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P.I.P.P.I. Programme of Intervention for Prevention of Institutionalization. Capturing the Evidence of an Innovative Programme of Family Support

Sara SERBATI[1], Marco IUS[2], Paola MILANI[3]

Abstract

In accordance with the aim of the Convention on the Rights of the Child to develop measures reflecting the best interests of the child, the Italian Ministry of Welfare, in association with the University of Padua, sought to design and implement an intensive-care-programme for vulnerable families which was called *Programme of Intervention for Prevention of Institutionalization:* its abbreviation, *P.I.P.P.I* is inspired by the fictional character Pippi Longstocking, a creative and amazingly resilient girl known all over the world. The first stage of the programme's implementation was carried out over a two year period (2011-2012) in 10 Italian cities. As its name implies, the P.I.P.P.I. aims to prevent out-of-home placement and to respond to problems linked to child neglect in view of all children's right to quality care. The activities provided by the P.I.P.P.I. were continuously monitored using a pre- and post-test design incorporating both quantitative and qualitative approaches (questionnaire and documentation analysis). This manuscript outlines the results of that experience and goes on to draw implications for future policy and practice. The results underline the importance of multidimensional assessments and interventions, the usefulness of shared tools to activate shared and multi-professional decision-making and the potentially valuable contribution of families and children to service planning.

Keywords: child-neglect, poor parenting, evaluation, intensive care programme, vulnerable families, family support.

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Introduction

After the adoption of the Convention on the Rights of the Child (CRC in 1989), an international movement was born in order to reform Child Welfare and Protection Systems arose worldwide aiming to preserve the dignity and harmonious development of children and to assist vulnerable families by developing and implementing measures and policies reflecting the child's best interests. This international movement, which aimed, in short, to create a "world fit for children," moved forward hand in hand with another transformation leading to a performance-based culture within the public sector seeking to ensure access to quality service. In Europe (EU), the reform movement has been reflected in many pieces of legislation guiding Member States to design and implement policies addressing child poverty and social exclusion and promoting children's well-being.

Policies and debates at the EU level have been defined by a concern about child poverty and vulnerability and by the commitment to improve family and parenting-related services. The Council of Europe has been implementing recommendations explicitly focusing on parenting and children's rights since the 1980s (Daly 2014). The key initiative on the part of the EU Council concerning parenting and education was adoption of the Recommendation Rec (2006)19 which supports *positive parenting*. The recommendation defines positive parenting as "parental behaviour based on the best interest of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child." The recommendation aims to make member states aware of the importance of providing parents with sufficient support mechanisms to meet their important responsibilities and of creating the best conditions for positive parenting (Daly 2013; European Commission 2011). In accordance with Nobel Prize laureate J. Heckman (2013) who has highlighted the importance of investing in children, the positive parenting approach seeks to guarantee that all children can enjoy their childhood so as to prevent another generation from growing up with the same barriers existing in their parents' lives thus breaking the cycle of social disadvantage.

Over the last two decades, government policy regarding family based services has increased throughout Europe and also at an international level. In the United States, passage of the Adoption and Safe Families Act (1997) spurred the development and expansion of family preservation services and community-based initiatives providing family support (Chaffin *et al.* 2001). Initiatives in the UK such as *Sure Start* and the *Framework for the Assessment of Children in Need and Their Families,* which prioritise principles of partnership with parents, reflect the government's commitment to family preservation (DoH 2000; Tunstill & Aldgate 2000). In France, after the law reforming child protection was passed in 2007, "the predominant type of intervention decided is open-settings (in-home) family support" (Bolter & Eon 2014, 4). In Italy, EU's recommendations have been

reflected in the passage of several important laws (*L.149/2001; L.285/1997; L.328/2000; L.154/2001).*

Despite these important steps, the UN Committee on the Rights of the Child (2011, point 36) observed: "While welcoming the progress in adopting the first National Plan for the Family and various measures, […], the Committee is concerned that these are primarily of a monetary nature and do not address the needs of parents to increase their parenting capacities, through learning about the developmental needs of their children and the optimal ways of raising and disciplining them".

In Italy, specifically, the relationship between legal action and effective measures on the part of the child protection system is not entirely clear. The problem in this particular country is not the absence of legislation, but rather the absence of measures implementing them. In 2005 the federalist reform assigned social policies to the exclusive competence of regional and local authorities. The lack of resources, a bureaucratic culture, different standards of professional training and differences in local needs and requirements have produced a miscellaneous context which, despite areas of excellence, is characterized by gaps and inequities.

In the effort to comply with EU recommendations and to test new approaches to assisting family situations, in collaboration with the University of Padua, the Italian Ministry of Welfare set out to implement an innovative intervention strategy to prevent out-of-home child placement and to test approaches to strengthen families in the effort to reduce child neglect. The intensive-care-programme for vulnerable families was called *Programme of Intervention for Prevention of Institutionalization:* its abbreviation, *P.I.P.P.I.*, stands for *Programme of Intervention for Prevention of Institutionalization,* inspired by the fictional character Pippi Longstocking, a creative and amazingly resilient girl known all over the world.

The first stage of the programme's implementation was carried out over a two year period (2011-2012) in 10 Italian cities (Bari, Bologna, Florence, Genoa, Milan, Naples, Palermo, Reggio Calabria, Turin, and Venice). As its name implies, the P.I.P.P.I. aims to prevent placement of children outside of their homes and to respond to problems linked to child neglect in view of all children's right to quality care.

This manuscript describes the first phase implementation of the programme, outlines the results of the experience limited to 10 Italian cities, and goes on to draw implications for future policy and practice

The P.I.P.P.I. intervention

P.I.P.P.I. addresses positive parenting and the full, well-rounded development of the child by proposing new ways to respond to problems connected to poor-parenting which can lead to child neglect, defined as a significant deficiency or a failure to respond to the needs of a child recognized as fundamental on the grounds of current scientific knowledge (Lacharité 2010; Dubowitz et al. 2005; Giovannoni 1989). Considered as a complex social problem, child neglect, according to many, should not be defined by focusing solely on the description of parental behaviour. Lacharité *et al.* (2006) identified three functional aspects of adults' behaviour implicated in the characterization of child neglect: 1) the reflexive function, in which the consequences of their actions on the child are considered; 2) the support function, in which social support teams are established to ensure continuity in the attention and emotional care devoted to children normally provided by the adults of their families; 3) the orchestration function, referring to the concrete organization of the children's life. In accordance also with the bio-ecology of human development proposed by Urie Bronfenbrenner (1979; 2005), the P.I.P.P.I. aims to respond to children's needs with a collective action that is able to meet the difficulties related to all three of these functions. Table 1 describes specific activities aiming to address the collective action to respond to child neglect that the P.I.P.P.I intends to carry out.

