Services to prevent children coming unnecessarily into care

A cross-national perspective

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Abstract

Placing children in state care is sometimes the best alternative service for children at-risk. Yet, many countries are continuously seeking to prevent unnecessary placement in publicly provided out-of-home care. This paper reports findings from a cross-national survey of 'preventive' and 'early intervention' child welfare services. The overarching goal of the survey was to increase understanding about the way decisions are taken regarding the need for out-of-home care services, and to suggest ideas concerning 'best practice' in ensuring that entry to care is prevented for those who can be better supported in their own homes and communities. We also report briefly on an experiment in one country (Italy) that used an evidence-informed assessment model aimed at reducing unnecessary out-of-home care. Finally, our findings show that in all jurisdictions social workers have an important role in allocation and provision of preventive services to children at-risk and their families.

Keywords: unnecessary out-of-home placement; cross-national comparison; RISC; social work

Introduction

Children living in families experiencing multiple problems (FEMPs) are often removed from their biological families. While out-of-home care is an essential part of the available services for the children, especially in cases of abuse or neglect, most countries also aim at preventing unnecessary placement. Evidence from European studies of child welfare services show that some countries (e.g., France and Denmark) view removing a child from home as one of several intervention options while in others (e.g., the UK nations), removal tends to be used only after all other interventions have failed (Boddy, McQuail, Owen, Petrie, & Statham, 2009; Boddy, Statham, Danielsen, Geurts, Join-Lambert, & Euillet, 2013). Hence, there is a continuing debate about children who are 'on the edge of care' and the way in which care can be used as part of the support services for a range of vulnerable children and their families.

Thoburn (2010) and Tunstill, Thoburn and Aldgate (2010) argue that the UK 'last resort' approach to care results, at least in part, from managerial and professional lack of confidence in the ability of the care experience to have a positive impact. They emphasize that the legislation (Children Act 1989) allows for professional discretion and a more nuanced use of short- and long-term child placement to help children and families in difficulties. Thoburn's (2010) analysis of rates in care in developed countries points to a shared 'last resort' approach to care amongst professionals and policy makers in Anglo-phone countries which differentiates them from other European child welfare professionals. Hence, additional cross-national comparisons are much needed but they are complex and require a demanding research process (Pinkerton, 2006).

In this paper we side-step this debate and aim to make a contribution to this debate by presenting findings from a cross-national survey about the ways countries are seeking to prevent *unnecessary* placement of children in publicly provided out-of-home care. Additionally, we present results of a study that demonstrates 'best practice'. The study involved researchers in Italy co-working with social services to introduce an evidence-informed model that aims at reducing unnecessary removal of children.

Contextual background

An attempt to synthesize research on interventions aimed at preventing harm to children in different jurisdictions identified two broad, albeit overlapping approaches to out-of-home placement (Gilbert et al., 2009). The *child welfare* approach (supported by legislation in most European nations and New Zealand) sees the prevention of and response to child maltreatment as embedded within family casework, educative, supportive and therapeutic services. Out-of-home-care is thus one response to a range of family stresses and problems, including child abuse and neglect. The other approach, found in most (but not all) States in Australia, Canada and the USA, has out-of-home care as an integral part of the *child protection service*. Thus, the principal aim of the placement services is to identify, assess and respond to child abuse or neglect. Interventions, which may in the event be very similar to those in 'child welfare' jurisdictions, are largely focused on families found to be in some way at fault, and usual-

ly sanctioned by the courts. Consequently, the child protection agencies typically refer families to services based on *substantiation* of child maltreatment or neglect. Families whose children are not considered to be at imminent risk, or families in which risk has been 'substantiated' but where court intervention is not deemed necessary, may be referred to different services. Such services are usually provided by NGOs, and will only rarely include an out-of-home care service.

The differences between the two approaches can be illustrated by administrative data (Thoburn, 2010). For example, Denmark is a country with a very high rate of children in out-of-home care (in 2006, 102 per 10,000 under 18 as compared to the median for 'rich' nations of around 60 per 10,000). However, only around 10% enter the out-of-home care system via a court order. In contrast in the USA, although this varies by State, about 90% are removed from home via a court order. Yet, it should be recognized that in some States in the USA there is a provision of therapeutic care for young people with identified emotional or behavioural problems by the mental health services and outside the formal care or child protection system.

