

Cash transfer and professional care for tackling child poverty and neglect in Italy

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Abstract

There has been a general increase in poverty over the last decade in Italy, which has mainly affected the younger generations, with children and youth experiencing the worst economic conditions. This is primarily not due to a lack of available economic resources but to the way in which these resources are allocated: mainly in the form of cash transfers rather than services. The provision of adequate services based on professional work needs to be implemented by overcoming two main obstacles which are highlighted by the results of two studies presented here. The first study concerns the quality of professional care and the systematic use of outcome evaluation, the second concerns the vision of professionals and their ability to integrate the provision of services with economic support aimed at improving children's growth and parenting skills. The two studies were carried out as part of an international debate on how to effectively fight poverty and social exclusion of children which was promoted by the International Association for Outcome-based Evaluation and Research on Family and Children's Services (iaOBERfcs).

Child poverty in Italy in the last 10 years: an increasing trend

In 2018, according to estimates of the Italian National Institute of Statistics (Istat), around 5 million people in Italy (8.4% of the Italian population) living in 1.8 million households (7% of all Italian families) were in *absolute poverty*. In the same year, nearly 9 million people (15% of the residing population) in over 3 million households (11.8% of all families) were in *relative poverty*¹ (Istat, 2019a).

Poverty affects generations differently. In 2018, 4.9% of the families with at least one elderly member compared with 11% of families with at least one minor child (i.e. a person under 18 years) lived in absolutely poor households. Moreover, the incidence of absolute poverty increased substantially with the number of minor children living in the family: absolute poverty was experienced in 9.7% of households with one minor child, 11.1% of households with two minor children, 19.7% of households with three or more children. Single-parent households were also considerably affected with more than 1 in 10 of them being considered absolutely poor. Overall, 1,260,000 Italian minors (12.6% of all minors residing in Italy) were estimated to be absolutely poor in 2018, which is 4.2 percentage points above the average incidence among the overall Italian population. The incidence of absolute poverty decreased to 10.3% among 18–34 year-olds, 8% among 35–64 year-olds and 4.6% among the elderly (aged 65 and over) population (Istat, 2019a). Similarly, the incidence of relative poverty in 2018 was 21.9% among minors (that is 6.9 percentage points above the overall population average), decreasing to 17.8% among 18–34 year-olds, 13.7% among 35–64 year-olds and 10% among the elderly population.

In 2010, the context was different, with the overall incidence of poverty being significantly lower, and the gap between generations being much less significant. In particular, the percentage of people in absolute poverty was 4.5% among minors (approximately in line with the overall population average) and among 18–34 year-olds, 3.8% among 35–64 year-olds and 4.3% among the elderly population. The incidence of relative poverty was 12.6% among minors (1.4 percentage points above the overall population average), 12.2% among 18–34 year-olds, 9.3% among 35–64 year-olds and 11.6% among the elderly population (Istat, 2019b).

The following Tables show the considerable increase in the incidence of absolute poverty among younger generations, especially among children and adolescents (Table 1) and younger households (Table 2) compared to older generations.

This overall picture suggests a critical development that penalises the younger generations, exposing them to the risks associated with poverty. Risks that may impact on adequate nutrition,

¹The estimates of the absolute poverty define as poor a household with a consumption expenditure lower or equal to the monetary value of a basket of goods and services considered as essential to avoid severe forms of social exclusion. The estimates of the relative poverty are based on a poverty line (International Standard of Poverty Line - ISPL) defining as poor a household of two components with a consumption expenditure level lower or equal to the mean per-capita consumption expenditure. The relative poverty line for different household sizes is defined by using an equivalence scale.

Table 1. Absolute poverty rates of individuals in Italy, by age group, 2010–2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0–17 years old	4.5	5.0	6.9	9.9	10.0	10.9	12.5	12.1	12.6
18–34 years old	4.5	4.6	6.8	8.7	8.1	9.9	10.0	10.4	10.3
35–64 years old	3.8	4.0	5.7	6.9	6.1	7.2	7.3	8.1	8.0
65+ years old	4.3	4.8	4.9	5.1	4.5	4.1	3.8	4.6	4.6
Total	4.2	4.4	5.9	7.3	6.8	7.6	7.9	8.4	8.4

Source: Istat (2019b)