Table 1. *P.I.P.P.I. activities*

Activities	Description
Home-care intervention	Carried out by home-care workers in collaboration with parents and children, this in-home activity takes place in the family's home as part of a shared care plan. Practitioners meet with the families approximately twice a week for a minimum of at least four hours a week. The activity does not aim to substitute parents' efforts, but to support parenting capacities and parent-child relationships (e.g. in terms of health, education, care, emotional and cognitive development etc.). Home-care workers undertake direct interaction with families in order to address their problems and try to modify their behaviour.
Parents Groups	Parents are involved in group activities with other parents, both in connection with the P.I.P.P.I. programme or to the ordinary services provided by the local Social Services. Meetings are weekly or bi-weekly and usually last approximately three hours. Parents groups activities aim at fostering reflective practice, encouraging exchange and interaction between parents. Going on the presupposition of shared assessment and care planning, meetings should address the following issues: the parent-child relationship (emotional warmth, guidance, boundaries, etc.); the parent as a parent (the individual's skills at being a parent, decision making and problem solving, organization of daily life, etc.); the family environment relationship (family and environmental support, local resources, etc.); the relationship with the child (their needs as adults, their history, self-knowledge, self-esteem, etc.).
Family helpers	Each family is provided with a support family or a family helper whose aim is to offer support in concrete aspects of daily life. As this intervention is supplied by volunteers, its frequency and complexity depend on the support family's and family helper's availability and on individual situations. The support family's and family helper's actions aim to reinforce goals identified by care planning strategies (i.e. learning to use social resources, family support organizations and problem solving in daily life, encouraging enjoyable activities with children, etc.)

Activities	Description
Cooperation between schools/families and social services	The school (kindergarten, nursery, or primary school) that each child attends is invited to be a full member of the multidisciplinary team working with the family and to be responsible for its own intervention. Teachers, with the other professionals involved and the families, outline actions (both individualized and involving the entire class) that will favor a positive school environment where children can learn social and emotional competencies.

The different activities form part of an *integrated and shared assessment and care plan.* The child's and family's needs are assessed to determine which activities are relevant to their situation. The frequency and amplitude of activities involving family members can, thus, be modulated depending on the needs and evolution of the family's situation. All people who are important to the child's development (parents, teachers, practitioners, other relatives, etc.) are expected to work together to foster his/her development. Efforts are made to identify the strengths of the child, the family, and the community that can be built upon, and the difficulties that require assistance to change. The responsibilities linked to implementing these activities are shared by those involved in the programme (Lacharité 2010; Fernandez 2009; Cleaver & Walker 2004). Leaving some aspects of the programme's implementation to uncertain factors or to chance makes the P.I.P.P.I. similar to an 'open work' (Eco 1989), that is, in the language of semiotics, to a shape that creates direction and structure, but is nevertheless open. It is understood as 'a social relational practice' (Abma & Widdershoven 2008) in which practitioners are co-workers with parents, teachers and other actors in the effort to foster positive child developmental pathways (Branch *et al.* 2013).

Study aims and methods

The study analyzes the activities accomplished during the first phase of the programme which were carried out over a two-year period (January 2011-December 2012) and involving 206 professionals (social workers, psychologists, home care workers, neuropsychiatrists) working in 10 Child Protection Services Agencies located in 10 different Italian cities (Bari, Bologna, Florence, Genoa, Milan, Naples, Palermo, Reggio Calabria, Turin, and Venice).

A pre- post-test quasi experimental design was employed to compare the families and children referred to the P.I.P.P.I. programme and called here the Target Families Group (TFG) with the families and children receiving assistance from mainstream social services agencies and called here the Comparison Families Group (CFG). Data concerning 169 children (130 families) between 0-14 years of age of whom 122 (89 families) were referred to the P.I.P.P.I. programme were collected twice: once at baseline, i.e. at the beginning of the intervention (T0) and another time at its end (T2) Children were considered eligible for the programme if the case manager considered them were at risk of placement outside the family.

The study utilized a variety of tools to assess baseline situations and problems and post intervention changes. Our multidimensional model was based on the British *Framework for the Assessment of Children in Need and their Families (FACNF*-DoH 2000; DfES 2003), which itself refers to previous experiences (Serbati *et al.* 2012) and to other international programmes, particularly in Scotland (The Scottish Government 2008) and in the Québec area (Chamberland *et al.* 2012). The Italian adaptation became a new tool, called the *The Child's World,* that is utilized to assess a child's condition and needs (usually depicted as a Triangle, *Figure 1*, Milani *et al.* 2011). This tool, whose validation is in progress, is used by professionals to conduct a comprehensive assessment that is used to plan the activities that will be carried out and subsequently to document changes that have taken place. As the original version, the three sides of the triangle represent the instrument's three domains: *Child's developmental needs, Parenting Capacity, Family and Environmental Factors* (*Figure 1*, *Table 2*). A total of 22 factors, which are described in *The Child's World* handbook, are examined.

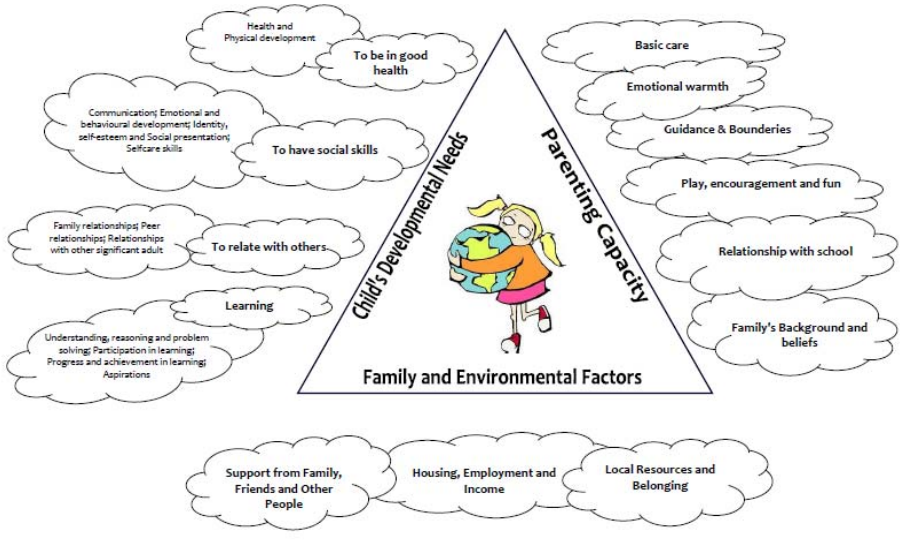

Figure 1. The Child's World model

Table 2. Domains and factors of *The Child's World* (translation in English)

Domains	Factors
Child's developmental needs	Health
	Physical Development
	Communication
	Emotional and Behavioural Development
	Identity, Self-esteem and Social presentation
	Selfcare Skills
	Family Relationships
	Peer Relationships
	Relationship with other significant adult
	Understanding, reasoning and problem solving
	Participation in learning
	Progress and achievement in learning
	Aspirations
Parenting Capacity	Basic care
	Emotional warmth
	Guidance & Boundaries
	Play, encouragement and fun
	Relationship with school
	Family's Background and beliefs
Family and Environmental Factors	Support from Family, Friends & Other People
	Housing, Employment and Income
	Local Resources and Belonging

Like the *North Carolina Family Assessment Scales* (*NCFAS)* – (Kirk & Reed 2004), the model uses a six-point Lickert-scale (+2 = a clear strength, +1 = a mild strength, 0 = baseline/adequate; -1 = a slight problem, -2 a moderate problem, -3 to '-3 = a serious problem) to define the child's situation; on its basis the *Child's World Questionnaire* (CWQ) was composed. The decision to use this scale in the CWQ was based on other studies successfully carried out (Fernandez 2007). Both the TFG and CFG cohorts took the CWQ.

