



Situation Analysis Report

July 2021



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CarINg

Empowering Child Care Systems and Supporting Leaving
Care From Inside

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Glossary of terms

Child: every human being below the age of eighteen unless, under the law applicable to the child, majority is attained earlier.¹

Child growth: the change in weight, height, and circumference of the head.²

Child development: the process of change in which a child comes to master more and more complex levels of physical activity, thinking, feeling, communicating and interactions with people and objects. This is sometimes expressed as physical, cognitive, emotional and social development.³

Family: the fundamental group of society and the natural environment for the growth, well-being, and protection of children. Efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.⁴

Alternative care: it can be provided when a child is “temporarily or permanently deprived of his or her family environment”.⁵ This includes formal and informal care of children without parental care. Alternative care includes kinship care, hetero-familial foster care and other forms of family-based or family-like care placements, supervised independent living arrangements for children and residential care facilities.

Alternative care may take the form of:

- **Informal care:** any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;
- **Formal care:** all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

Concerning the environment where it is provided, alternative care may be:

- **Kinship care:** formal or informal family-based care within the child’s extended family or with close friends of the family known to the child;
- **Foster care:** situations where children are formally appointed by a competent authority to alternative care within a domestic environment of a family other than the children’s own family which has been selected, qualified, approved and supervised for providing such care;
- **Residential care:** care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergencies, and all other short and long-term residential care facilities, including group homes.⁶

Careleavers: those who, at the age of majority, live outside the birth family based on a provision of the judicial authority, which appointed them to residential communities or to foster care.

¹ UN General Assembly, 1989. Convention on the Rights of the Child (Article 1).

² UNICEF. (2013, p.2). Early childhood development in emergencies. Retrieved from http://www.unicef.org/earlychildhood/index_40745.html

³ Ibidem

⁴ UN General Assembly, 2010. Resolution 64/142: Guidelines for the Alternative Care of Children.

⁵ UN General Assembly, 1989. Convention on the Rights of the Child (Article 20).

⁶ UN General Assembly, 2010. Resolution 64/142: Guidelines for the Alternative Care of Children.

1. Introduction

Child protection and care local systems are crucial to prevent future scenarios of poverty, social exclusion, and violence. Child neglect can have devastating effects on children well-being and development with side effects on individual and societal development. CarINg is an EU-funded project involving two university-based institutions⁷, two municipal actors⁸ and one non-profit association⁹ based in Italy. CarINg aims to improve local systems of alternative care in the two municipalities of Prato and Florence through capacity building and the exchange of good practices and methodologies. On one hand, the project intends to contribute at developing European regional and local government strategic and professional capacities to understand and integrate a child-based approach to their work. On the other hand, the project seeks to enhance the quality of support for and protect the rights of children living in alternative care, with a special focus on early preparing, facilitating, and accompanying them during and after the leaving process.

In both municipalities, social workers are challenged with increasingly complex situations. They are more and more in need to address prevention of institutionalization, setting-up of alternative care programs and supporting early careleavers. The need for innovative tools to assess, plan and evaluate has been the driver for the set-up of CarINg project at all level. Also, the increasing inflow of unaccompanied foreign minors opens new challenges for the children protection and care system.

This situation analysis report consists of an appraisal of the current practices of the local municipalities, considering also programs currently in place. It collects information in order to determine what could be done to provide better support to improve children outcomes and well-being. The situation analysis aims at:

- Presenting the legal framework on the subject of children's rights and children's protection system at the UN level, European level, national, and local level;
- Describing Florence and Prato protection and care systems for children at risk of being placed within alternative care or currently in alternative care, identifying strengths, weaknesses, common aspects and differences between the two systems.

This analysis has been elaborated by ARCO research centre of PIN s.c.r.l. with the collaboration of other partners of the Consortium. The methodology is based on a desk review and consultation with key informants (Annex 1).

The situation analysis report is structured as follows: the second chapter illustrates the theoretical framework for the child's well-being adopted by the project; chapter 3 presents the legal framework at the international and European level. The Italian national legislation and the local context are introduced in Chapter 4. Chapters 5 and 6 describes Florence and Prato child protection systems. Finally, chapter 7 presents the case studies of the P.I.P.P.I. project and of the Careleavers intervention.

⁷ PIN s.c.r.l. and University of Bicocca.

⁸ Società della Salute Area Pratese and the Municipality of Florence.

⁹ SOS Villaggi dei Bambini.

2. Theoretical framework for child well-being

The United Nations Convention on the Rights of the Child and all the related international recommendations and resolutions envision child well-being as the ultimate goal to pursue among all the actions and interventions in the field of protection and care. From a theoretical point of view, two complementary frameworks constitute the main building blocks to address child deprivations and promote child's well-being: the bioecology of human development (Bronfenbrenner, U. 1979) and the Capability Approach (Biggeri et al. 2011; Biggeri et al. 2019).

2.1 Bronfenbrenner's bio-ecological perspective on children's well-being and development

The ecology of human development is based on progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded (Bronfenbrenner, U. 1979). The bioecology of human development explains how human development is influenced by different types of environmental systems and how the inherent qualities of a child and his environment interact to influence how s/he will grow and develop.

Bronfenbrenner's theory stresses the importance of situating the child in the context of multiple environments, also known as ecological systems to understand his development. This model organizes contexts of development into five levels of external influence: Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem.

- **Microsystem**: it is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics (Bronfenbrenner, U. 1979). The microsystem refers to the institutions and groups that most immediately and directly impact the child's development including family, school, neighbourhood, classmates, and peers.

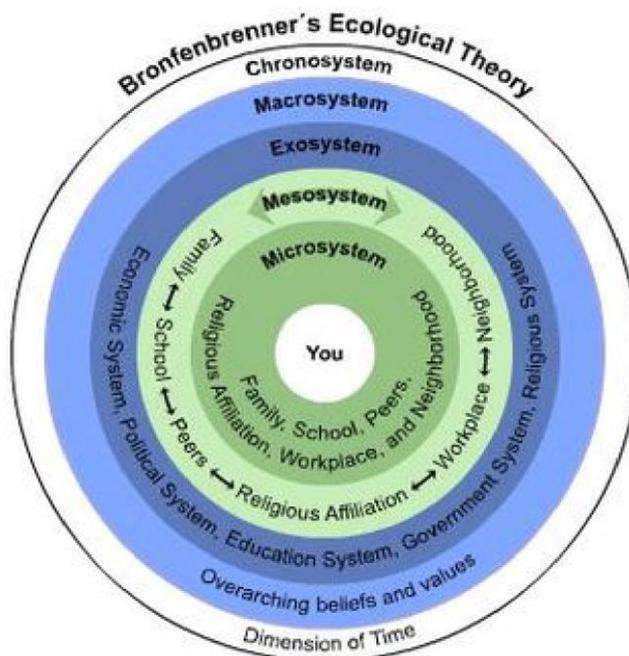
- **Mesosystem**: it comprises the interrelations among two or more settings in which the developing person actively participates such as, for a child, the relations among home, school, and neighbourhood peer group (Bronfenbrenner, U. 1979). The Mesosystem refers to the interconnections between the microsystems, the interactions between the family and teachers, the relationship between the child's peers and the family. It is the set of relationships in which the child actively participates.

- **Exosystem**: it refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting surrounding the developing person (Bronfenbrenner, U. 1979). The Exosystem involves links between a social setting in which the individual does not have an active role and the individual's immediate context. For example, suppose a child is more attached to his father than his mother. If the father goes abroad to work for several months, there may be a conflict between the mother and the child's social relationship, or on the other hand, this event may result to a tighter bond between the mother and the child.

- **Macrosystem**: it refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies (Bronfenbrenner, U. 1979). The macrosystem describes the set of customs, policies, social organizations and the culture (developing and industrialized countries, socioeconomic status, poverty, and ethnicity) in which individuals live.

- **Chronosystem:** it refers to the patterning of environmental events and transitions over the life course, as well as socio-historical circumstances. One classic example of life transition is how divorce may affect not only the couple's relationship but also their children's behaviour and well-being. Researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By two years following the divorce, family interaction is less chaotic, more stable and agreeable. An example of sociohistorical circumstances is the increase in opportunities for women to pursue a career during the last thirty years. Figure 1 below summarized the relations between the different systems.

Figure 1. Bronfenbrenner's ecological systems theory



Source: Bronfenbrenner, 1979

Indeed, the bio-ecological approach of human development shows that a child grows in a positive way when the different actors directly affecting the child's well-being (*the Microsystem*) interact with each other systematically and collaboratively within the Mesosystem and are supported by a broader, positive and nurturing social and cultural context. This is also confirmed by recent studies on resilience showing that families and communities are able to deal with difficult situations when they can rely on different protection factors (e.g. good parental or friendly support network or parents' ability to take responsibility), when they are helped to understand and reduce risk factors (e.g. low parents' education level, single-parent family, young age of the mother) and when they are able to recognize their individual, family and social resources.

