



Does Shared Family Care work? A study on families discharged between 2016 and 2021 from an Italian residential program[☆]

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ABSTRACT

Shared Family Care (SFC) accommodates vulnerable parents and their children together in out-of-home settings. In line with the core objectives of the child welfare system, this service ensures the growth of children in a safe and supervised environment and prevents family separation by supporting parenting skills. Despite its considerable expansion, SFC is still under-documented, and descriptions of program models, populations served, and outcomes achieved are lacking. This case study addresses this gap by presenting data from an Italian SFC program implemented in a residential care setting. Its theoretical and methodological approach is described and data on family characteristics, interventions, and outcomes are provided based on archival records of 59 families discharged from 2016 to 2021. Analyses were conducted to explore factors associated with program outcomes and to provide suggestions for program improvement. Results reveal that the interventions implemented and the presence of protective factors, rather than the weight of family problems or risk factors, significantly influence positive outcomes. Despite the absence of a control group, the program's results appear promising, and the study offers four practical recommendations for further improving the program.

1. Introduction

Within child protection services, Shared Family Care (SFC) involves providing planned out-of-home care where parents and host caregivers (a host family and/or professional staff) simultaneously share the care of children and work towards the parents' independent in-home care (Barth et al., 2024). SFC focuses on supporting parenting skills to overcome current problems and address children's needs in a safe, supervised environment, ensuring both children's right to live with their families and their need for protection. This dual mandate distinguishes SFC from traditional residential care for children, as well as from other programs housing multiple family members, such as shelters for families fleeing domestic violence or homelessness, and drug and alcohol treatment programs for pregnant and parenting women. Shelter and treatment programs may integrate parenting support within their primary focus on addressing women's challenges. While the inclusion of children in these programs may enhance mothers' motivation to engage and remain in treatment (Chou et al., 2020), participation is contingent on the mother's voluntary decision to seek help for a specific problem. In contrast, the roots of SFC lie in the child protection system, with

intervention specifically designed to safeguard the child's well-being working on family relationships. The parent's awareness is not a prerequisite; rather, it is developed progressively throughout the intervention.

Bridging the gap between traditional in-home and out-of-home child care services, the multiplicity of benefits inherent in SFC (Barth, 1994) makes it conceptually very attractive for addressing a variety of situations related to child abuse and neglect. In fact, SFC provides intensive care while sparing children and parents the trauma of separation and its negative consequences. Parents remain actively involved in their children's daily activities beyond occasional visits. Daily observation of parent-child interactions during routine tasks provides opportunities to evaluate and coach parenting and living skills. Parents receive immediate feedback and support in interacting with their children, managing the household, and addressing personal issues simultaneously. Approaches can range from the more instructional (e.g., Simmel & Price, 2002) to the psychoanalytic (Fouché & Ciron, 2023), with role modeling being a common element.

Although this two-generation approach has a long history, at least in Europe, to date the lack of a dedicated international literature makes

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SFC little known and suggests that it is either uncommon or still in an experimental stage. At the turn of the century in the United States, SFC was described as innovative and promising, and a small group of authors published descriptions of existing programs, providing methodological guidance, some outcome data, and identifying implementation challenges (Allen & Larson, 1998; Barth, 1994; Barth & Price, 1999; Price & Wichterman, 2003; Simmel & Price, 2002). In most of these descriptions, SFC was provided by a foster family (in a one-to-one matching) supported by an external team and wraparound services. Challenges in funding and, especially, recruiting and retaining effective foster families (Price & Wichterman, 2003) have likely hindered the expansion of these programs and subsequent publications.

Recently, Barth et al. (2024) conducted a systematic search of SFC programs aimed at describing the international landscape and serving as a starting point for establishing common terminologies. The 23 programs surveyed are located in North America, Europe, Oceania, and Israel, and have been divided into three categories based on the information acquired: Shared Family Foster Care (SFFC), Shared Family Residential Care (SFRC), and Family Residential Treatment Programs (FRTP). Only one program was classified as SFFC, supporting the idea that the model where families live in shared housing on the grounds of a residential care facility with professional staff is more common. Although language barriers may have reduced the study's ability to census programs from non-English-speaking countries (e.g., we know that in Italy and France SFRC is very common, albeit differently named), we agree with the authors that it is very difficult to get useful information to understand programs' approaches and methods, and there is a substantial lack of empirical evidence to support their effectiveness. We are aware of only three European studies on the outcomes achieved in SFRC.

In France, a research on nearly 200 discharged families (Ganne, 2013) found that only one-third of them achieve independent living immediately after leaving, while the others go through a period of instability of about two years, with longer time frames for adult migrants and women from multiproblem families. The same study investigated children's quality of life at six years after discharge, identifying in a stable environment, a stable pair of parents or a continuous relational support the conditions that supported positive outcomes.

