



Unofficial Machine Translated Document

# PIANO NAZIONALE DEGLI INTERVENTI E DEI SERVIZI SOCIALI 2021-2023

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## PREMISE

### The regulatory basis

Legislative Decree 30 July 1999, n. 300, concerning the Reform of the Government's organisation, provides, in art. 46, co. 1, letter. c, that the Ministry of Labor and Social Policies carries out the functions of the state in the field of social policies, with particular reference to the principles and objectives of social policy; to the general criteria for planning the network of social integration interventions; the organizational standards of the structures involved; to the standards of essential social services; to the criteria for allocating the resources of the National Fund for Social Policies, to the housing protection policy in favor of weak and marginalized social groups; technical assistance, upon request from local and territorial authorities; the requirements for determining the professional profiles of social workers and for the related training.

Law 8 November 2000, n. 328, framework law for the creation of the integrated system of interventions and social services, provides, in art. 18, that the Government prepares a national plan of interventions and social services every three years.

The subsequent division of responsibilities between the Government, Regions and local authorities, defined by the reform of Title V of the 2002 Constitution (Constitutional Law 18 October 2001, n. 3), which rewrote the art. 117, together with the scarcity of resources available for the financing of social policies, which prevented the determination, pursuant to co. 2, letter. m, of the same art. 117, of the essential levels of services concerning civil and social rights that must be guaranteed throughout the national territory, has, in fact, for some years made the planning exercise envisaged by Law 328 futile.

In recent years, however, these limits have been, at least in part, overcome. The resources of national social funds have increased and stabilized in the state budget, while some essential levels have been defined, in primary legislation or in the programmatic documents associated with the same funds. Furthermore, Legislative Decree 15 September 2017, n. 147, containing "Provisions for the introduction of a national measure to combat poverty", intervened in planning matters with article 21, establishing, at the Ministry of Labor and Social Policies, the Protection and Inclusion Network social as a coordination body of the system of interventions and social services referred to in Law 328/2000, in order to encourage greater territorial homogeneity in the provision of services and to define guidelines for interventions.

The Network, chaired by the Minister of Labor and Social Policies, includes representatives of the central authority (Ministry of Economy and Finance, Ministry of Education, University and Research, Ministry of Health, Ministry of Infrastructure and transport, Department for family policies of the Presidency of the Council of Ministers), of the Regions (one member for each of the regional councils and autonomous provinces, designated by the President) of the Municipalities (20 members designated by the National Association of Municipalities of Italy - ANCI) and INPS.

Legislative Decree 147/2017 entrusted the Network with a renewed programmatic project, connecting the three major social funds (National Fund for social policies, Poverty Fund, Fund for non-self-sufficiency) to as many Plans, developed by the Network itself, " of a three-year nature with possible annual updates": the National Social Plan, the Plan for interventions and social services to combat poverty, the Plan for non-self-sufficiency. The first two were developed for the three-year period 2018-2020, the third for the three-year period 2019-2021 and are updated in the subsequent chapters of this Plan.

### **The structure of the Plan, the timetables, the updates**

In the context described, this National Plan of interventions and social services 2021-2023 intends to respond to the legislative dictate by building itself as a dynamic and modular document, which contains the aforementioned sectoral plans within a unitary framework.

The unitary framework, which constitutes the first chapter, aims to define the contours of a process of structuralization of a system of social services that is currently still fragmented and not capable, throughout the national territory, of offering the certainty of taking care of those who find themselves in conditions of need and to promote that social cohesion and that "resilience" which have forcefully emerged, in more recent years, as essential elements.

A unitary framework, therefore, capable of supporting an overall logic of service development, in the various areas in which programming is currently structured, based on an approach aimed at supporting and valorising the resources of the people who are taken care of by a system that is always more solid and competent, capable of promoting the participation of citizenship networks in the area, combining welfare and the development of democracy.

The sectoral plans, which constitute the subsequent chapters, outline and develop the overall orientation in the specific areas, defining policy objectives and the allocation of the related financial resources. These Plans, as indicated by the law, "Identify the funding priorities, the articulation of the funds' resources between the different lines of intervention, as well as the information flows and indicators aimed at specifying the financed policies and determining any quantitative reference targets" , "with a view to a gradual progression, within the limits of available resources, in achieving essential levels of care services to be guaranteed throughout the national territory".

The Plan is therefore designed in a modular manner, consisting of a general framework and various three-year sectoral plans, which may be subject to annual updates, according to a sliding logic. The Plan is gradually formed, as the sectoral plans that compose it become part of it, and becomes a living programming tool, given that the scrolling logic allows programming to be promptly adapted to the evolution of the social services system , the needs of users, the availability of new financial resources.

This logic also allows us to adopt a longer-term approach in the planning of financial resources, which, thanks to the already mentioned stabilization of funds in the State budget, can be addressed over a time horizon that covers a three-year period, without giving up the flexibility offered by the possibility of scrolling reprogramming.

In 2021 the Plan will be made up of, in addition to the general framework, the National Social Plan and the Poverty Plan, which as mentioned expire in 2020. In 2021 the Plan for non-self-sufficiency will be added to the aforementioned.

## 1. The structuralization of the social services system

### 1.1 The basic choices

#### 1.1.1 Proximity, promotion, protection, universalism

The social services system constitutes a fundamental tool for the resilience of our community. In this sense, the first character of this system is that of its proximity to people and territorial communities. The physical location on the territory alone is not sufficient, but it is necessary to orient the activity - starting from the planning phase - in directions aimed at encouraging consultation and active participation of citizens and contributing directly to the processes concerning the definition of development policies on the territory.

The social services system - through direct and associated knowledge of the problems and individual and collective resources present in the area - plays a key role in promoting social cohesion and building social security.

It promotes social cohesion as it maintains, supports and develops that network of relationships, activities and collective initiatives which are the basis of each of us's full participation and contribution to society. This is also due to the dual capacity of social policies to encourage experiences and practices of active citizenship, as well as to act directly on the factors of cultural and civil growth of people and communities. For this purpose, cultural initiatives that disseminate and explain the values and importance of social policy interventions are very useful; they can contribute to strengthening the levels of credibility and authority of the social services system by improving its operations and strengthening the level of trust. between citizens and administrations.

It builds social security as it organizes a structured network that offers the certainty to all people and families of being able to count on a protection system that will be activated to respond to social needs, to prevent and combat the elements of exclusion and promote non-social well-being. only through interventions to reduce hardship and poverty but also through the active and direct involvement of the recipients of the assistance system in their paths of social and economic inclusion.

The social services system is aimed at everyone. Its universalistic character is expressed on multiple levels. First of all, the construction and promotion of social cohesion ignores the situation of contingent need and individual characteristics. Furthermore, the questions and needs to which the social services system offers answers touch virtually all phases and events of our lives, from early childhood to the years of education and gradual activation in the social context, from the years of work to difficulties of illness and lack of self-sufficiency which often characterize old age; in these phases the social services system is called upon to guarantee and promote participation and full social inclusion, to offer support, services and responses to events which can range from difficulty in carrying out the parental role, to the presence of disability or vulnerability, perhaps linked to sexual orientations, conditions or life events, which would risk turning into elements of social exclusion, up to the loss of autonomy, associated with the loss of work, housing, or the deterioration of physical conditions, perhaps linked to age. Finally, social security, with the definition of minimum guarantees and paths aimed at overcoming difficulties, offers everyone the possibility of counting on a floor, in the same way as the health system and the pension system, the other two legs, much more developed than welfare, they do not build security only for the sick and elderly, but for the entire society.

With the other components of welfare, as well as with the compulsory education system, the social services system is inserted in a context of close interdependence. From the interaction of such

systems depends not only on the quality of our life but also on the degree of competitiveness of the entire country system. Also for this reason, an activity of cultural valorization appears more appropriate than ever, capable of making people understand the dual contribution of social work, of building a resilient and supportive society, but also of creating economic value.

This last fact obviously does not only have ethical connotations, but takes on strategic importance as a choice to promote economic and social growth because, as economic theory teaches, the existence of an adequate protection network can encourage personal initiative and entrepreneurship, allowing society as a whole to enjoy projects with high added value that would not otherwise be implemented. This appears all the more important in a context in which the traditional forms of contributory insurance welfare are put into crisis by the emergence of new working realities, by the continuous updating of professionalism, by downward tax and wage competition.

A solid social infrastructure can encourage innovative experiences of alliance between the world of business and work, so that opportunities and services for conciliation between life and work increase and the work integration paths of people with disabilities are improved. A generative welfare system, therefore, in which it becomes possible to intervene in situations of fragility and resolve small or large individual problems, but at the same time generate well-being and social improvement for the entire population.

These considerations are summarized by the need to pursue integration between social policies and other policies, in particular health, education and employment, at all levels of planning. Labor policies are also taken into consideration due to the enormous inclusive value that work experience has in people's lives. In this sense, the objective of promoting full and good female employment can only be inherent to the objectives of a modern and adequate system of social services. To this end, both the network of parenting support services contribute, capable of strengthening the services and tools for reconciling women's work life and parenting experience, and the circumstance represented by the presence of many women in the various social professions. The latter, in particular, is one more reason why greater opportunities and better working conditions arise everywhere in the field of social interventions and personal services.

### **1.1.2 Essential levels of social services**

The security offered by the existence of a structured social service system, as well as by the other components of the welfare system, constitutes the recognition that everyone's right to full social participation must be made effective. But to promote cohesion and build security, the social services system must provide certainty about what it will be able to offer. It is not a question of giving everything immediately, but rather of building, even gradually and with appropriate financial planning, certainties about performance, characterizing them as rights.

In other words, if social benefits and services are essential to allow a "dignified life experience", this requires a system of essential levels that is based on the valorisation of people's ability to express themselves and act within a system of rights required to everyone, so that everyone's skills are valued and everyone is given the right attention, in order to prevent situations of hardship and exclusion.

It is therefore necessary to build and define Essential Levels of Social Performance (LEPS). The art. 22 of Law 328/2000, the national framework law, identifies a series of areas of intervention that it recognizes as essential levels, but we have not yet moved from the generic nature of the areas to operations. The art. 117 of the Constitution, as reformed in 2001, reserves to the central Government the definition of the LEPS to be ensured throughout the national territory, but the practical definition of the LEPS has clashed with a financial situation and a division of competences that have long



hindered the realization of the necessary social investment. Even Law 42/2009, implementing fiscal federalism, and the related implementing decrees, while assigning an important role to the essential levels of services, had to acknowledge that they were lacking in the social sphere, falling back on the identification of service objectives to which only progress is starting to be made in 2021, with a view to subsequently identifying some LEPS.

In fact, in more recent years, driven on the one hand by a growing spread of poverty conditions, on the other by a growing regulatory sensitivity, including international, on social issues, triggered, among other things, by the ratification of acts such as the Charter of Fundamental Rights of the European Union (2000 and 2007), the UN Convention on the Rights of the Child (1989, ratified in 1991), the UN Convention on the Rights of Persons with Disabilities (2006, ratified in 2009), and of initiatives such as the definition at European level of the European Pillar of Social Rights and the related Action Plan (2017 and 2021), a renewed sensitivity has emerged and some indications, although not completely formalised, have been given in the national planning documents. With the legislation that introduced the national measure to fight poverty (Law 33/2017 on Support for active inclusion, Legislative Decree 147/2017 on Inclusion Income, Legislative Decree 4/2019 on Citizenship Income) have been defined formally essential levels of performance not only in the monetary transfer component, but also in the active policy component, defining the basis for the recognition of a real individual right to be taken into care by social or labor services.

With the 2021 Budget Law (L. 178/2020) we have finally arrived at the formal definition in law of an essential level of the system in terms of a minimum ratio of social workers and population of 1:5000 and to allocate resources aimed at its pursuit within the scope of public service (art. 1 paragraphs 797-804); this measure can rightly be qualified as a necessary precondition of an infrastructural nature for the entire building of the social services system. Furthermore, it has been possible to identify, within the scope of fiscal federalism, new resources specifically intended for the strengthening of social services (art. 1 paragraphs 791-793); these resources are formally linked to the definition of service objectives for the definition of which we have begun to work in a coordinated manner with the social chain and local authorities. These resources are in addition to the refinancing and strengthening of the various national social funds.

Meanwhile, some Regions and Municipalities have also taken steps to identify essential levels and service objectives to be recognized in their territories, in a regulatory context that is always substantially consistent with the guidelines identified by Law 328/2000.

The time therefore seems ripe to advance further towards the definition of LEPS and thus to give the social services system the reliability and structurality already achieved for some time in other welfare sectors, such as healthcare and pensions.

As part of the current national social planning, a first group of LEPS will thus be identified, already identified in legislation or with a view to their formal recognition. Together with the LEPS, the relevant financing methods will be identified in order to ensure their effective achievement. In a sector that is still largely underfunded, such as that of social services, the approach can only be gradual and start with the identification of an albeit partial series of services and benefits to be recognized throughout the national territory. This base will be gradually enriched with subsequent national programming exercises, starting from the Plan for non-self-sufficiency, up to the definition of a set of minimum services on which all people can count regardless of the Region and Area in which they are located. .

Not everything can be foreseen, in the planning horizon, like LEPS; this does not, however, mean that actions to strengthen the performance and social services offered to the city are not necessary or useful, from a perspective that may or may not be aimed at the subsequent definition of LEPS or specific service objectives.

Box 1.1 gives an account of the LEAS already identified in the primary regulation, although not always already operational, both due to the generic and predominantly programmatic content of some, and the resource constraints.

Table 1.1 identifies the LEAS and some strengthening actions that are identified as priorities in this programming within the National Social Plan, the Poverty Plan and the Plan for non-self-sufficiency which will see the light in 2021 (in the latter case, the generic indication will be promptly qualified during drafting). The last column of the table indicates for each one the financing sources identified, made up of national funds and/or European funds, in a perspective that is as integrated as possible.

#### BOX 1.1 - REGULATORY REFERENCES AND LEPS ALREADY DEFINED IN PRIMARY REGULATION

##### A) Constitution

- Art. 117, paragraph 2: "The State has exclusive legislation in the following matters: (...) m) determination of the essential levels of benefits concerning civil and social rights that must be guaranteed throughout the national territory".

##### B) Law 5 May 2009, n. 42 "Delegation to the Government regarding fiscal federalism, in implementation of article 119 of the Constitution".

Law 42 and the implementing decrees do not define specific essential levels but rather define a path within the implementation of fiscal federalism. Among the many references, the following is worth mentioning here.

- Art. 20. (Principles and directive criteria concerning transitional rules for the regions) paragraph 2: "The state law regulates the determination of the essential levels of assistance and the essential levels of benefits. Until further determination by virtue of state law, the essential levels of assistance and essential levels of benefits already established according to state legislation will be considered".

##### C) Law 328/2000 "Framework law for the creation of the integrated system of interventions and social services".

- Art. 22. (Definition of the integrated system of interventions and social services)
  - **paragraph 2:** "Without prejudice to the competences of the National Health Service in matters of prevention, treatment and rehabilitation, as well as the provisions regarding socio-health integration referred to in Legislative Decree 30 December 1992, n. 502, and subsequent amendments, the interventions indicated below constitute the essential level of social benefits that can be provided in the form of goods and services according to the characteristics and requirements established by national, regional and zonal planning, within the limits of the resources of the National Fund for policies social, taking into account the ordinary resources already allocated by local authorities to social spending:
    - measures to combat poverty and income support and accompanying services, with particular reference to homeless people;
    - economic measures to encourage independent living and staying at home for people who are totally dependent or incapable of carrying out the activities of daily life;
    - support interventions for minors in difficult situations through support for the family unit of origin and insertion into families, people and community family-type reception structures and for the promotion of the rights of children and adolescents;
    - measures to support family responsibilities, pursuant to art. 16, to encourage the harmonization of work and family care time;
    - support measures for women in difficulty to ensure the benefits provided by Royal Legislative Decree 8 May 1927, n. 798, converted by Law 6 December 1928, n. 2838, and by Law 10 December 1925, n. 2277, and their subsequent amendments, additions and implementing rules;
    - interventions for the full integration of disabled people pursuant to art. 14; implementation, for the subjects referred to in article 3, paragraph 3, of law 5 February 1992, n. 104, of the socio-rehabilitative centers and of the housing communities referred to in article 10 of the aforementioned Law 104 of 1992, and of community and reception services for those without family support, as well as provision of temporary family replacement services;
    - interventions for elderly and disabled people to encourage them to stay at home, for inclusion in families, people and family-type community reception structures, as well as for reception and socialization in residential and semi-residential structures for those who, in due to high personal fragility or limitation of autonomy, they cannot be cared for at home;

- integrated socio-educational services to combat addictions to drugs, alcohol and medicines, encouraging preventive, recovery and social reintegration interventions.
- information and consultancy to individuals and families to encourage the use of services and to promote self-help initiatives".
- **paragraph 4:** "In relation to what is indicated in paragraph 2, the regional laws, according to the organizational models adopted, provide for each territorial area referred to in article 8, paragraph 3, letter a), also taking into account the different needs of urban areas and rural, however the provision of the following services:
  - professional social service and social secretariat for information and advice to individuals and families;
  - emergency social intervention service for personal and family emergency situations;
  - House assistance;
  - residential and semi-residential structures for people with social fragilities;
  - residential or day reception centers of a community nature".

**D) Legislative Decree 159/2013 Regulation concerning the revision of the methods of determination and fields of application of the Indicator of Equivalent Economic Situation (ISEE)**

- Art. 2 (ISEE) paragraph 1. "The ISEE is the tool for evaluating, through unified criteria, the economic situation of those who request subsidized social benefits. The determination and application of the indicator for the purposes of access to subsidized social benefits, as well as the definition of the level of sharing in the cost of the same, constitutes an essential level of benefits, pursuant to article 117, second paragraph, letter m) , of the Constitution, without prejudice to regional competences in the matter of standardization, planning and management of social and socio-health policies and without prejudice to the prerogatives of the Municipalities".

**E) Legislative Decree 15.9.2017, n. 147 "Provisions for the introduction of a national measure to combat poverty".**

- Art. 5 (Points for access to the ReI and multidimensional evaluation) paragraph 10: "The services for information and access to the ReI [Rdc] and the multidimensional evaluation constitute essential levels of performance within the limits of the resources available to current legislation".
- Art. 23 (Coordination of territorial services and associated management of social services) paragraph 4: "The integrated offer of interventions and services according to the coordinated methods defined by the regions and PA pursuant to this article constitutes an essential level of performance within the limits of available resources".

**F) DL 28/1/2019, n. 4 Urgent provisions regarding citizenship income and pensions, converted into law 28 March 2019, n. 26.**

- Art. 1 (Citizen's income) paragraph 1: "The Rdc constitutes an essential level of benefits within the limits of available resources".
- Art. 4 (Pact for work and Pact for social inclusion) paragraph 14: "The Pact for work and the Pact for social inclusion and the supports provided for therein, as well as the multidimensional evaluation that possibly precedes them, constitute essential levels of performance, within the limits of the resources available under current legislation".

**G) L. 178/2020 (2021 Budget Law)**

- Art. 1 paragraph 797: "In order to strengthen the system of municipal social services, managed individually or in association, and, at the same time, the services referred to in article 7, paragraph 1, of the legislative decree of 15 September 2017, n. . 147, with a view to achieving, within the limits of the resources available under current legislation, an essential level of social benefits and services defined by a ratio between social workers employed in territorial social services and the resident population of 1 to 5,000 in each territorial area referred to in article 8, paragraph 3, letter a), of law 8 November 2000, n. 328, and the further service objective of a ratio between social workers employed in territorial social services and the resident population of 1 to 4,000, a contribution is attributed, in favor of said areas, on the basis of the data relating to the overall resident population...".

<b>Table 1.1 - LEPS and main strengthening actions</b>					
Intervention	theme song	typology	Service / Transfer Monet	Scope of treatment in the social plan (1)	Main sources of financing national (2)
Use of the ISEE as a means test	ISEE	LEPS	S	PSN	balance
Professional social work		LEPS	S	PPOV	Poverty Fund, FNPS, PON Inclusion, Solidarity Fund municipal
Strengthening social professions		Strengthening	S	PSN	FNPS, Poverty Fund, PON Inclusion, Solidarity Fund municipal
Emergency social intervention		LEPS	S	PPOV	React, Poverty Fund, FNPS, PON Inclusion
Single points of access	PUA	Strengthening	S	PSN	FNPS, FNA
Multidimensional evaluation and individualized project		LEPS/Enhancement	S	PSN PPOV	FNPS, Poverty Fund, PON Inclusion, POC
Personal supervision of social services		LEPS	S	PSN	PNRR, FNPS
Protected resignation		LEPS	S	PSN / PNA	PNRR, FNPS, FNA
Prevention of family estrangement	PIPPi	LEPS	S	PSN	PNRR, Poverty Fund
Childhood Guarantee		Strengthening	S	PSN	PON Inclusion
Promotion of school-territory relationships	GET UP	Strengthening	S	PSN	FNPS, POC, Pon Inclusion
Careleavers		Strengthening	S	PSN - PPOV	Poverty Fund
Monetary income support	Rdc / Check social	LEPS	TM	PPOV	Budget (Fund for Rdc)
Social/work taking charge	Inclusion pact social/work	LEPS	S	PPOV	Poverty Fund, PON Inclusion
Food support	FEAD	Strengthening	S	PPOV	FEAD, REACT, PON Inclusion 2021-2027
Housing first		Strengthening	S	PPOV	PNNR, Poverty Fund
Service centers to combat poverty	Post stations	Strengthening	S	PPOV	PNNR, Poverty Fund
Services for fictitious residence		LEPS	S	PPOV	Poverty Fund
Projects after us x priority categories		Service required	S	PNA	Fund after us
Projects after us and independent living		Enhancement/LEPS	S	PNA	PNRR, FNA, Fund after us
Accompanying allowance		LEPS	TM	PNA	public budget
Services for non-self-sufficiency		Enhancement/LEPS	S	PNA	FNA, dedicated resources

Notes/Legend. (1) PSN National social plan (chapter 2); PPOV Plan to fight poverty (chapter 3); PNA Plan for non-self-sufficiency (chapter 4, which will be added in 2022)). (2) FNPS: National Fund for Social Policies; FNA Fund for non-self-sufficiency; PNRR National Recovery and Resilience Plan; REACT EU PProgram Recovery Assistance for Cohesion and the Territories of Europe; FEAD European Fund for Aid to the Most Deprived; POC Complementary Operational Plan Inclusion.

### 1.1.3 Approach to the person

An approach based on the essential levels of performance is naturally combined with a vision and an organizational approach that seek to bring the person, in his/her unity, and his/her needs back to the center, overcoming the categorical perspective focused on the classification and reduction of people into conditions of need to the element that can most characterize their fragility, be it disability, immigration, age or anything else. The logic of the social response must therefore be overturned. The starting point of every social intervention is based on three pillars: the right to a dignified life for everyone, attention to the family context, valorization and care of the context. In other words, it is about being attentive to the "personal conditions" of those who have or may have problems. Social risk factors, it should be underlined, concern everyone, at every age, in every place, in every condition.

However, by focusing on everyone's history it is possible to intervene so that inconveniences and difficulties are addressed, even preventively.

