Residential Care for Children and Youth in Italy : An Evolving System

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The policy context: from large institutions to smaller units

After the Second World War, large institutions were a very common option for children in vulnerable conditions. At the end of the 1960s, a public debate against institutionalization, fueled by the impact of social psychiatry opposing "total institutions" (Foot, 2014), brought to favor a community-oriented approach and led to the first experiences with small group homes and family-based care (Carugati et al., 1975; Emiliani & Bastianoni, 1993; Vecchiato, 1989). This change was strongly supported by researchers, juvenile judges and professionals who made a strong case for improving laws in favor of children and adolescents (Battistacci et al., 1993; Fiorentino Busnelli & Vecchiato, 1991; Moro, 1999).

The first guidelines addressing child welfare (Ministero dell'Interno, 1985) were published after a public investigation that highlighted the need for unified and coordinated policies. These guidelines, however organic and clear, collided with the organization of welfare services in Italy, which is delegated to Regions with different regulations and standards. Milestones of the national process were two laws: law 184 in 1983[1], setting the role of residential care in the welfare system, and the "framework law" 328 in 2000[2],

[1] https://www.gazzettaufficiale.it/eli/id/1983/05/17/083U0184/sg.
[2] https://www.gazzettaufficiale.it/eli/id/2000/11/13/000G0369/sg.

establishing the relationship between State and Regions and the roles of public, private and third sector organizations in guaranteeing social interventions. The State sets general aims and basic requirements; regional governments are called to issue the welfare law, program policies and financial support, and manage the process of services' authorization, accreditation, and implementation; local authorities are responsible for controlling residential units and managing individual cases. With such a structure, residential care is subject to fragmentation and inequalities.

Beyond that, different forces and ideologies have been active since the post-war period: the State, the Church and religious organizations, third sector organizations, secular groups, etc. Hence, residential care developed heterogeneously, using different names for similar services, asking different requirements, and implementing a variety of models and local cultures. The lack of coordination and common standards at the local, regional, and national level is one of the main issues in the Italian system.

However, the system constantly evolves; investment into children's rights and adaptations to local cultures and emerging needs have created new services. The original concept of residential homes as "communities," a name suggesting a closed autonomous entity (a remnant of the institutional mentality) is slowly shifting to a more integrated view, as a service within the social welfare system, in dialogue with other services and open to the local community. A slow, but steady, cultural evolution is in place, from protection to promotion, from linear intervention to participation and integrated approaches.

Historically, there has been a significant decline in residential placements: from 250,000 children in 1962 to approximately 45,000 by the end of 80s, and 32 thousand in 2017 (Autorità Garante per l'Infanzia e l'Adolescenza, AGIA, 2019). The population has also changed and in recent years, with a strong increase of unaccompanied foreign minors (UFM) who represent 40% of the total number, placed in specialized units or together with other children. This population, however, is excluded from most statistics as data collections on out-of-home care are mainly focused on children removed from their family by the child welfare system.[3]

The legislative framework: hard laws and soft laws

[3] For an in-depth read on UFMs, see: https://www.lavoro.gov.it/temi-e-priorita/immigrazione/focus-on/minori-stranieri/Documents/Report-di-monitoraggio-MSNA-30-giugno-2021%20-ENG.PDF.

The process of de-institutionalization, started with Law 184/1983, was accomplished in 2006 after the final closure of all institutions as mandated by Law 149/2001, which had revised some of the content of Law 184/1983.[4] *Family foster care* is identified as the preferable solution, while children's homes must feature a "family-like" structure and offer interpersonal relationships; placement shall not exceed 24 months. The national minimum standards (Law 308/2001[5]) synthesize the key changes from old institutions and represent the core components of current residential care: a limited number of children, individualized care plans, qualified staff, location in inhabited places easily accessible by public transport in order to assure participation of children in social life, quality of the living environment with collective and private spaces, and attention to everyday activities.

In recent years, to sustain innovation and develop an integrated national system, three soft laws (guidelines) were approved, about: a) family foster care; b) intervention with vulnerable children and families, and c) residential care. The latter (Ministero del Lavoro e delle Politiche Sociali, 2017), a very advanced document developed bottom-up with many stakeholders and experts, offers a unitary framework, using "residential services" as a generalized term to encompass the variety of placements and regional names.