Table 2. Absolute poverty rates of households in Italy, by age of the reference person, 2010–2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
18–34 years old	3.2	3.5	6.0	6.7	8.3	10.2	10.4	9.6	10.4
35–44 years old	4.2	4.0	6.0	8.4	7.2	8.1	8.9	8.8	9.7
45–54 years old	3.8	4.7	5.5	7.4	6.0	7.5	7.6	8.4	8.3
55–64 years old	2.6	2.5	4.4	4.8	4.5	5.1	5.2	6.7	6.4
65+ years old	4.6	5.1	5.4	5.3	4.7	4.0	3.9	4.6	4.7
Total	4.0	4.3	5.6	6.3	5.7	6.1	6.3	6.9	7.0

Source: Istat data (2019b)

necessary health checks, and access to quality education may reduce the opportunities for reaching their full potential. Instead, they are unjustly exposed to the risks of deviance and different forms of maltreatment that do not necessarily depend on their parents but on the living environment in which they are forced to grow.

Resources for fighting poverty

An important question to ask is – how much is the Italian welfare system investing in interventions aimed at reducing poverty? The total resources devoted to ‘social protection’ benefits (including expenditure on health, old age, disability and unemployment etc.) in Italy equal about 28% of the national gross domestic product over the last years (Fondazione Emanuela Zancan, 2020). This value is in line with the average value in the European Union (around 27%) and in the main European countries (Eurostat, 2019). With regard to social assistance expenditure (i.e. expenditure specifically devoted to reducing poverty), the Italian welfare system spent 64.6 billion Euro in 2018, a value that increased by more than one quarter (+27%) from 51 billion Euro in 2012 (Fondazione Emanuela Zancan, 2020).

Overall, one of the main differences between Italy and other European countries is the way in which the available resources are allocated among different social-protection areas. In 2016, Italy devoted 58% of its expenditure on social-protection benefits to the ‘old age’ and ‘survivors’ areas (e.g. pension benefits to retirees or their families) compared with 46% in the EU; leaving a smaller allocation of the expenditure to the other social-protection areas. In particular, Italy allocated 6% of its total expenditure on social-protection benefits to the ‘family/children’ area in 2016 compared to the 9% average in the EU (Eurostat, 2019; Fondazione Emanuela Zancan, 2020). This reflects a long-term trend (Fondazione Emanuela Zancan, 2013).

Table 3. Percentage of social-protection benefits by type (cash or in-kind benefits), Italy and European Union average, 2010–2016

		2010	2011	2012	2013	2014	2015	2016
Cash benefits	Italy	74%	74%	75%	76%	75%	76%	76%
	European Union	66%	65%	66%	65%	65%	65%	65%
In-kind benefits	Italy	26%	26%	25%	24%	25%	24%	24%
	European Union	34%	35%	34%	35%	35%	35%	35%

Source: computation on data from Eurostat (2019)

Most of the welfare expenditure in Italy takes the form of monetary transfers (‘cash’ benefits) rather than services (benefits ‘in kind’). Around 90% of Italian social-assistance expenditure is provided in the form of cash payments (Vecchiato, 2017). The overall percentage of social-protection expenditure (including expenditure on health, pensions etc.) in the form of cash benefits during the period 2010–2016 was considerably higher in Italy than the average rate across the EU. In 2016, this percentage was 76% in Italy versus 65% in the EU (Table 3).

Social transfers (i.e. social-protection benefits in cash), however, are less effective at reducing the impact of poverty among disadvantaged children and families in Italy than the rest of Europe. As shown in the tables above, in 2017 the effect of social transfers in terms of reduction in the at-risk-of-poverty rate among the overall population was less than five percentage points in Italy, against almost nine percentage points on average in the EU (Table 4). In the same year, social transfers reduced the risk of poverty among minors (children and youth under 18 years) in Italy by 7 percentage points compared with almost 14 percentage points in the EU (Table 5). Moreover, the reduction in the at-risk-of-poverty rate in Italy in 2017 was on average proportionally smaller in Southern Italian regions (the poorest areas of the country) than in Central and Northern regions (Bezze & Geron, 2020).

While transfers generally have a limited impact, services have a higher potential to reduce poverty and inequality among children and families. It has been recently highlighted, for instance, that public spending on benefits in kind (services) for families can be more efficient for reducing child poverty than spending on cash benefits at the European level (Nygård *et al.*, 2019). In particular, investment in high-quality childhood services can produce high returns for children from low socio-economic background, thus reducing socio-economic inequality (Del Boca, 2015; Del Boca & Pasqua, 2010; Van Lancker, 2013). Poverty among young children may also decrease due to childcare services. In 2007, the poverty rate among children (under six years old) enrolled in childcare services was more than halved (reduced by 54%) on average across the Organisation for Economic Co-operation and Development countries, and was reduced by 74% in Italy (Förster & Verbist, 2012).

