**Task 2017-18 Disability assessment – country report**

Country: Italy

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# Part 1 – Main forms of disability assessment

The following forms of disability assessment are currently in use in Italy for a variety of purposes:

Example 1: Assessment for Admission to receive employment support

Example 2: Assessment for Admission to official invalidity status

Example 3: Assessment for Admission to official handicap status to receive support in education

Example 4: Assessment for Admission to receive parking card

Example 5: Assessment for Admission to official handicap status

Example 6: Assessment for Admission to receive the driving licence

Example 7: Assessment for Admission to receive medical and social services

Example 8: Assessment of recognition of incapacity for work

Example 1

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| --- | --- |
| **Policy function** | Assessment for Admission to receive employment support |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose |
| **How is disability assessed?** | Holistic assessment (combination of impairment, functional and environmental approaches)  <http://www.handylex.org/stato/d130100.shtml> |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | To have 46% of invalidity or more recognised by official disability status (Medical records automatically retrieved from health care system “E-health”). On this evaluation is possible to appeal.  Persons with disabilities can ask to be registered in an unemployment list (broken down by Province) and so other social-medical commissions evaluate the functional capacity and define a socio-professional profile, transmit their decisions to employment services that in some cases made another evaluation of individual capacities and competences named “balance of competences” (this variability depends on the quality of employment services staff that changes from Region to Region). These last two assessments can be implemented with other information from persons with disabilities themselves. <http://www.handylex.org/cgi-bin/temi.pl?v=a&d=h&c=4400> |
| **What types of supporting evidence can be considered?** | * Evidence from medical expert on employment and non-medical professional who knows the applicant * Medical records automatically retrieved from health care system, called “E-health” |
| **What institution is responsible for the assessment?** | Regional Health and Social services |
| **Who carries out the assessment?** | Regional Health and Social Commission for Employment. This Commission is part of Regional Health Services (the name of these services changes from Region to Region)  Medical doctor, Social worker, Bureaucrat / civil servant |
| **How is the assessment administered?** | Combination of documentary evidence and personal interaction  A certification provided to the applicant of a socio-labour and professional profile |
| **Who makes the final decision?** | A Regional Health Commission on invalidity status for the first assessment and, for the second assessment, a Regional Health and Social Commission for employment of Health local services (the name of these services changes Region to Region) |
| **What benefit(s) can an individual receive if assessed as disabled?** | Possibility to be registered in the list of persons with disabilities unemployed and to benefit from appropriate support |
| **Web link** | <http://www.handylex.org/stato/d130100.shtml> |

Example 2

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| **Policy function** | Assessment for Admission to official invalidity status |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose |
| **How is disability assessed?** | Barema method (% disability or scale)  <http://www.handylex.org/schede/commverifica.shtml> |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | A person with 33% of invalidity status benefits from rehabilitation services and medical devices. A person with 46% of invalidity status can register himself in an employment quota system – a specific evaluation will be made by an employment commission to define the socio-employed profile. A person with 76% of invalidity status benefits from a pension (the amount of pension received depends on the income). A person whose medical assessment recognizes a percentage of invalidity equal to 100% can benefit from an indemnity of support. A high level of invalidity or a severe handicap condition (it depends on the income and rules of various competent authorities) allows a person with disabilities to benefit of reduction of taxes (from waste tax, energy tax, phone bill, reduction of VAT for technological devices or elevators, for example). It also allows access to social and support services (the level of percentage of invalidity status that permits to have access to the social services is regulated by the regional rules). |
| **What types of supporting evidence can be considered?** | A medical note or letter from a doctor who treats the applicant |
| **What institution is responsible for the assessment?** | Health Regional Services |
| **Who carries out the assessment?** | * Regional Health Commission for invalidity which is part of Local Health Services (the name of these service changes from Region to Region) * Medical doctors |
| **How is the assessment administered?** | * A combination of documentary evidence and personal interaction * An invalidity certification |
| **Who makes the final decision?** | INPS (National Institute of social security)  <http://www.handylex.org/stato/d050292.shtml> |
| **What benefit(s) can an individual receive if assessed as disabled?** | * Benefits in cash (e.g. pension and indemnity) * Benefits in kind (e.g. services) * Beneficial treatments (e.g. eligibility to apply for quota jobs) * Discounts or concessions (e.g. tax allowances) * Access to the social services and support services |
| **Web link** | <http://www.handylex.org/stato/d050292.shtml> |

Example 3

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| --- | --- |
| **Policy function** | Assessment for Admission to official handicap status to receive support in education |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose |
| **How is disability assessed?** | Functional capacity (test of ability to carry out specified tasks or activity)  This first assessment assigns the right to have supports in education; on the basis of this first assessment, the same Commission, consists of a multidisciplinary unit (involving other experts), produces the functional diagnosis and the dynamic functional profile useful to the educational staff of the school where student with disabilities is enrolled to define an Educational individualised plan |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | No specific criteria are applied. See <http://handylex.org/cgi-bin/temi.pl?v=a&d=h&c=3500> |
| **What types of supporting evidence can be considered?** | Evidences from medical condition assessment produced by a medical Commission and an educational staff of the school where the student with disabilities is enrolled |
| **What institution is responsible for the assessment?** | Regional Health Services (the name of these service changes from Region to Region) and the school where student with disabilities is enrolled (the schools are subjects to the authority of the Ministry of Education) |
| **Who carries out the assessment?** | School medical Commission of Regional Health Services (the name of these service changes from Region to Region) |
| **How is the assessment administered?** | * Combination of documentary evidence and personal interaction * A certification gives the right to receive supports in education and a personalised educational plan |
| **Who makes the final decision?** | Regional Health services (the name of these service changes from Region to Region) |
| **What benefit(s) can an individual receive if assessed as disabled?** | * Benefits in kind (e.g. services) * Discounts or concessions (e.g. tax allowances) * Benefits in kind (e.g. services as teacher of support, aids for education, special staff support, transportation) |
| **Web link** | <http://www.handylex.org/cgi-bin/temi.pl?v=b&d=3500&c=3010> |

