

**Respecting  
the child**  
*A mandatory  
mission*

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## *A silent epidemic*

- from the notion of «*new morbidities*»
- to the cumulative effect of *toxic stress*
- to the concept of *multiple trauma*
- To ACE (*adverse childhood experiences*)

# TOXIC STRESS

## That makes children falling into the cracks

- **POWERLESS FAMILIES**

- **DISENGAGED COMMUNITIES**

- **IMPOVERISHED SOCIETIES**

- Contaminated and unsafe housing
- Disadvantaged environment
- Lack of parental and societal stimulation
- Malnutrition (fast food)
- Lack of identity, reference and parental guidance
- Poor attachment
- Cultural breakdown and lack of a protective circle
- Violence
- Social Exclusion
- No citizenship
- Financial insecurity
- Inadequate school resources
- wrong diagnosis
- No resiliency
- Failures and exclusions
- Unmet fundamental needs and rights



## *Polytraumatic experiences*

- **The child experiencing multiple negative events along its developmental pathway will suffer in different ways:**
- an uncontrolled effect on brain development and brain control
- Brain structural changes and epigenetic modification that leads to altered cognitive and emotional development
- Major impacts on development, behaviour, learning, adaptation
- An arising specific toxic effect named • ***anxiety***
- and subsequent possible mental det.....

3 Year old children

Costs to taxpayer

Normal

Extreme neglect

Early Intervention

Low attainment

Benefits

Failed relationships

Poor parenting

Drink & drug abuse

Teen pregnancy

Violent crime

Shorter life

Poor mental health

July 2011

HM Government

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## *Net result when Non respecting children*

- Catastrophic impact on the right to be born and raised healthy and equal
- Huge consequences on the global development particularly in the first years of life
- Severe impact on the capacity to enter school ready to learn at 5 y.o.
- Increased risk of significant diseases on the long run
- Higher rates of negative behaviours
- Highly diminished chance to succeed in life
- Lesser life expectations

## TABLE 1. ACE STUDY FINDINGS

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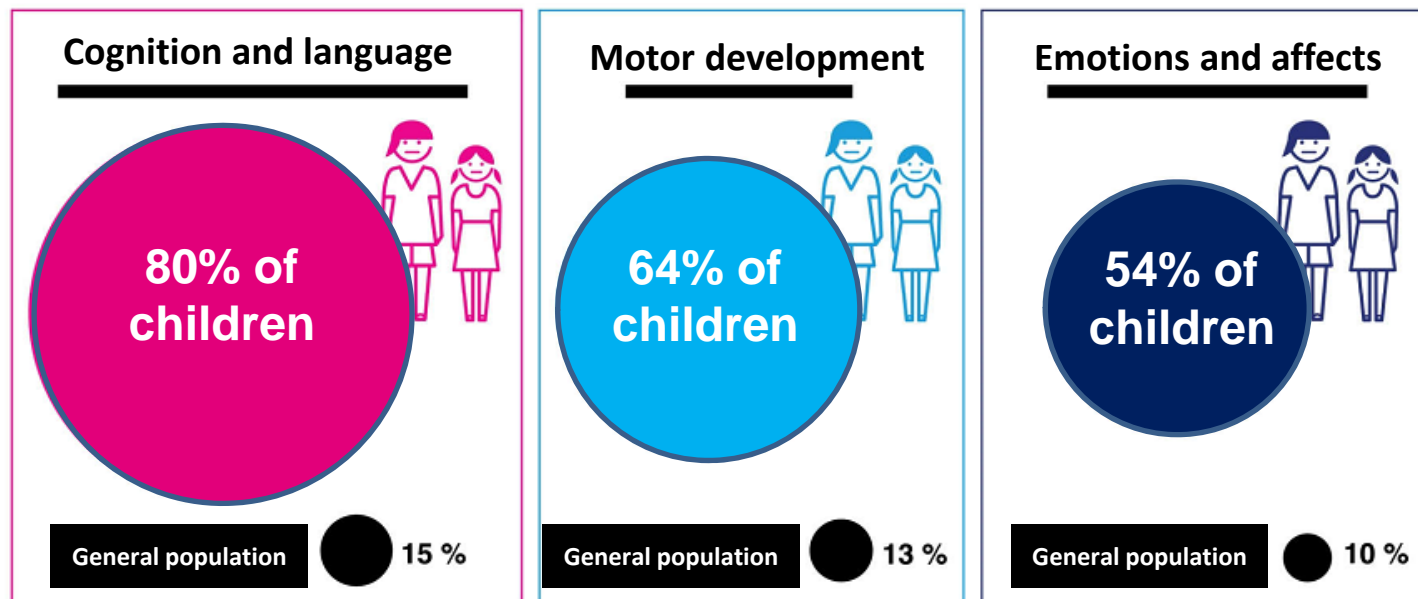
*In the ACE Study, in comparison to those reporting no ACEs, individuals with 4+ ACEs had significantly greater odds of reporting...*

