**Questionnaire on the provision of support to persons with disabilities**

1. **Please provide information on the following services that are available for persons with disabilities in your country, including data on their coverage, geographic distribution and delivery arrangement, funding and sustainability, challenges and shortcoming in their implementation**

Regarding the Italian social policies, after amendment of article 117 of the Italian Constitution through the reform of Title V (Law 2001/3) the central Government determines only the essential basic level of performance of benefits concerning civil and social rights provided for PWD as defined in law 2000/328 to be guaranteed on the whole Italian territory.

Regions plan and manage the interventions and Municipalities decide and provide social services. Many Regions have introduced the essential levels with different methods and objectives.

Law 92/104guarantees the full respect for human dignity, freedom and autonomy, while removing all invalidating conditions that stop the full development of the human being and the highest level of autonomy, carrying out actions to overcome marginalization and social exclusion. Article 9 draws specifically the “personal assistance service” in order to facilitate autonomy and integration opportunities by home care services, sanitary, domestic and economic perspective.

The organizations of assisted living facilities, residential homes and health care facilities also in residential centres, aim to the deinstitutionalization, through specific actions and adjusting the equipment and the staff for education, sport, leisure and social services to the needs of PWD.

Law 98/162 attributes to local institutions the realization of assistance programmes, through customized actions in order to guarantee the right to an independent life to PWD through personal assistance and home assistance also as a 24hours/7days service.

As provided by law 2000/328 for the realization of the integrated system of interventions, there are support service networks for information and access to social and health services in favour of PWD and fragile elderly people, as well as of their families, at the Municipalities, the local health agencies and the hospitals.

Municipalities, in agreement with local health agencies, establish an individual project for PWD including:

- the diagnostic and functional evaluation;

- care, nursing, and rehabilitation charged on the National Health Service;

- services to the persons provided directly by the Municipality or by agreement with external entities, with particular reference to the recovery and social integration;

- economic measures necessary to the overcome of poverty, marginalization and social exclusion.

Potentiality and any kind of supports for the family core are defined in individual projects.

The National Institute for Statistics (ISTAT) carries out the annual survey about the data on the expenditure of the Municipalities dedicated to PWD and disabled guests of social and socio-sanitary residential structures. Data indicate that Municipalities in Italy spend about € 1,000 annually for each citizen with disabilities, in the form of provision of assistance and economic transfers. Such expenditure rises up to 2,500 € for each person with disabilities over the age of 65 years.

Decree 14/2/01establishes that socio-sanitary assistance for people requiring health care or social services is based on personalized projects drafted on multidimensional evaluations: psychophysical functions; nature of the activity of the person and his/her limits; modes of participation to social life; environmental and family context factors. Regions are assigned the task of regulating criteria and modes to define personalized assistance projects.

The Ministry of Labour and Social Policies (MLSP) is relying on some specific interventions on a national basis specifically in the field of independent living for people with disabilities and "long term care" (National Fund for not-self-sufficiency) and it is actively engaged to propose to the Regions models and standards of intervention to assure uniform LEA and to help overcome of the existing inequalities. Therefore, according to the UNCRPD, the General Directorate for Inclusion and Social Policies of the MLSP proceeds in synergy with national institutions and associations representing PWD with the aim to allocate the Fund for not self-sufficiency (FNA) and for projects of independent living and active inclusion into the society.

The Fund for not self-sufficiency (FNA) wasestablished in 2006 by art. 1, co. 1264 of Law 2006/296 to provide dignified residence to people with severe disabilities and frail elderly people at their home, avoiding the risk of institutionalization, and to ensure the implementation of the basic level of welfare benefits throughout the national country. These are additional complementary resources for Regions and local governments to cover the social costs of socio-medical assistance for benefits and services to support not self-sufficient persons and their families.

Since 2010 and over the past five years, the National Fund for non-self-sufficient persons (FNA) has allocated a total amount of €1,563,584,045.00 to the Regions. Since 2016 the Fund is structural for coming years and for the current year it consists of €400 million.

The 40% of resources are assigned to people with serious disabilities evaluated by international diagnostic tests (coma, vegetative state or minimally awareness state, dependent on assisted mechanical ventilation, dementia, spinal injuries, motor impairment from neurological or muscular disorder, severe disabilities visual, autism spectrum disorders, severe mental retardation and people vitally dependent conditions requiring continuous assistance and monitoring 24 hours a day, seven days a week, for complex needs).

