

## **Innovative practices with marginalised families at risk of having their children taken into care (Venice, 11-12 December 2014)**

### **Host country paper: Italy<sup>1</sup>**

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### **Country context: which specific challenges did the Programme of Intervention for Prevention of Institutionalisation (P.I.P.P.I.) aim to address?**

After the adoption of the Convention on the Rights of the Child (CRC), set up in 1989 by the United Nations, an international Movement arose in order to reform Child Welfare and Protection Systems both in terms of responding to children and vulnerable families and developing methods for organising such responses. This reform movement aimed at building a "world fit for children", and went hand in hand with a widespread need to reform public management and to promote a performance-based culture within the public sector.

The will of the reform movement has been revived several times by other pieces of legislation in Europe. For example by the Recommendation REC (2006)<sup>19</sup> of the Council of Europe, which promotes policies and strategies to foster the development of a "positive parenting" intended as the "parental behaviour based on the best interests 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 stresses the importance for children to grow up in a positive family environment and the state's responsibility to create the conditions for such positive parenting. It encourages an integrated approach, which involves a cooperation between public authorities, social partners and civil society (European Commission, 2011).

Such concerns also respond to requests from the Europe 2020 Strategy that will cover the issue of protection of children in relation to the targets related to education (reducing the rates of school dropout below 10% and at least 40% of 30-34-year-olds completing third level education), and the fight against poverty and exclusion (for at least 20 million fewer people in or at risk of poverty and social exclusion). The Europe 2020 Strategy, based also on the studies of Nobel Prize Laureate J. Heckman (2013), supports the development of a "positive parenting" as it seeks to guarantee children a good path in life, able to break the cycle of social disadvantage.

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In Italy, the reform movement starting by CRC has not yet been sustained by the will to reform public management and to promote a performance-based culture within the public sector. Such reform is difficult not due to the absence of legislation, rather due to the absence of acts implementing it. In 2005 the federalist reform of the State assigned the social competence to the regional and local authorities. The lack of resources and the presence of different levels of training and expertise among practitioners and managers produced a miscellaneous context, where, despite the presence of some excellence, there are several gaps and inequities.

In order to respond to this situation and to experiment new ways of managing Child Care Protection System, the Italian Ministry of Labour and Social Policy started a collaboration with the Laboratory of Intervention and Research on Family Education (LabRIEF, [www.educazione.unipd.it/labrief](http://www.educazione.unipd.it/labrief)) of University of Padua, funding a research programme aiming at introducing performance-based culture in Child Protection Services, and at realising the CRC heritage, also in compliance with National Law 149/2001 that aims to guarantee the right of every child to live in his/her family.

### **Description of the main elements of the P.I.P.P.I**

The first implementation (2011-2012) of P.I.P.P.I., the research-training-intervention programme for vulnerable-families to respond to child neglect, started in 2011. P.I.P.P.I., which stands for *Program of Intervention for Prevention of Institutionalization*, is inspired by the fictional character Pippi-Longstocking, a creative and amazingly resilient girl known all over the world.

The study involved 206 practitioners (from the Child Protection System, the Local Health Authority, the School, the Cooperation sector) of 10 Italian cities (Bari, Bologna, Florence, Genoa, Milan, Naples, Palermo, Reggio Calabria, Turin, Venice) that were in condition to access the national fund provided by the law 285/1997 (*National fund for childhood*). The Fund is "finalized to the realization of interventions [...] to facilitate the promotion of the rights, quality of life, development, individual achievement and socialization of children and adolescents, giving priority to the most comfortable environment of the children within the birth, adoptive or foster family, through the implementation of the CRC principles".

A pre-test post-test quasi experimental design was employed to compare the families and children referred to the P.I.P.P.I. programme (Treatment Families Group, TF) to those receiving a service from mainstream social workers (Comparison Families Group, CF). Data were collected on a population of 169 children (130 families) aged 0-14 years, of whom 122 (89 families) were referred to the P.I.P.P.I. programme. Children and families were recruited for the study from the Multidisciplinary Team (MT) who considered, on the base of a pre-assessment tool, that they were at risk of out-of-home placement if an intervention was not activated.

The P.I.P.P.I. aims at (1) preventing child placement out-of-home by balancing risk and protective factors, and (2) responding to problems connected to poor parenting, which produces child neglect, defined as a significant deficiency or a failure to respond to the needs of a child recognised as fundamental on the grounds of current scientific knowledge (Lacharité *et al.* 2006; Dubowitz, 1999). The concept of child neglect is a complex social issue, therefore it is not effective to define child neglect by focusing solely on the description of parental behaviour (Horwarth, 2007; Lacharité, Éthier & Nolin, 2006). Child neglect focuses on child needs and how those needs are met in the familial and social environment where children and families live. Hence, the intervention must consider not only individual



actions, but also a shared responsibility, because to respond to child needs a collective action is required, meeting the difficulties related to all these functions. The P.I.P.P.I. therefore considers that in order to promote child wellbeing, it is necessary to cross the field of Care Protection system with the field of Parenting Support, working with all the people involved in the child's world (the team around the child), in accordance with the bio-ecology of human development by Urie Bronfenbrenner (1979, 2005), which provides the theoretical framework for the whole programme.

Table 1 describes specific activities aimed at realising a collective and integrated action to respond to child neglect.

**Table 1.**

Activities	Description
Home care intervention	The activity is carried out by home-care workers who are professional trained at university level in social work, parenting support, child development and community work. Practitioners meet parents and children in the family's home almost twice a week, for a minimum of four hours per week. The goal is not to substitute parents, 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 work with families, offering strategies to parents or children, or both, in order to address their problems and to help to solve them, and to modify their behaviour. Home-care workers also offer direct intervention and modelling aimed at improving family relationships, including working on reframing parent-child communication and mediating between them (Serbati <i>et al.</i> 2013, Willis & Holland 2009).
Parents Group	Parents (mother and father together, if possible) participating in the programme are involved in group activities with other parents, both referring to the same programme or to the mainstream service. Meetings occur on weekly or bi-weekly basis, for 2-3 hours. Parents group activities aim at fostering reflective practice on parenting competencies, encouraging sharing, mutual empowerment and comparison. Meetings address the following issues: <ul style="list-style-type: none"> <li>▪ the parent-child relationship (emotional warmth, guidance, boundaries, etc.);</li> <li>▪ parent as a parent (to be mother and to be father, decision making and problem solving, organisation of daily life, etc.);</li> <li>▪ the family-environment relationship (family and environmental support, local resources, etc.);</li> <li>▪ the relationship with him/herself (their needs as adults, their history, self-knowledge, self-esteem, etc.).</li> </ul>
Family helpers	Each family is provided with a family helper to offer concrete and emotional support in daily life. This intervention is given by volunteers, so its intensity and frequency depend on the availability of time and on individual situations. The family helper's actions aim at empowering the goals identified in care plans, such as learning to use social resources, support organisations and problem solving in daily life, to encourage enjoyable activities with children, etc.