Ischemic heart disease	2.2
Any Cancer	1.9
Chronic Bronchitis or emphysema (COPD)	3.9
Stroke	2.4
Diabetes	1.6
Ever attempted suicide	12.2
Severe obesity	1.6
Two or more weeks of depressed mood in the past year	4.6
Ever used illicit drugs	4.7
Ever injected drugs	10.3
Current smoker	2.2
Ever had a sexually transmitted disease	2.5

SOURCE: Felitti, 1998

# Who is our Population?

Compared with general population, there are **five times more** children (0-5 years-old) in CSP centers showing a developmental delay in at least one of the following:





# HOW TO PREVENT The silent EPIDEMIC ?

## Respecting the UN Convention on the Rights of the Child

1. Rights regarding physical needs:
  - Adequate shelter & housing
  - Health care
  - Clean water & sanitation
  - Protection from environmental pollution
  - Adequate food
  - Adequate clothing
  - Protection from violence, exploitation and abuse

(Adapted from P.A. Gorski)

# HOW TO PREVENT THIS EPIDEMIC ?

2. Rights regarding social, economic and cultural needs:
  - Knowledge of and respect for own language, religion and culture
  - Stable economic environment
  - Recognition of and respect of emerging competencies
  - Access to appropriate guidance and support
  - Access to play and friendship
  - Respect for privacy
  - Freedom from discrimination and prejudice

(Adapted from P.A. Gorski)

# HOW TO PREVENT THIS EPIDEMIC ?

3. Rights reagarding intellectual, psychological and emotional needs:
  - Stable and loving family environment
  - Access to education
  - Access to age appropriate information, stimulation and opportunities to be listened to and taken seriously

(Adapted from P.A. Gorski)

# ***Building a new paradigm of care and services to respect the integrity of the child***

**Creating a movement around children** and their families to ensure their optimal development. It implies active participation of the child, the family and other significant people in their lives in the aim to control toxic stressors. The community-based structure leverages interventions and facilitates resilience factors.



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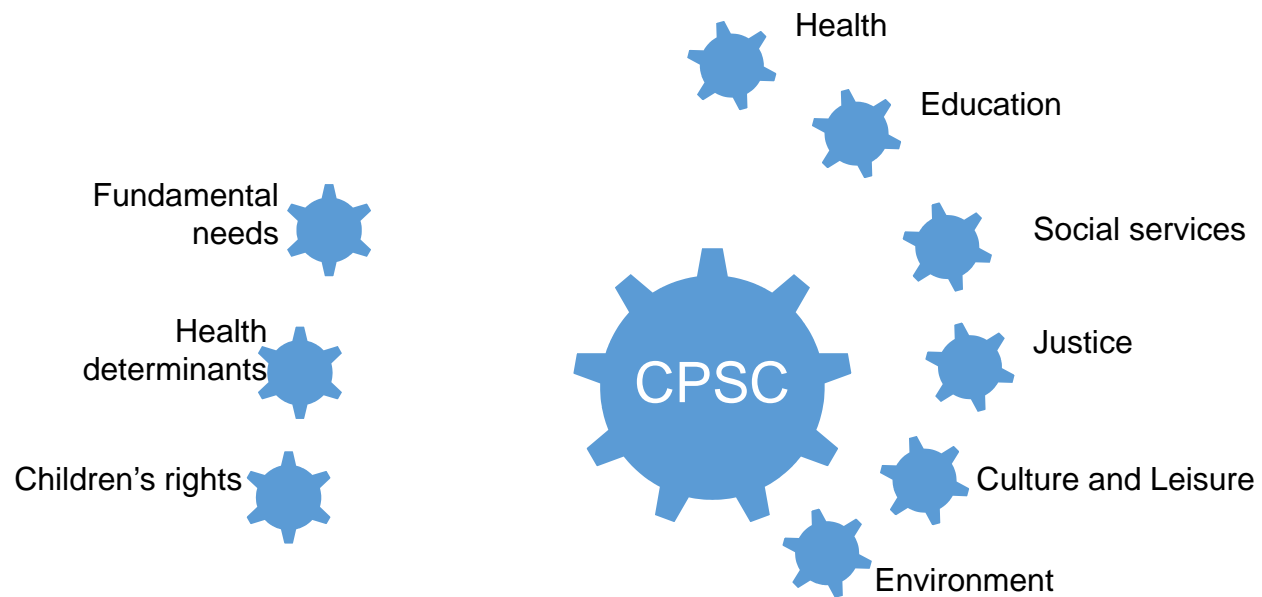
# A New Medical Paradigm