An Italian survey (Arace & Scarzello, 2014) analyzed the factors that influenced positive outcomes, indicating that these outcomes are possible when protective factors outweigh risk factors. The authors interpret a child's permanence in the family as a success (achieved by 59% of the 64 families surveyed), and a child's abandonment, adoption, or custody as a failure (41%). The line between success and failure in SFRC, however, is very narrow in some cases and is open to different interpretations. Some authors (Barth & Price, 1999; Tener, Sorek & Schwartz, 2018), in fact, do not consider a child's separation as a failure if it is the result of a conscious decision by the parent about her readiness or appropriateness to play the parental role.

Finally, Limongelli (2023) attempts to reconstruct the essential elements of an SFRC program through qualitative analysis of family records. Half of the 14 families surveyed completed the program with a return home, five were separated, and in two cases other support projects were initiated. Unfortunately, in most of these studies there is insufficient information to describe the theoretical and methodological approach of the program studied.

The case study presented here aims to make an original contribution by describing the approach of an Italian SFRC program and its outcomes. Specifically, this study stems from the manager's intention to obtain useful information to evaluate the effectiveness of the program and identify ways to improve it. With the collaboration of an academic researcher, the study goals were set as follows:

- to provide an overview of the characteristics of the families served and the interventions implemented over the years;

- to assess whether the program works and for whom, looking for elements that can help predict outcomes.

1.1. The Italian context

According to the most recent institutional data, children placed in residential care in Italy numbered 14,081 in 2021, 4,105 with a parent. SFRC has become increasingly widespread since the turn of the century, and in 2021 it represented 10.9% of residential programs for out-of-home children (Ministry of Labor and Social Policies, 2023). These programs are commonly referred to as “mother-child communities” and rarely accommodate fathers, due to historical, cultural and organizational factors.¹ Many women entering SFRC are single, but even when fathers live with the family, social services may consider temporary separation useful, especially in cases of high conflict or exposure of children to violence. Furthermore, experience shows that fathers are often more reluctant to leave their homes to enter SFRC, even when given the opportunity.

Similar to children's homes, SFRC are long-term programs with a length of stay of approximately two years. The prevailing housing model mirrors that of group homes, featuring private and communal spaces for daily interactions rather than individual mini-apartments. These programs are typically staffed by rotating professionals with degrees as social educators,² although some are run by host families in collaboration with rotating staff.

Access to SFRC is always through social services and may be the result of a Court order due to the child's detrimental situation. In such cases, the Court determines that the child(ren) must be placed in a protected environment, possibly with the mother if she accepts. By accepting, the mother agrees to work on herself to improve the situation, but it is a weak initial motivation, born to avoid separation from her child.

Beyond these commonalities, the presence of SFRC is uneven across regions, ranging from zero for up to 20% of all types of residential programs for out-of-home children (e.g., children's homes, care leavers group homes, etc.) (MLSP, 2023). In addition, some relevant characteristics vary according to regional laws that define quality requirements, such as the maximum number of people accommodated and the ratio of users to staff.

Although SFRC is becoming increasingly important in Italy, knowledge about it remains very limited. Except for the studies by Arace and Scarzello (2014) and Limongelli (2023), there is no data, whether from institutional sources or academic research, on the length of stay, characteristics and outcomes of the families served. Additionally, descriptions of the programs' approaches are also lacking.

1.2. The program

The program is run by the Open Group Social Cooperative through

¹ Italian SFRC programs primarily target pregnant women and mothers with young children. This gendered focus dates back to the “maternal nurseries” established after World War I, when religious organizations supported single mothers in need (Tomisich & Zucchinali, 2009). Even today, women constitute the majority of struggling parents, shaping both Court mandates and social service interventions that predominantly focus on mothers. Some regions have recently adopted the term “parent-child communities,” and a few facilities now accept fathers or couples, though these cases remain rare and experimental. Hosting these underrepresented groups is more complex and less practical, and fathers—when present—may be either unhelpful or unwilling to enter SFRC.

² In Italy, social educators are graduates in educational sciences who work in various socio-educational and cultural settings, such as children's homes. They differ from social workers, who have a separate academic path and mainly serve as case managers in social services. Though they often collaborate, their roles are distinct and not interchangeable.

two housing units located in different areas but with the same methodological approach. Each unit can accommodate up to eight families, including underage or pregnant mothers, and offers 24-hour supervision. One unit has a confidential address and can also accommodate one family with both parents (whose data are not included in this study), but the primary target group is mothers with children. The program focuses on involving parents in creating a plan to increase their resources, reduce risk behaviors, and improve their relationship with their children. The methodological approach, as described by the program manager and in the SFRC official presentation document, covers the following key areas.