Aiming to define not only the effectiveness of the interventions, but also the processes making it effective, the professionals involved the families and other persons important to the child's life worked to develop an *integrated and shared assessment and care plan*, by choosing the factors in *The Child's World* needing more in-depth information which was gathered from the *micro-planning* grid (Serbati & Milani 2013). The latter tool asks questions about the factors listed in

the CWQ using the following format about each variable (a) WHAT? What does the Child/family/community need and what resources can they call on; (b) WHY? What goals are hoped to be achieved through the intervention; (c) HOW? What actions and activities are expected to be implemented to achieve those goals; (d) WHO? Who will carry out the actions and be responsible for them; (e) WHEN? When are the goals be expected to be achieved; and finally, (f) HOW IS IT GOING? A question that can be asked during the intervention period as well as at the end of it.

Only the TFG filled out the Micro-planning grid which was used to define the activities that would be organized for the families participating in the P.I.P.P.I. programme.

Other tools used in this study besides the CWQ and the micro-planning grid were two standardized measures: the *Strengths and Difficulties Questionnaire* (SDQ, Goodman 1997) and the *Multidimensional Scale of Perceived Social Support* (MsPSS, Zimet et al. 1988). The SDQ, which was completed by mothers, fathers, home-care workers and the teachers of the children aged 3 to 14, comprises 25 items identifying behavioural and emotional problems. Normative data for the Italian population is available (Marzocchi *et al.* 2002). The MsPSS is a self-report inventory (using a scale from 1 to 6) that collects information about perceived social support from family, friends and significant others. It was completed by the mothers and fathers of the children involved in the programme.

Finally, 2 months after the two-year phase of the P.I.P.P.I. was completed, case managers were asked to complete a short-checklist in order to verify children's situations.

The participating families

The children and families belonging to the TFG and the CFG cohorts were found to have similar characteristics: they were mainly Italian (91% TFG vs. 97.1% CFG), with both parents (53.3% vs. 50%) or with one of them (41.8% vs. 47.1%); almost all go to school (95.1% vs. 100%) and they range in age from 7 to 14 years (66.4% vs. 74.5%). The educational level and occupational status of parents suggest they belong to a lower-middle social class, with a prevalence of primary school qualifications (53.6% vs. 57.6%), high unemployment rates (20% vs. 16.2%) and a high presence of intermittent employment (10% vs. 13.6%).

Results

Data from The Child's World Questionnaire (CWQ)

The CWQ was completed by professionals involved with children participating in the P.I.P.P.I. (n=122) and those involved in the CFG (n=47) cohort. The professionals answered the questions drawing upon their own observations and upon data from other reliable sources. A two-day orientation session was conducted by the research team for the staff of each Child Protection Services Agency participating in the study to facilitate consistency in rating. In addition, the research team organized bimonthly meetings with practitioners in each city to answer any questions and respond to any uncertainties. The analysis that follows presents the global ratings on each domain collected at the two time points (*Figures 2, 4, 5*). It is easy to identify the greatest problems by comparing the number of moderate and serious factor problems in each domain (*Tables 3, 4, 5*). It is important to avoid making comparisons between domains on the basis of subscale scores because each domain has a different number of subscales within it.

Family and Environmental Factors

There were multiple items in the *Family and Environmental Factors* with a significant percentage of moderate to serious problems in both the TFG and CFG cohorts (Table 3). The most frequent in the TFG were *Housing, Employment and Income* (49%). At T2 this domain remained serious or moderate problems in 42% of the children. While the CFG cohort showed similar results for the *Housing, Employment and Income* factor, it presented more problems in the *Support from Family, Friends & Other People* (59%) factor but by T0 only 24% were still in that situation.

The overall *Family and Environmental Factors* (*Figure 2*) at onset in the TFG cohort showed the highest level of serious problems concerned 23% of the children; a total of 51% had, in fact, moderate or serious problems, and only one third (31%) were functioning at an adequate or better level. The situation at onset was quite similar for CFG group.

At T2 34% of the TFG children had a moderate or serious problems while 45% fell in the adequate range. The situation was similar in the CFG group (28% of the families had a moderate or serious problems, 32% had mild problems and 31% fell into the adequate range).

The Wilcoxon test uncovered a significant improvement in the overall domain rating at T2, compared with T0 in both the TFG (p=0.000) and CFG (p=0.045) groups.

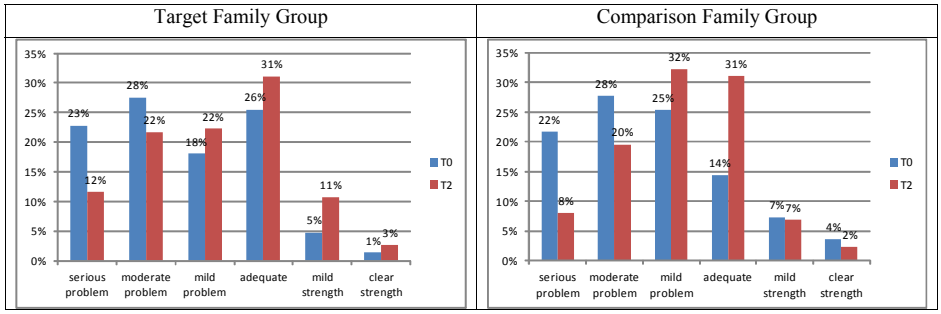

Figure 2. Overall *Family and Environment* T0 and T2

Table 3. Frequency of moderate/serious problems in the *Family and Environment*

	Target Family Group		Comparison Family Group	
	T0	T2	T0	T2
Support from Family, Friends & Other People	39%	30%	59%	24%
Housing, Employment and Income	49%	42%	52%	45%
Local Resources and Belonging	36%	20%	31%	14%

Parenting Capacity

With regard to *Parenting Capacity* (*Table 4*) the professionals involved in activities with TFG children found moderate and serious problems most frequently in the *Guidance & Boundaries* (51%) and *Basic care* (39%) factors. The CFG group showed a higher incidence of moderate and serious problems in particular with regard to *Emotional warmth* (48% vs. 38%) and *Family's Background and Beliefs* (52% vs. 25%).

With regard to overall *Parenting Capacity*, at onset, over 60% of the TFG families were rated as having problems including 49% at the moderate or serious level. At T2 5% of these children were rated by their caseworker as having a serious problems on the overall parental capacity domain of their parents and 21% moderate ones (*Figure 3*). The CFG had a similar situation at onset, but showed less improvement at T2 (61% continued to have problems at the various levels). The Wilcoxon tests uncovered that there was a significant improvement from T0 to T2 in the TFG group (p=0.000), but not in the CFG one.