It is not always possible to overcome the categorical approach, as reasoning by categorization, and the associated "target" approach is rooted in the same model of construction of existing services, in the budget structure, in data collection, in regional legislation, national and European and, often, in the mentality of the operators themselves. Sometimes, then, the categorical approach manages to immediately account for specific professionalisms, which cannot and must not be renounced in the transition to an approach that aims to go beyond the merely categorical perspective. However, it is necessary to find the right balance between specialist interventions and approaches and interventions which, due to their very effectiveness, must be characterized by a strong transversality. Furthermore, it is appropriate that social programming choices develop starting from the ability to understand the overall social quality of life of local communities and the factors for improvement that need to be leveraged.

On the other hand, trying to overcome fragmentation also means acknowledging that the needs associated with specific causes can often have transversal repercussions. Thus, for example, as regards mental distress, its effects are revealed in the area of work, home, income, as well as in the area of well-being and family; similarly, the condition of "elderly", which must not, in itself, be automatically associated with a social need, tends to trigger transversal questions, ranging from income, to socialization, to health. Even the presence of foreigners in our local communities is one more reason why there are social services attentive to the intercultural dimension and the concreteness with which social and interpersonal relationships are developed in the places of life and work. A system of social services, therefore, must be capable of giving the right attention to intercultural phenomena and problems to promote integration and coexistence, respecting the various components without any renunciation of the values of legality and respect for different cultures. Also, for these reasons his approach to the person and his culture is decisive and challenging.

The approach to the person and their needs leads to the identification of a process of taking charge which is already part of the Italian legislation, both of the framework law n. 328/2000 and the most recent legislation on income support. It is an approach based on access, the multidimensional evaluation of the person, the taking charge and the definition of an individualized project that identifies the supports necessary for the person, which must be followed by the activation of these supports in order to lead him to achieve, or regain maximum autonomy. For this purpose, maximum attention must be paid to synergy and collaboration between different sectors since the integration and overcoming of excessively sectoralized and self-referential logics is a decisive condition for the so-called taking charge to be able to offer the person with the personalized project diversified opportunities to create autonomy paths.

#### 1.1.4 The structuralization of services

The system of local social services is still highly uneven in our country and insufficiently developed. Implementing the path designed is not easy in a context of strong scarcity of financial resources and personnel which reflects the poor development of the Italian social services system in the more general context of welfare.

However, it is necessary to continue on the strengthening path already undertaken, through greater financial availability and with the now generalized awareness of the delays and the need to structuralize the system, highlighted with particular urgency in the pandemic episode. The pandemic has, in fact, highlighted the strengths of our system - which has strengthened in recent years with very important tools for integrating the income of the most vulnerable people and families.

poor such as citizenship income - but it has also highlighted delays and fragilities that must be faced and overcome. The historical phase that is opening requires that we no longer postpone the choice to take a significant step forward towards a system of social policies and interventions that is solid and integrated everywhere and that addresses, in order to fill them, the most serious. We need to overcome the situation in which, in our country, there are still many territories with a random, ancillary, discontinuous and non-integrated social service organization with other public policies.

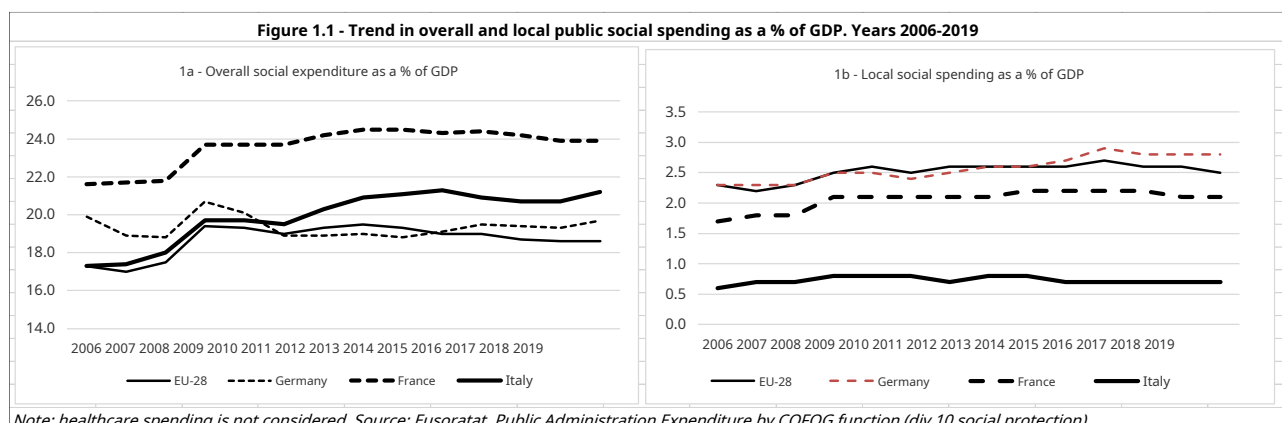
From this point of view, the top priority for the three-year planning is to consolidate and standardize services, with the aim of creating a social infrastructure capable of learning from the best European experiences to innovate and implement interventions necessary for territorial redevelopment and economic and civil relaunch of the most difficult areas of our country. The objective is to encourage the valorisation of skills and high quantitative and qualitative levels of employment through well-organised and well-administered, modern and fully accessible services for citizens.

Standardizing does not mean giving up experimentation and innovation, because in a constantly evolving context, services must adapt to new and constantly changing needs. However, experimentation must never be an end in itself, and must instead act as a preparatory element for an action of systematization and structural integration of innovation in the overall system of territorial social services.

## 1.2. A system in the middle of the ford

### 1.2.1 The weight of local social services is limited

If the dimensions of the overall Italian welfare bear comparison with that of the countries in our reference area, however, the Italian welfare is strongly concentrated on pension monetary benefits, on the one hand, and on health services on the other, while the services component social is substantially residual. Figure 1.1 shows how in 2019, despite social spending in relation to GDP not too dissimilar to the European average, local social spending in Italy reached just 0.7% of GDP, compared to an EU-28 average of 2.5% and against 2.8% in Germany and 2.1% in France.



Public accounting data confirm this view. As Table 1.2 shows, if welfare was worth a total of around 507 billion in 2019 (excluding education), it is made up of 276 billion of social security pension spending, 109 billion of healthcare spending, 69 billion of other monetary transfers classified as social security (TFR, sickness, family allowances,

unemployment, etc., of which 43 billion are paid by the PA), 44 billion in welfare monetary transfers and less than 10 billion in the provision of non-health services, which include social services. It should be noted that spending in this last sector was even lower in 2019 than in 2017, where the increase in social spending between 2017 and 2020 also affected the welfare component, but only through the increase in monetary transfers.

Table 1.2 - Major components of Italian social spending. Year 2019 and comparison with 2017

million €, % of total and GDP	2019				2017		Diff 2019-2017	
	public administration spending	total spending	in % of total	in % of GDP	expense total	in % of GDP	diff. expense total	diff. in % of GDP
<b>Expenditure on social protection benefits</b>	<b>478,517</b>	<b>507,356</b>	<b>100%</b>	<b>28.3%</b>	<b>483,245</b>	<b>27.8%</b>	<b>24,111</b>	<b>0.5%</b>
of which: Loan. Preventive monetary: IVS pensions of	275,027	276,051	51%	15.4%	264,849	15.3%	11,202	0.2%
of which: Prest. Forecast monetary: TFR	14,053	26,753	5%	1.5%	23,783	1.4%	2,970	0.1%
of which: Loan. Predictive monetary: illness	7,942	12,247	2%	0.7%	11,508	0.7%	739	0.0%
of which: Loan. Forecast monetary: unemployment	12,519	12,519	2%	0.7%	12,116	0.7%	403	0.0%
of which: Preventive monetary benefits: social security family allowances of	6,033	6,033	1%	0.3%	6,443	0.4%	410	0.0%
of which: Other benefits Prev. monetary (*)	1,986	11,754	5%	0.7%	11,104	0.6%	650	0.0%
of which: Loan. monetary assistance: social security allowance and war pensions of	5,122	5,122	1%	0.3%	5,307	0.3%	185	0.0%
of which: Loan. monetary assistance: civil disability	18,465	18,465	3%	1.0%	17,522	1.0%	943	0.0%
of which: Loan. monetary assists: other transfers	20,056	20,056	6%	1.1%	15,477	0.9%	4,579	0.2%
of which: Loan. in services: healthcare	108,551	108,551	21%	6.1%	104,868	6.0%	3,683	0.0%
of which: Loan. in services: non-healthcare	8,763	9,805	2%	0.5%	10,268	0.6%	-463	0.0%

Source: Istat, Social Protection Account. Notes: (\*) Wage integration allowance, maternity allowances, other old-age social security allowances, family welfare allowances and other cash benefits for families.

## 1.2.2 Uneven spending

Similar results are also obtained from the data of the Istat Municipal Social Expenditure Survey, according to which the overall social expenditure, also considering 1.2 billion in expenses for nursery schools, would be 7.5 billion in 2018, 9.5 including sharing (Tables 1.3 and 1.4). However, the survey data are relevant as they highlight some important characteristics of the supply of local social services.

Firstly, (Table 1.3) clearly highlight the substantial territorial differentiations in spending. At a per capita level, spending exceeds 200 euros per year in Trentino – Alto Adige, Friuli, Sardinia and Valle d'Aosta at a cost of just 22 euros in Calabria and less than 60 euros in Basilicata and Campania.

Secondly, again in Table 1.3, the data also highlights the concentration of social spending in three sectors. The areas of intervention defined as "family and minors", "disabled" and "elderly" alone absorb more than 80% of the resources, whereas the areas aimed at dealing with "adult hardship" and the problems of "immigrants and nomads" are much smaller in size (with some significant regional differences, in particular for spending related to immigration) and the spending associated with problems related to addictions is essentially negligible.

The distinction of expenditure between the three macro-areas "interventions and services", "cash transfers" and "structures" appears more balanced, as highlighted in Table 1.4, although with significant regional differences. However, from this point of view, it is noteworthy that even at a territorial level, over a quarter of social services are translated into monetary transfers.

**Table 1.3 - Social spending at municipal level: absolute value, per capita and areas of intervention. Year 2018**

Source: Istat, Survey on social spending of individual and associated municipalities (including spending on nursery schools)

2018	total expense		percentage composition of expenditure							
	in millions €	in € pro-you understand	family and minors	disabled	addictions	elderly people	immigrants and nomads	adult discomfort poverty	multi-user	total
<b>Italy</b>	<b>7,472</b>	<b>124</b>	<b>38%</b>	<b>27%</b>	<b>0%</b>	<b>17%</b>	<b>5%</b>	<b>8%</b>	<b>5%</b>	<b>100%</b>
<b>Northwest</b>	<b>2,147</b>	<b>133</b>	<b>39%</b>	<b>29%</b>	<b>0%</b>	<b>15%</b>	<b>4%</b>	<b>7%</b>	<b>6%</b>	<b>100%</b>
Piedmont	555	127	37%	25%	0%	16%	6%	9%	7%	100%
Valle d'Aosta	26	210	23%	0%	0%	73%	0%	2%	1%	100%
Liguria	218	140	45%	20%	1%	17%	2%	9%	6%	100%
Lombardy	1,347	134	40%	32%	0%	14%	3%	5%	6%	100%
<b>North East</b>	<b>2,061</b>	<b>177</b>	<b>36%</b>	<b>24%</b>	<b>1%</b>	<b>21%</b>	<b>5%</b>	<b>7%</b>	<b>6%</b>	<b>100%</b>
Trentino Alto Adige	419	392	32%	20%	1%	37%	1%	6%	3%	100%
PA Bolzano	286	540	30%	18%	1%	46%	1%	4%	0%	100%
PA Trento	133	246	37%	25%	0%	19%	0%	9%	9%	100%
Veneto	535	109	32%	29%	1%	20%	2%	8%	7%	100%
Friuli Venezia Giulia	337	277	23%	30%	0%	25%	6%	10%	6%	100%
Emilia Romagna	771	173	47%	20%	0%	12%	8%	6%	7%	100%
<b>Center</b>	<b>1,645</b>	<b>137</b>	<b>41%</b>	<b>24%</b>	<b>0%</b>	<b>16%</b>	<b>5%</b>	<b>8%</b>	<b>5%</b>	<b>100%</b>
Tuscany	512	137	39%	21%	0%	23%	4%	7%	6%	100%
Umbria	83	94	47%	22%	1%	12%	6%	6%	6%	100%
Marche	165	108	34%	31%	0%	12%	4%	5%	13%	100%
Lazio	885	150	44%	24%	0%	14%	5%	10%	3%	100%
<b>South</b>	<b>811</b>	<b>58</b>	<b>40%</b>	<b>26%</b>	<b>0%</b>	<b>17%</b>	<b>5%</b>	<b>7%</b>	<b>5%</b>	<b>100%</b>
Abruzzo	95	73	39%	36%	0%	12%	4%	6%	3%	100%
Molise	21	70	29%	24%	0%	11%	12%	12%	11%	100%
Campania	325	56	40%	28%	0%	19%	2%	6%	5%	100%
Puglia	293	73	44%	20%	0%	16%	5%	9%	6%	100%
Basilicata	34	59	36%	31%	1%	14%	8%	6%	4%	100%
Calabria	42	22	33%	20%	1%	20%	14%	10%	3%	100%
<b>Islands</b>	<b>809</b>	<b>122</b>	<b>30%</b>	<b>37%</b>	<b>0%</b>	<b>14%</b>	<b>6%</b>	<b>9%</b>	<b>3%</b>	<b>100%</b>
Sicily	409	82	40%	29%	0%	13%	11%	5%	2%	100%
Sardinia	400	243	20%	46%	0%	15%	1%	15%	3%	100%

**Table 1.4 - Expenditure of individual and associated municipalities. Sources of financing and interventions by macro-area - Year 2018**

Source: Istat, Survey on social spending of individual and associated municipalities

2018	Spending and sources of financing						Macro-area of interventions and services social		
	Expenditure of single municipalities and associates	Of which % paid by national funds		Participation in expense		Total expense	Interventions and services	Transfer Structures nti in money	
		State funds or EU (1)	Funds own (2)	Fee paid by users	Quote paid by NHS				
	in millions of €	as a % of the total		in millions of €		as a % of the total			
<b>ITALY</b>	<b>7472</b>	<b>18%</b>	<b>60%</b>	<b>843</b>	<b>1,179</b>	<b>9494</b>	<b>39%</b>	<b>26%</b>	<b>35%</b>
<b>Northwest</b>	<b>2147</b>	<b>14%</b>	<b>70%</b>	<b>257</b>	<b>101</b>	<b>2505</b>	<b>42%</b>	<b>32%</b>	<b>26%</b>
Piedmont	555	21%	57%	63	62	679	42%	34%	24%
Valle d'Aosta/Vallée d'Aoste	26	11%	15%	11	2	39	25%	1%	75%
Liguria	218	16%	66%	20	3	242	42%	24%	34%
Lombardy	1347	10%	77%	163	34	1544	42%	33%	25%
<b>North East</b>	<b>2061</b>	<b>16%</b>	<b>60%</b>	<b>362</b>	<b>886</b>	<b>3309</b>	<b>36%</b>	<b>24%</b>	<b>40%</b>
Trentino-Alto Adige/Südtirol	419	0%	12%	140	-	559	19%	19%	62%
Bolzano/Bozen	286	0%	0%	119	-	405	11%	25%	64%
Trent	133	0%	12%	21	-	154	36%	4%	60%
Veneto	535	14%	73%	66	796	1397	43%	32%	25%
Friuli Venezia Giulia	337	33%	20%	54	9	400	33%	37%	29%
Emilia Romagna	771	14%	77%	101	82	954	40%	16%	44%
<b>Center</b>	<b>1645</b>	<b>17%</b>	<b>62%</b>	<b>169</b>	<b>130</b>	<b>1943</b>	<b>35%</b>	<b>25%</b>	<b>40%</b>
Tuscany	512	17%	64%	82	104	698	33%	29%	38%
Umbria	83	29%	54%	8	7	99	43%	22%	35%
Marche	165	10%	66%	32	16	213	51%	22%	28%
Lazio	885	17%	62%	47	2	933	32%	24%	44%
<b>South</b>	<b>811</b>	<b>24%</b>	<b>51%</b>	<b>27</b>	<b>59</b>	<b>897</b>	<b>46%</b>	<b>17%</b>	<b>37%</b>
Abruzzo	95	26%	51%	7	2	104	56%	14%	30%
Molise	21	28%	38%	1	0	22	62%	16%	22%
Campania	325	23%	53%	11	53	389	44%	12%	44%
Puglia	293	22%	54%	6	3	301	43%	24%	33%
Basilicata	34	29%	33%	2	1	36	56%	17%	28%
Calabria	42	28%	40%	2	1	45	50%	16%	34%
<b>Islands</b>	<b>809</b>	<b>30%</b>	<b>31%</b>	<b>29</b>	<b>2</b>	<b>839</b>	<b>39%</b>	<b>28%</b>	<b>33%</b>
Sicily	409	35%	47%	11	2	422	33%	16%	52%
Sardinia	400	25%	14%	18	0	418	46%	41%	13%

Notes: (1) Indistinct Fund for social policies and Funds restricted for social policies by the State and the European Union; (2) Own resources of municipalities and associative bodies.



### 1.2.3 A plurality of financial resources and growing financing

#### National funding

In the face of a territorial social expenditure that the three sources mentioned (Eurostat local social expenditure, ISTAT social protection accounts, ISTAT survey on social expenditure of Municipalities), despite their heterogeneity<sup>1</sup>, place the national financial resources intended for financing the national financial resources allocated to financing the of local social services have diversified and strengthened in recent years.

As Table 1.4 shows again, national funding in 2018 would amount to 18% of the total (composed of the indistinct Fund for social policies, funds tied up for social policies by the State or the European Union, compared to 60% of own funds, to which is added, not shown in the table, 18.1% of financing from regional funds, 3.1% of transfers from other public bodies and 1.3% of private financing.

On the other hand, national financing appears to be substantially growing, particularly in recent years thanks to the additional allocations made to the main funds (in particular the non-self-sufficiency fund and the services portion of the poverty fund) and the creation of further funds. From 2021, the national funds were then added to the resources specifically intended for the strengthening of local social services allocated by art. 1 co. 791 of the 2021 Budget Law (L. 178/2020) within the Municipal Solidarity Fund, for an amount equal to 216 million in 2021, growing up to 651 from 2030.

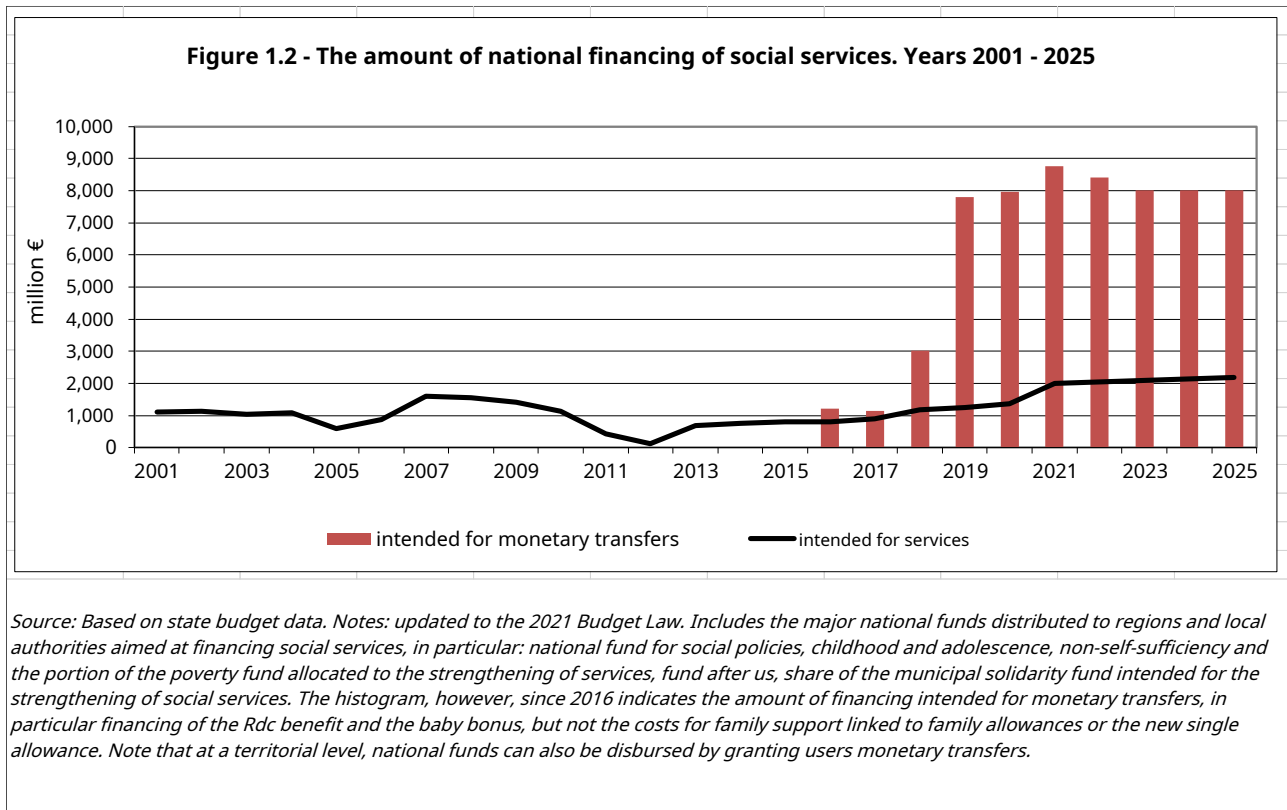
An element of particular importance is that, unlike in the past, the allocated funds have for the most part been included as structural in the state budget, i.e. the allocations are automatically made. This allows for certainty of resources and offers the possibility of effective planning of interventions.

Figure 1.2 shows the growth over time for the major national social funds (including the share dedicated to social services in the municipal solidarity fund), a growth that leads to being able to count on an amount exceeding 2 billion a year. A growth that is associated with the much more substantial growth of the monetary transfer components, in particular that associated with the citizen's income, to which, starting from 2021, additional resources will be added for the costs associated with the new single allowance for families.

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<sup>1</sup>Eurostat local social expenditure (figure 1) concerns all the expenditure of local administrations included in the COFOG 10 division Social protection: it is a much larger aggregate than that of the expenditure incurred for municipal social services (social benefits), at least for two reasons : a) the field of observation is broader: according to the SEC, local administrations, in addition to municipalities, include: regions, provinces, local health authorities, universities, etc.; b) the economic aggregate considered is broader: the expenditure considered is the overall one (current and capital), i.e. it includes other expenses than just the social benefits (in money and in kind) provided to families by local administrations, and even more from the Municipalities.

The non-health expenditure reported in Table 2 represents the amount that the PA spends to provide social assistance in kind in 2019 as calculated by Istat in the Social Protection Accounts; this aggregate differs from the expenditure of the Municipalities (more and less), and also from that of COFOG 10 because: a) the field of observation is wider than both: it includes the expenditure of all public administrations that provide social assistance , therefore not only the local administrations (even more so the municipalities); b) the aggregate is smaller than both: the social benefits considered are only those in kind, while in the expenditure of the Municipalities there are also those in money, and in the COFOG much more.