1.2.1. The team

For each unit, the multiprofessional team is composed of one coordinator, eight social educators, and one psychologist. Teamwork is considered a key tool, as its importance lies in the collective analysis and planning of each situation (Palareti et al., 2020). This ensures that individual educators align their actions during their shifts with the discussed needs of all residents. An assigned educator oversees each family's individualized plan, ensuring communication with all involved services, as interagency collaboration is a critical component for program success. The team provides role modeling, mentoring, counseling, emotional literacy, and promotes activities for adults and children. Social educators also assist with practical issues such as managing daily life, budgeting, household management, and finding training courses or employment. The psychologist can offer mothers individual and group meetings, complementing the daily work of educators. The psychologist's focus is on enhancing impaired parenting areas, boosting self-awareness, understanding roles, analyzing daily life in SFRC, and reinforcing mothers' learning in daily activities.

1.2.2. Engaging toward change

Many mothers experience entry into SFRC as coercion, obeying a Court order. Denial or minimization of the problems that motivated placement are frequent and linked to feelings of strong shame and stigma for the condition experienced. This initial condition creates a defensive and distrustful atmosphere toward the staff. They often resist change and feel blamed and untrusted. They may feel under constant surveillance and be afraid of being separated from their children. The team must carefully consider the mothers' initial perceptions and emotions, recognizing that, for someone, their role as parents is at the heart of their otherwise fragile sense of identity. Therefore, it is important to work on them as women, helping them to discover their abilities, preferences, and interests in a broader perspective, thus strengthening their self-esteem. Based on the assumption that a change in parenting behavior is only possible if the mother feels safe, recognized, and involved in a process in which she is a protagonist and from which she benefits, the team accompanies the mother in building motivation for change using active and non-judgmental listening, transparent communication, and consistency in their daily actions. This means that educators must be able to resist the temptation to tell them "what to do" in daily interactions, while clearly expressing concerns about child protection. They should create a supportive environment where parents can face their own challenges and find solutions independently. This approach respects the autonomy and dignity of parents and involves them (including fathers, when possible) in decision-making, effectively applying a family-centered practice (Geurts et al., 2012; Tang et al., 2024).

1.2.3. Everyday life

Everyday life is managed with the intention of creating a therapeutic milieu capable of addressing various needs (Emiliani & Bastianoni, 1993). The units are big houses with eight bedrooms, one for each family, some shared rooms (kitchen, bathrooms, living room, garden) and one staff room. The shared spaces allow both independent and collective activities together with staff and other parents. Parents and

educators structure the day together, shaping routines, rituals, and rules that provide a scaffold of stability and predictability for children and families (Emiliani, 2008). These practices are essential for fostering resilience, reinforcing family identity and providing continuity and security (Patterson, 2002).

School, medical appointments, visits to relatives, and sports are planned in close cooperation. Afternoons and weekends, when all the families live fully at home, are enlivened by art activities, guided games, and outings. Birthday parties and individual accomplishments are celebrated, and every year a group holiday is planned. The heterogeneity of the proposals is geared towards broadening the recreational and cultural stimuli for children and parents, to the discovery of new forms of entertainment and socialization, and to a better knowledge of the local community.

The interaction between families and staff in everyday life is a central element of the proposed model. The team's observation focuses on parent-child dynamics, their interactions with others and staff, and their responses to stimuli. Building an in-depth understanding of each family allows for identifying present resources and areas of concern, determining directions for possible change and personal growth together with parents, and translating these intentions into goals and strategies.

In daily life, the close cohabitation of families and the presence of individuals in distress can generate tensions and conflicts. The constant presence of educators is essential to address these difficulties, detect the onset of conflicts, manage reactions, provide feedback on what has occurred, and encourage reflection. The ongoing dialogue between parents and staff about the content and manner of their interactions offers families the opportunity to experience new ways of 'being with others in a relationship'.

1.2.4. Social network

Many families in the program have experienced severe relational and social deprivation, have a limited support network and few opportunities to interact with the surrounding society, leading to feelings of exclusion and marginalization that can threaten the future of their children.

Promoting the social (re)inclusion of these families in the community³ is a crucial but challenging goal which requires networking at both informal and institutional levels. When a family enters SFRC, the team identifies whether there are, and which actors make up the family's informal network – firstly fathers⁴ – to build and maintain an alliance with them. They are involved in the family project and supported by the team in their relationship with the family and with the other services involved. When the existing network is insufficient, the team promotes parents' socialization in natural contexts (e.g., with the parents of their children's classmates) and creates new opportunities for adults and children through peer support groups and external volunteer families. Additionally, an institutional network involving Social Services and other agencies, tailored to the family's specific needs, is activated. The team regularly communicates and meets with these services, often including the parent as an active participant. This connection ensures continuity in interventions, defines shared objectives, and monitors the family's progress from multiple perspectives.