A number of researchers have theorized around these different approaches to child welfare, identifying their origins in diverse histories and cultures, as well as in political orientations (see, for example: Hardiker et al., 1991; Fox-Harding, 1991; and Thoburn, 2010, in the UK; Durning, 2007, in France; Whittaker & Maluccio, 2002, in the USA; Zeira, 2004, in Israel; and looking cross-nationally - Ezell et al., 2011). Fox-Harding (1991) produced a typology that could be applied to individual practitioners or governments, allocating them to 'kinship defenders', 'society as parent advocates', 'child rights advocates' or 'child rescuers'. Hardiker (1991) devised a 'grid' combining four political models of welfare (the residual, the institutional, the developmental, and the radical) with child welfare policies. Of course, both acknowledged overlap between these sociological 'ideal types' and that individual cases will require and receive a service different from the prevailing welfare model.

To some extent these differences are played out by *attitudes* towards placement in out-of-home care in different jurisdictions, though not in a straightforward way. Recently, Benbenishty and his colleagues (2015) presented a case vignette to child welfare practitioners in four countries (Israel, The Netherlands, Northern Ireland and Spain). They found associations between their attitudes and their substantiation, risk assessments and recommendations to remove children. They argue that differences between countries are partly the result of contextual differences embedded in each country's policy and regulations. In the UK nations, for example, as noted above, despite legislation that sees out-of-home care as part of a service to help vulnerable families, entry into care has come to be seen in often negative terms as 'a last resort' (Hellinckx, 2002). For this reason, placing children with foster families or family-like group homes is often viewed as the preferred option (Anglin, 2002). This is based on the understanding that children's development, and especially for the younger child, is better secured in a family-like environment (Festinger, 1983). In other jurisdictions, however, especially Nordic countries, France and Germany, planned entry into out-of-home care, especially for children in middle childhood and adolescence is viewed as an integral part of family support services (Boddy et al., 2009;

Thoburn, 2010). To a large extent these differences are historic, cultural or ideological but there is also a pragmatic and a professional dimension. For sound well-being reasons family separation is perceived in all jurisdictions as a step to be avoided if possible. However, for certain types of families separation can be helpful (Blythe, Salley, & Jayaratne, 1994; Waldfogel, 1998).

To date, only a handful of population-based research studies have reported on outcomes of care leavers. Such studies compare the status of young people who grew up in the care system either with the rest of their cohort (cf. Zeira, Arzev, Benbenishty, & Portnoy, 2014, in Israel; Vinnerljung, & Sallnäs, 2008, in Sweden) or with individuals that share similar characteristics, but were not removed (Berzin, 2008; 2010). These studies show that outcomes of care leavers are generally poorer than for the general population or for other comparison groups used. However, all the studies share a major limitation. Mostly due to ethical guidelines, they lack pre-placement data and hence fail to demonstrate that the groups had a similar status prior to placement. Therefore, it may well be that the post care differences are due to deep differences that exist between groups prior to placement.

In the absence of sound long term outcome research, and given mixed messages from the research that is available (cf. Bullock et al., 2006; Courtney & Thoburn, 2009), some professionals have reached pessimistic conclusions about the ability of the care system to achieve good outcomes. In some jurisdictions embracing a broadly defined child welfare approach, as with the UK nations, as well as those with a child protection orientation as in Canada and the USA, there is a growing trend to support the prevailing political aim either to keep children out of care, or to ensure that the duration of their stay in care is as short as possible. The prevailing view amongst professionals in other jurisdictions is that, although there is room for improvement, good quality out-of-home care, used appropriately both as a short-term and a longer-term measure and especially for children past infancy, is an important part of the family support and therapeutic services for children (Whittaker, Del Valle, & Holmes, 2015).

This contextual background raises the question in all jurisdictions of the appropriate size of the out-of-home care population. Should the avoidance of entry into care *per se* be the goal of public policy? Or and especially with FEMPs, should the emphasis be on avoiding *unnecessary* entry into care and ensuring that those who need it enter care in a timely and well planned manner, and receive a high quality service for as long as it is needed? The answer to these questions will be influenced not only by the problems faced by children and families in a particular community but also by the availability of good quality and flexible social casework, educative, supportive and therapeutic services within the family's home or community settings for children 'on the edge of care', as well as the quality of the 'in care' services.