Example 4

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| **Policy function** | Assessment for Admission to receive parking card |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose |
| **How is disability assessed?** | Holistic assessment (combination of impairment, functional and environmental approaches) |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | Municipalities grant a special authorization (parking card) for the circulation of vehicles to "disabled persons with impeded or significantly reduced walking ability". |
| **What types of supporting evidence can be considered?** | A medical certification produced by family doctor of the applicant |
| **What institution is responsible for the assessment?** | Regional Health Services (the name of these services changes from Region to Region) |
| **Who carries out the assessment?** | Medical Commission of Regional Health Services |
| **How is the assessment administered?** | * Combination of documentary evidence and personal interaction * A personalised parking card |
| **Who makes the final decision?** | Medical Commission of Regional Health Services |
| **What benefit(s) can an individual receive if assessed as disabled?** | A personalized card (valid throughout Europe) to parking in assigned parking spaces |
| **Web link** | <http://www.handylex.org/cgi-bin/temi.pl?v=b&d=7700&c=7703>  <http://www.aci.it/fileadmin/documenti/ACI/Al_servizio_del_cittadino/Disabili/Contrassegno-europeo-disabili.pdf> |

Example 5

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| **Policy function** | Assessment for Admission to official handicap status |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose, but not have specific system of assessment |
| **How is disability assessed?** | Holistic assessment (combination of impairment, functional and environmental approaches) |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | The Health and Social Commission of Regional Health Services evaluates the disadvantage produced by a disability condition (named handicap status); it is based on the interaction between health condition and environmental and social aptitude (Act 104/1992, art. 3). On the basis of this assessment, the Commission assigns two levels of handicap condition (ordinary or severe; in this second case, the person needs a permanent care support) that permit to have access to some rights and benefits |
| **What types of supporting evidence can be considered?** | * Evidence from a social worker who knows the applicant * A medical note or letter from a doctor who treats the applicant * Medical records automatically retrieved from health care system, called “E-health” |
| **What institution is responsible for the assessment?** | Regional Health and Social Services |
| **Who carries out the assessment?** | Medical Commission of Regional Health Services (the name of these service changes from Region to Region) integrated with Regional Social Services operators |
| **How is the assessment administered?** | Combination of documentary evidence and personal interaction  A handicap status certification |
| **Who makes the final decision?** | INPS (National Institute of Social Security) |
| **What benefit(s) can an individual receive if assessed as disabled?** | * Benefits in kind (e.g. services) * Free access to Local Health Services * Beneficial treatment (e.g. 3 days per month to rest in employment or to assist relatives with disabilities) * Discounts or concessions (e.g. tax allowances) |
| **Web link** | <http://www.handylex.org/schede/commverifica.shtml>  <https://www.inps.it/nuovoportaleinps/default.aspx?iPrestazioni=102&iTipoUtente=7580> |

Example 6

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| **Policy function** | Assessment for Admission to receive a driving licence |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose |
| **How is disability assessed?** | Holistic assessment (combination of impairment, functional and environmental approaches)  This assessment evaluates a person’s capacity to drive a car. The test relates to visual, auditory, intellectual and physical capacities, assesses the minimal performances necessary to drive safely a car. If the commission has doubts about this capacity, the person with disabilities is subject to a practical test in a car adapted with appropriate modifications. This second text is decisive to have a drive licence permission |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | Physical characteristics (visual, auditory, intellectual and physical capacities) necessary to drive a car  <http://www.aci.it/i-servizi/per-la-mobilita/aci-per-il-sociale/patente-speciale-di-guida.html>  <http://www.aci.it/i-servizi/per-la-mobilita/aci-per-il-sociale/patente-speciale-di-guida.html> |
| **What types of supporting evidence can be considered?** | Medical records automatically retrieved from the Health care system (E-health) and specific tests |
| **What institution is responsible for the assessment?** | Ministry of Infrastructures and Transport and Regional Health Services (the name of these service changes from Region to Region) |
| **Who carries out the assessment?** | Provincial medical Commission for driving licence that is part of the Regional Health Services |
| **How is the assessment administered?** | Combination of documentary evidence and personal interaction  A certificate to permit to have a driving licence (e.g. proof of disability status) |
| **Who makes the final decision?** | Ministry of Infrastructures and Transport |
| **What benefit(s) can an individual receive if assessed as disabled?** | Possibility to drive a vehicle with personalised adaptation |
| **Web link** | <http://www.handylex.org/schede/patente.shtml> |

Example 7

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| **Policy function** | Assessment for Admission to receive medical and social services |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose but vary from Regions to Municipalities |
| **How is disability assessed?** | * Medical records automatically retrieved from health care system (E-health) * Evidence from a social worker who knows the applicant |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | The access to the Regional Health and Social Services is different from Region to Region, because of a system of rules that varies in the 21 Regional welfare systems. There are different methods to evaluate the needs of the persons with disabilities, based on different scales of evaluation (SVaMDi,[[1]](#footnote-1) SVaMA[[2]](#footnote-2), etc.) and services available in the different Regions. The evaluation system is focused to assess what kind of service is appropriate to the person and, at the same time, is available in the Region (in much Regions there are waiting lists to have access to the services). For some services, the evaluation includes the level of income of the beneficiary, calculated with a specific system (ISEE – Equivalent Economic Situation Indicator. It is an indicator of the economic condition of the family and it is issued by the INPS for those with income and assets in Italy). The regulation of access to the services changes from Region to Region (the example indicate in the question a) is on the Campania Region).  The basic Local Services, common to all Regions, are: socio-health domestic assistance, daily centres, residential care. In some Regions are available independent living programmes, in other Regions personalised budget project, or particular services (art-therapy, horse and donkey therapy, swimming pools, holiday journey in summer, sport activities, etc.). Rehabilitation services and medical devices are subject to particular restrictions: for example, it is possible to change a wheelchair only after 5 years of the last wheelchair paid from Regional funds. |
| **What types of supporting evidence can be considered?** | Invalidity certification, handicap certification, income certification based on ISEE system, particular social disadvantage |
| **What institution is responsible for the assessment?** | Local Health Services for health services, Local Health and Social Commission from Local Health and Social Services for social and health services, Local Social Department for social services (the name of these services changes from Region to Region) |
| **Who carries out the assessment?** | Medical doctor or Social worker, it depends on the type of benefits |
| **How is the assessment administered?** | Combination of documentary evidence and personal interaction  A certification that authorises to have access to the different services |
| **Who makes the final decision?** | Depends on the benefits |
| **What benefit(s) can an individual receive if assessed as disabled?** | Access to Health Services (as accommodation in healthcare institutions, rehabilitation services, aids and assistive devices)  Access to Regional Health and Social Services (accommodation in social care institutions, social care domestic assistance, etc.)  Access to social services (benefits in kind, e.g. services of transport, daily centre, accommodation in social house, domestic assistance, independent living project, etc.), discounts or concessions (e.g. tax allowances) |
| **Web link** | The Veneto Region example  <http://www.ambiton17.it/formazione/cat_view/6-modulistica/7-integrazione-socio-sanitaria/9-scheda-s-va-m-di.html>  <http://www.ambiton17.it/formazione/cat_view/6-modulistica/7-integrazione-socio-sanitaria/9-scheda-s-va-m-di.html> |

