

P.I.P.P.I.: The Program of Intervention for the Prevention of Institutionalization: Integrating Intervention, Training, Research, and Policy to Support Families and Professionals

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This paper presents an overview of the Program of Intervention for Prevention of Institutionalization (P.I.P.P.I.) national research-training-intervention program aiming at contrasting child neglect and working with families living in vulnerable situations. P.I.P.P.I. is funded and promoted by the Italian Ministry of Labor and Social Affairs in cooperation with the Lab of Research and Intervention in Family Education (LabRIEF) at the University of Padua. Its complexity represents the wider action to fight child neglect and family vulnerability in the history of Italian welfare. The acronym is linked to the resilience of Astrid Lindgren's fictional character Pippi Longstocking and her extraordinary way of facing challenges and growing in her

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environment. The “I” of Institutionalization refers to child placements out-of-home in situations of neglect where other interventions seemed more appropriate (Sellenet, 2007), and to practices leading to institutional involvement (Lacharité, 2015) such as poor planning, no/poor involvement in assessing the situation, lack of evaluation, vague definition of timeline and goals, and so on. The context, theoretical background, the intervention, and the main results of the program will be shown, as well as the Territorial Laboratory (LabT) for the advanced level of the program. In conclusion, a reflection on the implementation of the program during the COVID-19 pandemic will be presented.

To understand the background of the Program of Intervention for Prevention of Institutionalization (P.I.P.P.I.), we must take into account that the Italian welfare system is managed on a regional basis—that is to say, each region of the country determines how services should be organized. Therefore, interventions to support families and children in vulnerable situations are not equally organized across Italy and often are fragmented. These organizational and cultural difficulties, adding up to a lack of codified practice on work with families, make studying and reflecting on a national level very complex, and offer minimal information to policy-makers and decision-makers on what needs to be done to support families in need.

The P.I.P.P.I. program represents, in social affairs, the first action the Italian government took in social and health services working with families, on a national level, in order to harmonize service delivery by providing professionals throughout the country with a common theoretical and practical framework, training sessions, tools to work with families and document the care path, and an evaluation approach (Milani et al., 2014).

Ten Italian metropolitan cities (Bari, Bologna, Firenze, Genova, Milano, Napoli, Palermo, Reggio Calabria, Torino, and Venice) participated in the first two editions of the program (2011-2012 and

2013–2014) that was run to pilot it. Since 2014, the regions have selected a number of local authorities to apply the two-year implementation to 10 families with children 0–11 years old. Each year, the regions made the decision whether to include only new territories or to allow territories to participate again in order to consolidate the experience and to involve more services and professionals.

In December 2017, P.I.P.P.I. became soft law when the State–Regions Conference gave approval to the *National Guidelines: Intervention with Children and Families in Vulnerable Situations: Promoting Positive Parenting* (Ministry of Labor and Social Affairs, 2017). The guidelines were the result of pluriannual joint work that was realized within a national inter-institutional board composed of the Ministry of Labor and Social Affairs, the Regions and Autonomous Provinces, the Metropolitan Cities, and the Scientific Group at the University of Padua, which leads the program. The program has become the force behind implementing the *National Guidelines* and has been permanently included in Italy's National Fund for Social Policies (Ministry of Labor and Social Affairs, 2017).

Since its inception in 2011, P.I.P.P.I. cumulatively has involved all Italian regions and autonomous provinces; 238 local authorities; roughly 4,000 families; and a community of practice of more than 8,000 professionals of social services, health services, schools, and community services.

Theoretical Background

The basis of P.I.P.P.I. lies in the bioecology theory of human development by Bronfenbrenner (1979; 2005), who claims that to promote and sustain children's development and well-being, it is necessary to work with all the people involved in their world.

Child neglect is the concept of significant deficiency or failure to respond to the fundamental needs of a child (Dubowitz et al., 2005; Lacharité et al., 2006). It is a complex concept that to be understood requires the integration of multiple factors (individual, family-based,

contextual, financial) and to be addressed needs a joint commitment of researchers, professionals, and policy-makers (National Scientific Council on the Developing Child, 2012; Stokes & Taylor, 2014). Lacharité and colleagues (2006) note that there are two combined factors underlying neglect:

- difficulty concerning the parent–child relationship, more often characterized by low interaction and/or negative reciprocal behavior, and
- difficulty concerning the family–social community relationship—referring to the isolation of children and parents within their social context.