Then, according to Article 19 of the UNCRPD, implementing Rec (2006) 5 of the Council of Europe, Action Plan 2006-2015 and the European Disability Strategy 2010-2020 COM (2010) 636 and following the First Biennial Italian Action Program, a Fund was set up at the Ministry of Labor and Social Policies for the financing of projects of independent living and active inclusion into the societythrough which were made available for Regions €23,200,000.00 and €15,000,000 for 2016.

The projects are drawn up on the basis of a customized plan, involving the participation of PWD aged between 18 and 64 years. Each project proposal for territorial scope can benefit from MLPS up to a maximum of €80,000 of funding for territorial area, while the Region provides, directly or through the territorial area candidate, the co-financing for an amount not less than 20%.

According to article 19 UNCRPD, the actions of the projects are shared with the PWD, guaranteeing the possibility of self-determination and respect for freedom of choice so that the possible participation of family members, the guardian, the support administrator must not constitute an obstacle to the full autonomy and self-determination of the beneficiary, but an opportunity to extend the circle of the positive effects of joint action toward independent living. Strategies are adopted for people with intellectual disabilities to facilitate the understanding of the measures proposed.

There are favored routes for the de-institutionalization and in opposition to all forms of segregation or isolation of PWD. The distribution of grants and program interventions requires the individual projects so that PWD are allowed to choose, in complete freedom and autonomy, how and with whom to live, the personal assistant, technological aids, job placements (training, stage and work grants), housing also preparatory to living independently, mobility, case management and independent living Centres/Agencies). The projects represent the best synthesis between the expectations of the beneficiary and the multidimensional assessment: all types of bodily and functional limitations, the environment, the risk of multiple discrimination and the gender perspective are considered through the multi-dimensional evaluation for the integrated action supports, services, benefits, transfers: PWD directly participate with their aspirations. The multidimensional evaluation units (UVM) may include a person with specific expertise in the field of independent living, also using the aid of peer counseling of an Independent Living Centre made up by the association of PWD.

1. **Personal assistance**

Regions, Health districts, Municipalities, Centers for independent living of associations for PWD provide the personal assistant, according to the characteristics of professional training acquired, framed according to the renewable national collective labor contract (CCNL) and all legal requirements: personal assistant should be taken with insurance coverage and contributions for social security and assistance from injuries and illnesses, as for the structure of the national collective labor agreement. The personal assistant can have a job classification as a domestic help, even when the required activities are type expected in the C and D super levels of the national work agreement, and they can be qualified professionals with higher hourly rates as OSS, OSA educators.

The personal assistant's competences are transversal for projects of living independently, for social inclusion and relationships. Personal assistants can be freely chosen by the beneficiary and in some Municipalities they must be recorded in specific professional registers that require accreditation means. In addition, in certain areas professional training is required.

The Italian fiscal system gives tax breaks for purchases of goods and services for PWD:

* personal income tax deduction for health expenses and aid means: 19%;
* personal income tax deduction for caregivers of not self- sufficient persons;
* deduction from total income of pension contributions for domestic workers up to the amount of € 1.549,37;
* 19% care expenditure deduction, on the personal income, calculated on the maximum amount of € 2.100 spent provided that income is below € 40.000.
1. **In-home, residential and community support**

In addition to the above described information, as Direct Assistance Care,Municipalities assign staff for social assistance. As Indirect Assistance Care, Municipalities deliver a contribution for partial reimbursement of the expenses for caregivers and personal assistant hired by private employment contract but framed as a domestic worker.

The Residential Services provide care and accommodation to live in the community in their residential option of choice including a family home, independent living and residential care facilities.

Day Services include supported employment and follow up services, services with a vocational focus and personal development services.

Support Services include respite for caregivers, crisis intervention and other supports required to individuals and families in need.

The opportunity to create and manage their own services through direct funding is given to PWD. The person can receive the assistance to make his/her own decisions from their support network of family and friends.

**c) Support in decision-making, including peer support**

The peer counselor is expected also in the Centers / Agency for Independent Living to carry out orientation activities for independent living and provide mentoring in the relationship with public services, support to the study and to work, awareness raising, case management, and also provide qualified personnel for assistance.

In 2004 the law 2004/6 (on the so called “support administrator”) was adopted, introducing a mechanism to support the free decisions of PWD, helping them to carry out daily tasks without substituting their will according to a decree adopted by a judge.

