



“You won't take away my children!” families' participation in child protection. Lessons since a best practice



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A B S T R A C T

Users' participation in Child and Family Social Work is widely acknowledged as a central and hard-to-reach issue for successful and effective intervention. The article considers a methodological proposal in pursuing participation, called Participative and Transformative Evaluation (PTE) that uses instruments and data as a means of reflection and negotiation between all the actors involved, in order to justify choices and make decisions. The PTE is realised inside the *Programme of Intervention for Prevention of Institutionalization (P.I.P.P.I.)*, involving 144 child care and protection cases (198 children) in nine Italian cities, in order to prevent out-of-home child placement and reduce child neglect. Inside the P.I.P.P.I. a series of case studies were developed to achieve an in-depth understanding of the effective processes undertaken by participants with families. The case selected for this article has been chosen because it reflects a *best practice* in using the PTE as well as the participation path and is undertaken following the indications of the Critical Best Practice. It allowed an in-depth understanding of the mother's and professionals' viewpoints about what built the success in their practice. During the discussion three components are considered: the technical solutions offered by research or science (technical components) become meaningful when participants not only apply them, but act upon them, building, internally, the meanings to be enacted (internal component). In the case study this came about through dialogue between people, and through negotiation and reflection on competence, visions and values (communicative component).

1. The question of participation in Child and Family Social Work

The literature widely acknowledges users' participation in Child and Family Social Work as linked to successful interventions (Serbati et al., 2012; Dumbrill, 2006; Healy & Darlington, 2009; Holland, 1999; Van Bijleveld, Dedding, & Bunders-Aelen, 2015). Moreover, the importance of participation in facilitating the achievement of planned goals is not only a literature assumption, but also a question of common sense. Professionals normally stress the importance of users' participation (Darlington, Healy, & Feeney, 2010; Gallagher, Smith, Hardy, & Wilkinson, 2012), but participation is a tough-to-reach goal. Several studies concerning parents' voices confirm the gap between the families' world and the services: parents often feel blamed by professionals, excluded from the decisions regarding interventions on their life, and confused by a system of power, which is often used against them (Serbati and Gioga, 2017; Dale, 2004; Dumbrill, 2006; Kapp & Propp, 2002). The literature also highlights the difficulties of professionals in realising a participative path with children and vulnerable families. Participation requires listening, answering, and thinking together. Quite an easy task when there are few worries to deal

with. But working with vulnerable families can be very problematic and may also be characterised by high levels of uncertainty (Arnkil & Seikkula, 2015; Roose, Roets, Van Houte, Vandenhole, & Reynaert, 2013). It is possible, therefore, to understand professionals' efforts to assure the safety and protection of the child, even if this entails an imbalance of power. In particular, if there is a condition of insecurity for the child, a safe process involving power control may be justified. Many participation ladders are available in the literature, representing power distribution between users and professionals. Table 1 proposes an elaboration of O' Sullivan's (2011) ladder related to participation in social work decision-making. The lowest level is the “non-participation” level that takes place when there are uncertainties about the child's protection. But children continue to seek answers for their needs from their parents (Ainsworth & Maluccio, 1998) and it is important to make efforts to proceed along the participation ladder. Even in these situations, another process is always needed that allows the parent and/or the child to understand the meanings and the reasons for what has happened. It is a process that gives the other the chance to learn from the past and manage decisions about their lives a little at a time. During a single care process many

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Table 1
Participation ladder for users' decision making (reworking of O' Sullivan, 2011: 46–50).

Participation steps	Description
Being in control	The users' competence to make decisions for themselves is respected.
Being a partner	An agreement is reached through dialogue and negotiation with users.
Being consulted	Users' opinions are considered, but the decision is taken by professionals.
Being told	Decisions are taken by professionals, users are informed.

levels of participation can be experienced and these can change over time. A second level is dedicated to the “apparent participation”, where the user maintains a passive role and the aim is to obtain consent for choices and decisions defined by the professionals. The highest levels correspond to real participation, to experiences of shared decision-making, in which participation is not only seen as a means to reach the goals, but as an integral part of the aim. In these levels, people gradually gain more and more decision-making power, through its redistribution, which can also lead to the self-management of their care plans.

This participation ladder reflects the tough work that is needed to really pursue users' emancipation. One of the greatest difficulties experienced by professionals seems to be “not knowing how to do it”. Woodcock (2003) in his exploratory study, notes that professionals use intervention models designed more on their life experience, rather than on theories, tending to urge parents to change, rather than giving them the tools to do it. Through a case study analysis, this article is thus dedicated to making a methodological proposal in order to pursue participation at the highest levels.