According to this framework, meeting the child’s needs entails not only the positive actions of their parents/guardians themselves, but also the involvement of communities and public institutions to help foster the development of relationships within families (Morran, 2004).

The theoretical reference framework represented by the Multidimensional Model of the Child’s World (hereinafter referred to as CW) is the Italian adaptation of the British Assessment Framework (Department of Health, 2005; Horwath, 2010), which also has been used in other international experiences, including in Scotland (The Scottish Government, 2008) and in Québec (Chamberland et al., 2012). The CW offers professionals a model to understand the needs and resources of each child and their family in a holistic way, taking into account the social ecology and the interaction between several factors. It is also referred to as the “triangle” in professional jargon, as it is depicted, in international versions, by a triangle whose sides represent the three dimensions of the child’s development needs, the parents’ responses to these needs, and surrounding environmental factors—each also divided into sub-dimensions for a total of 17 sections (see Figures 1, 2, and 3). The CW allows for sharing and integration of various formal languages and knowledge, tying concepts and theories together from various disciplines.

At the same time, the CW also serves as an operational model and an instrument thanks to characteristics such as a family-friendly graphics, the possibility to be customized, and its three available versions: the “children” version, showing the voices of the sub-dimensions expressed using language suitable for children and parents (see Figure 1); the “professional” version (see Figure 2), with the sub-dimensions expressed with a language suitable for use among professionals or with parents (Milani et al., 2015); and the “empty” version, to be used as an elicitation tool to collect the perspectives of children and parents (see Figure 3).

Figure 1

The Multidimensional Model of the Child's World (Child and Family Version)

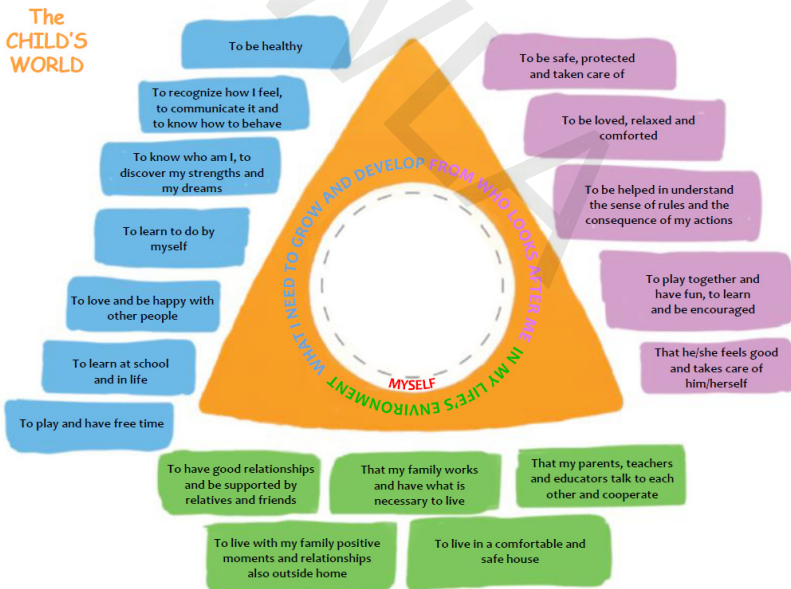


Figure 2

The Multidimensional Model of the Child's World (Professional Version)

