

# **HOW THE ANALYSIS OF NEED SUPPORTS DECISIONS FOR AN APPROPRIATE FOSTER CARE AND HOW THIS COULD INCREASE EFFECTIVENESS**

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**Cinzia Canali and Tiziano Vecchiato  
Fondazione Emanuela Zancan, Padova (Italy)**



**Fondazione E. Zancan onlus**

# **FOSTER CARE IN ITALY: THE CONTEXT**



Fondazione E. Zancan onlus

# Foster family care

1. **with parents consent:** the foster care plan is planned and supported by the local social services in collaboration with parents or caregivers who gave their consent to foster care; the judge is updated by the professionals who monitor the case;

2. **with Court order:** foster care is proposed by the social service, and decided by the Juvenile Court through a court order in all cases in which there isn't the consent of parents or in those cases in which the juvenile court consider it necessary.



# Foster family care following the time length

1. Daily foster care
2. Part-time foster care
3. Brief family foster care
4. Long term foster care
5. Shared custody of children in case of family breakdown



# Small community-homes

Nevertheless the high investment in the promotion of foster family care, sometimes it is difficult to find foster families and it can be necessary to place the child in a residential setting (small unit organised as a family).

In these settings there are at least two adults (preferably a couple with children) who received a specific training for supporting children.

We call them:

Family-type group: max 6 children

Community home: max 10 children



# Data on foster care

Children and adolescents in foster family care (single, families, relatives) and in residential settings, 2005-2007  
(source: [www.minori.it](http://www.minori.it))

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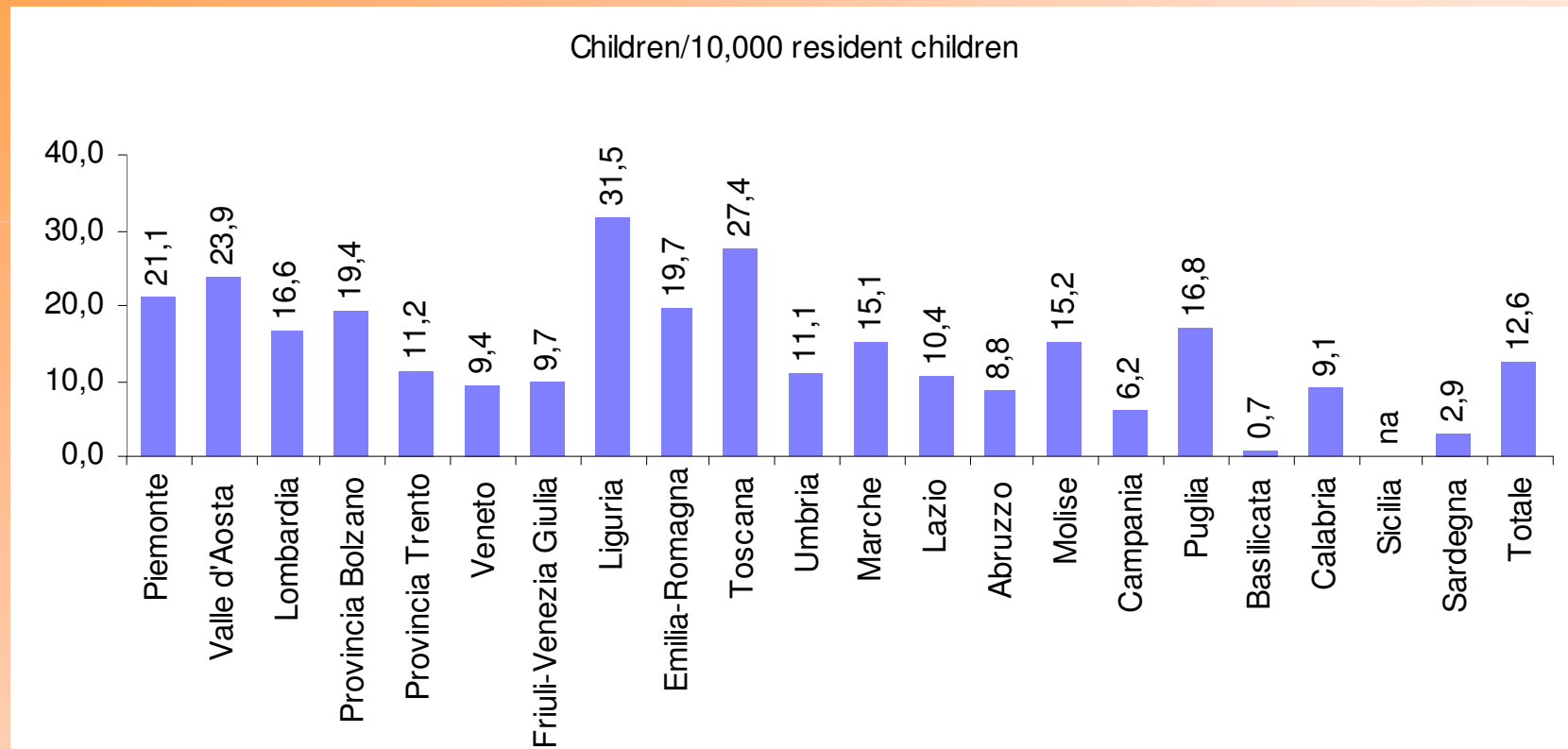
	<b>Foster family care</b>		<b>Residential settings</b>	
	31.12.2005(a)	31.12.2007(b)	31.12.2005(a)	31.12.2007(b)
Italy	<b>1251</b>	<b>16304</b>	<b>11543</b>	<b>13037</b>