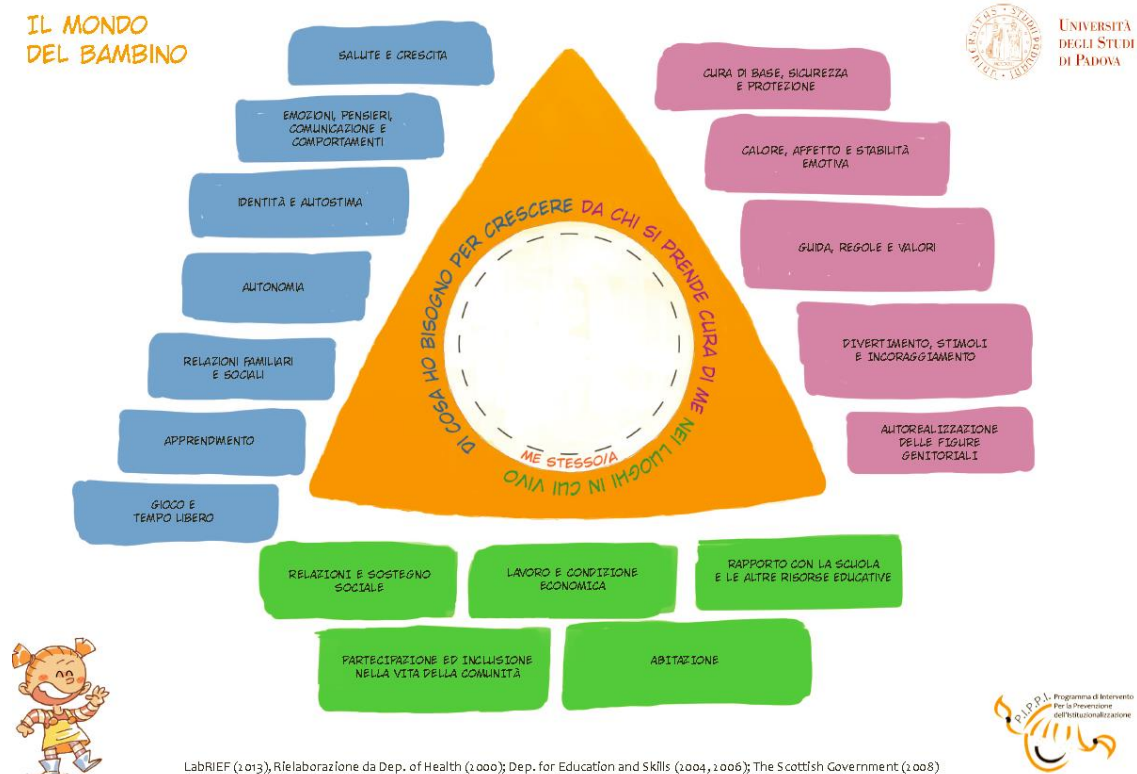
Cooperation between schools/families and social services	The school (kindergarten, nursery or primary school) attended by each child involved in the programme, is invited to be fully part of the multidisciplinary team (MT) working with the family and responsible of the care path. Teachers, with other professionals and families, outline actions (both individualised and involving the class group) to build a positive school environment, where children could learn social and emotional competencies. In order to give support the community school engagement in the programme, a regional agreement among the involved schools is signed. Such regional agreement allows to integrate P.I.P.P.I. with other activities carried out by the schools (Special Educational Needs).
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The different activities find coordination in an integrated and shared assessment and care plan, in which children are surrounded by adults (parents, children, teachers, practitioners, other relatives, and all people involved in the promotion of a child's wellbeing) able to respond to their needs. All the people involved are required to share responsibilities and to cooperate to ensure the child's wellbeing. To build the integrated and shared assessment and care plan the multidisciplinary teams use a web-based tool named *RPMonline* (Italian abbreviation for Assessment, Planning and Monitoring). *RPMonline* was borne taking in account the United Kingdom experience, started more than 20 years ago to reform UK services for children and vulnerable families, through laws, policies, and government programmes. The British Government promoted several studies and research groups (Parker et al. 1991, Ward, 1995, Department of Health, 1995) on Child Protection, resulting in a debate on how best to re-focus children's social services "in a more holistic focus that considered the full range of children's and family's strengths as well as needs and difficulties, including the wider environment and circumstances in which they live" (Cleaver & Walker 2004). UK create the *Framework for the Assessment for Children in Need and their Families* (Department of Health, 2000) to "ensure that referral and assessment processes discriminate effectively between different types and levels of need and produce a timely service response" (Department of Health, 1999, p. 20). Over 15 Countries, over time, have adopted the Assessment Framework model (Australia, Canada, Czech Republic, Denmark, Finland, France, Greece, Hungary, Ireland, New Zealand, Norway, Poland, Romania, Russia, Sweden, Ukraine, United Kingdom). Each Country has adapted the model according to its own socio-cultural-political context.

The P.I.P.P.I. adapted the British Assessment Framework in an Italian version, named Multidimensional Model of The Child's World (normally known as The Triangle – figure 1).



**Figure 1. The Multidimensional Model of The Child's World**



Like in the original version, The Child's World combines in a triangular model the developmental needs to ensure children's welfare (*Child's Developmental Needs*), the parental skills required to meet these needs (*Parenting Competences*), and the family and environmental conditions in which children and their families live (*Family and Environmental Factors*). A collaboration was established with the *Center for Information Technology Services (CSIA)* of Padua University, which created the *RPMonline*, that in a web-based tool provides a space for one unique care plan of every child in which every professional contributes. In *RPMonline* each factor of the Triangle is represented by a section for assessment, a section for planning and monitoring and a section for quantitative scale (*The Child's World Questionnaire - CWQ*). There is also a section for charts and reports, useful for producing documents.