Each item of the guidelines contains a description, a motivation, and concrete actions to make it operative. Three keywords are repeated across the text: *accoglienza* (hospitality), *accompagnamento* (support), and appropriateness. *Accoglienza* means "providing homely hospitality," i.e., a warm, embracing environment as a general objective of residential care. *Accompagnamento* (support) encompasses many forms of relationship: guidance, monitoring, backing, companionship, or simply "being there;" hence, it connotates residential care as a relational service, where emerging needs are taken care of to sustain growth. Appropriateness is defined as the congruence between the assessment of child and family needs and the design and implementation of the intervention. It calls for personalization, contextualization, sensitivity to time and rhythm of intervention, monitoring and calibration.

Following the guidelines, the kind of placement, duration, and choices related to each child must consider needs of security as well as affective and relational continuity. Family bonds must be facilitated by choosing a place near home, avoiding separation of siblings, and involving the family in the process, as participation of child and family are strongly recommended.

[4] https://www.gazzettaufficiale.it/eli/id/2001/04/26/001G0206/sg.
[5] https://www.gazzettaufficiale.it/atto/stampa/serie_generale/originario.

Residential Care System

Program features

Italian residential care can take many forms, with a main organizational difference: units involving professional staff who take turns (the most frequent is the “socio-educational group home”, see Matrix) versus units with resident adults, such as “family-based group homes" (different from foster care).

Throughout Italy, the number of specialized units offering services and care for children and young people with severe traumatic experiences is quite small[6]. Some regions in recent years have seen significant growth in “parent-child” units where parents (commonly mothers) are housed with their (young) children in order to prevent separation. Unlike domestic violence shelters, these programs aim both to protect children (and mothers if needed) and to monitor and improve parenting. There are also units intended only for the first accommodation of minors in emergency situations as well as group homes for care leavers.

Characteristics of residential care personnel and their training

At the beginning of the millennium, only 11% staff in children’s homes considered theoretical knowledge as necessary to be a good professional (Palareti, 2005). More recently, an important process of professionalization culminated in 2017 with a national law requiring workers to hold a BA degree in educational sciences. No further specialized qualification is required, notwithstanding that national reports and research signal the need for specific training. Continuing education and supervision are mandatory in many Regions, but they are very uneven in their distribution and quality.

Research highlights the need for motivated and competent workers, highly professionalized, and able to develop partnership with families of origin and other institutions in decision-making processes (Palareti et al., 2012). Moreover, they should be prepared to face linguistic, religious and cultural diversity and to implement well-defined models of intervention. Principles which characterize their work are personalization,

[6] This chapter deals with residential care in the child protection system; it does not consider specialized units under the responsibility of the Health Service System, which hosts children and youths with disabilities, psychiatric disorders, addiction problems, etc. In all cases, when there are issues related to the health domain, there are connections with local health services.

empowerment, guidance, responsibility, and reflexivity (Formenti & Rigamonti, 2020; Marchesini et al., 2019; Tibollo, 2015).

Characteristics of Children and Youth

The criteria for data collection about children and youth in residential care are not homogeneous; they may refer to stock or flows, focus on different reporting periods, or exclude some categories (UFM, children with disabilities or mental health problems, or youth in the judicial system). Besides, data do not say much about the quality and outcomes of the intervention, and even less about children's experience. So, the picture represented in the Matrix must be interpreted cautiously.

Male adolescents represent the majority of users, even excluding UFMs. The 11.9% of children under 6 years old is a difficult figure to interpret as the source is not precise about the type of services included in the survey. If parent-child group homes are not included, it might be worrying as it contradicts the law that favors foster care for this age group. Also data on the reasons for placement appear problematic, as it is based on poorly defined concepts (such as "parental incapacity") and depending too much on the respondents' interpretation. Nonetheless, data seem to support the need to involve the family in a process of change. Economic problems are rarely mentioned (2.3%) as "main reason" for out-of-home care (in accordance with the law), but poor families are over-represented in social interventions (Canali et al., 2019; Lerch & Nordenmark Severinsson, 2019), so this deserves critical consideration.