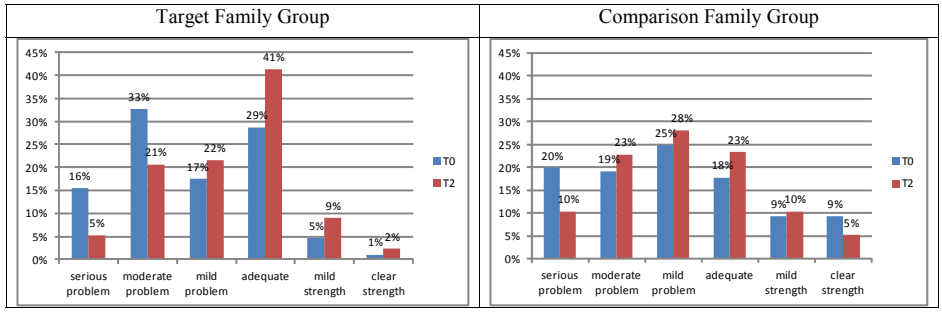

Figure 3. Overall *Parenting Capacity* T0 and T2

Table 4. Frequency of moderate/serious problems in the *Parenting Capacity*

	Target Family Group		Comparison Family Group	
	T0	T2	T0	T2
Basic care	39%	25%	41%	31%
Emotional warmth	38%	25%	48%	21%
Guidance & Bounderies	51%	34%	52%	41%
Play, encouragement and fun	36%	24%	41%	21%
Relationship with school	33%	21%	48%	24%
Family's Background and beliefs	25%	19%	52%	17%

Child's Developmental Needs

With regard to the *Child's Developmental Needs* domain there were numerous items with a moderate to serious problems (*Table 5*). The highest percentages in the TFG group were *Family Relationship* (49%), *Identity, Self-esteem and Social Presentation* (48%), and *Emotional and Behavioural Development* (44%). At the second time point the frequency of serious or moderate problems was lower in all three factors (respectively 32%, 22%, 30%). In the CFG group *Family Relationship* was less problematic (34%) with respect to that in the TFG cohort, but there was a high incidence of moderate/serious problematic situations in the other two factors (45% and 45% respectively); there was, nevertheless, less improvement with respect to the TFG group as moderate/serious problems continued to exist in 31% and 38% of the families.

Approximately a third of the TFG children showed moderate/serious problems in school and learning factors. Approximately 50% of the CFG children had problematic ratings in *Participation in learning* and *Progress and achievement in learning* (*Table 5*).

With regard to "overall" *Child's Developmental Needs,* one in five of the TFG children had mild problems and more than one in three had either a moderate or

serious problem at T0 (*Figure 4*). At T2, 58% of the families were rated to be functioning adequately or better on overall *Child's Developmental Needs*, compared to 43% at T0. The situation was similar at onset in the CFG families (although with a higher incidence of serious problem ratings). At T2, 50% of the children were rated to be functioning adequately or better compared to 41% at onset.

Considering these ratings as interval measures, Wilcoxon tests indicate that the changes from T0 to T2 fell in the range of statistical significance (p=0.000) for TFG, but not for CFG.

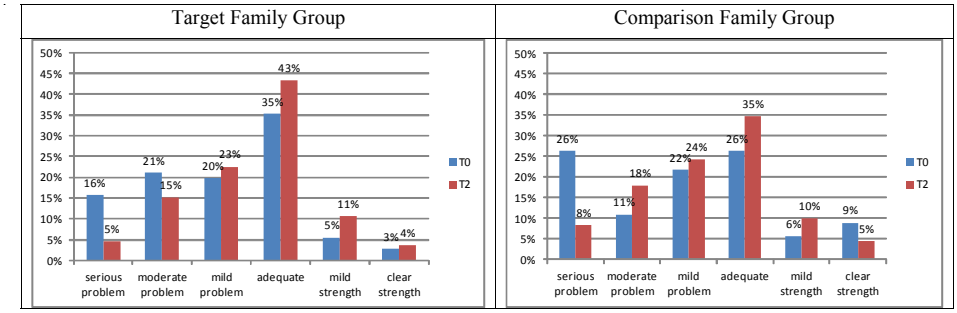

Figure 4. Overall *Child's Developmental Needs* T0 and T2

Table 5. Frequency of moderate/serious problems in the *Child's Developmental Needs*

		Target Family Group		Comparison Family Group	
		T0	T2	T0	T2
Being Healthy	Health	25%	18%	21%	14%
	Physical Development	21%	14%	10%	17%
Competence in everyday life	Communication	34%	17%	28%	17%
	Emotional and Behavioural Development	44%	30%	45%	38%
	Identity, Self-esteem and Social presentation	48%	22%	45%	31%
	Self-care Skills	29%	14%	41%	21%
Relation-ships	Family Relationship	49%	32%	34%	28%
	Peer Relationship	38%	16%	41%	28%
	Relationship with other significant adult	30%	11%	34%	17%
Learning	Understanding, reasoning and problem solving	31%	19%	31%	24%
	Participation in learning	37%	18%	52%	34%
	Progress and achievement in learning	32%	20%	45%	17%
	Aspirations	19%	11%	41%	14%

Eight-seven percent of the children in the TFG group had one or more "overall" domain problems, with 43% showing problems in each of the three domains. There were high levels of problems affecting children and families in all three domains (respectively, 66%, 65%, 64%). The situation was less problematic in the CFG group with an incidence of serious and moderate problems between 36% and 38% in each domain. Despite the large number of problems facing each child across the different domains, there were also many signs of strengths. For example, with regard to overall *Family and Environment*, in the TFG group, 32% of children were rated in the strength range (adequate to clear strength), compared to 69% in the problems range (mild to severe), the situation was similar in the CFG, with 25% of children rated in the strength range, and 75% in the problems range. With regard to *Parenting Capacity*, the number of TFG children in the problem range exceeded the number in the strengths range. At T2, 52% of the children were rated in the functional range (adequate to clear strength) and 48% fell in the mild to serious problem range. In the CFG group, 52% of children fell in the problem range, and 48% in the strength range at T2. *Child's Developmental Needs* had the highest number of children in the TFG group fell in the strengths range at T0 (43%) and at T2 (58%). This was true also for the CFG children (41% at T0) but less improvement was found at T2 as 50% continued to have problems. The CWQ "overall" ratings were analyzed to identify those families with strength ratings (adequate to clear strength) and those with problem ratings (mild to serious). *Figure 5* shows the frequency of strength ratings of both groups at T0 and T2.