Example 8

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| **Policy function** | Assessment of recognition of work invalidity (for work accidents only) |
| **Is there a specific assessment for this purpose?** | The disability assessment is designed for this specific purpose |
| **How is disability assessed?** | A medical Barema system based on percentages of work invalidity |
| **What level or criteria must to be met to qualify as disabled for this purpose?** | The kind of limitation that a person has in work activities. The Barema system serves to evaluate the level of the impairment during work activities in relation to the capacity to work of the person. The assessment system assigns a different allowance in compensation of the severity of the functional limitation on work activities |
| **What types of supporting evidence can be considered?** | * A medical note or letter from a doctor who treats the applicant |
| **What institution is responsible for the assessment?** | INAIL (National Institute for Insurance against Accidents at work) |
| **Who carries out the assessment?** | INAIL’s Medical Commission |
| **How is the assessment administered?** | Combination of documentary evidence and personal interaction  A certification of work invalidity |
| **Who makes the final decision?** | INAIL |
| **What benefit(s) can an individual receive if assessed as disabled?** | Specific pension for work invalidity  Possibility to be registered in the employment quota system  Specific tax reduction for adaptations in own house and work places |
| **Web link** | <https://www.inail.it/cs/internet/multi/english.html> |

# Part 2 – Analysis and evaluation of specific assessments

## Case study 1: Assessment for admission to official handicap status/invalidity status

(admission to a general register or status of disabled person(s) or comprehensive assessment for multiple purposes).

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Examples 2 and 5**).

### **Detailed description of the assessment process**

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

In Italy, there are two main forms of assessment of persons with disabilities: the first one is the invalidity status that is evaluated on parameters related to health conditions deriving from pathologies graduated based on the Barema method. The second one is the handicap condition that is considered as difficulty in carrying out some typical functions of daily or social life because of impairment or physical, mental or intellectual, hearing and sight disabilities.[[3]](#footnote-3) The first assessment uses a Health Barema scale; the second is based on an health and social evaluation of the impairments experienced by a person when he/she interacts with social and physical barriers, but, because there are no defined evaluation system, the competent commissions evaluate case by case on the basis of collected information and experiences by members of the assessment commission.

**Example 2: Status of invalidity**

Invalidity can arise for war reasons, for work incidents, for incidents during an activity as civil servant. Invalidity is defined “civil” when it is caused by other reasons (birth condition, specific diseases, incidents, etc.).

As a rule, for persons who are over 18 years of age, the invalidity is calculated as a percentage; for those that are under 18 years, since they are considered evolving persons (i.e. not yet adults), the competent Commission does not assign a percentage of invalidity. The recognition of the invalidity of minors is subject to the condition that they have persistent difficulties in carrying out the tasks and functions of their age (which instead, without that disability, they could perform, e.g. studying, playing sports, social interactions, etc.). On reaching 18 years of age, a special medical commission carries out a medical check to confirm the invalidity status that with the age is considered permanent.

For the purposes of healthcare and social assistance, and for benefit of indemnity of support, persons with disabilities who are aged over 65, and have endured difficulties in carrying out tasks for their age level, are classed as ‘invalids’ and are therefore eligible for health and social care provisions.

The procedures for assessing the civil invalidity, of civil blindness and deafness, are based only on medical parameters through a scale of percentages of invalidity linked to the severity of a disease or the consequences of diseases. The percentage awarded then determines eligibility for specific benefits.[[4]](#footnote-4) In the case of multi-impairments, beneficiaries can accumulate benefits provided by laws for single disabilities.

A specific Commission that operates in each Regional Health Services (AUSL or ASL) processes assessments of civil invalidities.[[5]](#footnote-5) Each Commission is composed of a doctor specialised in legal medicine who assumes the functions of President, and of two doctors, one of whom is selected primarily from among occupational doctors. Doctors are selected among doctors employed of AUSL or ASL or selected by a public examination.

At the request of the person with disabilities, the Commission will include a doctor representing, respectively, the National Association of amputees and invalid civilians (ANMIC), the Italian Union of Blind and low vision (UICI), the Italian Association of the Deaf (ENS) and the National Association of the families of people with intellectual and/or relational disabilities (ANFFAS).

From January 1, 2010, also a doctor from the National Institute for Social Security (INPS) is part of the Commission as effective member. The assessment of civil invalidities is carried out with different criteria from those used for the evaluation of the handicap status according to the Law n. 104/1999.

If a person wants to contest the report issued by the Medical Commission (AUSL/ASL or INPS), it is necessary to submit an appeal within six months of the date of report notification.

From January 2012, it is not possible to submit an appeal to the court if the technical preventive assessment by INPS has not completed its procedure.

During the process of assessment, the beneficiary may be present and speak, and ask for a medical examination in his or her own house if they have a health condition that hinders their movement.