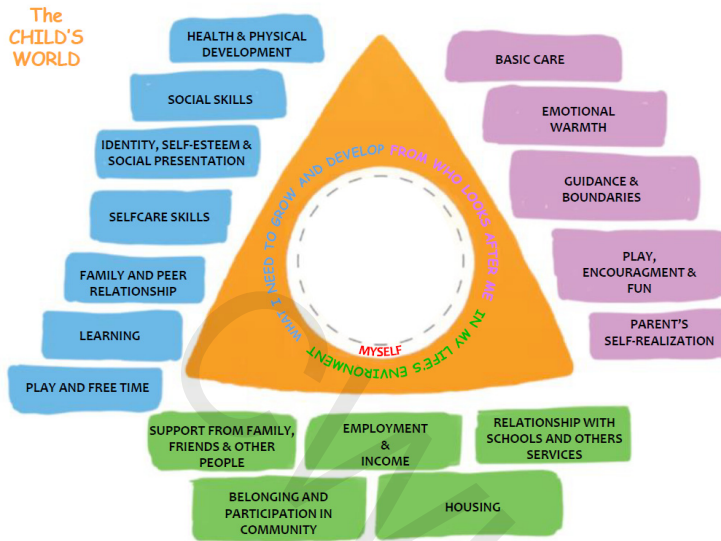
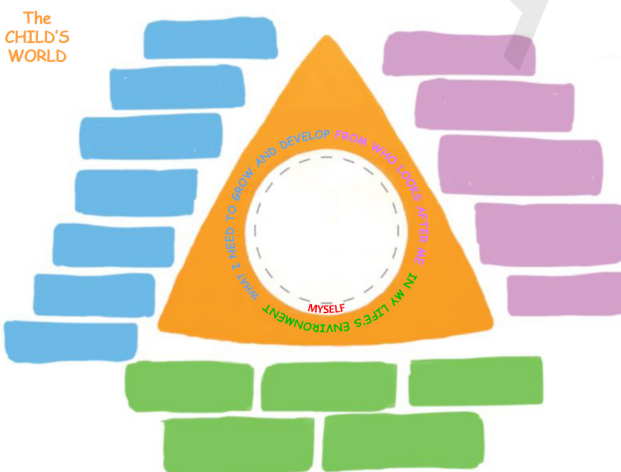


Figure 3

The Multidimensional Model of the Child's World (Empty Version)



The Child's World was used as the basis for designing RPMonline, which translates the ecosystemic and multidimensional approach into an operative, computerized tool. Created in collaboration with the IT Center of the University of Padua, RPMonline facilitates and documents the phases of assessment, planning, and evaluation of a family's care paths (Fantozzi et al., 2014; Ius et al., 2018; Vaquero Tió et al., 2016). It provides an online file for each child to which only professionals working with their family have protected, remote access and can update regularly to assess progress. For each working time period of the Evaluation Plan (T0, T1, T2), RPMonline allows professionals to record, for each subdimension of the CW, the qualitative and the quantitative analysis resulting from the points of view collected and negotiated as a team—which forms the Child's World Questionnaire (CWQ) (Serbati et al., 2016). It also provides a micro-planning grid for the CW subdimensions—for which a change, improvement, or maintenance of a strength is noted—and records expected outcomes, actions, responsibilities, timing, and achievements. Other sections allow professionals to describe meetings and which of the four styles of intervention they have chosen to use. Finally, RPMonline provides a questionnaire on sociodemographic information about the child and their family.

All data are stored in a database that is used to analyze the outcomes of each version of the program. Through the database, professionals can share results with individuals involved in P.I.P.P.I. and with the scientific community to promote reflexivity and circularity among research, training, and intervention, and to foster the co-definition of future steps (Jungmann et al., 2017; Serbati, 2018; Serbati et al., 2019).

The Intervention

P.I.P.P.I. proposes a multidimensional and holistic intervention: A multidisciplinary team (MT) is built around the child, composed of the

family members and the interdisciplinary team of professionals (social worker, professional home carer/parent/guardian, psychologist, teacher or educator, and other social or health professionals) to co-assess the situation, co-plan the intervention, and co-evaluate it, following a Participative and Transformative Evaluation approach (PTE) (Milani et al., 2014; Serbati, 2017; Serbati, 2018; Zanon et al., 2016).

Five activities are simultaneously available for the families and aim at addressing both factors leading to neglect (see above):

- Home-care intervention: weekly family visits by home-care workers to support parents and strengthen child-parent relationships and promote positive parenting.
- Parents' and children's groups: weekly/bi-weekly meetings with activities such as music-making and game-playing.
- Family helpers: assistance provided by local volunteers, who may be family friends or neighbors, to give concrete help and support.
- Cooperation between schools, families, and other early care educational centers (ECEC) to support school engagement. A regional agreement is signed between participating schools that integrates P.I.P.P.I. with other school support.
- Economic support: according to the economic condition of the family, the support can be addressed by local funds or by the national measure of universal basic income that uses the evaluation and planning framework developed in P.I.P.P.I. for all the beneficiaries—families with or without children.

The intensity of the activities is modulated according to the needs and the development of the family's circumstances.

The care path with each family follows four main steps over a period of about 18 months:

1. During the pre-implementation step, the team of professionals uses the pre-assessment questionnaire to reflect on the family

situation with the available information, and to discuss the opportunity of using P.I.P.P.I. with the family. When they decide to include the family in the program, they organize a meeting with them to present P.I.P.P.I. and discuss it, and to note agreements or disagreements. This is followed by the signature of an informed consent document about the collection and management of data.