At entrance into residential care, 59.3% of children come from their birth family, while 28% enter from other placements (MLPS, 2019). Most cases (75%) are regulated by a judicial decree issued by the Juvenile Court, and 29% require emergency intervention.

The duration of placement should be limited to 24 months, but the Juvenile Court can extend it; almost three-quarters of the cases stay within the threshold, but we do not know the reasons for longer stays. Here again, more qualitative and detailed data as well as process evaluation, would be necessary.

What happens after? Survey data show that 39% return home; 38% move to another placement (FC, preadoption, another residential service); 5% to transition services (AGIA, 2019). When reaching adulthood, due to the end of the Local Authority's responsibility and obligation, many youths are dismissed without any transition or post-care intervention. Programs and financial resources to guarantee transition services are a recent legislative success. In this respect, it is worth mentioning the relevant role of

Agevolando, a very active association of care leavers advocating for policies and practices to sustain care continuity and the organization of specific services (Zullo, 2021).

Major Current Strengths and Deficits

From deinstitutionalization to prevention, continuity of care and community work

The whole system has undergone considerable and positive developments in the past twenty years. New policies and changes in professional cultures favored the rise of heterogeneous programs aimed at responding to specific needs, such as parent-child group homes, care leavers' group homes, reinforced communities for children with severe traumatic experiences. However, the institutional model of intervention can persist in organizational practices, to the detriment of a fully relational approach, calibrated to specific needs (Bastianoni et al., 2012; Formenti & Rigamonti, 2020; Palareti & Berti, 2009a, 2009b). The relational model is open to the outside: the multiple agencies involved in the system of protection - residential care staff, social and health services, courts, local authorities – need to coordinate their action to ensure shared individualized care plans, participation, and continuity of care. The harmonization of inter-professional work, as well as a stronger community involvement, are necessary to mitigate the risks of bureaucratic, fragmentated or linear interventions on children and families.

Systematic assessment of children needs and outcomes

Methods and tools to assess the effectiveness of programs need to be developed. Systematic assessment of data about people in care and their outcomes would greatly improve the system of intervention, but this requires a cultural change that seems still far away, since at the moment no law, guideline or national report even mentions the topic of outcome evaluation and research.

Child and family involvement and participation

The law establishes that residential care is used when other forms of intervention are not possible or have failed. So, it can be seen as a "last resort", not a step in a process of help and support for the child and the family of origin. Besides, the dominant family model in Italy hinders, on one side, the possibility to intervene in "family affairs," but, on the other side, when a family is stigmatized as "incapable" or "problematic," the blame on parents makes their involvement in the process very difficult. So, exclusion or instructive approaches are often experienced by parents. During placement, the child's right to relate

to parents and siblings (when there is no restraining order) is guaranteed in principle, but often managed by external services (so called “neutral spaces”) and with a strong accent on control. Under such conditions, it may be impossible for the family to learn how to do better. Besides, the child’s world beyond the family (friends, neighbors, mentors, etc.) is often excluded (Barbero Vignola & Canali, 2015).

As established by the national guidelines, all professionals, together with local social services, should participate in building a “framework project” for each child, in collaboration with the family as project partner. Under this umbrella, the residential staff is expected to define a personalized care plan with shared and specific objectives and strategies to achieve them, but only 67% of the plans are signaled to have a framework project and only 70% address the family as user (MLPS, 2019).

The situation is evolving, thanks to the national guidelines and a range of projects aimed at fostering participation and prevention of out-of-home placement, sustaining vulnerable families by social and community work, offering training to professionals, developing collaboration among them, with families, and giving voice to children (Canali et al., 2011; Canali & Vecchiato, 2011; Milani et al., 2019).

Specific training

The new requirement of an academic profile for workers has improved staff competence, but specific training is still needed. On this basis, for example, Ferrara and Milano Bicocca universities offer Master programs for workers in child protection; the Master program “Good Educational Practices in RC” at Milano Bicocca was co-designed with the main national networks of stakeholders.

