



Disability-relevance of quality assurance systems in social services

Italy

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1 Executive summary

1.1 Definition and framework of the quality of personal social services

The Italian framework for the quality of personal social services is very fragmented. Moreover, it lacks a comprehensive and consistent definition of quality of social services. Thus, analysing quality evaluation mechanisms regarding the social services targeting persons with disabilities is very difficult. The main legislative measures regarding social services and the legal condition of persons with disabilities do not take due account of the need for transparent, shared, accessible and inclusive evaluation mechanisms. From a legislative point of view, the transformative dimension of the evaluation of the quality of social services is not made explicit.

1.2 Evaluation of the quality of social services

In Italy, the evaluation of the quality of social services is often carried out *ex ante*. This means that relevant legislation, at both national and regional level, provides for criteria of 'minimum quality' to be fulfilled in advance, i.e. before the entity offering social services commences its activity.

Charters of services, adopted by public and private bodies providing social services, contain measures for the evaluation of the quality of social services. The adoption of such charters is mandatory.

1.3 Impact of quality assurance mechanisms

No clear evidence is available about the impact of quality assurance mechanisms in the context of the Italian welfare system.

1.4 Recommendations for Italy

Adopting a consistent approach throughout Italy on the evaluation of the quality of social services, in compliance with the Italian Constitutional Court's case law.

Developing and implementing a social services evaluation system that is participatory and inclusive. The requirement of inclusiveness implies that:

- the quality criteria and targets must be shared with the associations of people with disabilities;
- the results of quality assessments must be accessible, understandable and intended for all.

1.5 Recommendations for the European Commission

Implement the 2021-2030 Strategy, emphasising the importance of assessing the quality of social services and of improving the skills of service providers.

Take an approach consistent with the 2023 Report of the United Nations Special Rapporteur on the rights of persons with disabilities, 'Transformation of services for persons with disabilities', supporting Member States to reshape the design and

delivery of support for persons with disabilities to encourage their moral agency, autonomy and social inclusion.

2 Conceptualising quality of essential services provided directly to the person: framework, definition, and research in the European States

2.1 Definitions and frameworks

The Italian framework regarding essential services is complex and multilevel and it is not easy to describe it from a legal perspective. As it was noted in the 2022 European Commission study *Study on social services with particular focus on personal targeted social services for people in vulnerable situations*, ‘in Italy, the absence of an institutional categorisation of social services is perceived as one of the main factors often causing the overlapping of different institutional levels of interventions and responsibility’.¹

In Italy, the quality of social services is not regulated in a consistent manner, so it is difficult to draw a complete and detailed picture of the quality of essential services for vulnerable persons.

It should be underlined at the outset that in the Italian debate about the welfare state the concept of quality related to social services has been long overlooked. Since the 1990s, the presence of a growing number of entities offering social services implied the need to evaluate the quality of their activities.² In the past, the Italian welfare system had faced a growing regional divergence when the Italian Regions adopted expansive policies during a phase of contraction of spending at the central level. Hence, every Region offered different responses to people’s social needs.³ After the constitutional reform under Constitutional Law No. 3 of 2001, the concerns regarding the quality of social services were linked to the debate about the definition of the essential levels of assistance and the definition of the essential level of social benefits (*livelli essenziali di assistenza* (LEA) and *livelli essenziali delle prestazioni sociali* (LEPS)), as mentioned in Article 117(2)(m) of the Italian Constitution (‘The State has exclusive legislative powers in the following matters: ... determination of the basic level of benefits relating to civil and social entitlements to be guaranteed throughout the national territory’ and referring to the legal relevance of the idea of a ‘basic level of benefits’).⁴

Following the 2001 constitutional reform, the Italian Constitutional Court emphasised this relationship on multiple occasions. Recently, with regard to health services, the Court affirmed:

‘The LEAs represent “minimum standards” (judgment No. 115 of 2012) to be ensured uniformly throughout the national territory in order to avoid that, in parts of the national territory, users have to submit to a lower health care regime, in terms of quantity and quality, to that deemed intangible by the State since the

¹ European Commission (March 2022), *Study on social services with particular focus on personal targeted social services for people in vulnerable situations*, available at: <https://ec.europa.eu/social/main.jsp?catId=1169&langId=en>.

² See Zenarolla, A. (2007), *Costruire qualità sociale. Indicazione teoriche e operative per lo sviluppo e la qualità nei servizi*, Rome, Franco Angeli, p. 9.

³ See Giorgi, C., and Pavan, I. (2021), *Storia dello stato sociale in Italia*, Bologna, Mulino, p. 474.

⁴ See Luciani, M. (2016), ‘Diritti sociali e livelli essenziali delle prestazioni pubbliche nei sessant'anni della corte costituzionale’, *Rivista AIC*, vol. 3.

possibility of the individual Regions is limited, within the context of their concurrent competence in the matter of the right to health, to possibly improve the aforementioned levels of services (judgment No. 125 of 2015).⁵

Over the past 30 years, the State and the Regions have approved several legal provisions regarding quality of services. With regard to health services, Legislative decree No. 502 of 30 December 1992 (*Riordino della disciplina in materia sanitaria, a norma dell'articolo 1 della legge 23 ottobre 1992, n. 421*) provides that 'In order to guarantee the quality of care for the generality of citizens, the method of verification and review of the *quality and quantity of services*, as well as their cost, shall ordinarily be adopted'. The development organisational models, the information flows, the measures regarding employer-employee relations, as well as the relationships between public and private providers and the National Health Service, must be functional to this goal (Article 10(1); Italics added). The same article provides that 'Regions, in the exercise of the supervisory powers referred to in Article 8, paragraph 4, and making use of its inspection services, verify compliance with the provisions on requirements minimums and classification of the supplying structures, with particular regard to the introduction and use of systems of surveillance, tools and methodologies for *quality evaluation of services and performance*' (Article(10)(2); Italics added).

In the following years, Law No. 328 of 8 November 2000 (*Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali*)⁶ affirmed that 'For the implementation of interventions and social services, in unitary and integrated form, [the Italian State and Regions shall adopt] the method of the planning of interventions and resources, of operations for projects, the systematic verification of the results in terms of quality and efficacy of the services, as well as of the evaluation of gender impact'.⁷

With particular regard to the legal framework for persons with disabilities, Law No. 104 of 5 February 1992,⁸ which is considered to be the main framework for all disability issues, takes into account the quality of services designed for persons with disabilities at Article 39, which is headed 'Tasks of the regions'. The second paragraph of this article states that 'Regions can provide, after hearing the representatives of local authorities and the main private social organisations present in the area, within the limits of their availability budget: a) to define the organisation of services, *the quality levels of benefits*, as well as the criteria for the provision of assistance supplementary economic competence of the municipalities' (italics added).

