensibilisation – débriefing – offerte aux participants par rapport au subterfuge utilisé) : [redacted]

6. Confidentialité des données

Il faut à cet égard distinguer les archives personnelles utilisées à des fins de recherche (vidéos, test/retest...) et les informations rendues publiques (cours, communication scientifique).

a) Les informations conservées permettent-elles d’identifier le (la) participant(e) (ex. : nom, date de naissance, voix, photo, image vidéo, etc.) ? Oui ☒ Non ☐

Si oui, quelles informations et à quelles fins ? voice recording of interviews and focus groups to further analysis.

b) Quelles sont les procédures mises en place pour assurer l’anonymat des participant(e)s et le caractère confidentiel des données lors de leur traitement et de leur diffusion ? (par exemple, transcription codée, encryptage ou numérisation des données, effacement des bandes, données agrégées, omission de certaines caractéristiques, utilisation d’un pseudonyme, destruction des questionnaires, etc.)

Transcription with the use of codes and omission of personal information.

c) Où, par qui, comment et combien de temps seront conservées les données, et quelles sont les procédures mises en place pour la protection des données personnelles ?

Results will be kept until the publication of results.

d) Les résultats de la recherche seront-ils communiqués aux organismes partenaires de la recherche sous une autre forme qu’une publication ou une présentation générale des résultats?

Oui ☒ Non ☐ Sans objet ☐

Si oui, présentez les modalités de transmission des résultats et spécifiez de quelle manière vous comptez vous assurer que la présentation des résultats préservera l’anonymat des participants : results are going to be presented via the ONE

e) Dans certaines circonstances, la loi peut vous obliger à révéler certaines informations à des tiers (par exemple, signaler un cas d'abus). Avez-vous prévu une clause à cet effet dans le formulaire de consentement?

Oui ☐ Non ☐ Sans objet ☒

Dans l’affirmative et dans le cas où vous seriez confronté à une telle situation, quelle(s) stratégie(s) comptez-vous utiliser ? [redacted]

7. Compensation

a) Les participants recevront-ils une compensation liée à leur participation à la recherche?

Oui ☐ Non ☒

Si oui, sous quelles modalités ?

☐ une somme équivalente aux dépenses encourue : préciser le montant et justifiez :

☐ une somme forfaitaire de euros

☐ un cadeau (bon d’achat, billet de lotterie, etc.). S’il y a lieu préciser lequel :

☐ des crédits pour un cours

☐ un suivi psychologique

☐ une autre forme de compensation ; précisez

Si non, justifiez :

b) Les montants prévus ou la forme sous laquelle sera versée la compensation sont-ils les mêmes pour chaque participant?

☐ Oui

☐ Non Si non, justifiez :

☒ Ne s'applique pas

c) Dans l'éventualité où un participant se retirerait du projet, conservera-t-il sa compensation?

☐ En totalité

☐ En partie expliquez:

☒ Non justifiez :

8. Retours d’information

A la fin de la séance, l’étude, informerez-vous les participants des objectifs de l’étude et des moyens que vous avez utilisés pour y parvenir (« debriefing ») ?

☒ Oui

Veuillez fournir en Annexe D la liste des principaux points à aborder lors de ce debriefing.

☐ Non Si non, justifiez :

Les participants auront-ils la possibilité de vous poser des questions et de manifester leurs réactions ?

☐ Oui ☐ Non ☐ Sans objet

Si non, justifiez :

Au terme des analyses, les résultats de la recherche seront-ils communiqués aux participants (individuellement ou collectivement)

• Individuellement Oui ☐ Non ☐

Si non, justifiez :

• Collectivement Oui ☒ Non ☐

Si non, justifiez :

9. Question au Comité d’Ethique

Y a-t-il un problème ou aspect particulier à propos duquel vous êtes désireux d’obtenir un avis et/ou l’aide du comité d’éthique?

It is possible to avoid the informed consent because infant and parent nurture centers work with a basic principle of anonymity. This means, IPNC do not ask names, social status or any information which can identify parents. If parents write their names in a document, IPNC take the risk of having problems with the emotional tie created.