### **Sources of official guidance and assessment protocols**

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The assessment evaluation is based on an invalidity percentages scale (from 0 to 100%) focused on a medical evaluation, linked to the severity of a disease or the consequences of diseases (slight, medium, severe). It assigns the relevant percentages related with specific benefits. The assessment scale is defined by a Ministerial Decree from 1992.[[6]](#footnote-6)

A person to whom a medical assessment recognizes a percentage of invalidity equal to 33% can benefit from rehabilitation services and medical devices.

A person to whom a medical assessment recognizes a percentage of invalidity equal to 46% can be registered in the list of persons with disabilities unemployed and to benefit from appropriate support. A specific evaluation will be made by another employment commission to define the profile (see example 1).

A person to whom a medical assessment recognizes a percentage of invalidity equal to 76% can benefit from pension (it depends on the income). A person to whom a medical assessment recognizes a percentage of invalidity equal to 100% can benefit from an indemnity of support (i.e. the indemnity is paid regardless of income). A high level of invalidity or a severe handicap condition (it depends on the income and rules of various competent authorities) allows a person with disabilities to benefit of reduction of taxes (waste tax, energy tax, phone bill, reduction of VAT for technological devices or elevators, for example). It also allows people to have access to social and support services (the level of percentage of invalidity status that permits to have access to the social services is regulated by the regional rules. See example 7).

**Example 5: Assessment for Admission to official handicap status**

The disability status, that it is different from civil invalidity, is defined and measured by Act 104/1992. At the article 3, clause 1, a person with disabilities may be defined “as any person who has a permanent or progressive physical, mental or sensory impairment that hinders the person's learning ability, social relationships or inclusion in the labour market and that may lead to social disadvantage or exclusion”. The third clause of the same article defines the condition of gravity: “Where the individual’s personal autonomy, in relation to his or her age, is reduced by one or more impairments and therefore permanent, continuous and comprehensive individual and social support is needed, the person is in a condition of gravity. Public services and programs shall give priority to people with disabilities in a condition of gravity”.

Disability is the social disadvantage caused by contemporary impairment and social situation.

The invalidity status is based on the reduction of the working capacity, with the consequent attribution of a percentage.

A person can demand both recognition of civil invalidity, blindness or deaf-mutism and disability. Even persons with impairments caused by war or work, for example, can demand the certification of disability.

Assessment of disability status is made by a specific Commission operating at each Local Health Services. These Commissions also assess civil invalidity with the support of a social worker and a specialist in the pathology to be examined.

Unlike the evaluation of civil minorities, assessment of handicap is based on medical and social criteria and not on medical and legal or percentage-related criteria. The Commission includes a physician specialized in forensic medicine who acts as chairman and two other doctors. The physicians are chosen among doctors employed or affiliated by the Local Health Authorities. At the request of the person with disabilities, the Commission will include a doctor representing, respectively, the National Association of amputees and invalid civilians (ANMIC), the Italian Union of Blind and low vision (UICI), the Italian Association of the Deaf (ENS) and the National Association of the families of people with intellectual and/or relational disabilities (ANFFAS).

From January 1, 2010, also a doctor from the National Institute for Social Security (INPS) is part of the Commission as effective member.

The assessment of civil invalidities is carried out with different criteria from those used for the evaluation of the handicap status according to the Law n. 104/1999.

The request for recognition of disability status shall be submitted by the interested person or by those legally representing him (parent, guardian, etc.) to the territorially competent INPS, or through the authorized bodies: trade associations, trade union representatives, CAAF (Centro Autorizzato di Assistenza Fiscale - Authorized Tax Assistance Centre), other organizations. The presentation of the application - computerized procedure since January 2010 - requires a certificate of the attending physician, on a certification model prepared by the INPS: the doctor certifies the nature of the disabling illnesses, reports the personal data, the invalidating pathologies and indicates the International Classification of Diseases (ICD-9). He specifies, if present, the pathologies listed in the Ministerial Decree of 2 August 2007, which indicates the stabilized or aggravating pathologies. These pathologies make the disability status definitive and that is that the Commission in the future should not review it. Finally, the doctor indicates the possible existence of an oncological pathology in progress.

The disability assessment can also be requested at the same time as the application for the assessment of the civil invalidity: it is not, therefore, necessary to make two applications.

The computer procedure proposes then a notebook of available dates for the check at the Commission of the Local Health Authority (ASL). The citizen, can choose the date of a visit or to point out a different date from that proposal, choosing it among the further dates pointed out by the system. In the case in which the person can’t be transported (transport involves a serious risk for safety and the health of the person) it is possible to ask for a domiciliary visit. The visit takes place in the Commission of the competent ASL that accesses the electronic file that contains the application and the medical certificate. Access to these data is only allowed to a few doctors and officials, to contain the risk of abuses related to the reservation of the data. If at the end of the visit the record is approved unanimously, validated from the head of the INPS’ Legal Medical Centre, it is considered definitive. If instead, the opinion is not unanimous, INPS suspends the record’s sending and acquires the documents that are examined by the head (or manager) of the INPS' Legal Medical Centre. The visit, in this case, is carried out, over that from an INPS’ doctor (different from that present in ASL Commission), from a representative doctor of associations of category (ANMIC, ENS, UIC, ANFFAS) and from a social operator. The Medical Commission can use the specialist doctor's advice on the pathology that is the object of evaluation. The consultations can be carried out by INPS' specialist doctors or from doctors already settled (agreed) with the institute. The definitive record is sent to the Citizen by the INPS. The sent versions are two: one contains all the sensitive data and the other only contains the final judgment for administrative uses. If the final judgment foresees the disbursement of economic providences (e.g. pension or indemnity), the Citizen is invited to insert online the required data (for example personal income, possible hospitalization charged to the State, frequency to schools or centres of rehabilitation, coordinates banking) data. Also, this information ends in the “database" and they complete the profile of the person to the goals of the civil invalidity, handicap and disability.

The severe handicap condition allows a beneficiary to obtain:

- A paid permit of three days for each working month, for a worker with a serious disability, that can be taken or in three working days of paid leave or in a number of hours equivalent to three working days distributed on working days of the month and the possibility of being moved from the workplace only with his consent (especially for public jobs).