The support administrator is appointed by a judge, who can act after been notified by the family, the neighbors, the social operators, the public prosecutor or by the person with disability him/herself. The judge sets up a rapid inquiry, then a decree is issued indicating the court appointed administrator and the specific operations he can implement in the name and on behalf of the PWD, who retains his/her legal capacity. This mechanism, therefore, is fully included into the spectrum of legal mechanisms to support the free will and legal capacity of the person with disability.

During the current year, the MLSP has also launched a national project involving several Regions, responsible to monitor the regional legislative systems on the support administrator, in order to encourage training activities and create an adequate information system to collect the data on all the national territory to develop further best practices.

**d) Communication support, including support for augmentative and alternative communication**

The specialized teachers for the assistance and for personal communication of pupils and students with sensory impairments are provided at all the levels of school education (decree of the President of the Republic 1977/616). Education dedicated to PWD promotes inclusive practices, starting from educational paths that require digital and innovative methodological-didactic expertise and didactical materials.

The State, the Region and local authorities provide educational supports: support teachers, communication facilitators, Lis interpreters, assistance operators.

The Ministry of Education, University and Research - MIUR - provides the teachers for support activities assigned to the classes of the students with disabilities to facilitate their integration process. Therefore, it is not the teacher of the pupil with disabilities, but a professional resource assigned to the class to meet the major educational needs.

According to the article 12 of the Law 1992/104 the family presents the certificate of a disability issued by a health district committee to the social services of the Municipality of residence or at the Province in order to start the procedure for acquiring an individual educational plan of the pupils/student (PEI) and acquire a qualified and certificated communication assistant.

The communication facilitators and Lis interpreter deal with students with sensory disabilities with the main task of allowing to the student to benefit from the teaching imparted by the teachers and, in the meanwhile, planning and organizing school activities for the educational project and appropriate teaching strategies. The above mentioned professionals collaborate for the continuity of educational courses; they culturally mediate during the teaching / learning processes, also translating, and provide a correct model of “total communication” for all the students of the class.

Social services of the Municipalities can provide the specialized professionals in order to improve socialization and autonomy of everyday life.

**2. Please explain how persons with disabilities can access information about the existing services referred to in question one, including referral procedures, eligibility criteria and application requirements**

On the Municipalities’ website there is information on the available services. Limits on available services can be set by regional laws and regulations of the Municipalities.

At present there is not a database on the number of operators, neither at national, nor at local governments, nor at private companies levels.

On the web of the MLSP there is complete information for Regions about:

the National Fund for not-self-sufficiency <http://www.lavoro.gov.it/temi-e-priorita/disabilita-e-non-autosufficienza/focus-on/Fondo-per-non-autosufficienza/Pagine/default.aspx>

the Fund for projects of Independent Living and active inclusion into the society <http://www.lavoro.gov.it/documenti-e-norme/Pubblicita-legale/Pagine/default.aspx>

**3. Please elaborate on how these services respond to the specific needs of persons with disabilities throughout their life cycle (infancy, childhood, adolescence, adulthood and older age) and how is service delivery ensured in the transition periods between life cycle stages**

There are the multidimensional Individual Educational Plan of the pupils and student (PEI) and the individual project for social-health interventions: all types of bodily and functional limitations, the environment, the risk of multiple discrimination and the gender perspective are considered for the integrated action supports, services, benefits, transfers. To the multidimensional evaluation unit (UVM) at the health districts can be added the peer counseling.

PWD directly participate with their aspirations and their preferences and proposal and are considered for adjustment and follow up.

**4. Please provide information on the number of certified sign language interpreters and deafblind interpreters available in your country**

The MLSP has not a database on the number of certified sign language interpreters and deafblind interpreters available at national, local governments and private companies levels.

The National Institute of Statistics (ISTAT) annual survey data on first degree primary and secondary schools shows for the year school 2014-15 that around 3,000 deaf students (representing 2% of the total of students with disabilities) have an assistant for communication in a percentage of 38%. From the survey of school year 2015-2016 it will be possible to differentiate between those who do not have the assistant to communication because they do not need it or if it has not been assigned to them.

**5. Please provide information on the existence of any partnership between State institutions and private service providers (e.g., non-governmental organizations, for-profit service providers) for the provision of support to persons with disabilities**

State also allocates funds to the Regions that, also with their own funds, activate the procedures for the acquisition of services and supplies, with the observance of legislation on labor costs and safety to protect the workers with regards for remuneration and security, as for the Italian Code of public labor contracts, the Code of public procurement and the legal system. The contracting institutions have the exclusive competence in accordance with the statement made by the consolidated view of National anti-corruption Authority (ANAC).