Volet D : Annexes utiles

A compléter (Veuillez à effacer votre nom si vous souhaitez que votre dossier soit traité de manière anonyme):

- le texte du consentement éclairé et informé pour les participants et/ou pour les personnes légalement responsables des participants mineurs ou déclarés inaptes

- le texte de protocole suivi pour le debriefing.

- Veuillez également copier dans le fichier tout autre document pertinent, comme par exemple :
- une copie des correspondances attestant les autorisations des institutions, organismes ou établissements dont la collaboration est nécessaire pour les fins de la réalisation de la recherche
- une copie des questionnaires, des schémas d'entrevue ou des grilles d'observation
- une copie des informations qui seront données à des fins de recrutement : affiches, contacts téléphoniques ou courriels

Approval for the submission of the application to the IPSY Ethics Commission

commission d'éthique IPSY



Isabelle Aujoulat
mar. 14-05, 18:13



Bonjour Gisela,

Je vous confirme par ce mail que j'ai bien lu et approuvé les documents soumis à la commission d'éthique, relatifs au protocole de votre mémoire de master en santé publique.

Bien cordialement,

Isabelle Aujoulat



Gisela Fernanda Silva Gonzalez
mar. 14-05, 15:58
Isabelle Aujoulat



Bonjour Madame Aujoulat,

Je viens de recevoir un mail de la Commission d'Ethique de l'IPSY où ils me demandent un mail adressé à moi en affirmant que vous avez lu et approuvé les documents que j'ai soumis pour l'ajouter à mon dossier.

Merci et bien à vous

Gisela Silva-Gonzalez

Master en Santé Publique
Université Catholique de Louvain

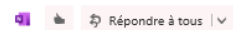
Answer of IPSY Ethics Commission

Deamnde Gisela Silva Gonzalez

0 1



Commission d'Ethique IPSY <demande-ethique-ipsy@uclouvain.be>
mar. 29-05, 14:51
Gisela Fernanda Silva Gonzalez; Isabelle Roskam; Isabelle Aujoulat



Boîte de réception

Bonjour,

Lors de sa réunion du 22 mai 2019, la commission d'éthique d'**IPSY** a examiné le projet que vous lui aviez soumis (notre référence: Projet2019-15). Notre commission exprime un avis favorable à la réalisation de cette recherche moyennant la prise en considération de certaines recommandations:

- Selon notre comité, le projet relève de la psychologie clinique (voir les critères sur notre site : <https://uclouvain.be/fr/instituts-recherche/ipsy/procedures.html>); la commission recommande de demander l'avis du comité d'éthique hospitalo-facultaire des cliniques Saint-Luc.

- Le recueil du consentement éclairé des participant.e.s est nécessaire.

- Au point 4 du formulaire de consentement, la commission suggère de supprimer la phrase « L'université et le lieu que vous fréquentez n'ont pas accès aux informations fournies ici ».

- A l'annexe E la phrase « Cette étude vise à savoir vos ressentis dans le rôle en tant que parent entre ceux qui fréquentent... » devrait être reformulée.

- La commission recommande de prévoir un débriefing et d'anticiper le fait que les participant.e.s pourraient être mal à l'aise après la passation des questionnaires.

- La commission rappelle que son avis est valable à partir du moment où il est rendu.

Bien cordialement,

Nicolas Vermeulen

ANNEXED 7

RESEARCH INVITATION FOR PARENTS



L'EXPERIENCE DES PARENTS DANS LES LIEUX DE RENCONTRE ENFANT-PARENT

Vous êtes invité(e) à participer dans le cadre d'un travail de fin d'étude en Santé Publique de Gisela Silva-González de l'Université Catholique de Louvain à Bruxelles de mai jusqu'à juillet 2019.

Cette étude vise à connaître vos ressentis en tant que parent au travers d'un questionnaire.

Il vous est assuré que toutes les données collectées ici sont confidentielles et ne seront utilisées que pour l'étude.