Research aim

This paper presents findings from a *cross-national survey* of 'preventive' and 'early intervention' child welfare services. The survey was a discrete part of a research and evaluation project commissioned by the Italian Ministry of Welfare on the use of a particular practice framework aiming to increase understanding of services for children 'on the edge of care' and to reduce the unneces-

sary use of out-of-home placement (Canali & Vecchiato, 2011). The overarching goal of the survey was to describe internationally the way decisions are taken about the need for an out-of-home care service, and to identify ideas about 'best practice' in ensuring that entry to care is prevented for those who can be better supported in their own homes and communities. More specifically, the survey aimed: 1. to explore how the process of defining the need to place a child is perceived by people who are involved in child welfare in different jurisdictions; and 2. to describe the various preventive services available to children and families in different jurisdictions.

Methods

Participants

In order to capture a broad variety of social and political contexts we approached 37 professional workers, researchers and academics involved in the field of services and policies for children and families. All of them were holding senior positions and had extensive knowledge about services and policies in their jurisdictions. Participants were mostly part of the network sponsored by the *International Association for Outcome-Based Evaluation on Family and Children's Services* (Canali, Maluccio, Vecchiato, & Berry, 2009). They were approached by e-mail and were asked to complete the survey within two months. The data include 25 responses from 21 jurisdictions representing 16 countries, which reflect a 68% response rate. About half were European jurisdictions (Denmark, England, Finland, France, Germany, Greece, Ireland, Italy, Scotland, Slovakia, and Sweden) and the other half was extra European (New South Wales, Victoria, and Queensland in Australia; Israel; Japan; New Zealand; Connecticut, Maryland, Kansas and New York in the USA).

Instrument

The self-administered questionnaire was developed for the purpose of this survey. Most items involved closed questions, but with space for jurisdiction-specific comments or examples. Respondents were asked to describe their jurisdictions and provide references for their reports (Canali & Vecchiato, 2011). Specifically, respondents were asked to describe:

1. The process of determining the need to place a child in public out-of-home care in their jurisdiction.
2. The availability of a legal definition for 'vulnerable child' or 'in need of additional social services' or 'preventive services', or a defined 'threshold' for the provision of a social service (including out-of-home care) beyond what is 'universally' available to children.
3. The accessibility of generally-available preventive services to families where there may be a risk of out-of-home care.
4. The eligibility for receiving such services (e.g., at the request of parents [self-referral]; referred by professionals but with parental agreement; on request but based on an assessment of need; legally mandated following reported maltreatment).
5. The service providers (statutory providers, NGO sector, private 'for-profit' sector).
6. The (para-)professionals most frequently leading the teams providing preventive services.

7. The (para-)professionals most frequently involved in the provision of preventive services.
8. The availability of trained volunteers involved in the provision of these services.

Analysis

Information gathered from respondents was organized in a set of tables that synthesized the information from the different jurisdictions. To analyse the open-ended responses we used constant comparison content analysis procedures (Strauss & Corbin, 1990) to identify commonalities and differences between jurisdictions. This iterative method first compares incidents applicable to each category in the entire data set and then integrates the commonalities into new categories.

Findings

We first present the findings from the survey from 21 jurisdictions in 16 countries, followed by the results of an evaluation study regarding an intervention aimed at reducing unnecessary out-of-home placement.

Defining the need for placement

The process of defining the need to place a child in public out-of-home care in all jurisdictions in the survey is based on a *professional assessment*. This assessment is usually conducted after a report of maltreatment has been made or information about a vulnerable child (e.g., is harmful to others or to him/herself) or a family under severe stress has been brought to the attention of the welfare authorities. In all jurisdictions this process is anchored either in legislation or policy guidelines. Some jurisdictions use manuals or structured procedures and guidelines to determine risk (e.g., Maori, New Zealand, and Queensland, Australia), while others rely principally on the professional worker's skills and judgments (e.g., Germany, Israel, UK nations). In many jurisdictions there are two paths for placement depending on the level of severity of the child's difficulties or the degree of risk of maltreatment. One path is for the less severe cases where parental consent is sought. The other path is when risk is imminent and is followed by immediate placement. In most European countries, even when there is an element of maltreatment, placement can proceed on a voluntary basis with parental consent, while in jurisdictions with a broadly 'child protection' ethos, a court order will normally be sought.