The methodology used in P.I.P.P.I. (and particularly using Triangle and *RPMonline*) is based on the principles of participatory research, aiming to co-build knowledge by comparing and sharing the views of the researcher and the professionals. Negotiation, the main feature of participatory research (Guba, Lincoln, 1989), allows the questioning of practices, rules, habits, routines, etc. The goal is to change through improvement. This requires new learning through the experience of participants that are active subjects to work with, and not objects to analyse.

The participatory research was realised through an evaluation path, named participative and transformative (Shaw, 2011; Serbati, Milani 2013), which requires practitioners to reflect on interventions during the intervention itself: the different steps of care process (assessment, planning and monitoring) become learning opportunities for the practitioners. Evaluation involves practitioners in an empowerment perspective, ensuring that processes generate changes in the direction of the 'good practice' (Everitt & Hardiker, 1996). Transformative and



participative evaluation also requires to consider not only practitioners, but also families and children in building the changes in the direction of a 'good life' (Serbati, Milani, 2013). Hence, the evaluation is a path towards transformation: evaluation instruments are used to build "learning contexts" where families can experiment a new balance or make new decisions, enabling them to improve their children's development and their daily life.

Thus, evaluation is understood as 'a social relational practice' (Abma & Widdershoven 2008, p. 214) in which practitioners are co-workers with parents, teachers and other actors in helping to foster positive child developmental pathways (Branch et al., 2013).

The Triangle and *RPMonline* are the main tools useful to elicit and collect the parents', children's and practitioners' narratives, in order to reach a shared and integrated care plan. Great importance is therefore given to assessment, as this aspect is essential to reach a good definition of goals (Seden, 2001). But great importance is also given to the cyclical-articulation of assessment and planning. Frequently, assessment and planning are seen as two separate steps, the former related to a good comprehension of the situation and the latter to good actions. By separating these moments we take the risk to see assessment as a list of points of view, a collection of descriptions. On the contrary, assessment makes sense within the planning process: the assessment of the family's strengths and weaknesses is immediately linked and directed to the negotiation of goals and actions, which can be experienced as the ways to gain confidence in skills and competences. Furthermore, during the realisation of goals and actions, it is possible to acquire information useful to better define the assessment itself. In other words, within the care process proposed there are many cycles of reflective and active practice done by families and practitioners that cross the assessment, planning and monitoring moments in both directions.

Overcoming the dualism between assessment and planning in such a work requires giving particular attention to the language, which should be concrete, focusing on the real and achievable expected changes, in order to explicit each single step useful to reach expected goals. Using *RPMonline* families and practitioners are questioned on the 'how-to ...': how to foster positive child developmental pathways, how to reach best conditions for the child wellbeing, how to change practices, rules, habits, routines that hinder parent-child relationship, etc. The negotiation of the 'how-to' is important because it allows the construction of a common language between families and practitioners. It means, in practice, filling in grids named *micro-planning*, with reference to the factors of the multi-dimensional model of *The Child's World* (Serbati, Milani, 2013; Serbati et al., 2012). This reduces the gap between the motivation to change and change, between the intention and the act: the purpose is to bypass the automatic processes and give parents concrete tools for doing otherwise. *Micro-planning* expects the following six questions to be answered:

- WHAT? The child/family/community's needs or resources, that is the initial situation where a change is expected;
- WHY? The goals, what outcomes are expected to be reached through the intervention;
- HOW? The actions, what the people have to do to achieve the goals;
- WHO? The responsibilities, the people who carry out the actions;
- WHEN? The time: the time within which it is expected to achieve the goals (and in any case there will be a verification);



- HOW IS IT GOING? Monitoring & verification: during the intervention, it is necessary to adjust the micro-planning; after the intervention, it is necessary to verify the achievement of the goals.

The *micro-planning* makes it possible to discuss and negotiate the actions to respond to the child's needs, leading to the construction of an agreement, able to provide parents and children with the single steps useful to experiment with solutions to problems.

In conclusion, *RPMonline tools* make it possible:

- to use an analytical framework centred on all the developmental needs of the child;
- to talk with children, parents and other people;
- to explore the factors of the Triangle;
- to review information already held;
- to integrate all the information into a unified framework;
- to use specific tools to better understand the situation of the child and family;
- to follow over time the child's development and measure his/her change;
- to easily retrieve all the information in reader friendly reports to share with family and other professionals.

Besides triangle and RPMonline (comprehensive of *The Child's World Questionnaire* - CWQ), other tools were used to complete P.I.P.P.I. evaluation plan, especially questionnaires that have been used according to the participative and transformative evaluation, as "giving voice tools" in order to create negotiation of points of view between practitioners and families.

We used the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997, useful to screen for emotional and behavioural problems in children and adolescents. It incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems, and peer problems) completed by mother, father, home care worker and teacher. The Multidimensional Scale of Perceived Social Support (MsPSS, Zimet et al., 1988) is a 12-item tool to measure how people perceive their social support system, referring to three subscales, each addressing a different source of support (Family, Friends, and Significant Other), completed by mother and father.

At the end of the experimentation (two months after T2) TG and CG case managers of each family situation were asked to complete a short questionnaire (named the *Summary Indicators Questionnaire*, SIQ) about the situations of the families.

## Results and outcomes

The results of the first implementation are encouraging.

CWQ (*The Child's World Questionnaire*, that correspond to the quantitative measurement in RPMonline) shows on average an improvement in all the evaluated areas (Child's needs: 14.2%; Parenting Capacity: 17.1%; Environmental Factors: 16.5%). Also control group improved, but less than experimental one (Child's needs: 7.8%; Parenting Capacity: 14.3%; Environmental Factors: 17.7%). The Wilcoxon test has shown significant improvements for all dimensions only for the experimental group ( $p < .05$ ).

The SDQ regarding the TG reports a decrease of problematic situation in children's behaviour for each person that filled in the tool (Father: -12.9%, Home care worker: -22%; Teacher: -18.7%) recognised as significant by Wilcoxon test, except



for mothers (-2.4%) who recognised less problematic situations at intake level. This is probably due to the "ghost of institutionalisation" they were afraid of and consequently the need to show the situation of their children better than the real one. Statistical analysis confirms the improvement, showing significance particularly on Total Difficulties factor.