- Three days of paid leave for each working month to a public or private worker who has a relative in his family with severe disabilities and an approach to a workplace near the residence of the relative with a severe handicap.

- A reduction of some taxes (depending of income and rules of various competent entities, regions, municipality, etc.), waste tax, energy tax, phone bill, reduction of VAT for technological devices or elevators or removing architectural barriers at home, university fees, for example.

- Access to the social and support services (see example 7).

### **Implementation and outcomes**

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times, and the assessment outcomes.*

The number of beneficiaries of national benefits registered in the official status of invalidity is **3.060.490, of which** 59.6% are women (March 2017).[[7]](#footnote-7) To carry out the ordinary medical examinations, a maximum time of 30 days is planned by the day of submission of the request; in the case of oncology pathology, according to the Ministerial Decree of August 2, 2007, the time limit goes down to 15 days. If it is not possible, in real time, to schedule the visit within the maximum timeframe because of a non-availability of dates, the procedure may provide dates following the threshold, or register the request so that the date of the visit can be worked out later.

### **Evaluation – fitness for purpose**

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The Italian definition of invalidity condition does not meet the UNCRPD definition of persons with disabilities. In fact, the definition of persons with disabilities is based on a medical model.[[8]](#footnote-8) The Act 104/1992[[9]](#footnote-9) assumes as a cultural approach the ICIDH model of disability defined by WHO[[10]](#footnote-10) as assessment but still based on a medical approach (ICIDH model of disability assumes the handicap condition as a direct consequence of the health condition and it does not mind the interaction between the characteristics of the person and the environmental and social factors as stressed by ICF approach). This last legislation introduces a limited assessment of the handicap condition based on medical determination, even if it includes some environmental factors. From this perspective, the handicap condition is not “the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”, as defined in the CRPD, but is a consequence of the health condition of the person. The socio-medical commission of Regional Health Services evaluates the disadvantage produced by health conditions (named handicap status) on the basis of the Article 3 of the Act 104/1992 that is inspired to the ICIDH. The law recognises the handicap condition when the person have a physical, mental or sensorial impairment that produces a “permanent and severe limitation of personal autonomy in one or more essential function of the life, not overcoming by technical aids”. On the basis of this assessment the commission assigns two levels of handicap condition (ordinary and severe, when the person needs a permanent care support, continuous and global in individual and relational area) that permits a person to have access to some rights and benefits. This means that actually the basic system to access to the benefits is a Barema of percentage scale of invalidity linked to the severity of a disease or the consequences of diseases. This assessment can be complemented, at the request of the person with disabilities, by another separate assessment: the valuation of condition of handicap (ordinary and severe) that combine a medical evaluation with a social one. This second evaluation – that not have a system of rules to assess the handicap condition - permit to access to other benefits. Frequently for a bureaucratic reason, the legislation considers to be equivalent to the certification of several handicap conditions assesses by the Health and Social Commission of Regional Health Services (see example 5) and the certification of 100% of invalidity evaluated by the Regional Health Commissions for invalidity (see example 2); this reduces the cultural impact of the social condition of handicap and produces an idea of equivalence between assessment approach based on the medical model of disability (assessment based only on the health condition) and an assessment approach based on the social model of disability (assessment based on interaction between the characteristics of the persons and environmental and social factors). The participation of person with disabilities concerned in assessment is practically nil.

To overcome the poor, inadequate and not useful evaluation based on an invalidity percentages focused on a medical Barema, the legislation for employment and education include two levels of assessment: the first level is the assessment of the percentage of invalidity that assign the access to a benefit (for quota system in employment and support in education), the second level of assessment is based on multidisciplinary approach that identify the capacities and needs of persons with disabilities related to employment and education. In employment the assessment involves social and employment services, in education is made by educational experts in the school system. Actually, a revision of the disability assessment system is included in the second biannual programme on disability[[11]](#footnote-11) Actually the discussion has focused only on the simplification of procedures and not on the system to assess the persons with disabilities. The cost-effectiveness researches are not available.

A regular evaluation of the assessment system is not in place and an independent evaluation is not expected.

### **Promising practice**

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The current debate on disability assessment system is focused on the procedures (members of the commission, simplification of bureaucratic procedures, unification of different commissions; a proposal is in discussion) and on the health scale of assessment. Some articles have focused on this issue.[[12]](#footnote-12) Disabled peoples’ organisations are involved in developing or evaluating the assessment method in the National Observatory of the condition of persons with disabilities, the coordination body that follows the implementation of the UNCRPD.[[13]](#footnote-13) At this moment the first version is in discussion, but no decision has yet been taken. The new Government intends to produce a Code of disability that re-organises the current legislation on disability into only one act, but at this moment it is only an intention. The Umbria Region, utilising part of the structural European funds, has defined in the 2019 a project to identify new form of assessment for the independent living projects.[[14]](#footnote-14)

## Case study 2: Assessment for admission to official handicap status/invalidity status

(eligibility for invalidity pension, as defined by MISSOC)

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Examples 2 and 5**).

**Example 2**

In general, the assessment system is based on the case study 1 described above. For this reason, I have only added specific information not included in the case study 1.

### **Detailed description of the assessment process**

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

As mentioned above, the candidate to the pension benefit can be assisted by a physician of trust, chosen from among the association members of the Health Service Commission.

### **Sources of official guidance and assessment protocols**

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The Barema system identifies the level of invalidity expressed in percentages. The pension is also assigned, in addition to the health required by law, in accordance with a percentage: 75% partial invalidity, 100% maximum invalidity. It is linked to the personal income (in the 2018 the limit is: 16.664€ for maximum invalidity, 4.853€ for partial invalidity). The amount of the pension depends on the type of impairment, higher for the blind.[[15]](#footnote-15)

If the applicant (minor or adult) is 100% disabled and he/she can’t walk without a permanent help of an accompanying person, or he/she doesn’t be able to perform the daily acts of life, he needs 24 hours support, an indemnity of support[[16]](#footnote-16) shall be granted, not linked to the income of the beneficiary. Persons hospitalised in a public residence are excluded from this indemnity.