Legal definition to enable or require provision of services

We asked if the jurisdiction has a legal definition of '*vulnerable child*' / '*in need of additional social services*' / '*preventive services*' or a defined '*threshold*' for the provision of social services (including out-of-home care) beyond what is 'universally' available. Table 1a presents the responses of the European countries and Table 1b presents the responses from non-European countries. As can be seen, many jurisdictions (e.g., some states in Australia, Denmark, Germany, Greece, and Japan) do not have such a legal definition. Other countries have a legal definition that is applicable to children with a range of vul-

nerabilities or needs. For example, in England, the definition includes a child that is unlikely to achieve a reasonable standard of health or development without a provision of additional services (Children Act, 1989 section 17). In France and New Zealand such a definition exists but usually only with respect to children reported as possibly in need of protective services (Government of New Zealand, 1989). In the USA and Australia the definition varies from state to state but mainly focuses on those possibly in need of protective services.

Availability of services

Preventive services to families are typically available following one of three procedures: 1. by request of the parents or other professional already providing a service to family members (e.g., teachers, or commu-

Table 1a. Legal definition entitles access to preventive services in European jurisdictions

European Jurisdictions	Germany	Denmark	France	Greece	Sweden	England	Ireland	Italy	Slovakia	Scotland
No official definition	✓	✓		✓						
Official definition applied to children with a range of vulnerabilities /needs					✓	✓	✓		✓	
Official definition usually applied only to children reported as possibly in need of protective services			✓					✓		✓

Table 1b. Legal definition entitles access to preventive services in extra-European jurisdictions

	Unites States					Australia			
Extra-European Jurisdictions	Israel	United States	New York	Maryland	Kansas	Japan	NS Wales	Queensland	Victoria	NZ Maori
No official definition		✓			✓	✓	✓			
Official definition applied to children with a range of vulnerabilities /needs	✓		✓						✓	✓
Official definition usually only applied to children reported as possibly in need of protective services				✓				✓		

nity-based health professionals); 2. based on an assessment of needs, including any risks of harm; or 3. legally mandated following reported maltreatment. Tables 2a and 2b show the availability in the different jurisdictions. As can be seen, in many jurisdictions (e.g., Greece, England and New Zealand) all three paths are available, depending on the particular service that is being considered, and in particular whether it is a high or low cost service. In contrast, in some other jurisdictions including the state of Connecticut in the USA, Germany, Denmark and France, preventive family support services are available only on the request of a parent and/or child and following a needs' assessment.

Providing preventive services to families

Preventive services to families are aimed at avoiding out-of-home placement by improving the quality of care provided to the children so that their needs can be met within the family's home. For example, typ-

Table 2a. Availability of preventive services in European jurisdictions

European Jurisdictions	Germany	Denmark	Finland	France	Greece	Sweden	England	Ireland	Italy	Slovakia	Scotland
Available on request of parents or other professionals				✓	✓		✓	✓		✓	✓
Available on request but based on an assessment of need	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Legally mandated following reported maltreatment				✓	✓		✓	✓	✓	✓	✓

Table 2b. Availability of preventive services in extra-European jurisdictions

		Unites States					Australia			
Extra-European Jurisdictions	Israel	New York	Maryland	Connecticut	Kansas	Japan	NS Wales	Queensland	Victoria	NZ Maori
Available on request of parents or other professionals	✓	✓	✓			✓	✓		✓	✓
Available on request but based on an assessment of need	✓	✓	✓	✓		✓	✓	✓	✓	✓
Legally mandated following reported maltreatment	✓	✓			✓	✓	✓	✓	✓	✓

ical preventive services include: in the UK - support and guidance centres, home visiting by social workers or health care providers, and respite care; in Japan - day care services and respite care; in the USA - Temporary Assistance for Needy Families (TANF), cash assistance for poor families, family support programmes, parenting classes, and intensive family preservation services; and in Israel - children-parents centres and multi-functional day care.