Appropriate models and theories for intervention and evaluation

A national study (Palareti, 2005) revealed that only 16 out of 80 involved children's homes implemented a shared theoretical and methodological framework, and this was associated with higher staff satisfaction, better partnership with social services and greater outcomes in youth’s development. These figures might improve with professionalization. The variety of situations and needs of people in care would call for a range of interdisciplinary theories and methods, also for evaluation. There is an urgent need to transform practices that are too often given for granted or based on ideologies and personal good will, into the ability to define the theory of change that drives everyday practices, to critically understand and document what has been done, assessing outcomes and the process of commitment and involvement of children and families (Palareti et al.,

2020; Vecchiato, 2016). Each organization should be called to take steps towards the adoption of clear references and research-based practices.

Promising programmatic innovations and research advances

The National Guidelines for residential care are a real step towards the integrated national system, but their implementation is slow. Their emphasis on the child's best interest, their core values and participatory spirit are valuable. However, they are born from expert opinion rather than research and they prescribe behaviors without starting from outcomes. If the appropriateness of intervention is defined in relation to children's well-being, service providers should implement systematic program evaluation using evidence-based approaches as well as qualitative and participatory methods (Canali et al., 2008). As an example, several team training experiences have been conducted to plan and monitor individual minors' outcomes (Bastianoni & Baiamonte, 2014; Palareti et al., 2020). Relying on the shared construction, among staff and with the person in care, of a personalized grid linking goals with observable behaviors of both the youth and staff, this method has been used to foster the ability to build shared theories of change as a basis for intervention and assessment of outcomes.

At a macro level, *Fondazione Zancan* (Vecchiato, 2005) has developed a system of classification and collection of regional data to monitor some important indicators (Ezell et al., 2011). By combining input and output data, this model has been used by the national Group for the Convention of the Rights of the Child (Gruppo CRC, 2018) to trigger reflection at a local level on the quality of childhood care, including RC.

A list of key take-aways

The landscape of residential care has evolved in diverse ways, from linear intervention to participation and integrated approaches. New trends and needs have emerged, and children's homes, while remaining an enduring service, are changing their culture. The whole system would benefit from:

- Guaranteed basic levels of care, to avoid "lost in care" situations, implementing technical competences, reflexivity, transparency and equity.
- A clear definition of residential care as an intensive temporary form of intervention, integrated with other actions and with a clear time frame, to avoid unwanted effects of institutionalization.

- Systematic assessment of needs and outcomes, revision of expected results and consistent re-design.
- Fostering small scale (e.g provider level) and large-scale research.
- Better integration of all the agencies and professionals involved.
- Children's and families' voices: understanding their situation from their perspective, to have a positive impact on their lives.

	Italy	Data source[7]
Residential Care Utilization Rates and System/Program Characteristics		
Number of children in OOHC	27,111 (UFMs not included)	MLPS, 2020, pp. 8, 12
OOHC rate per 1000 minors (under 18)	2.8 (UFMs not included)	MLPS, 2020, p. 12
% of children in any form of RC vs. foster care (incl. kinship care)/other forms of OOHC	14,219 FC (52.44%) vs 12,892 RC (47.55%). (UFMs not included) Among FC, 48% is kinship care	MLPS, 2020, pp. 12, 17
Rate per 1000 in RC	1.3 (UFMs not included)	MLPS, 2019, p. 10
Utilization Trends in RC	Since 2011 stable utilization trend from the child protection system but increasing number of children in RC from 2015 due to UFMs presence (from 7170 in 2015 to 13,358 in 2017) and young offenders.	MLPS, 2019, p. 9 AGIA, 2019, p. 20 Scandurra, 2020
Number and types of RC Units	Data referred to the child protection system: *Socio-educational group homes* (47.1%): presence of professionals 24/7. *Educational and psychological group homes* (2.5%): like the previous ones but specialized for children with behavioural or psychiatric problems (social and health mandate). *Family-based group homes* (15.9%): two adult residents identifiable as parental figures and additional staff with a small group of children. *Care leavers group homes* (12.2%): 17-21 y, with a light educational frame. *Parent-child group homes* (12.3%): some family units (commonly children and mothers) are housed together. Differently from domestic violence shelters, they aim to both protect children and improve parenting. *Emergency group homes* (7.9%): for emergency short term placements (max 2 months) *Multi-user group homes* (1.8%): usually guided by ideological principles, they host a variety of people, including minors.	MLPS, 2020, p. 51
	Data from juvenile justice: Residential placement may be used as an aggravation of a less restrictive measure or as an alternative measure to detention (about 1,000 youths per year). The majority are placed in *socio-educational group homes* and may be together with other vulnerable children. Three residential units are run by the Ministry of Justice and host about 20 youths each (age 14–25).	Scandurra, 2020

