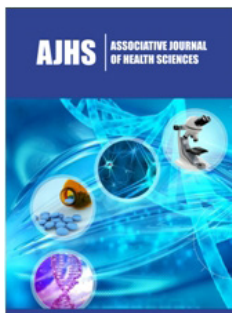


# Safeguarding Children's Well-Being: The Protection System in Italian Welfare

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## Opinion

Within the national and international scientific panorama, the concept of child protection refers to the need to put in place a series of protection interventions to safeguard the well-being of children and adolescents who are in a condition of prejudice resulting from dysfunctional and/or harmful conducts by their parents or guardians. Particularly, when we speak of child maltreatment, we refer to that combination of violent, aggressive, oppressive or neglectful situations that may be experienced by a child, over the course of a lifetime. Such circumstances whose manifestations are neglect and/or physical and/or psychological and/or sexual abuse by a family member or third party usually not are in an isolated form, and affect children's bodily integrity, physical, emotional, intellectual, and moral development.

The mission of child protection in welfare systems has been progressively strengthened in recent decades, becoming a real priority on the social policy agenda at international and national level. In Italy, in the network of stakeholders involved in child protection, the role of the social services is central. These services are institutionally competent in the matter, that is, they are charged with implementing child protection paths and support their vulnerable families, sometimes on the specific mandate of the Juvenile Court [1]. Social services play a role that is as decisive as it is complex, both because they operate with multi-problematic families, and for the scarcity of resources, shared models, and suggestions on effective methods. Looking at practices, indeed, social workers working in Italian social services dealing with child protection and safeguarding often manage controversial situations, without the availability of essential tools for children's and their families' assessment and intervention. Indeed, also whether social researchers have tried to compare intervention models to identify effective strategies to ensure children's well-being and protect them from the risk of abuse or maltreatment, the practical implications derived from scientific research have not always been converted into recommendations useful to guide the professional practices of social workers concerning assessment, decision-making and support.

Despite the increasing interest in children's protection from any potential traumatic event, both from the political and from academic community, there has not always been a real investment for the innovation of practices in the local services, thus the social workers still remain disoriented at the crossroads of three interdependent systems, such as the family, the welfare and the judiciary system [2]. Particularly, because of the absence of a clear national normative framework in the Italian context, the local protection systems are highly heterogeneous and the relations between the stakeholders are often complex. On one hand, the relationships between the services in charge of child protection and those that cooperate for the management of integrated interventions are not always easy and defined. On the other hand, the relations of the social services with the judiciary are characterized by operational criticalities linked to the difficulty of the social workers to balance the functions of help and control [3]; finally, the relations with the local health services are affected by tensions linked

to the complexity of the assessment and support paths, especially from an organizational-managerial point of view.

Within this context, the central node responsible for the functions of the children's safeguarding remains the Local Authority, which, however, is supplemented by the health and social- health function pertaining to the local health authority (LHA) On the operational level, the competences of the municipality in the field of social intervention and the social-health expertise of the LHA mutually reinforce each other thanks to the constitution of multidisciplinary teams that are responsible both for the multidimensional assessment of the single case and for the integrated intervention project. The taking charge is thus realized by the work of a multidisciplinary team, which brings together the skills of multiple practitioners and intervenes by intersecting needs with multiple actions.

In this regard, the experts distinguish: interventions implemented in a "judicial context", where the protection service takes charge of families for whom there is an active prescription issued by the judicial authority; interventions in a "semi-spontaneous context", when the service addresses families sent by other nodes of the network (e.g., school; child neuropsychiatry service...); interventions in a "spontaneous context", that is, actions addressed to families who spontaneously access the service. However, in the absence of an unambiguous reference framework, in the various territories the same tasks may be entrusted to second-level territorial services, or to basic services, depending on the meaning with which the concept of protection is understood [4].