⁵ Italian Constitutional Court, decision No. 70 of 2022, available at: <https://www.cortecostituzionale.it/actionSchedaPronuncia.do?anno=2022&numero=70>.

⁶ Law No. 328 of 8 November 2000, available at: <https://www.normattiva.it/eli/id/2000/11/13/000G0369/CONSOLIDATED>.

⁷ On Article 3 of Law No. 328/2000, see Sabbioni, P. (2003), 'Art. 3' in: Balboni, E., Baroni, B., Mattioni, A., and Pastori, G. (eds.), *Il Sistema integrato dei servizi sociali*, Giuffrè, pp. 106-120.

⁸ Law No. 104 of 5 February 1992, 'Framework law for assistance, social integration and the rights of persons with disabilities', available at: <https://www.normattiva.it/eli/id/1992/02/17/092G0108/CONSOLIDATED/20230427>.

Subsequently, Law No. 134 of 18 August 2015, entitled 'Provisions concerning the diagnosis, treatment and qualification of persons with autism spectrum disorders and assistance to their families',⁹ states that the Ministry of Health shall 'provide, in application of the levels essential for assistance, for the updating of the guidelines for the promotion and improvement of quality and the appropriateness of assistance interventions for pervasive developmental disorders (PDD), with particular reference to autism spectrum disorders' (Article 4).

Law No. 112,¹⁰ Provisions regarding assistance in favour of people with serious disabilities without family support (*Disposizioni in materia di assistenza in favore di persone con disabilità grave prive del sostegno familiare*), which establish new measures for the benefit of persons with disabilities, entered into effect in 2016. The legislation does not mention quality indicators for social services for persons with serious disabilities, affirming that 'The Regions shall adopt programming guidelines and define the criteria and methods for the disbursement of loans, the modalities for the advertising of the loans disbursed and for the verification of the implementation of the activities carried out and the hypotheses of revocation of the loans granted' (Article 3(3)). Implicitly, such 'verification' could have a 'quality assessment' approach, but enactment has been highly heterogeneous.¹¹

Recently, Law No. 227 of 22 December 2021, the Delegation law to the Government regarding disability (*Delega al Governo in materia di disabilità*) states that the delegate legislation will

'7) provide for the obligation for public concessionaires services, to indicate the quality levels in the Charter of the service ensuring persons with disabilities the effective accessibility of the services, highlighting mandatory quality levels under current legislation' and '8) extend the referring for the efficiency of the administrations and public service concessionaires, affirmed in the legislative decree No. 198 of 20 December 2009, to the non-implementation or to the violation of the quality levels of essential services for social inclusion'.

At the time of writing this report, the Italian Government has not exercised its delegated legislative powers.

Some provisions specifically designed for the evaluation of the quality of school inclusion are worth noting. Legislative Decree No. 96 of 6 August 2019¹² affirms that an evaluation of the inclusiveness of education is an integral part of the school evaluation procedure envisaged by Article 6 of Presidential Decree No. 80/2013.¹³ The

⁹ Law No. 134 of 18 August 2015, 'Provisions concerning the diagnosis, treatment and qualification of persons with autism spectrum disorders and assistance to their families', available at: <https://www.normattiva.it/eli/id/2015/08/28/15G00139/ORIGINAL>.

¹⁰ Law No. 112 of 22 June 2016, 'Provisions on assistance benefitting persons with severe disabilities without family support', available at: <https://www.normattiva.it/eli/id/2016/06/24/16G00125/CONSOLIDATED>.

¹¹ See 'Second Report to the Parliament about the enactment of Law No. 112/2016', at p. 12, <https://www.camera.it/temiap/2020/01/14/OCD177-4267.pdf>.

¹² Legislative Decree No. 96 of 2019, https://www.gazzettaufficiale.it/atto/serie_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=2019-08-28&atto.codiceRedazionale=19G00107&elenco30giorni=false.

¹³ See: <https://www.gazzettaufficiale.it/eli/id/2013/07/04/13G00121/sq>.

quality indicators regarding educational inclusion are defined by the National Institute for the Evaluation of the Education and Training System (INVALSI). Legislative Decree No. 66 of 13 April 2017¹⁴ also established a Permanent Observatory for School Inclusion, which has some monitoring tasks.

The National Plan on Interventions and Social Services 2021-2023 (NPISS – ‘*Piano nazionale sugli interventi e sui servizi sociali 2021-2023*’)¹⁵ says that quality of services is strictly related to the professional training of social operators and that every unitary access point (*punto unico di accesso*, PUA) shall adopt ‘the measures necessary to guarantee the quality and continuity of the service, the achievement of the specific programmed objectives within the established times, and the resolution of any problems of a technical, organisational and managerial nature’.

NPISS does not explicitly mention the quality of social services targeting persons with disabilities, but it does mention the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

No evidence is available about the impact of the voluntary European Quality Framework for Social Services on the Italian quality of services network.

2.2 Research studies and national debates

The scientific debate regarding the quality of social services has evolved over the last four decades. Many research studies seem to be obsolete, at least partially; moreover, many studies take into account problems regarding the quality of social services with regard to specific issues or territories;¹⁶ some research networks have conducted studies regarding services for vulnerable citizens and the inclusiveness of social services, but a wider range of studies is needed.¹⁷

The authors have selected two recent official reports and a publication drafted by a relevant disabled people’s organisation (DPO).

1. Since 2010, the National Italian Institute of Statistics (*Istituto nazionale di statistica* – ISTAT) has published an annual report on ‘Wellbeing and Sustainability’ (*Rapporto su benessere e sostenibilità*). The 2022 Report, published in April 2023, has a wide scope and it contains a whole section dedicated to the quality of services.¹⁸ The report says:

¹⁴ See: <https://www.normattiva.it/eli/id/2017/05/16/17G00074/CONSOLIDATED/20230429>.

¹⁵ NPISS, approved on August 2021: <https://www.lavoro.gov.it/priorita/Documents/Piano-Nazionale-degli-Interventi-e-dei-Servizi-Sociali-2021-2023.pdf>.