### European funding

Starting from 2014 and to an increasing extent, European funds or national funds linked to European programming have been added to the national funding intended for local social services. The PON Inclusion (social services) and the FEAD (mainly dedicated to food support) of the 2014-2020 programming, for a total of 1.2 and 0.8 billion respectively, still have a residual tail (around 0.4 billion) to be used by 2023 and will see confirmation in the 2021-2026 programming, probably within a single PON Inclusion programme, for which programming has started, with a budget significantly higher than the sum of the two previous programmes. To these are added the sums of REACT-EU, included in the queue of the PON Inclusion and FEAD 2014-2020 programming, for an amount of 90 and 190 million respectively. The picture is completed by the resources (around 300 million) of the POC Inclusion, the complementary operational plan financed with the resources deriving from the increase in European co-financing and the use of around 250 million of the PON for expenses related to Covid, and the PNRR, the National Recovery and Resilience Plan, which has allocated 1.45 billion for three specific nationally directed social interventions concerning interventions in the socio-health sector, support interventions for people with disabilities and intervention to combat extreme poverty.

All the funds mentioned above are mostly intended for the implementation of interventions that will be carried out by the territorial social areas, so that in the next 7-8 years an additional figure significantly higher than 5 billion, also considering the new ESF+ programming and the programming queues 2014-2020, will integrate the national funding shown in Figure 1.2.

This scenario leads us to consider the close connection that will have to progressively strengthen the link between regional social programming, national programming of an increasingly strategic nature and less limited to the methods of use of specific funds and territorial programming headed by the Social Territorial Areas in the respect for

indications referred to in the art. 23 of Legislative Decree 147/2017.

### 1.3. Integrated, multi-year financial planning

The structural increase in the national financing of social services and the important resources made available by the European Union, as just highlighted, translate into a plurality of financing sources, although often of inadequate size, which must be systematized in the scope of integrated, multi-year planning for the purposes of structuralizing local social systems.

From this point of view, from a planning perspective of the Plan, two distinct objectives must be pursued.

The first concerns multi-year planning of national social funds, which goes beyond the annual horizon, allowing the Regions and Areas to have complete resources over a generally three-year horizon. This objective can be pursued thanks to the structural nature of the major social funds in the state budget, which offers certainty regarding the resources available beyond the time horizon of the current year alone. In this sense, the decrees for the distribution of social funds will gradually take on a multi-year perspective, providing for a residual clause for automatic distribution of any additional allocations decided by the legislator and not specifically addressed, according to distribution criteria defined in the same decrees.

The second objective consists in the contribution of resources from national and community funds for the purpose of strengthening services and achieving LEAS and the strengthening actions envisaged by the Plan. Indeed, the competition of resources from different origins to achieve the objectives of social planning is already adopted by law, where, for example, paragraph 7 of the art. 7 of Legislative Decree 147/2017 provides that "For the purposes referred to in this article in line with the provisions of the 2014-2020 Partnership Agreement for the use of European structural and investment funds, the resources relating to the National (PON) and regional (POR) operational programs referring to the thematic objective of fighting poverty and promoting social inclusion". This indication will be confirmed in the ESF+ 2021-2027 programming, as well as in that of the REACT-EU resources and the PNRR. Thus, for example, the REACT-EU funds will support two LEAS envisaged in the Poverty Plan, in addition to the strengthening of food distribution and basic necessities actions, while the PNRR will support actions in the social-health, disability and serious deprivation which constitute priority actions of this Plan, also in view of the subsequent prefiguration of new LEAS. The contribution of community resources to national funding will also make it possible to confirm and strengthen that line of activity aimed at supporting the administrative capacity undertaken in recent years both in the context of the general organization of social services and the specific management of Citizenship Income (notices *Rebuilding* of the PON Inclusion, and activities within the GEPI for the Rdc).

With a view to this integration between national funds and community funds, the process of harmonization of monitoring and reporting tools will continue, in order to progressively outline unique administrative methods even in the plurality of funding sources.

### 1.4. The actors

#### 1.4.1 From users to citizens

Social services must be the main allies of the economic and civil recovery of our territories and they can be so because "with the people" they address, they support their growth and development paths, on the basis of a system of rights and services capable of promoting and protecting "each and every one" according to different needs and conditions. But its operation is an essential condition of effectiveness for a modern and competent system of social services

promoting the skills of citizen users, carefully and positively encouraging the development of their skills. All this requires that there be actions, treatments, supports and aid aimed at promoting inclusion and limiting - as far as possible - the chronicity of situations of dependence on healthcare interventions. Furthermore, the task of social services is to help overcome situations of isolation and ghettoization of situations of social hardship and this requires an ability to recognize and enhance citizenship networks. These networks can contribute decisively to local inclusion strategies through the development of practices of self-organization of solidarity and effective collaboration for the better functioning of public services.

Participation therefore becomes a founding element of the effectiveness of the action of a social service system that builds inclusion and resilience on a daily basis. This participation, both direct and mediated by formal networks and representative bodies, must operate both in the ascending phase of planning and in the descending phase of implementation and monitoring and evaluation of trends and results.

#### **1.4.2 Professional social work and social workers**

In the face of a generalized growth in social "demand", triggered by the deterioration of the conditions of many individuals and families, by the demand for higher quality services and, last but not least, by the choice to combine the introduction of a national income support measure an explicit taking charge (social or work), already in 2018 the professional social service was identified as the essential critical element. The 2018-2020 Poverty Plan stated verbatim that "In conclusion, it appears appropriate that the first quantitative objectives of this Plan are expressed in terms of professional social service. In this context, it is considered a priority to ensure a suitable number of social workers, quantifiable as at least one assistant for every 5,000 inhabitants, at least as a starting point in the first three years of implementation of the REI. (...) In order to ensure continuity of interventions and also to avoid conflicts of interest, it seems appropriate that the service is provided by the public body".

In fact, in recent years the professional social service has been in crisis on the one hand due to the reduction of staff following intense retirement flows not balanced by entries following the freeze on turnover, on the other by the accumulation of new loads of I work for the old ones.

It is true that the shortage of staff (not just social workers) has been largely remedied through outsourcing, however in a non-homogeneous manner throughout the area. However, the "outsourced" social workers, who are of great value and offer a very important contribution, cannot replace, in terms of number and possibility of intervention, those of public services, while where their presence is more pervasive problems arise role and different working and remuneration conditions that segment the function. The outsourcing of social services is a phenomenon that has reached, in parallel with the reduction of municipal staff, excessive and dysfunctional dimensions. While in theory the administration should have control and direct the service system, effective leadership has too often been lacking. The public too often is unable to develop a unitary and systemic vision, ending up chasing requests and visions coming from outside, sometimes absolutely worthy and disinterested, but often specific and sectorial. Yet historical experience, even very recent, demonstrates how it is precisely the presence of adequate and committed public services that allows the development of the best experiences of service and protagonism by civil society organizations themselves and to enhance the fundamental role of the Third Sector to collective well-being. On the contrary, it is wrong to think that the development of social interventions can end with a mere delegation of functions to third sector and voluntary sector organisations.

To overcome the above, the National Plan to fight poverty 2018-2021 has provided, in addition to the quantification of a service objective of one social worker for every 5000 inhabitants, the possibility for the administrations of Municipalities and Areas to directly hire assistants fixed-term social services, drawing on the resources of the PON Inclusion or the service quota of the Poverty Fund. In 2020, with the Budget Law for 2021, the legislator confirmed and strengthened this approach by formalizing the essential level of 1:5000, introducing a further "challenging" service objective of 1:4000 and translating the need to strengthen public ownership of the professional social service in the provision of incentive resources exclusively intended for the permanent hiring of social workers in public social services.

In this sense, Table 1.5 shows the data relating to social workers (*full time equivalent*) hired on a permanent basis in local social services (at municipal, area or company level *in house* specifically dedicated to the provision of social services) in service in 2020 and those expected to be in service in 2021. The starting situation shows a figure of 8170 social workers in service (for an overall national ratio of around 1:7000) which, however, hides strong differentiations at territorial level. These differentiations remain, but tend to decrease significantly based on the hiring intentions communicated by the social sectors for 2021 for the purposes of the recognition provided for by the Budget Law, which seem to indicate a substantial impact of the measure already in the first year of operation and seem to indicate that there are the conditions for the *gap* can be closed within a few years, with the provision of adequate support to the territories in conditions of greater weakness. This support has already resulted in the recognition, by the Standard Needs Commission, of the possibility for Municipalities that find themselves in these conditions to use the additional resources of the Municipal Solidarity Fund to fill their *gap*.

**Table 1.5 - Social workers hired on a permanent basis at local social services. Actual 2020 data and 2021 forecasts communicated by the areas**

areas as a % of the regional total in 2020			medical assistants		medical assistants		areas as a % of the regional total in 2021		
over 1:6500	over 1:5000	over 1:4000	2020		2021	over 1:6500	over 1:5000	over 1:4000	
0%	0%	0%	46.3	ABRUZZO	93.6	21%	8%	0%	
0%	0%	0%	11.9	BASILICATA	37.49	22%	0%	0%	
3%	3%	3%	51.0	CALABRIA	136.13	28%	16%	9%	
3%	0%	0%	350.2	CAMPANIA	612.95	36%	15%	2%	
87%	61%	39%	1118.0	EMILIA ROMAGNA	1186.94	97%	87%	47%	
100%	100%	89%	385.2	FRIULI VENEZIA GIULIA	409.12	100%	100%	100%	
3%	0%	0%	455.8	LAZIO	533.08	14%	5%	0%	
44%	22%	17%	357.2	LIGURIA	394.83	78%	56%	17%	
57%	19%	2%	1654.8	LOMBARDY	1962.05	80%	56%	15%	
22%	4%	4%	186.3	MARCHE	228.54	35%	13%	4%	
0%	0%	0%	5.0	MOLISE	25	43%	29%	0%	
50%	19%	6%	761.7	PIEDMONT	842.49	84%	28%	13%	
4%	2%	0%	349.0	PUGLIA	541.88	40%	20%	4%	
88%	68%	44%	386.2	SARDINIA	445.44	96%	84%	52%	
11%	0%	0%	511.4	SICILY	623.9	33%	13%	2%	
50%	15%	8%	546.1	TUSCANY	719.49	88%	50%	15%	
25%	0%	0%	100.9	UMBRIA	131.31	67%	17%	0%	
100%	100%	100%	38.7	VAL D'AOSTA	38.68	100%	100%	100%	
57%	19%	10%	854.2	VENETO	932.26	62%	38%	10%	
<b>34%</b>	<b>17%</b>	<b>10%</b>	<b>8170.0</b>	<b>TOTAL</b>	<b>9895.18</b>	<b>57%</b>	<b>36%</b>	<b>15%</b>	

Note: only social workers communicated by the 514 social sectors out of 573 who completed the forms are considered. The data refers only to social workers hired on a permanent basis by municipalities, areas or in-house companies established to carry out these services. Source: Ministry of Labor and Social Policies.

Professional social service, although fundamental, does not exhaust the set of professional skills necessary to carry out social services. Various other professional skills are necessary, particularly in an approach that wants to be based on the evaluation of people according to a multidisciplinary approach. Even the use of these other professionals (just think of educators, psychologists, health workers) has taken on characteristics similar to those of social workers: reduction of staff within the administrations and tendency to resort, where these professionals are present, to figures outsourced. From this point of view the social plan promotes strengthening

of the use of these professional skills according to a path already tested with social workers, which firstly involves the strengthening of their presence and the possible strengthening of public services through the extension to these figures of the hiring possibilities and fixed and permanent contracts. In this sense, the Standard Requirements Commission has already provided for the possibility for Municipalities to use the additional resources of the Municipal Solidarity Fund intended for the strengthening of social services also for this purpose, while a similar possibility will be provided for the other funds intended for social .

The professionalism and balance of social workers is fundamental to offering a high quality service, which is all the more relevant given that the work they carry out directly affects the quality of life of people who are often in highly fragile conditions. From this point of view, the Social Plan makes the choice to identify an essential level of performance regarding the supervision of social workers, to be operated according to methods focused on the sharing and supervision of cases, for the purposes of both identifying the best responses to needs and prevent and combat the phenomena of *burnout*. For these purposes, one of the project lines of the PNRR will be activated, integrated with additional resources from the National Social Fund and the new European programming.

It will be crucial to accompany this process also through the progressive definition, where they are lacking, and the updating of the models and standards of organizational functioning, in order to ensure the quality of the work of social workers, improve the access of citizen users to services and performance, incremental management capabilities and use of financial resources, ensure the inclusion of social programming within territorial economic development programs also through the adoption of specific pacts for sustainable local development.

#### 1.4.3 Third sector bodies and private social sectors

Horizontal subsidiarity represents a constitutive element of social programming at all levels. Therefore, in a context in which the public organizes a structured system of social services based on essential levels and on services that foster social inclusion and safety for all, the ETS Third Sector Bodies, with cooperation and the private social sector in gender, have a multiplicity of roles to play. First of all, they actively participate, through their bodies and together with other stakeholders, in defining system priorities and directions. Secondly, they operate, upon mandate from the public, to guarantee LEPS, to the extent and within the limits in which the actual provision of the relevant services is outsourced. If, in a context of limited resources, the LEPS system must necessarily focus on an at least initially limited number of services, an essential element is also the ability of the ETS to channel additional energy and resources, enriching the offer and proposing to the public the pursuit of additional projects which, without immediately establishing LEPS, outline advanced development lines for the system. Initiatives that fully mobilize the innovative and proactive capacity of both the private social sector in the broad sense and of society as a whole.

Particularly important, to this end, is the role of that part of the Third Sector which constitutes the world of volunteering, which must become essential, again, not so much in making up for the lack of public services, but in enriching the offer with ability to grasp specific dynamics and situations with fine grain, providing responses that, by exploiting the social fabric and everyday relationships, create specific quality.

With the decree of the Minister of Labor and Social Policies n. 72 of 31.3.2021, following the agreement sanctioned in the session of 25.3.2021 of the Unified Conference, the *Guidelines on the relationship between Public Administrations and ETS, regulated in articles. 55-57 of the Code of*

*Third sector*(Legislative Decree 117/2017). The guidelines confirm the essential role of the ETS as partners of the Public Administrations and the possibility of operating, due to the public interest that guides their activity, through co-programming and co-planning mechanisms, which are different from the mechanisms of procurement, guaranteeing, however, those principles of neutrality, transparency, public evidence which must always characterize public operations and which must be applied from the moment of selection of the project partners.

The Guidelines highlight that it is up to the individual administration to choose "based on the concrete situations, the preferable procedural scheme, taking as a guiding criterion the need to ensure the 'active involvement' of the ETS". Whether the choice falls on co-programming or co-planning mechanisms, or on procurement mechanisms, it remains clear that the experience of recent years has led to limit situations in the social sector, with procedures or tenders aimed at the realization of activities or the assignment of services of even a few months, which fueled uncertainty among operators, forced to chase tenders and projects without interruption, with the perennial nightmare of having to suddenly end their business and the very frequent loss of solid professionalism built over time in the field.

However, where certainty of financial resources is ensured through adequate planning, there are no reasons why the selection procedures of project partners, or procurement choices, should translate into assignments of a few months or one to two years at most. . The current legislation, including the legislation on procurement, which provides specific rules on the awarding of social services - allows, without forcing, to provide for assignments of much longer duration (just think, among all, of the possibility of including the termination clause in the contracts repetition of similar services).

In this sense, within the programming horizon of the Plan, the objective of multi-year planning of financial resources will be pursued, which allows for a wide-ranging planning of services, combining the need to provide adequate stability and continuity to services with the mandatory principles of transparency. and public evidence.

### 1.5 Relationships with other sectors

The social sphere cannot ignore the constant and structured relationship with other spheres, both due to the nature of the needs and the responses that must be offered. The interaction with other areas, which must be taken into account both in national programming and in territorial planning, also requires relating to the different institutional levels to which the same areas of intervention refer, which can range from the central level, to the regional, provincial or local one.

#### 1.5.1 The socio-health sector

The healthcare side must operate in close conjunction with the social side. He is called upon to contribute to the Plan and share its priorities, to the extent that points of social and health competence are touched upon. In this historical context it appears more necessary than ever to give rise to an effective and regulated collaboration between the social system and the health system through the coherent action of a large and industrious care community so that situations of acute discomfort and also the psychosocial risks connected to the uncontrolled circulation of feelings of frustration and resentment among people in difficulty. This can be achieved provided that a more efficient and effective organization is effectively implemented through tools that are practicable and respectful of the specificities of each professional involved, capable of connecting and, therefore, coordinating the work of the local health and social services in which the

professional skills/autonomy are integrated with those of the teams present in the various social services in the area.

There are various areas in which collaboration must continue and strengthen: firstly in taking charge, with PUA Single Access Points and multidimensional assessment of needs by multidisciplinary teams to outline a fundamental scenario of collaboration; secondly, in the topics of residential and domiciliary care, services for non-self-sufficient sick elderly people and for mental distress; furthermore, in all areas connected to interventions and services for minors and families in difficult conditions, with respect to which, even within parenting support programs, the possibility of being able to count on professional skills capable of contributing the correct evaluation of parenting is essential for the quality of the development of personalized intervention projects and for the effective ability to prevent and combat the phenomena of family violence, abuse and mistreatment.

All this requires planning coordinated at a central level and highly integrated at a territorial level; regional and area planning must, in particular, guarantee an integrated approach, capable of offering the appropriate responses to the citizen without being referred to the responsibilities of other bodies and institutional levels. This is also why the strengthening of PUA is placed among the priority strengthening actions both on the social side (see chapter 2, below) and on the health side.

Evidently, a social approach based on LEPS can only interact closely with the health approach, which already sees essential health and social-health levels (LEA) defined; the interaction is all the more important as some of the socio-healthcare LEAs, as lastly redefined pursuant to the Presidential Decree of 12 January 2017, identify essential levels - such as those relating to taking charge with multidimensional assessment of the need and individual assistance project ( art. 21) – common to the social sphere, but which still struggle enormously to be guaranteed also by the healthcare system. It is necessary to activate an organizational model, with coordination methods for the functional use of professional resources (including psychological) capable of networking the services with the greatest impact on situations of personal and social hardship, provided in all the areas envisaged by the LEAs in order to to "guarantee individual and collective psychological well-being" as also provided for in paragraph 2 of the art. 29 ter of Law 13.10.2020, n. 126.

### **1.5.2 The scope of labor policies**

The lack of work and income are often at the origin of people's fragile situation, representing a moment of no return, or constituting an essential moment for the reconstruction of full autonomy. In this sense, the Rdc, by addressing the problem of income, contributes to preventing the triggering of a spiral of deprivation in which social exclusion becomes increasingly worse. On the other hand, pursuant to Legislative Decree 4/2019, monetary support must be accompanied by active policies aimed at achieving maximum autonomy, through the tools, both recognized as LEPS, of the Pact for social inclusion and the Pact for work . Work constitutes the natural outlet for achieving maximum autonomy, whether full or partial. In any case, social policies must, in this context, constantly relate to labor policies, inserting the necessary work dimension, equipment and training into individual projects. It is no coincidence that in all projects for independent living in the field of disability, as well as in those proposed on social issues within the PNRR, the social and working dimensions are always present side by side (along with the housing dimension ).



### 1.5.3 The scope of education

If work, income and home constitute fundamental elements of a lasting response to people's needs and fragilities, the social sphere must continuously interact with the educational sphere at least from two points of view.

First of all because a central element of labor policies, increasingly important in a world of work in which the dynamics of professional skills required is increasingly pressing, is that of professional training, updating and improvement of one's professional skills.

Secondly, because basic education constitutes an essential element of citizenship and the lack of basic education constitutes an essential element of exclusion and the intergenerational transfer of poverty and social exclusion.

In this sense, the educational objectives, even basic ones, as well as the commitments to the regular attendance of minors at school constitute fundamental elements of the Pacts for social inclusion and in general of individualized care projects. Indeed, the clear emergence that a significant portion of Rdc beneficiaries lacks basic school qualifications<sup>2</sup> suggests the importance of initiating collaborations between social services and the education system at a territorial level, also involving the provincial Centers for Adult Education (CPIA), as well as professional training centres.

### 1.5.4 The judicial sphere

The protection of minors and families is one of the areas in which collaboration with the judicial authorities is very close, and they must be very present in particular in the definition of territorial plans.

It is particularly important to develop constant discussion and collaboration in areas linked to the problems of families with minors, such as the evaluation of parenting, the definition of neutral spaces and centers for the creation of protected meetings, the construction of networks for the promotion and support of foster care, the quality guarantee of public protection, the protection of unaccompanied minors.

Also particularly important is the collaboration between local social services and judicial authorities in the reintegration of former prisoners and in the active promotion of alternative measures to detention. In this sense, territorial planning must also encourage as much as possible the stipulation of agreements with the judicial authority for the employment of convicts admitted to external penal execution.

### 1.5.5 Housing policies

Like work and income, the housing problem is often at the origin of people's fragile situation, that is, it can represent a moment of no return or constitute an essential moment for the reconstruction of full autonomy. Where social services can take care of the immediate housing emergency, especially with reference to people in conditions of particular fragility or particular situations (just think of the cold emergency), they are not able alone to offer a lasting response where the policies social policies are not supported by coherent housing policies, capable of giving a natural outlet to the care pathways aimed at achieving autonomy by people and families in conditions of need.

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<sup>2</sup>Among the RDC beneficiaries referred to employment centres, net of those for whom the data is not available, 13.8% have at most an elementary school diploma and 58.8 have a middle school diploma. Among the Rdc beneficiaries referred to social services, 14.9% have at most an elementary school diploma and 37.2 have a middle school diploma (while for 14.7% the data is not yet available).

In this sense, it is necessary to integrate and make more efficient and effective the use of resources and infrastructures already present in the area and encouraging further provision of public real estate assets in order to combat the phenomena of housing poverty which are also aggravated by the socio-economic impact of Covid-19 pandemic. Furthermore, it will be useful to seize the many opportunities made available to the territories with the PNRR and this both on the side of urban redevelopment interventions - for the planning of which it is essential that social services give a direct and qualified contribution - and on the equally innovative, innovation in the field of social housing.

### 1.6 Agovernancesystem and the role of the Areas

This Social Plan is the result of a process of elaboration, listening and protagonism of the actors involved, the users, the operators, the *stakeholders* aimed at defining a unitary vision of the system, overcoming fragmentation and closure in sectoral and categorical areas. The process of defining the Plan is the product of coordination with other government authorities, national, regional and local, each holding functions in the social field. The connection with these authorities is constant, within a framework of sharing priorities and approaches, which however requires to be made operational and to be explored in depth. Hence also the lively and dynamic nature of the Plan, which can be updated from year to year while maintaining its three-year nature, according to a sliding logic. The update can only be the result of an evaluation of the results achieved and the gaps that have emerged, which can only be done together with all the actors mentioned.

The Social Protection and Inclusion Network, chaired by the Minister of Labor and Social Policies, is the institutional headquarters in which, pursuant to Article 21 of Legislative Decree 147/2017, these activities find their formal headquarters, at presence of Ministries, Regions, local authorities, INPS, social partners, third sector, users through their associations.

The Network will also be divided into a control room that will try to ensure the overall coordination of the use of the funds intended for social services of the National Recovery and Resilience Plan PNRR, of the PON Inclusion and of the national funds headed by the Ministry of Labor and social policies. A location that does not replace the specific locations already envisaged by the specific rules and regulations, but rather integrative, aimed at sharing the contents of the projects and coordinating the use of available resources, with a view to ensuring the structuralization of the social services system and the sustainability, including financial sustainability, of the agreed objectives over time.

As prescribed by the art. 21 of Legislative Decree 147. "In compliance with regional organizational methods and comparison with local autonomies, the Network is divided into regional tables and at territorial level. Each Region and autonomous Province defines the methods of establishment and functioning of the tables", as well as the participation and consultation of the *stakeholders*, "taking care to avoid conflicts of interest and drawing inspiration from principles of participation and sharing of programmatic and policy choices, as well as territorial monitoring and evaluation in the field of social policies". It's not about inventing new organizations and new ways of working. Rather, it is a question of formalizing, harmonizing and generalizing a process of sharing and listening to the territory already in place in many, but not all, areas.