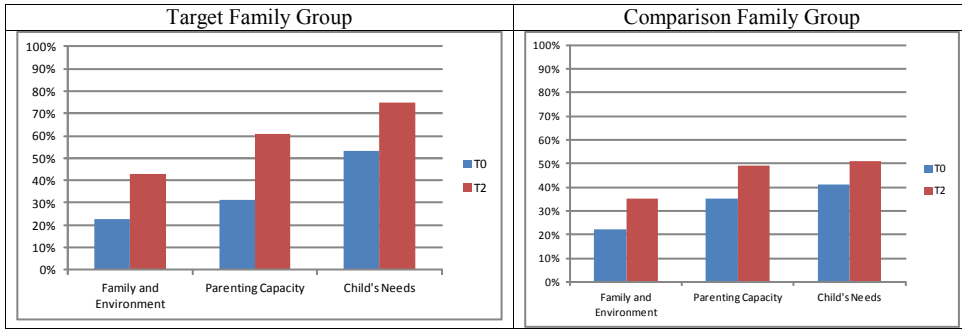

Figure 5. Children with strength ratings on CWQ "overall" domain items at Time 0 and 2.

The total number of "overall domain strengths" per child was also calculated at T0 and T2 and the differences were analysed.

- At T0, 63% of TFG children had no areas of strength (57% in the CFG), compared to 31% for TFG at T2 (for CFG 46%).

- Only 14% of TFG children (24% for the CFG) had "overall" strength ratings in almost 2 domains at T0, and this rose to 51% of TFG children at T2 (35% for CFG).
- There was a significant improvement in the frequency of strengths in the overall domain ratings, from a frequency of 19% (25% for CFG) to 45% (33% for CFG).

The data for problems at T0 and T2 are in *Figure 6*.

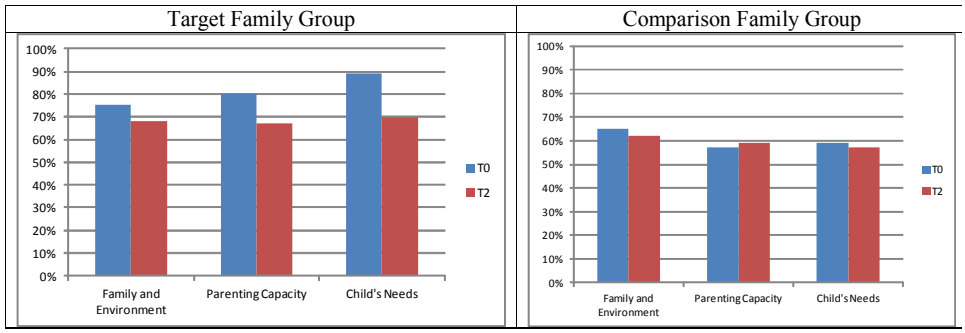

Figure 6. Children with problems ratings on CWQ "overall" domain items at Time 0 and 2

Data analysis uncovers a reduction in the number of problems at the second time point, particularly in the TFG group: less than 3% of the CFG children showed a reduction in problems in all domains. While Figure 6 shows the change in the children as a whole group, the "overall" ratings were examined for each domain to identify the amount of change that had taken place. These analyses indicated that, based on an assessment at T0, 56% had improved in their ratings in environment (for CFG 57%), 67% had improved in ratings on parental capacity (for CFG 54%), and 75% in the child's needs (for CFG 54%). A minority, approximately 8% (for CFG 19%), were found to have lower ratings in all domains at the second time point.

Changes reflected in parents' self reports

Measures reported by parents in the *Strengths and Difficulties Questionnaire* (SDQ) and *Multidimensional Scale of Perceived Social Support* (MsPSS) partially confirmed the trends in the levels of need, and the change that occurred between time points found by the CWQ analysis. The SDQ uses four subscales of difficulties (emotional problems, conduct problems, hyperactivity/inattention, peer problems) and one subscale of strength (prosocial behavior). A Total-Difficulties-Score is derived by summing the difficulties subscales. In this study the internal alpha consistency of the SDQ subscales and the total score were found to be good.

Comparison scores between T0 and T2 are outlined in *Tables 6* and *Table 7*. Paired t-test analyses indicate that the SDQ completed by the parents, home-care workers, and teachers confirm the results of the CWQ analysis.

Table 6. Results of t-tests in SDQ filled by mothers and fathers (TFG)

TFG	Time	Mothers	p	Fathers	p
Total-Difficulties-Score	T0	13,91		14,75	
	T2	13,57	.6	12,84	.008
Prosocial Behaviour	T0	7,37		7,35	
	T2	7,34	.9	7,07	.334

Table 7. Results of t-tests in SDQ filled by home care workers and teachers (TFG)

TFG	Time	Home-care-workers	p	Teachers	p
Total-Difficulties-Score	T0	16,42		14,83	
	T2	12,8	.001	12,06	.047
Prosocial Behaviour	T0	5,47		5,47	
	T2	6,44	.029	6,23	.153

Responses to the SDQ in the CFG group confirm CWQ analysis detecting less change than that in the TFG group (*Table 8*), with the exception of the mothers' responses which showed more change in the CFG. T-tests analysis of onset ratings of the different groups of compilers (TFG vs. CFG mothers, TFG vs. CFG fathers, TFG vs. CFG home care workers) show a significant difference only in mothers' groups, in which there were more problems at onset in CFG with respect to TFG groups.

Table 8. Results of t-tests in SDQ filled by mothers, fathers and home care workers (CFG)

	Time	Mothers	p	Fathers	p	Home-care-workers	p
Total-Difficulties-Score	T0	17,12		16		18,2	
	T2	14,58	.047	14,57	.753	17,6	.079
Prosocial Behaviour	T0	6,91		7,79		6,47	
	T2	6,94	.952	7,79	.874	5,4	.133

Analysis of the *Multidimensional Scale of Perceived Social Support (MsPSS)*, outlined in *Table 9*, registered shows high scores. The T-test shows a significant improvement only for the mothers in the TFG group with regard to social support perceived from significant others.

Table 9. Results of t-tests in SDQ filled by home care workers and teachers (CFG)

TFG	Time	Home-care-workers	p	Teachers	p
Family	T0	4,11		4,94	
	T2	4,23	.553	4,70	.679
Friends	T0	3,87		3,73	
	T2	4,12	.212	3,77	.789
Significant Others	T0	4,50		4,75	
	T2	4,91	.002	4,78	.53

There was no significant change in the MsPSS in the CFG group.

Change noted at the first follow-up

In February 2013 (in other words, two months after T2) the case managers of all the children participating in the programme were asked to fill out a short form checklist to verify the families' situation. The results showed that: (1) 8 families in TFG group had exited the Child Protection Services because of an improvement in the family situation. There were no cases in the CFG group; (2) in view of an improvement in their situation, 50.6% (n=45) of the TFG families would be receiving fewer services from welfare. instead, in CFG 42.3% (n=15) report a reduction of services and for 5 situations this is accompanied by a worsening of family situations (due to the reduction of resources of the agencies); (3) case workers noted a worsening situation in 6 (6.7%) of the TFG families, while they noted a worsening situation in 23 of the CFG families (56%); (4) one child in the TFG group was removed from the family and placed in residential care. Six children (from 4 families) in the CFG cohort were removed from the family: 3 were placed in foster care and 3 in residential care systems. Court proceedings were, moreover, already begun for residential or foster care placement for 3 children (from 3 families) in the CFG families.