2.2 A Capability Approach to Child Growth

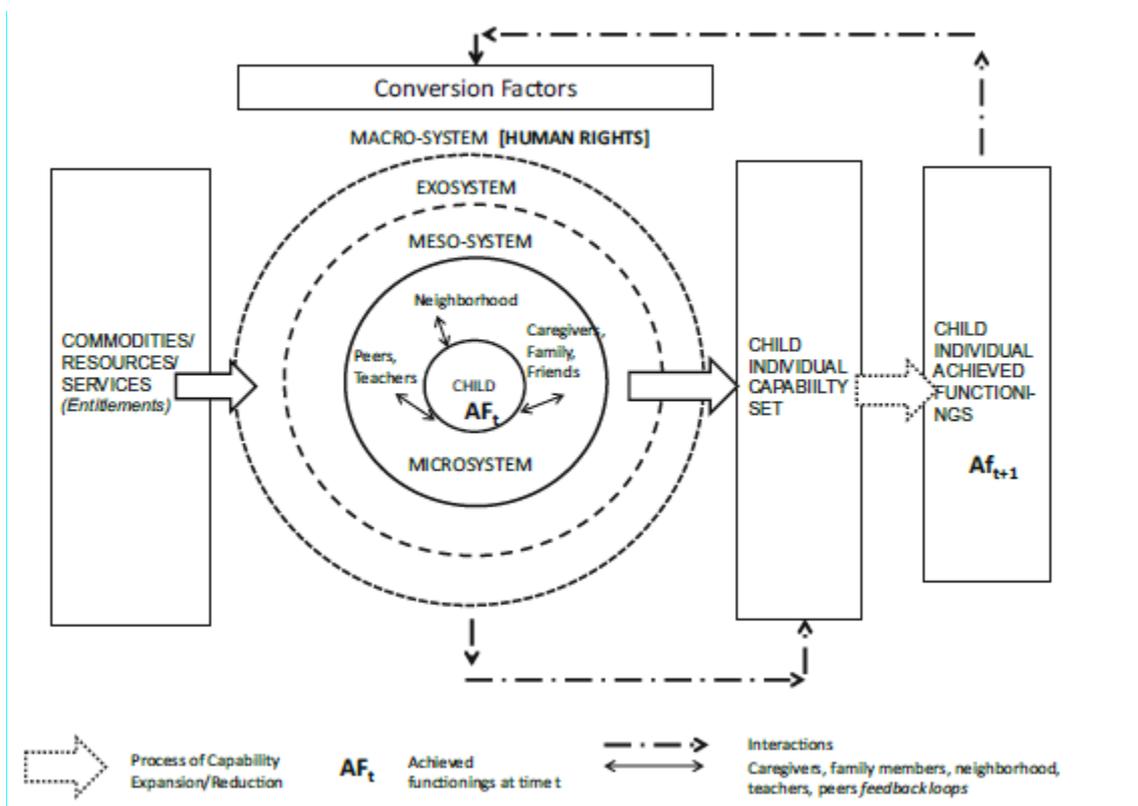
The Capability Approach (CA) is a broad normative framework (Venkatapuram 2010) for the evaluation of an individual's quality of life that can be used to analyse the practical opportunities people have to achieve well-being (Robeyns 2006, 2011; Chiappero-Martinetti and Venkatapuram 2014). CA has been used in many different fields of research and the overall well-being of different target groups (e.g., children, women and people with disabilities) is one of the many areas that has been assessed through the application of the CA. Since its introduction, the CA is increasingly being applied to measure children's well-being and children's understanding of what constitutes a "good life" (Biggeri et al. 2006; Addabbo e Di Tommaso, 2011, Andresen and Fegter 2011; Domínguez-

Serrano and del Moral Espín 2018). The CA focuses on practical opportunities and functionings of healthy growth. Functionings are the achieved beings and doings of a person, for example being well nourished. Capabilities, on the other hand, are the opportunity to achieve a valuable combination of human functionings (Sen 2005, p. 153). In other words, “capability reflects a person’s freedom to choose different ways of living” (Sen 2003, p. 43).

Applying the CA to child growth and development helps to explore on what children can achieve by analysing their available resources (endowments), as well as all the mechanisms that could enhance or restrict their access to those resources (conversion factors). In addition, children’s growth could be assessed alongside the caregivers’ capabilities that children rely on to achieve their full growth potential. For example, in order to feed the child, the mother has to have freedom of choice between different capabilities to feed (e.g. capability to breastfeed or capability to bottle feed). The caregiver also has to have the freedom to choose between those capabilities. If the caregiver is a working mother who cannot breastfeed at work, she has that capability but she doesn’t have the freedom to choose and to adequately meet the need of the child. This example shows the importance of caregivers’ capabilities in terms of children opportunity to achieve their well-being and full growth potential (Yousefzadeh et al. 2018).

Yousefzadeh et al. (2018) have combined the two approaches, as adding the bioecological systems theory of human development (Bronfenbrenner and Ceci 1994; Bronfenbrenner and Morris 1998, 2007) to the CA offers a solid framework to unpack the interactions between the child’s development and his/her immediate household, community, and society at large (Trani et al. 2011). Figure 2 below shows how the two frameworks interact.

Figure 2. Combining the bioecological perspective with the Capability Approach



Most recent academic contributions have confirmed the idea that human development is the complex product of a set of family and social characteristics and conditions, rather than the product of genetic conditions. Building positive familiar, educational and social environments make a decisive contribution to the level of child development and the quality of society as a whole. Therefore, a clear definition of "**positive parenting**" and its promotion have become key aspects to consider for the development of a child's well-being and preventing institutionalization. At the same time, a widely shared definition of **vulnerability and child neglect** are crucial for understanding complex situations and for analysing the actions to be undertaken to protect the child's well-being, in the broadest sense of the word.

- **Positive parenting:** The EU Council¹⁰ 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*".

This approach aims at guaranteeing that all children can enjoy their childhood so as to prevent another generation from growing up with the same barriers experienced by their parents, thus breaking the cycle of social disadvantage. The multidimensional approach to parenting stresses the importance of owning a set of care and education functions in response to the developmental needs of the children, according to the age and the specific characteristics of the children. Following the ecological approach to parenting, parental care behaviours are influenced by three factors:

- The characteristics of the child;
- The characteristics of the parents;
- The elements of the environment in which the family lives (the quantity, quality and accessibility of services, relationships and the physical environment, the level of social inclusion, public policies and parenting support programs¹¹).

In recent years, therefore, a new awareness has spread about the responsibilities that policies have in promoting the best development of all children, privileging all the actions to support positive parenting, especially in vulnerable situations.

- **Parental vulnerability and child neglect:** Vulnerability and child neglect are two strongly inter-related concepts. Vulnerability is a condition that can concern every family in specific phases of its life cycle and that is characterized by the lack or weak capacity to build and/or to maintain the set of conditions (internal and external) that allows a positive and autonomous exercise of the parenting functions.

Child neglect indicates the lack of ability to respond to the developmental needs of children. It can be 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). The child neglect can concern the needs of health, education, psycho-emotional development, nourishment, protection, and safe living environment (possible omission of the sufficient measures of supervision, care, education, and protection of children). Vulnerability is, therefore, a temporary socially determined situation. The vulnerability can turn into child neglect if prevention, promotion and protection actions are not implemented for children and their families.

¹⁰ Recommendation Rec (2006)19 of the Committee of Ministers to member states on policy to support positive parenting – EU Council.

¹¹ Belsky, 1984, 2008; Bornstein, Venuti 2013; Milani, 2018.

3. International legal framework on the Rights of the Child and the Right to Care

The United Nations Convention on the Rights of the Child (UNCRC)¹² is the most complete statement of children’s rights ever produced and is the most widely ratified international human rights treaty in history (196 countries are party to it, including every member of the United Nations except the United States)¹³.

Figure 3. Status of ratification of the Convention on the Rights of the Child



Source : <http://indicators.ohchr.org/>

The UN General Assembly adopted the Convention and opened it for signature on 20 November 1989 and it came into force on September 2nd, 1990. The Convention has 54 articles that cover all dimensions of a child’s life and set out the civil, political, economic, social and cultural rights that all children in the world are entitled to.

These rights are often summarized in the three "P" scheme: provision, protection, and promotion:

1. **provision** rights refer to access to services and tangible and intangible assets (e.g. the right to education or the right to health);
2. **protection** rights protect against situations of risk, damage, and danger (e.g. abuse and maltreatment);
3. **participation** (or promotion) rights recognize the active role of the child as an agent of change and bearer of ideas and opinions that must be taken seriously.

The UNCRC sets out **the best interests of the child as the main priority in all decisions and actions that affect children**. Article 3 states that *“in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”*

¹² Convention on the Rights of the Child. Adopted and opened for signature, ratification, and accession by UN General Assembly Resolution 44/25 of 20 November 1989. Entry into force 2 September 1990, following article 49.