Same improvements aren't visible in CG (Father: -3.3%, Home care worker: -8.9%) except for the mother (-14.8%), that registered more problematic situations at intake levels than the mothers of experimental group (percentage change of 22%, shown significant by Wilcoxon test).

Multidimensional Scale of Perceived Social Support showed high level also at the first filling out for both Target and Control Groups. Mothers of Target Group show a significant variation in the factor "other adult" (8.4%, shown significant by Wilcoxon test), probably related to the introduction of Family support.

Using *RPMonline* (particularly micro-planning section), practitioners and families of TG completed the children's care plans that give several information about proximal, intermediate and final outcomes.

In micro-planning section practitioners were asked to describe people participation in the provision of services, pointing out the responsibilities of the actions described in the care plan (who does what?). It results that from T0 to T2 were increased the parents as responsible of action (percentage variation of 6.8), the practitioners (percentage variation of 6.2), and the child (percentage variation of 1.4).

Through *RPMonline*, were considered the verification about the achievement of the goals in micro-planning (how it is going?), registered in the micro-planning section. Each micro-planning was classified in one of these categories:

- outcome reached (60% of the total number of micro-planning);
- outcome not reached (20.5%);
- outcome partially reached (19.5%);
- not valuable (if the text doesn't describe the goal defined in the micro-planning, 16%).

In February 2013 the case managers of each family situation were invited to complete the SIQ (*Summary Indicators Questionnaire*). For the TG the response rate was 100%, instead for the Control Group the response rate was 82.9%: for 6 families (10 children) it was impossible to contact any case manager to complete the SIQ (because of the turn-over), which was completed by the manager of the service agency to which the 6 families were referred. The results after two months from the end of the programme show that:

- in the TG (contrary to the CG) there are 8 families not yet in care, accompanied by an improvement in the family situation;
- in the TG 50.6% (n=45) of families encountered a reduction in service provisions, always accompanied by an improvement; instead, in the CG only 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);
- in the TG only 6 families (6.7%) worsened, while in the CG worsening regards 23 families (56%);
- in the TG only 1 child entered in residential care, while in the CG 6 children (from 4 families) entered the foster (n=3) or residential (n=3) care systems, while for 3 children (from 3 families) court proceedings were begun for residential or foster care.





Results give evidence to efficacy of the programme in terms of goals that were achieved, of positive changing in families and of process of change in social practice that significantly started. The implementation underlined the importance of an holistic and integrated approach in evaluation, planning and intervention with families.

The first implementation let to identify, codify and evaluate an intensive approach of reducing risk of placement and underlined the key factor of guaranteeing an intensive and continuous intervention that need to be promoted by inter-institutional network of services.

## Challenges

Through this research it is possible to recognise the initial success of the P.I.P.P.I. programme, which requires an integrated approach to assessment, planning and intervention involving the participation of the families, which limits the negative effects and enhances the positive ones, as demonstrated by other research in this area (Utting *et al.*, 2007; Moran *et al.*, 2004). By using the *Assessment Framework* in its Italian adaptation *RPMonline tools*, the P.I.P.P.I. seems able to prevent child placement out-of-home, responding to problems connected to poor parenting that may often lead to child neglect. The results obtained suggest that the P.I.P.P.I. improves the development of children, the parental competence and responsibilities, the social support, and the collaboration between parents and practitioners. In other words, this approach promotes a transformation of the "wild world" in which children, parents and professionals are involved when dealing with a situation of child neglect, ensuring protection for the child (Lacharité, 2013).

Moreover, the programme initiates an experience aimed at promoting a performance-based approach within the public sector and this seems to be the biggest challenge, due to the weakness of national policies and to the fragmentation of the Child Protection System in Italy.

For the years 2012-2013, 9 out of 10 cities have applied for a continuation and expansion of the programme to 242 new families and about 300 new practitioners. This seems an important indicator of success, as well as an unexpected outcome.

Moreover, for the years 2014-2015 the Italian Ministry of Welfare runs the first step of scaling up of the P.I.P.P.I. programme by initiating the third implementation, which is involving 51 cities and around 500 children in Italy, from Bozen to Sicily. This third implementation is financed by the National Fund for Social Policy.

This rapid spread of the programme obviously shows some challenges to deal with:

- 1st, the partnership between different agencies and different practitioners is difficult to reach. Among the obstacles it is possible to mention: the traditional organisation of agencies, that weakly communicate to each other, the turn-over, the case-load, the professional hierarchies;
- 2nd, the real participation of children and parents in assessing and care-planning.

In order to respond to these challenges it seemed appropriated to refer the implementation of P.I.P.P.I. to a logic model because the complexity of implementation and its overall success does not reside only in the characteristics of families, but also in the configuration of the practices that are modelled on the current organisational structure of Care Protection System in a given context and that therefore the outcomes do not depend only on the nature and severity of the problem that the family brings to the agencies, but also on the quality of the processes put in place in the different levels of the ecosystem and of the ability to use a planning methodology at all levels of the ecosystem (Ogden *et al.*, 2012).



Thus, three are the variables that determine the success of the implementation, and that the P.I.P.P.I. is now considering:

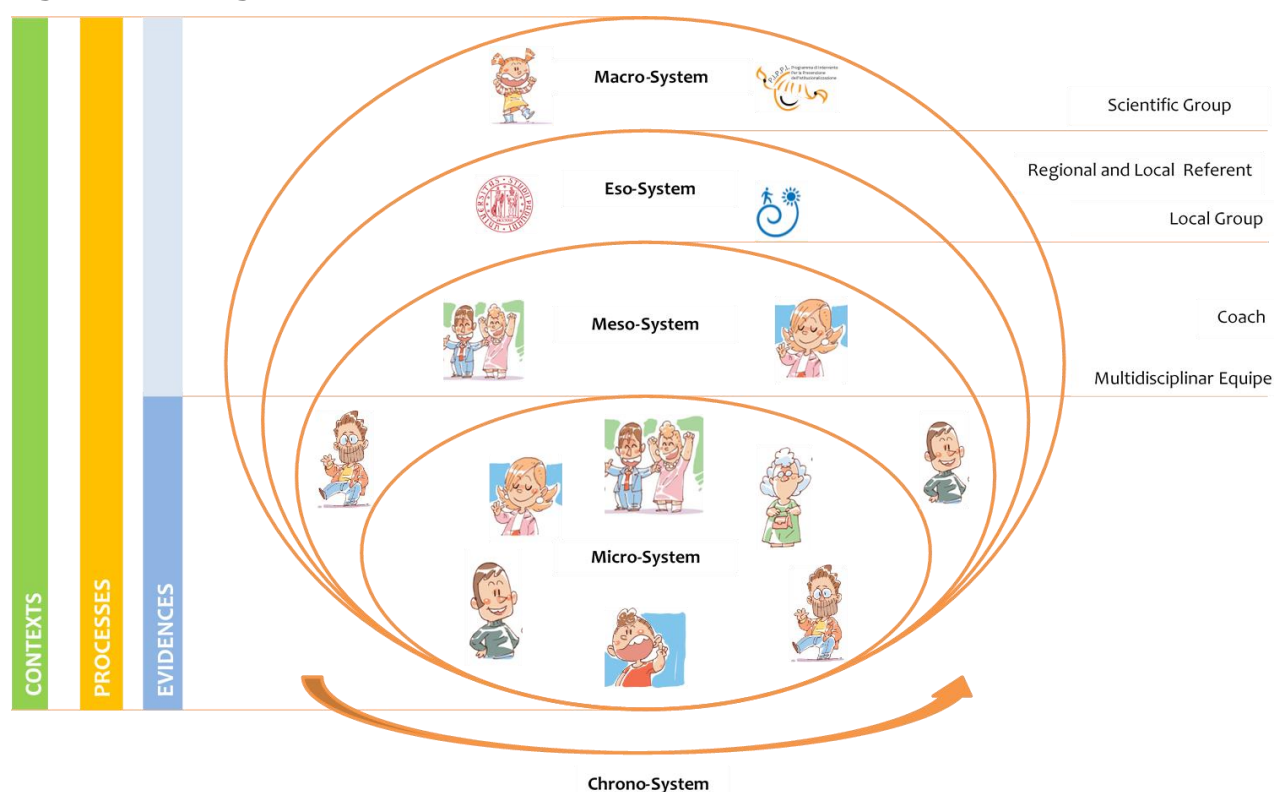
- E = Evidence, the results in terms of expected and achieved changes;
- C = Context where the programme is implemented;
- P = Processes (trainings, interventions, organisation).

The next formula summarises the functions (f) of the three variables, useful to reach the Success of the Implementation:

$$IS = f(E, C, P)$$

The figure 2 represents the logic model of P.I.P.P.I.: for the success of the implementation, Contexts, Processes and Evidence have to be worked in all the eco-systems performed by bio-ecology of Human Development by Urie Bronfenbrenne (1979, 1995), through the involvement of practitioners and families (micro-system and meso-system), agencies' leaders (eso-system) and executives and the policy level (macro-system).

**Figure 2 The logic model of P.I.P.P.I.**



So, from the beginning of third implementation, we are planning in a way gradually more attentive the processes concerning the training of agencies-managers, coaches and practitioners in order really to involve all the players in this action-system represented by P.I.P.P.I.

Finally, we are wondering what kind of new positioning and new actions we can take as researchers to manage with all these players the logic model of P.I.P.P.I. in the same participative way we ask to adopt to practitioners with families.

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## **The voices of the Cities and Regions in P.I.P.P.I.**

In the following pages four experiences will be presented in order to give voices to professionals, cities and Regions participating in P.I.P.P.I.

The region Emilia Romagna will show how P.I.P.P.I. is situated in the Regional organisation of Social and Health Services. The city of Bari will present a particular action to empower family participation within the programme. The municipality of Venice will focus on why P.I.P.P.I. is useful for Venice and represents a way to integrated previous experiences. Finally, Florence will present the role of the Coach that was integrated from the second implementation of the programme.



## **The P.I.P.P.I. programme in the organisation of social and health services of Emilia Romagna**

**Monica Pedroni**  
Emilia Romagna Region

*"No road has ever led any caravan  
to reach its mirage,  
but only mirages have set in motion the  
caravans"*

Henri Desroche

The regions in the current Italian system of law have exclusive jurisdiction in matters of social regulation. Emilia-Romagna, with the approval of regional law 2/03 "Norms for the promotion of social citizenship and for the creation of an integrated system of interventions and social services" has implemented many of the contents in the national law no. 328/2000, even if it is no longer binding after the modification of title five of the Constitution.

With regard to the scope of child protection, Emilia Romagna, among the most significant actions, approved a law regarding the Young Generations<sup>2</sup>, so children, teenagers and young people could count on a dedicated standard. The law deals with the transposing of the international rights declared by the United Nations in 1989, from point-by-point instructions on the execution of social, health and education services that must be integrated and in a "network", adopting the possibility of preventive action. I emphasise this dimension because in the field of child protection the theme of work in an emergency is still a critical situation. One has the impression of action always coming too late, when the family situation "explodes" or the harm done to the child could already be described as "full-blown".

Promoted and supported over the years, the spread of a culture of proactive working with co-planning together with institutions, private capital, citizens and the volunteer sector has created important preconditions for the development of synergies and empowerment. The promotion of a culture of acceptance and listening is part of our history, fostered and supported by important policies. This has led to a "social capital" that even in a time of economic recession and criticality of the current global situation is a great heritage, a "relational treasure" that must nourish, protect, and assume a key role for the results of our interventions with "vulnerable" families.

In recent years, in particular, we drew attention to improve the process of placement in residential or foster care. We have allocated extraordinary resources<sup>3</sup>, for a "programme that favours childhood, adolescence and parenting" that among the priority objectives indicated: the theme of the pertinent interventions of placement out of home and support of parenting skills through: multidisciplinary work, development of local services, of intensive education, integration and overall

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<sup>2</sup> LR 14/2008 "Law on policies for the young generation".

<sup>3</sup> DGR 378/2010 "extraordinary programme for childhood, adolescence and parenting support."



direction of the interventions. The programme of course was accompanied by significant training, research, and monitoring<sup>4</sup>.

In 2013 (twenty thirteen), a resolution<sup>5</sup> to address and improve the reception and care of child victims of maltreatment and abuse, that in defining the phenomenon provides operational recommendations in the different phases of the intervention: the recognition, activation of network services, reporting to the Judicial Authority and multidisciplinary assessment.