Despite such evidence, access to early childhood services in Italy is still limited, particularly for the 0–3 age group. This occurs despite international evidence highlighting that differences in cognitive, social and emotional development between children from rich and poor backgrounds can already be found at the age of 3 (and this gap can further widen by the age of 5 in the absence of adequate intervention), and that the positive effects of early childhood services are highest during early childhood when benefits are greater for children from low socio-economic backgrounds (European Commission, 2011).

Table 4. Percentage of at-risk-of-poverty population, before and after social transfers, in some European Union countries, 2017

	Before transfers	After transfers	Reduction (in percentage points)
France	24.1	13.3	10.8
Germany	24.1	16.1	8.0
Italy	25.2	20.3	4.9
Spain	28.4	21.6	6.8
Sweden	29.3	15.8	13.5
UK	29.2	17.0	12.2
European Union	25.6	16.9	8.7
Euro Area	25.0	17.0	8.0

Source: computation on data from Eurostat (2019)

Table 5. Percentage of at-risk-of-poverty minors (population under 18 years), before and after social transfers, in some European Union countries, 2017

	Before transfers	After transfers	Reduction (in percentage points)
France	35.9	19.1	16.8
Germany	30.8	15.2	15.6
Italy	33.7	26.4	7.3
Spain	34.4	28.3	6.1
Sweden	35.2	18.6	16.6
UK	41.9	21.3	20.6
European Union	33.9	20.2	13.7
Euro Area	32.6	20.4	12.2

Source: computation on data from Eurostat (2019)

Poverty is a professional matter

In the face of these critical issues, the aim of this paper is to present the findings of two pilot studies which examined the potential effectiveness of support from services and the indications of social workers working with children and families in need; and which better oriented subsequent research and international comparison among researchers addressing poverty, child maltreatment and social exclusion of disadvantaged children and families. The results that emerged from the studies are consistent with extant evidence gathered by the scientific community (Canali & Vecchiato, 2019; Fernandez et al., 2015; Rose & McAuley, 2019) but it is difficult to transfer them into policy choices, particularly in some countries (Table 5) where the problem of child poverty is evident and worrying.

The first one considers children who are poor and at high risk of out of home placement because of problems in their families, the second one analyses the professional culture and the vision and mission of social workers with regard to this problem. Are they just resource providers or are they professionals capable of addressing these problems with cure and care practices? As Haveman et al. (2015) says in relation to the USA, 'the small fraction of the population that has virtually no private income is receiving very little in

government aid relative to their needs . . . These families need special assistance, not just in employment, but also in child care, housing, transportation, substance abuse, and domestic violence' and overall 'policies that address human capital accumulation, such as improvements in early childhood education, better K-12 educational systems, increased rates of college-going and completion and more successful CTE and manpower training programs are all under active current discussion' (pp. 38–39).

Economic transfers provide resources that parents in poverty can use to buy food, clothes, school materials and for their children's participation in sports, leisure and social inclusion activities. While this may be useful in an 'ideal' world, in reality, many families supported by services do not use the resources responsibly to support their children's care. Whereas the provision of childhood services is more likely to ensure that children receive healthy nutrition, resources to attend school (notebooks, books, etc.), shoes, clothes, materials to participate in sports and leisure activities, and are supported to expand their network of friendships and strengthen their social capital. While the children continue to be part of a family that is 'statistically poor' in terms of income, they still receive the necessary services and support to thrive. The idea of service provision over economic transfers is examined in the following two studies.

The RISC study: focus on outcomes

Goal of the study

The RISC study² assesses how much professional action helps to reduce the risk of providing interventions that do not reduce the needs of vulnerable children. The research was implemented in 2009–2010.

The research measured and evaluated the support provided to vulnerable children and families by social workers and other professionals (psychologists, pedagogues, paediatricians) working in the public social and health services in six Italian regions. The professionals involved in the study were asked to answer the following question: can a personalised outcome-based protocol better guide professionals in defining and measuring outcomes for children in need?