¹³ Status of Ratification Interactive Dashboard - <http://indicators.ohchr.org/>

Concerning the separation from parents, the UNCRC stresses that children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). Article 9 states that *“States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.”*

On the other side, the UNCR takes into account the situation of children that are unable to live with their family. Article 20 states that *“a child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. States Parties shall in accordance with their national laws ensure alternative care for such a child.”* Article 3 (best interest of the child), 9 (separation from the parents) and 20 (alternative care) of the UNCRC are the main principles and references for this analysis at UN legislation level.

In terms of children alternative care, other guidelines are in place. In 2010, the General Assembly of the United Nations adopted the Guidelines for the Alternative Care of Children¹⁴. The purpose of the Guidelines is to enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so.

The Guidelines set out desirable orientations for policy and practice and stress the importance of **promoting parental care in order to prevent the need for alternative care**. Social policies and programmes should empower families with attitudes, skills, capacities, and tools to enable them to provide adequately for the protection, care, and development of their children. In this context, measures to adopt within social system structure include: family strengthening services (such as parenting courses and sessions, opportunities for employment and income generation etc.), supportive social services (such as day-care, mediation and conciliation services etc.) and youth policies aiming at empowering youth to face positively the challenges of everyday life.

Concerning roles and responsibilities, according to the Guidelines: *“the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations.”*¹⁵ It means that the best interest of the child and the empowerment of the family’s capacity to take care of the child are the objectives of all policies, decisions, and activities. On the other side, the State, local authorities and civil society organizations are the three key actors of the social protection system that are responsible for the promotion of child safety, well-being, and development.

Child participation in decisions which concern them is another crucial element that must be taken into account in all policies, decisions, and activities of the social care system. It means that all decisions, initiatives, and approaches should fully respect the child’s right to be consulted and to have his/her views considered in accordance with his/her evolving capacities, and on the basis of his/her access to all necessary information.

At European level, the EU Agenda for the Rights of the Child¹⁶ presents general principles to be respected by the EU with regard to children's rights and the main principles that EU action must follow to ensure the respect of the provisions of the Charter and the UNCRC.

Another EU reference for children's rights is the “Council of Europe Strategy for the Rights of the Child” (2016-2021)¹⁷. This sets the 5 priorities of the Council of Europe in terms of child rights protection: the equal opportunities for all children, the participation of all children, a life free from

¹⁴ Resolution 64/142: Guidelines for the Alternative Care of Children (UN General Assembly, 2010)

¹⁵ Resolution 64/142: Guidelines for the Alternative Care of Children (UN General Assembly, 2010)

¹⁶ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions an EU agenda for the Rights of the Child – COM (2011) 60 final

¹⁷ Council of Europe Strategy for the Rights of the Child (2016-2021).

violence for all children, the child-friendly justice for all children and the rights of the child in the digital environment.

Finally, the Council of Europe Recommendation on children's rights and social services friendly to children and families¹⁸, provides a framework for member states to look at social services legislation, policies and delivery with a critical eye, to enhance their work and, ultimately, to contribute to better outcomes for children.

¹⁸ Council of Europe Recommendation on children's rights and social services friendly to children and families (2011). Recommendation CM/Rec (2011)12.

4. National framework for child protection

4.1 The Italian legal framework on the rights of the Child and the right to care

In the Italian Constitution, which came into force on 1 January 1948, four articles (30, 33, 34, and 37) are devoted to children. Article 30 is the most relevant for our analysis. It states that:

“It is the duty of parents to maintain, instruct and educate their children, even if born out of wedlock. In cases of parents' incapacity, the law ensures that their duties are fulfilled. The law assures children born out of wedlock every legal and social protection, compatible with the rights of the members of the legitimate family. The law dictates the names and limits for the search for paternity”.

[Art. 30, Italian Constitution]

Besides the Constitution which sets-up the building blocks for child protection in Italy, the law 451/9, is of fundamental importance as it regulates different activities regarding child protection. It establishes the Parliamentary Commission for children and the National Childhood Observatory. The Commission reports to the Chambers, at least annually, the results of its activities and formulates observations and proposals on the effects, limits and any need for adaptation of the current legislation, in particular to ensure compliance with European Union legislation and in reference to the rights provided for by the Convention on the Rights of the Child¹⁹. It also establishes that, every two years, the Observatory prepares the National Action Plan for the protection and development of the child. This also includes international cooperation programs to enhance children's well-being in the world.

The National Plan also identifies the methods of financing the interventions as well as the forms of coordination and governance. Competences and responsibilities of the different actors (public administrations, regions and local authorities) are set out. It also regulates the convention between the Presidency of the Department for social affairs and the public or private research institutes. Pursuant to Presidential Decree 103/2007, the National Observatory relies on the National Centre for Documentation and Analysis for Childhood and Adolescence to carry out its activities²⁰.

The law 285/97 introduces provisions aimed at promoting rights and opportunities for children and adolescents. At the Presidency of the Council of Ministers, the National Fund for Childhood and Adolescence was set up with the aim of implementing interventions at national, regional, and local level to advocate the promotion of rights, quality of life, development, individual realization and socialization of children and adolescents, giving priority to their most suitable environment or the natural, adoptive or foster family, following the principles of the Convention on the Rights of the Child.

The National Action Plan is the most important product of the Observatory. This represents the guiding tool to meet the commitments undertaken by Italy to implement the contents of the Convention on the Rights of the Child. The contents of the Plan are articulated around the three 'P': provision rights, protection, and promotion.

The thematic priorities identified by the plan are:

1. Action to address child poverty;
2. Socio-educational services for early childhood and quality of the school system;
3. Strategies and interventions for social integration;
4. Support for parenting, integrated service system and reception system.

¹⁹ Signed in New York on November 20, 1989, made enforceable by law May 27, 1991, n. 176.

²⁰ <https://www.minori.it/>

Concerning each thematic priority, the following interventions can be implemented:

- Legislative interventions, which involve central administrations, regions, and autonomous provinces;
- General administrative and planning interventions, for which the central administrations, the regions and autonomous provinces are responsible, and, in some cases, local authorities;
- Interventions (experimental projects, coordination rules, etc.), which involve central administrations, regions and autonomous provinces, local authorities and third sector organizations.

The national guidelines are soft law instruments approved in 2017, which define common guidelines on specific lines of action:

1. Promoting parental care in order to prevent the need for alternative care;
2. The protection of minors outside the family who are placed with residential services;
3. The protection of minors outside the family who are placed with foster carers.

The three guidelines give a theoretical background as well as practical recommendations. They all contain methodology and a description of the area of intervention, the main actors to involve, the main institutional stakeholders, characteristics and conditions for the success of the intervention as well as the recommended tools.

4.2 The local context

Poverty levels in **Tuscany** are relatively high with 5% of families living below the absolute poverty line²¹. Poverty is highly multidimensional with deprivations being more significant in the domain of housing and employment precariousness²². Data show that poverty rises as household composition increases: among households with more than five members, poverty ratio is around 15% with effects on children's development and educational achievements. The drop-out rate is on the rise in some areas of the cities and social exclusion has become an increasingly complex phenomenon to tackle with a standard instrument of welfare. Within this context, social services are in charge of addressing the specific needs of children and families, including alternative care.

By March 2021, the population of **Florence** reached 365.839 inhabitants. The yearly balance of the population is negative during the last years and there exist an inflow of migrants which now represent the 15% of the population (Romania: 6.8%; Peru: 5,4% and China: 5%)²³. Compared to the Italian average, Florence performs relatively well in different socio-economic indicators: the unemployment ratio is 6,0% against an Italian average of 11,2% and a regional average in Tuscany of 6,6%²⁴; the average individual total income is 26.819€, against an Italian average of 21.660€ and the local economy (especially manufacturing and tourism sector) is seeking a recovery path after the pandemic emergency²⁵.

The municipality of **Prato**, which is very close to the one of Florence, is the youngest and most multi-ethnic city in Tuscany, famous for its industrial district and textile production. The municipality counts a population in 2021 of 194.793 resident inhabitants, with a slight increase registered in the last years. From 1995 to 2020, foreign citizens in Prato have increased to represent

²¹ Regione Toscana (2020), Le povertà in Toscana, Quarto Rapporto.

²² Regione Toscana (2020), Abitare in Toscana, IX Rapporto sulla condizione abitativa.

²³ Comune di Firenze (2021), Bollettino Mensile di Statistica, n.122, Aprile 2021.

²⁴ ISTAT, 2021. <http://dati.istat.it/Index.aspx?QueryId=20745>

²⁵ Camera di Commercio di Firenze (2021), L'economia fiorentina - Rapporto 2021.

22% of the total population²⁶, the highest value in Italy for capital municipalities. The majority of the foreign population belongs to the Chinese community (60% of foreign citizens), followed by the Albanian and Romanian citizenships.