CWQ in context - processes making effectiveness

The goals and outcomes with regard to the *Integrated shared assessment and care* plan made at the onset was evaluated using the micro-planning grid for all of the TFG families (n=122). The prioritized intervention goals encompassed a wide range of issues and needs and were equally distributed thorough the three overall domains at both time points. Moreover, the factors with a higher frequency are

according with the problem rating factors. According to the micro-planning grid, the professionals working with parents had to establish goals and activities to help the children cope with difficulties and improve their strengths. Practitioners were asked to specify what persons were expected to carry out an intervention, pointing out the responsibilities of the actions described in the micro-planning (who does what?). According to our analysis, the responsibility of parents increased by 7% from T0 to T2.

Achievement of goals was also verified. Each micro-planning factor was classified in one of these categories: (1) outcome reached (60% of the total number of micro-planning goals were reached); (2) outcome not reached (20.5% were not reached); (3) outcome partially reached (19.5% were partially reached); (4) not valuable (if the text doesn't describe the goal defined in the micro-planning, 16%).

Activities provided. Between T0 and T2, practitioners carried out activities with children and families foreseen in the P.I.P.P.I. programme. Each of the four activities was implemented in more than half of the families between T0 and T1 (54%; 62%; 75%; 78%). The percentage decreases between T1 and T2 (34%; 28%; 60%; 70%). Overall, there are 57% of families that experimented 'home care intervention' in at least one time, 69% that experimented 'parent's group', 75% experimented the 'support family' and 84% that used the 'cooperation with school'. From T0 until T2, all the four activities were used with 37% of families, three with the 28%, two activities were used with the 28% and just one activity with the 6%. Only one family didn't undertake any of the four optional activities at any time.

Figure 7 plots data from CWQ and the quantity of activities implemented in accordance with the P.I.P.P.I. A higher number of activities corresponded a higher score in the CWQ ratings.

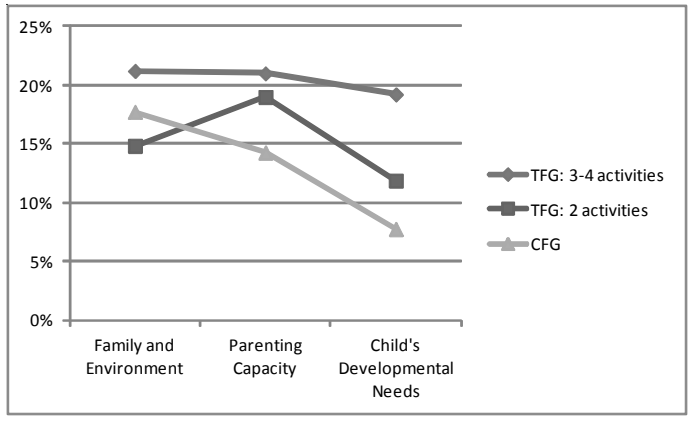

Figure 7. Amount of P.I.P.P.I. activities and percentage variation in CWQ ratings

Amount of goals and actions. The ratings on the CWQ and the amount of actions planned for each factors on the CWQ was considered. Results show that when factors were selected for micro-planning they have higher results in the CWQ ratings (Figure 8). This is true particularly for *Parenting Capacity* and *Family and Environment*.

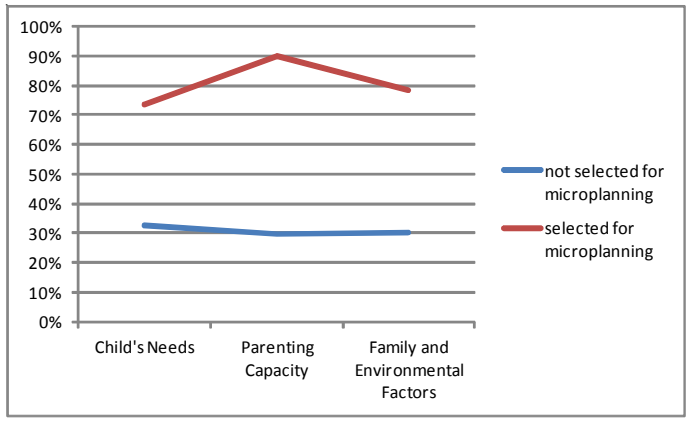

Figure 8. Factors with microplanning and percentage variation in CWQ ratings

Summary of the outcomes measured

- Only one child in the TFG group was referred for out-of-home services, while nine children were being referred for a removal from the birth families in the CFG. Moreover, during the follow-up, P.I.P.P.I. practitioners reported more improvement in family situations than did the mainstream practitioners.
- The CWQ ratings indicated that at T0, between 51% *(Family and Environmental Factors)*, 49% *(Parenting Capacity)* and 37% *(Child' Needs)* of the TFG families fell into the moderate to serious problem range for overall ratings on the CWQ domains. The situation was similar for the CFG (respectively, 50%, 39%, and 37%) families.
- At T2, between 34% *(Family and Environmental Factors)*, 26% *(Parenting Capacity)* and 20% *(Child' Needs)* of the TFG families were still in the problem rating range on the overall domain ratings. Change was less consistent in the control group (respectively, 28%, 33%, 26%).
- Significant change was detected in a number of ways confirming that the families as a whole enjoyed a significant improvement from T0 to T2 on CWQ ratings. Improvements were more visible and significant for the TFG group with respect to the CFG cohort.
- The CWQ in both groups seemed to indicate that there were more problems with regard to *Parenting Capacity* and *Family and Environmental*

Factors than for the Child' Needs. It is possible then that the intervention was undertaken more for reasons related to the family and life context than to those related to the child. As the most important improvements for both groups occurred in the *Parenting Capacity* and *Family and Environmental Factors*, it is reasonable to conclude that both the P.I.P.P.I. programme and the mainstream social services were mainly involved in addressing problems connected to poor parenting, but the children participating in the P.I.P.P.I. programme achieved, nevertheless, higher results.

- SDQ confirmed the improvements detected by CWQ, particularly as far as fathers, home-care workers and teachers were concerned.
- Data from the MsPSS seemed to confirm the positive effect of P.I.P.P.I. activities, particularly with regard to the Support Family activity: according to the TFG mothers here was also a significant change in the Significant Other factor
- With regard to effectiveness, high ratings in CWQ with regard to activities provided by the P.I.P.P.I. and the number of planned goals achieved were found to be correlated.

Implications for policy and practice

Several implications for policy and practice emanate from this research with regard to assessment, intervention, and family/professional relationships.

