

Leadir	ng
Social	Services

Personalised and Co-designed Plans for People with Disabilities			
Organisation(s):	ABC Brain-Injured Children Association		
Country:	Italy		
Contact:	policy@esn-eu.org		
Theme:	 □ Ageing & Care □ Asylum & Migration □ Young People □ Support for Children & Families ⋈ Community Care □ Co-Production ⋈ Disability □ Housing & Homelessness □ Artificial Intelligence □ Digitalisation □ Integrated Care & Support □ Quality Care 	 □ Labour Market Inclusion □ Social Inclusion □ Technology □ Workforce and Leadership □ Social benefits □ EU Funding □ Social Service's Resilience □ Mental Health ⋈ Person-centred Care □ Other, please specify: 	
Principles of the European Pillar of Social Rights: Check the 20 principles here.	 □ 1. Education, training, life-long learning □ 2. Gender equality □ 3. Equal opportunities □ 4. Active support to employment □ 5. Secure and adaptable employment □ 6. Fair Wages □ 7. Transparent employment conditions □ 8. Social dialogue □ 9. Work-life balance □ 10. Healthy, safe work environment 	 □ 11. Childcare and child support □ 12. Social protection □ 13. Unemployment benefits □ 14. Minimum income □ 15. Old age income and pensions □ 16. Health care ⋈ 17. Inclusion of people with disabilities □ 18. Long-term care □ 19. Housing and assistance to homeless □ 20. Access to essential services 	
Current status of the practice:	 □ Concept and Design Phase □ Execution & Monitoring Phase □ Consolidation Phase □ Scaling Up and Transformation Phase □ Other (please specify) 		
Context/ Social issues addressed Please explain the problem you attempt to solve.	disabilities and their families - together w have been involved in a participation	re people with serious and very serious ith the organisations that represent them - process for the construction of services ation, co-planning and personalisation, in	

which they work for the rights of their children, to build a society that allows everyone to choose where and with whom to live, in the family or with independent life paths, in their own territory and community, avoiding any form of institutionalisation, segregation or discrimination, with an impact of well-being and advantage for all, making the society of our island more inclusive and better.

Objectives:

Please provide a maximum of three objectives in bullet points.

We initiated our efforts by addressing the challenges faced by individuals in the most severe circumstances, including profound isolation, inadequate support services, and the limited choices that often led to institutionalization as the sole option.

Notably, families caring for individuals classified as "very seriously ill" aimed to enhance their children's quality of life and their own. They sought tailor-made services in which they could play a pivotal role, striving for the comprehensive development of their loved ones' potential.

Activities:

Please summarise the activities put in place to achieve the objectives (maximum 200 words). But how is a personalized plan structured? The criteria were developed by the Sardinia Region, with the contribution of a Consultative Commission, established by Council Decree and composed of representatives of the Municipalities, the Local Health Authorities and the Third Sector.

The Region is also responsible for regulating the methods of implementation of personalized plans managed even indirectly by the same subjects who request them, with the verification of the services provided and their effectiveness by - and in collaboration - with the Local Authority.

The protagonists are people with disabilities and their families. The implementation of personalized and co-planned interventions involves an active decision-making process and the participation of the person receiving the project and his family. In other words, personalizing means guaranteeing the protagonism of one's life and the participation of people with disabilities, and when they are not able to make all the choices on their own, the rights of the families who take care of them must be guaranteed.

This is, in fact, the moment that marks the decisive transition of the family from "pathological" to "active" proactive, competent, with caregivers capable of managing co-planning with the institutions; a family, therefore, which is not "abandoned to itself", but supported, because without the participation of the beneficiaries or recipients (people with disabilities and their families) personalized services "tailor-made" for that person cannot be created individual, a prerogative which, as demonstrated by people and families who have already implemented, for example, a plan based on Law 162/98 or personalized school paths, determines its quality in terms of satisfying needs.

Evaluation of practice: Please explain how you evaluate the practice, and what the results were/are so far	The practice has been evaluated by a body/organisation not affiliated with its implementation.
Links to supporting documents: e.g. website or report of the practice	http://abcsardegna.org/
Comments and tips i.e. for people willing to use your Practice	