As regards the economic situation, the Province of Prato has an unemployment rate of 6.18%, well below the national (11.2%) and regional (6.6%) average. In recent years the unemployment rate of the population has decreased from 2014 onwards, but there is a persistent gender gap over the years, which is even higher in the foreign population. People living in debt and suffering in relation to the cost of living are still a significant number²⁷, although almost in all households there is at least one employed member (97% of households). This means that very often the conditions of employment (precarious, low wages, etc.) are not enough to prevent a family from falling below the poverty line. This profile is in line with the measurement of a deprivation index considering school attendance rate, unemployment rate, percentage of rental housing and housing density. Indeed, the different distribution of the index reflects a geographic separation of socio-economic wellbeing between distinct areas of the municipality²⁸.

²⁶ <https://www.tuttitalia.it/toscana/22-prato/statistiche/cittadini-stranieri-2021/>

²⁷ Caritas (2017). Rapporto Diocesano sulle Povertà – anno 2017.

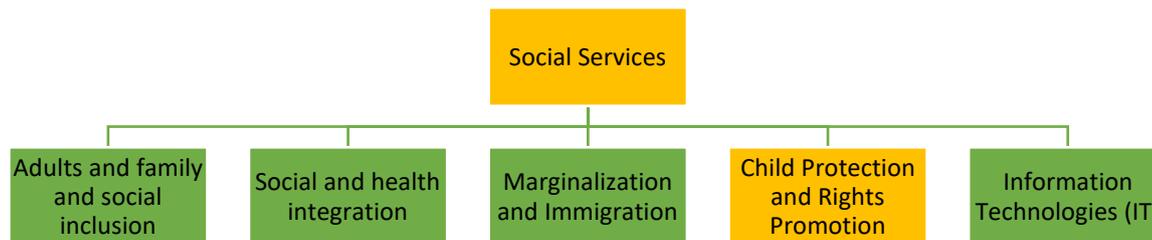
²⁸ Ufficio di Statistica del Comune di Prato, 2015. Rapporto URBES, available at: <http://www.istat.it/urbes2015>

5. Florence child protection system

5.1 Child protection services

Although regional and national law set the competences of local social services, their organizations can vary substantially from one Municipality to another. Florence social services have undergone several changes in the last years, resulting in the organization presented in Figure 4 below.

Figure 4. Organigram of Social Services in Florence municipality



Source: Authors' Elaboration

As Figure 4 above shows, the division “Child protection and rights promotion” is an autonomous division working under the direct competence of the General Director. Each unit is managed by a Responsible Officer with specific competences.

The objective of the child protection and rights promotion Division is to support families, positive parenting and children’s protection through tailored projects aimed at fostering children’s well-being and well-becoming. Overall, it coordinates all the interventions for minors residing in the Municipality of Florence who need protection following the decision of the judicial body. Its activities include preventive measures, alternative care measures (including kinship, foster and residential care), adoption, and support to careleavers, meaning young people who are leaving or have recently left alternative care or residential placement after reaching the age of 18 years.

Since 2015, child protection activities have been centralized at this level. This implies that those social workers operating at the sub-municipal level (city quarter) are under the direct competence of the Responsible Officer. As today, decentralized centres are seven²⁹.

Budget for the division’s functionings is allocated by the municipality and by the region. The allocated budget is variable depending also on the capacity of the Division to propose and implement projects.

The division works in close synergy with Mental Health Unit and with organizations of the Third Sector (such as cooperatives, sports clubs, etc). Social workers work in tight relation with the judicial body. The staff includes mainly social workers (who are registered into a professional register as set by the legislation 328/2000,). Overall, social workers specialized in child protection are 33. Educators and psychologists represent a tiny minority of the staff. Each social worker has on average 78 minors taken in care. After an experimental phase, working in a multidisciplinary team is becoming a common practice.

²⁹ Centro Sociale Bini, Centro Sociale Piagge, Centro Sociale Chiusi, Centro Sociale Gavinana, Centro Sociale Jacopino, Centro Sociale Santa Monaca, Centro Sociale D’Annunzio.

Depending on the results of the multi-dimensional pre-assessment³⁰ carried out with children and their caregivers as well as the judgement by the Court, the multidisciplinary team initiates the Child's Project. This takes into account inputs by all actors involved in the full development of the child (family, professionals, other people). The Project sets the objectives for the child and his family. This is then transcribed in a qualitative, structured and dynamic document that contains all the necessary information about the child, his caregiver and his environment. This document is updated by social workers periodically. Normally, 18/24 month is the average duration for the closure of the case.

The Project can include one or more of the following interventions ranging from low to high intensity:

Table 1. Level of intensity, aim and interventions

Level of intensity	Aim	Interventions
Low-intensity & home-level	Interventions aimed at strengthening the autonomy and the support to family life and relationships in order to favour an adequate stay at home for the child and a positive inclusion in the broader social sphere	-Home visits to help families and their children in conducting daily activities; -Home visits to support educational achievements; -Regular visits to accompany children to school or social structures; -Supporting child-caregiver meetings in a safe and neutral environment; -Economic support.
Intermediate intensity	Interventions aimed at offering children and their families structured spaces for assistance	-Part-time and day-care centres where children and minors can spend their time in a positive environment receiving socio-educational assistance; -Part-time alternative care in formal structures; -Support to pay out for a holiday
High intensity/Alternative care:	Interventions that aim to ensure children who cannot, for a short or longer period, continue to live with their parents or relatives to grow up in a protected and flourishing environment	Kinship care: family-based care within the child's extended family; Hetero-familiar foster care; Residential care.

Source: Authors' Elaboration

The first two sets of interventions are preventive measures, as they aim to prevent the placement of children outside of their homes by working on positive parenting, the internal relational factors, the social network, the school and the environment in general. As it will be detailed in the final Chapter, the Municipality of Florence has a long-lasting programme P.I.P.P.I. (Programme of Intervention for Prevention of Institutionalisation) preventing out-of-home placement by creating the best conditions for positive parenting in a supportive environment.

Finally, the Division is in charge of supporting careleavers. In 2018, the Ministry of Labour and Social Policies launched a **pilot project called "Careleavers"** which departs from the positive **experience of P.I.P.P.I.** This is aimed at promoting the autonomy of a particular target of young people who are at risk of socio-economic marginalization after the protection and care of the local social service is over. A specific fund (15 million euros allocated in 3 years) has been dedicated to

³⁰ The pre-assessment investigates the following areas: The environment (work, education, economic and housing conditions; social and family social networks); The child (physical health, psychological state and development, school situation and socio-relational well-being); Aspects of the relationship between parents and child; Parents (history and individual situation, formation of the family); The relationship of parents with the service system.

this project in Italy, which initially involved some pilot areas including the Municipality of Florence. These set of actions are integrated with other institutional activities aimed at fighting poverty (Inclusion Income or Citizenship Income) and at promoting the autonomy of NEETs (Youth Guarantee).

5.2 Data and statistics

The Table below (Table 2) shows the number of children for whom the local social services of the municipality of Florence have opened a case in 2020. Out of the 3545 children placed with social services in 2020, it can be observed that 1790 are native minors (51%), while 1755 are foreign (49%).

Table 2. Children for whom local social services have opened a case – Municipal Level Florence

Municipality of Florence	2020
Children for whom local social services have an open case	3545
native minors	1790
foreign minors	1495
unaccompanied foreign minors (among the foreign minors)	260

Source: Authors 'elaboration on data from Florence Municipality

Table 3 below shows the number of children in alternative care: children that are separated from the family of origin can be placed either with a family setting or a residential facility. The family setting can be either an intra-family setting, meaning that the child is taken into care by someone within the fourth degree of kinship, or in a hetero-family setting, in which the child is placed with a household with which he/she has no kinship relations.

Table 3. Children in alternative care – Municipal Level Florence

Municipality of Florence	2020
Children in alternative care: families	
native minors	62
foreign minors	25
unaccompanied foreign minors (among foreign minors)	8
Tot.	95
Children in alternative care: residential structure	
native minors	28
foreign minors	55
unaccompanied foreign minors (among foreign minors)	68
Tot.	151

Source: Authors 'elaboration on data from Florence Municipality

Table 4. Characteristics of children in alternative care in a family setting – Municipal Level Florence

Sex	Total	Native	Foreign
Male	52	30	22
Female	43	32	11
Tot.	95	62	33
Age group			
Age group	Total	Native	Foreign
0-2 years old	4	3	1
3-5 years old	13	10	3
6-10 years old	20	13	7
11-14 years old	32	24	8
15-17 years old	26	12	14
Tot.	95	62	33

Source: Authors 'elaboration on data from Florence Municipality

Table 5. Characteristics of children in alternative care in a residential facility – Municipal Level Florence

Sex	Total	Native	Foreign
Male	106	17	89
Female	45	11	34
Tot.	151	28	123
Age group			
Age group	Total	Native	Foreign
0-2 years old	10	3	7
3-5 years old	10	0	10
6-10 years old	12	3	9
11-14 years old	27	12	15
15-17 years old	92	10	82
Tot.	151	28	123

Source: Authors 'elaboration on data from Florence Municipality

It can be observed that the majority of children in residential facilities are adolescent. This is consistent with the fact that small children have a 'priority' in being appointed to families and with the families' stronger preference for little kids.