³ In Italy, families are usually placed in SFRCs near their home to preserve local ties. However, displacement may occur for child protection, recovery, or lack of nearby facilities. In such cases, SFRCs work closely with social services and local agencies to coordinate family support.

⁴ National guidelines stress a relational approach involving the whole family, encouraging social services and residential programs to engage parents outside the facility. In SFRC, father involvement can include supervised visits, calls, outings, or school activities. However, its implementation varies by organization and is often not consistently prioritized or integrated into interventions.

2. Method of the study

The retrospective study analyzed archival records of all families discharged between December 2016 and December 2021. Both paper and electronic records from the SFRC program were reviewed, and data were entered into a de-identified spreadsheet by a university intern, supervised by the program manager. This spreadsheet was then shared with the university for data analysis. Ethics approval was obtained from the Bioethics Committee of the University of Bologna (n. 0155296).

2.1. Data set

Variables were selected to describe the characteristics of families, intervention, and outcomes as follows.

Characteristics of families:

- Demographics characteristics of family members, including whether the mother still maintains a relationship with the child's father, who lives outside the facility.
- Health issues for mother and child(ren) and indicators of child distress.
- Reason for placement: problems reported on entry by the social service as motivation for placement in SFRC.
- Risk and protective factors identified by SFRC staff.

Characteristics of interventions:

- Mode of entry: entry may have been voluntary (i.e. without any legal measure), mandated by a Court order, or by an emergency order issued by the social service and subsequently ratified by the Court.
- Provision of individual psychological support for the mother (provided by the SFRC psychologist or public services).
- Shared planning with the mother: a dichotomous variable was created to differentiate between mothers who were minimally involved or not involved at all, and those who were fully or significantly involved in defining the project related to themselves and their children.
- Length of stay in the program.

Outcomes:

- Six types of exit from the program were coded as outcomes: 1) separation of children following a Court decree or because the mother ran away leaving her child in the unit; 2) mothers running away with their children (family runaway); 3) care plans that had to be interrupted due to serious episodes or failure to meet goals (premature discharge); 4) reduced concerns about the child's well-being and transfer to other non-h24⁵ SFRC for autonomy training; 5) independent living with some support at home (semi-autonomy); 6) full autonomy.
- Evaluation of the social service-designed exit plan. A dichotomous variable was created to assess how adequately the staff perceived the exit plan prepared by the social service in addressing the family's needs and resources at the end of SFRC. For instance, the family's return home (apparently a positive outcome) might reflect the unavailability of other services rather than the real autonomy of the family in ensuring the child's safety and well-being. This variable helps interpret the results obtained along with the previous one, by reflecting the overall capacity of the system—including the SFRC program and the social service responsible for placement and exit

⁵ In Italy, SFRC programs vary in intensity. The one studied here is high intensity, with 24/7 professional staff. Lower-intensity programs have less support and no night staff, and are rarely involved in cases subject to restrictive Court orders.

plan design—to collaborate in creating a coherent pathway for families.

2.2. Data analysis

Data was analyzed with SPSS using descriptive statistics. To investigate the relationship between variables, crosstabs with chi2 analysis were used. Given the limited number of families studied, variable values were grouped into broader categories when necessary to avoid excessive scatter between cells.

3. Results

3.1. Characteristics of families

Over the 5-year period, 59 families with a total of 74 children were discharged. The mothers' ages at entry ranged from 14 to 46 years (mean = 30.03 years, s.d. = 8.02), with 66% of the children being under 2 years old (range 0–12). Thirty-five mothers (60.3%) were non-Italian, primarily from Africa or Eastern Europe. Thirty-three mothers (55.9%) maintained a relationship with the child's father during their time in SFRC. Five mothers (8.5%) had disabilities, mainly mental retardation, and one had a significant health issue.

Nine children (12.2%) faced health issues, mainly due to prematurity or maternal drug use, and four (5.4%) had developmental delays. Twenty children (27.0%) showed signs of distress, such as oppositional behavior, aggression, isolation tendencies, and slight delays in motor or language development. Additionally, thirty-eight mothers (64.4%) had a history of residential placement in childhood or adulthood.