Regional social planning constitutes a fundamental element where the LEPS and the orientations and priorities shared in the National Social Plan are integrated with those of regional competence and of the autonomous provinces. The sharing of uniform programming and reporting schemes allows the indispensable monitoring of the implementation of the National Plan and the shared objectives.

Downstream from national and regional planning, territorial planning reads the needs and characteristics of the local reality and translates into it the general orientations of the social services system.

The Territorial Social Areas are the territorial dimension identified by Law 328/2000 as optimal for the provision of six social services. Legislative Decree 147/2017, in article 23, indicates to the regions and autonomous provinces to adopt "homogeneous territorial planning areas for the social, health and employment policy sectors, providing that the social territorial areas coincide for the integrated planning and provision of interventions with the territorial delimitations of the health districts and employment centers". Furthermore, article 23 continues, "The integrated offer of interventions and services according to the coordinated methods defined by the Regions and autonomous Provinces pursuant to this article, constitutes an essential level of performance.

The Regions and the autonomous Provinces have adopted, within the scope of their recognized autonomy in the social sphere, the indication to carry out planning by areas and the register of Areas is available on the website of the Ministry of Labor and Social Policies. National social funds are allocated to the areas, directly or through the regions, while European funds are allocated to projects that almost always have the area as a reference, directly or, again, through the regions and autonomous provinces. The same resources intended for financing the hiring of social workers are recognized not by individual municipalities, but by the Area.

In the three-year planning horizon, it is a question of moving in two directions. On the one hand, further accentuate the associated management of social services at Area level, where cases still too often emerge at territorial level of excessively fragmented management between even small municipalities or organizational models that see the different social services organized in a non-homogeneous way within the same territory. On the other hand, it is necessary to give active content to the regulatory indication to increasingly pursue the identity of social areas, health districts and territorial delimitations of employment centres, so as to facilitate the pursuit of effectively integrated social policies also operationally with health and employment services.

### 1.7. The information system

The social services information system constitutes a strategic cognitive infrastructure for planning, monitoring and evaluating the social services system.

Article 24 of Legislative Decree 147 defined the national reference framework of the unitary information system of social services, SIUSS, while art. 6 of Legislative Decree 4/2019 defined the components of the Rdc information system. These regulations were followed respectively by the implementing decrees of the Minister of Labor and Social Policies n. 103/2019 (specifically relating to the SIUSS component dedicated to the provision of social services) and n. 108/2019 relating to the Rdc information system.

The information system is gradually becoming more populated and the various modules of the information system are starting to offer a useful information base. The next report to Parliament on the state of implementation of the SIUSS, prepared pursuant to art. 24 of Legislative Decree 147/2017 will be an opportunity to show its potential.

However, the population of the various databases that make up the SIUSS is still uneven, just as there are still open problems in the Citizenship Income information system.

At the root of these problems lies on the one hand the need to exchange data between different administrative levels and different administrations, and on the other the parallel need to make different information systems communicate together. In fact, the data necessary to populate the information system

they come from social security bodies, from the Regions, from the Municipalities, from the Areas, from the Ministry of Labor and Social Policies, from Anpal. But not only that: interactions with different areas belonging to the same body are fundamental (think only of social but also personal data which typically belong to different structures within the Municipalities) while there is a growing need for interaction with others systems such as that of the Ministry of Health, the Ministry of the Interior (think again of problems related to residence or residence permits), the Ministry of Education.

In this context, the development of information systems on social services can only develop with a view to the interoperability of different systems, the adoption of open formats, the integration of management systems and the monitoring, as far as possible, of the possibility of reusing existing IT applications, bidirectional flows.

Existing systems, where of adequate depth and quality, must be able to communicate with each other, both at the level of data exchange and at the level of integration capacity of management modules, avoiding duplication of modules on different systems that do not it would be possible to keep constantly aligned.

The information debts must be as much as possible a by-product of the management modules, and be bidirectional, allowing, in particular, local operators and the planning offices of the Areas to monitor their own situation and compare it with the regional territory and with similar territories.

These principles will be applied, over the three-year planning period and as early as 2021, with the definition, within the RDC information system, of specific reference dashboards for operators, also containing attention indicators, and in the implementation SIUSS data (not individual) are available to operators and the public, starting from the list of areas and those on social workers hired by municipalities and areas.

## 2. National social plan 2021-2023

### 2.1 The regulatory basis

This is the second national social plan presented in implementation of Legislative Decree 147/2017 (art. 21), who, in reforming the *governance* of the National Fund for Social Policies (FNPS), has provided that the use of its resources is subject to programming through a Plan, the elaboration of which is the responsibility of the Social Protection and Inclusion Network.

The reform is in continuity with the provisions of Law 328/2000, which already provides, in art. 20, a national plan to govern the use of the Fund's resources. The FNPS, in fact, although established in 1998, finds its full definition within the framework law on the system of social interventions and services, in the context of which a close connection is established between the financial instruments - the FNPS, for precisely - and a specific programming tool: the National Plan of social interventions and services (art. 18). FNPS and the National Social Plan represent in the legislator's design a fundamental tool for the implementation of national social policies which should gradually evolve into the definition of the LEPS (art. 22).

We recall the considerations already made in chapter 1 of this Plan regarding the problems that the legislative project encountered in its implementation, problems that have also hindered, in the absence of LEPS, the definition of a national coordination and programming tool in the social field . This instrument was recovered with art. 21 of Legislative Decree 147/2017. It defines a formal headquarters, the Social Protection and Inclusion Network composed not only of the central administrations responsible for the matter, but also of representatives of each regional council as well as of the councils of 20 Municipalities identified by the ANCI. As already mentioned, the legislator entrusts broad tasks of direction and coordination in the field of social policies to the Network, a body ordinarily open to participatory decision-making, which consults social partners and representative organizations of the Third Sector, sharing the choices among all those who are responsible. of decisions at the different territorial levels of government. Furthermore, the art. 21 recovers the idea of social planning, directly connecting the three major social funds to as many Plans. In this chapter 2, after the unitary premise developed in chapter 1 concerning the direction of development and structuralization of territorial social services, the Social Plan deals with the themes and priorities most directly connected to the FNPS and its programming.

### 2.2 The knowledge base

Taking up the census survey carried out by ISTAT on the expenditure of Municipalities for the integrated system of interventions and social services, since 2013 it has been made available with detail at the territorial level and by eliminating the expenditure already reported in chapter 1 from the expenditure for nursery schools and supplementary services for early childhood, social spending in 2018 was 6.392 billion euros<sup>3</sup>.

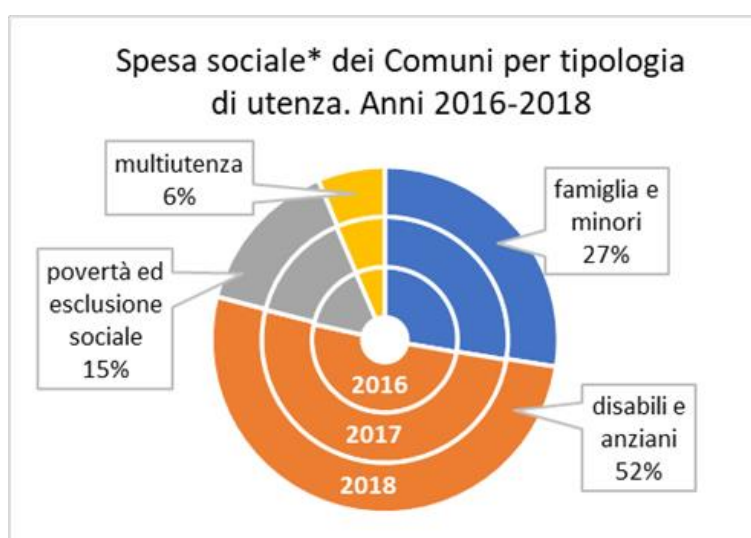
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<sup>3</sup>Based on Legislative Decree no. 65 of 2017, spending on nursery schools and supplementary services for early childhood passed into the "integrated system of education and instruction from birth to six years". In chapter 1, this expenditure was also considered for better comparability of the order of magnitude with Eurostat data and social protection accounts.

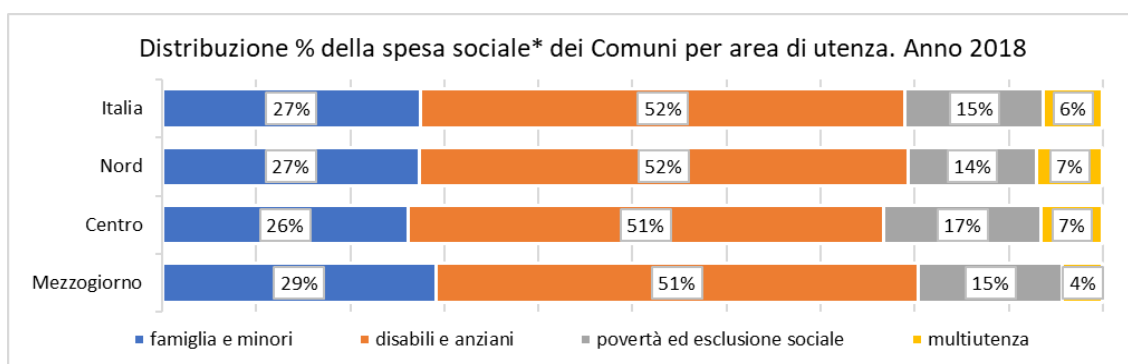
Social expenditure of the Municipalities<sup>(1)</sup> - millions of

	2016	2017	2018
North	3,448	3,470	3,611
Center	1,126	1,255	1,303
South	1,407	1,471	1,477
Italy	5,981	6,197	6,392

How is this expenditure distributed by catchment areas? Excluding nursery schools (whose expenditure however amounts to over 1 billion euros per year), over a quarter of the total is allocated to interventions in favor of childhood and adolescence and to support family responsibilities; approximately half for policies in favor of people with disabilities and for support for the elderly (often not self-sufficient); one seventh to combating poverty and other forms of social exclusion (immigrants, RSC, addictions); less than a tenth for all users (e.g. social secretariat). The distribution by user areas shows a high temporal stability: at a territorial level, however, a greater presence is observed, compared to the overall figure, of the family and minors area in the South and of the poverty and social exclusion area in the Centre.



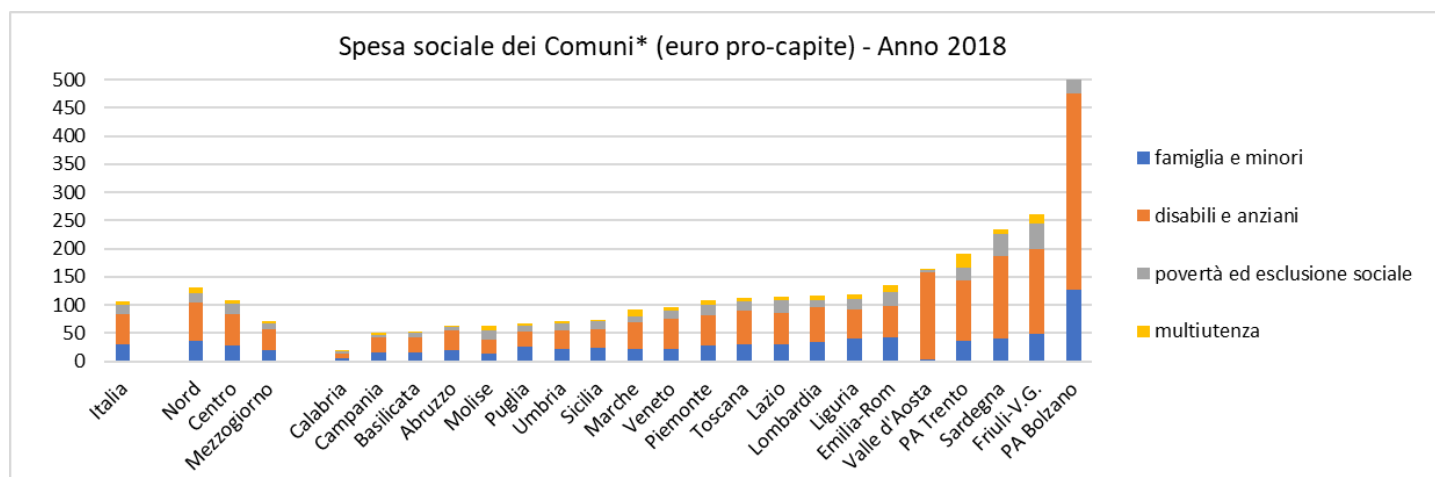
\* Excluding nursery schools and supplementary early childhood services



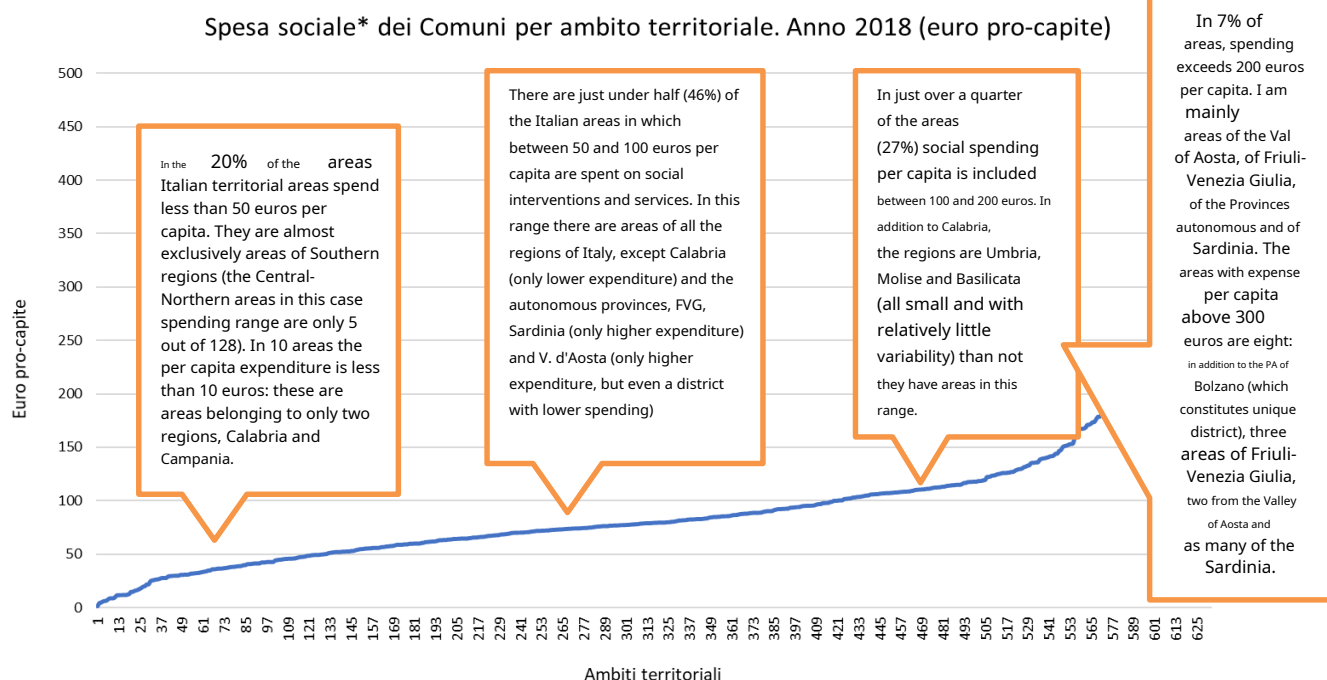
\* Excluding nursery schools and supplementary early childhood services

But perhaps the most surprising character of social spending is its territorial inequality: it ranges from 19 euros per capita in Calabria to 508 euros in the autonomous province of Bolzano. Compared to an average national expenditure per capita of 106 euros, 130 euros are spent in the North and just over 79 euros in the South. But the inequality is even more accentuated if we observe the data at an infra-regional level, i.e. at the Territorial Area, the associative reality of municipalities responsible for social planning (see following pages).

The need for a general strengthening and guarantee of a uniform level of services in the area is therefore evident.



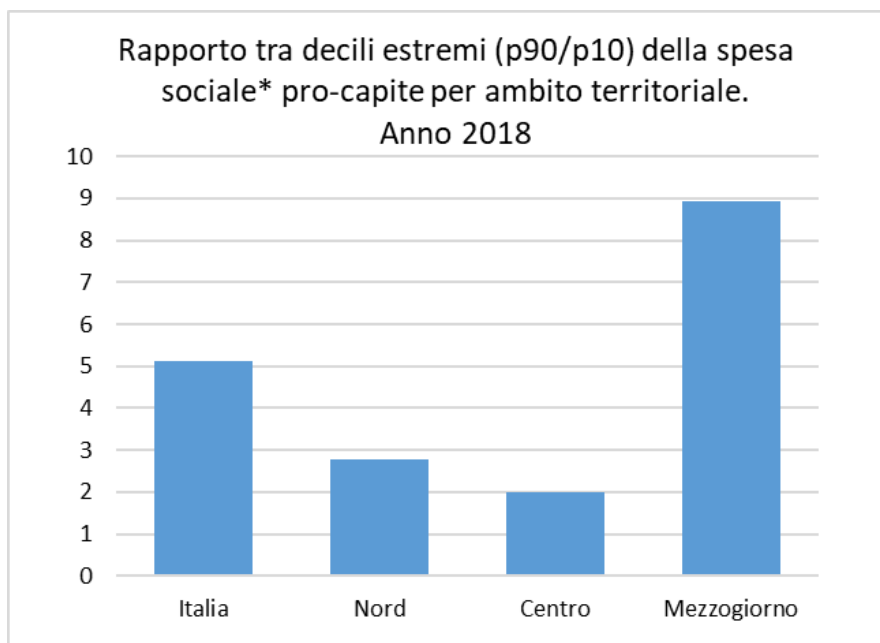
\* Excluding nursery schools and supplementary early childhood services



\* Excluding nursery schools and supplementary early childhood services

The variability of expenditure at the territorial level just analyzed can be represented with some summary indicators. The figure below presents the relationship between the

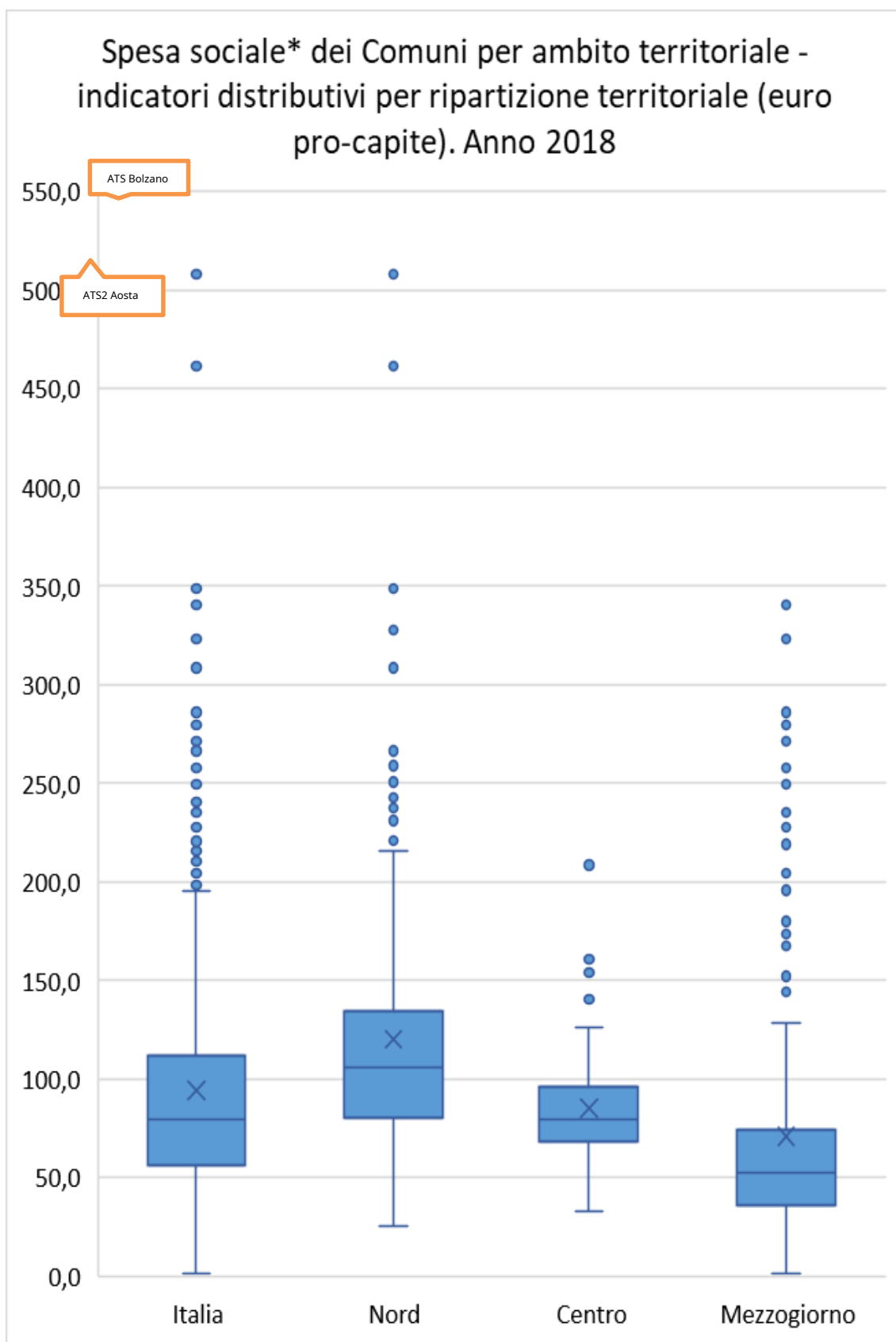
extreme spending "deciles": that is, 10% of areas with higher and lower spending are considered and the threshold values are compared. In Italy, therefore, considering all the territorial areas, in the tenth where we spend the most, we spend at least 5 times in per capita terms than in the tenth where we spend the least. A variability that increases up to nine times in the South - a territorial area in which the areas in which very little is spent weigh more and in which in any case there are a significant number of areas even in the high range - and is reduced up to two times in the Center - the most homogeneous area of the country (in the North, the ratio is equal to 2.7).



\* Excluding nursery schools and supplementary early childhood services

The following figure shows the CDs. "box and whisker" graphs: the height of the box indicates the area where 50% of the central distribution is concentrated (i.e., the area between the 25th and 75th percentile represented in the graph as the lower and upper level of the box). The line that cuts through the box is the median, the point marked X is the mean. The whiskers, on the other hand, indicate the minimum and maximum, if not too distant from the rest of the distribution (no more than 1.5 the height of the box, called *range* interquartile). The dots outside the whiskers are the CDs. "outliers", that is, values so distant from others that they require separate representation. At a glance, the considerations seen on the previous page emerge: focusing on the national data, we observe how the "central" half of the areas is concentrated in a wide spending range - between 56 and 112 euros - while at the extremes, from a on the one hand, the minimum is close to 0, and, on the other, we observe a high number of "exceptions" (points above the whisker), with two cases above 350 euros. In the South they *outlier* they are numerous and distanced from the central body of the distribution, confirming the high variability of social spending between the areas of this territorial area.