Un retour d'information sera diffusé via les sites de l'O.N.E. en septembre 2019

Si vous souhaitez davantage d'information, vous pouvez nous contacter:
Responsable de l'étude : Isabelle Aujoulat isabelle.aujoulat@uclouvain.be
Investigateur : Gisela Silva gisela.silva@student.uclouvain.be

 OFFICE DE LA NAISSANCE ET DE L'ENFANCE 

ANNEXED 8

PARENTAL BURNOUT ASSESSMENT



INFORMATION AU PARTICIPANT

Vous êtes invité(e) à répondre à un questionnaire, le Parental Burnout Assessment (PBA), dans le cadre d'un travail de fin d'étude en Santé Publique de Gisela Silva-González sous la supervision de Madame Isabelle Aujoulat, professeure de la Faculté de Santé Publique de l'Université Catholique de Louvain.

Nom de l'étude : L'expérience des parents dans les lieux de rencontre enfant-parent (LREP) au sein de la Communauté Française en Belgique.

Objectifs et description du questionnaire :

Cette étude vise à savoir vos ressentis dans le rôle en tant que parent entre ceux qui fréquentent les LREP en la Communauté Française en Belgique. Le questionnaire sera proposé à environ 100 parents.

Les conditions pour participer à cette étude sont : d'avoir encore au moins un enfant vivant à votre domicile (18 mois à 6 ans) et de fréquenter un LREP.

La passation du questionnaire dure environ 20 minutes. Il s'agit de 23 items cotés de 0 à 6 où il n'y a ni bonne ni mauvaise réponse.

Veuillez lire attentivement ce formulaire qui en décrit l'objectif et les modalités pratiques.

Protection de la vie privée – Garantie de l'anonymat :

Cette étude est dirigée par la Faculté de Santé Publique de l'Université Catholique de Louvain à Bruxelles avec le soutien de l'Office National de l'Enfance (ONE) et dix lieux de rencontre enfant-parents de la Communauté Française. Cette étude est indépendante du lieu de rencontre dont vous faites partie. Il vous est assuré que toutes les données collectées ici sont confidentielles et ne seront utilisées que pour les objectifs de l'étude.

Un retour d'information sera diffusé dès la fin de la recherche via les sites de l'ONE en septembre 2019.

Si vous souhaitez davantage d'information à propos de l'étude, vous pouvez nous contacter par mail :

Responsable de l'étude : Isabelle Aujoulat (isabelle.aujoulat@uclouvain.be) Responsable du PBA : Isabelle Roskam (isabelle.roskam@uclouvain.be) Responsable O.N.E : Antoine Borighem (Antoine.Borighem@one.be) Investigateur : Gisela Silva (gisela.silva@student.uclouvain.be)
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FORMULAIRE DE CONSENTEMENT ECLAIRE AU PARTICIPANT

1. Je sais que cette enquête a été soumise et approuvée par le Comité d'Ethique de l'Institut de Recherche en Sciences Psychologiques de l'UCL.
2. J'ai reçu une explication concernant la nature, le but, la durée de l'étude et j'ai été informé(e) de ce qu'on attend de ma part. On m'a donné le temps et l'occasion de poser des questions sur l'étude et toutes mes questions ont reçu une réponse satisfaisante.
3. Je suis libre de participer ou non, de même que d'arrêter ma participation à tout moment sans qu'il soit nécessaire de justifier ma décision et sans que cela n'entraîne le moindre désavantage.
4. Ce consentement éclairé garantit la protection de votre vie privée en tant que participant.
5. Je consens de mon plein gré à participer à cette étude.

Nom et prénom du (de la) participant(e)

Date (jour/mois/année)

Après lecture des informations ci-dessus, je consens de manière volontaire à compléter le questionnaire.