[7] The sources MLPS 2019 and MLPS 2020 refer to data collected in 2016 and 2017 respectively; AGIA 2019 refers to data collected in 2016/17. In the References, MLPS is indicated as Ministero del Lavoro e delle Politiche Sociali; AGIA is the Autorità Garante per l'Infanzia e l'Adolescenza.

	Italy	Data source[7]
Residential Care Utilization Rates and System/Program Characteristics		
Average number of children per RC unit/program	7.9 (national, but great regional differences). *Family-based group homes* host smaller groups than *Socio-educational group homes* (usually max 10 + 2 in emergency).	AGIA, 2019, p. 20
Agency type/auspices pertaining to RCs (private, public)	Available data for *socio-educational group homes*: • 70% NGOs • 21.6% religious institutions • 7.4% public institutions	MLPS, 2019, p. 76
Service System	Social service, with intersections with juvenile justice and health service.	
Official / explicit aims of RC	Providing homely hospitality, support, appropriate intervention to children that are temporally deprived of an adequate family environment.	MLPS, 2017
Adoption as a permanency option for CW	Yes, between 2 and 3% of children and youths in RC.	MLPS, 2020, pp. 44, 46
Primary reasons for entry into RC	• relational issues & neglect (46.7%) • abuse, maltreatment & domestic violence: (18.7%) • parental problems (economical, health, housing, addiction, judicial issues) (15.4%) • minor's problems (behavioural, health, school, addiction) (6.1%) • problems with foster or adoptive family (3.4%) • young offenders (2.3%) • other reasons (0.6%) (UFMs not included)	MLPS, 2019, p. 15
Average length of stay in RC	<1 y: 45.6% 1-2 y: 26.8% 2-4 y: 13.8% >4y: 11.6% (UFMs not included)	MLPS, 2020, p. 45
Primary RC concepts or models	Heterogeneity of concepts and models, e.g.: • social pedagogy • therapeutic milieu • attachment theory • systemic and ecological approach • behavioral and trauma-oriented principles • religious values	Our research and meetings with stakeholders, practitioners, policy makers etc.
Careleaver programming	Administrative prolongation until 21 years old in the same unit or care leavers group home (2017: 2,039). 40% are dismissed without a project.	Law 888/1956[8] MLPS, 2020, p. 46 MLPS, 2019, p. 26
Aftercare services for RC	Care leavers are a protected category as workers since July 2020. The 2017 Finance Act allocated 5 million euros per year to care leavers. Influent advocacy action is carried out by the care leavers' association Agevolando and the National Care Leavers' Network.	MLPS, 2021
Parent/Family involvement in RC	The law stresses family's consent to placement, but this happens only in 1/4 of cases. In any case, the family	MLPS, 2019, pp. 17, 37

[8] https://www.gazzettaufficiale.it/atto/serie_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=1956-08-16&atto.codiceRedazionale=056U0888&elenco30giorni=false .