The P.I.P.P.I. programme fits into this institutional and operational framework and is an invaluable opportunity for several reasons, including principally:

1. In recent years, the issue of child protection has become more visible because the economic crisis has been taking its toll on local authorities' budgets. In this sector, we need to develop research, documentation, accountability for the complexity of a particular situation, intensive and integrated integration and full assessment of their outcomes. The protection of the child or adolescent takes place still too often with its "secure placement" not accompanied by a support intervention and "recovery" of the family of origin. In the words of one of our operators, *"having satisfied the immediate objective of the child's protection, the intervention becomes fragmented. You go to work on each part of the system, leaving the system itself, which, paradoxically, with the removal, is even more complicated because an additional element gets added: the community or the foster family"*.<sup>6</sup> The questions that P.I.P.P.I. can help us answer are: did we really do everything possible to avoid separation from the family of origin? How and in what way was the family the protagonist in the definition of the intervention project? What resources can we count on? What do we have to create or innovate? Responses to these questions can help us improve the planning of services and interventions.
2. We have been asking ourselves for years with regard to a possibility of intervening intensively and with greater appropriateness. This is why the theme of social-health integration, evaluation and treatment by a multi-professional team element becomes qualitatively nullifying and necessary. We recently approved a new regulatory document of social-health integration<sup>7</sup>, to improve collaboration between public institutions and between social workers, educators, etc. and health care professionals (doctors, psychologists, etc.). The implementation of the provisions of the EE.MM device expected from P.I.P.P.I. in the territorial areas of Emilia Romagna would be able to help us to reflect and improve its functioning thanks to tools like the RPM, assessment tools and participatory transformative tools for the analysis of risk factors and protection, etc.
3. Another very important issue: the training of operators and the networking of professional tools. Some qualitative and quantitative research and the data of our regional information system, highlight how most of the families have asked for help after which, in preparing an intervention, they found it necessary to resort to the authorities of the juvenile court. In all probability of a worsening of the situation, or perhaps to have more "power" to control the situation

<sup>4</sup> "We bend over backwards", "Parenting support today," both biennial paths, organised together with IRESS Institute for Social Research in Emilia Romagna.

<sup>5</sup> DGR 1677/2013 "Regional Guidelines for the reception and care of child and adolescent victims of maltreatment / abuse".

<sup>6</sup> "For the protection of children as children", edited by R. Treasurers, F. D'Angella, M. Pedroni, Journal of Social Animation, n. 267, November 2012.

<sup>7</sup> DGR 1102/2014 "Guidelines for the implementation of integrated interventions in the area of social and health services targeted to minors away or at risk of removal".



considered harmful to the child. Assumptions that open other questions: why are those seeking help to change their problematic situation not willing to get involved? Why don't they contribute to the change they hoped for? Why do service operators evaluate these people as uncooperative? Marie Rose Moro<sup>8</sup> says that *"there are a thousand ways to be fathers and mothers."* The truly hard work is in the knowing how to nurture the potential of each of us and in refraining from judging the *"best way to be a father or mother."* It is a difficult job, since it is natural for all specialists to think that they would be better parents, they know how to deal with the child, what their needs and expectations are. The role of professionals should instead be directed to make sure that the capacity of a parent can emerge, supporting them in this way. The ethnopsychiatry says: *"For, the doctor, nurse, midwife, judge and social worker is able to be as effective as possible in their field. It is therefore necessary to come out of the confrontational position and distance and, on the contrary, favor all that goes towards the consideration of the parents and their knowledge, the multiplicity of looks, the creation of places of passage and co-creation."*<sup>9</sup> The priority then is to understand the look that we place on these parents, as we involve them in the path, which spaces of listening and working we offer them, how much "weight" the mandates have, timing services and the juvenile judge, if involved. Even in analysis of this size we are left completely in the P.I.P.P.I. philosophy, or better, the LabRIEF of the University of Padua. To support vulnerable families, protecting the child and his family relationships. To gamble and "cheer", with skill, passion, creativity of the ability of each person to change, evolve, learn and contribute actively to improve any given situation.

Even if some awareness can be said to have been achieved, there is still work to do, especially in times like these which require great attention and flexibility to change. In this perspective it is crucial that everyone gives what they feel they are able to. The enlargement of the trial in 2013 also represented for our region, and above all for the services, a major investment opportunity. The enthusiasm and commitment shown by our four geographical areas: Forlì, Modena, Reggio Emilia and Bologna Metropolitan Area, testify to the need for a change of approach and methods of working have been felt in this sector and those that work there are ready to do so. This is also why, in the new contract in 2014, among the selection criteria, we gave priority to new areas of experimentation so that the business community and P.I.P.P.I. families in our region can grow, help each other out and widen the possibility of a comparison to the national level. For all these reasons and more I would like to sincerely thank the Ministry of Labour and Social Policy in their belief and support of this programme.

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<sup>8</sup> Marie Rose Moro, "Children here have come from elsewhere", Franco Angeli, Milan, 2005.

<sup>9</sup> Ibidem.



## **The family participation within P.I.P.P.I.: the experience of the Municipality of Bari**

**Giacomo De Candia**  
Municipality of Bari

With the set-up of P.I.P.P.I. updated actions came to life. Often ideas and approaches were a bit confused and overlapping but with this new project they are heading to a precise goal. This is a forerunning way to consider social services.

Our Councillorship is always focusing on the needs of social issues and recognised the importance of this innovation. This is why we wanted so deeply being part of it and we worked hard in order to get the financing for our participation.

Thanks to the P.I.P.P.I. programme, the relationships between the different actors have been strengthened. We got new perception on the relations between Citizens / Institutions, Citizens / Professionals, Professionals / Professionals, Professionals / Institutions.

Especially considering Citizens and Institutions connection, we have to highlight the improvement of new unexpected trust. Most of the times Institutions are felt interfering on the family balance. The effort on listening, involvement, fair handling and acknowledgement of dignity fostered a radical change.

P.I.P.P.I. programme core idea is to support the family environment and direct it towards new values and the setting of a network, comprehensive of the needs and rights of the children. You can listen to those needs only when you stop talking and let the kids speak out.