6. Prato child protection system

6.1 Child protection services

The model of “Società della Salute” (SdS) represents a relatively new governance organisation within the Tuscany region aimed at improving effectiveness and efficiency of health care and social services at the local level. SdS Area Pratese is a public consortium formed by several municipalities³¹ and by the public health care division (Azienda USL Toscana Centro), responsible for the provision of health and social services. The main functions of the local SdS for social services are the following:

- Support measures for citizens with disabilities
- Child protection and right promotion
- Social transport service
- Social inclusion paths and interventions aimed at promoting solidarity networks
- Economic interventions to supplement family income
- Services and interventions to support the elderly population
- Activities to support family responsibilities

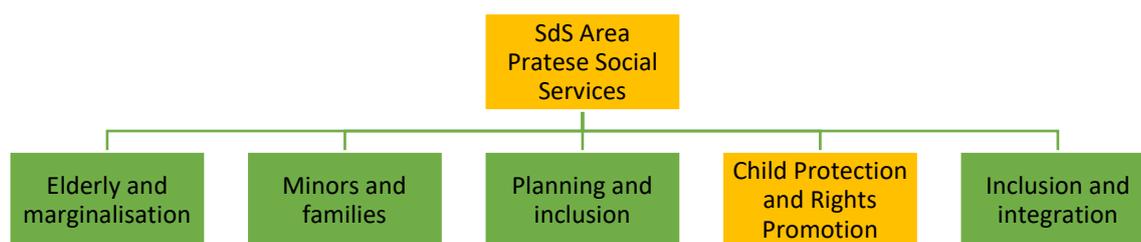
The structural scheme of the SDS consists of:

- a) **Director** with overall leadership and management tasks of the SDS, in managing relations with external bodies and fostering integration between the various offices;
- b) **Structures with internal relevance (Staff)**: they are responsible for overseeing the needs of general internal operation, ensuring the activities of general planning, overall management of resources and technical administrative support to the entire organisational structure or to individual areas within the scope of specific competencies;
- c) **Structures with external relevance (Line)**: they are responsible for the implementation of the activity and production programmes of the socio-assistance and socio-health services, through the use of the resources assigned to them through the budget process and the achievement of the relevant objectives, in compliance with the matrix organisation with the reference Departments of the Azienda Usl Toscana Centro and with the municipal organisational structures;
- d) The **relationship** between staff and line structures is based on criteria of cooperation and integration in the diversity of roles and organisational responsibilities of each type of structure. The plans defined by the Organisation, on an annual and multiannual basis, specify the assignment of objectives that must guide the performance of activities.

The professional **unit for the protection of minors** is located within the line structures.

³¹ Municipalities of Prato, Poggio a Caiano, Montemurlo, Carmignano, Vaiano, Vernio and Cantagallo.

Figure 5. Organigram of Social Services in Prato municipality



Source: Author's elaboration from SdS Area Pratese documents

The Social Services of the SdS Area Pratese - Area Tutela Minori (Child protection services), share the contents of the "National Guidelines for Intervention with Children and Families in Situations of Vulnerability" (approved by the Unified Conference on 21/12/2017), and they have adopted as a theoretical reference framework the multidimensional **model** called "**World of the Child**", which represents the Italian adaptation of the English and Scottish Assessment Framework experience. The model is defined as multidimensional since it includes three dimensions:

- the child's developmental needs;
- the parents' responses to those needs;
- the family context and the environment within which these responses are constructed.

The **supporting paths** for families are defined as an integrated and participatory process that involves professional and informal resources and requires the parents to share a personalised project that is carried out over a defined period of time and is subject to periodic evaluations. The purpose of the process is to guarantee each child an appropriate and quality assessment of his/her family situation and the preparation of a unified, participated, sustainable, multidimensional and time-based project.

The "World of the Child" model has a **dual function**: it is a theoretical reference framework and, at the same time, it represents a support tool for practitioners to understand the needs and potential of each child and family in the different phases of intervention. It is an operational model that does not focus on problems, but on the needs and therefore the rights of the child, closely linking needs and development in order to bring out the potential of each child to be and do, through the close connection between analysis and planning. The participation of children and parents in the accompaniment process is strongly considered and encouraged also through the use of tools (Kit "supporting parenthood", "life line", "ecomap", SDQ questionnaires) which are useful to complete the framework of analysis.

The preparation of **supporting paths** takes place following a report by the Judicial Authority, the School, or other social and health operators, as well as by persons belonging to the family itself. When the path to be activated requires the preparation of a work in integration with specialists, the report is examined within the UVMT (Unit for Multidisciplinary Assessment and Protection of Minors). The UVMT is composed of the Head of the Professional Social Service / Social Coordinator (or his/her delegate) and the Director of the UFSMIA of the reference Ambito Territoriale (or his/her delegate). The UVMT is the body responsible for reflecting on the needs and resources of the territory with a view to joint planning and general design. The UVMT examines situations relating to:

- minors in conditions of risk due to significant alterations or inadequacies in the psycho-social environment, in family relationships with evident fragility in the parental function;
- minors who are victims of serious neglect, carelessness or abandonment;
- minors who are victims of witnessing violence, physical and/or psychological abuse, sexual abuse and violence;

- minors who are the children of parents who are undergoing a conflictual separation (or interruption of cohabitation) mandated by the Judicial Authorities, which may have repercussions on their psychophysical development;
- minors in the care of the FSMIA and/or the SERD and/or the Professional Social Service, where there is a need for an integrated multidisciplinary intervention;
- minors in family foster care;
- minors in the post-adoption process

Currently, the Social Services of the SdS Area Pratese - Area Tutela Minori (Child protection services) counts a **staff** of 18 social services and a tiny minority of educators and psychologists collaborating for specific interventions. Each social worker has on average 95 minors taken in care. In 2020 and 2021, the SdS Area Pratese carried out an intervention called "Multidisciplinary Evaluation Unit Project for the Protection of Minors - Phase 2", financed with Family Funds for family policies provided by the Tuscany Region, which allowed to strengthen the health component (1 psychologist) within the multidisciplinary team for the evaluation and accompaniment of complex family situations, for the protection and promotion of children's rights and for the implementation of personalised intervention projects. Moreover, the SdS Area Pratese - Area Tutela Minori (Child protection services) is currently involved in the following **projects**:

- **"INCONTRO"** Project: System interventions to strengthen the prevention and contrast of violence against foreign minors.
SDS Area Pratese is a partner in the project and is involved in the following actions:
 - Territory, phenomenon and needs analyses;
 - Definition and signing of a common protocol for the identification, orientation and taking into account of the problem;
 - Training, implementation and dissemination of the protocol.
- **"DREAM"** Project (Diamo Risposte Efficaci contro l'Abuso e il Maltrattamento sui Minori): Intervention to prevent child abuse and maltreatment.
The SdS Area Pratese provides the institutional frame of reference for the project and contributes to its strategic direction by participating in the steering committee together with the other partners. In particular, the participation of the authority is of fundamental importance for the Prato area as it is an expression of the municipalities of the territory, which in the majority of cases are the sending services for minors victims of abuse and violence. The SdS collaborates for the implementation of the project and makes its contacts and institutional channels available for the mainstreaming of the initiative and the dissemination of the results.
- **"GOOD TIMES"** Project "it is time to change course":
The SdS Area Pratese supports the activities of the project and joins the partnership for the reporting phase of the minors in charge of mainly administrative procedures. The Social Services will be the reference point for the multidisciplinary project team, both for the referral of minors and for the planning of individual projects and the joint monitoring of the interventions, with the aim of experimenting an integrated and innovative model of taking charge. Specifically, the Social Workers of reference for the individual cases reported will, in fact, be responsible for the constant liaison with the project Case Manager for the activation of the specific actions planned for the minor.

6.2 Data and statistics

The Table below (Table 6) shows the number of children for whom the local social services of the SdS of Prato have opened a case in 2020. Native and foreign minors are in this case equally distributed among children for whom local social services have an open case. Among those who

live in an alternative care setting (Table 7), 64% refers to kinship care within a family and are in majority native minors. Differently, 36% live in residential care and are mainly represented by foreign adolescent minors (including unaccompanied minors).