### **Implementation and outcomes**

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

In the last year, the total number of pensions for condition of disability has grown and some specific procedures to revise those existing pensions were activated. From 1993[[17]](#footnote-17) to 2017 almost 700.000 beneficiaries of invalidity pensions and exemptions are subject to control examination made by a specific commission assigned to the INPS in 2010. The average time of the procedures to revise the procedure depends on the condition of the beneficiary: if the beneficiary has a permanent chronic health condition, listed in a Ministerial decree,[[18]](#footnote-18) the time of the revision ends when the beneficiary informs INPS about own health condition with a letter (some weeks); in other cases it depends on the list of persons subject of revision. The legislation defines in 6-9 months the time to make the revision visit. During the revision procedures, if the beneficiary does not attend the visit in the assigned data, the revision time is longer. The same thing happens if the beneficiary appeals the judgment of the INPS commission. A concrete study on the real time of this visit is not available.

The beneficiaries of this exemption are 1.775.431 (2016),[[19]](#footnote-19) the 58% of total budget of pensions. In the 2015, the three quarters of beneficiaries (76,3%) were older than 65 (while the 38,4% were older than 85) (INPS 2016). In Italy, the provisioning rate for population over the age of 65 is 11,6%, lower than Great Britain (15,2%) and higher than France (7,7%) and Germany (6,4%).[[20]](#footnote-20)

### **Evaluation – fitness for purpose**

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The assessment system is based on a clinical Barema system that is not able to personalize evaluations on conditions of disabilities. For example, a blind person is equated with a paraplegic, who in turn is equated with a tetraplegic and all three receive the same percentage of disability (100%).

This approach is based on a percentage evaluation within which numerical thresholds are identified, above which are assigned provisions and benefits. This system involves forensic physicians, competent for evaluations that involve benefits and provisions; unfortunately, this branch of medicine is very rigid and conservative. The medical Barema system does not evaluate the degree of dependence or the autonomy of the person, or the type and quantity of supports. The assessment of the concrete capacities and supports that a person with disabilities needs is not made, because the main objective is only linked to the benefits assignment. Since 1992, when the Barema system was defined, the method has never changed. In the Biennial Government Program on disability (2018-2020) there is an action that provides for an adjustment of the Assessment System on the basis of the ICF and CRPD. Actually, the discussion has focused only on the simplification of procedures and not on the system to assess the persons with disabilities. The cost-effectiveness researches are not available. A regular evaluation of the assessment system is not in place and an independent evaluation is not expected.

### **Promising practice**

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The Centre of Udine on classification that collaborates with the WHO has developed research on this topic that involved some organizations of people with disabilities.[[21]](#footnote-21)

## Case study 3: Assessment for Admission to receive medical and social services

(eligibility for long-term care benefits as defined in MISSOC)

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 7**).

### **Detailed description of the assessment process**

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

The long-term care benefits fall within the competences of Regions and Municipalities, which have the autonomy to decide the system of assessment. This situation produces some substantial differences depending on the Region. The evaluation scales used for assessment (SvaMDi or SVaMA[[22]](#footnote-22) are the most utilised) identify what kind of service is adequate to the person, evaluating health and social conditions. Unfortunately, the provision of services changes from Region to Region, producing strong inequalities on the opportunities related to geographical location. In general, the Health and Social Commission has the competence to assign the assessment, in which there are physicians from the Local Health Services and social workers of the municipalities. The commission defines the cost charged by the health services, the municipality services and defines the cost charged to the person being assessed or their families too. The cost calculation is different from Region to Region. Both persons with disability and their families have no control and influence over the procedures; they only sign the official document, certifying the acceptance of the cost charged to the beneficiary or the family.

### **Sources of official guidance and assessment protocols**

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The assessment scales evaluate the autonomy, medical and social conditions, income of the beneficiary person or their families to calculate the rate of service co-financing charged to the persons or families.[[23]](#footnote-23)

### **Implementation and outcomes**

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

Each region implements the assessment system on the basis of the regional welfare system: for example, the way in which income linked to the level of co- charged to the persons or beneficiary families of a long care is a regional decision. The number of persons assessed in long care institutions is calculated by ISTAT (The Italian National Institute of Statistics) is 293.000 beneficiaries (80% elderly people).[[24]](#footnote-24) The Italian Federation to overcoming the handicap (FISH) has express criticism of the assessment related to evaluate the needs and rights of persons with disabilities, because it is based on medical model of disability. For this reason, FISH has proposed an intervention line in the Biannual Government Program on disability (2018-2020) that provides for an adjustment of the Assessment System on the basis of the ICF and CRPD.

### **Evaluation – fitness for purpose**

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The assessment methods to evaluate long term care are only based on medical and assistive care items and frequently they do not take into consideration the necessity to building community care services and to guarantee the freedom of movement of the beneficiary. Even if some Regions include the closeness to an urban area in the standard to building new institutions, the majority of them are based on a segregated approach, that is to say that it’s about structures where patients are limited on their freedoms. On the basis of the concluding remarks to the art. 15 from the UN Committee on the rights of PWD,[[25]](#footnote-25) the Italian NPM (National Preventive Mechanism) for the Rights of Persons Detained or Deprived of Liberty has started to monitor health and social care homes since 2017, whose first outcomes will be available in the *Relazione al Parlamento 2018.*[[26]](#footnote-26)

Personal services are, in many Regions, provided depending on the supply, so that they are not built on needs of people, but on the basis of the services that already exist. Because the vast majority of services offered is residential, in many Regions the services on long term care offered are often only residential. A lot of these residential services, for reasons that are the big number of beds, the policy mainly medical, and spatial and /or relational isolation, frequently take the form of segregative institutions, to the point of be called “hidden asylums” by the only research on this topic.[[27]](#footnote-27)

The law n. 122/2016 on “Provisions on assistance for people with severe disabilities without family support” provides funds for the promotion of autonomy and independent living (Art. 19, CRPD), but these measures are in an experimental form, and not systematic and always using not much money than those provided for residential policies.