In almost all jurisdictions such services are provided free of charge, though some services (e.g., day care, parent training groups) charge families a small fee. In Greece, Japan and some of the states in the USA where a fee is charged, the cost to the family is based on income or whether the service is covered by the family's insurance.

In most cases service provision will start with a professional assessment of the needs of the family as a whole and of individual children. For example, school and education support are provided after a pedagogical assessment; structured and professionally-led parenting programmes are provided following family conferences or a social worker's or other professional's assessment. Other preventive services are legally mandated following the court's determination in a case of reported maltreatment (including, for example treatment of drug dependence; attendance at a supervised contact center for an abusive non-resident parent; family participation in an intensive family preservation programme).

Who provides the preventive service?

In most jurisdictions in our survey more than one type of service provider is involved. Statutory service providers are typically the governmental health, education and welfare systems. Examples of such services would be home visitations by public health nurses, school-based activities, special needs education, mental health centres, and family centres. In most jurisdictions (though less-so in Denmark, Finland, Japan, and Sweden) a wide range of preventive services (for example: neighborhood family centres; neighborhood youth projects; family preservation projects) is provided by NGOs. For example, in England, Ireland and Israel, NGOs are the major providers of neighbourhood family centre services for vulnerable families and neighbourhood youth projects; in Germany voluntary sector child welfare agencies provide a broad spectrum of social services, facilities, and projects. They collaborate with the public child and family welfare offices, which commission these services, refer families to them, and often pay for the service. In the USA the norm is for the state to contract for the provision of a wide range of preventive services with NGOs. The NGOs develop into sub-contractors of the government and consequently they become mainly or fully dependent on state funding rather than charitable donations. The private (for profit) sector (sometimes funded by insurance contributions) was also mentioned as a provider of preventive services in France, Greece, USA and Japan. A typical private service would be psychological treatment or family therapy.

In all jurisdictions *social workers* were reported to be leading the teams that provide preventive services. In some jurisdiction team leaders could also be other professionals but such teams always included social workers. The most frequent other professionals referred to in the survey respons-

es were 'social pedagogues'[1], community workers and health care workers. Only in Ireland and in Queensland, Australia paraprofessionals were reported to be sometimes leading such teams.

Additionally, in all jurisdictions social workers also work directly with family members to provide preventive services. In some jurisdictions, social workers carry mostly assessment tasks while in others their role includes both assessment and various interventions (e.g., counselling, direct case work, case management, and having the key worker role in multi-professional teams). Paraprofessionals are more active in many jurisdictions in delivering direct services such as in-home practical support to families and signposting to relevant services. Typically, paraprofessionals work under the supervision of a social worker.

Other professionals that are involved in delivering services, though not all of them to be found everywhere are: psychologists who provide counselling, a range of therapies or clinical assessment; health care workers, most typically nurses, that support families directly or make referrals related to early childhood; community workers who sometimes support other workers (e.g., in schools); youth workers who usually provide after school interventions; and social pedagogues /educators that exist in most European countries and are sometimes working with children with disabilities or in youth centers.

Most jurisdictions sometimes involve *volunteers* in delivering preventive services. Volunteers are typically associated with NGOs who use their services for complementary support to families. Large-scale organizations such as Home Start or the Red Cross train volunteers for specific tasks such as home visiting or mentoring teenagers.

The Polar Scheme: A model aimed at reducing unnecessary out-of-home placement

The survey reported above was linked to RISC - an experimental evaluation project conducted in Italy to test a model that is aimed at reducing unnecessary removal of children (Canali, 2013; Canali, Maluccio, & Vecchiato, 2011; Canali & Vecchiato, 2011; Vecchiato & Canali, 2010).[2] The *Polar Scheme*, a methodology for assessing children at-risk for out-of-home placement was implemented in order to improve the conditions of children and families who experience serious difficulties, and to avoid unnecessary placement. The Polar Scheme was developed to guide the helping process (Canali, 2013; Canali & Vecchiato, 2010)

1 The profession of 'social pedagogue' or 'educatore' or 'educateur specialisé' is a mainland Europe and Scandinavian profession that does not exist in the same form in Anglo-phone countries. It has a broader meaning than the English translation of 'educator' or 'teacher'. Social pedagogues may be involved in working directly with a small caseload of children and/or families and play an important part in providing family support services in the family home, the community and in group care settings.