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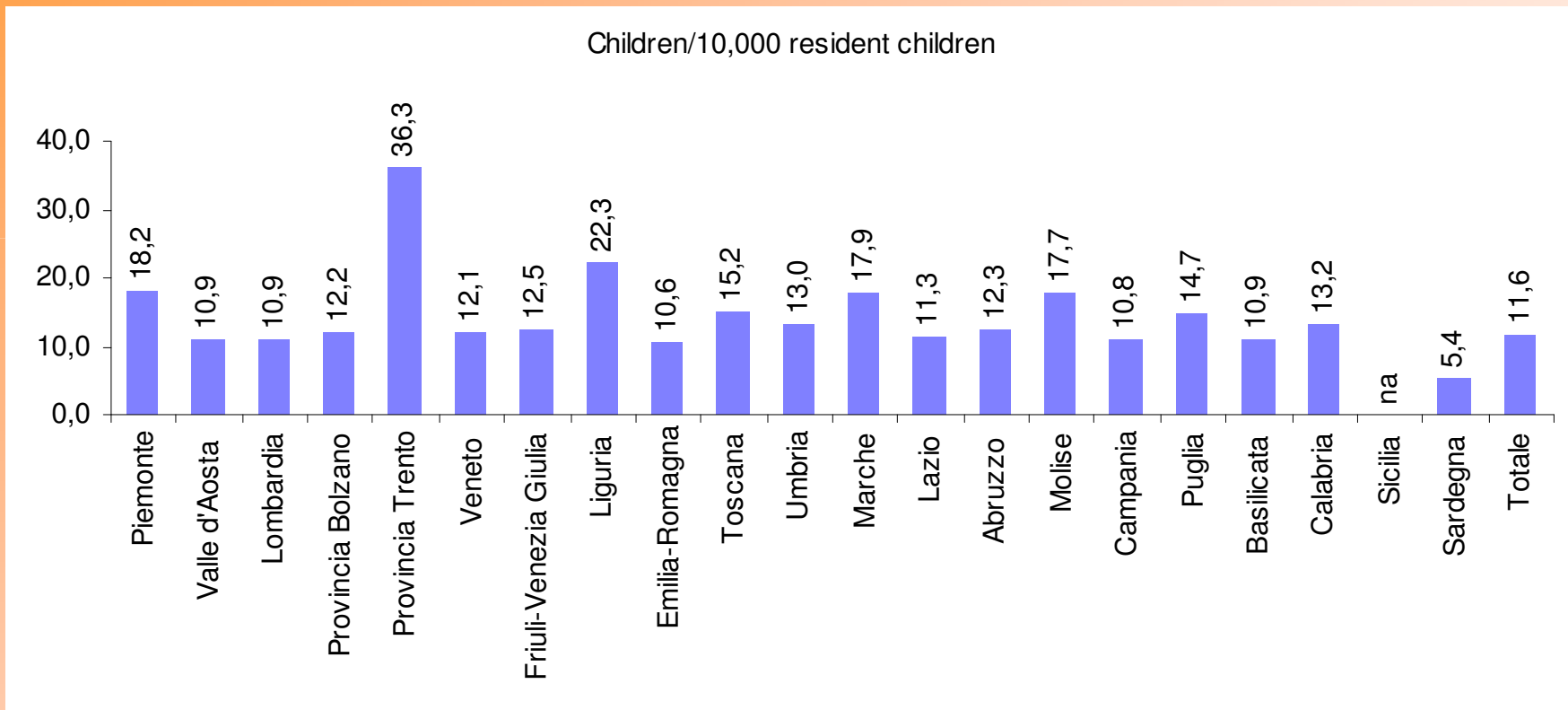
# Family foster care per Region