Consistently, in the IV National Plan of Action and Interventions for the Protection of the Rights and Development of Persons of Evolving Age approved in 2016, it has been highlighted the extreme fragmentation of the protection processes in Italy, which do not find continuity among welfare systems, institutions and services. Particularly, it has been stressed the lack of equity in a national landscape, and the presence of strong inter- and intra-regional inequalities with respect to the interventions ensured to vulnerable children and their families. To address this inhomogeneity, in 2017 the National Guidelines Intervention with children and families in a situation of vulnerability (LIV) was approved [5]. They proposed a system of "accompaniment" for children and families, i.e., a process of intervention, integrated and participatory, that is able to promote professional and informal resources and cooperation between different actors, in order to improve overall governance in a cross-sectoral, transversal and unitary logic. The document claims that it is necessary to clarify the mandates of the various actors involved in the integrate path as well as that the territorial social area (ATS) has the functions of planning, consultation and coordination of the local social service interventions, in full integration with social- health interventions (e.g. medical-specialist services, psychotherapeutic services, diagnostic investigation on children and families) and educational interventions, respectively implemented by the National Health Service, the Early Childhood Education Services and

schools. Furthermore, in order for the pathway to be effective, the importance of using an approach centred on the children's needs and rights set forth in the International Convention on the Rights of the Child [6], rather than on the inadequacies of the parents, is reiterated. In this sense, childcare and protection work is defined in the Guidelines as the set of interventions that aim to promote conditions suitable for growth (area of promotion), to prevent risks that may hinder the developmental pathway (area of prevention) and to preserve and/or protect the child's health and safety (area of protection or tutelage in the strict sense) (p. 6). Every pathway, therefore, cannot disregard the centrality and superior interest of the child, a subject with rights, and the enhancement of the "family resource", indispensable for responding to the child's needs.

The main merit of the LIV is therefore that it has conceptualised the concept of guardianship (promotion, prevention and protection) in a broader sense, and that it has emphasized the need to implement integrated and inter-professional work through the multidisciplinary team. With regard to the composition of the teams, detailed indications are provided: the basic team is made up of family members and a constant group of professionals (social worker; professional educator; professionals from the social-health area), among whom the person in charge of the pathway with the family is appointed; the extended team is integrated with the competences of other professional figures, necessary from time to time and depending on the situation (e.g. psychologist, child neuropsychiatrist, educator/teacher, professionals from the disability area, or figures belonging to the family's community of reference). The document clarifies that it is only by placing the response to the child's needs at the centre of its intervention and ensuring the family's participation that the team can guarantee an "accompanying pathway" for the nucleus, at all stages: reporting, analyzing the report, deciding on the action to be taken and concluding the pathway.

However, although the guidelines have remarked that the family-supportive approach prevails in the Italian context, the flexibility and generality of national and regional norms ensure a certain discretion in the work of practitioners. This discretionary power, if on the one hand it allows to plan the intervention on the individual case according to its peculiarities, on the other hand it produces very high variability in the practices, at several levels (national, regional, local). The lack of homogeneity of procedures and approaches, moreover, implies a greater complexity of the decision- making process [3] and of the taking charge process, which are inevitably affected by organizational aspects and by the characteristics of the context [7,8].

Although the LIVs still remain a strategic tool to guide the practices of the territorial services, more instruments have been introduced recently. We point out, in particular, the Plan of Action and Interventions for the Protection of the Rights and Development of Persons of Evolving Age approved in May 2021 and adopted by Presidential Decree on 25 January 2022 [9]. It is the result of an intense co- designing activity that involved public and private

entities, the third sector, experts, universities and girls and boys between 12 and 17 years of age, who will also take part in the monitoring of the planned actions. In line with the approach introduced with the LIVs, the plan is oriented towards the 'triple P' strategy (prevention, protection, promotion) and declines its strategic objectives into policies and interventions that relate to the 'three E's' (education, equity, empowerment), with the aim of protecting children.

However, for an effective child rights protection system to be realized, it is necessary: a. Train social workers by evidence-based assessment and treatment models; b. clarify tasks and functions of individual network nodes; c. specify functional procedures and pathways to recognize risk situations and intervene early. All this requires ongoing investment and monitoring by the political bodies that are responsible for promoting the well-being of children and making societies more equal, cohesive and safe. Child health and welfare represent a key social indicator of the well-being of a society.

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