Table 6. Children for whom local social services have opened a case – Municipal Level Prato

Municipality of Prato	2020
Children for whom local social services have an open case	1487
native minors	748
foreign minors	678
unaccompanied foreign minors (among the foreign minors)	61

Source: Authors 'elaboration on data from Prato SdS

Table 7. Children in alternative care

Municipality of Prato	2020
Children in alternative care: families	
native minors	44
foreign minors	26
unaccompanied foreign minors (among foreign minors)	6
Tot.	76
Children in alternative care: residential structure	
native minors	14
foreign minors	17
unaccompanied foreign minors (among foreign minors)	11
Tot.	42

Source: Authors 'elaboration on data from Prato SdS

Table 8. Characteristics of children in alternative care in a family setting – Municipal Level Prato

Sex	Total	Native	Foreign
Male	42	21	21
Female	34	23	11
Tot.	76	44	32
Age group	Total	Native	Foreign
0-2 years old	3	1	2
3-5 years old	11	6	5
6-10 years old	16	11	5
11-14 years old	25	14	11
15-17 years old	21	12	9
Tot.	76	44	32

Source: Authors 'elaboration on data from Prato SdS

Table 9. Characteristics of children in alternative care in a residential facility – Municipal Level Prato

Sex	Total	Native	Foreign
Male	27	10	17
Female	15	4	11
Tot.	42	14	28
Age group			
Age group	Total	Native	Foreign
0-2 years old	2	2	0
3-5 years old	1	1	0
6-10 years old	10	3	7
11-14 years old	8	2	6
15-17 years old	21	6	15
Tot.	42	14	28

Source: Authors' elaboration on data from Prato SdS

7. Case studies

7.1 P.I.P.P.I. Programme of Intervention for Prevention of Institutionalization

P.I.P.P.I. is a programme of multidimensional intervention aimed at preventing the institutionalization of minors at risk of being placed out-of-home due to a situation of vulnerability and potential negligence in their own family. P.I.P.P.I stands for “Programme of Intervention for Prevention of Institutionalization”, but also refers to Pippi Longstocking, the well-known nine-year-old fictional girl, embodying the inexhaustible potential and capacity of resilience of children. The programme is one of the tools through which the objectives of the national guidelines³² are implemented at the local level. P.I.P.P.I. targets one of the main thematic objectives of the guidelines: the promotion of positive parenthood and prevention of negligence and removal of the child from the family.

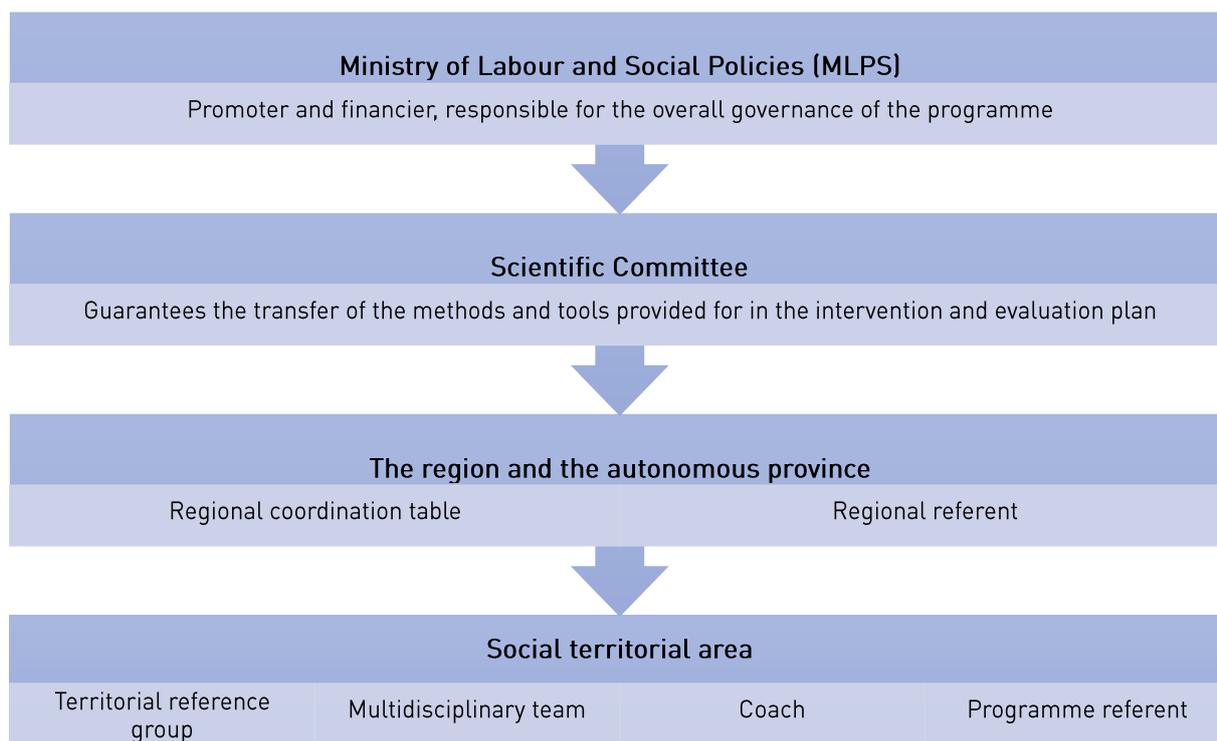
It has been implemented in agreement with the Italian Welfare National Policy on Child Care and Protection in 2011 and results from the collaboration between the Ministry of Labour and Social Policies, the University of Padua and social services at the local level. The project seeks to create a link between different institutions (Ministry, University, Local Authorities) that share the same mission of increasing children's safety and improve the quality of their development, according to the mandate of Law 149/2001.

Starting from the first edition, launched in 2011-2012 involved 10 cities, P.I.P.P.I recorded seven subsequent editions which involved, among others, the municipalities of Florence and Prato. The intervention proposes innovative lines of action in the field of support for vulnerable parents, relying on the contamination between the field of protection of "minors" and that of support for parenting. Currently, the initiative is part of the actions developed by the Europe 2020 Strategy with regard to innovation and social experimentation as a means of responding to the needs of citizens and breaking the cycle of social disadvantage.

The actors involved in the programme implementation are described in the Figure 6 below:

³² National Action Plan for the protection of the rights and development of subjects in the evolutionary age.

Figure 6. P.I.P.P.I Governance structure



Source: P.I.P.P.I. background documents

The Ministry of Labour and Social Policies holds the responsibility of the overall governance of the programme while the Scientific Committee provides the working materials and guarantees the transfer of the methods and tools provided for the intervention and evaluation plan. These two actors both work at the national level.

Each region and autonomous province appoint a Regional responsible and create a Regional coordination table. Their task is to implement the communication between regions and the integration of disciplinary sectors, as well as providing administrative assistance and facilitation.

The Social territorial area is the level at which executive actions are taken: each Social territorial area has a Programme coordinator, a Territorial reference group, a Coach and a Multidisciplinary team:

- **The Territorial reference group** is a group of both public and private stakeholders, in charge of guarantying continuity and the presence of all the relevant stakeholders. It organizes the monitoring and evaluation of the programme’s activities.
- **The Programme Coordinator** is in charge of keeping the communication effective among all the actors involved.
- **The Coach** is in charge of the acquisition by the social services of the methodologies of the programme while favouring the process of appropriation of the programme by the services, adapting the model to the reality in which it is implemented, accompanying the social services in the implementation of the programme, responding to the professional and organizational problems that emerge during the work.
- **The Multidisciplinary team** is one of the main resources of the programme: it includes the social worker of the Municipality, the psychologist, the domiciliary educator, the support family, the teacher, the paediatrician (when possible) and any other potentially relevant professional.

Four key concepts orient the approach of the programme towards the families and the children in need:

- **Decentralization:** focus on the ways through which “opportunities” and “facilitation” are provided to the child and family more than on the child exclusively;
- **Complexity:** protection factors cannot be targeted in a standardized way, but they are opportunities and resources that must be enhanced in many different ways. The concept of equifinality shows that from different starting point several different goals can be achieved, all equally desirable;
- **A-typicality:** resilience can manifest also in atypical ways and strategies considered bizarre can be nevertheless effective. One of the tasks of the social worker is to work with the family in a non-judgmental way in order to make the strategies implemented by the family more socially acceptable;
- **Cultural relativism:** the cultural and temporal dimension influence the growing processes greatly (see the importance of the macrosystem and the chronosystem). For this reason, the social workers must be aware of the cultural lenses through which they look at the family, and to negotiate their own culture, the one of the family, the one of the school and the one of the life context in a way that the cultural background of the family can be valued as a resource.

According to this theoretical framework, the interaction between the family and the programme implementers should be based on:

- Participation of parents and children;
- Mutual engagement by both the family and the social worker;
- An integrated system based on multilateral answers and a holistic approach.

P.I.P.P.I. programme includes four typologies of actions aimed at improving parents’ ability to meet their children’s needs:

- **Home-care intervention:** it is a domestic intervention in which a practitioner meets with the family approximately twice a week to support parents, address relationship problems and to modify behaviours in order to achieve the goals set in the shared action plan;
- **Parent and Child Groups:** group activities in which children and parents are involved with other families, aimed at encouraging exchange and interaction between families. Meetings address relevant topics of the relation between parents and children: emotional warmth, guidance, decision making, the organization of daily life, family environment among others. Meetings take place once or twice a week and last approximately three hours;
- **Family helpers:** each family is appointed to a support family with the purpose of offering logistic and concrete help in day to day activities regarding the child. Support families work on a voluntary base and the scope of their effort depends mostly on their availability;
- **Cooperation between schools/families, social and health services:** the school and the teacher of the child are invited to be functioning members of the multidisciplinary team. They can work with other members of the team to design actions aimed at creating a favourable school environment for the child and enable the child to learn emotional and social competencies.