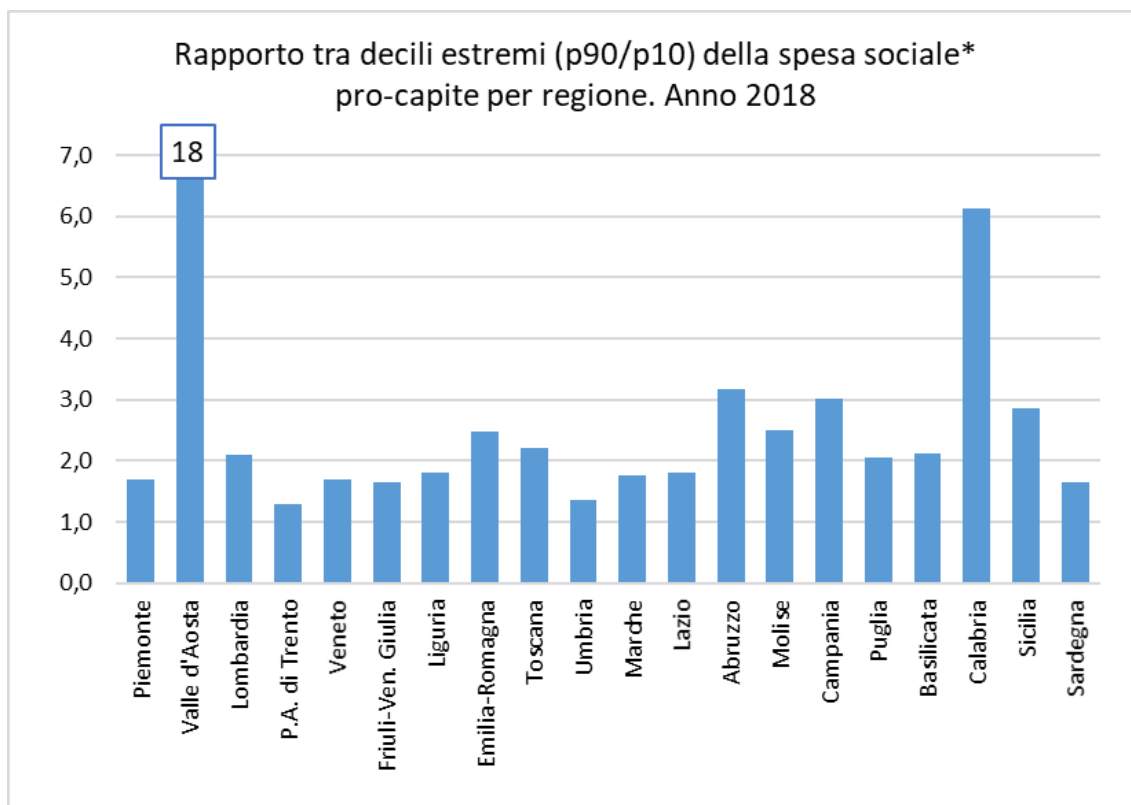
\* Excluding nursery schools and supplementary early childhood services

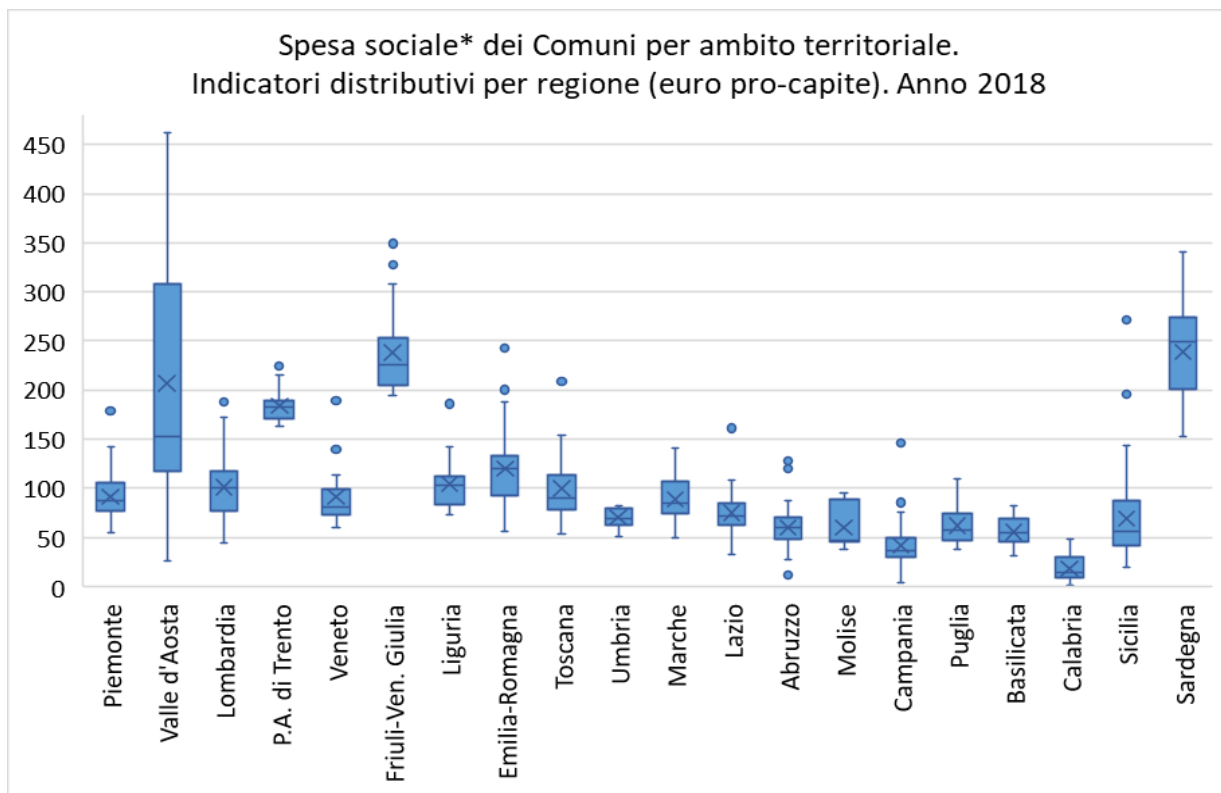
With the same indicators used for territorial divisions, the variability of spending between areas can also be measured within the same Region (the autonomous Province of

Bolzano, consisting of a single territorial area, is excluded from this analysis and not represented in the graphs).

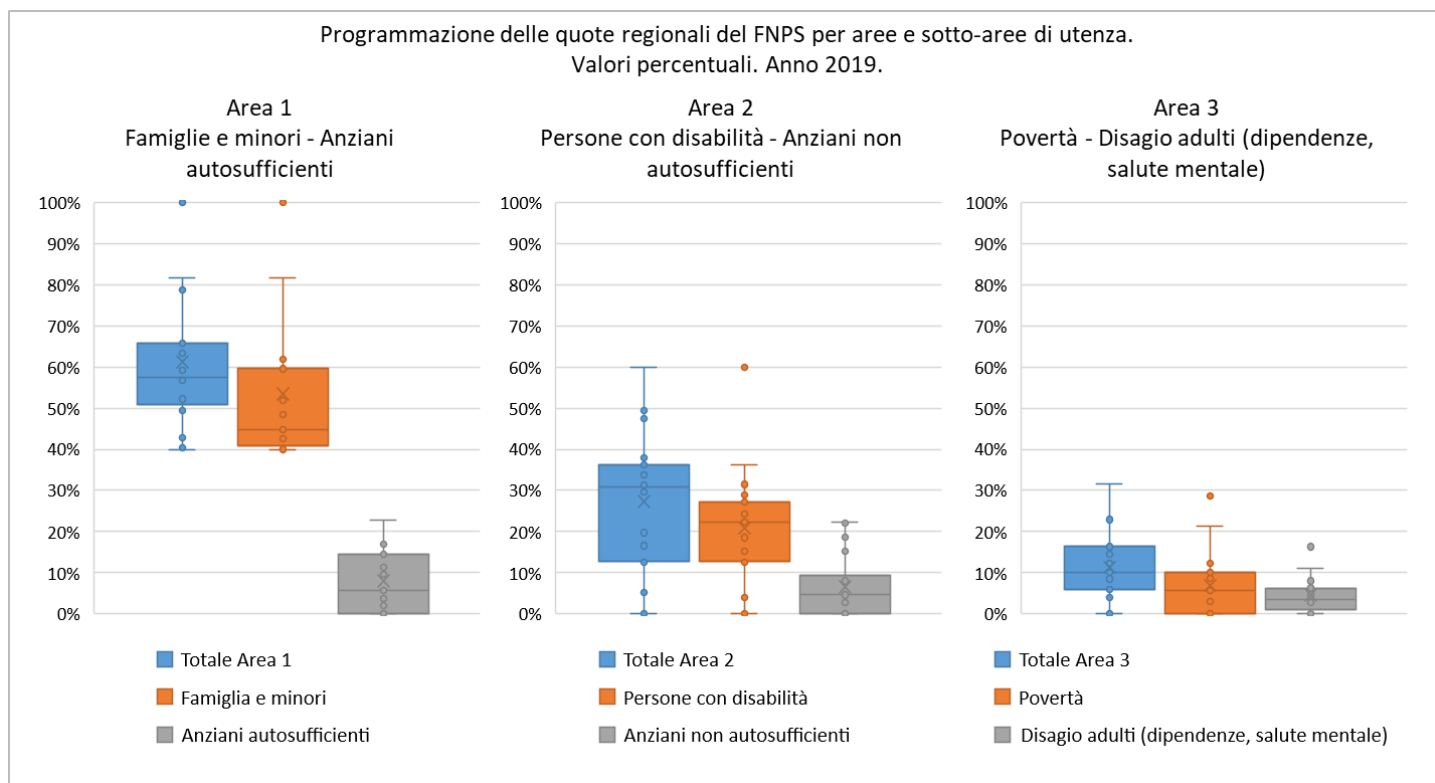
In almost all the regions of Italy, there is a ratio of no more than 2:1 between the area representing the 90th percentile of spending and that representing the 10th. The major exceptions are, in addition to Val d'Aosta - where due to the particular territorial conformation the indicator in question reaches the value of 18:1 -, Calabria (6:1) and, even further away, Abruzzo, Campania and Sicily (around 3:1).

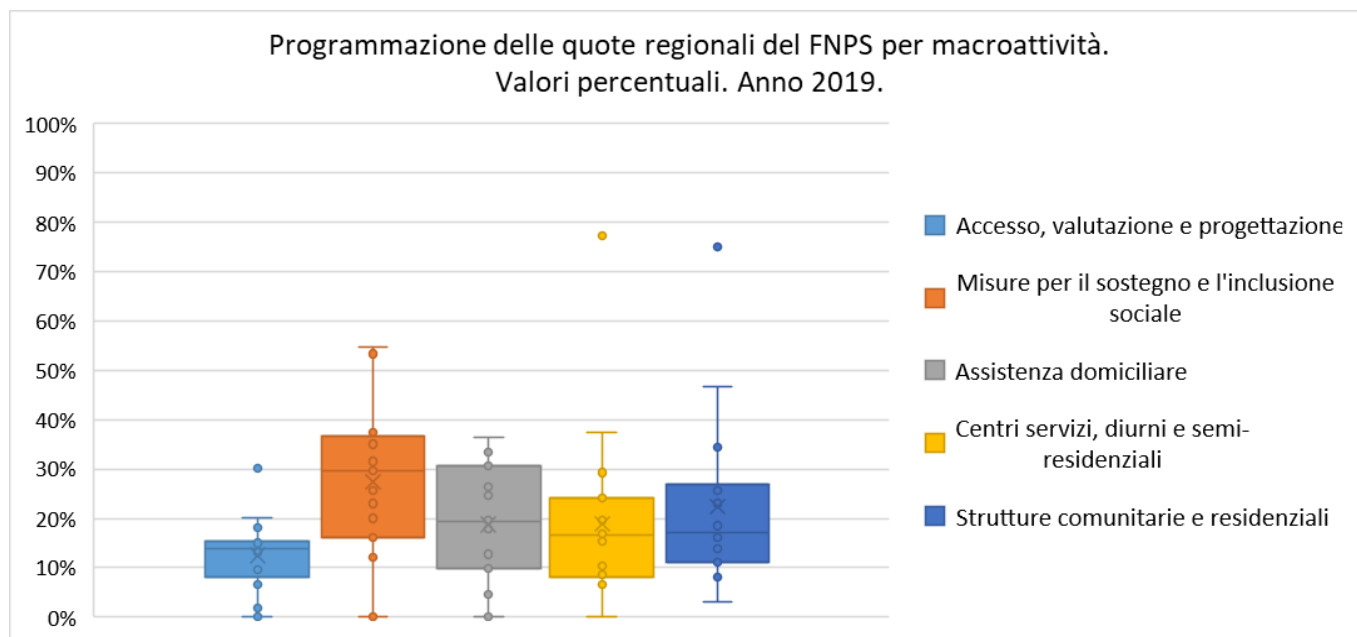
The distribution indicators confirm that Val d'Aosta is the region with the greatest variability in per capita spending (min €26, max €462), followed by Sardinia which is, among other things, the region with the average and median of highest expenditure per area in Italy (€239 and €250 respectively). In almost all Regions, there are "outliers" (the dots in the figure), one or more areas in which per capita spending is significantly higher than in the rest of the Region. Significant, among outliers of each Region, the presence of the large cities: Turin, Milan, Venice, Trieste, Bologna, Florence, Rome, L'Aquila, Salerno, Naples.





\* Excluding nursery schools and supplementary early childhood services





On the basis of the regional programming, carried out according to the programming grid shared with the Regions, it is possible to represent the starting point in the territorial use of the FNPS resources, which has been more or less consolidated over the years and with which this Plan must necessarily deal. In the figures represented above, the analysis by user areas and sub-areas and by intervention macro-activities is presented - relating to 2019 - with box and whisker diagrams. What stands out is that the use of the Fund's resources is also very different between the regions, both in terms of user areas and the type of services financed.

As for the user areas, the variability is very wide: there are regions that have used the entire quota for a single area and others that have not planned any use in that same area. Among the user areas, the first, specifically the Families and Minors subarea, is the only one with a non-zero minimum value: all the regions have planned to allocate at least 40% of the resources to it, reaching 100% in a specific case. Area 2 is the one with the greatest interregional variability, ranging between 0 and 60% of resources in the case of people with disabilities; less variability is observed however, with values between 0 and 22%, in the Non-self-sufficient elderly sub-area. A maximum share of resources equal to 31% is allocated to area 3, the variability is more marked in the Poverty subarea than in the Adult hardship subarea.

The variability is also consistent with reference to the services and planned interventions: for each macro-activity the minimum is always the zero value - except in the case of community and residential structures, equal to 3% - but a consistent variability is observed between the maximum values : from 30% of Access, evaluation and planning to over 75% of Service, day and semi-residential centers and community and residential facilities. The greatest concentration is in the area of Access, evaluation and planning, where half of the regions are between 8 and 15% (average equal to 12%).

The reality picture must be completed with some specific considerations relating to the 0-18 age group. In the forthcoming National Plan for Children and Adolescents, attention is focused, among the various themes, on actions to combat absolute and educational poverty. We remember how the financial and economic crisis of 2008 as well as the subsequent sovereign debt crisis have taught us how children and young people are the most vulnerable to situations of poverty and social exclusion -

phenomena that determine in the present and in the future a chain of disadvantages at an individual level in terms of a higher risk of dropping out of school, lower access to higher education and the world of work, and more generally a low quality of life and a reduction in opportunity for achievement. 12.6% of Italian minors live in absolute poverty, a much higher incidence than that found in the adult population.

Among children and young people in a vulnerable situation, as of 31 December 2018, net of unaccompanied foreign minors, there were 27,624 children and young people outside their family of origin, of which 13,632 were children and young people under family care and 13,992 in residential services for minors. (Source: Ministry of Labor and Social Policies), the number of so-called *dear leavers*—that is, those boys and girls who are in the process of being discharged or have already been discharged from community placement or foster care, usually because they have become adults and are moving towards an independent life - every year it is estimated at 2,500 children. (Source: Ministry of Labor and Social Policies), children and young people living in absolute poverty are estimated at 1,346,000 in 2020 (Source: Istat).

## 2.3 Priorities

This Plan, in continuity with the previous ones, has as its objective the social well-being of the population through the instrument of the integrated system of interventions and social services.

With specific reference to the actions that refer to the FNPS, two major areas of use are distinguished, System Actions and Interventions aimed at minors, within which some activities identified as priorities with a view to the three-year planning, as already anticipated in chapter 1.

Specifically, the interventions considered as priorities are identified as follows:

- System actions area
- Single access points
- LEPS Supervision of social services personnel
- LEPS Protected resignation
- Strengthening social professions
- Interventions aimed at minors
- LEPS Prevention of family estrangement - PIPPI
- Intervention Promotion of school-territorial relations - Get Up
- Support for *dear leavers*
- Childhood guarantee

### 2.3.1 System actions

#### 2.3.1.1 Single points of access

Among the priority actions to be taken into account in the regional planning of FNPS resources, the strengthening of the institution of PUA Single Access Points should be highlighted, with particular reference to all aspects and needs of citizens of a socio-health nature.

The PUA naturally places itself as the first place of social and socio-healthcare reception: gateway to the network of services and territorial resources and organizational method of reception and orientation services between the Municipality/ATS and the ASL District, established to guarantee equal opportunities of access to information and social and health services to those who need them. It is aimed, therefore, at initiating response paths appropriate to the person's needs, overcoming

the sectoralisation of interventions and promoting integrated access to services, in particular for those who require interventions of a social and/or socio-health nature.

Although at a national level the development of PUAs has been ensured as a priority in the context of social and health services aimed at non-self-sufficiency and disability, more and more in recent years PUAs have also extended their competence to the field of services aimed at inclusion of people in conditions of fragility and vulnerability, even going beyond aspects of a strictly socio-health nature. The Technical Data Sheet reported in section 2.7.1 defines the service with reference to its typical contents, with a view to its strengthening as a priority.

### *2.3.1.2 LEPS Supervision of social services staff*

Professional supervision is characterized as a process of support for the overall professional intervention of the social worker, as an accompaniment of a process of thought, of revisiting professional action and is a tool for supporting and promoting the complex, engaging, difficult operations of operators which also contributes to preventing phenomena of *burnout*. It is a system of metathought on professional action, a space and a time where one can find, through guided reflection and group discussion, a balanced distance from action, to analyze with affective clarity both the emotional dimension and the methodological dimension of intervention to relocate it to a correct dimension, with a critical and research spirit.

The object of the professional supervision process is strongly connected to the technical quality of the interventions. From a professional point of view, with reference to methodological, value-based, relational, ethical aspects, etc., the primary objective is identified with the improvement of the quality of the practices of social workers and of social workers in general.

The identification of this necessary practice for social workers as an essential level of social services responds to the fundamental function of supporting the social worker in theoretical elaboration, in the theory-practice connection, in professional identity, in the re-elaboration of professional experience, in the ability to work in a group, in the ability to control one's feelings to make use of oneself for the purpose of the profession, on an organizational-institutional level, or in the ability to influence decisions and negotiate with the organization one belongs to, on a technical level -methodological, creating a more stimulating work environment and a more efficient response to the needs of citizens.

The supervision of social workers is identified among the priority actions to be activated in all areas, with a view to its recognition as LEPS. It will be financed with significant resources from the PNRR and, beyond the time horizon of use of the PNRR, financing from the FNPS is envisaged. The technical sheet reported in section 2.7.2 defines supervision with reference to the minimum contents that must be ensured in each area and the methods of its implementation.

### *2.3.1.3 LEPS Protected resignation*

Even in the emotional wake of the latest events, we take the opportunity of the new three-year planning to reflect and initiate actions to support and strengthen the actions to enhance home care, where possible and appropriate, for people with fragility. Such a reflection has led to the hypothesis of the so-called LEPS that can be financed. Protected resignation, as regards, for the purposes of this Plan, the component directly dependent on local social services.

“Protected discharge” is a discharge from a healthcare context that provides continuity of assistance and care through a program agreed between the attending doctor, the local social services of the local health authority and the local authority. The patient can thus return home or be hospitalized in qualified facilities while remaining in the care of the National Health Service and “followed” by adequate healthcare for a period of time and, where necessary, then taken into care by social services. In summary, it is a set of actions that constitute the process of organized passage of a patient from the hospital or similar environment to a family-type care environment, in order to guarantee continuity of care and promote help pathways to support health and of the person's well-being through coordinated health and social interventions. This type of multidisciplinary discharge planning approach, developed before the patient is discharged, improves the quality of life, the integration between hospital and territory and between the social and healthcare professionals involved in the assistance and treatment process, as well as reducing the risk of institutionalized readmission in elderly, disabled and frail patients.

The activity aimed at guaranteeing protected resignations is identified among the priority actions to be activated in all areas, with a view to its recognition as LEPS. It will be financed with significant resources from the PNRR and, beyond the time horizon of use of the PNRR, financing from the FNPS and the FNA is envisaged. The technical sheet reported in section 2.7.3 defines the service with reference to the minimum contents that must be ensured in each area and the methods of its implementation, including the case in which people who could benefit from protected resignation find themselves in the position of not having a domicile.

#### *2.3.1.4 Strengthening social professions*

In section 1.4.2 of chapter 1, the increase in the number of social workers was identified among the priorities for the purposes of strengthening local social services. Section 3.3.1 within the Poverty Plan (infra chapter 3) addresses this priority, also due to the identification, pursuant to paragraph 797 of the art. 1 of Law 178/2020 of the Poverty Fund as a resource for financing incentives for the hiring of permanent social workers by public services and for the achievement of the related LEPS.

As mentioned in the same section 1.4.2, however, professional social service, although fundamental, does not exhaust the set of professional skills necessary for the performance of social services. Various other professional skills are necessary, particularly in an approach that wants to be based on the evaluation of people according to a multidisciplinary approach.

From this point of view, the Social Plan ventilates the strengthening of the use of these professional skills according to a path already tested with social workers, which first of all envisages the strengthening of their presence and the possible strengthening of public services through the extension to these figures of hiring possibilities and fixed and permanent terms.

In this sense, the Standard Requirements Commission has already foreseen the possibility for Municipalities to use the additional resources of the Municipal Solidarity Fund intended for the strengthening of social services also for this purpose, while the possibility of using for this purpose also, in addition than the resources of the National Fund. also the resources of the other funds intended for social purposes, starting from the Poverty Fund (see, in this regard, section 1.4.3 of chapter 1) and the programming of community funds.

#### **2.3.2 Scope of minors**

As regards policies aimed at minors, it is necessary to preliminarily recall the concertation work carried out within the Ministry of Labor and Social Policies which, in recent years, has involved all the actors in the policies for protecting the rights of children

and children to a family, not only the different levels of territorial government but also the area of the Third Sector and civil society and which led to the shared drafting of guidance documents first on the subject of family foster care, subsequently on the subject of reception in residential structures and, finally, on intervention with children and families in vulnerable situations, all subject to agreement at the Joint Conference (respectively, of 25.10.2012, of 14.12.2017 and of 21.12.2017).

These guidelines are recalled in full here and constitute the main reference for the implementation of policies for children and adolescents using the resources of the FNPS.

Furthermore, it is underlined that the interventions referred to in this Plan are to be considered entirely in line both with the actions of the National Plan for Children and Adolescents, approved by the National Observatory for Children in June 2021, and in final approval phase, which with the priority indications defined in the Child Guarantee, approved by the Council of Ministers of the European Union on 14.6.2021 (of which below).