3.1.1. Modes of entry, problems and resources of the families

Fourteen families (23.7%) entered the program voluntarily, and an equal number entered due to an emergency order. Thirty-one families (52.6%) entered as a result of a Court decree. Tables 1, 2, and 3 present the reasons for placement, additional risk factors, and protective factors, respectively. Each family often had multiple reasons for entry and various risk and protective factors. Table 4 shows the total number of problems (reasons for placement), risks, and protective factors per family.

Overall, the families are very heterogeneous and the identified risk factors significantly outweigh the protective factors, indicating that the population served is particularly complex, fragile and resource-poor.

3.2. Length of stay and outcomes

The length of stay in the program varied widely, ranging from a few weeks to 45 months, with an average of 13.86 months (s.d. = 10.57). Interventions lasting between one and two years were most common, followed by interventions lasting less than six months (see Table 5).

Half of the families (30) left the program with an improved, but not complete, level of autonomy (17 transfer and 13 semi-autonomy). Full

Table 1

Reasons for placement: problems identified in the family by the social services.

Reasons for placement	Number of families (%)
Family conflict	24 (40.7)
Inadequate parenting due to emotional immaturity	24 (40.7)
Substance use or abuse	23 (39.0)
Family breakdown	20 (33.9)
Psychological distress (with or without diagnosis)	15 (25.4)
Inadequate parenting due to socio-cultural deprivation	13 (22.0)
Crime	13 (22.0)
Established or alleged maltreatment or sexual abuse	10 (16.9)
Abandonment behaviors	5 (8.5)
Inadequate parenting due to intellectual limitations	5 (8.5)
Problems with the parents' household of origin	1 (1.7)
Other not further specified problems	3 (5.1)

Table 2
Risk factors reported by type and number.

Risk factors	n (%)
Issues in the grandparents' household	24 (40.7)
Trauma	19 (32.2)
Unemployment	14 (23.7)
Violence experienced	11 (18.6)
Lack of familial or friendship network	9 (15.3)
Housing problems	9 (15.3)
Unwanted pregnancy and motherhood	8 (13.6)
Difficult relationships with family of origin and/or partner's family of origin	6 (10.2)
Economic problems	5 (8.5)
Young age of the mother	4 (6.8)
Child's physical illness or birth problems	4 (6.8)
Weak/absence of parental responsibility	3 (5.1)
Low education	2 (3.4)
Lack of social integration networks	2 (3.4)
Chronic poverty	2 (3.4)
Lack of knowledge and interest in child's development	2 (3.4)
Impulsiveness	1 (1.7)
Marital conflict or domestic violence	1 (1.7)
Single parent family	1 (1.7)
Health problems	1 (1.7)

Table 3
Protective factors reported by type and number.

Protective factors	n (%)
Mother's desire for self-improvement	14 (23.7)
Mother's satisfactory relationship with at least one member of her family of origin	12 (20.3)
Mother's autonomy	10 (16.9)
Friendship/familial support network	9 (15.3)
Mother's ability to take responsibility	4 (6.8)
Mother's empathic skills	3 (5.1)
Child's easy temperament	3 (5.1)
Mother's feeling of inadequacy due to dependence on services	2 (3.4)
Mother's good self-esteem	1 (1.7)
Mother's ability to deal with conflict	1 (1.7)

Table 4
Number of reasons for placement, risk and protective factors per family.

Number per family	Reasons for placement ^a N of families (%)	Risk factors ^b N of families (%)	Protective factors ^c N of families (%)
0	1 (1.7)	3 (5.1)	21 (35.6)
1	8 (13.6)	20 (33.9)	29 (49.1)
2	22 (37.3)	14 (23.7)	3 (5.1)
3	11 (18.6)	7 (11.9)	2 (3.4)
4	13 (22.0)	11 (18.6)	2 (3.4)
5	4 (6.8)	4 (6.8)	2 (3.4)
Total	59 (100.0)	59 (100.0)	59 (100.0)

^aFor chi-squared analyses, the variable was divided into three groups: 0–1 reasons, 2–3 reasons, and 4–5 reasons.

^bFor chi-squared analyses, the variable was divided into three groups: 0–1 risk factors, 2–3 risk factors, and 4–5 risk factors.

^cFor chi-squared analyses, the variable was divided into three groups: 0 protective factors, 1 protective factor, and 2 or more protective factors.

autonomy was achieved by six families. The worst outcomes, namely family runaways and premature discharges, occurred in 6 and 10 cases respectively (Table 5). Two families were discharged from the program for other reasons and were excluded from further analysis. Separation of children occurred in five cases, three of which were due to the mother

running away and leaving the child in SFRC.