- The **sources of social medicine**:
  - Consider health and development as a whole
  - Consider various environments (home, school, neighborhood, etc.)
  - The importance of decoding the child
- The need to take action at the **community level**:
  - Assure children's rights
  - Prevent the consequences of toxic stressors and polytraumatic experiences on child development and well being
- The need of a **proximal and integrated interdisciplinary** approach:
  - *A meeting point and cross-fertilization of various disciplines* - [Michel Manciaux]
  - Support vulnerable children and families
  - Child global health approach in and with the community
- The need **to scale up**:
  - Training for professionals and students
  - Collaboration with research: CSP Chairs McGill University and UdeM
  - Certification process across Canada

# ***Community social pediatric (added value)***

- -Accessibility
- -Intensity
- -Tailored accompagnement (medical, legal, social)
- -Cohesion-integration of services
- -Advocacy for the respect of the child

# **COMMUNITY SOCIAL PAEDIATRICS CENTRE (CSPC)** **the link for the cohesion of services**

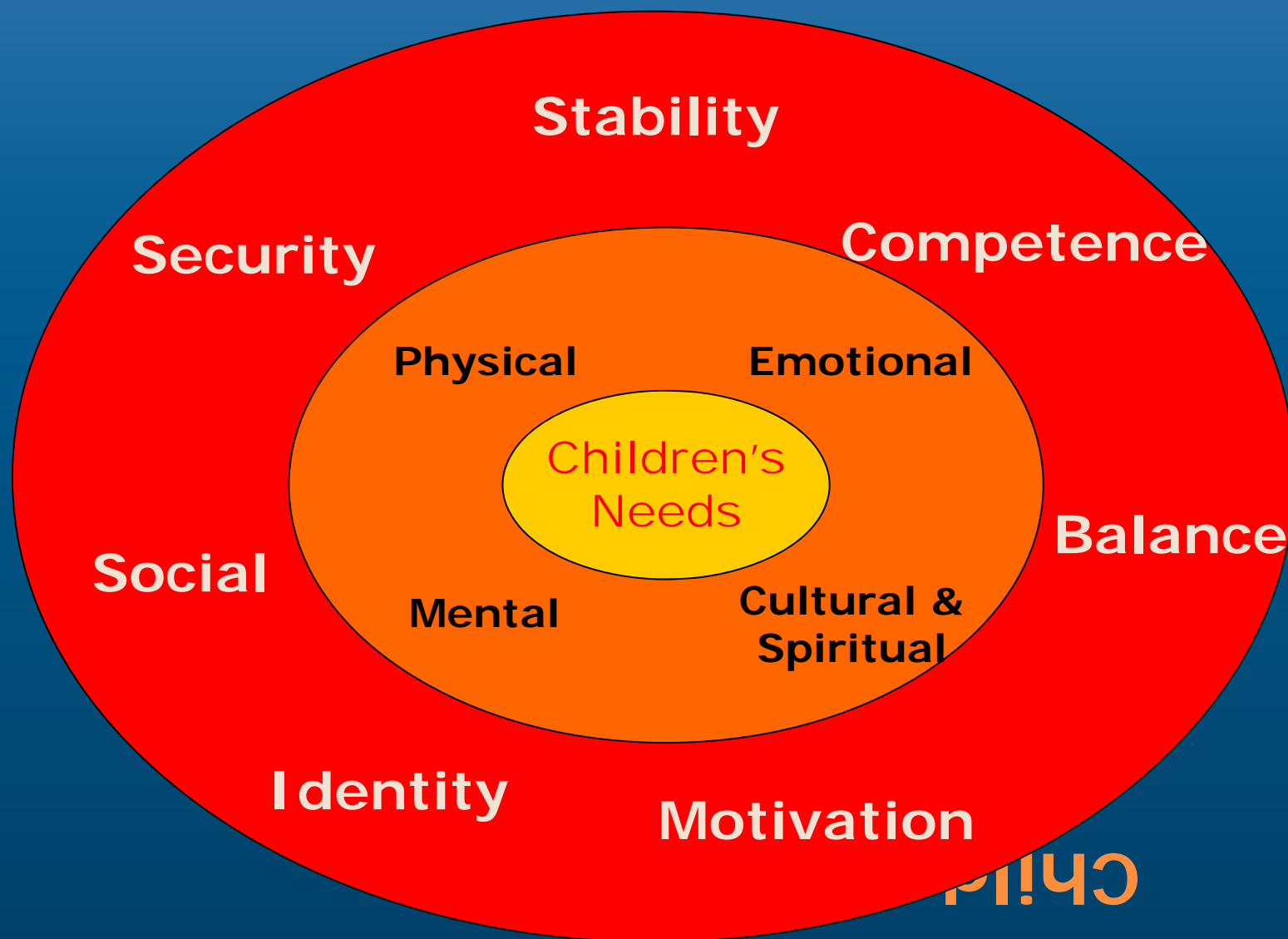


# Indicated Care And Services

- The know how to be: an approach of **proximity** with specific attitudes and complete respect (eg “bedside manners”)
- The know how: a comprehensive approach based on scientific evidence and interdisciplinary knowledge:
- The know how to care: **EEDA** approach







# EEDA Approach

- **Establishing.** Getting to know each other, starting to feel comfortable with each other.
- **Exchanging.** Sharing issues, information, common goals with the child, the family and intervenors of multiple sectors.
- **Decoding.** Understanding the roots of symptoms, the origins of suffering and the causes of diseases and new morbidities.
- **Action.** Developing a shared and prioritized action plan.



