

DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
<i>- 'HOME CARE PREMIUM' -</i>	
2. Organisation responsible for the practice	
National Institute of Social Security (I.N.P.S.)	
3. Contact person(s)	
E-mail	policy@esn-eu.org
4. National/regional/local context of practice	
<p>The Constitution of the Republic of Italy presents health as a fundamental right, guarantees free medical care to the indigent and the right to welfare support. The history of cooperation between health and social services took a new start with laws established in past decades (the 70s and 80s. Later laws from the 90s provided suitable tools (Conventions, Consortia, and Programme Agreements), and defined levels of integration and types of social and health services. Various legislative frameworks from early after the year 2000 define integration approaches between performance (services) and needs. Health and social services are based on the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Types of needs (psycho-physical functions; how to participate in social life, environment and family factors that affect individual behaviour and needs); <input type="checkbox"/> Care intensity (intensive phase, extensive and long-term assistance); <input type="checkbox"/> Complexity and duration of the intervention. <p>The National Plan of Interventions and Social Services frames the implementation as an integrated approach to interventions, which brings together social services and coordinates interventions with health policies, education, training, and work. The associated municipalities - in agreement with the Local Health Agencies – have the goal of defining the scope of the plan. The National Plan of Interventions and Social Services was developed out of a concept for innovation calling for the "integration of interventions in the set of social policies, mobilising for that purpose all stakeholders and providing a unified strategy for integrating social care".</p>	

5. Summary of the practice

This project adds additional benefits to those provided by the State and Regions in favour of disabled people, such as cash benefits: disability pension, support check, etc. The project design considers itself a step towards the deinstitutionalisation of

services: rather than providing a cash benefit for housing in favour of not self-sufficient people in residential structures, the new approach of this programme, among the different methods of intervention in support of disability and long-term care, is based on the choice of enhancing home care (therefore the name of the project: Home Care Premium), giving a contribution "prize" for delivering care to not self-sufficient people at their own home. Home Care Premium provides a "mixed" form of intervention, with the direct, synergistic, and active involvement of families, public and social resources of the "third sector". Specifically, since 2011, 183 Italian Territorial Authorities have agreed with the National Institute of Social Security. As a regional example from the Lazio Region, from 2011 until early 2015, the number of Territorial Authorities adhering to this agreement have gradually increased to reach the number 26 (from a total of 36).

6. Staff involved

See section 12.

7. Target group

Public employees and former employees and/or their family members who need home care services and prevention measures for reducing cognitive impairment

8. Aims of the initiative

Providing home care insurance for public sector workers and their families who require home care services to enable them to access support through a scheme based on direct salary contribution.

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
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Technology		Skills Development (of the workforce)		Quality of services	
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ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)

Pilot project (terminated)	
Project (ongoing)	X
Project (terminated)	
Implemented practice (restricted areas)	
Widely spread practice/rolled out	X

11. Scope of the initiative

Describe in a few sentences the setting of the practice, considering the following criteria:

- *Micro-level initiatives:* initiatives that involve individuals at the local level
- *Meso-level initiatives:* initiatives that involve organisations or communities
- *Macro level initiatives:* initiatives that involve large population groups

National

12. Leadership and management of the initiative

Describe in a few sentences the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional, and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

At the regional level in Lazio, the organisation delivering services under the scheme is the charity Regional Centre St. Alessio – Margaret of Savoy. The organisation provides home-based care and support services for people with visual and multiple disabilities.

Support is coordinated by a case manager who creates a personal support plan and a package of financial welfare benefits and social support. Individual plans include home aids and adaptations, family or personal assistants and assistive technology. The case managers facilitate the coordination between workers and between workers, service users, carers, and families.

Local-level monitoring of individual progress and support is led by a multi-disciplinary team of psychologists, health and social workers and other practitioners.

The scheme is administered through 16 regional departments of the National Institute of Social Security; the territorial administrations (municipalities, social-health districts,

local health agencies), the regional administrations (i.e., Lazio Region) and the regional service providers.

At the local level, teams are led by core staff, including psychologists and social workers.

13. Engaging stakeholders in the project

Describe in a few sentences the engagement of stakeholders, considering the following criteria:

- *Individual initiative:* Individuals have sought practice change
- *Network approach:* one or more organisation(s) develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

The cooperating services are the territorial administrations (municipalities, social health districts, local health agencies), the regional administrations (i.e., Lazio Region) and the regional care service providers. At regional and local levels, centres for tax assistance, day and rehabilitation centres, transport services, meal delivery services, and employment and training agencies participate.

14. Involvement of service users and their families

Describe in a few sentences the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the project team
- *Consultative:* A consultative body of users was set up for an ongoing dialogue and feedback
- *Involvement in care:* person-centred approaches to care/support

Home Care Premium provides a "mixed" form of intervention, with the direct, synergistic, and active involvement of families, public and social resources of the "third sector".

15. Costs and resources needed for implementation

Describe in a few sentences how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'.
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

The National Institute of Social Security Home Care Premium scheme administers funds. The annual costs for the Lazio Region are approximately EUR 7 million.

16. Evaluation approaches

Describe in a few sentences the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and quantitative approach,
- *Single method:* a qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records and other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

All territorial administrations are audited. In Italy, about 20,000 people received benefits from this project, and in 2015 the number is supposed to increase to 33,000. Considering the total number of public servants and retired people and the average percentage of disabled people in Italy (6 per cent), the estimated percentage of people concerned by this project will increase from 6.7 per cent to 9.3 per cent. In the Lazio Region, the number of beneficiaries has reached a share of about 2,500.

17. Measurable effects of the initiative and what it has achieved

Service users

Service users and families have a choice and control over their care and support.

Formal caregivers	
Informal carers	
Organisations	
18. Anticipated or ‘aspirational ‘effects of the initiative and what it has achieved <i>This category can include outcomes which are not documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.</i>	
Service users	<p>Supplementary benefits to support the daily care pathway of the beneficiary, using professional services and extra home care and domiciliary care services and supports and accessories.</p> <p>For users and families, increased accountability is expected. Families should become employers.</p>
Formal caregivers	
Informal carers	For family carers: The project has fought irregular work, ensuring that the workers get a regular contract and training and registering them in a public registry.
Organisations	A contribution to management activities, social information office, evaluation unit, promotion and dissemination, networking, and training.
19. How has the initiative changed the way care/support is provided	
Support is provided in the home and community rather than through residential and nursing homes.	
20. Sustainability of the practice <i>Describe in a few sentences if the practice is sustainable, considering the following criteria:</i> <ul style="list-style-type: none"> • <i>Potential for sustainability:</i> practices were newly started or are ongoing/not yet mainstreamed. How could the initiatives be sustained (in terms of resources)? • <i>Organic sustainability:</i> service users have been empowered to take the initiative forward • <i>Established:</i> the project has been operational for several years 	
The scheme has been running since its initial implementation in 2000.	

21. Transferability of the initiative

Please describe in a few sentences if the practice has been transferred, considering the following criteria:

- Transferred*: transfer to other regions, countries, service user groups, etc.

- Potential for transferability*: there is interest from the outside; elements of the initiative have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

n.a.

22. Further information sources/background documents / Website

Report on Rules of Membership and Management (available in Italian [here](#))

On Home Care Premium: [here](#) (in Italian only)