¹⁶ See, for example, Cottini, L., Fedeli, D., and Zorzi, S. (2016), *Qualità di vita nella disabilità adulta. Percorsi, servizi e strumenti psicoeducativi*, Erickson; Garena, G., and Gerbo, A.M. (2010), *Qualità e accreditamento dei servizi sociali. Elementi per la costruzione di un manuale di autovalutazione*, Maggioli; Mori, L. (ed.), *Disabili e welfare state*; Tavola rotonda (round table): Salvatore Nocera, Carlo Hanau, Claudio Imprudente and Marco Espa, *Salute e società*, 2/2006, 1-18; and Zannarolla, A. (2007), *Costruire qualità sociale. Indicazioni teoriche e operative per lo sviluppo della qualità nei servizi*, FrancoAngeli.

¹⁷ Istituto per la ricerca sociale (IRS): <https://www.irsonline.it/ricerche-6#r517>.

¹⁸ See Section 12 of the 2022 Report, available at: <https://www.istat.it/it/files//2023/04/12.pdf>.

‘Most of the measures of the quality of services showed an improvement in the years preceding the pandemic, between 2010 and 2019 ... However, some critical issues persist in the same period of time ... Furthermore, for some indicators of the health sector, signs of suffering emerge even in the pre-pandemic period: the number of highly assisted beds have decreased, hospital emigrations and general practitioners are increasing with a number of patients exceeding the maximum threshold. During 2020 and 2021, health and mobility services are, as is well known, among those that have been most affected by the impact of the pandemic and the measures taken to contain it’.

Moreover, it has to be underlined that:

‘The comparison with the pre-pandemic period shows a very diversified situation. As far as the health area is concerned, home care continued to grow as did the number of medical personnel, while the number of nurses and midwives remained substantially unchanged’.

It should also be noted that:

‘For the elderly population, with health problems and loss of autonomy, integrated home assistance (*Assistenza domiciliare integrata – ADI*) allows them to receive care while remaining at home. In 2021, the elderly aged 65 and over who used this service were 407 000, equal to 2.9 % of the over-65s. With reference only to the population aged 75 and over, the percentage of people who have resorted to home assistance rises to 4.8 %. The offer of home assistance is almost nil in Valle d’Aosta and in the autonomous province of Bolzano, where the service is available only for 0.4 % of over-65s, while the situation is decidedly better in Veneto, Sicily and Abruzzo where more than 4 out of 100 elderly people use home care. In some regions, the increase in home care, which began in 2020, continues for the second consecutive year, including Lazio, Veneto (+0.5 %) and Abruzzo (+0.4 %)’.

Considering the relevance of home care services for persons with disabilities, such data are alarming. Moreover, ISTAT data emphasise that ‘in the three-year period 2020-2022, 5.7 % of Italian families declared that they encountered many difficulties in reaching at least three essential services including pharmacies, emergency rooms, post or municipal offices, supermarkets, schools or police and carabinieri stations’ and that ‘the quality of public utility services is continuously improving throughout the country and compared to the previous three-year period 2017-2019, the share of families who reported difficulty accessing public utility services fell by 1.2 percentage points’. However, such data do not take into account the availability of essential services for persons with disabilities and their families.

Finally, it should be noted that the evaluation of public transport services does not take into consideration problems concerning the accessibility of networks and transport for persons with disabilities.

Once again, a very fragmented picture emerges from the statistical data. As noted above, the cited section of the report does not mention persons with disabilities, although it does expressly refer to services dedicated to older people.

2. The National Council for Economics and Labour (*Consiglio Nazionale dell'economia e del lavoro* – CNEL), governed by Article 99 of the Italian Constitution¹⁹ and composed of experts and representatives of different economic categories, drafts an annual report to Parliament and Government *On the levels and quality of the services offered by public administrations central and local to businesses and citizens.*²⁰

This report is based on an assessment of the 'human worth' guaranteed by services provided by public bodies. The report contains a chapter titled 'Cohesion policies, the exit from the emergency and the development of the country', with a paragraph regarding social services. The quality evaluation of social services for persons with disabilities is mentioned in relation to Law No. 227/2021 (see above) and the implementation of the National Recovery and Resilience Plan. The report underlines that 'the systematic management and supply of information flows, with the relative technological infrastructures, becomes a key point for this model, for effective and rigorous monitoring in support of the correct sizing of the services provided, the beneficiaries involved, the clear definition of needs and, last but not least, any corrective actions that may be necessary on the basis of certain and codified data', but it does not consider the need for a methodical and tailored evaluation of quality of services for persons with disabilities. The CNEL report mentions some accessible services for persons with disabilities, such as the INPS 'Mobile office' (*Sportello mobile*), which provides certain specific services normally provided in person through a dedicated phone number, or the INPS 'Voice office' (*Sportello voce*), providing services for deaf persons.

Moreover, the report distinguishes between 'usability' and 'accessibility', and underlines that, 'even if public services are not affected by the competitive aspect, they must still guarantee the quality levels of use to their users above all because now the expectations that the private companies themselves have set make this gap all the more evident'.

In 2015, a major network of persons with disabilities and their families, the National Association of Families and Persons with Intellectual Disabilities and Neurodevelopmental Disorders (*Associazione Nazionale di Famiglie e Persone con disabilità intellettive e disturbi del neurosviluppo*, ANFFAS), published a report entitled *Designing quality of life: Final report and results of the research project 'Tools towards social inclusion, ecological matrices and individual life plan for adults with intellectual and/or developmental disabilities' (Progettare qualità della vita. Report conclusivo e risultati del progetto di ricerca 'Strumenti verso*

¹⁹ 'The National Council for Economics and Labour is composed, as set out by law, of experts and representatives of the economic categories, in such a proportion as to take account of their numerical and qualitative importance. It serves as a consultative body for Parliament and the Government on those matters and those functions attributed to it by law. It can initiate legislation and may contribute to drafting economic and social legislation according to the principles and within the limitations laid out by law.'

²⁰ Available at: <https://www.cnel.it/Documenti/Relazioni>.

l'inclusione sociale matrici ecologiche e progetto individuale di vita per adulti con disabilità intellettive e/o evolutive').²¹ Fifty-two interviews were carried out in which people with disabilities were asked to specify the strengths and limitations of their path towards independence.

The results of the study show a direct correlation between the quality of services (or the perception of their quality) and the possibility of establishing a relationship of trust between social services operators and the person with disability. This allows individual preferences and wishes to be valued. In fact, to foster the self-determination of people with disabilities, it is essential to identify their inclinations, expectations and desires. Teamwork and sharing between social services operators and people with disabilities are essential prerequisites for reducing isolation and promoting openness to society, which are essential elements to draw out from the evaluation system of social services.