Children and adolescents in family foster care per Regions/Aut. Province - 31/12/2005 (source: [www.minori.it](http://www.minori.it))



# Residential care per Region

Children and adolescents in residential settings per Regions/Aut. Province - 31/12/2005 (source: [www.minori.it](http://www.minori.it))





# Some considerations

- Disomogeneity among Regions in offering these kind of services
- Residential care have a higher omogeneity
- The first represents the provisions NOT the need
- The second depends on the court orders
- The trend is toward a uniform level of care provision (minimum and appropriate level)



**ARE THE CRITERIA USED BY  
SOCIAL WORKERS FOR  
ANALYSING THE NEED...  
GLOBAL?**



# A national research (Risc)

- 1) to analyse international literature and pathways to avoid unnecessary out-of-home placement and to find out significant experiences and recommendations that will be useful for Italy;
- 2) to have a global understanding of the state-of-the-art of policies and services in Italy devoted to vulnerable families and to families at risk of children placement; and
- 3) to experiment professional solutions for taking care children and parents at risk and assess their outcomes.



# Case study - Tuscany

On 31.12.2007 there were 2,171 children in out-of-home care:

64,3% in family foster care

36,7% in residential care

→ This means that, in Tuscany Region, 4 children every 1,000 are in out-of-home care



# Data 2008 - Tuscany

A deeper study on the provision of services for children and families showed that in 2008:

→ 3.2/1000 are in foster family care

(average cost per child: 2,635 euros per y)

→ 2.1/1000 are in residential care

(average cost per child: 16,080 euros per y)



# Qualitative Research

The qualitative study involved 54 social workers working in Tuscany:

→ they were asked to describe their decision process and criteria for assessing the needs of at-risk children.



# Two Key issues

1. which are the criteria do you currently use for assessing the need of out-of-home placement of a child?
2. could you describe the role of social workers in order to avoid the out-of-home placement (foster care)?



# Dominant criteria (1)

**Risk factors** such as abuse, maltreatment, serious danger etc. in his/her life and in the life-space: family, school, peers etc.

The analysis aims to understand the extent of the maladjustment, when it started, how does the family try to solve it.

→ 61% of social workers (8% underlined the need to work in collaboration with other professionals in a multidisciplinary context)





## Dominant criteria (2)

Resources inside the family.

In particular, social workers refer to the analysis of **potentialities** existing inside the family and the parenting competences, in terms of relational, educational, affective capacities but also in terms of awareness of problems, capacity to collaborate to a care plan, compliance, etc.

→ 74% of social workers; a quarter of s.w. mentioned the analysis of resources inside the family network (grandparents, relatives, etc.) and the local community (friends, neighborhood, parish, sport club etc.)



# Some considerations

1. The content analysis gave us an understanding of the decision process used by professionals
2. They try to find a balance between limits and strengths
3. Similar findings resulted from a parallel qualitative research in a different region (both regions invested a lot on services for children and family)
4. Both Regions are involved in the national Risc-study



# Role of social work

Only the 50% underlined the role of social work in activating socio-educational interventions (at home level and community level) and parent support in order to improve their parenting capacities.

(It depends on the organisation of services and the hierarchy of responsibilities)

“How to connect a good assessment to appropriate choice taken at a different level?” (gap between assessment and decisions with positive outcomes)



# Lack of integration

- 46% underlined the need of a joint work through a multidisciplinary team.
- 31% underlined that the joint work must refer to the child as well as to the family components.
- 25% mentioned monitoring and assessment of various step.
- 20% referred to the need for tailored plans, centered on the specificities of each family (non standardised provision of services).
- Some mentioned the formal and informal network (collaboration with local-based services, but also informal services).



# Developments

How to connect the analysis of need (including risk) and the assessment of outcomes?

- 1) National Risk Study (involving six regions in an experimental design with case-control groups – 120 children involved and their families)
- 2) PersonaLAB multisite research that aims to develop a Personalised Environment of Research based on a Service-Outcome-Need Approach