### *2.3.2.1 LEPS Prevention of family estrangement - PIPPI*

With a view to prevention and support work in favor of so-called vulnerable families, the PIPPI program (Intervention Program for the Prevention of Institutionalization) has been tested since 2011. The program pursues, among other things, the aim of combating the social exclusion of minors and their families, encouraging actions to promote their well-being through multidimensional accompaniment, in order to limit the conditions of inequality caused by vulnerability and family negligence, which risk negatively impacting children's development on a social and academic level. The PIPPI Program is the result of a collaboration between the Ministry of Labor and Social Policies and the Laboratory of Research and Intervention in Family Education of the University of Padua, with the participation of social and child protection and protection services specifically, thus as well as various private social entities, some schools and some local health authorities that manage the health services of the Italian cities, regions and territorial areas that took part in the experimentation.

Started in 2011 with the participation of 10 reserve cities according to Law 285/1997, nine implementations have followed to date: the year 2020 sees the eighth (PIPPI 8, two-year period 2019/21) and the start of the ninth (PIPPI 9, two-year period 2020/22) edition. In total, approximately 4,000 children and more than 200 territorial areas (according to the definition of Law 328/2000) in 19 Italian regions and two autonomous provinces were involved in the first eight implementations.

The method and logic of the program were systematized and disseminated thanks to the approval in the Unified Conference, in December 2017, of the national guidelines for intervention with children and families in vulnerable situations. Starting from 2019 it will be implemented throughout the national territory thanks to the resources of the FNPS which guarantee its implementation.

The natural evolution for the cd. PIPPI Model, i.e. the set of actions and interventions set out in the cited guidelines, is the definition of a LEPS aimed at responding to the need of every child to grow up in a stable, safe, protective and "nourishing" environment, actively counteracting the emergence of situations that favor social inequalities, school dropout, inappropriate separations of children from their family of origin, through the identification of suitable preventive actions which have as their aim the accompaniment not only of the child, but of the entire family unit in a vulnerable situation, as they allow the exercise of positive and responsible parenting and the construction of a social response to the developmental needs of children as a whole.

With a view to recognizing the activities of the PIPPI model as LEPS, the experimentation will be extended to virtually all territorial areas using the resources of the PNRR



and, subsequently, using the resources of the PON Inclusion. The data sheet reported in section 2.7.4 summarizes the terms of the model.

### 2.3.2.2 Intervention Promotion of school-territorial relations - Get Up

The Get Up project – experimental project promoted by the Ministry of Labor and Social Policies and some of the main provincial capitals in collaboration with the Ministry of Education – places adolescents at the center and is aimed at developing the active participation of children, their protagonism, the promotion of their autonomy, the social and civil usefulness of their actions.

Get Up was born following the emergence of a common need to develop a reflection on the topic of policies, services and projects aimed at adolescents, an age target that public policies have tended to deal with with less organicity and effectiveness compared to what happened, for example, in infancy and early childhood. The project idea also starts from the observation of the difficulty often encountered regarding the autonomous elaboration of project ideas by children, whose involvement appears confined to the expression of opinions, but little to the choice of strategies and actions.

The boys and girls involved in Get Up are the true protagonists of the local projects because the project guidelines provide that they are left with decision-making autonomy on the methods and type of project to be conducted. The local projects aim to allow participants to get closer to the problems of their community, to study them, to take action themselves and try their hand at developing answers and solutions through the implementation of direct interventions. The school is the fulcrum of the experimentation as a fundamental place for the growth and education of children; this is given the task of facilitating the development of transversal and citizenship skills and is identified as a place from which to start to open up to the territory and respond to specific needs. The project encourages the schools involved to establish a strong connection with the local community to enrich school resources of knowledge and experience with those that can be offered by other key actors. The network between various local entities (city administration, schools, social cooperatives and social promotion/volunteering associations) was therefore considered crucial in the experimentation as an aid for promoting processes of autonomy on the part of girls and boys.

The entire methodological system requires a change of perspective on the part of the adults invited to look at adolescents as actors in the progress of the community, a perspective that has also represented a challenge for the educational relationship between teachers and students. In fact, if GET UP requires commitment and responsibility from adolescents, it requests perhaps an even greater change from adults and institutions, that is, to place themselves alongside boys and girls and at the service of this challenge to promote it, recognize it, make it possible and compatible in organizations involved, accompanying it along the way, enhancing its outcomes and making it an instrument for rethinking the methods of functioning and engagement of adolescents within the organizations themselves. In this sense, another dimension of the project is, and has been, useful, namely the institutional one through the possibility of interlocution with the institutions; in fact, from the first findings, the greater the presence, even formal, of the institution, the greater the children's perception of worth and feeling recognized. Therefore the project aimed to push the city administrations towards a wider involvement of the children of their territory through the co-planning of interventions also in structured bodies of *governance* of the project, such as the local tables.

The Get Up experimentation has so far been activated in a limited number of cities within which a limited number of schools involved have been selected. The results of the experimentation and the evidence that the project is particularly effective in promoting social inclusion and resilience in the area, lead us to believe that the time is ripe for a

substantial expansion of the project, which will be financed through the PON Inclusion and the related complementary national program POC Inclusion, on the basis of voluntary participation of the schools, which will be accompanied along the way by Technical Assistance. The data sheet reported in section 2.7.5 summarizes the terms of the model.

#### *2.3.2.3 Support for care leavers*

The public service's responsibility for providing financial and residential support to children who live outside their family of origin ceases upon their 18th birthday, a moment which often coincides with the obligation to leave the residential facility or end of the protection project with the foster family. After the eighteenth year of age, the only additional opportunity for assistance is represented by the application of the so-called "administrative continuation", i.e. the procedure that derives from the art. 25 and following of Royal Decree 1404 of 1934, which allows the Juvenile Court to extend the reception and support project until the child reaches the age of 21.

The topic of accompanying girls and boys towards paths of autonomy has become increasingly pressing over the last few years. Attention to interventions and practices to support young people leaving reception projects has increased, with particular attention to identifying the processes that allow positive outcomes to be promoted. In fact, reaching adulthood cannot correspond to the sudden disappearance of the system of guardianship and protection which, for years, has helped a boy or girl to grow up in alternative contexts to a family of origin in which it is often not possible to return because the conditions of risk or vulnerability have not actually changed.

This need is also clearly outlined in the dictation of *Guidelines for reception in residential services for minors* and the *Guidelines for family custody* which recall the need to carefully modulate the objectives and contents of the Framework Project and the individualized educational project in relation to the age of the minor and the possible need to promptly support him in building his path to autonomy.

From these premises the start of the experimental program of interventions is inspired, on an experimental basis, in favor of those who, upon reaching the age of majority, live outside their family of origin on the basis of a provision of the judicial authority financed with the resources of the Fund established by art. 1, co. 250, of Law 205 of 2017, which establishes a reserve of 5 million euros from the service quota of the Poverty Fund for a three-year period, extended by the budget law for 2021 for another three-year period (see section 3.3.4 in chapter 3 below).

Continue with the implementation of actions to accompany the autonomy of the so-called *dear leavers*, above all in order to allow inclusion in "advantage" circuits, capable of ensuring a free and dignified life, is a priority of this Plan, also in order to evaluate the exit from experimentation and the implementation of the model Accompanying. The technical sheet reported in section 2.7.6 summarizes the terms of the intervention on people *dear leavers*.

#### *2.3.2.4 Childhood guarantee*

The Recommendation of the Council of the European Union of 14.6.2021, launched following the Resolution of the European Parliament of 2015, established a European Child Guarantee in order to prevent and combat social exclusion by guaranteeing children and adolescents at risk of poverty or social exclusion, effective access to healthy food and adequate housing and effective and free access to early childhood education and care, education (including school activities), a healthy meal for every school day and health care, with particular attention also to the gender dimension and specific forms of disadvantage - such as homeless minors or in situations of serious housing deprivation, minors with disabilities,

minors from a migratory background, minors belonging to racial or ethnic minorities (in particular Roma), minors who find themselves in alternative care facilities (particularly institutional); minors in precarious family situations.

At the community level, a reserve has also been foreseen on the overall amount of the ESF+ programming (5%) intended to finance the projects associated with the childhood guarantee.

In the attachment (section 2.7.7) a detailed sheet is available on the state of the art of the measure, which is transversal with respect to both European programming and funding and those at national and subnational level.

## 2.4 Integrated programming

The FNPS constitutes only one of the sources of national financing of the territorial social services system, both with reference to the presence of other national funds and to the contribution of resources coming from community funds.

With reference to other national funds, beyond the specific programming of FNPS resources and the "specialization" of national funds for financing territorial services, the adoption of an approach that is as integrated as possible in the programming of services must be considered an essential priority. territorial. In fact, the regulation of individual interventions increasingly takes on the need for integration - think of the services to combat poverty and the need to set up multidisciplinary teams in the face of complex needs pursuant to Legislative Decree 147/2017, but also to the provisions in implementation of the so-called. "after us" or to experiments in the field of independent living or to the guidelines for the establishment of technical committees in the field of targeted placement. With particular reference to the integration with the Poverty Fund, it should then be recalled as pursuant to Legislative Decree 147/2017 and Legislative Decree 4/2019 all the services associated with taking care of the beneficiaries of the Rdc, including those of access or the emergency social intervention goes to improve the general organization of social services, without considering that the rule on incentives for the hiring of social workers contained in Law 178/2020 concerns the general strengthening of social services without imposing specific constraints. With reference to the Fund for non-self-sufficiency, we recall in particular the fact that all socio-health matters (in particular actions such as those considered here relating to PUA, protected discharges, multidimensional assessment) may also see a contribution in the the scope of the new programming of the Plan for non-self-sufficiency. Finally, the additional resources, also allocated by Law 178/2020, specifically intended for the strengthening of local social services within the municipal solidarity fund, should also be highlighted here.

With reference to community funds, in the three-year programming period the tails of the 2014-2020 community programming join the first three-year period of the new 2021-2027 programming. Consequently, the remaining resources of the PON Inclusion 2014-2020, the FEAD and the new PON Inclusion 2021-2027 included in the new ESF+ which also includes the FEAD program are added to the resources of the regional plans. It should be noted in particular that interventions for minors will find significant funding through the thematic constraint included in the ESF+, which requires the use of at least 5% of the total ESF+ for the purposes of actions associated with the community initiative of the "guarantee childhood", minimum thematic concentration which will be mostly guaranteed by the operational programs of the central administrations.

Significant resources allocated to the priorities indicated in the previous section will also come from the PNRR, in particular from 3 actions financed under the M5C2 area project

Investment 1.1: Support for vulnerable people and prevention of the institutionalization of non-self-sufficient elderly people, integrated with resources from the National Social Policy Funds:

- supervision of social services staff, to whom 42 million euros are intended in the planning of the PNRR;
- protected resignations as regards specifically the services paid by local social services, to which 66 million euros are intended, from the planning perspective of the PNRR;
- interventions for the prevention of family estrangement (PIPPI) for which, in the planning perspective of the PNRR, 84.5 million euros are intended.

Table 2.1 summarizes, for each of the priority areas of intervention identified in the previous section, the different sources of financing identified indicatively from national funds and community funds.

million euros	2021		2022		2023		from 2024	
	FNPS (2)	other resources (1)	FNPS (2)	other resources (1)	FNPS (2)	other resources (1)	FNPS (2)	other resources (1)
<b>a) System actions and other interventions of which:</b>	<b>192.962839</b>		<b>192.962839</b>		<b>192.962839</b>		<b>192.962839</b>	
<i>personal supervision social services</i>	11	14 PNRR	11	14 PNRR	11	14 PNRR	25	
<i>protected discharges (only integrative social interventions)</i>	10	22 PNNR, FNA	10	22 PNNR, FNA	10	22 PNNR, FNA	20	FNA
<i>other (including social professions, PUA, multidimensional assessment, other system actions,...)</i>	172.962839	FNA	172.962839	FNA	172.962839	FNA	147.962839	FNA
<b>b) Interventions for minors</b>	<b>192.962839</b>		<b>192.962839</b>		<b>192.962839</b>		<b>192.962839</b>	
<i>Prevention of removal of which: familiar PIPPI</i>	4	28.1 PNNR	4	28.2 PNNR	4	28.2 PNNR	15	PON Inclusion
<i>Promotion of school-territory relationships (Get Up)</i>		POC, PON Inclusion		POC, PON Inclusion		POC, PON Inclusion		POC, PON Inclusion
<i>Childhood guarantee</i>	188.962839	Pon Inclusion	188.962839	Pon Inclusion	188.962839	Pon Inclusion	177.962839	Pon Inclusion
<i>Other interventions for minors</i>		POC, Pon Inclusion		POC, Pon Inclusion		POC, Pon Inclusion		POC, Pon Inclusion
<i>Care leavers (basically poverty)</i>								
<b>c) Sums attributed to the Ministry of Labor and Social Policies, to cover operating costs and technical assistance aimed at achieving the objectives</b>	<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>	
<b>Total</b>	<b>390.925678</b>		<b>390.925678</b>		<b>390.925678</b>		<b>390.925678</b>	
<b>Note</b>								
<i>(1) The other resources are indicative, referring, from an integration perspective, to the specific programming of the other funds. Any additional resources coming from European resources may free up resources from the Poverty Fund, which must be used by the areas in any case consistently with the macro-intervention allocation. Likewise, where the area pursues what are identified as essential levels with other own resources, the resources of the poverty fund can be used for activities falling within the macro-intervention.</i>								
<i>(2) The prospects from 2024 are beyond the three-year planning horizon and should therefore be understood as merely indicative.</i>								

## 2.5 The areas of use of the National Social Policy Fund

Table 2.2 summarizes the uses of the FNPS in the three-year planning horizon resulting from this Plan, intended for the Regions and the Ministry of Labor and Social Policies to cover operating costs and assistance aimed at achieving institutional objectives.

The forecast, already agreed upon in the FNPS distribution decree for the year 2020, is confirmed to allocate 50% of regional resources to interventions for minors, of which 5 million are confirmed to be allocated to the PIPPI programme, which it will, as mentioned, be integrated, with a view to recognition as LEPS, by the PNRR funds.

<sup>5</sup>In Table 2.1 the spending horizon of the PNRR is conventionally indicated here over the three-year period 2021-2024, with reference to the fact that the expected duration of each project is three years, not to the period of actual implementation.

Within the remaining 50%, a share of 10 million will be allocated to finance staff supervision, while another 10 million will finance protected resignations. As mentioned, these loans are supplementary to those that will be recognized to the territories under the PNRR.

<i>million euros</i>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>a) System actions and other interventions of</b>	<b>192.962839</b>	<b>192.962839</b>	<b>192.962839</b>
<i>which:</i> <i>personal supervision of social services</i>	<i>10</i>	<i>10</i>	<i>10</i>
<i>protected discharges (only social supplementary interventions) other (including social professions, PUA, multidimensional assessment, other system actions,...)</i>	<i>172.96284</i>	<i>172.96284</i>	<i>172.96284</i>
<b>b) Interventions for minors of which:</b>	<b>192.962839</b>	<b>192.962839</b>	<b>192.962839</b>
<i>Prevention of family estrangement PIPPI Promotion of school-territorial relations Get Up, Childhood guarantee and other interventions for minors Care leavers (poverty fund)</i>	<i>4</i>	<i>4</i>	<i>4</i>
	<i>188.962839</i>	<i>188.962839</i>	<i>188.962839</i>
	<i>0</i>	<i>0</i>	<i>0</i>
<b>c) Sums attributed to the Ministry of Labor and Social Policies, to cover operating costs and technical assistance aimed at achieving institutional objectives</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>Total (2)</b>	<b>390.925678</b>	<b>390.925678</b>	<b>390.925678</b>
<i>Note</i>			
<i>(1) In accordance with the law, only the portion of the first year of each three-year period can be precisely determined, while the others must be quantified in the maximum amount of 180 million. In case of quantification lower than the maximum, the residual resources will be used for the purposes of the other services included in the Rdc category.</i>			
<i>(2) It would be 622 but 3 million are currently frozen by the MEF as they have been set aside for a legislative initiative currently being approved for the strengthening of services aimed at care leavers.</i>			

Starting from 2013, on the basis of a proposal from the Coordination of the Regions, the regional level programming of the Fund's resources takes place on the basis of macro-levels and user areas (see table below). This matrix structure has primarily a "field" delimitation function - that is, definition of the system of interventions and social services - also aimed at the subsequent definition of service objectives. In particular, these are access and care services, home-based, territorial, residential and income and autonomy support, aimed at the areas of childhood and adolescence (and more generally family responsibilities), of disability and non-self-sufficiency and of poverty and social exclusion, with the exclusion of nursery services and supplementary services for early childhood, which have recently found a definitive place in the "integrated system of education and instruction from birth to six years", pursuant to Legislative Decree 65 of 2017, with its own forms of financing. Nonetheless, beyond the administrative location, the system of socio-educational services for early childhood is also crucial for the organization and outcomes of social policies for children, for which programming that is as integrated as possible must be foreseen to territorial level.

It is therefore believed that the structure of the previous Plan must remain valid and, in particular, the reference to the matrix of macro-levels and areas of intervention on which the Regions have planned the Fund's resources since 2013 (table 2.3), without prejudice to the additions which will be made in relation to the actions identified as priorities and the LEPS identified.

**Table 2.3 - Distribution of resources between macroactivities\***

Macroactivity		Area 1		Area 2		Area 3		Area 4
		Family and minors	Elderly people self-sufficiency ients	Disabi there	Elderly people Not self-sufficiency ients	Poverty	Unease adults, dependency and, health mental	Multitutuency
TO.	Access, evaluation and design							
B.	Measures for support and social inclusion							
C.	Interventions to promote domiciliality							
D.	Service, day and semi-residential centres							
AND.	Community and residential facilities							
F.	System actions							

*\* For the precise definition of the interventions and services relating to the macro-activities, see the implementing decree of the information system for the provision of social services, referred to in article 24, paragraph 8, of legislative decree no. 147 of 2017.*

With reference to services for children and adolescents, the structure of the system of interventions and services previously exposed by macro-levels and service objectives has already been broken down in terms of interventions for children and adolescents. Apart from access and care, with the characteristics of transversality between user areas already highlighted, interventions for children and young people also have the classic articulation between home services, territorial services, residential services and economic support. Without prejudice to the reference to the guidelines already referred to in section 2.3.2 of this chapter on the subject of family foster care, reception in residential facilities and intervention with children and families in vulnerable situations, and assuming that the services for access and care have the same characteristics described in the Poverty Plan, recalling the principles and interventions set out in Law 285/97, which however remains an essential point of reference for the organization and purposes of the services, as well as for the use of resources, the supports for childhood and adolescence to be strengthened or activated using FNPS resources, in addition to those specifically indicated in the aforementioned section 2.3.2, can be better specified as in table 2.4.

<b>Table 2.4 - Support for children and adolescents - priority areas (1)</b>	
1. Support interventions for the family context in which a) children and young people	home socio-educational support for
	b) parenting support and family mediation service
	c) specific supports in the presence of a boy or girl in the first thousand days of life
	d) activation of innovative supports (group paths, families/ support people, etc.)
2. Interventions to support the daily contexts of a) In school children and young people	interventions co-planned and co-managed with the lives of teachers both in groups and in multidisciplinary teams for individual pupils/students in difficulty/risk conditions
	b) In the territory: territorial socio-educational supports and services
3. Intervention system for minors outside their family of origin	
<i>(1) Additional to the specific interventions identified as priorities.</i>	

### 2.6 Information flows, reporting and indicators

With reference to the indicators and the related criteria for allocating the FNPS between the Regions, they have remained unchanged since its establishment. The only changes concerned the shares of the autonomous provinces of Trento and Bolzano, which as of 2010 no longer contribute "to the distribution of special funds established to guarantee minimum levels of performance uniformly throughout the national territory", subsequently making it necessary to redistribution of their shares to other regions. The historicization of the distribution criteria of the FNPS was an almost obligatory choice, given that there were no conditions for a definition of a common horizon for the financed interventions. The heterogeneity of territorial social spending has also been reflected in the different uses of the Fund by user area and type of service. In this situation it is not easy to identify common criteria to identify the needs of each territory. In this sense, although the process towards defining the LEPS has begun, it is believed that the distribution criteria (table 2.5) should in principle be confirmed.

In relation to the disbursement of FNPS resources, the mechanism of:

- communication to the Ministry of Labor and Social Policies within sixty days of the issuing of the decree allocating the planning act prepared by the Regions, in compliance with the regional organizational models and comparison with the local autonomies, on the uses of the resources overall allocated to them , consistently with the National Social Plan;
- reporting on the uses of the resources distributed pursuant to the Interministerial Distribution Decree and according to the percentage of at least 75% on a regional basis as provided for by the art. 89 paragraphs 1 and 2 of Legislative Decree 34 of 19/05/2020, converted into law 17 July 2020, n. 77.

<sup>6</sup>Please note that starting from 2021 the provision is conditional on the reporting, in the specific section of the Information System of the offer of social services, by the territorial areas of the actual use of at least 75%, on a regional basis, of the resources transferred , without prejudice to the region's right to directly take care of the collection of information and directly feed the SIOSS on behalf of the areas pursuant to art. 8 of the Decree of the Minister of Labor and Social Policies of 22.8.2019.

<b>Table 2.5 - Regional distribution percentages</b>	
<b>Regions</b>	<b>Quote regional of allotment (%)</b>
Abruzzo	2.49
Basilicata	1.25
Calabria	4.18
Campania	10.15am
Emilia Romagna	7.2
Friuli Venezia Giulia	2.23
Lazio	8.75
Liguria	3.07
Lombardy	2.39pm
Marche	2.69
Molise	0.81
Piedmont	7.3
Puglia	7.1
Sardinia	3.01
Sicily	9.35
Tuscany	6.67
Umbria	1.67
Valle d'Aosta	0.29
Veneto	7.4
<b>TOTAL</b>	<b>100</b>

#### The information system

Starting from May 2020, an application, the Register of Areas, was made available to the Regions, with which the regional representatives authorized to access update the composition of the social territorial areas. The information is acquired from the additional application which was subsequently made available to the Regions and Areas for the annual update of the information identified by the Decree of the Minister of Labor of 22 August 2019, n. 103, implementing the information system for the provision of social services (SIOSS). The SIOSS represents the most innovative component of the unitary information system of social services, entirely managed by the Ministry of Labor and Social Policies and composed of two distinct databases: the database of activated services and the database of professions and social workers. The database of activated services is in turn divided into: – register of territorial areas; methods of exercising the social welfare function and related forms of implementation; – system of interventions and social services offered; – in-depth modules on the characteristics of the services activated by type of intervention. During the first application, the following modules were launched:

- social secretariat;
- professional social work;
- family foster care;
- residential services for minors.



Furthermore, specific modules for monitoring the use of the resources of the national funds for the financing of the system of interventions and social services will soon be made available in specific areas, the information contents of which are identified in the Plans referred to in the art. 21, co. 6, of Legislative Decree 147 of 2017, or in the respective distribution decrees.

The database of professions and social workers is divided into specific professional profiles for each of which personal information (gender and age class) is collected, as well as information relating to the types of employment relationship and the number of hours per week. This information is aggregated at the territorial level and refers to all the bodies which in the relevant territory, regardless of whether they operate individually or in association, are responsible for the social welfare function. Further detailed information on the professional work used in the specific interventions and services is found in the aforementioned in-depth modules.