2 The RISC study - Rischio per l'Infanzia e Soluzioni per Contrastarlo - was commissioned in 2009 by the Italian Ministry of Labor, Health and Social Policy to the Fondazione Emanuela Zancan and involved six Italian regions (Abruzzo, Basilicata, Emilia-Romagna, Piedmont, Tuscany, and Veneto).

and was used to improve decision making processes about placement.

Briefly, the Polar Scheme is a multi-dimensional tool that includes several validated scales in different domains (e.g., cognitive, emotional) and is intended to profile and measure individual needs. It could be used with various populations to assess an individual's status in various life domains (Canali & Vecchiato, 2011; Zeira et al., 2008). The Polar Scheme is a sensitive measure and thus enables a better understanding and interpretation about the threshold and definition of the level of risk. While it is comprehensive and general it also provides a *personalised map*.

The RISC evaluation experiment involved three domains of children's lives: cognitive and behavioural, physical and functional, and socio-environmental, with each domain including a set of scales (for details see: Canali, Maluccio, & Vecchiato, 2011; and Canali & Vecchiato, 2010, for mapping the life space). A core component of using the Polar Scheme is the joint work of social workers and other professionals from different disciplines. Because different professionals meet the child and the family in different contexts, each profession adds to the *Polar Scheme* its unique perspective on the case.

Twelve agencies – two from each of six participating regions (cf. footnote 2); one in the experimental group and another in the comparison group – took part in the project. All agencies were asked to screen multi-problem families using a grid for mapping parents' and the children's difficulties (Figure 1). This *mapping grid* was used for every child in the family and includes two general dimensions to assess the level of risk: one pertains to risk resulting from *parental inadequacy* (e.g., domestic violence), and the other concerns risk resulting from the *child's difficulties* (e.g., experiencing maltreatment). Figure 1 presents a grid of this assessment for one child. The child's difficulties are presented on the horizontal axis (on a scale from 1 = minimal risk to 10 = very high risk) and the parents' difficulties are presented on the vertical axis (on a scale from 1 = minimal risk to 10 = very high risk). The decision about the cut-off point of risk for considering out-of-home placement was based on the expertise and discretion of professional workers. It was first discussed in two regional workshops with several participants and then brought to a smaller group discussion of six professional workers (one from each region) that further discussed the issue until they reached consensus. This threshold was set on 3 for children and 5 for parents, reflecting a differential tolerance for risk resulting from parents' vs. children's difficulties. As seen in Figure 1, the grey rectangle above the cut-off points identifies the child as being at high risk. Hence, the result of this assessment meets the threshold for a possible out-of-home placement.

Following this initial assessment of parents' and children's difficulties (as illustrated in Figure 1), that lasted one month, 127 children were identified as being at risk. They all met the threshold for considering out-of-home placement: 74 in the experimental group and 53 in the comparison group. These two criteria (i.e., parents' and children's difficulties) served only as a general screening measure as they are not sufficient to substantiate the need to remove a child from home. The purpose of the experiment was to test if the multi-dimensional Polar Scheme was a more sensitive tool for assessing the need for out-of-home