The research combined issues related to the 'evaluation of needs' and the 'evaluation of effectiveness', providing evidence about the role of professionals in the decision-making process and the outcomes derived from it (Aldgate et al., 2006; Canali & Vecchiato, 2010; Wade et al., 2011).

Method

The study involved six regions in Italy, with a target and a control group in each region. Selection of the participants (children living in multi-problem families at risk of out-of-home placement) was done using some shared inclusion criteria, in particular children living in neglecting or conflictual families already in the care of social services. Families were informed that data from the service was anonymous and only used for the study with their consent.

Children were systematically assessed using a comprehensive tool called 'polar scheme' that helps professionals to build a diagram that is divided in three domains: (1) cognitive and behavioural domain, (2) physical and functional domain and (3) socio-environmental domain. Each domain is represented by

²RISC is an Italian acronym "Rischio per l'Infanzia e Soluzioni per Contrastarlo", meaning "Risk for childhood and solutions to fight it".

Table 6. List of measurement tools

Tool	Contents of the tool
Cognitive and behavioural domain	
Min-cog (cognitive functions)	Cognitive functions, communications, memory and attention, practical abilities
Min-app (learning functions)	Reading and writing, mathematics, painting, other learning capacities
Physical and functional domain	
Min-org (physical functions)	Neuromuscular functions, sensorial functions
Min-psi (psychomotor functions)	Orientation in space and time, motor development, facial expressions, body perception, look
Min-aut (autonomies)	Nutrition, clothing, hygiene, task performance
Socio-environmental domain	
Min-soc (social functions)	Relationship with schoolmates, family relationship, relationships in school and in the social environment
Min-aff (ties)	Emotional tie with mother, emotional tie with father, self-awareness, affection
SR	Measures the capacity to share responsibility in respect to the problem of the person and his/her family
LPSVr	Measures the ability of action and collaboration in building the personalised plan

Source: Canali, C., Maluccio, A. N., & Vecchiato, T., 2011, p. 82.

multiple (two, three or four) axes in the polar chart. Each axis represents a different dimension, which is assessed through a specific tool (rating scale)³, as summarised in Table 6. The value (individual condition) for each dimension is then represented on the corresponding axis in the chart: the outer circle in the diagram corresponds to the individual's best condition (strength and resources), the centre of the diagram corresponds to the worst condition (need and risk) (Aldgate, 2008; Aldgate et al., 2006; Bronfenbrenner & Morris, 2006; Canali et al., 2011; Vecchiato et al., 2009; Zeira et al., 2008).

Professionals working with children in the treatment group were asked to use the tools and methodology suggested by the protocol that specified the steps for planning a personalised service approach and for carrying out an outcome evaluation based on the comparison between (1) polar schemes and (2) expected and obtained outcomes, every 3 months. In line with the research protocol, each team of professionals working with a child/family had to reconsider and (where needed) redefine the expected outcomes. They were required to document and share any variations with the team and non-professional resources to be used and indicators (expected changes in the child/family) to be monitored. On the other hand, professionals working with children in the control group were only required to carry out evaluations based on the comparison between polar schemes every 3 months, while continuing to work 'as usual' with reference to all the other aspects of the

interventions. Both groups were evaluated comparing their situations at different times (T0, T1, T2). The overlap of polar schemes at different times helps to highlight positive outcomes (see Figure 1). This facilitates the decision-taking process.

Results

Overall, 120 children and their families (60 in the control group and 60 in the experimental group) were involved. The higher risk of placement was concentrated in the socio-environmental domain, the measures related to the life space in which children are living (families in poverty, neglecting families, family violence, addiction issues and so on), in particular.

The map generated with the polar scheme facilitated a multidimensional perspective and this helped to focus on the priorities and risks to work on. It was also helpful for defining an individualised care plan, combining the assessment of needs and the decisions related to the expected results. The outcome measurement was represented in two ways: (1) in terms of different measures on polar schemes over time and (2) comparing the expected and obtained results after implementing specific actions.

The activities (i.e. the child- and family-specific sets of interventions, as defined in the personalised plans) were carried out by professionals, supported by researchers, in direct practice with service users, sharing responsibility and solutions that were based on outcomes measured in real life. Interventions typically included various forms of support that were based on the needs of each child and family. Examples include home care support, parental support, provision of conditional cash transfers, inclusion in socialising activities, family centres etc.