2. Professionals and family members meet for the participative and multidimensional assessment of the situation and the consequent microplanning, using the Multidimensional Model of the Child's Word and RPMonline (Time T0).
3. For its entire duration, the intervention is run using the above-mentioned actions, in order to achieve the micro-plans' expected outcomes. Results are evaluated and used to define other outcomes (T1).
4. At the end of the program (T2), the assessment is repeated in order to compare the situation with the one at T0 and evaluate with the family the results of their participation in P.I.P.P.I. Later, the Post-Assessment tool is compiled to reflect and decide whether to continue working with the family, and how: conclusion of intervention, a less intense intervention, or a more intense intervention due to new needs of the family.

The intervention with families leverages an ecological support system that is based on four types of relationships and collaboration (Bouchard, 2002; Jésus, 2004; Milani, 2018):

1. *Intra-multidimensional team and community*, which links the family, professionals, and the community to develop community capacity (Chaskin et al. 2001; Chaskin, 2001; Ius, 2020a);
2. *Inter-professional*, which underlines the need to integrate and negotiate the multidimensional and multiprofessional

perspectives and actions among the group of professionals of the multidisciplinary team who are working with a family;

3. *Inter-services*, which require the work of the Territorial Group (composed of service providers whose goal is to promote a collaborative service provision by educational services and school, the public sector of social services, child welfare and adult welfare, and other private service providers within a specific territory/municipality contracting to the public system); and
4. *Inter-institutional*, which refers to the link between the Ministry of Welfare and Social Affairs, regions, territories, and the University of Padua (Milani et al., 2014; Milani, 2018).

The LabT

Since the sixth edition of the program in 2017, local authorities that have concluded at least one implementation of P.I.P.P.I. can reapply to enter the advanced level (AL). This level involves creating a Territorial Laboratory (LabT) (Di Masi et al., 2019) aimed at gathering university professionals and researchers, promoting a reflective space focusing on lessons learned in the previous implementation, and making the P.I.P.P.I. approach sustainable for local jurisdictions. The LabT work is focused on three main actions:

1. To reflect upon and discuss the qualitative and quantitative research data from previous implementation activities provided by the university (Santello et al., 2017).
2. To deepen and/or start an innovative program path based on a research/intervention question that is defined by professionals, families, and other individuals (Ius, 2020b).
3. To organize training for professionals according to the needs assessed during the meetings.

Some Results

The logic model of P.I.P.P.I. considers that an implementation leading to socially significant outcomes requires evaluating families according to evidence, context, and process of facilitation (Kitson et al., 1998; Ogden et al., 2012)—which refers to the structure of research, governance, and training, respectively.

Table 1 shows the number of the subjects involved in the different implementation of the program. The analysis of the seventh implementation is still in progress as the program was extended due to the COVID-19 pandemic.¹

The final report of the sixth implementation² shows that 70% of the families face social vulnerability (low levels of education, isolation, and social marginalization) or economical vulnerability (low income level, inadequate housing, poverty). In 64% of the families, vulnerability refers to family relationships, while in 59% and 57%, respectively, it refers to the condition of the child and the parents.

At the end of the program, after 18 months of intervention with P.I.P.P.I., care path services for 10% of the families concluded due to the improvement in their situations; for the 48% of the families the intervention continued in a more limited way. Five percent of the

¹ See following papers for the main results of the program: Milani, Santello, Ius, Petrella, & Colombini, 2019; Santello, Colombini, Ius, & Milani, 2017; Santello, Colombini, Ius, & Milani, 2018; Serbati, Milani, Zanon, Sità, C., Ius, & Di Masi, 2016; Serbati, Santello, Colombini & Milani, 2016; Serbati, Ius, & Milani, 2016. P.I.P.P.I. was chosen by the European Commission as the host country practice of the “Innovative practices with marginalised families at risk of having their children taken into care” in the peer review on Social Protection and Social Inclusion (Daly, 2015). Furthermore, the program was awarded in the category “Methods and Tool” of the ESSA by the European Social Network (Bruxelles, 2019). <https://www.esn-eu.org/events/european-social-services-awards-essa>. Data presented in this section refer to the Report of the implementation 2017–2018 that was elaborated by Sara Colombini, Diego Di Masi, Marco Ius, Paola Milani, Francesca Santello, Sara Serbati, Chiara Sità, Marco Tuggia and Ombretta Zanon (2019). In particular, the synthesis is taken from the Executive Summary written by Paola Milani, Milani, Francesca Santello and Sara Serbati (2019).

