

<i>- 'REGIONAL INDEPENDENT LIVING PROGRAMME' -</i>	
<u>Organisation / Country:</u>	Region of Veneto / Italy
<u>Website:</u>	Here
<u>Contact this email for further information:</u>	policy@esn-eu.org
<u>Summary:</u>	<p>The historical development of welfare services for people with disabilities in the Veneto Region (three main stages) can be described with specific key characteristics for each stage.</p> <p>Until the 70s/80s:</p> <ul style="list-style-type: none"> • large families • agricultural economy • small and inclusive communities • social doctrine of the Catholic Church <p>The system was based on values of solidarity and reciprocity.</p> <p>From 80s to 2000s:</p> <ul style="list-style-type: none"> • Family was the core of a person's identity • Small-scaled business structure <p>Institutional services were mainly a supportive resource for families.</p> <p>After 2000:</p> <p>The context after 2000 become more critical due to the crisis of the traditionally caring and universal welfare state. This context puts residential services under stress. At the same time, the UN Convention on the Rights of Persons with Disabilities of 2006 was</p>

	<p>transposed into national law on 3 March 2009 (law number 18).</p> <p>Main principles of the independent living programme:</p> <ul style="list-style-type: none"> • A person with a disability proposes and organises a personalised project. • The person has the ability to act and express own will to remain in their house <p>Assigned number hours regulated by:</p> <ul style="list-style-type: none"> • Proposal from the person (indirect care) • Regular employment contracts (indirect care) • Assigned by institutions (direct care) <p>Delivered services:</p> <ul style="list-style-type: none"> • Care of the person or care of the house, • Activities outside the house, outdoor trips, • Working environmental, research, sport, socialization, etc. <p>Chain of action in order to deliver a service:</p> <ul style="list-style-type: none"> • <i>Step 1:</i> cost calculation and needs assessment • <i>Step 2:</i> agreement with the interested person • <i>Step 3:</i> framework established by the region <p>The structure of the scheme is based on a number of key elements:</p> <ul style="list-style-type: none"> • For every district per 100,000 inhabitants, there is a multidimensional evaluation unit (MEU). • This MEU undertakes the evaluations, which leads to proposals for different services involving the disabled person as service user in the design of a care plan. <p>The evaluations and needs assessments are regulated in regional legislation as of 2007.</p> <p>For the needs assessment, they use an evaluation scheme for multidimensional assessment of people</p>
	<p>with disabilities, which is based on the International Classification of Functioning, Disability and Health. This scheme is applied across the 21 local health authorities of the Veneto region.</p> <p>The monitoring is undertaken by the health unit on the basis of an annual process. The Veneto Region carries out the data collection.</p>

<u>Issues:</u>	High hurdles in everyday life remain a barrier to the full implementation of the independent living concept. As an example, one can think of the accessibility of public transport in cities with a lot of canals, such as Venice.
<u>Resources:</u>	There is data available, among others, for the number of individual care plans. As an example, in 2011, the total number of plans was 3,745. The value of individual projects of personal assistance between 2006 and 2008 was 16.4 m EUR. Within these years, the number of projects fluctuated between 3,432 and 3,852.
<u>Objectives:</u>	<p>The guiding principle was the care of the person and the family for the realization of the objectives of personal autonomy and social inclusion.</p> <p>Strategies for deinstitutionalization:</p> <ul style="list-style-type: none"> • individualised care programmes • independent living projects (INDIRECT CARE): The person employs a caregiver. • personal aid projects (DIRECT CARE): increase of services for the person
<u>Outcomes:</u>	<p>The positive effects for users are:</p> <ul style="list-style-type: none"> • Aid not limited to primary needs • Respect for the principle of individual freedom • Improvement of self-confidence and of the general life quality • Improvement of the socialization opportunities • More possibilities for study and work • Improvement of the family relationship <p>The positive effects for institutions are:</p>
	<ul style="list-style-type: none"> • Prevention of institutionalisation • Relief and support to users and their families • Creation of workplaces for care givers • Good state of health more durable
<u>Evaluation:</u>	The monitoring is undertaken by the health unit on the basis of an annual process. The Veneto Region carries out the data collection.