When comparing outcomes at different time points, it was found that the intervention was more successful for those children in the target group, especially for those children at risk of placement whose initial condition (T0) was assessed as more compromised, particularly those with a lower socio-environmental well-being index (Figure 2). The children in a severe condition of need who were assigned to the experimental group achieved greater positive outcomes and reduced risk.

The difference (highlighted in Figure 2) emerged not only from 'what was done (delivered) by who' (i.e. the specific set of

³Children were assessed using nine measurement tools: two pertaining to the cognitive and behavioral domain (Min-cog, Min-app), three to the functional domain (Min-org, Min-psi, Min-aut) and four to the socio-environmental domain (Min-soc, Min-aff, SR, LPSVr). All tools starting with "min" – which stands for "minor" – pertain to an instrument called "Scale for observing the child" (Canali & Rigon, 2002) which is composed of seven areas that are subdivided in 36 sub-areas and related items. Two additional tools are the "Scale of responsibility" (SR) and the "Level of protection of life space" (LPSVr) (Vecchiato et al., 2009). The "Scale of responsibility" measures the capacity of different people to share responsibility in respect to the problem of the person and his/her family. The "Level of protection of life space" measures the ability of different people to act and collaborate in building the personalised plan. Both tools are based on the "map of subjects and resources", which considers the persons who can be involved in the personalised project: each person is placed in a different position in the map, according to their level of responsibility in addressing the problem (Canali & Vecchiato, 2010). All these tools are represented as rays of the polar scheme.

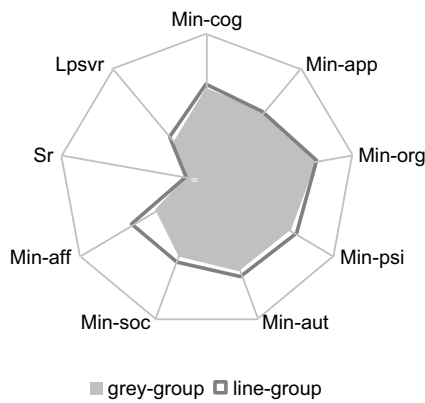


Fig. 1. Average comparison among two groups of children (target group/line-group and control group/grey group).
Source: Canali, et al., 2011, p. 82.

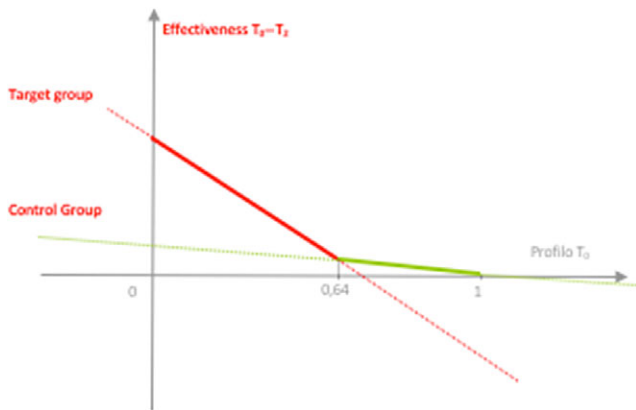


Fig. 2. Regression model for the social environmental domain effectiveness T_0-T_2 .
Source: Canali & Vecchiato (2011).

interventions provided) but also ‘how the service support was provided’ (i.e. ongoing assessment and redefinition of outcomes for children in the treatment group, to be documented and shared among the professionals involved).

This suggests that if poor children experiencing multiple problems are helped, not only with cash transfers but also especially with adequate professional support, their life and the life of their family can improve. This study highlighted how much professional care can contribute to improving outcomes and providing effective and ethically sound choices aimed at prioritising the effectiveness of interventions for the benefit of children and families in need, reducing the risk of chronic care.

Economic transfer or services for children? What social workers say

Goal of the study

The study aimed to understand social workers’ perspectives about the usefulness of interventions for countering child poverty and the risk of social exclusion. Considering the Italian background previously described, the study explores social workers awareness and views about economic transfers and/or service provision; how they are engaged in facing the imbalance that leads them to provide interventions without adequate professional support; and what aspects of professional care they favour.

Method

We conducted an on-line survey among social workers from public social care departments in different regions which focussed on the effectiveness of interventions for children in poverty and aimed to improve services and professional actions. The National Register of Social Workers collaborated by encouraging social workers working in the services for children and families to participate in the survey. The survey was conducted in 2014 and focussed on the following issues: what is the social workers’ level of knowledge about poverty and how do they assess this issue? Who are the families accessing the services? How do they evaluate the usefulness of professional interventions for increasing the well-being of families and children?