Staff considered the exit plan designed by the social service adequate in 75% of cases, rating it as inadequate in cases of family runaway, in two cases of separation due to mother's runaway, in half of the premature discharges, and in one case of semi-autonomy. Since this distribution is significant ($p = 0.000$), we can conclude that in the presence of improvements, social services managed to propose post-care options that aligned with the new level of autonomy achieved, likely in collaboration with or following guidance from the SFRC staff.

The length of stay is significantly associated with the six outcomes reported ($p = 0.002$). Interventions of less than six months ended with the mother running away or mother-child separation, but also with the family returning home with full autonomy. Surprisingly, a deeper analysis of this successful subgroup reveals that it is not composed of families with fewer difficulties. Referral to lighter SFRC almost always occurs after long or very long periods in the program, representing situations of fragility and chronicity that evolve slowly. Semi-autonomy was achieved mostly in the second year of the program, while premature discharges occurred in the short, medium, and long term without any clear time-related pattern.

3.3. Relating outcomes to family characteristics

Outcomes were categorized into four groups: Separations, Failures (runaways or premature discharges), Partial Improvements (transfers to another non-24-hour SFRC), and Significant Improvements (semi-autonomy and full autonomy).

Initial findings show that outcomes were not linked to socio-demographic characteristics (e.g., mother's age, relationship status, being Italian or foreign). Significant improvements and separations were rare when psychological distress was a reason for placement (partially significant χ^2 , $p = 0.079$). No other problems or risk factors were significantly related to outcomes.

The number of problems or risk factors also did not correlate with outcomes. However, the absence of protective factors was linked to a higher probability of failure ($p = 0.036$). Four of the five families that experienced separation had at least one protective factor. Among protective factors, having a network of friends or relatives for the mother was partially significant ($p = 0.059$), associated with higher rates of significant improvements and no separations. The presence of a support network also distinguishes families achieving full autonomy in less than six months ($p = 0.032$).

3.4. Relating outcomes to treatment process

Entry Modes: families entering voluntarily were more likely to end in failure or, secondarily, significant improvement ($p = 0.006$), while any form of obligation reduced failure rates. Partial improvements predominantly occurred under Court orders, and separations mainly happened in emergency entries.

Psychological Support: 84.2% of mothers received individual psychological support. Lack of support, mostly in very short stays, was linked to higher failures (6 out of 16 cases, $p = 0.035$). In cases of partial or significant improvement, or separation, nearly all mothers received psychological support.

Shared Planning: shared planning with the mother occurred in 75.4% of cases and was the most strongly associated variable with positive outcomes ($p = 0.000$). All improvements involved the mother's participation in goal setting, though it did not prevent six failures. Collaborative decision-making was present even in one separation case.

4. Discussion

The study confirms that the program serves families with multiple and complex needs that can threaten children's growth and well-being. Despite the very young age of the children, about 45% of them

Table 5
Length of stay and outcomes.

Outcomes		Length of stay (in months)				Total
		0–6	7–12	13–24	25–45	
<i>Separation</i>	Child separation	4	0	1	0	5 (8.5%)
<i>Failures</i>	Family Runaway	4	0	2	0	6 (10.2%)
	Premature discharge	3	4	3	0	10 (16.9%)
<i>Partial Improvements</i>	Transfer to lighter SFRC	0	2	9	6	17 (28.8%)
<i>Significant Improvements</i>	Semi-autonomy	1	2	8	2	13 (22.0%)
	Full autonomy	4	1	1	0	6 (10.2%)
	Other	2	0	0	0	2 (3.4%)
	Total	18 (30.5%)	9 (15.3%)	24 (40.6%)	8 (13.6%)	59 (100.0%)

already showed problems that required special attention.

The data also revealed the heterogeneity of households in terms of problems, risk and protective factors. This diversity is reflected in a variety of pathways that differ in their mode of access, duration and outcomes, with a partially discernible pattern.

Families who achieved full independence are only 1 in 10, and in most cases they did so by remaining in the program for a short period. This surprising result may be better understood in light of some considerations. First, some families enter SFRC in emergency situations, where there is limited information about their parenting abilities or child risks. Social workers may place these families in SFRC for initial observation, and if issues are primarily economic or housing-related, they are quickly discharged and referred to more appropriate services. A second explanation could be that, at times, a timely and targeted intervention in a difficult situation enables families to quickly improve their circumstances, preventing the persistence of distress and further deterioration.

Notably, also the highest number of dropouts occurs within the first six months. Factors such as living in shared spaces with strangers of different habits or cultures, facing multiple vulnerabilities in addition to one's own, and being subject to collective rules and constraints on personal autonomy require mothers to have sufficient motivation and resources to resolve resulting conflicts. This aligns with Fisher and Stylianou's (2019) findings in domestic violence shelters, where restrictive policies, conflicts with other residents and disappointed expectations were key reasons for dropout.