In summary, this study has shown that: (i) the use of standard qualitative tools can allow an 'objective' reading of the condition of the person with disabilities, although it risks crystallising people with disabilities within parameters by omitting to consider the sensitivity of each individual. It is therefore crucial to combine the search for these standard tools with activities to assess individual inclinations; and (ii) the paths of deinstitutionalisation presuppose the efforts of political decision-makers and families as it takes time to develop the autonomy of persons with disabilities, and this cannot be continuously interrupted.

So this report emphasises the relationship between quality of life and quality of services, highlighting that, from the studies about the concept of quality of life emerges a new approach 'with respect to how professionals, operators and services consider the person [with disabilities], the patient, the user and the citizen and his/her relationships in relation to his/her needs not only in terms of health, but also in terms of personal and social functioning, participation in care, care and community systems'.

Moreover, the report highlights the topicality of the concept of 'quality of life', which is traced back to the ability of social services and operators to know how to read and interpret the wishes of people with disabilities.

²¹ See:

[http://www.anffas.net/dld/files/RISULTATI%20STRUMENTI%20VERSO%20L'INCLUSIONE%20SOCIALE%20-%20PUBBLICAZIONE%20COMPLETA\(2\).pdf](http://www.anffas.net/dld/files/RISULTATI%20STRUMENTI%20VERSO%20L'INCLUSIONE%20SOCIALE%20-%20PUBBLICAZIONE%20COMPLETA(2).pdf).

3 Evaluation / assessment of quality assurance for social services

3.1 Types of quality assurance

Quality assurance is an underdeveloped theme within social services. This is partly due to the extreme differentiation of regional welfare systems and the lack of essential levels of benefit defined by state law, as referred to in Article 117(2)(m) of the Italian Constitution.²²

We can distinguish three types of tools, which operate *ex ante* (before the service begins to operate). Those tools do not incorporate the views of persons with disabilities who use the relevant social services.

The first type of tool is the charter for social services,²³ introduced by Article 13 of Law No. 328/2000 (the Framework Law on the system of social interventions and services).

Article 13 states the service charter has the purpose of protecting users' rights (paragraph 1) and defines the following:

- the criteria for accessing services;
- operating methods;
- the conditions for facilitating evaluations by services users and those representing their rights; and
- procedures to ensure the protection of services users.

Subsequently, the Decree of the President of the Republic of 3 May 2001 (on the National plan of interventions and social services)²⁴ outlines the characteristics of the charter for social services, intended as a 'Charter for social citizenship'. Given this perspective, the charter must allow for knowledge and understanding of characteristics and methods of access or use of the services provided: times, rates, staff professionalism, activation times, privacy protection and quality standards.

In order to protect the rights of users of social services and make them immediately enforceable, the charter for social services allows recourse to be taken against those responsible for managing the services, while maintaining the ability to protect oneself through the relevant jurisdiction.

The adoption of the charter for social services by social services providers is a necessary requirement for accreditation (as will be discussed later). The charter fulfils two functions:

²² 'I. Legislative powers shall be vested in the State and the Regions in compliance with the Constitution and with the constraints deriving from EU legislation and international obligations. II. The State has exclusive legislative powers in the following matters: ... (m) determination of the basic level of benefits relating to civil and social entitlements to be guaranteed throughout the national territory'.

²³ Midiri, F., 'Article 13' in: Balboni, Baroni, Mattioni and Pastori, *Il Sistema integrato dei servizi sociali*, pp. 241-249.

²⁴ Available at: https://www.gazzettaufficiale.it/atto/serie_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=2001-08-06&atto.codiceRedazionale=001A7830&elenco30giorni=false.

- towards the administration: since its adoption is precisely linked to the accreditation of the service; and
- towards the users of services, guaranteeing them a tool that allows them to assert that the services offered do not comply with the declared quality standards.

The other two tools are the authorisation and accreditation of services²⁵ (Article 11 of Law No. 328/2000).²⁶

These are two systematic and periodic evaluation processes to guarantee the safety and quality of assistance, the implementation of which is entrusted to the Regions,²⁷ which use their own regulatory acts to identify the relevant requirements. The assessment is based on checking the fulfilment of certain requirements relating to the structural, organisational and personnel conditions that affect the quality of assistance and care of persons with disabilities (and of elderly people and minors).

For public and private entities, the authority to operate means that they are deemed suitable to carry out social and social/health integration services of a residential and semi-residential nature (such as day care centres for persons with disabilities), with the purpose of ensuring minimum standards of safety and quality of services. The preliminary activity that public institutions must carry out presupposes a verification of both the hygienic/sanitary and technical/organisational requirements.

Accreditation, on the other hand, is a system that confirms the suitability of public and private entities to provide social and socio-health services on behalf of the competent public bodies. Accreditation is mandatory for public entities. In other words, it establishes a functional and organisational link between public service providers and public institutions, through which the services that can be provided are quantified.²⁸ The authorisation to operate the services is conferred upon the entity by the Regions, and the legal framework governing the deployment of services is regional.²⁹ Accreditation requires further guarantees on the continuity of care, quality and the unified management of services.

²⁵ On the difference between authorisation and accreditation, see the recent Constitutional Court judgment No. 195 of 15 October 2021. See also Albanese, A. (2007), *Diritto all'assistenza sociale e servizi sociali. Intervento pubblico e attività dei privati*, Giuffrè, pp. 204-255.

²⁶ See: <https://www.normattiva.it/eli/id/2000/11/13/000G0369/CONSOLIDATED>.

²⁷ See, for example, Tuscany Region, Regulation of 9 January 2018, 2/R, implementing Article 62 of the regional law 41/2005, <http://raccoltanormativa.consiglio.regione.toscana.it/articolo?urndoc=urn:nir:regione.toscana:regolamento.giunta:2020-08-11;86/R>; Emilia-Romagna Regional Council resolution No. 564/2000, <https://sociale.regione.emilia-romagna.it/documentazione/norme/delibere/2015/testo-coordinato-dgr-564-00-e-dgr-1423-15>).

²⁸ See Santuari, A., *Autorizzazione e accreditamento dei servizi sociosanitari. Tra libertà di iniziativa privata e regole pubblicistiche*, available at: <https://www.welforum.it/autorizzazione-e-accREDITAMENTO-dei-servizi-sociosanitari/>.