Utility of multidimensional tools

The CWQ and the *Integrated and shared assessment and care plan* are tools that facilitate a holistic, ecological and integrated assessment of vulnerable children and their families (Serbati *et al*. 2013; Fernandez 2007; Ward & Rose 2002). Indeed, they make it possible to: (1) take a picture of the family situation at the onset of the intervention (T0), at subsequent time points, or at the end of the intervention (T1, T2, T3, Tn); (2) fully observe the family and its relationships. They provide professionals with a common language for detailing the families/children, which in turn provides them with the opportunity to discuss and negotiate interventions with other practioners, families and other persons relevant to the child's development. Systematic use of the tools could, in fact, facilitate casework decision-making; (3) work from a common platform: different professionals involved in the case (i.e. psychologists, social workers of other agencies, etc.) can utilize the tools to assess the children and their families, negotiating a shared evaluation and examining the problem from different perspectives.

Holistic and multidimensional intervention

According to the definition of Lacharité *et al.* (2006), the multiple and interrelated disadvantages and problems that impact children in child neglect cases concern not only the parents or the family, but involve the entire ecosystem surrounding the child and his/her family. Data from the literature underlines the importance of multidimensional assessments and interventions to promote the child's best interest and development and to improve parenting skills in order to respond to the developmental needs of the child. Activities outlined by the P.I.P.P.I. appear to be an effective strategy to enhance positive parenting and thus to improve children's outcome. These results of the study are in accordance with data in the literature which highlights the importance of professionals' involvement in several multidimensional tasks: to focus on parent–child interactions, to respond to the child's concrete needs, to organize concrete activities, to reduce stress and to improve parenting skills and the family environment, to strengthen the informal support system available from the family's social network which is the only way to avoid the risk of locking families within the walls of their homes (Moran *et al.* 2004).

There is, moreover, a dimension that has not been considered enough by researchers: the poverty rates for families. The frequency that unemployment and *Housing, Employment and Income* are registered as problems in our data reflects the difficult economic situations of these families. There is, in fact, an established link in the literature between poverty, economic hardship and marginal outcomes for children (Jack, 2001). A broader agenda that addresses child and family poverty and social exclusion is needed to advance children's well-being.

Engaging family members in care planning

Despite the P.I.P.P.I.'s commitment to engage parents and families in delivering services, our findings have highlighted the difficulties encountered. The literature that is available emphasizes, moreover, the challenge of using a participatory approach in child neglect cases. Studies confirm the gap that exists between the world of families and the world of services: parents often feel blamed by professionals, excluded from decisions about their own children, helpless and confused by a system that seems to hold absolute power over them (Dale, 2004; Dumbrill, 2006). At the same time, numerous authors emphasize that parents and children ask to be listened to and to be taken into consideration in decision-making and that they are able to provide important insights into their needs (Fernandez 2007; Walsh 1998). The use of the *integrated and shared assessment and care plan* aimed to bridge the distance between parents and social services and to provide professionals a strategy from which to discuss the child's needs and descriptions based on, avoiding generic stereotyping (Sellenet, 2007; Milani *et al.,* in press).

Documenting to promote quality service and performance-based culture

Once they have used the questionnaires and the *integrated and shared assessment and care plan,* the P.I.P.P.I. recommends that practitioners follow five basic principles while providing services to the children who have been referred to them. The first is to focus on results in order to determine the quality and effectiveness of social interventions. The second is to target interventions focusing on the children's healthy development. The third is to focus on the importance of parental practices and environmental factors promoting the child's development. The fourth is to keep an eye on all problems noted. The fifth principle is to carry out the previous four, bearing in mind the points of view of all practitioners and persons who are important to the child's development. Through these five principles the P.I.P.P.I. aims to ensure that assessment processes effectively discriminate between different types and levels of needs and produce a timely service response. In order to develop the means to organise these responses, the P.I.P.P.I. seeks to promote a performance-based culture and to encourage an integrated approach that is able to ensure access to quality service.

Limitations

There are several limitations to this study. First of all, the study uses measures that have not undergone a process of scientific validation (even if a validation of the CWQ is now in progress). This choice was made in view of investing in the Triangle and *micro-planning* as a way to promote a performance-based culture within the Child Protection System and to test family participation. Another limitation is the marginal use of self-reported measures. Great importance was given to the practitioners' points of view concerning the families as the decisions about child placement were ingrained in their own attitudes (pro or anti-removal) and not to the expressed wishes of the parent or the child (Darlington *et al.* 2010; Arad-Davidzon & Benbenishty, 2008; Horwath, 2007). Another limitation is that the sample of children and families in this study is atypical as it was linked to the practitioners' recruitment of the families involved. It is therefore impossible to generalize the results to the population normally referred to the Child Protection System.

Conclusions

Study data confirm the initial success of the P.I.P.P.I., a programme that seems to be able to prevent out-of-the-home child placement while simultaneously responding to problems connected to poor parenting that may lead to child neglect. The results suggest that the P.I.P.P.I. improves child development, parenting skills

and sense of responsible decision making, the family's social support network, and the collaboration between parents and practitioners. In other words, it has been shown to bring us closer to the "world fit for children" envisioned by the Convention on the Rights of the Child movement.

Moreover, by using the Triangle and *micro-planning*, the programme has triggered an experience aiming to promote a performance-based approach within the Child Protection System, an enormous challenge, in view of the gaps, weaknesses, and fragmentation in the Child Protection System in Italy. With regard to 2012-2013, 9 out of 10 cities that participated in the pilot experience applied to continue the programme in their cities and to extend the programme to new families (n=242) and new practitioners. This unexpected outcome can certainly be considered an indicator of success. Moreover, for 2014-2015 and 2015-2016 the Italian Ministry of Welfare set in motion the first and the second steps of scaling up the P.I.P.P.I. programme by confirming the third implementation, which will involve 82 new cities and approximately 1000 children. In December 2014, the European Commission on "Employment, Social Affairs and Inclusion" submitted the P.I.P.P.I. programme to a Peer Review in order to open discussion and mutual learning about *Innovative practices with marginalized families at risk of having their children taken into care.* Representatives from Belgium, Bulgaria, Croatia, Cyprus, France, Malta and United Kingdom participated and expressed judicious viewpoints during the discussion. The conclusions of the two-day work sessions, some of which presented below, are in accordance with and support the results outlined in this article[4]: (1) "P.I.P.P.I. demonstrates the importance of a holistic and integrated approach to evaluation, planning and intervention with families; (2) Government support encourages the different departments (schools, welfare services, etc.) to work in an integrated manner, and assures a financial commitment; (3) The evidence-based implementation programme works well, as the research/evaluation is on-going, closely connected to the authorities delivering the programme, and enables staff to adapt implementation, if necessary; (4) P.I.P.P.I. is strongly child and family focused, giving children and their parents a voice; (5) P.I.P.P.I. is part of a growing trend across Europe of using multi-disciplinary teams to support vulnerable families, signaling a change to social welfare implementation across Europe".

[4] http://ec.europa.eu/social/main.jsp?catId=1024&langId=en&newsId=2133&furtherNews=yes

References

Abma, T. A. & Widdershoven, Guy A. M. (2008) Evaluation and/as Social Relation. *Evaluation, 14*(2), 209-225.