The problems that have limited the population of the SIUSS databases managed by INPS highlighted in paragraph 1.7 are particularly evident in the case of the database of personalized assessments and designs. In fact, the experimentation conducted on the SINA and SINBA modules highlighted the difficulties of the entities in finding the multiple and detailed information required by the paths, as well as the lack of human resources to be allocated to the specific implementation activity of the System, concerning sensitive data processed exclusively by the services social. With a view to optimizing time and resources, the need has emerged, with particular reference to SINA, for broader cooperation between information systems and databases, with the aim of preventing the same information from being detected and inserted several times in different systems. Furthermore, it should be kept in mind that while the information entered into the SINA on the person taken care of is linked to the information on the service provided to the same, this does not happen for the SINBA, following the limits set by the Guarantor for the protection of personal data in compliance to the rules on privacy, concerning minors taken into care by social services, for whom it is necessary to guarantee the non-identifiable nature of the information. The mechanism aimed at guaranteeing the non-identifiability of the minors taken into care has resulted in the lack of any connection between the minor beneficiary and the social benefits actually provided to the same, significantly weakening the database of one of its central information contents.

## 2.7 Attachment: Technical data sheets

### 2.7.1 Intervention sheet: Single access points

#### **Name of the intervention: PUA Single Access Point**

##### synthetic description

The PUA Single Access Point is part of the Community "access welfare", an area to which in different local contexts various services are associated in various ways such as social secretariat, social help desk, single access door, of which PUA presents itself as a service at a more advanced stage. The PUA presents itself as an organizational model aimed at the well-being of the person, responding to the needs of the individual as LEPS.

In the acronym PUA the term "unique" does not have the meaning of "exclusive", but of "unitary". The PUA must be understood not only as a physical place but also as an organizational modality, as a multi-professional and integrated approach to the citizen's problems and as an interface with the network of services: online services to which the citizen can turn indifferently, in which it is carried out the first access to the integrated services of the various Services.

The PUA is the place of social and socio-health reception: gateway to the network of services and territorial resources and organizational method of reception and orientation services between the Municipality/ATS and the ASL District, established to guarantee equal opportunities for access to information and to social and health services, to those who need them. It is therefore aimed at initiating response paths appropriate to the needs of the person, overcoming the sectoralisation of interventions and promoting integrated access to services, in particular for those who require interventions of a social and/or socio-health nature.

Although at a national level the development of PUAs has been ensured as a priority in the context of social-health services aimed at non-self-sufficiency and disability, more and more in recent years the PUAs also extend their competence to the field of services aimed at social inclusion of people in conditions of fragility and vulnerability.

##### Goals

- Promote, facilitate and simplify first access to social and socio-health services, encouraging the integration of social services with health services, with a view to integration (or enhancing it, where it already exists). The social characterization of information and orientation desks must be understood as an expansion of information not only to social matters but to the inclusive and participation opportunities that the local community expresses.
- Orient people and families on the rights to social and socio-health services in a logic of continuity of care and on the methods of access.
- Guarantee uniform access, overcoming the differentiation of the different access points, also enhancing the contribution of new technologies and the objectives of digitalisation and interoperability of the various IT systems.
- Ensure and strengthen the integration between the social services system and the socio-health, work and training system, ensuring both the level of access and subsequent multidisciplinary management, also integrated with local community networks. Ensure direct integration with other services aimed at social inclusion, such as employment and training services and other community resources.
- Promote the simplification and uniformity of procedures, the uniqueness of data processing and the guarantee of "global" taking charge of the person by the Municipalities/ATS and

of healthcare companies, with particular attention to home care support services.

### Recipients

The recipients of the PUA are individuals and families residing or temporarily present in the area who express a social or socio-health need, especially if in conditions of social and/or health fragility and vulnerability.

The PUA accepts every request regardless of the documentation certifying the state of need, even temporary, for a streamlining of the related procedures.

The PUA becomes the fulcrum of institutional skills with an active role in the integrated system of personal services also enhancing the role of the Third Sector in the co-planning and creation of interventions and services.

### Functions performed

To provide complete and appropriate integrated responses to people's needs, it is essential that the reading of the need is multidimensional and the management is multidisciplinary, where appropriate.

The PUA performs the following functions:

- information and orientation activities for citizens on the rights, services and interventions of the local social and health system (also integrated with employment and training services) and on the inclusive and participation opportunities that the local community expresses;
- welcoming and listening;
- collection of the report, guidance and management of the application;
- decoding the demand and analyzing expressed and unexpressed needs;
- activation of the other territorial contacts of the user's formal network for any further investigation of the request to guarantee a response from an integrated system;
- first evaluation of cases;
- resolution of simple cases;
- initiation of reporting for the management of complex situations through the activation of the integrated multidisciplinary team and integration with the services of the territorial network;
- support in defining a personalized project with the identification of support interventions to be activated also through tools such as the health budget;
- monitoring of situations of social, socio-health and health fragility, with the aim of being able to create preventive and early diagnosis paths with respect to the onset of the problematic situation or state of need;
- activation of communication channels with GPs (general practitioners) and PLS (paediatricians of free choice) to facilitate integrated interventions between local social and health services;
- promotion of formal and informal community networks in order to maintain synergistic relationships and collaborations with the social actors of the territory for the knowledge of the community's problems and the resources that can be activated;
- collection of data and information useful for orienting the planning of the service offering;
- updating the mapping of social and socio-health services and resources available in the municipal area (structures, services and interventions);
- monitoring and evaluation of the outcome of the processes started.

### Operating and access methods

The functions of the PUA are divided into three levels:

- Front office;
- Level I back office.
- Level II back office.

#### *Front office*

It is possible to contact the PUA directly (personally during opening hours to the public), or through other means of communication (telephone, email or PEC), directing the access request to the PUA front office. The PUA also examines reports and requests for intervention in favor of fragile subjects, presented by GPs/PLS, AA.GG., voluntary associations, parishes and/or other institutional or non-institutional subjects.

#### *Level I back office*

Each request accepted by the PUA ends with an evaluation and a proposal for the relevant path. In the case of "simple" requests, which can be directly resolved, the PUA is responsible for providing guidance and/or referral to the services identified in this regard. For "complex" situations that do not require integrated management, or the activation of integrated services, but which are attributable to a specific area of relevance, the PUA initiates the process of management, directly activating the services necessary.

#### *Back office level II*

The problems considered by the PUA to be more detailed and complex, however, will be reviewed in the level II back office by the Technical Managers of the PUA, representatives of the various bodies involved in the evaluation. For complex socio-health situations, which require highly integrated management pathways, the technical managers will communicate to the respective managements the activation of the integrated multidisciplinary team, identifying the necessary professional figures, as regulated by protocols/agreements specifically signed and binding between the parties.

As already envisaged for the cases identified by the regulations in force with reference to the beneficiaries of the Citizenship Income, the establishment of integrated multidisciplinary teams in the presence of complex socio-health situations (in particular in cases of mistreatment/violence, domestic tramping and extreme marginality, people or families in conditions of high fragility or multiple problems, non-self-sufficient people, people with disabilities) constitutes a service objective in view of the definition of a LEPS to be guaranteed throughout the national territory.

#### *Professionalism involved*

Each territorial area provides itself with a *front office* organized in basic or advanced mode, with adequately trained and updated staff, also due to the fact that the PUA must orient users towards services and procedures referring to different areas and bodies (social services, ASL, employment centres, career guidance centres, etc.).

The front office in basic mode must include the presence of administrative staff specifically trained to "filter" the requests and needs expressed by people, possibly supported by the presence of a linguistic and/or cultural mediator, where necessary or appropriate for the organization of the service.

The front office in advanced mode must include, in addition to the administrative staff (and possibly the linguistic/cultural mediator), the presence of professional figures such as social workers, possibly integrated with healthcare figures, in order to allow an initial and rapid assessment of the expressed need or unexpressed but cogent.

Where the Territorial Area can only organize the front office in "basic" mode, it will still take steps to organizationally regulate the passage of situations to the back office

second level for situations that require a technical-specialist evaluation and/or the activation of an integrated multidisciplinary team.

It is desirable for the multi-professional team to be made up of the following professional figures: doctors, nurses, social workers, educators, social health workers/social welfare instructors, administrators. The figures of linguistic-cultural mediators may also be envisaged.

The Guidelines, program agreements and collaboration protocols between entities must specifically provide for the resources of social and healthcare personnel assigned to each PUA.

#### Implementation methods

Each territory must have PUAs that are sufficiently publicized and easily accessible, including electronically, in order to facilitate citizens in accessing and using the service.

The functions of *front office* and *back office* they must be able to count on adequate equipment and rooms with spaces for team work, room(s) for confidential interviews, telephone line, internet and wi-fi connection, specific email, dedicated information system/dedicated web page/online service platform line and workstations equipped with PCs in an adequate number for the staff employed there.

The PUA is created and managed jointly by the Territorial Area and the Health Authorities, or by the Territorial Area which agrees through protocols or agreements on operating and taking charge methods with the Health Authorities to ensure shared responsibility in the subsequent taking charge.

The PUA is the evolution of the organization of reception services (social help desk, social secretariat) already organized in each territorial area, thus allowing unified access to all socio-welfare and socio-health services. To this end, it is appropriate for each organization to identify PUA Technical Managers who, together, can:

- adopt, in synergy, the measures necessary to guarantee the quality and continuity of the service, the achievement of the specific planned objectives within the established times, the resolution of any problems of a technical, organizational and management nature;
- evaluate requests for activation of the multidimensional evaluation unit/multidisciplinary integrated teams in the presence of complex situations.
- To facilitate the adequate functioning of the PUA it is necessary:
- identify a formally appointed liaison figure with the PUA in each service to facilitate the exchange of information and contacts between services;
- annually carry out training/updating activities for all staff involved in the PUA, with particular regard to the mapping of territorial services, the methods of access and acceptance by level II territorial services and the forms used by them;
- expand and optimize the integrated paths, which can be activated by the PUA after formalizing specific operational procedures, shared forms and training in this regard, in order to guarantee more adequate, complete and effective responses to people's needs;
- implement suitable information and awareness-raising activities on the functions of the PUA, aimed at operators of social, health, territorial socio-health and educational services, the third sector and other public and private institutions;
- carry out suitable information activities, intended for users, on the functions and location of the PUA, the contact and access methods, the routes and services that can be activated through the PUA;
- jointly identify and adopt indicators and evaluation tools for monitoring PUA activities, detecting user satisfaction and studying local needs;

- guarantee the professional supervision of the operators involved in the PUA;
- promote the use of a single information system that allows global citizen care, avoiding fragmentation and duplication of actions and interventions;
- have a single information system and/or information systems capable of communicating or being interoperable and which favor the implementation of a database on the social and socio-health resources available in the municipal area.

#### Resources

Both the health and social sectors must contribute to the definition of the personnel and financial resources, identified through Memoranda of Understanding and/or operational at local level or other instruments, possibly with the participation of the service quota of the Poverty Fund for the financing of the so-called . Social and Resources Secretariat of the National Fund for Social Policies.

#### Costs for the citizen

The service is free.

### 2.7.2 LEPS Sheet Supervision of social services staff

**LEPS service name:** Supervision for social workers.

#### Brief description of the service

The reflection on the importance of supervision in the professional action and on the skills of the social worker and of social workers in general is widely present in the literature both in reference to its strategic position in the service system and for the potential that it can express in it consistently with the levels of responsibility assigned.

Professional supervision is characterized as a process of support for the overall professional intervention of the social worker, as an accompaniment of a process of thought, of revisiting professional action and is a tool for supporting and promoting the complex, engaging, difficult operations of operators. It is a system of thought-goal on professional action, a space and a time where one can find, through guided reflection and group discussion, a balanced distance from action, to analyze with affective clarity both the emotional dimension and the methodology of the intervention to relocate it to a correct dimension, with a critical and research spirit.

The object of the professional supervision process is strongly connected to the technical quality of the interventions. From a professional point of view, with reference to methodological, value-based, relational, ethical aspects, etc., the primary objective is identified with the improvement of the quality of the practices of social workers and of social workers in general.

In this process, elements relating to the administrative level of the procedures must also be taken into consideration, as well as elements specific to the relationship between social workers/social workers and the Institution, with the common final objective of identifying emerging critical issues and possible improvements in the overall quality - professional and administrative - of the service rendered for the benefit of people.

The supervisory relationship is based on an empathic, esteem and trust relationship, is characterized as support and non-judgment and is built on confidentiality regarding what emerges from the discussion within the *setting*.

The supervision activity consists in the analysis of the professional practices implemented by social workers and in general by social workers. The group activates a reflection mainly oriented towards the professional procedure on a methodological, value-based, ethical and relational level. The in-depth analysis carried out is aimed at explaining the thought processes underlying the choices made and the actions activated and at highlighting problems and intervention alternatives.

The premise from which to begin a training process through supervision is the identification of "professional practices implemented" that regain professional, individual and collective sense and meaning to counteract, first of all, forms of bureaucratization of professional intervention. The phenomenon is well known in services; it manifests itself with the repetition of actions aimed at formally respecting bureaucratic practices, the result of knowledge no longer suitable for the analysis of the complex social reality proposed by the users of the services.

Supervision has the aim of helping the supervisee to best assume the functions exercised towards people and the organization, to support a critical examination of their own activity, in the awareness of the plurality of methods and possible paths for solving problems.

Supervision is not:

- Technical-administrative control which has as its object the regularity of the procedure on an administrative level in terms of requirements of form, content and completion times, in relation to what is prescribed by the laws and regulations. Technical-administrative control is mainly characterized by its evaluative and judgmental dimension and is the primary task of organizations and managements.
- Psychological supervision: professional social service supervision does not take into consideration the individual psychological dimension and the relational dynamics between participants because they are not consistent with the focus on operational practices.

In summary, professional supervision is configured as a peculiar profile of comparison which concerns the re-elaboration of the relational dynamics and experiences of social workers, through a group process. It is a path of constructive reflection regarding the difficulties, hardships and problems, both in the context of relationships with the people who benefit from the professional interventions, and with reference to the general context, the organization and the work group.

## Goals

The general objective is to guarantee a quality social service by making tools available to operators that guarantee their well-being and preserve their balance.

Specifically, the objectives are:

- Strengthening of individual professional identity;
- Elaboration of the emotional experiences of social workers and social workers in general;
- Restructuring of relational and communication tools;
- Downsizing the tendency to do and concrete needs, supporting the acquisition or consolidation of reflective and self-reflective skills;
- Support for the desire and need for perspectives, in the direction of enhancing the skills, including programming, of the profession;
- Give space, through the group experience, to shared reflection;

- Enhancement, through the possibility of talking about oneself, of the strategies adopted, the good practices implemented, the skills *problem solving* used;
- Orientation of the activity towards the collection of data and stimuli, also as a basis for future initiatives to systematize knowledge and experiences and research.

#### Recipients

- Social workers employed in social services in the local area.
- Other professional figures present in local social services (psychologists, professional educators, pedagogists, pedagogical educators, etc.).

#### Functions

The fundamental task of supervision is to support the social worker in theoretical elaboration, in the theory-practice connection, in professional identity, in the re-elaboration of professional experience, in the ability to work in a group, in the ability to control one's feelings to make a use of oneself aimed at the profession, on an organizational-institutional level, or in the ability to influence decisions and negotiate with the organization one belongs to, on a technical-methodological level.

#### Professionalism involved

To carry out the complex task entrusted to him, it is necessary for the supervisor to possess some fundamental characteristics also in relation to the group of CDs. Supervised.

#### In general:

- The supervisor must belong to the same profession as the group of supervisees in order to encourage the strengthening of the professional identity of the operators in paths of reflection on professional action.
- Must have followed training courses to become a trainer and supervisor.
- The supervisor must possess pedagogical ability and training aptitude.
- The supervisor must have studied the theoretical, methodological and ethical foundations of the profession and, in general, of social work.
- The supervisor himself is required to undertake specific training and supervision courses.
- the supervisor can be external to the organization.

#### Supervision of a group composed of social workers:

The supervisor of a group made up of social workers must be in possession of the qualification required for registration in the Register of Social Workers, be regularly registered in the Register of Social Workers, be in possession of all the legal requirements for exercise the profession, with particular reference to the obligations established by Presidential Decree 137/2012, have gained proven experience in social work and adequate experience in the supervision of social workers. The supervisor may be external to the organization. Organizational supervision aimed at interprofessional teams can also be conducted by other professionals with adequate training and experience.

#### Supervision of a group composed of professional educators or psychologists or other professional figures:

Organizational supervision meetings can also be organised, in addition to the minimum level of hours of professional supervision and not as a replacement. The supervisor of a group composed only of one of these types of professions must be in possession of the



qualification required for registration in the Orders of respective membership, where applicable, and in this case be regularly registered, be in possession of all the legal requirements for the exercise of the profession, with particular reference to the obligations set out in Presidential Decree 137 /2012, have gained proven experience in social work and adequate experience in supervising the category of social workers to which they belong.

Organizational supervision aimed at interprofessional teams can be conducted by each of the professional categories present in the team as long as they are external and in possession of the required requirements and adequate training and experience. The supervisor must be identified for his expertise on the specific topic/field of intervention and in possession of the required requirements and adequate training and experience.

The supervisor's action is bound to professional secrecy and compliance with the Code of Conduct of the profession to which he belongs. The supervisor is required to provide a final report to the clients in which he indicates, where present and in agreement with the group, critical issues or problems identified. The supervisor, as part of his project proposal, usually proposes opportunities for individual supervision of at least one hour, should the need for discussion on specific aspects or problematic situations arise.

### Operating modes

The essential level must be divided into:

- An obligation for the employing body to provide, directly or through the sector, supervision for the social worker and for the social worker who carries out the professional social service functions within the competence of the sector. Where at the Area level there is a small number of operators to guarantee supervision, the function can be organized in an associated form with another territorial Area.
- A right-duty of professional supervision for the professional who carries out the professional social service functions within the competence of the Sector both in direct management and in outsourced management.

Supervision constitutes a space that produces learning not only of solutions for the object of discussion, but also of a reflective method that the professional can reuse independently or in self-managed groups of colleagues. In this sense, supervision is an intervention that responds to the logic of continuity, because it must accompany the professional over time. At the same time, it requires latency times for the professional to put into practice what he has learned independently.

Supervision intended for the purposes described above could also focus on the development and care of innovative professional techniques and tools to support operations. It could also provide an instrument for self-monitoring the overall professional intervention, also improving organizational action.

It is believed that it may be useful to identify cyclically scheduled supervision meetings. A minimum or basic level could include group courses of approximately 16 hours per year combined with individual moments or team supervision.

In consideration of the numerical composition of social workers and social workers present in the territorial social services and/or the organization of social services, the professional supervision path can be organized both by the individual Municipality and by the territorial area, or in an associated form between areas.

Supervision constitutes a right-duty for the social professional.

It can also be organized for particular targets (e.g. new hires, social workers coordinators, etc.).

Single-professional supervision can develop as an individual and/or group activity and/or by work area (e.g. minors area, adults area, etc.).

It can take place both in person and remotely, in particular with reference to territorial areas in which the presence of social workers is less concentrated.

In single-professional group supervision, this must be made up of a maximum indicative number of 15 supervised social workers.

Supervision meetings cannot last less than 2 hours.

The supervision process must guarantee continuity over time and an adequate number of meetings, the frequency of which is usually monthly, but can also be bimonthly or fortnightly.

In the presence of multi-professional teams, the supervision process may include organizational supervision meetings, in addition to the minimum level of hours of professional supervision and not as a replacement, in which, in addition to the social workers, other professional figures present in the service (psychologists, professional educators, etc.), in order to work on the team's operating methods.

The professional supervision activity may give the right to the recognition of credits for the purposes of compulsory training, where provided for in the Professional Regulations of each profession involved (social workers, psychologists, professional educators, etc.).

#### Resources

To define a hypothesis of economic quantification of an essential level of supervision it is necessary to consider that the current structured paths have a minimum hourly cost that fluctuates between 100 and 120 euros/hour and an annual hourly commitment per group of approximately 16 hours of activities and 15 hours in total dedicated to individual supervision.

Where it is not necessary to use all the hours of individual supervision, the Institution may redistribute the hours to use them for group supervision or for the organizational supervision of the team.

The above supervision can also be accompanied by organizational supervision of the team, approximately for 6 additional hours per year.

The indicative maximum annual cost for each supervision group (for a maximum of 15 social workers) is 4,750 euros including 6 hours of team supervision and a fixed flat rate for the organization and related obligations to be paid by the supervisor approximately 7% for each route (€310).

Type of supervision	Hours	Cost in €	Flat rate for indistinct costs 7% in € (by way of example. It must be calculated on the total hours actually worked)	Total in €
As a group	16	1920	134.40	2054.40
Individual	15	1800	126	1926
As a team	6	720	50.4	770.4
Total	37	4440	310	4750

The financing of the activity, with a view to its recognition as LEPS, includes 42 million from the PNRR horizon, specifically provided for in one of the actions financed under the M5C2 investment area project 1.1: Support for vulnerable people and prevention of the institutionalization of non-self-sufficient elderly people, integrated where necessary by resources from the National Social Policy Fund.

### 2.7.3 LEPS Sheet Protected resignation

Two types of service are distinguished, the first aimed at users who can refer to a home and therefore "return home", the second aimed at users who do not have this possibility.

**Name:** Protected resignation for users who can refer to a domicile.

#### Synthetic description:

"Protected discharge" is a discharge from a healthcare context that provides continuity of assistance and care through a program agreed between the attending doctor, the local social services of the local health authority and the local authority. The patient can thus return home or be hospitalized in qualified facilities while remaining in the care of the National Health Service and "followed" by adequate healthcare for a period of time and, where necessary, then taken into care by social services. In summary, it is a set of actions that constitute the process of organized passage of a patient from the hospital or similar environment to a family-type care environment, in order to guarantee continuity of care and promote help pathways to support health and of the person's well-being through coordinated health and social interventions. This type of multidisciplinary discharge planning approach, developed before the patient is discharged, improves the quality of life, the integration between hospital and territory and between the social and healthcare professionals involved in the assistance and treatment process, as well as reducing the risk of institutionalized readmission in elderly, disabled and frail patients.

It should be remembered that the Prime Ministerial Decree of 12.1.2017 in art. 22 provides that the National Health Service guarantees to non-self-sufficient people and people in fragile conditions, with ongoing pathologies or their outcomes, home care programs consisting of the organized set of medical, rehabilitative, nursing and nursing aid treatments necessary to stabilize the clinical picture, limit functional decline and improve quality of life. Home care and assistance, as a response to the needs of non-self-sufficient people and those in frail conditions, are integrated with social assistance and family support services, in accordance with the provisions of the Prime Ministerial Decree of 14.2.2001 - "Act of direction and coordination on socio-health integration".

#### Goals:

- promote assistance to fragile people and those with a progressive loss of autonomy, through the early interception of need and initial fragility, guaranteeing socio-health care;
- contribute to reducing the number of repeated hospitalizations in hospitals;
- increase the degree of appropriateness and personalization of health and social care services;
- ensure the continuity of protective assistance;
- promote the decongestion of emergency rooms by freeing economic, professional and instrumental resources that can be used to respond to the care needs of fragile people, contributing to making healthcare spending more efficient and effective, starting from hospital spending;
- guarantee a homogeneous, unitary and continuous organizational management model

- different territorial areas for the integrated and coordinated management of interventions in favor of non-self-employed people which allows them to remain at home for as long as possible;
- support residual autonomy and the improvement of quality of life levels, increasing the awareness and responsibility of the fragile person's reference figures, overcoming the welfare logic;
  - standardize the evaluation and access criteria for interventions/opportunities in favor of vulnerable people, also creating new synergies between the public, the Third Sector and the private social sector aimed at developing innovative strategies to implement and diversify the service network;
  
  - strengthen the cohesion and social inclusion of frail and elderly people in the life of their community.