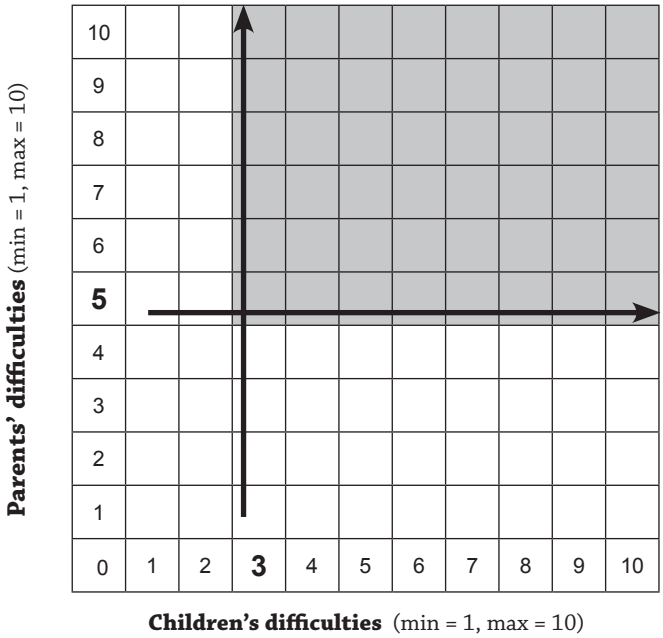

Figure 1. Grid for mapping the necessity of out-of-home placement

placement (Canali, Maluccio, & Vecchiato, 2011; Canali & Vecchiato, 2011; Vecchiato & Canali, 2010). Workers in the experimental group followed the detailed protocol of the Polar Scheme to assess the needs and the expected outcomes for the children; workers in the comparison group used the 'usual procedure' that is based on their professional discretion and expertise.

The study found significant differences between the two groups, with better outcomes in the experimental group on most indicators. For example, 71% of children in the experimental group scored higher than the comparison group at the post treatment measurement on the socio-relational domain (e.g., relationships with peers and family members). Monitoring the child's status over time allowed adequate and timely provision of necessary interventions that eventually reduced the risk of unnecessarily out-of-home placement.

The authors conclude that a process for placing children out-of-home that is based on criteria that are not clearly spelled out (such as professional discretion) or validated (e.g., by use of an assessment grid presented in Figure 1), may have the undesirable result of unnecessarily separating children from their parents. By applying a strategy that uses a multi-dimensional and a more sensitive set of measures to assess needs and strengths, the decision about the necessity of removal – and especially for children living in families experiencing multiple problems – can be better informed (Canali & Vecchiato, 2011).

Discussion

The purpose of this paper was two-fold: a) to explore how the process of defining the

need to place a child away from the family home is described by professionals and researchers who are involved in child welfare in different jurisdictions; and to depict various preventive services available to children and families in different jurisdictions; and b) to present the results of an experiment that tested a model for improving decisions about placing children in care.

Before discussing the findings, some limitations should be noted. First, no definitions of central concepts were given to the survey respondents. Countries and jurisdictions may or may not have legal definitions of concepts like 'child in need', or documented thresholds for different levels of intervention. The definitions typically depend on interpretation and application by individual practitioners, with greater or lesser levels of experience and skill, working under various organizational systems and resource constraints. Second, while in itself the decision to place children in out-of-home care is a difficult policy area (Houston, 2014) it is beyond the scope of this paper to unravel this complexity. Here we assume that our respondents provided in their survey responses a description of the preventive child welfare service as they saw it in their own jurisdiction. Others in the same jurisdiction might have responded differently. Third, we are aware of the fact that the RISC experiment has limited internal and external validity. Yet, we use this example to demonstrate 'best practice' and one possible strategy that uses a multi-dimensional assessment approach over time to meet the challenge of reducing unnecessary entry into public care (Morris & Barnes, 2008).

The information gathered from a range of 'developed' countries with varied approaches to child welfare provision indicates that, despite policy and legislative differences, there are many similarities in the way the need to place a child in out-of-home care is assessed, and the way decisions to provide preventive or placement services are made. Some countries have a legal definition or threshold for the provision of social services to families whose children may need out-of-home care, while others rely on a professional assessment, usually of a social worker, of the level of need and risk. However, this finding should be viewed with caution as the survey requested information on preventive services targeted at vulnerable children rather than describing the range of universal services available to all members of the community. The greater availability of such services in some European countries may explain some of these differences in response. For example, some of these responses may be the result of different conceptualizations of what is a universally available (on request) service - about which information was not sought - and what is a 'preventive' service targeted at vulnerable children. Additionally, placement services may require in some jurisdictions the involvement of the court while in others it could be based on parental consent.