²⁹ For Tuscany Region, see the above-mentioned Regulation 86/R of 11 August 2020; for Emilia Romagna, see Resolution of the Regional Council No. 772/2007, <https://salute.regione.emilia-romagna.it/normativa-e-documentazione/leggi-atti/regionali/delibere/archivio/dgr-772-2007>.

The aim is to ensure a high-quality standard of services and facilities and to regulate relations between public operators and the entities (public and private) that provide the services. This constitutes a necessary condition for the stipulation of contractual agreements between public and private entities.

In this context, the National Anti-Corruption Authority (ANAC) approved the guidelines on assigning social services in July 2022. ANAC is an Italian independent administrative authority tasked with combating corruption in the country, and the aim of the guidelines is to promote the homogeneity of administrative procedures, develop best practices, ensure a higher quality of services by guaranteeing the professionalism of service providers and monitor the fulfilment of service contracts.³⁰

Paragraph 7.5 of the guidelines is dedicated to the issue of service quality. The guidelines state:

‘7.5.3 The evaluation of the quality of the services must be participatory and therefore carried out in collaboration with the beneficiaries and their families, also through the administration of periodic interviews and satisfaction tests.

7.5.4 Public administrations verify that social services are provided by suitably qualified operators trained to meet the needs of end users, often belonging to disadvantaged groups. The organisation of the working activity must include workloads suitable for the activity to be carried out.

7.5.5 Governments ensure that social services are provided within the physical infrastructure adequate that respect the health and safety standards for the beneficiaries of the services, operators, volunteers, as well as accessibility standards and environmental requirements’.

The guidelines also recognise the importance of incorporating the views of the users of social services. Paragraph 7.6 is dedicated precisely to the theme of ‘user involvement and empowerment’. In this context, it is stated that the charter of social services represents the privileged tool for evaluating the qualities that take into account the point of view of service users.

Furthermore, ‘service providers should encourage the active participation of beneficiaries and, possibly, of their own families, trusted people and non-professional operators along the entire programming chain, implementation, management and evaluation of interventions’ (Paragraph 7.6.2).

3.2 Types of services

The charter for social services concerns all kind of social service, pursuant to Article 13 of Law No. 328/2000.³¹

³⁰ Available at: <https://www.gazzettaufficiale.it/eli/id/2022/08/12/22A04590/sg>.

³¹ ‘1. In order to protect the subjective positions of users, within one hundred and eighty days from the date of entry into force of this law, by decree of the President of the Council of Ministers, on a proposal of the Minister for social solidarity, in agreement with the Ministers concerned, the general reference scheme is adopted of the social services card. Within six months of publication in the *Official Gazette* of the aforementioned decree of the President of the Council of Ministers,

Authorisation to operate must be obtained by all entities that provide social and social/health integration services of a residential and semi-residential nature (such as day centres for persons with disabilities).

Accreditation concerns authorised facilities, home care services and other personal services provided by non-profit organisations, as well as home care services provided by individual operators (carers).

3.3 The formal bodies

With reference to the charter for social services, an element of weakness is precisely represented by the fact that no formal bodies have been introduced to assess the adequacy, coordination or monitoring of social services. This implies that, in the context of social services, the process of implementing the efficiency and quality of services and the protection of services users is left to the initiative of the service providers and their ability to develop adequate and sustainable organisational and functional solutions.

The authorisation to operate and the accreditation are issued by the municipality in which the service is based, following an investigation by a commission appointed by the ASL and made up of experts in the technical, social and health fields.

Authorisation must be issued for:

- the establishment of new facilities;
- the adaptation of existing facilities and their different use, expansion or transformation; and
- the transfer of already authorised facilities to another location.

It is also important to highlight that Law No. 227/2021 provided for the establishment of the position of National Guarantor for people with disabilities, with the tasks of:

- supervising respect for rights and compliance with the rules and principles established by the United Nations Convention on the Rights of Persons with Disabilities, the Constitution, laws and regulations;
- formulating recommendations and opinions to the administrations and public concessionaires concerned on the reports collected, including in relation to specific situations and with regard to individual entities, soliciting or proposing

each service provider adopts a charter of social services and is required to give adequate publicity to users.

2. The social services charter defines the criteria for access to the services, the methods of their operation, the conditions to facilitate evaluations by users and subjects representing their rights, as well as the procedures for ensure user protection. In order to protect the positions and to make the subjective rights immediately enforceable recognised, the charter of social services, without prejudice to protection by jurisdictional means, provides users with the possibility of activating appeals against the managers in charge of service management.

3. The adoption of the social services charter by the providers of benefits and social services constitutes a necessary requirement for accreditation.'

interventions, measures or reasonable accommodations suitable for overcoming the critical issues encountered; and

- promoting a culture of respect for the rights of people with disabilities through awareness campaigns and communication and positive action projects.

While waiting for the implementing legislative decrees to be approved, it can be expected that the National Guarantor will find itself facing issues relating to the poor quality of the services provided to persons with disabilities and therefore calling for the adoption of useful measures and promoting a culture of quality for interventions and services (Article 2(2)(f) of Law No. 227/2021).

Also noteworthy is the National Observatory on Autism, set up at the Italian National Institute of Health (*Istituto Superiore di Sanità* – ISS). The Observatory, in addition to mapping the regional and provincial services for the diagnosis and management of people with autism spectrum disorders and other neurodevelopmental disorders,³² has worked on updating the Guidelines for the promotion and improvement of the quality and appropriateness of interventions for people with autism spectrum disorders.³³

The document was approved at the Joint Conference (in which representatives of all levels of Italian government participate) on 10 May 2018. The Regions and Autonomous Provinces must implement the Guidelines through the approval of an operational plan to be sent to the Ministry of Health. The National Institute of Health, through the National Observatory on Autism, monitors the transposition of these Guidelines at the regional level.³⁴

The Guidelines require the Regions and Autonomous Provinces:

- to promote and strengthen the systems of health and social and educational services in which the roles and specific skills of the professionals involved are precisely established; up to this point a case manager must be identified to coordinate the various types of services available;
- to set out structural, technological, organisational and accreditation requirements for residential facilities so that they do not become institutionalising, guaranteeing continuity of care and the emancipation of the person with autism spectrum disorders; and
- to adopt service charters covering existing services, the entire care pathway and the rights of people with autistic spectrum disorders and their families.

³² The updated mapping of the services can be consulted at:

<https://osservatorionazionaleautismo.iss.it/mappa-dei-servizi-dinamica>.

³³ Guidelines are available at: <https://www.quotidianosanita.it/allegati/allegato8709915.pdf>.