### **Promising practice**

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

An interesting case study is in Sardinia Region. A national act[[28]](#footnote-28) introduced a form of independent living project that Sardinia Region has applied. The PWD’s movements and their families asked to extend a new method of needs personalized assessment. This method would evaluate what kind of support is necessary to the persons to living in their families or in an independent way. At present, about 40.000 personalized projects are financed by the Sardinia Region spending progressively € 1.3 ml in 2000 until it gets to €120 ml in the 2018 of resources allocated annually).[[29]](#footnote-29) The number of the beds in long care institutions is reduced during the last 10 years.[[30]](#footnote-30) The disabled peoples’ organizations have been involved in developing and evaluating the assessment method.

Beneficiaries are evaluated through 2 tabs: family situation (social card) project trace with identification of the interventions, objectives, expected results and expense plan to achieve them; the severity of the person's disability condition (health card) or personal assessment.

Some Regions (Abruzzo, Emilia-Romagna, Friuli V.G., Lazio, Lombardi, Marche, Molise, Piemonte, Toscana, Umbria and Veneto) offer an independent living project for a few number of persons, with a very inhomogeneous methodologies and solutions.

Other good experiences are the *Centro per l’Autonomia di Roma*[[31]](#footnote-31) and the *Centro per l’Autonomia Umbro*[[32]](#footnote-32) which with a system of habilitation/rehabilitation support persons with severe condition of impairments to achieve the maximum level of autonomy and self-determination.

# Summary and conclusion

*Taking an overview of national approaches to disability assessment and including any recommendations. Considering the range of examples identified in Part 1, and the analysis of selected cases in Part 2, please reflect on the extent to which these various assessment systems are integrated (or not). For instance, to what extent are similar application processes, similar assessment methodology, or similar administrative processes used to determine eligibility for different benefits? How could the system in your country become more integrated, cost-effective, or result in an easier applicant journey through the processes? Please also indicate any explicit references to the CRPD in the assessment procedure or whether the CRPD has been taken into account in determining the assessment procedure to be used.*

The assessment system of disability conditions in Italy is still based on a mainly medical approach; it does not provide a personalised assessment based on the rights and needs of persons with disabilities. Persons with disabilities have no control and influence over the system of evaluation; and the main objective of the assessment system of disability conditions is to define threshold beyond which the person benefits from economic provision and/or facilities. It is not yet operating an assessment based on the disability definition contained in the CRPD, centred on the identification of appropriate supports to achieve full inclusion.

Even in areas such as education and work, a person can access the construction of a personalized profile, educational or targeted job placement, only after a medical assessment that assigns the percentages of disability to enjoy this benefit. The access to social or health and social services (in Italy there are three forms of regional services: health services financed by health funds; social services financed by social funds; and health and social services financed by social and health funds, in proportion of the nature of the services) is managed by the Regions, and the diversification of regional services produces different evaluation systems, based on Regional Barema system (for example, SVaMDi or SVaMA). In general, even these evaluations are not based on a disability definition by the CRPD but are instead to identify the services to which the person is entitled, rather than an evaluation of the tools. We cannot speak of an integrated assessment of health and social elements, particularly in the context of health care programmes; but also, in health and social services, an assessment dependent on health factors is still prevalent.

The experimentation on independent living has brought out the inadequacy of the parameters present in the current assessment systems, unable to gather the information necessary to define a package of provision to build personal autonomy and the appropriate abilities and supports to be put in place.