What significantly differentiates families discharged within the first six months, with opposite outcomes, is the presence of an external support network. This evidently plays a crucial role in providing practical and emotional support to families, fostering their resilience (Kuang et al., 2023).

Most families required extended periods to complete the program, sometimes very long, and exited through a variety of solutions that involved different forms of support, either at home or in other residential settings.

The data indicate that the program does not entirely prevent child separation from the family. However, in most cases, this outcome seems to result from the mother's self-awareness regarding her readiness to fulfill the parental role and should not be interpreted as a failure (Barth & Price, 1999; Tener et al., 2018).

Given the lack of literature, it is difficult to determine whether the program results are good enough and if the recorded failure rate is typical. However, the data align with those reported in the few existing studies, and are sometimes even better, especially in the Italian context. For example, the 8.5% separation rate is comparable to the 10% and 8% reported by Price and Wichterman (2003) and Ganne (2013) respectively, while it is much lower than the 41% reported by Arace and Scarzello (2014) and the 36% reported by Limongelli (2023) in Italian programs. Unfortunately, the latter study is based on a very small sample, and the former provides insufficient descriptions of the program and the research method, making it difficult to draw further conclusions. Moreover, the number of families who successfully completed the

program (61%) is slightly higher than in other studies. For example, Price and Wichterman (2003) report 58% successful graduations, including voluntary relinquishments of parental rights, and Arace and Scarzello's study (2014) reports a 59% success rate.

Exploring the factors associated with the outcomes provided interesting results, highlighting the mechanisms involved in the process rather than the weight of family characteristics. The finding that outcomes are associated not with the quantity of risk factors but rather with the presence of protective ones is important both theoretically and practically. Theoretically, it confirms the lack of validity of summative causal models long criticized by the developmental psychopathology perspective (Rutter & Sroufe, 2000) and advocates a strengths-based approach (Silverman et al., 2023) that support families in overcoming adversities over time and foster their resilience (Patterson, 2002; Walsh, 2003). Practically, this suggests that staff need to identify at least one resource to work on to increase mothers' chances of benefiting from the program.

The study revealed that even voluntary access is not a guarantee for program retention but, rather, a possible risk factor. This indicates that initial motivations, however strong they may appear, need to be elaborated and sustained over time through both psychological support and the daily action of educators. Confirming this, individual psychological support and shared planning with the mother were associated with better outcomes. These results confirm the validity of the program's approach and suggest some practical implications for staff that could be considered for program improvement.

Better identify existing resources. The data shows that for 21 families no possible resource (protective factor) was clearly identified in the documentation read, which significantly increased the risk of failure. It would be useful to implement specific training and also a documentation system to help everyone identify residual resources more easily and work on them.

Offer psychological support to mothers. Given the extreme psychological vulnerability of the host mothers (traumas, violence experiences, etc.), it is advisable to provide individual psychological support from the early days in SFRC to prevent runaways and premature discharges. It is equally important that the psychologist, either internal or external to the staff, and the educators work closely together to analyze families' needs and resources and monitor their projects.

Improve preparation for families during the placement phase. Failures are more likely within the first six months and in cases of voluntary admission, highlighting how challenging and delicate it is for mothers to find sufficient motivation to engage in a change project while closely cohabiting with others. The team could focus more on supporting families from the preparatory steps by making potential difficulties explicit, providing information on how to address them, and creating realistic expectations.

Enhancing outcomes through active maternal participation and cultural competence. The active participation of the mother in defining the goals was the variable that had the most positive impact on the outcomes. To achieve this involvement, the staff must be culturally humble and linguistically competent (Lieberman, 2023) while

systematically adopting a series of behaviors to align with the mother's way of understanding and interpreting situations (e.g., asking her opinion on all matters concerning the child, even those that seem obvious; involving her in the assessment of needs and resources; and including her in meetings with case manager and other agencies).

4.1. Limitations

This research has provided a detailed overview of the families served and the interventions implemented, as well as elements that can be considered predictors of positive outcomes. However, it has limitations. Although the data refer to the entire population of families discharged from 2016 to 2021, the small sample size poses significant challenges regarding the variability of cases and family trajectories and limits the feasibility of more complex analyses. Additionally, the documentation used to derive the information was produced by different services (staff, courts, social services, etc.), leading to inevitable heterogeneity, which may have caused variations in the quality and completeness of the information and made it more difficult to harmonize the data within the spreadsheet. Finally, some degree of subjectivity may have influenced the selection and interpretation of information by the university intern, potentially affecting the results of the study.