³⁴ The state of implementation of the guidelines in the Regions can be consulted at: <https://osservatorionazionaleautismo.iss.it/linee-di-indirizzo>.

3.4 Stakeholders, experts by experience and organisations of persons with disabilities

As mentioned above, the assessment of the quality of social services in Italy has long been conducted independently of people's expectations. There is a lack of structured and defined participation of the stakeholders in the service quality assessment process, even if there are some interesting experimental experiences, which the authors have reported on in Section 2.2.

3.5 Methods and methodologies

The quality assurance system based on the authorisation and accreditation of instruments is based on rules defined at a decentralised level by the Regions and applied at a local level by the municipalities. In fact, Italian municipalities occasionally adopt statutes in which they define the methodologies and principles underpinning these methodologies.

Therefore, it is very difficult to define a complete framework here.

By way of example, we refer to the provisions of the Statute of the Municipality of Milan,³⁵ according to which:

'Public services, managed in any form, are organised in such a way as to detect and satisfy the needs of users, make them effectively accessible, guarantee quality standards of services that comply with established objectives, fully inform users of their rights and the conditions and methods of access, control and modify its operation based on criteria of effectiveness and efficiency' (Article 79, Statute of the Municipality of Milan).

As noted above, it is important to remember the role of the ANAC, which recently approved the Guidelines³⁶ precisely to guarantee the quality of social services. This was also done through the homogenisation of administrative procedures at the local level, the dissemination of good practices and guaranteeing the professionalism of service providers.

³⁵ Statute of the Municipality of Milan, available at: <https://www.comune.milano.it/documents/20126/1048170/Statuto+aggiornato+a+novembre+2020.pdf/30ed91df-f35f-5c34-d826-fd8ace5a6c46?t=1615914392887>.

³⁶ The Guidelines are available at: <https://www.anticorruzione.it/-/servizi-sociali-e-terzo-settore-approvate-le-nuove-linee-guida-anac.-maggiore-qualit%C3%A0-delle-prestazioni-e-diffusione-di-buone-pratiche>.

3.6 The indicators and the principles

In general, the principles contained in regional legislation on authorisation³⁷ and accreditation are as follows, in line with the provisions of Article 97(1) of the Italian Constitution:³⁸

1. Equality: social services are provided without discrimination of age, gender, ethnic group, language, religion, social condition and political opinion;
2. Impartiality: every person with a disability is followed up in an objective and pertinent manner in terms of performance;
3. Respect: every person with a disability is assisted and treated with care and attention in respect of the person, their dignity and their privacy;
4. Participation: every person with a disability has the right to participate in the community definition of projects, objectives and methods;
5. Effectiveness: social services are evaluated according to their ability to achieve the intended objectives;
6. Efficiency: social services are evaluated according to their ability to optimise the resources available;
7. Quality: the services must be rendered by competent and trained operators to respond to social needs.

Some charters for social services set out quality under three perspectives:

- the relationship, i.e. the relationship that is established between the operator and the persons with disabilities;
- the process through which the service is provided; and
- the facilities, i.e. the place where the service is provided.

³⁷ In addition to the sources mentioned above (see footnote 29), see Regulation No. 4 of Puglia Region of 18 January 2007, https://pugliasociale.regione.puglia.it/c/document_library/get_file?uuid=11d576cf-c385-4b0e-9ade-; Resolution No. 944 of the Liguria Regional Council of 16 November 2018, https://www.consorziomipa.it/db_normativa/liguria/liguria_dgr_944_2018.pdf, and Regulation No. 17 of the Calabria Region of 14 November 2016, https://www.regione.calabria.it/website/portalmedia/2017-01/regolamento_n.17_del_2016.pdf.

³⁸ 'Public offices are organised according to the provisions of the law, so as to ensure the efficiency and impartiality of administration'.

4 The impact of quality assurance mechanisms and systems and promising practices: strengths and weaknesses

4.1 The impact of quality assurance mechanisms

The impact of quality assessment systems in social services is not easy to determine. On the one hand, the available scientific literature does not seem to report data on a large scale; ISTAT data regarding the quality of life do not expressly take into account the quality of social services or quality assurance mechanisms regarding the daily life of persons with disabilities or provide any detail in this regard. On the other hand, it is indicative that DPOs frequently underline the need for interventions on the quality of services in order to bring effect to the rights of persons with disabilities, thus improving their daily living conditions.

This suggests that we need to improve the monitoring of the quality of services accessible to people with disabilities in order to make possible further steps towards the deinstitutionalisation of people with disabilities.

4.2 The role of human rights NGOs, Ombudsman, and other related offices

The Italian framework for the guarantee of human rights lacks an independent body consistent with the UN's Paris Principles.

In this perspective it should be noted that the National Observatory on the condition of persons with disabilities, established by Law 3 March 2009, No. 18, despite being a body that performs important functions, is appointed by the Government.

The organisation has advisory and technical-scientific support functions for the elaboration of national policies on disability with the aim of developing and improving information on disability and contributing to the improvement of the level of effectiveness and adequacy of policies. In particular, it deals with:

- promote the implementation of the Convention and draw up reports on the measures adopted in collaboration with the Interministerial Committee on Human Rights;
- prepare a two-year action programme for the promotion of the rights and integration of persons with disabilities;
- promote the collection of statistical data that illustrate the condition of persons with disabilities, also with reference to the different territorial situations.

Law No. 227 of 2021 established a National Guarantor for the rights of persons with disabilities, but as yet (April 2023) the Italian Government has not implemented these provisions.

Some monitoring tasks are entrusted to the National Guarantor of the rights of persons deprived of liberty, but there is no evidence about monitoring actions regarding the quality of social services.

At regional level, eight Regions have established a Guarantor for persons with disabilities (Aosta Valley,³⁹ Basilicata,⁴⁰ Calabria,⁴¹ Umbria,⁴² Lombardy,⁴³ Campania,⁴⁴ Sicily⁴⁵ and Puglia);⁴⁶ three of these Regions (Aosta Valley, Lombardy and Basilicata) have entrusted the role of Guarantor for persons with disabilities to the Regional Ombudsman.

None of the above-mentioned regional laws refers to the quality control of social services as one of the duties of the Guarantor. Regional laws provide measures regarding complaints about the inefficiencies and shortcomings of public bodies. For example, Lombardy Regional Law No. 10 of 24 June 2021 states that the Guarantor

‘can propose to the competent administrations measures aimed at improving the functionality of the administrative activity for a better protection of the rights of persons with disabilities, receives reports of violations of the rights of persons with disabilities, also through electronic support or in telematic form, and invites public administrations involved to take the relevant initiatives aimed at removing the causes of the violations’ (Article 3(1)(h)).

