



DESCRIPTION OF THE PRACTICE

1. Title of the practice

Action Plan for the Prevention of Institutionalisation (PIPPI)

2. Organisation responsible for the practice

Lazio Region, Italy

3. Contact person(s)

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4. Summary of the practice

The National Action Plan for the Prevention of Institutionalisation (PIPPI) started in 2010 as a collaboration between the national Ministry of Labour and Social Policies, the University of Padua, and social services in local authorities. The Region of Lazio is one participating member in the project.

The aim of the project is to promote effective interventions which can prevent children being taken into care measures, and for more emphasis to be placed on a child-centred approach where the concerns of parents and children are taken into consideration.

A local reference group including local professionals and scientific experts oversee the project, including the planning, monitoring and evaluation. Multi-disciplinary teams (including a case manager, local professionals, target families, representatives of the health care and education services) carry out the implementation of the programme.

The programme constitutes four phases. In the **first phase** the multidisciplinary team assesses the family: the family environment and the child's development, in order to establish the risk to the child. Families with children at risk of "negligence" are consequently invited to participate in the PIPPI program.

If families accept, a **second phase** follows where multidisciplinary teams are in constant contact with the family - teachers, social workers, health workers, psychologists and other volunteer collaborators - together with the family and their children.

The **third phase** focuses on the implementation of the program, which includes:

- Home care interventions with families to support parents, strengthen parent-child relationships and improve children's development.
- Participation in groups for parents and children: such as weekly / fortnightly parental support meetings
- Collaboration between schools (including the child's teacher), families and social services: To strengthen the school's involvement, a regional agreement is signed between participating schools with a view to integrating PIPPI with other forms of school support.
- Other family support: local volunteer helpers, such as relatives, friends, neighbours, etc., offer support to the target family.

The duration of the program for each participating family is a period of 18 months.





The **fourth phase** is evaluation. The goal is to establish whether the family will have to continue its participation in the PIPPI program.

In the Lazio Region, 23 local authorities have taken part, with each one implementing the project for 10 families, resulting in a total of 230 families and approximately 240 children reached through the project.

The University of Padua has also prepared a shared digital assessment and planning tool: RPMonline (Survey, Design and Monitoring).

RPMonline is centred on incorporating the view of the child, family and professionals on the needs of the child and family. This information is the starting point for efficient and effective planning and is updated regularly.

5. National/regional/local context of the practice

The project has been developed at a national level through the Ministry of Labour and Social Policies, with regional and local authorities involved in the implementation.

6. Staff involved

N/A

7. Target group

The programme is targeted at families with multiple issues, where children are at serious risk of being separated from their families due to neglect.

The focus is on children aged 0-11.

8. Aims of the practice

Through more preventative and integrated work with families, situations where children are taken into care can be avoided.

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning	X	Contracting	
Technology	Х	Skills development (of the workforce)		Quality of services	X
Others:					

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)	Χ	Implemented practice (restricted areas)	
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Pilot project (terminated)	Project (terminated)	Widely spread practice/rolled out	
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11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- Micro level practice: practice that involves individuals at local level
- Meso level practice: practice that involves organisations or communities
- Macro level practice: practice that involves large population groups

Meso level: The project promotes collaboration between national, regional, local authorities and different service sectors.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- Collaborative management: shared between large partnerships, often of central, regional and local representation
- Organisational management: by one organisation
- Professional management: managed by a single person
- Shared management: shared with no defined leadership

Collaborative management: A team of experts of the University of Padua, the National Ministry and Lazio Region.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- Individual practice: individuals have sought practice change
- Network approach: one or more organisations develop a network
- Collaborative approach: large collaboration with relevant stakeholders

Network approach: universities, national, regional and local authorities (including social, health and education services) create a network of collaboration.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- Team involvement: service users and carers were part of the practice team
- Consultative: a consultative body of users was set up for an on-going dialogue and feedback
- Involvement in care: person-centred approaches to care/support

Families are closely involved in the decisions and assessments made by the multidisciplinary teams.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- Within existing resources: staff time and other resources are provided 'in-house'
- Staffing costs: costs for staff investment
- Joint/Pooled budgets: two or more agencies pool budgets to fund services
- Funded project: external investment

The funds are provided 75% from the national Ministry of Labour and Social Policy, whose tasks are to elaborate and to periodically revise the experimental plan and the Region of Lazio co-finances the remaining 25%. This amounts to about €62,500 per municipality.



16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- Multi-method: use of both a qualitative and a quantitative approach
- Single method: qualitative or quantitative approach
- Audit: looks at data sources such as existing medical records, and/or other routinely collected service
 data.
- Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- No evaluation
- An evaluation is planned

The programme has a thorough system of evaluation, due to the creation of a technical coordination committee in charge of monitoring, guiding and supervising the programme.

This committee is formed by representatives of the participating municipalities, the Ministry of Labour and Social Policy and the University of Padua.

The data gathered from the project is included in an information platform called RPM which focusses on the experience of the child and shows how it changes during the work with the teams. There is a close connection between evaluation, research and training.

17. Measurable effects of the practice and what it has achieved for				
Service users	230 families and approximately 240 children in the Region of Lazio have been reached through the project, receiving more integrated and child-centred support.			
Formal care givers				
Informal carers				
Organisations				
Other				
This category can	d or 'aspirational' effects of the practice and what it has achieved for include outcomes which are not documented, quantified or properly evaluated. They can ents as improved knowledge, quality, workforce, etc.			
Service users	Improve the wellbeing of children through early and integrated interventions which can prevent children being taken into care.			
Formal care givers				
Informal carers				
Organisations				
Other				





19. How the practice has changed the way the service is provided (lessons learned)

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- Potential for sustainability: practice was newly started or is on-going/not yet mainstreamed. How could
 the practice be sustained (in terms of resources)?
- Organic sustainability: service users have been empowered to take the practice forward
- Established: the project has been operational for several years

N/A

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- Transferred: transfer to other regions, countries, service user groups, etc.
- Potential for transferability: there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Potential: The methodology and digital assessment tool of RPM could be implemented in different contexts.