A sample of 258 social workers covering a population of almost 10,000 children provided their perspectives on these issues (Canali et al., 2017). Respondents gave their informed consent by agreeing to take part in the survey and their identities would remain anonymous.

Results

The majority of social workers believed that the *most useful intervention for children* in poverty is community services such as nurseries and kindergartens (considered ‘very useful’ by 80% of the respondents), then foster care (77%), home socio-educational support (76%) and socialising activities (72%). Conversely, the interventions more frequently considered ‘not at all useful’ for children are mainly financial support (17%) and work counselling and support to family members (17%).

Regarding *families*, social and health home care (considered ‘very useful’ by 62% of the respondents), educational home care (60%) and the activation of innovative services for children (55%) are considered the most useful interventions. Financial support is considered ‘very useful’ by 39% of the respondents if it is provided in the form of cash benefits, by 49% of the respondents if it is aimed at reducing fees for services such as school, nursery schools and canteen. On the other hand, financial support is considered ‘not at all useful’ by 11% of the respondents. This result indicates that social workers believe services are more useful than financial support for families.

The participants considered ‘at home’ interventions most useful for families, followed by ‘intermediate’ interventions, followed by ‘financial support’ and then ‘out-of-home’ interventions. In general, social workers are aware that children’s poverty is not sufficiently considered by institutions and identify that the most useful forms of intervention are service related, as emerged in other studies (Beecham & Sinclair, 2007; Canali et al., 2019; McAuley & Rose, 2010; Thoburn, 2010).

The survey also highlighted that social workers believe in their specific professional competences, despite the bureaucracies that force them into ineffective bureaucratic practices, to better address the problems of children and families (Del Valle et al., 2013; Fernandez et al., 2015; Rose & McAuley, 2019; Thoburn et al., 2020; Zeira et al., 2008).

Conclusion

We have considered the effectiveness of cash transfers and services in fighting against child and family poverty. These are not two contrasting perspectives, but they could become contrasting if cash transfers prevail over professional choices, reducing the effectiveness and cost/effectiveness of interventions.

There is no doubt about the need for material support (food, clothes etc.), particularly in emergency situations that can expose

children to suffering, but persistent financial transfers may become chronic and stabilise the conditions of poverty, especially for children living in single-parent families and families where parents have lower levels of education or vocational skills (Haveman et al., 2015). Children who are provided only with material support are being denied resources that will help them reach their full potential. Additional support from services can make a big difference to children's lives, especially services that are managed as outcome-based care pathways (Berry et al., 2007; Donkin et al., 2014; Haveman et al., 2015; Jergeby & Soydan, 2002).

This is the message from social workers who have more experience in different settings: in direct contact with people, in organisational roles, in management roles where the problem of cost effectiveness is a recurrent critical issue. But the demand for cost/effectiveness can become a useful and necessary incentive for considering outcomes and not just performance as recommended by procedures and protocols, as highlighted in the first study. This demand can encourage paradigm changes in social workers' approaches that are aimed at ensuring that poverty and exclusion do not become the fate of vulnerable children (Fernandez et al., 2015). The indicators of effectiveness seen in the European comparisons tell us how much Italy could still improve by valuing professional support and services.

The two studies presented above highlight the greater effectiveness that can be achieved by focussing efforts on the most problematic and risky conditions of children living in neglecting or conflictual families already in the care of social services. In these situations, timely interventions and protection are needed, not only to prevent higher levels of damage but also to avoid unnecessary out of home placement.

We discussed the Italian case in dialogue with the international debate on the relationship between cash transfers and interventions, focussing on critical issues but also on potentials. We underlined how the well-being of children should guide the appropriateness of interventions and professionals' responsibilities in reaching better outcomes.

The attempt to highlight how much social services can make a difference, as described by these studies, has continued in a more systematic way in subsequent international comparisons and other ad hoc studies (Canali et al., 2019; Canali & Vecchiato, 2019; Fernandez et al., 2015; Fondazione Emanuela Zancan & Fondazione L'Albero della Vita, 2015; Rose & McAuley, 2019) in which the empowerment of families, with the support of services, can contribute to the improvement of their situation given that the fight against child poverty is not only a matter of resources available but also of how these resources are provided (i.e. in the form of services rather than financial transfers).

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