5. Conclusion

In these conclusions, the study's results are discussed through the lens of social justice, raising some open questions that policy and research initiatives could significantly address. Based on the assumption that parenting is a socially and culturally situated construct, the surveyed program does not impose a unitary and rigid model of parenting but respects the differences and specificities of each family. This approach is confirmed by the study results, which show effective promotion of equitable outcomes for families with diverse needs and cultural backgrounds.

While SFRC addresses inequalities on several fronts, it is not a resource from which both parents can equally benefit. The fact that 56% of women in the program maintain a relationship with their children's father contrasts with the limited availability of whole family accommodation in Italy. On the one hand, separation may be beneficial in cases of conflictual relationships or abusive fathers, but in other situations, fathers can be a valuable resource. Staff should work with the nonresident parent to assess whether and how he can be involved in the family's daily life, especially in cases where reunification is likely. This involvement not only serves as a protective factor for children (Mackay, 2003) but also helps mitigate the challenges families may face when reunifying at home (Huebner et al., 2007). The Open Group program is one of the few with 24/7 supervision that can accommodate families with both parents, and our experiences in these cases have been highly positive. This underscores the importance of reducing the cultural and regulatory barriers that continue to limit this possibility in Italy.

A further consideration arises from comparing our results with those of the other two Italian studies cited (Arace & Scarzello, 2014; Limongelli, 2023). Although methodological differences and a lack of information hinder the comparability of the data, the significant variations in child separations at the end of SFRC placements are striking (41.0%, 35.7%, 8.5%). It is likely that the three programs differ in their theoretical and methodological approaches. However, since they are in different regions of Italy, these results may also be influenced by the decision-making criteria used by local courts and social services, regional regulations governing SFRC programs, and the availability of resources and services in those areas.

SFRC is a valuable and growing resource in the field of child welfare, and therefore, it deserves specific and coordinated attention from researchers and practitioners in order to enhance its quality and make it an effective tool for social promotion. In this regard, we believe that an interregional study on a large sample of SFRC programs, taking into

account many of the aspects mentioned, would be useful for analyzing SFRC from a broader social justice perspective.

In this study, data show that the program is successful for more than 60% of families, but the improvement process can take a long time and require a range of solutions after discharge. Often, families reduce their need for parenting support but do not achieve economic and housing independence. This leads to three distinct considerations.

First, it highlights the gender gap that affects women, especially single mothers, who are economically disadvantaged, tend to have precarious jobs, and receive lower wages than men.

Second, while adults need time to achieve autonomy and may benefit from a longer stay in the SFRC system, the effects on children are not studied. Being in SFRC provides children at high risk of marginalization with new stimuli and positive relational opportunities with peers, their parents, and other significant educational figures. However, prolonged cohabitation with other families in difficulty may cause distress, as they do not experience exclusive intimate spaces with their parents for several years. The improvements in child development and emotional and behavioral functioning observed in integrated programs for mothers with substance use disorders (Niccols et al., 2012) provide encouraging evidence of the preventive potential of a family-centered approach in breaking the cycle of disadvantage and poor outcomes for vulnerable children. We believe that SFRCs can be an excellent resource for children at risk of separation, but we think it is important in the future to study the long-term outcomes for children who live in these services for very long periods of time.

Third, prolonged stays in residential care significantly impact the maintenance costs of these services, which rely on public subsidies. While the economic dimension was not addressed in this study, it remains a crucial area for further exploration to assess both the effectiveness and efficiency of SFRC. In 2021, the daily fee for the studied program was approximately €160 per dyad,⁶ aligning with the average regional costs. This is only slightly higher than the €140 per child reported for children's homes in the same region (Costantini & Barigazzi, 2020). Therefore, SFRC is not only a competitive alternative but also a more cost-effective one, as it enhances parenting skills and prevents the trauma of separation, leading to greater family well-being, stability, and potential long-term savings. In this regard, the authors believe that the efficiency of a service should not be read only in economic terms, but also considering the impact it generates on people's lives and society. In accordance with the conclusions emerging from the surveys on child maltreatment in Italy (CISMAI & Terre des Hommes, 2015, 2021), investing in child protection today allows not only economic savings in the welfare dedicated to adulthood, but above all a greater well-being of society in the future.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used ChatGPT in order to improve readability and language. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

CRediT authorship contribution statement

Laura Palareti: Conceptualization, Methodology, Writing – original draft. **Giorgia Olezzi:** Conceptualization, Resources, Writing – original draft. **Chiara Monti:** Writing – original draft, Writing – review & editing.

⁶ Costs vary widely depending on program capacity, services offered (e.g., psychological support, activity types and frequency), and regional living expenses, affecting daily rates for both SFRC and children's homes.

Ethics approval

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Declaration of competing interest

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Data availability

The authors do not have permission to share data.

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