Code du lieu

Questionnaire : Parental Burnout Assessment (PBA)¹

1. Êtes-vous : un père, une mère, autre (spécifier)
2. Quel est votre âge ?
3. Quel est votre niveau d'étude ?
4. Quel est votre langue maternelle ?
5. Combien d'enfants en dessous de 3 ans vivent à votre domicile ?
6. Quel est l'âge de chaque enfant ?
7. Avez-vous fréquenté au moins un des LREP ces six derniers mois ?
8. Avec quelle fréquence fréquentez-vous le LREP ? Ex. Une fois par semaine.
9. Dans quelle région se trouve le LREP que vous fréquentez ? Ex. Liège

Les enfants représentent une source importante d'épanouissement et de joies pour leurs parents. En même temps, ils peuvent également être, pour certains parents, une source d'épuisement (et ceci n'est pas antinomique : l'épanouissement et l'épuisement peuvent coexister ; on peut aimer ses enfants et pourtant se sentir épuisé dans son rôle de parent). Le questionnaire ci-dessous concerne l'épuisement qu'il est possible de ressentir en tant que parent. Choisissez la réponse qui correspond le mieux à ce que vous ressentez personnellement. Il n'y a pas de bonne ou de mauvaise réponse. Si vous n'avez jamais eu ce sentiment, indiquez : "Jamais". Si vous avez eu ce sentiment, indiquez combien de fois vous le ressentez en cochant parmi les propositions allant de « Quelques fois par mois ou moins » à « Chaque jour », celle qui décrit le mieux à quel point vous sentez comme ça.

	Jamais	Quelques fois par an ou moins	Une fois par mois ou moins	Quelques fois par mois	Une fois par semaine	Quelques fois par semaine	Chaque jour
Je suis tellement fatigué par mon rôle de parent que j'ai l'impression que dormir ne suffit pas	0	1	2	3	4	5	6
J'ai le sentiment de ne plus me reconnaître en tant que papa/maman	0	1	2	3	4	5	6
J'ai le sentiment d'être à bout de force à cause de mon rôle de parent	0	1	2	3	4	5	6

¹ Roskam, I., Brianda, M-E. & Milokajczak, M. (2018). A step forward in the measurement of parental burn-out : the Parental Burnout Assessment. *Frontiers in Psychology. Research topic : when the great adventure of parenting turns to disaster : regrets and burnout.*

J'ai zéro énergie pour gérer mes enfants	0	1	2	3	4	5	6
Je pense que je ne suis plus le bon père/la bonne mère que j'ai été pour mes enfants	0	1	2	3	4	5	6
Je n'en peux plus d'être parent	0	1	2	3	4	5	6
En tant que parent, j'ai un sentiment de trop, « trop plein »	0	1	2	3	4	5	6
J'ai l'impression de m'occuper de mes enfants en pilote automatique	0	1	2	3	4	5	6
J'ai le sentiment que je n'en peux vraiment plus en tant que parent	0	1	2	3	4	5	6
Quand je me lève le matin et que j'ai à faire face à une autre journée avec mes enfants, je me sens épuisé(e) d'avance	0	1	2	3	4	5	6
Je ne ressens pas de plaisir à être avec mes enfants	0	1	2	3	4	5	6
Je me sens saturé(e) en tant que parent	0	1	2	3	4	5	6
Je me dis que je ne suis plus le parent que j'ai été	0	1	2	3	4	5	6
Je fais juste ce qu'il faut pour mes enfants mais pas plus	0	1	2	3	4	5	6
Mon rôle de parent épuise toutes mes ressources	0	1	2	3	4	5	6
Je ne supporte plus mon rôle de père/mère	0	1	2	3	4	5	6
J'ai honte du parent que je suis devenu	0	1	2	3	4	5	6
Je ne suis plus fier(e) de moi en tant que parent	0	1	2	3	4	5	6
J'ai l'impression que je ne suis plus moi-même quand j'interagis avec mes enfants	0	1	2	3	4	5	6
Je n'arrive plus à montrer à mes enfants combien je les aime	0	1	2	3	4	5	6
Penser à tout ce que je dois faire pour mes enfants m'épuise	0	1	2	3	4	5	6
J'ai l'impression qu'en dehors des routines (trajets, coucher, repas), je n'arrive plus à m'investir auprès de mes enfants.	0	1	2	3	4	5	6
Dans mon rôle de parent, je suis en mode survie	0	1	2	3	4	5	6

Merci pour votre participation. Si vous souhaitez recevoir des informations complémentaires sur le burnout et / ou la recherche, veuillez laisser une adresse mail dans le carré ci-dessous

Code du lieu