P.I.P.P.I. is an easy and complex idea leading to a radical change of the organisational issues. A combined work ensures quality, fairness and continuity during the casework.

Networking ensures efficiency and effectiveness of the process. Simultaneously and together at the same table: social worker, home care worker, daily care centre worker, psychologist, school representative, support family and target family members. Well, this is priceless!

The fulfilment of an agreement with the family is a tough job. Researching and outlining aims, actions and timetable allow the creation of the network surrounding child's needs and helps the entire family system to be guided to share power and negotiating a meaning for the situation of family.

For what concerns the use of tools, some of them have been modified in order to let them better fit the real situation. Now we are going to talk about one of the tools have been using in our town: the Child's World, or, in other words, the Triangle, used with 29 children. Also, we are going to talk about an additional activity implemented in Bari, that hasn't replaced other activities proposed by P.I.P.P.I.. It is our P.I.P.P.I. Days (Sundays spent all together, with games, activities, Sunday lunch and the creation of a moment for children, parents and workers to share a joint experience). 16 families with several professionals took part in the 7 P.I.P.P.I. days.



The use of triangle entails the direct narration by the child of the physical, psychological, social, emotional and educational development thanks to three guidelines:

- My development;
- My life environment;
- What do I need from those taking care of me.

We tried to simplify the triangle by eliminating all the recommendations that lead to restriction in personal and creative narration.

It has been incredible to see how children and kids explain and tell to each other their triangle.

This tool has been used at the beginning of the activities (T0), at mid time (T1) and at the end (T2).

This tool allows the child to portray the present time situation and helps the multidisciplinary team to go with the kid towards the discovery of his/her needs, naming emotions and give worth to own feelings.

Another relevant moment for P.I.P.P.I. in Bari is the realisation of P.I.P.P.I. Days.

During the development of the project, all the people involved (birth family, support family, practitioners...) had met on a regular basis on Sundays. The aim was to gather in an informal way, in order to unbind the "institutional relationship".

The outcome was a surprise. This joyful climate eliminated barriers and gave genuine moments of free participation even if the steps of the project were absolutely planned and organised. Play moments coordinated by an educator, parents groups with support to parenting coordinated by a psychologist, training groups with support family coordinated by an educator, discussion tables among professionals.

Sunday lunch and merry moments spaced out the time among professionals and families.

At the end of the day, each participant is supposed to pinpoint with a word or a sentence the day spent together. Those small shared thoughts gave the opportunity to summarise the development of the project.

Those moments explained that what was needed the most, was mutual trust.





## **Why is P.I.P.P.I. a useful method for working in the social services for childhood and adolescence in City of Venice**

**Paola Sartori**  
Municipality of Venice

In order to present how the working method of the P.I.P.P.I. programme can become a method of habitual working among the social professionals of child care and protection services, I thought to find out its advantages.

Not the advantages in general, but those specific for the social operators and for the services of the area of the City of Venice.

Looking for the key aspects, I've noticed all the assonances between the method suggested by P.I.P.P.I. and what has been built, made and met in this city during the last 20 years in the area of child care and protection. Those are fragments sometimes a lot substantial and extended in the time, of basics, models, methods and instruments that in various ways, along different times, social services for children and adolescences have tried and adopted.

And so, beyond the fact that each operator and each person in care has been involved only in some of the step composing this 20 year old history, this set of approaches, methods and instruments has without doubts inspired the services of the city for the childhood and adolescence. Moreover, it's present in the operative structure of services and belongs to them.

So I will start from these consonances to show the advantages of P.I.P.P.I.

P.I.P.P.I. proposes us several steps of work. I'll show them one after the other in order to be clearer in my exposition, even if I'd like to stress that in the reality they are often linked together: pre-assessment, assessment/planning, realisation with subsequent re-planning and valuation of what have been made in relation to the given outcomes.

I'll try to analyse synthetically each step and to show how each of them is in relationship with what is the capital in the city's services.

### **Step 1: Pre-assessment**

Using other words and frameworks, we can translate pre-assessment with the step of cognitive reflection of the key aspects of the situation. It is a step to do together with the others subjects involved in the process, as shown in the Regional Guide Lines for Child Care and Protection, where the Judiciary Authority is present.

In this step what is important is the knowledge of all the possible elements that are necessary to co-build, together with the other subjects involved, and building the hypothesis of the challenges to face. In our city we link what P.I.P.P.I. suggests with a previous training experience we had with APS study of Milan in which almost all the workers of our services were involved.

In order to build this hypothesis, some cognitive actions are needed to take with whom has reported the case to the service and with whom is already following the situation, if the situation is known (at least the school always knows it). And also actions with the family, with the child in order to know him/her, meeting him/her and talking to his/her carers.



When all the elements are taken, it's necessary to build a hypothesis of the trouble. Where? P.I.P.P.I. says in the multidisciplinary team MT, the method of the city of Venice says in the working group.

## **Step 2: Assessment and Planning and Evaluating**

This step is what the 2010 guidelines request speaking in terms of "Framework Project".

This is the moment to assess and to plan, in other words to define, in the EM, the goals and the expected outcomes to reach, what is needed to do to reach them, who does what and in what time. And then, how and when the EM supervises and verifies the undertaken decisions.

What does P.I.P.P.I. do more than what it's already consolidated?

P.I.P.P.I. gives the working team, specific tools (RPMonline) to do this planning and above all introduces, with strength, the sharing with the family of the child or the boy.

We have been listening about the importance of involving families for a lot of years, but only now with P.I.P.P.I. family participation is underlined as a key factor and empowered by the proposed tools. In example, the World of the Child (the Triangle) and the Eco-maps: these tools help professionals to better know and understand know the problem, to comprehend the sustainability of the goal. They also allow the family to enter directly and easily into the project, and to feel inside and part of it, because the P.I.P.P.I. method allows to go over the language of the services: it opens an epistemological context that is really comfortable for the families. This is another advantage, not secondary!

Moreover these tools, together with others, can be used also for the fourth step, which is the periodic evaluation.

In fact, if evaluation is not compulsory, like it is in P.I.P.P.I., the services are prone to skip the moments of evaluating results: to evaluate the effects of the work that has been made. So this is another advantage: P.I.P.P.I. is training professionals and services how to do it, constantly, providing tools and the reflexive support to face the challenges and sometime the frustrations that the evaluation carries.