Some Italian DPOs have promoted surveys about the quality of life of persons with disabilities, publishing reports and promoting awareness on the relationship between quality of life, human dignity and the quality of the responses provided by public entities.⁴⁷

It should be noted that the Italian third sector is highly active, including with regard to services dedicated to persons with disabilities. It has been emphasised that, ‘in Italy, the current situation shows a trend in local authorities’ preference to externalise the provision of social services to non-profit organisations through public procurement, rather than those operating for profit. This is both because of their cost- effectiveness and because of their wider presence in the field of social assistance services’.⁴⁸

³⁹ Aosta Valley Regional Law No. 20 of 1 August 2022, available at:

https://www.consiglio.vda.it/app/leggieregolamenti/dettaglio?pk_lr=10281&versione=V.

⁴⁰ Basilicata Regional Law No. 5 of 15 January 2021, available at:

https://www.iusetnorma.it/normativa/legge_regionale_basilicata_15_gennaio_2021_n_5_garante_regionale_dei_diritti_della_persona.asp.

⁴¹ Calabria Regional Law No. 29 of 29 July 2022, available at:

<https://www.consiglioregionale.calabria.it/bdf/api/BDF?numero=29&anno=2022>.

⁴² Umbria Regional Law No. 1 of 4 February 2022, available at:

https://leggi.umbria.it/mostra_atto.php?id=237640&v=FI,SA,TE,IS,VE,RA,MM&m=5#:~:text=Il%20Garante%20tutela%20i%20diritti,104%2F1992%20.

⁴³ Lombardy Regional Law No. 10 of 24 June 2021, available at:

<https://normelombardia.consiglio.regione.lombardia.it/normelombardia/accessibile/main.aspx?view=showdoc&iddoc=lr002021062400010>.

⁴⁴ Campania Regional Law No. 25 of 07 August 2017, available at:

http://www.regione.campania.it/normativa/item.php?25a99636d340201ca19723d96c08cf6e=2eb7dff53ddde13ed5da57e69489c9b1&pgCode=G19I231R1730&id_doc_type=1&id_tema=22&refresh=on.

⁴⁵ Sicily Regional Law No. 47 of 10 August 2012, available at:

<https://www.gazzettaufficiale.it/eli/id/2012/11/10/012R0675/s3>.

⁴⁶ Puglia Regional Law No. 22 of 10 April 2015, available at:

https://trasparenza.regione.puglia.it/sites/default/files/provvedimento_amministrativo/44978_22_10_04-2015_L_22_10_04_2015.pdf.

⁴⁷ See: <http://www.anffas.net/it/cosa-facciamo/supporto-alle-persone-con-disabilita/qualita-della-vita/>.

⁴⁸ European Commission (2022), *Study on social services*, p. 79.

In 2019 the Italian Forum of Third Sector Organisations approved a document entitled 'Guidelines for a Code of Quality and Self-Assessment for Third Sector Organisations'.⁴⁹ These Guidelines do not specifically address services for persons with disabilities, nor do they mention the UN CRPD. Such provisions are relevant because – as already noted – 'in Italy, the current situation shows a trend in local authorities' preference to externalise the provision of social services to non-profit organisations through public procurement, rather than those operating for profit'.⁵⁰

4.3 Promising practice

It remains difficult to identify good practices regarding the evaluation or assessment of public services in such a fragmented and somewhat underdeveloped landscape.

Nonetheless, some potentially interesting practices emerge.

Some disabled people's organisations (DPOs) have adopted their own quality control and service charters. For example, the Genoa office of the Italian Union for the fight against muscular dystrophy (*Unione Italiana per la lotta alla distrofia muscolare, sezione di Genova*)⁵¹ states that [quality evaluation]

'has as its objective the limitation of the incidence of chance in the final results and the reduction of organisational inefficiencies or systematic deficiencies in the provision of services. The contribution of all sectors is necessary in order to achieve this goal, and the work of the Management is essential in defining a quality policy and in raising the awareness of all personnel on the importance of this way of operating ... It is therefore a guarantee of the constant commitment made by the Organisation for the achievement of quality objectives and the search for mutual satisfaction in relations with users'.

The association mentioned above adopted a charter of services and a complaint management system.

Other initiatives managed by DPOs remarked that it is necessary to define and pursue 'quality standards of housing services', preventing segregation and isolation, and always guaranteeing dignity, inclusion, continuity of emotional relationships, privacy, freedom of choice and participation in the definition of cohabitation rules.⁵²

Recently, some initiatives favoured immediate feedback about services provided by public bodies and third sector entities, using ICT. For example, the ExpressCare⁵³ project is financed by public and private funds⁵⁴ and aimed at guaranteeing free access to care resources, not in pursuit of market profit but focusing on quality.

⁴⁹ The Guidelines are available at:

https://www.forumterzosettore.it/files/2019/01/Forum_CQA_Def.pdf.

⁵⁰ European Commission (2022), *Study on social services* (see also footnote 1), p. 79.

⁵¹ See: https://www.uildmge.it/index.php?option=com_content&view=article&id=33&Itemid=137.

⁵² See *Disability Agenda – Our actions everyday* (*Agenda della disabilità – Le nostre azioni ogni giorno*), December 2022, available at: <https://agendadelladisabilita.it/wp-content/uploads/2022/12/Agenda2022.pdf>.

⁵³ See the dedicated website: www.expresscare.it.

⁵⁴ Specifically, by EU funds (Multi-fund National Operational Programme Metropolitan Cities 2014-2020 – PON METRO) and by resources made available by a private foundation.

Persons looking for work as personal assistants or carers of elderly persons or persons with disabilities can enrol in ExpressCare. No for-profit entities offering free assistance and caregiving or services as housekeepers, baby-sitters, or people available for small errands and household help in general can subscribe to this system. Persons with disabilities can autonomously choose the most suitable assistant and contact them free of charge. The website contains a 'feedback' section, making it possible to provide immediate quality evaluation. It has to be noted that such mechanisms are full of opportunities but are dangerous at the same time, potentially leading to an 'uberization' of care work.