1. SVaMDi are guidelines for the ICF coding and for the compilation of the multidimensional evaluation form of disability, <https://bur.regione.veneto.it/BurvServices/pubblica/Download.aspx?name=1804_AllegatoA_283584.pdf&type=9&storico=False> (in Italian language). [↑](#footnote-ref-1)
2. SVaMA is a multidimensional assessment schedule adopted in several Italian regions: https://books.google.nl/books?id=isJADwAAQBAJ&dq=svama+assessment&hl=it&source=gbs\_navlinks\_s&redir\_esc=y. [↑](#footnote-ref-2)
3. Law 118/1971, <http://handylex.org/stato/l300371.shtml>. [↑](#footnote-ref-3)
4. Ministerial Decree, February 5, 1992, <http://handylex.org/stato/d050292.shtml>. [↑](#footnote-ref-4)
5. From Region to Regions it can be Health or Health and Social Services. For the commission see <http://www.handylex.org/schede/accertaic.shtml>. [↑](#footnote-ref-5)
6. See note 2. [↑](#footnote-ref-6)
7. INPS Report. Beneficiaries are: 223.958 blinds or partial blind people (7,3%); 61.001 deaf people (1,99%); 2.281.116 total invalids (74,5%) (which 1.775.431 beneficiaries of support indemnity - 58% of total pensions); 494.415 partial invalids (16,2%). See <http://www.condicio.it/allegati/324/Indenn.Accompagnamento.PDF>. [↑](#footnote-ref-7)
8. Law 118/71, article 2: “mutilated and disabled people are those people affected by congenital or acquired disability, even of a progressive nature, including mental disability caused by organic or dysmetabolic oligophrenia, mental insufficiency caused by sensory or functional impairment having reduced permanently the ability to work by one third at least, or, if under 18 years old, persons with permanent difficulties to carry out their tasks and activities. In order to claim health and social assistance and attendance allowance, mutilated and disabled people shall be over the age of 65, with permanent difficulties to carry out the activities and tasks of their age*".* [↑](#footnote-ref-8)
9. Act 104/1992, article 3 defines a handicap person as someone “having a permanent or a progressive physical, mental or sensory impairment that determines difficulties in learning, social relations and work integration, in such a way as to determine a process of social disadvantage or marginalization". “Where the individual’s personal autonomy, in relation to his or her age, is reduced by one or more impairments and therefore permanent, continuous and comprehensive individual and social support is needed, the person is in a condition of gravity. Public services and programs shall give priority to people with disabilities in a condition of gravity*".* [↑](#footnote-ref-9)
10. International classification of impairment, disability and handicap (1980) elaborated by the WHO before the ICF. This model guides the definition of persons with disability in the Act n.104/1992. [↑](#footnote-ref-10)
11. <http://www.gazzettaufficiale.it/atto/serie_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=2017-12-12&atto.codiceRedazionale=17A08310&elenco30giorni=false>. [↑](#footnote-ref-11)
12. A summary of the discussion is available in Giampiero Griffo, *Models of disability, ideas of justice, and the challenge of full participation*, in *Modern Italy*, 19(2), 2014, Special issue: *Disability rights and wrongs in Italy*, pp. 147-159, <http://www.tandfonline.com/doi/abs/10.1080/13532944.2014.910502> See the second report of the National observatory of the condition of persons with disabilities, <http://www.osservatoriodisabilita.it/images/Relazione_OND_triennio_2014-2016.pdf>. [↑](#footnote-ref-12)
13. <http://www.osservatoriodisabilita.it/index.php?lang=it>. The current Government has maintained the Observatory, but it is not yet clear if it intends to maintain the second biannual programme on disability. [↑](#footnote-ref-13)
14. See Regione Umbria, Determinazione Dirigenziale n. 5100 of the 22/05/2018. [↑](#footnote-ref-14)
15. For the year 2018, see <http://www.handylex.org/news/2017/12/26/importi-pensioni-indennita-limiti-reddituali-invalidi-ciechi-sordi-civili-2018>. [↑](#footnote-ref-15)
16. Law 18/1980 art. 1: “To the civilians mutilated and invalid totally incapacitated for physical or mental disorders referred to in Articles 2 and 12 of the law of 30 March 1971, n. 118, in which the appropriate health commissions, (...) have ascertained that they are unable to walk without the permanent help of an accompanying person or, not being able to perform the daily acts of life, need assistance continues, an accompanying allowance, non-reversible, is granted only on the basis of the handicap, to be paid by the State”. See <http://www.handylex.org/stato/l110280.shtml>. [↑](#footnote-ref-16)
17. See the Law 537/1993, <http://www.handylex.org/stato/l241293.shtml>. [↑](#footnote-ref-17)
18. See Ministerial Decree – Ministry of Economy and Finances, 2 august 2007,*"Individuazione delle patologie rispetto alle quali sono escluse visite di controllo sulua permanenza dello stato invalidante".* The list includes 12 pathological conditions that determine severe limitations to the personal autonomy and to the daily activities and participation to the life of the community. The list is revised yearly. [↑](#footnote-ref-18)
19. See note 5. See also <http://dati.istat.it/>. [↑](#footnote-ref-19)
20. Costanzo Ranci, Marco Arlotti, Andrea Parma A., *La sfida dell’Indennità di accompagnamento. Le politiche di tutela della disabilità e della non autosufficienza in Italia*, Politecnico, 2017. <http://www.condicio.it/allegati/324/Indenn.Accompagnamento.PDF>. [↑](#footnote-ref-20)
21. See <https://www.reteclassificazioni.it/portal_main.php?portal_view=public_custom_page&id=25>. [↑](#footnote-ref-21)
22. For example, see <http://www.ulss16.padova.it/it/ospedale-s-antonio/ospedale-s-antonio-reparto-geriatria-progetti-speciali/multidimensional-prognostic-index-mpi-svama/,509>; see also Agar Brugiavini, Ludovico Carrino, Cristina Elisa Orso, Giacomo Pasini, *Vulnerability and Long-term Care in Europe: An Economic Perspective*, Spingler 2017. <https://books.google.com/books?id=isJADwAAQBAJ&dq=svama+assessment&hl=it&source=gbs_navlinks_s>. [↑](#footnote-ref-22)
23. [Francesco Longo](https://www.google.com/search?hl=it&tbo=p&tbm=bks&q=inauthor:%22Francesco+Longo%22), [Mario Del Vecchio](https://www.google.com/search?hl=it&tbo=p&tbm=bks&q=inauthor:%22Mario+Del+Vecchio%22), [Federico Lega](https://www.google.com/search?hl=it&tbo=p&tbm=bks&q=inauthor:%22Federico+Lega%22), *La sanità future. Come cambieranno gli utenti, le istituzioni, i servizi e le tecnologie*, EGEA, 2011. [↑](#footnote-ref-23)
24. See <http://www.condicio.it/allegati/328/TestoIntegrale2014_2015.pdf>; see also network *Non Autosufficienza, L'assistenza agli anziani non autosufficienti in Italia 6*° Rapporto *2017/2018*, Maggioli, 2017; <http://www.condicio.it/allegati/325/Rapporto6_2017_2018.pdf>. [↑](#footnote-ref-24)
25. The Committee recommends that the national preventive mechanism immediately visit and report on the situation in psychiatric institutions or other residential facilities for persons with disabilities, especially those with intellectual and/or psychosocial disabilities, see <http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fITA%2fCO%2f1&Lang=en>. [↑](#footnote-ref-25)
26. See <http://www.garantenazionaleprivatiliberta.it/gnpl/resources/cms/documents/bbb00eb9f2e4ded380c05b72a2985184.pdf>. [↑](#footnote-ref-26)
27. See Giovanni Merlo, Ciro Tarantino (eds.), *Il manicomio nascosto. Indagine sulla segregazione della disabilità in Italia*, Maggioli, 2018. [↑](#footnote-ref-27)
28. Act 162/98, <http://www.handylex.org/stato/l210598.shtml>. [↑](#footnote-ref-28)
29. See <http://www.valentinopitzalis.it/blog/?p=249> and <https://www.regione.sardegna.it/documenti/1_13_20050210132810.pdfhttps://www.regione.sardegna.it/documenti/1_13_20050210132810.pdf>. [↑](#footnote-ref-29)
30. See <http://www.sardegnasociale.it/index.php?xsl=348&s=11&v=9&c=3423&nc=1> and <http://abcsardegna.org/471-2/>. [↑](#footnote-ref-30)
31. Vedi <http://www.centroperlautonomia.it>. [↑](#footnote-ref-31)
32. Vedi <http://www.cpaonline.it>. [↑](#footnote-ref-32)