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Table 1

Subjects in P.I.P.P.I. Implementations³

Implementation	Years	Families	Children	Territories	Workers	Coaches	Regional Leaders	Territorial Leaders
P.I.P.P.I.1	2011-12	89	122	10	160	20	/	10
P.I.P.P.I.2	2013-14	144	198	9	630	32	/	9
P.I.P.P.I.3	2014-15	453	600	47	1,490	104	17	47
P.I.P.P.I.4	2015-16	434	473	46	1,169	116	18	62
P.I.P.P.I.5	2016-17	508	541	50	1,387	126	18	56
P.I.P.P.I.6	2017-18	600	613	54	1,532	129	19	64
P.I.P.P.I.7	2018-20	792	821	70	*	98	20	70
P.I.P.P.I.8	2019-21	771	789	60	*	130	20	60
P.I.P.P.I.9	2020-22	*	*	74	*	150	20	74
Totale	2011-18	3791	4157					

³ * means data analysis or implementation is still in progress, so the final information is not available.

families maintained the intervention as had been implemented, and it was strengthened for 29% of the families due to their needs. Three percent of the families expressed their wish not to continue with P.I.P.P.I. and 2% moved to another city.

For 1.7% of the families (10 children out of 613), a child protection plan began placing children in out-of-home care. However, it must be highlighted that in the majority of the cases, the decision about the placement was made together with the family within a care plan focused on meeting the child's needs and promoting future family reunification (Maluccio et al., 1996).

Pre-post assessment data show a statistically significant decrease in the level of risk factors and improvement in the level of protective factors in all the three sides of the Multidimensional Model triangle. While the Child and Environment sides show a balanced situation, the Family side represents the part that still is worrisome; this is why previous data encourage continuation of care paths. Professionals report an improvement in the family-service relationship and an overall decrease in the risk of placement (a percentage change of 7% and 13%, respectively).

Data from the Child World Questionnaire showed the change in children's situations between initial evaluation and final evaluation. This change was on average positive and statistically significant in all 17 subdimensions. In particular, the subdimensions referring to Social Skills in the child side of the triangle, and on Guidance and Boundaries and Parent's self-realization in the Family side, show a variation of 18%. The subdimensions of Employment & Income (Environment side) show that economic difficulty is still an issue for many families.

Play and free time (Child side) and Relationship with school and other services (Environment side) were the highest-rated subdimensions at both times of assessment. The relationship with the school improved, also, at both assessment times, demonstrating that work with the schools is a key factor in promoting child well-being.

Data about the process—information on how the program was implemented—reveal that the participation of families gradually

increased during the time of the implementation. The results of assessment were shared and care plans were co-defined by professionals and families together. Moreover, the integration of the five activities (see “The Intervention” above) was shown as leading to improvement of the family situation.

Facing the COVID-19 Pandemic

Since the outbreak of the COVID-19 pandemic in March 2020, P.I.P.P.I. has been challenged to find new ways to support families and the professionals working with them. The first reaction of “we cannot do it” and “stop everything” soon shifted to navigating the paradox of being supportive and showing solidarity while in social isolation (Milani, 2020a; 2020b). The pandemic forced us to rethink the ecological framework of the program (Petrella et al., 2020) and to specifically integrate technologies into it (Johnson & Pupilampu, 2008) in order to support family and professional resiliency (Ungar, 2018). Literature shows that information and communication technologies may represent opportunities in social work with families (Niela-Vilén et al., 2014; Tregeagle & Darcy, 2008; Vaquero et al., 2014; Vaquero Tiò et al., 2016).