The following case studies were identified:

Three case studies	Public service	Private	NGO
Describe the type, scope and aim of the service used by persons with disabilities.	<p>National Observatory on Autism.</p> <p>Update of the Guidelines for the promotion and improvement of the quality and appropriateness of interventions for people with autism spectrum disorders.</p> <p>Health care services for persons with ASD.</p>	N/A.	<p>UILDM Genova ODV</p> <p>Advocacy services; care activities, , characterised by social/health activities and support for clinical research, 'taking care' activities, which provide constant and adequate psychological and relational support.</p>
<p>What quality assurance systems exist? Is there timeframe? What is the relevant authority? (questions under Section 3.1, 3.2, 3.3)</p> <p>Does the quality assurance system explicitly address disability issues?</p>	<p>The Guidelines are periodically updated.</p> <p>Guidelines have been officially approved by ISS and by the State-Regions Conference.</p> <p>Yes. Specifically, the target of such Guidelines is improving the quality of care and the quality of life of persons with autistic spectrum disorder.</p>		<p>Service charters, as described above.</p> <p>Yes.</p>
Which methods and methodologies were used in the quality assurance system? (questions Section 3.4)	<p>The system is based on a dynamic mapping of services for people with autism spectrum disorders.</p> <p>The evaluation activity is designed to provide a wealth of well categorised information, also useful for epidemiological purposes as well as for defining objectives and planning interventions, assistance and resources to improve the lives of people and their families.</p>		<p>The UILMD adopted a charter of services, as described above.</p> <p>The UILDM is a DPO; so, we can assume that persons with disabilities and stakeholders have been involved in the development of quality assurance mechanisms.</p>

Three case studies	Public service	Private	NGO
How are people with disabilities / disability organisations involved in the assessment process? Are they consulted? (questions under Section 3.5)	Organisations of persons with disabilities were involved in the working group that ordered the Guidelines to be updated.		No evidence available; considering that UILDM is a DPO, the involvement of persons with disabilities is highly probable.
What indicators are used in this particular quality assurance system?	No evidence available.		The charter of services identifies five relevant areas and several different actions, goals, indicators, targets, activities and evaluation procedures. Quality data are evaluated every 6/12 months; data for 2021 are available on a dedicated website.
Which CRPD principles are included in the quality assurance framework?	Reference is made generically to the CRPD, to the emancipation of the person with autism spectrum disorders and to overcoming institutionalising structures.		No evidence available.
What evidence is there that the relevant quality assurance system has an impact on the quality of the social service delivered to persons with disabilities, on the attractiveness of the sector and on the skills of the workforce?	No evidence available.		No evidence available.

4.4 Analytic reflection

The focus on expenditure, transparency rather than quality of services and the lack of scientifically validated data makes it impossible, from the point of view of the authors, to formulate in-depth critical and analytical assessments regarding the evaluation of the quality of social services.

Similarly, the lack of updated scientific literature on the assessment of social services for persons with disabilities makes any positive evaluation of practices uncertain, given its merely anecdotal value.

As already highlighted, the reference by DPOs to the need to improve data gathering on disability-related measures makes it clear that it is necessary to change some of the evaluation mechanisms adopted in Italy. As mentioned above, the relationship between 'quality of life' and 'quality of services' is a tenet of Italian DPO proposals regarding the mechanisms for guaranteeing social rights. This approach could be

strengthened, and focusing on the quality of life of persons with disabilities could be considered a useful framework to implement the CRPD for the Italian welfare state.⁵⁵

⁵⁵ See Lombardi, M., Vandenbussche, H., Claes, C., Schalock, R.L., De Maeyer, J., and Vandeveld, S. (September 2019), 'The Concept of Quality of Life as Framework for Implementing the UN CRPD', *Journal of Policy and Practice in Intellectual Disabilities*, vol. 16, No. 3, pp. 180-190.

5 Recommendations

5.1 Recommendations for Italy

Adopt a wide range of scientifically validated evaluation tools for social services dedicated to persons with disabilities, following some existing promising practices.

The right to independent living is crucial in order to guarantee the human rights of persons with disabilities as defined by the CRPD. In Italy, however, some social services that are essential to guarantee the right to independent living and adequate living standards for persons with disabilities are not consistently evaluated. Services facilitating independent living have to be delivered to high-quality standards and in line with international best practices.

The process of adopting quality evaluation tools needs to be participatory and inclusive, consistent with the motto 'Nothing about us without us'.

The issue of the quality of social services should be raised within the current political debate on the definition and updating of the essential levels of benefits pursuant to Article 117(2)(m)) of the Italian Constitution, in accordance with the guidelines of the Italian Constitutional Court.

As noted by the European Commission, the budget for social services has increased over the years, but an ISTAT survey published in April 2023 provided evidence that, during the COVID-19 pandemic, disability-associated expenditures decreased by 5.9 %, and that the resources for persons with disabilities are lower than the EU average (EUR 476 per year, against EUR 669 per year), 'highlighting a lack of services, for example of a social-welfare and socio-educational nature'.⁵⁶

Overall, the post-pandemic National Recovery and Resilience Plan assigned more than EUR 1.25 billion to the social territorial areas (*Ambiti territoriali sociali* – ATS), and through them to the individual municipalities and the bodies managing social welfare functions.⁵⁷ These investments aim to produce some structural effects. For this to happen, it is necessary to adopt an approach that is also focused on monitoring the quality of social services.

5.2 Recommendations for the European Commission

Adopt the approach endorsed by the 2023 Report of the UN Special Rapporteur on the rights of persons with disabilities titled 'Transformation of services for persons with disabilities', supporting Member States to reshape the design and delivery of support for people with disabilities to encourage their moral agency, autonomy and social inclusion (and not the standardisation of care services and impairment).

Timeously implement the specific framework of excellence for social services defined by the Strategy for the Rights of Persons with Disabilities 2021-2030.

⁵⁶ See Istat, 'Municipalities' expenditure for social services – year 2020' (*La spesa dei comuni per i servizi sociali – anno 2020*), April 2023, available at: <https://www.istat.it/it/archivio/283198>.

⁵⁷ See: <https://www.lavoro.gov.it/documenti-e-norme/normative/Documents/2022/DD-98-del-09052022-Avviso1-PNRR.pdf>.

Two specific actions can be included in this framework:

- increase the attractiveness of jobs in this sector, including by upgrading the skills of service providers and setting standards for the social and health professions; and
- support the use of assistive technologies, which can play a fundamental role in promoting independent living, and support actions aimed at ensuring price competitiveness, improving the quality of services offered and the accuracy of quality assessment (e.g. making instantly available data regarding the wellbeing of persons with disabilities).

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