The relation between social exclusion, parenting and child neglect (or even maltreatment) is complex and requires measures targeting several actors as well as different mechanisms that have a role in child well-being, in accordance with the bio-ecological framework and the capability approach³³. As previously discussed, P.I.P.P.I programme embraces such complexity as it includes a set of different interventions aimed at promoting positive parenting and environment while directly strengthening child’s self-esteem, autonomy, and psychological well-being through tailored interventions. The set of measures is decided by social workers (case managers) in collaboration with the family and the child after an in-depth pre-assessment of individual, family and environmental circumstances.

Given the relevance of the P.I.P.P.I. approach also for orienting the project CarINg, it is useful to **evaluate the experience of P.I.P.P.I. in Florence** according to the point of view of social workers. The evaluation exercise through participatory group interviews was performed using the methodology of the Structured Focus Group Discussion (SFGD) as elaborated by Biggeri and Ferranninni (2014) and subsequently applied in different context (e.g. to evaluate Community-Based Rehabilitation programme in India (Biggeri et al. 2018), or to assess gender-based deprivations in Kaolack, Senegal (Addabbo et a. 2019). The participatory group interview is related to a matrix score which is a sequence of questions with a score for each answer. The identification of a score and assessment for each cell is based on collective discussion and group answers rather than on individual answers. Alongside the exercise, the structured matrix is built-up step by-by-step in front of the participants by first positioning the rows (well-being dimensions) and then the columns (level of opportunity and impact). The first set of questions regards the relevance of each dimension on a scale from 0 to 10. The dimensions are identified based on the “Child’s World” assessment tool. Then, the facilitator introduces an ideal type of eligible child for P.I.P.P.I and social workers are asked about the level of opportunity that the child has in every dimension, both before entering the programme and after the programme (after 10 months). After these steps, social workers are asked to discuss the role/contribution of family and environment using a scale from -3 (maximum negative impact) to +3 (maximum positive impact) on the achieved improvements. Participants to the SFGD were chosen based on their experience of the programme: one social worker had a long-lasting experience of the programme; one participated to the programme for a few years, and another was only recently involved in the application of the programme. Results of SFGD are reported in the matrix below.

Table 10. Results of the SFGD with social workers

DIMENSIONS OF CHILD’S WELL-BEIGN	RELEVANCE OF DIMENSION	LEVEL OF OPPORTUNITY		CONTRIBUTION TO THE LEVEL OF OPPORTUNITY by FAMILY	CONTRIBUTION TO THE LEVEL OF OPPORTUNITY by the ENVIRONMENT
	<p>How important is the opportunity for the child aged 6-10 to ... ? (1-10) (Where 1 is not important and 10 is very important)</p>	<p>What is today the level of opportunity to ... ? (1 – 10) (Where 1 is no opportunity and 10 is maximum opportunity) Read carefully notes 1) and 2)</p>		<p>Has the family contributed to the level of opportunity to ...? How much positive/negative? (-3:+3)</p>	<p>Has the environment contributed to the level of opportunity to ...? How much positive/negative? (-3:+3)</p>
		Eligible child before P.I.P.P.I.	Eligible child after P.I.P.P.I.		

³³ Biggeri, M., Arciprete, C., & Haisma, H. (2019). A Capability Approach to Child Growth. *Child Indicators Research*, 12(2), 711-731.

1.Health and Development	10	6	6	/	/
2.Emotions, thoughts, communication and behaviour	10	3	5	0 (+1)	+2
3.Identity and Self-Esteem	8	5	6	+1	+1
4.Autonomy	6	6	8	+1	+2
5.Family and Social Relationship	10	3	4	/	+2
6.Learning	6	3	3 – 4	0	+1
7.Play and leisure time	7	4	6	+1	+3

Source: Authors 'elaboration on data from SFGD

Discussion: relevance of dimensions

“Not every dimension matters the same” [B.F]: according to social workers’ dimensions can be prioritized based on their capability to nurture other capabilities. If every capability is intrinsically important, yet some are more instrumentally important than others. In their view, this is the case of “Health and Development”, “Emotions, thoughts, communication and behaviours” and “Family and Social Relationship”. Based upon their experience, high levels of deprivation in these capabilities is strongly related to deprivations in other spheres, such as in learning and educational achievement. Physical and mental health are considered as strictly related one to the other as psychological problems can impact on body health. Participants have repeatedly stressed the importance of social workers focusing on the emotional well-being of the child. This represents a change in the practice of social workers who have traditionally prioritized child protection from mistreatment, material conditions (housing, food), school attendance and health: *“Before P.I.P.P.I. we were mostly concerned with the ‘objective’ component of child’s development, whereas now we acknowledge much more than before the importance of subjective well-being and emotions”* [R.S]. Having said this, working on child emotions and child’s well-being requires specific training, tools, and competences that are not always present in social workers’ educational background. The dimension “identity & self-esteem” proved to be more difficult both to discuss and to intervene since identity is a fluid concept resulting from the interaction between the child and the context. Child self-identity includes gender identity, sexual identity, ethnic identity, personal identity, cultural identity and so forth. Some tension and psychological stress can arise when family values and child’s self-identity differ: *“We are not sufficiently equipped to address the stress and the tension that sometimes arise in children that live in families who are culturally distant from the predominant values”* [R.S.] However, children experiencing tensions in their self-identity are several: *“Often highly educated and rich parents have more difficulties than other families in loving a child who is not how they would like her to be”* [B.F.]. Social and family relations are central for children’s well-being. This is well-acknowledged by social workers who raised the issue of how parents themselves need help and support as individuals (not only as parents) and how parents’ personal histories can impact on child’s well-being: *“Once one father refused to bring his son to a structure for part-time care that we had chosen. We were angry about this non-collaborative attitude. After some months, we got to know that the father was afraid to enter that structure as he himself had spent some time in there and had traumatic memories about that period of his life”*

[V.M.]. This anecdote stresses the importance of working with parents through tailored interventions and by building open dialogue and by gaining trust. In terms of social relationships, it was found that vulnerable families are often isolated from community networks. Surprisingly, very little importance has been given by SFGD participants to the dimension “learning”. A common opinion is that society and families often give too much weight to the formal education component at the expense of other dimensions of well-being. According to them, good educational achievement stems from achievement in other dimensions, that’s why intervention should not be only on improving schooling outcomes. Finally, in terms of play and leisure time, the lack of it often leads to exposure to risk: *“When children are not engaged in any activities and are not supervised by any member of their families, the risk is that they start to hang out with the wrong crowd”* [R.S.]. Finally, autonomy is a dimension whose relevance changes across age. Autonomy is considered in terms of small activities that children should be capable to engage in according to their maturity, such as to wash and dress himself. According to the participants, the picture is mixed as some children lack totally in autonomy, whereas some others are over overly responsible.

Impact of the programme and contribution

Participants were asked to identify the characteristics of a representative eligible child. Based on their experience, the child has severe deprivations in 4 out of 7 dimensions: “play and leisure time”; “learning”; “family and social relationship” and “emotions, thoughts, communication and behaviour”. Then they were asked what the average impact of the programme on the different dimensions of child well-being has been. Results show that the strongest impact is on the dimension “Emotions”: in fact, after 10 months of being involved in P.I.P.P.I programme, a child has a level of opportunity equal to 5, whereas before it had 3. A strong impact is also on the variable “Play and Leisure time”. However, a substantial difference exists between the two: while an impact on the first (Emotions.) proves that there has been a transformative change in child’s well-being, the impact on the dimension “Play” is likely to be explained by the activities themselves as P.I.P.P.I interventions include several recreative activities (sport, group activities...). Also, autonomy is increased as a result of the programme. This improvement can be realized in two alternative ways depending on the initial state: either the parents start to take care of the child’s needs, or the parents are less over-protective and learn to give the child a space of autonomy. The impact on other dimensions is smaller. This is explained by the fact that the improvements in the other dimensions are more likely to be achieved in the long-term: family relations are not easy to be transformed within 10 months- period time as well as self-esteem which is intrinsically a long-term process. In terms of contributors, namely, what has made the improvement possible, most of the changes have occurred due to the synergy between social services, school, other organizations and family. Engaging in part-time recreational activities also has an impact on the child’s well-being. Also, the role of the families has been discussed. Even when the score in the matrix is “zero”, this is already an achievement as they stop being a barrier for the child’s well-being as they were before. Peer to peer meetings where parents share their experience and learn to understand what their child feels and what are her needs also proven to have an impact.