**6. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of support services**

PWD are normally actively involved, through their representative organizations, in the development and implementation of legislation and policies, as well as into the other decision-making processes concerning issues relating to disability.

Regions have set up regional bodies, established according to the general law on disability 1992/104, and observatories: they are widely participated by the associations of PWD.

Since 2009, the ratification of UNCRPD was adopted in Italy by Law n. 18 of March 3rd 2009: at governmental institutional level there is the National Observatory on the Status of PWD (OND) and there are regional observatories at the Regions level.

<http://www.osservatoriodisabilita.it/index.php?option=com_content&view=article&id=93&Itemid=439&lang=en>

<http://www.osservatoriodisabilita.it/index.php?option=com_content&view=article&id=94&Itemid=440&lang=en>

Civil society organizations and public actors work together in order to monitor the condition of PWD and plan the policies, ensuring equal and proactive participation of all their members, including the PWD representative organizations. Inside the National Observatory, the elaboration of the Action Plan is shared jointly with representatives of the Government and civil society, in order to define the general framework of the lines of action on disability at national level. This represents the highest example of the UNCRPD principle of active involvement of PWD.

The National Observatory on the Condition of PWD (OND) pursuant to inter-ministerial decree of July 6th 2010, no. 167, is chaired by the Minister of Labour and Social Policies, or the delegated Undersecretary, and met for its official session on December 16th 2010, to ensure the implementation of the activities provided by Article 33.2 of the UNCRPD.

The Scientific and Technical Committee (CTS) within the Observatory deals with scientific analysis in relation to the activities and tasks of the OND.

<http://www.osservatoriodisabilita.it/index.php?option=com_content&view=article&id=80&Itemid=407&lang=en>

Some of the tasks assigned to OND that aim to new and constant inputs regarding public policies in the field of disability are:

* implementation of the UNCRPD, also through a detailed report on the measures taken, as provided by Article 35 of the Convention, in close co-operation with the Inter-ministerial Committee for Human Rights;
* to set up a two-year plan of action for the promotion of the rights and integration of people with disabilities, as provided by national and international provisions;
* to collect statistical data on the situation of people with disabilities, with reference to the local peculiarities;
* to set up a national report on the implementation of policies in the field of disabilities (as provided in national Law n. 1992/104);
* to promote studies and researches that can contribute to the identification of priority areas of actions and programs for the promotion of the rights of people with disabilities.

According to article 35.1 of the UNCRPD, Italy submitted in 2012 the First Report on the Implementation of the UNCRPD to the United Nations through the Inter-ministerial Committee for Human Rights and in 2013 the First biennial Programme of Action (years 2013-2015) for the promotion of the rights and the integration of PWD was adopted by a Presidential Decree, with the priority areas of actions and measures to achieve according to the overall objectives of the European Disability Strategy 2010-2020 and UNCRD Convention.

 <http://www.osservatoriodisabilita.it/images/documenti/programma_d_azione.pdf>

In 2014 the Observatory was renewed and the adopted working plan for the years 2014-2016 was organized in thematic working groups: recognition disability, independent living, health, education, labor, accessibility, reporting and statistics.

Recently, the OND presented the proposal of the II Italian Biennial Programme of Action and issues and the lines of actions are:
1) Recognition/certification of the condition of disability and multidimensional assessment aims to support the access system and custom design;
2) Policies, services and organizational models for independent living and inclusion in society;
3) Health, right to life and rehabilitation care services;
4) Educational processes and school inclusion;
5) Labor and Employment;
6) Promotion and implementation of the principles of accessibility and mobility;
7) International cooperation;
8) Development of the statistical data system and reporting on the implementation of policies.

<http://www.osservatoriodisabilita.it/images/PDA_Disabilita_2016_Agosto2016.pdf>

**7. Please provide any other relevant information and statistics (including surveys, censuses, administrative data, reports, and studies) related to the provision of support to persons with disabilities in your country**

By the MLSP mandate, since 1999 the Italian National Institute for Statistics (ISTAT) has implemented the "Information System on Disability" to provide support for programming policies, as required by law 92/104, and for information to citizens and to the national and international scientific community. On the website [www.disabilitaincifre.it](http://www.disabilitaincifre.it) there is a data warehouse accessible to PWD. The collaboration with the OND is renewed to get a system of indicators designed to monitor the rights of PWD provided by the UNCRPD on levels of social participation of PWD in life. Some of the issues are: health, life expectancy, education and training, employment, income and economic well-being, participation in cultural, social and political life, subjective well-being, self-determination and independent life.