The extent to which family members (and parents in particular) can influence the decision about whether a child is placed in care was not clear, although in several jurisdictions *family meetings* were mentioned. Some legal definitions give more scope for professionals to place children in care based on a judgment that a child or the family as a whole can benefit, without the need to demonstrate parental fault or a child's 'harmful' behavior. Given the large differences of rates in care in otherwise similar countries (Thoburn, 2010) we assume that the 'need/risk' threshold (whether or not

defined by legislation) is being interpreted differently. It appears that in some jurisdictions more than in others, social workers and their professional colleagues are given greater scope for the exercise of professional discretion as to whether out-of home care will be helpful or can be appropriately avoided by the provision of preventive services. The results of the RISC experiment provide insight into professionals' preferences with respect to removing into care children from FEMPs. Too often they rely on a view about what would seem *high risk*, without a deeper exploration of other possible solutions, hence resulting in unnecessarily placing children in public care.

Our findings provide support to the existence of two broad approaches. In some states out-of-home placement is viewed as integral to a comprehensive 'child welfare' service and thus one of many possible services; in others it is essentially viewed as a 'child protection' service, only to be provided when parental fault can be demonstrated and when other interventions have failed (Gilbert et al., 2009). This dichotomy raises the issue of the criteria that are used to determine risk (White & Walsh, 2006). There are usually two prominent criteria to assess the likely need for out-of-home placement. The first one is based on the *child's situation*. Namely what are the child's difficulties and strengths, cognitive abilities and social relations?

The second criterion is related to *parents' functioning*: does the parenting they are able to provide, with appropriate community-based assistance, meet the particular needs of the child? Are they abusive or in conflict, do they represent a threat for their children that is likely to lead to physical or psychological harm or impairment to development? The combination of these two criteria allows assessing jointly the two main dimensions of the risk to children. This can lead to the provision of appropriate services so that removal is avoided, or to the conclusion that the threats to the child's health or development require the child's placement in a safer and nurturing setting. The RISC experiment showed that these criteria are useful for preliminary identification of risk, on which to base the professional judgment, balancing the costs and benefits of short or long term placement in care to parents and children (Whittaker & Maluccio, 2002). Additionally, the more sensitive and valid the criteria are, the less likely is it that children will be removed unnecessarily.

Conclusions

Information gathered from various Western jurisdictions about placing children in public care underlines the need for mapping problems and challenges that many professionals, researchers and policy makers globally are facing today (Morris & Barnes, 2008). A difficulty that often emerges in many jurisdictions is the chronic gap between: practice and research; theory and field testing; researchers' contexts and the 'real world'; research and dissemination of outcome-based findings among professionals (Munro, 2011). One aim of the present cross-national comparative study was to explore alternative ways of responding to the demand to reduce unnecessary removals of children from their home. Future research may use the map of information gathered at the international level to develop a national framework for understanding different possible approaches to the discourse on the value of placement for children that may benefit from such a service.

The Italian case study reported here highlights a persisting general dilemma in child welfare and specifically regarding working with children living in FEMPs. Preventing children coming into care unnecessarily has to respond to two conflicting challenges. One is between social workers' professional competencies and the continuing inadequacy of resources available to meet identified needs of family members within the family home; and the other is between the need to improve children's well-being and the inappropriateness of placement in care in some of the cases where it is used. The case study describes a way to provide professionals who struggle with such complex decisions with a road map and a tool kit that can improve their practice. In making these often finely-balanced decisions, they have to be alert to the possibility of negative consequences for the different family members. Constant and valid monitoring of a child's status enables more accurate responses to the child's and family's needs as well as more effective use of the scarce resources.

Inflexible policies, local 'custom and practice' rather than evidence-informed practice, or (a growing danger) budget constraints on both preventive and in-care services, will result in some children going into care unnecessarily, or children who need out-of-home care inappropriately remaining in families which cannot meet their protection or welfare needs.

Finally, our findings illustrate the critical role of social workers in all jurisdictions. Social workers are the most important link in the allocation and provision of preventive services. They are involved in all the procedures starting from the initial assessment, through their case management and team-leader role with teams who provide and deliver the services, to the direct provision of relationship-based social casework and therapy. As professionals, social workers aim to avoid placement when unnecessary by providing preventive services to all families in need, and to ensure that high quality short and longer term out-of-home services are available to those who need and can benefit from them.

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