## **COMMUNITY SOCIAL PEDIATRICS**

### **«The Montreal model»**

- A model that engages the community with the common goal to attain the well-being of all children in a perspective of equity
- A call to action for high risk children within high risk families and environments
- A specific approach to make sure that children's rights are all respected in a specific community



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# **Factors For Success When Supporting Vulnerable Children**

- Building a network around the child, a protective and caring circle within the community, and **accessible global care**.
- Creating a community-based structure to leverage interventions and **developing resilience** factors for both the child and the family
- Promote an EEDA approach.
- Defining a **concerted action plan** for consistent services and involvement of the child, the family networks and the different systems and sectors (stakeholders).
- Cooperation of trained professionals to take into account the complexity of the procedure and to ensure the respect of all of the child's fundamental rights.
- Promote a broad **funding** model (population, private, government)
- Promote a university-based association for **training and research**



# Output: Social Capital And Well-being Of All Children

## RESULTS

- Creates **strong mobilization** of families and community members around the children's fundamental rights
- Contributes to the evolution of professional competences and the envisioning of a fair and sustainable society
- Encourages better practices (evolution and envisioning) and institutional systemic changes on how to reach children living in a stressful environment as well as alleviating sources of toxic stress



## RESULTS

- Drastically reduces the cost of intervention associated with stressful living conditions
- Efficiently addresses sources of toxic stress
- Offers children living in stressful environments a better chance to develop their full potential
- Increases accessibility to coherent health, social and legal services to untrusting families