Overall, according to social workers, activities outlined by P.I.P.P.I. appear to be an effective strategy to improve children’s well-being and prevent alternative care by enhancing positive parenting, building a nurturing environment and by avoiding that family vulnerability turns into child neglect. Working on prevention rather than on emergency is among the most relevant and effective elements of P.I.P.P.I. programme activities proved to have an impact on the child’s well-being although sometimes it is fragmented in terms of the overall child’s well-being. The positive results of this programme led the Ministry of Labour and Social Services to decide to scale it up.

7.1 Pilot project Careleavers

The Careleavers Project intends to contribute to the creation of an accompaniment process for careleavers providing them support for an independent life through specific devices for social inclusion and active citizenship. The beneficiaries of the project in the first year are identified among those who, in the three-year period 2018-2020, have reached the age of 18 and who, on reaching the age of majority, live outside their family of origin following an order of the Judicial Authority that has placed them in foster or residential care.

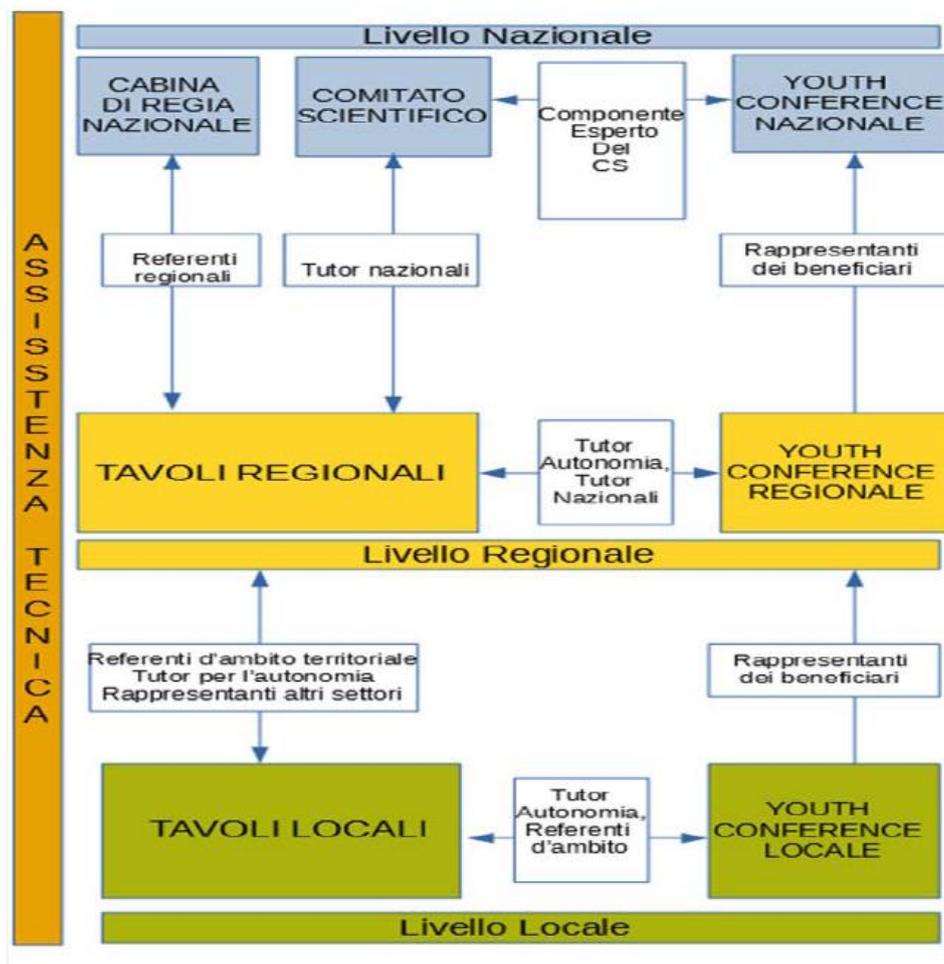
With the launch of the Inclusion Income (Reddito di Inclusionione Rdl), enshrined in Legislative Decree No. 147/17, and its evolution into the Citizenship Income (Reddito di Cittadinanza RdC), as per Decree-Law No. 4/2019, the pilot project must be considered as complementary to those already existing in favour of this target and carried out on the initiative of regions or local authorities. Synergies among different interventions are intended to create a positive dynamic capable of innovating and strengthening the local welfare infrastructure.

The governance of the intervention is conceived as a process of interaction between relational and institutional systems through the co-construction of rules and coordination mechanisms, the enlargement of governance to unusual actors starting from careleavers, the choice of objectives, contents and actions articulated on several interconnected management levels and the maintenance of the connections between:

- micro and macro
- personal and social dimensions;
- autonomy, inclusion and development.

The governance of the project is therefore articulated in a multi-level structure, aimed at creating at the same time a sharing and supervision of the general planning lines, both at national and at regional and local level.

Figure 7. Multilevel Governance Structure of the intervention Careleavers



Source: First year Careleavers project report

The **Scientific Committee** (SC) is a body of the Technical Assistance that contributes to the governance of the intervention at national level; it has the task of providing guidance, monitoring and evaluation, and technical and scientific support to the implementation of the project. It is composed of the Ministry of Labour and Social Policies and the Innocenti Institute experts, national tutors and technicians.

The **National Steering Committee** is a fundamental body for the governance of the experimentation and has the task of monitoring and enhancing its implementation through the involvement of the regional referents, key figures in guaranteeing the organisational and institutional conditions necessary for a complete and effective implementation. The members of the Steering Committee were appointed by decree of the Director General of the Ministry of Labour and Social Policies (Decree of the No. 191 of 6 June).

Round Tables at the regional and local levels are bodies intended to favour the process of autonomy promoted for/with careleavers, understood not as the exclusive pertinence of the services, but as a political and operational responsibility that involves all the social actors in a community vision that is widely responsible for exercising and protecting the rights of all, and in particular of the most vulnerable persons. The various actors who participate in this process must be identified among those who have a direct role in the project, such as the regional and/or area referents, the national tutors and the tutors for autonomy, the representatives of the careleavers, the referents of the regional coordinators of the residential care structures and of the foster families, but also among those who indirectly can contribute to the implementation of the projects for autonomy, such as the representatives of the labour market, education and training, as well as

of the housing and relational dimensions. The aim of these bodies is to organise resources, and to co-design system actions that promote experimentation, share responsibilities and identify common solutions to the same problems.

The **main devices** that the project activates to support careleavers in their pathway towards autonomy include:

- **Individualised planning by a multidisciplinary team in which the careleaver is directly involved:** this tool aims at guaranteeing the continuity of support in order to prevent conditions of poverty and social exclusion, favouring the empowerment and participation of careleavers through the progressive creation of new conditions which, in turn, allow them to progress towards greater autonomy. The individualised project is prepared by the multidisciplinary team, with the participation and responsibility of the careleaver. The individualised projects are conceived as a meaningful framework to integrate and systemise all the resources available at a local level that can be mobilised in favour of careleavers, including, first and foremost, the Citizenship Income (RdC), as well as Right to Education measures and the grant for autonomy envisaged by the intervention. The individualised project for autonomy describes the actions and activities through which it is envisaged to transform the needs and expectations of the careleaver into objectives and results of change aimed at fulfilling aspirations through the use of his/her resources and skills, together with the support of community services and resources.
- **Activation of economic support (RdC and Borsa per l'autonomia) on the basis of specific requirements:** alongside the individualised accompaniment project, the intervention also envisages economic support for autonomy, which is mainly realised, where the requirements are met, through the provision of a grant for autonomy or through access to the Citizenship Income (for a total that cannot exceed € 780.00 per month).
- **Activation of the figure of Tutor:** the autonomy tutor is one of the main reference figures within the intervention and has been identified as a "device" capable of supporting and promoting the achievement of the goals and objectives set by the individual autonomy projects defined on the basis of the needs, aspirations and conditions of each individual careleaver. The tutor operates according to the principle of appropriateness and active participation, increasing the sense of responsibility and the determination to meet objectives. This figure is active in supporting the different transition phases of the careleaver's life.
- **Inclusion in group activities and Youth Conferences:** pillars of the intervention include the active participation of careleavers. This engagement at group level has been realised between late spring and early summer 2020, with the launch of informal group activities and Youth Conferences (YC). The group acted in some moments as an evaluative YC whose ambition is to bring out a knowledge in which the contribution of the careleavers is key, also in orienting strategic recommendations useful for the remodulation of the national experiment itself. From this point of view, the intentionality and approach in the construction of the individual actions is central, where a re-appropriation of power in favour of the young protagonists is realised, in a co-constructed process in which real and not rhetorical conditions of participation can be achieved.

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Annex 1. List of people interviewed

- Alessandro Salvi – Manager – Tuscany Region
- Lorella Baggiani – Officer – Tuscany Region
- Sandra di Rocco – Officer – Municipality of Prato
- Eleonora Dragonetti – Social Worker – Municipality of Prato
- Valeria Armentano – Social Worker – Municipality of Florence
- Federica Vicchi – Social Worker – Municipality of Florence
- Arianna Gucciarini - Social Worker – Municipality of Florence
- Foster family with two careleavers – Municipality of Florence