2. The participative and transformative evaluation

The *Participative and Transformative Evaluation* (PTE, Serbati and Milani, 2013) is a method aiming to guide the achievement of participation. The PTE follows the typical steps of the evaluation process (referral, welcoming, assessment and planning, intervention and monitoring, conclusion). It involves a cyclic path (Adams, Dominelli, & Payne, 2009), where each cycle corresponds to a phase of the care process (Fig. 1).

The cycles suggest that there is not a simple linear process of assessing, planning, intervening, and monitoring: “the phases lack order and sequence, and include iterative elements” (Shaw, 2011: 89). To be fully realised each cycle needs two functions:

1. *reflection and negotiation*: each cycle requires time for listening and reflecting, in order to deepen the perspective of each participant and negotiate an agreement for the action;
2. *action*: the realization of the negotiated tasks, which always requires feedback and new negotiations and adjustments in order to produce change.

In the steps of the care process several instruments could be used to build such participative contexts where families try to experiment a new balance or make new decisions enabling them to improve the children's development and their daily life. This task, which is inspired by the thoughts of Dewey, is a task of thinking and reasoning, in order to negotiate between all the actors, the meanings of what we are doing with families and children. During the PTE, professionals and families are expected to work together around instruments and information that are used as means to identify both the strengths and the difficulties. Practitioners become co-workers and co-researchers with parents, teachers and other actors in helping to foster positive child developmental pathways. In realising each cycle, a process similar to a scientific inquiry is adopted in which the competence of *thinking* is developed

(Dewey, 1933, 1938): instruments and data are used as a means of reflection and negotiation in order to justify choices and make decisions.

3. Context and methodology of the case-study

The case study featured here is taken from a research-action programme involving 144 child care and protection cases for a two-year period between 2013 and 2014 (198 children) in nine child protection agencies belonging to nine Italian cities (Bari, Bologna, Florence, Genoa, Milan, Palermo, Reggio Calabria, Turin, and Venice). The programme is carried out through the collaboration between the University of Padua and the Italian Ministry of Welfare and is called the *Programme of Intervention for Prevention of Institutionalization*: its abbreviation, P.I.P.P.I. is inspired by the fictional character Pippi Longstocking, a creative and amazingly resilient girl known all over the world. Children 0–14 y.o. were considered eligible for the programme if the case manager with the other professionals considered them in a situation of child neglect (following the completion of a questionnaire). The P.I.P.P.I. is used to test new approaches to assisting family situations, preventing out-of-home child placement and strengthening families in the effort to reduce child neglect, defined as a significant deficiency or a failure to respond to the needs of a child recognised as fundamental on the grounds of current scientific knowledge (Dubowitz et al., 2005; Lacharité, Ethier, & Nolin, 2006). In accordance with the bio-ecology of human development (Bronfenbrenner, 2005), the P.I.P.P.I. aims to respond to children's needs with a collective action, putting in place four “specific activities” involving families' ecosystem levels. These are: (1) home-care intervention: in-home activity aiming at addressing relationship problems and modifying behaviours; (2) parent's group: parents are involved in group activities with other families, fostering reflective practice, encouraging exchange and interaction between participants; (3) family helper(s): each family is provided with a support family or a family helper offering concrete support; (4) cooperation between schools, families and social services: teachers, with the other professionals, outline actions (both individualised and involving the entire class) allowing a positive school environment.

The P.I.P.P.I. requires the PTE to be implemented through various quantitative and qualitative instruments that are also used to measure outcomes (for results see Serbati et al., 2016). Data were collected at three times: at the beginning of the intervention (T0), at the middle (T1) and at its end (T2). The results of the P.I.P.P.I. are encouraging and during the years the Italian Ministry of Welfare continued supporting the research. So, in 2014–2018 a scaling up has begun, where 150 new cities and approximately 2000 children has been involved. The analyses in aggregated form fail to give account to the real processes that build the success of the programme. So, a series of case studies were developed inside the P.I.P.P.I. to reach an in-depth understanding of the final results of the research, highlighting mechanisms and actions really undertaken by participants with families in order to realise the programme proposals presented during the three-day trainings attended by the professionals. The main aim of the case-studies is therefore to achieve an in-depth knowledge of what happens in child-neglect situations using the methodological proposals by the P.I.P.P.I. and by the PTE. An in-depth knowledge that is useful for generating reflections and thoughts among professionals and researchers on what really contributes to make participative work with families successful.

The case selected for this article has been chosen because it reflects a *best practice* in using the PTE as well as the participation path. The meaning of *best practice* is assumed in accordance with the definition by H. Ferguson (2003: 1012):

“What constitutes best practice is not determined alone by the agency, the law and wider system of rules and regulations, but the views of the broad range of participants—service users, managers, front line professionals—should be represented in terms of how the practice was constructed

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