## Measurable Outcome Of The Model

- Accessibility to diagnosis and global health care for children from disadvantaged neighborhood.
  - Geographic proximity
  - Relational proximity
- Integration in a single location of medical, specialized, psychosocial and legal services, which provides a global response to a wide range of children's and families' needs.
  - Multiple interdisciplinary and intersectorial professionals in the same location
- Strong collaboration with different sectors.
  - Education;
  - Social services, etc.
- Improvement of family well-being after one year of services in a CSP center.
  - Improvement in children' social-emotional development
  - Improvement in parent-child relationship
  - Sense of social support enhanced
- Prevention of parental neglect and improvement in child-parent attachment
  - Significant number of children staying in their family settings
  - Positive changes in parenting skills and self-confidence
  - CSP center seen as a positive presence in their family environments

Clément *et al.*, 2014; Marcoux, 2010

# **BUILDING STRONG CHILDREN**

**“It is easier to build strong children  
than to repair broken men.”**

*- Frederik Douglass*





# REFERENCES

Clément M. et coll. (2009). Proximités : liens, accompagnement et soins. Presses de l'université du Québec, p. 125.

Darbellay F. (2005). Interdisciplinarité et trans-disciplinarité en analyse des discours. Complexité des textes, intertextualité et transtextualité. Genève : Slatkine, p. 1 -404.

Eisenberg D. (2002). À l'aube d'une médecine intégrée, Congrès international sur la science du touché, Montréal, entrevue de Christian Lamontagne sur PasseportSanté.net consulté le 10 juillet 2013.

Garner A., Shonkoff J. (2012). Early Childhood, adversity, Toxic Stress, and the Role of the Pediatrician: Translating developmental Science Into Lifelong health, Pediatrics, Pediatrics, Vol. 129-1, e224-31

Julien, Gilles (2004). Soigner différemment les enfants – L'approche de la pédiatrie sociale. Montréal : Les éditions logiques. 1-287.

Julien, G. et H. Trudel. (2009). Tous responsables de nos enfants : Un appel à l'action. Montréal : Bayard Canada. p. 1-266.

Shonkoff J.P., Siegel B.S, Dobbins M.I, Earls M.F., Garner A.S., McGuiinn L., Pascoe J., et Wood D.L. (2011). Early childhood adversity, toxic stress and the role of the pediatrician: Translating developmental science into lifelong health. Pediatrics, doi:10.1542/peds.2011-2662.

Lebeau A., Vermette G. et Viens C. (1997). Bilan de l'action intersectorielle et de ses pratiques en promotion de la santé et en prévention des toxicomanies au Québec. Ministère de la Santé et des Services sociaux, p. 1-126.

Lesemann F. (2011), Social Innovation, Informality and Social Science, Intl Conf on Indicators and Concepts of Innovation, Vienna, p.1-7.

OCDE (1972). Interdisciplinarity: Problems of teaching and research in Universities, Paris: OCDE.

Presseau A. (sous presse). Référentiel de compétences de la pédiatrie sociale en communauté.

Social Medicine (2007). Abstracts from the Social Medicine session at the 2006 annual meeting of the American Association of Medical Colleges. Seattle, Volume 2, No1, p-56-64.

Solar O. et coll. (2009). Moving Forward to Equity in Health: What kind of intersectoral action is needed? An approach to an intersectoral typology. Presented at the 7<sup>th</sup> Global Conference on Health Promotion. "Promoting Health and Development: Closing the Implementation Gap", Oct. 26-30, Nairobi, Kenya.

Dong, M., Giles, W. H., Felitti, V. J., et al. (2004). Insights into causal pathways for ischemic heart disease: Adverse Childhood Experiences study. Circulation, 110 (13), 1761-1766.

**Clément, M.È.**, Moreau, J., Gendron, S., Lavergne, C., Turcotte, G., Piché, A.-M., Bérubé, A., Gagné, M.-H., Alain, M., Hassan, G., De Montigny, F., St-Amand, A., & Léveillé, S. (2014). *Regard mixte sur certaines particularités et retombées de l'approche de la pédiatrie sociale telle qu'implantée au Québec et sur son intégration dans le système actuel des services sociaux et de santé. Rapport de recherche final. Québec : MSSS et Fonds de recherche du Québec – Société et culture (actions concertées), 195 p.*



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