Arad-Davidson, B., & Benbenishty, R. (2008) The role of workers' attitudes and parent and child wishes in child protection workers' assessments and recommendation regarding removal and reunification. *Children and Youth Services Review*, *30*, 107-121.

Bolter F. & Eon S. 2014 *Innovative practices with marginalised families at risk of having their children taken into care. Comments Paper: France*. Peer Review on innovative practices with marginalised families (11-12 December 2014, Venice, Italy).

Bronfenbrenner, U. (1979) *The ecology of human development. Experiments by nature and design*. Cambridge: Harvard University Press.

Bronfenbrenner, U. (2005) *Making Humans being Human. Bioecological perspectives on Human Development*. London: Sage Publications.

Chaffin, M., Bonner, B. L., & Hill, R. F. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and programme types. *Child Abuse and Neglect*, *25*(10), 1269-1289.

Chamberland, C., Lessard, D., Lacharité, C., Dufour, S., & Lemay, S. (2012) *Recherche évaluative de l'initiatives AIDES.* Université de Montréal.

Cleaver, H., & Walker, S. (2004) From policy to practice: the implementation of a new framework for social work assessments of children and families. *Child and Family Social Work*, *9*, 81–90.

Dubowitz, H., Pitts, S. C., Litrownik, A. J., Cox, C. E., Runyand, D., Black, M.M. (2005) Defining Child neglect based on child protective services data. *Child Abuse & Neglect*, *29*, 493-511.

Dale, P. (2004) 'Like a fish in a bowl': Parents' perceptions of child protection services. *Child Abuse Review*, *13*, 137-157.

Daly, M. (2013) Parenting support policies in Europe. *Families, Relationships and Societies*, 2(2), 159-174.

Daly, M. (2014) *Innovative practices with marginalised families at risk of having their children taken into care. Discussion Paper*. Peer Review on innovative practices with marginalised families (11-12 December 2014, Venice, Italy).

Darlington, Y., Healy, K., Feeney, J.A. (2010) Challenges in implementing participatory practice in child protection: A contingency approach. *Children and Youth Services Review*, *32*, 1020-1027.

DfES (2003) *Every Child Matters.* London: HMSO.

DoH (2000) *Framework for the assessment of children in need and their families. The family pack questionnaires and scales*. London: The Stationery Office.

Dumbrill, G.C. (2006) Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect*, *30*, 27-37.

Eco, U. (1989) *The Open Work*. Cambridge, MA: Harvard University Press.

European Commission (2011) *Communication from the Commission An EU Agenda for the Rights of the Child*, Brussels: COM(2011) 60 final. http://ec.europa.eu/justice/policies/children/docs/com_2011_60_en.pdf

Fernandez E. (2009) Children's wellbeing in care: Evidence from a longitudinal study of outcomes. *Children and Youth Services Review*, *31*, 1092-1100.

Fernandez, E. (2007) Supporting children and responding to their families: Capturing the evidence on family support. *Children and Youth Services Review*, *29*, 1368-1394.

Giovannoni, J. (1989) Definitional issues in child maltreatment. In: *Child Maltreatment: Theory and Research on the causes and consequences of child abuse and neglect* (eds. D. Cicchetti & V. Carlson), 3-37. New York: Cambridge University Press.

Goodman, R. (1997) The Strengths and Difficulties Questionnaire: a research note. *Journal of child psychology and psychiatry*, *38*, 581-586.

Heckman, J., Rodrigo P., & Peter S. (2013) Understanding the Mechanisms through Which an Influential Early Childhood Program Boosted Adult Outcomes. *American Economic Review*, *103*(6), 2052-2086.

Horwath, J. (2007) The missing assessment domain: practitioner subjectivity when identifying and referring child neglect. *British Journal of Social Work*, *37*, 1285-1303.

Jack, G. (2001). Ecological perspectives in assessing children and families. In H. Ward & W. Rose (Eds.), *Approaches to needs assessment in children's services*. London: Jessica Kingsley Publishers.

Lacharité, C., Ethier, L., & Nolin, P. (2006) Vers une théorie éco-systémique de la négligence envers les enfants. *Bulletin de psychologie*, *59*(4), 381-394.

Lacharité, C. (2010) La négligence envers les enfants: une perspective centrée sur les besoins des enfants. *Bulletin du Centre national d'information sur la violence dans la famille*, http://www.phac-aspc.gc.ca/ncfv-cnivf/EB/eb-Nov-2010-farticle-fra.php.

Marzocchi, G.M., Di Pietro, M., Vio, C., Bassi, E., & Salmaso, A. (2002) Il "Questionario SDQ Strengths and Difficulties Questionnaire": uno strumento per valutare difficoltŕ comportamentali ed emotive in etŕ evolutiva. *Difficoltà di Apprendimento*, *8* (1), 75-84.

Milani, P., Serbati, S., & Ius M. (2011) P.I.P.P.I. *Programma di Intervento Per la Prevenzione dell'Istituzionalizzazione. Guida operativa*. Universitŕ di Padova, Italy.

Milani, P., Serbati, S., & Ius M. (in press). Parole vivante et parole morte: le parcours accidenté de la parole des enfants et des parents vers l'action. In C. Lacharité C., C. Sellenet & C. Chamberland (Eds). *Ce que parler veut dire en protection de l'enfance: la parole des enfants et des parents*. Québec: Presses de l'Université du Québec.

Moran, P., Ghate, D., & Van Der Merwe, A. (2004) *What works in parenting support: a review of the international evidence*. DfES, London.

Ryan, J.P., & Schuerman, J. R. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. *Children and Youth Services Review*, *24*, 347-372.

Sellenet, C. 2007. *La parentalité décryptée. Pertinence et dérives d'un concept*, Paris, L'Harmattan.

Serbati, S., Gioga, G., & Milani, P. (2012) Évaluer pour mieux intervenir. Évaluer les résultats et les processus pour améliorer les pratiques d'intervention auprčs des familles négligentes. *Revue Internationale Enfances, Familles, Générations*, *16*, 74-94.

Serbati, S., Milani, P. (2013) *La tutela dei bambini*. Roma: Carocci.

Serbati, S., Pivetti, M., & Gioga, G. (2013) Child Well-Being Scales in the assessment of families and children in home-care intervention: an empirical study. *Child & Family Social Work*, EarlyView. doi:10.1111/cfs.12094

The Scottish Government (2008) *Getting it Right for Every Child.* Edinburgh. http://www.scotland.gov.uk/Resource/Doc/1141/0065063.pdf

Tunstill, J., & Aldgate, J. (2000). *Services for children in need: From policy to practice*. London: The Stationery Office.

Committee on the Rights of the Child. (2011) *Concluding Observations for Italy's 3rd and 4th Periodic Reports*. http://www.crin.org/resources/infodetail.asp?ID=26385

Walsh, F. (1998). *Strenghtening family resilience*, The Guilford Press.

Ward, H., & Rose, W. (2002). Approaches to needs assessment in children's services. London: Jessica Kingsley Publishing.

Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988) The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *52*, 30-41.