	Italy	Data source[7]
Residential Care Utilization Rates and System/Program Characteristics		
	should be involved in defining the intervention plan to overcome their difficulties. In 45.5% of cases the family receives specific support.	
Cost per day in RC; funding	Range between 125-151 euro per day, covered by local authorities with 100 euro on average (with huge regional variations).	Zullo, 2014
National or regional quality standards	Regional Laws fix structural and organizational quality standards for both licensing and accreditation, that are undertaken by local authorities. Some minimal RC requirements are fixed by the State: • accessibility to public transportation; • proper room for collective activities, separated from bedrooms. Space organization must ensure autonomy, suitability, and privacy; • qualified professionals: their profile is defined by the regional law; • presence of a coordinator who is responsible for the unit; • register of residents and individual care plan, defining aims, contents, methods and assessment; • organization of activities respectful of children/adolescents' rhythms; • implementation of a Charter of Services including costs and benefits.	Ministry Decree 308/2001
Complaint procedures and processes	Licensing and accreditation can be refused if criteria are not met after periodical control. The national law (149/2001) includes regular or extraordinary inspections by the Prosecutor Office at the Juvenile Court and national or regional delegate of the AGIA.	Law 328/2000 Law 149/2001 (art. 9, com. 3) Law 112/2011 (art.4)[9]
Perceived strengths and deficits	Strengths: • finalization of de-institutionalization by law; • national Guidelines and projects with a specific focus on preventing institutionalization aimed at improving RC by a common framework; • cultural change towards a participatory, community-based, multidisciplinary, open framework of intervention; • professionalization and relevant improvements in qualification of RC staff. Deficits: • different definitions, criteria, and models across regions and even locally; • uneven, not updated data collection; no data about outcomes and effectiveness of programs; no data about children's needs and mental health; • difficulties in giving voice/listening to children.	Gruppo CRC, 2020, p. 86 Our research and meetings with stakeholders, practitioners, policy makers etc.

[9] https://www.gazzettaufficiale.it/atto/serie_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=1956-08-16&atto.codiceRedazionale=056U0888&elenco30giorni=false.

	Italy	Data source[7]
Residential Care Utilization Rates and System/Program Characteristics		
	• difficult engagement and partnership with families of origin; • low critical reflexivity, ideology, value-laden given for granted practices; • difficulties of social services in ensuring good case management and a seamless system of care.	
Major current issues	• regional differences hinder full awareness and knowledge of the phenomenon; • no data on children's needs and mental health problems; • lack of established basic care levels; • improving quality and effectiveness; • guaranteeing collaboration between social services and RC units; between families and professionals; • increasing poverty and material deprivation for children and families. • UMFs and new emerging needs; • lack of explicit theoretical and practical models to enable good interventions to different target groups.	Gruppo CRC, 2020, p. 86 MLPS, 2019, p. 16
Characteristics of RC Personnel and their Training		
Required education / degree	Since 2018, mandatory BA degree in Educational Sciences (Socio-pedagogical educator), plus an obligation to offer continuing education to RC workers (e.g. in Lombardy 20 hours/year).	Law 205/2017 (art. 594–600)[10]
Length of training	• Three years.	
Content on RC in Curriculum	No specific training on RC in the BA degree. One devoted Master program in 2020 (first one in Italy). National Guidelines for RC mention: • technical, professional, communicative competences; • teamwork with other professionals (e.g. social services, health services), children and families; • organizational and planning contents to meet children's needs.	MLPS, 2017
Worker - Youth Ratio	From 1:5 to 1:3 during daytime; One worker and one on-call professional or volunteer during night-time.	Lombardy Regional Law 7-20762/2005[11]
Frequency of Case Reports	Every six months.	Law 149/2001 (art.4 com. 3)
Salary (% of national average salary)	Average gross salary: 1,700 euros.	MLPS, 2020
Characteristics of Children and Youth in Residential Care		
Gender	59.9% male, 32.5% female, 7.6% unknown (UFMs not included)	MLPS, 2020, p. 39
Age Categories	0-2 y/o: 5.9%	MLPS, 2020, p. 38

[10] https://www.gazzettaufficiale.it/eli/id/2017/12/29/17G00222/sg.
[11] http://www.consultazioniburl.servizirl.it/pdf/2005/01100.pdf#Page=101.

	Italy	Data source[7]
Residential Care Utilization Rates and System/Program Characteristics		
	3-5 y/o: 6% 6-10 y/o: 12.7% 11-14 y/o: 18.7% 15-17 y/o: 54.3% (UFMs not included)	
Average age at entry	9.7 y/o (UFMs not included)	MLPS, 2019, p. 21
% of youth with a migration background OR Race/ethnicity	55% are not Italian 40% are UFMs	MLPS, 2020, pp. 40-41
Rate of mental health problems	No data; 44.7% receive some kind of therapeutic support. (UFMs not included)	MLPS, 2019, p. 48
% single parent and/or other risk factors	No data	

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