The Italian Government Decree, 17 March 2020, No. 18 (“Cura Italia” Decree) took into consideration not only “what cannot be done,” but also “what can be done.” This helped and motivated many services to reorganize and experiment with new ways of contacting families and supporting them. For the first time, many professionals explored technology that they never experienced in this setting before—and may not have believed to be possible or effective within their work. Information and communication technologies have been key in this still-ongoing learning process for professionals and services. Hence, P.I.P.P.I. proposed and has supported services that experiment with *smart welfare* oriented toward flexibility, creativity and innovation (Milani, 2020; Petrella, 2020). P.I.P.P.I. transformed many of its aspects (training,

reflective practice laboratories, and more) (Zanon et al., 2018), previously conducted face-to-face, into online video meetings. Moreover, an online “Community of Practice” was activated in Moodle (Modular Object-Oriented Dynamic Learning Environment), usually used for management of the program and for training of professionals (Di Masi & Milani, 2016). This Community of Practice:

- Invited all involved professionals (social workers, home carers/parents/guardians, educators, teachers, psychologist, and others) to document and share their significant practices to collect the memory of the work in this difficult time and to foster reflection in order to turn the experience into learning and enhancing professional knowledge;
- Provided professionals with documents and reading materials useful in the situation; and
- Was accessible not only to P.I.P.P.I. professionals but to all people interested and involved in the work with the families.

In parallel, the Ministry of Welfare and Social Affairs supported and promoted regions, local authorities, and schools in finding ways to integrate funding to meet families’ basic needs and provide them—and professionals, as well—with tools to facilitate connection with others (such as laptops and tablets to allow children attend online classes, mobile plans, and so on). As has been mentioned, this process is ongoing; the main challenge is now to transition to a new phase of “ordinary” life in the fall and winter. Schools reopened in September 2020, though the situation is changing according to rising coronavirus infection rates. As of the end of November 2020, high school is run online with some lab activity occurring face-to-face. The majority of children under age 13 are able to attend school in person while adhering to masking and social distancing; in some regions, online school also is available for children of that age. Similarly, home care for families who are vulnerable is provided either face-to-face or online depending on their needs.

Despite continuing uncertainty, many lessons have been learned over the last several months:

- *Physical distance is not social distance.* Families need authentic, caring relationships that can be present and of quality at a distance (Milani, 2020).
- *Small gestures make the difference.* Despite virtual work and restrictions on meeting in person, the provision of service has not waned. Social work professionals have improvised new ways to keep in contact with families and to support them (Milani, 2020).
- *We all are vulnerable.* Our shared worries can help make the family–professional relationship more empathetic; however, we also must take into account the reality that people are differently exposed to vulnerability and its effects. Professionals must understand the vulnerability factors that can lead to child neglect and must observe accordingly (Milani, 2020).
- *We all need community.* Families need to belong to a community to combat loneliness, helplessness, and hopelessness. At the same time, professionals need the support of their work community to plan new modalities and organize new interventions. Professionals need group reflective spaces (online or face-to-face) where they can feel and share mutual support and generate ideas with creativity.
- *Co-learn and co-assess to co-create:* The pandemic offers families and professionals the opportunity to engage in the PTE approach, in which everybody can learn from one another to improve and transform. In 2020 and 2021, in particular, the situations of families have changed drastically. This requires us to bring together different points of view and to assess, together, the child's needs and how family and environment are meeting those needs.

- *We need tools and skills.* Reorganizing services for *smart welfare* leads to different outcomes that, on the one hand, are related to difficulties and resistances and, on the other, are open to opportunities for using new tools and new modalities. These outcomes certainly are connected to the challenge of providing people with digital tools whose availability is not consistent across the country, and to the challenge of the digital divide present for many families and/or professionals.

Conclusions

The work of P.I.P.P.I. from 2017 has represented the method to implement the *National Guidelines* and is considered a work in progress toward what that soft law proposes. What is key to underline is the collaborative work among service providers, schools, and institutions that P.I.P.P.I. promotes as a way to organize, improve, and empower the support of parents across the country, and as a way to integrate national and local measures to address child neglect, poverty, and social vulnerability. The COVID-19 pandemic has brought new challenges to social services sectors. On the one hand, children and families have new, changing needs that must be addressed and met by social services. On the other, these services must brainstorm about new organizational structures, plan new interventions, and provide professionals with tools for their online work. These challenges are directly connected to the professional culture, skill development, and use of communication technology in the social work field (Parton, 2008, 2009; Hill & Shaw, 2011; Ius, 2020c). Consequently, the current main goal of P.I.P.P.I. is to keep the focus on addressing child neglect and social vulnerability—within the ongoing COVID-19 pandemic and beyond. Promoting the intervention and the participative research is a key element in supporting community of practice of P.I.P.P.I, connecting intervention, training, and research to assist children and families.

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