## **Step 3: the realisation of the project**

This is the step of taking the action that were planned in order to achieve the goals and reach them in time, or to verify that the expected outcomes are not achieved how it was planned and so they need to be re-planned.

For several years we have been telling ourselves that it's important not only doing, but also thinking about doing.

P.I.P.P.I. sets specific times of intervention and specific activities and asks to monitor and verify the results of the actions and then to plan again, when necessary. Social worker of the city are familiar with these activities: home care intervention, parents' groups, family helpers, groups/laboratories with children, psycho-social evaluation of the parental competences. All this activities are part of our capital but they need to be revitalised and reinforced.

This is another advantage that P.I.P.P.I. carries by itself: it tells brightly that these social and psycho-social actions have to be made and not only announced. And they have to be realised and have a specific duration. Only in this way, in fact, it is possible to help families and children to improve, and also to verify the possibility



to overcome the obstacles, and deal with their life context's troubles. And only if we verify, we can change the direction of the Care Plan towards what it is achievable.

So the question that arose is: if there are all these connections with what is already consolidated in the city practice, why do we have often the feeling that P.I.P.P.I. is and offers something else?

1. This happens because P.I.P.P.I. formalised a method that does not allow not to involve family and appreciate its members as partners: we know that realising this involvement it's really hard and complex.
2. Then P.I.P.P.I. has improved the tools, making them necessary. P.I.P.P.I. shows and prove that to do the care plan of each family we need to use the tools of planning and then to verify and careplan, and also to use all the activities for intervening and helping.

The last advantage of P.I.P.P.I. is that for the first time we can count on a technical team as the scientific group of the University of Padua, that place side by side the operators, that support them, not only to reflect and elaborate what happens, as always happens during the supervision meeting, but concretely it helps professionals to take on the method, to use the tools. Moreover, professionals are helped by the coaches (2 professionals in each city in charge of peer coaching their colleagues about the programme).

The scientific group does not focus on supervising and suggesting, but considers the reasons of specific operative decisions and actions, helping professional to act and to reflect about their actions.

P.I.P.P.I. is an approach and a method that guides us to what already we knew, but it does it in a more specific and improved way also with a constant help on "how to use it" and that's an advantage.



## **P.I.P.P.I. A coach's experience in the City of Florence**

**Mariangela Bronwen Lassi**  
Municipality of Florence

**Marco Ius, Diego Di Masi, Sara Serbati, Paola Milani**  
University of Padova

### **Background of the Coach in P.I.P.P.I.**

After the first implementation, in order to consolidate and scale up P.I.P.P.I. within other services, practitioners and families in care of the different cities and to empower the cities' culture in running the programme, each city choose 3 coaches to offer together with the tutors of S.T. internal and peer support to M.T. and to provide training while engaged in practice activities, tutoring, assessment and feedback, emotional support and optimism in changing and empowering practice (Spouse, 2001).

A specific training was organised for coaches at the beginning of the programme and tutoring meeting are schedule every four months.

### **Why a coach?**

The presence of peer coaches aims at fostering practitioners and researchers in achieving and realising the learning and gradual adjustments that are necessary to integrate into practice the new model of care process that P.I.P.P.I. presents. Moreover, the coaches are the first step towards the long-term goal of P.I.P.P.I. that consist in helping each city in being able in the future to take care of the whole implementation process, as the role of the tutors decreases, and scale up the programme in all the services.

The role of a coach has been created in order to render more valid the personal and professional experience of all operators (with particular attention to those in public services).

Coaching, which is nowadays very largely spread within all formative fields, helps the group with which it works to "build up some sort of sense" around professional practices.

The coach is in constant contact with the Scientific Group of Padua and also relates constantly to all of the various institutions with regard to the diffusion of the PIPPI's methodology.

The coach is attentive to the procedures and processes while being neutral with respect to contents.

The coach helps in the retrieval and quality of information and knowledge and he or she facilitates learning.



## Coaching techniques: the Scaffolding Approach

The scaffolding (Wood, Bruner, Roos, 1976) is a metaphor which describes the method used employing a more expert person who helps another one less prepared to reach a certain aim, to solve a problem, to perform a task.

The coach offers temporary operational and emotional support and gradually reduces his support limiting himself to some suggestions while leaving autonomy to the lesser expert.

The efficiency of this system, as far as the coach is concerned, is based on his or her:

- Reliability;
- Regular availability;
- Knowledge of necessary techniques.

*In other words we are talking of a way of teaching others, with the support of the coach so that eventually they can take over and be able to do that job without help. It's a bit like a building which while it is in construction necessitates of a scaffolding, once it's solidly built, the scaffolding can be removed and it remains standing on its own.*

## The coach's toolkit

The coach's toolkit consists of:

- Notebook with guidelines (which in Italy is called "Taccuino del Coach");
- Ecological model and work areas;
- Work plan of the national implementation.

The Notebook with Guidelines is a work tool which provides a collection of proposals on how to regulate and meet deadlines. It also gives advice on how to move within this particular sector, providing specific technical indications.

One of these indications regards the brainstorming method which proves very useful in some cases, especially when the team meets with a blockage in the process they are dealing with. It's a concerted intellectual treatment of a problem by discussing spontaneous ideas about it.

Another indication regards a particular role play exercise during which the operators change their roles (one of them takes the part of the family, another the part of the social worker, etc...). In this way they have a different view of the situation in question and they elaborate the matter with greater flexibility and understanding, and improving their readiness in meeting with families where listening to and taking in account the difference voices and perspectives and negotiate a common and integrated understanding of the situation is key.

## Working as a coach in Florence

It's a new experience, a new role: we had and we have to be creative and flexible!

To be a coach greatly influences the work of the everyday because we really start being careful about the processes instead of the interventions.

The coach has not the answers but we work with our colleagues to attain better responses. A coach follows the work of his/her colleagues all along the line while keeping on the same level as them.



The coach has to meet deadlines, not only his or hers but also those of the operators. Sometimes we have difficulty in conciliating the time necessary for the project on paper with the actual time needed for the family and for the services. Often we work with the operators to try to speed up procedures.

We have successfully stimulated the local authorities to organise groups of parents and other interventions and to spread more widely the methodology of PIPPI.

When communicating with the operators we use simple language and take into serious consideration ways of substantially reaching our objects. We always talk about microplanning.