### Recipients

The reference target is represented by elderly people who are not self-sufficient and/or in frail conditions or people under the age of sixty-five who are similar to them, residing in the national territory, not supported by an adequate, constant and continuous formal or informal network, for whom the interventions are aimed at supporting the return and stay at home following hospitalization or discharge from a rehabilitation facility or accredited service.

Access to home support is subject to a multidimensional assessment of the degree of vulnerability which evaluates the four dimensions (health, cognitive, functional and social).

Each regional territory defines the minimum parameters for accessing the service.

### Functions performed

The Prime Ministerial Decree of 12.1.2017, containing the new health LEAs, in the aforementioned art. 22 outlines the functions and levels of home care:

“The local health company ensures continuity between the phases of hospital care and local home care.

The needclinical, functional and social is ascertained through suitable multidimensional assessment tools that allow the person to be taken into charge and the definition of Integrated socio-health individual assistance project (PAI), without prejudice to what is provided by the regions and autonomous provinces regarding paragraph 3, letter a).

In relation to the health needs of the patient and the level of intensity, complexity and duration of the care intervention, home care is divided into the following levels:

a) basic level home care: consisting of professional services in response to needs low complexity healthcare of a medical, nursing and/or rehabilitation type, even repeated over time; basic level home care, activated with the methods established by the regions and autonomous provinces, is characterized by a 'Coefficient of care intensity' (CIA<sub>(2)</sub>) less than — 0.14;

b) level I integrated home care (ADI): consisting of professional services predominantly of a medical-nursing-assistance type or predominantly of a rehabilitation-assistance type for people with pathologies or functional conditions that require continuity of care and planned interventions characterized by a CIA between 0.14 and 0.30 in relation to the criticality and complexity of the case; when necessary, diagnostic tests and the supply of drugs referred to in the art. are ensured. 9 and the medical devices referred to in articles 11 and 17, as well as preparations for artificial nutrition. First level home care requires multidimensional assessment, 'taking charge' of the person and the definition of an 'Individual assistance project' (PAI) or an 'Individual rehabilitation project' (PRI) which defines the

rehabilitation needs of the person, and are activated with the methods defined by the regions and autonomous provinces also at the request of family members or social services. The general practitioner or pediatrician of free choice assumes clinical responsibility for the treatment processes, enhancing and supporting the role of the family;

c) level II integrated home care (ADI): consisting of professional services predominantly of a medical-nursing-assistance type or predominantly of a rehabilitation-assistance type for people with pathologies or functional conditions that require continuity of care and planned interventions characterized by a CIA between 0.31 and 0.50, in relation to the criticality and complexity of the case; when necessary, diagnostic tests and the supply of drugs referred to in the art. 9 and the medical devices referred to in articles 11 and 17, as well as preparations for artificial nutrition. Second level home care requires multidimensional assessment, 'taking charge' of the person and the definition of an 'Individual assistance project' (PAI) or an 'Individual rehabilitation project' (PRI), and is activated with the methods defined by the regions and autonomous provinces also at the request of family members or social services. The general practitioner or pediatrician of free choice assumes clinical responsibility for the treatment processes, enhancing and supporting the role of the family;

d) level III integrated home care (ADI): consisting of professional services medical, nursing and rehabilitation, diagnostic tests, supply of drugs referred to in art. 9 and the medical devices referred to in articles 11 and 17, as well as preparations for artificial nutrition for people with pathologies which, presenting a high level of complexity, clinical instability and difficult to control symptoms, require continuity of care and planned interventions characterized by a CIA greater than 0.50, also due to the need to provide support to the family and/or to *dear givers*. High intensity home care is activated with the methods defined by the regions and autonomous provinces, requiring multidimensional assessment, taking care of the person and the definition of an 'Individual Assistance Project' (PAI). The general practitioner or pediatrician of free choice assumes clinical responsibility for the treatment processes, enhancing and supporting the role of the family.

Home care is complemented by nursing assistance and professional protective assistance to the person. The aforementioned nursing aid and professional protective assistance services, provided according to the care models regulated by the regions and autonomous provinces, are paid entirely by the National Health Service for the first thirty days after protected hospital discharge and for a share equal to 50% one hundred in the following days. Furthermore, home care is always integrated from social interventions in relation to the outcomes of the multidimensional evaluation".

Therefore, the LEPS in the social field can be identified as one for which the patient on protected discharge must be insured, with expenses borne by the Municipality for the intervention of the local social service, in addition to the benefits already guaranteed as health LEA by Prime Ministerial Decree 12.1. 2017 pursuant to art. 22, paragraphs 4 and 5, the supplementary social benefits and the temporary "guardian" assistance services at home.

#### Operating and access methods:

At each hospital facility, an evaluation unit is set up - variously called at regional level - composed of social and health personnel aimed at evaluating the eligibility of protected discharges. In order to integrate the protected discharge service with the health, socio-health and social pathways, it is necessary that the hospital unit reports, also through the individual integrated assistance plan or personalized socio-health intervention plan, the situations of fragility to this unit evaluation in order to also guarantee the

liaison with the general practitioner, the health district and the social service, in harmony with the current regulations at regional level.

Based on the assessment, the need for family assistance can be included in a service ranging from a service of no less than 6 hours per day to a 24-hour continuous service, where the housing conditions allow it.

On the basis of the Project, which defines the times and methods of the services provided and which can be reviewed monthly or at least quarterly, the following assistance services can be provided to the user, in single or integrated form:

- Home care: Support interventions for the person in the management of daily life and/or with need for protection, in order to guarantee the recovery/maintenance of residual self-sufficiency, to allow them to remain at home for as long as possible and delaying a possible resort to institutionalization, through direct support in the domestic environment and in the relationship with the outside world. Therefore, areas of intervention include personal care and hygiene, easily implemented hygienic-health services, environmental care and hygiene, handling of paperwork, accompaniment to visits, shopping and preparing meals, help with relationship life, etc.
- Tele-help: Installation of a terminal on the home telephone, which connects the person 24 hours a day with an operations center capable of activating immediate intervention in situations of need. It is necessary for the manager to provide personnel present 24 hours a day at the operations center headquarters, capable of both receiving telephone calls and activating the 3 appropriate interventions and making "monitoring" telephone calls to the subjects in charge.
- Meals at home: Meal delivery service carried out directly at the elderly person's home. The supplier directly provides for the packaging and home delivery of meals.

#### Professionalism involved

For protected discharge it is necessary to define a series of therapeutic-welfare interventions (personalized care project) in order to guarantee continuity of care. The definition of the Project is carried out with the integrated intervention of the professionals of the Hospital, the Territory, the general practitioner or pediatrician of free choice and the municipal social services. Furthermore, the professional figures of Social Welfare Operator (OSA) and Social Health Operator (OSS) are involved.

The fundamental importance of the local social service must be highlighted, which effectively guarantees continuity of care with its professional contribution and acting as a reference for families and accredited hospital and private facilities and the ASL.

#### Resources

66 million will contribute to the financing of the activity, with a view to its recognition as LEPS, from the PNRR horizon, specifically provided for in one of the actions financed under the M5C2 investment area project 1.1: Support for vulnerable people and prevention of the institutionalization of non-self-sufficient elderly people, supplemented by own resources and, where necessary, by resources from the National Social Policy Fund in competition with the resources of the National Fund for non-self-sufficiency and the National Health Fund.

#### Costs for the citizen:

The service is free.

## Name

Protected discharge for people who do not have a home.

### synthetic description

Agreements as a set of actions that ensure and facilitate the passage organized by a *setting* of care to another, in order to guarantee continuity of care, protected discharges are of fundamental importance in the care paths of people in conditions of serious marginalization and homelessness.

The impossibility of guaranteeing *setting* of care in the absence of home requires that specific procedures be identified reserved for this segment of the population characterized by a particular complexity linked to the overlapping of fragility due to social marginalization, absence of home, and psychophysical health problems.

Unplanned discharges after a visit to the emergency room or after hospitalization often risk nullifying the complex work carried out by the street teams of "search for *compliance*" by individuals in need of care but who refuse to use health and hospital services.

In order to ensure continuity of post-hospital care, various experiences have been developed, often merged into collaboration protocols between hospital and local health services, social services and third sector bodies. In particular, reference is made to experiences developed in some national contexts.

In some of these experiences, a significant involvement of the solidarity and voluntary component emerges, albeit with municipal contributions and support, while the involvement of the health services as a whole appears more residual.

However, it should be highlighted that the identification of specific procedures and modalities must not be defined in a stigmatizing way and do not jeopardize the possibility, if feasible and deemed appropriate by the evaluation processes, of access to different treatment, reception and rehabilitation paths aimed at the whole population (for example out-of-hospital rehabilitation institutions (IDR), psychiatric rehabilitation facilities, out-of-hospital hospice admission, etc.).

### User target / recipients

Homeless people, or those in precarious housing conditions, resident or temporarily present in the national territory, who, following acute episodes, visits to the emergency room or hospital admissions, require a period of convalescence and stabilization of their health conditions.

### General objectives

Improve the quality of life of people in extreme urban poverty, promoting a multidisciplinary approach to discharge planning and continuity of care; reduce not only the period of hospitalization, but also improper hospitalizations, as well as the exacerbation of pathologies and the consequent use of new accesses to the hospital network. And finally, to promote integration between the health and social systems, encouraging the taking into care of people in the health and social system who normally escape the ordinary reception channels.

The specific objectives, as applicable, follow those defined in the sheet for the general target.

Services and interventions that can be activated

On the national territory, therefore, an essential level of social benefits should be guaranteed which involves the activation of one or more tools, already present in the territories, also in an integrated manner, listed below:

- internal supervision of the hospital structure;
- reservation of places in some reception facilities which provides for a stay until the end of the convalescence period;
- socio-health intervention at the place of temporary reception (hospitality home, reception facility, community, independent cohabitation accommodation).

Within these reception spaces the following must be offered, at the expense of the local authority:

- 24 hour surveillance with opening throughout the year;
- food, accommodation and laundry;
- charges relating to utilities and cleaning of the premises;
- support in the care and possible reacquisition of personal hygiene;
- management of coexistence;
- monitoring of individual behaviors and support in managing correct relationship methods;
- identification of structures suitable for the person at the end of the convalescence period;
- taking charge and activating individualized social accompaniment paths in network with local services;
- The provision of the following services remains the responsibility of the resources of the National Health Service:
  - scheduled medical or/and specialist visits (DSM, SERT, etc.);
  - nursing visits;
  - management and supply of medicines.

Resources

As in the case of Protected Resignations for users who may refer to a domicile.

Costs for the citizen

The service is free



## 2.7.4 LEPS sheet Prevention of family estrangement - PIPPI

### Normative requirements

**Law 149/2001**, *Amendments to the law of 4 May 1983, n. 184*, containing "Discipline of the adoption and foster care of minors", as well as Title VIII of the first book of the Civil Code, which in art. 2 states: "The conditions of poverty of the parents or of the parent exercising parental authority cannot be an obstacle to the exercise of the minor's right to his own family. To this end, support and help interventions are arranged in favor of the family" and continues in the art. 3: "The State, the regions and local authorities, within the scope of their competences, support, with suitable interventions, respecting their autonomy and within the limits of available financial resources, families at risk, in order to prevent abandonment and to allow the minor to be educated within his own family (...)"

**Law 285/1997**, *Provisions for the promotion of rights and opportunities for children and adolescents*, which, in art. 4, promotes "actions to support the minor and family members in order to carry out an effective action to prevent crisis situations and psycho-social risk also through the strengthening of network services for home, daytime and educational interventions territorial, to support school attendance and for emergency responders"

**Law 328/2000**, *Enhancement and support of family responsibilities*, which, in art. 22, specifies that "support interventions for minors in difficult situations through support to the family unit of origin" can be provided in the form of goods and services, as they constitute the essential level of social benefits;

**the Guidelines for Intervention with children and families in vulnerable situations** (MLPS, 2017)

the data collected during the implementation of the PIPPI Program between 2011 and 2020 and on the analysis of national and international literature

**the Rec – Council of Europe, 19/2006** about positive parenting.

**the Rec – Council of Europe 112/2013** on the importance of breaking the cycle of social disadvantage to guarantee all children a good start in life.

**the International Convention on the Rights of the Child** (UN, 1989), ratified by Italy with Law no. 27 May 1991. 176, which in art.9 affirms the right of every child to live with their family and maintain family ties and in art. 20 states that: "Every child who is temporarily or permanently deprived of his family environment or who cannot be left in that environment in his own interest has the right to protection and special assistance from the State. States Parties shall provide substitute protection for this child in accordance with their national legislation."

**the Charter of Fundamental Rights of the European Union** which deals with the art. 24 of the guarantees for the protection of minors establishing that "every child has the right to regularly maintain personal relationships and direct contact with the two parents, except when this is contrary to her interest".

**the UN recommendation Guidelines for the Alternative Care of Children** (2009), linked to the indications for justice *child friendly* (European Commission, 2011), which refers to the need to implement this right even in situations of family vulnerability, inviting States to support every effort aimed at preserving the bonds between children and their families by taking care of the processes of maintaining significant bonds for the child and family reunification processes.

**the EU ChildRight Strategy 2021-2024** which includes, among other things *Child Guarantee* and identifies as a key action "A collective effort aimed at supporting the development and strengthening of integrated child protection systems, which will encourage all relevant authorities and services to better work together in a system that puts the child at the centre".

The definition of an essential level of performance is aimed at responding to the need of each child to grow up in a stable, safe, protective and *nutritious*, actively combating the emergence of situations that favor social inequalities, school dropout, inappropriate separations of children from their family of origin, through the identification of *suitable actions*, of a preventive nature which have as their aim the accompaniment not only of the child, but of the entire family unit in a situation of vulnerability, as they allow the exercise of positive and responsible parenting and the construction of a social response to the developmental needs of the children as a whole.

This essential level also intends to guarantee:

- equal treatment and equal implementation of the rights of children and families living in different territorial contexts, albeit within an overall framework that enhances regional specificities and the situated construction of innovative responses and approaches;
- overcoming fragmentation, lack of integration and cooperation between the various actors in charge of the interventions, breaks in the processes of taking charge and therefore improving the *governance* overall so that actions carried out in a non-sectoral, but transversal and unitary logic are guaranteed;
- effective prevention of situations of neglect and serious neglect, mistreatment and abuse, through project actions to promote positive parenting as well as timely action in case of detection of them and therefore to protect and safeguard children.

#### Subjects (targets)

Families in a vulnerable situation include parents with children living together or not, aged 0-17, with particular focus on the 0-6 age group, who still have parental responsibility, even limited, who experience weak ability to build and/or maintain the set of conditions (internal and external) that allows for a positive and autonomous exercise of parental functions. Vulnerability is in fact a socially determined situation from which parental negligence or neglect can emerge, of different forms and intensity, which indicates the lack of ability of parental figures to respond to the developmental needs of their children.

The adversities that these parents experience most frequently and which make it necessary to introduce devices for evaluating and accompanying the parental function into their life context can be included among the following: educational poverty (understood as lack of access to educational resources and services for children and for parents), cultural (lack of or weak schooling including failure to achieve compulsory schooling, functional illiteracy, linguistic difficulties, etc.), material (low socioeconomic status, lack of or weak access to the world of work and/or loss of work, with relative absence or weakness and instability of wages, precarious and/or unhealthy housing, in particularly disadvantaged areas), social (lack of access to formal and informal social support networks, in particular for families coming from migration) and health (persistent conditions of physical or mental illness and/or disability of some members of the family unit, with the consequent care burdens and aggravation of care tasks): these types of poverty can be transgenerational and may have caused trauma in the childhood of these parents which can often lead to single parenthood, couple crises resulting in marital violence and possible transitions due to particularly conflictual separations and divorces, particularly complex adoptions, unregulated use of alcohol and psychoactive substances, etc.

The *suitable actions* to be guaranteed are:

- the creation of an accompaniment path aimed at guaranteeing each child an appropriate and quality assessment of his family situation, with the related design of a unitary, participatory, sustainable and multidimensional action plan and in a suitable time, defined jointly in a multidisciplinary team with the family.

The multidisciplinary team responsible for the accompaniment/taking charge of the family, for its entire duration, ensures the following key elements:

- achieve, with the participation of the parents, the child and all the actors involved, analysis of the child's needs

- build the Framework Project including the actions in a manner consistent with the aforementioned analyses
- carry out the planned actions through specific intervention devices within the defined times
- evaluate the level of achievement of the expected results from both a reporting perspective (capable of making the actions of the services visible to the outside) and transformative (capable of innovating and improving the practices of both services and families).

Within the team the different professionals:

- integrate their points of view to analyze the child's needs and potential in a complete and in-depth manner and to jointly plan interventions that can respond to them in a relevant manner, based on the skills and tools of their specific professional background;
- pay attention to the construction of conditions and opportunities that can favor the real possibility of parents and children, even if they are small, to actively participate in the evaluation and decision-making processes that concern them
- verify, through the analysis of the results, whether the intervention has obtained the desired results and work to understand the relational, methodological and organizational factors that have allowed the achievement of these results

The composition of the team is determined according to the needs of the child, according to a "variable geometry" criterion, for which a constant group of professionals is envisaged (basic team), which identifies among its members a person responsible for the path with the family, and by a series of professionals and other figures who can be added from time to time and depending on the situation (extended team).

The composition of the basic team includes the presence of:

- family members (child and parental figures);
- social worker;
- professional educator;
- psychologist.

Where necessary, the extended team is enriched by the presence of additional members:

- healthcare professionals (*primarily* pediatrician) and psychotherapy /psychiatrist/neuropsychiatrist who works permanently with the child (psychologist, child neuropsychiatrist if he/she is treating the child and/or periodically evaluates his/her skills, for example, for certification of disability or DSA etc.);
- nursery educator(s) or teacher(s) of the school attended by the child;
- any other professionals who work permanently with the child and/or with his parental figures (reference operator of the day center, professionals in the disability area, in the case of disability of the child or a family member, caretaker of the Ser.D or the mental health service for adults, the family doctor etc.);
- people (professionals and otherwise) belonging to the family's reference community (area of volunteering and sports, cultural, educational, recreational associations, etc.).

According to the multidisciplinary perspective, professionals in the psychological/neuropsychiatric/psychiatric area and other therapy and rehabilitation specialists, possibly involved on the basis of specific needs of this nature of children and/or parents, are members of the team in all phases of the process accompanying the child and his family. They are co-responsible for the construction and evaluation of the Framework Project. The activities carried out

in the psychological/neuropsychiatric/psychiatric area or by other specialist services contribute, in line with the other planned actions, to the achievement of the objectives shared in the Framework Project.

The intervention devices constitute the set of actions with which to implement the Framework Project shared in the multidisciplinary team.

A coordinated repertoire of devices in favor of the child and his parents, aimed at realizing the shared project and carried out in a defined period of time and in an intensive manner, produces greater positive outcomes on the well-being of the entire family unit compared to a set of interventions fragmented and distributed over an indefinite period, not planned in the design and not subjected to periodic evaluations.

The devices are to be understood as a complex set of interventions through which global and intensive support is made available to the family, aimed at its emancipation from institutional help and the reactivation of its internal and external resources, so that the family itself can gradually also make the experience gained in the accompaniment process available to other families.

Some intervention mechanisms are of an institutional type, while others concern actions that allow the valorisation of recreational, cultural, sporting, artistic, spiritual resources, etc. present in a territory.

These are interdisciplinary interventions aimed at prevention and the promotion of educational and organizational skills of parental figures and any others *caregivers* and to the construction of social environments suitable for children and families, within a plural context capable of guaranteeing the child responses to his growth needs, protection of mental and physical health and adequate protection, continuity and stability of his growth path.

Devices are guaranteed for both children and parental figures; both group and individual; both formal and informal in nature and which focus on the psychological, social, scholastic, educational and support dimensions of living conditions.

These devices are:

- *the home education service* and/or Territorial, otherwise defined as Family Education: it is the device through which professional educators, with specific socio-pedagogical training, in accordance with current regulations, are regularly present in the context of the family's life, in its home and in its living environment, to enhance the resources that manifest themselves there and to accompany the process of building positive responses (skills and strategies) to the child's developmental needs by parental figures in a progressively more autonomous manner
- *supportive closeness* represents a form of solidarity between families whose aim is to support a family unit through the solidarity of another unit or individual people in a logic of support and sharing of resources and opportunities. It is located inside the *continuum* of the different forms of family care, intentionally choosing to enhance the living environment of the family and the child, rather than placing the child temporarily or for a few hours of the day in another family. We favor the informal dimension of the intervention and the creation and/or strengthening of social networks which can continue to be present in the life of the family even after the end of the institutional intervention and in which the family that has benefited from the intervention will also be able to put the resources accrued thanks to it are available
- *groups with parents and groups with children*: the purpose of the group activity, thanks to the resource represented by the collective context, is to strengthen and expand the relational and social skills of the participants and in particular the parents' ability to respond positively to the developmental needs of their children, according to what has been shared in the Project

Painting. Parents and children followed by services are invited to participate in the activity, both in initiatives specifically dedicated to them and within actions aimed at all families promoted in the local community in easily accessible and non-stigmatizing places (meetings in nurseries, schools, for families, playrooms, libraries, etc.)

- *the partnership with educational services and schools*: Promoting the development of children and their families from a perspective of equity and social justice requires fruitful collaboration between teachers, educators and professionals from social and health services. It is necessary to promote opportunities for discussion and training on the approaches, methodologies and tools that schools, educational and socio-health services have developed to evaluate and plan their interventions in order to co-build a single Framework Project for each child. This device involves the involvement of the school and educational services 0-6 years from the phases preceding the start of the accompaniment path. The device adopts an inclusive perspective and is divided into actions that involve the child, the class and the entire educational or school community
- *financial support* that the Municipalities provide to families, in particular through the Citizenship Income measure, represents a form of combating poverty and the economic, housing, work and educational deprivation in which numerous families find themselves in vulnerable situations. It must be guaranteed within the framework project mentioned above, in the perspective of the social inclusion pacts referred to in Legislative Decree 147/2017.

### 2.7.5 Intervention sheet Promotion of school-territorial relations - Get Up

#### Normative requirements

**Law 27 May 1991, n. 176**, Ratification and execution of the convention on the rights of the child, made in New York on 20 November 1989. As regards the UN Convention, there are 42 articles all dedicated to children and adolescents, four are the **fundamental principles** of the Convention on the Rights of Children and Adolescents which are relevant for national and decentralized social planning: a) **Non-discrimination** (art. 2): the rights established by the Convention must be guaranteed to all minors, without distinction of race, sex, language, religion, opinion of the child/adolescent or of the parents. b) **Superior interest** (art. 3): in every law, provision, public or private initiative and in every problematic situation, the interest of the child/adolescent must have priority. c) **Right to life, survival and development** of the child (art. 6): States must commit the maximum of available resources to protect the life and healthy development of children, also through cooperation between States. d) **Listening to the minor's opinions** (art. 12): provides for the right of children to be heard in all decision-making processes that concern them, and the corresponding duty for adults to take their opinions into adequate consideration. Furthermore, in relation to the promotion of initiatives between the territory and formal and informal educational agencies, art. 31 which promotes actions aimed at recognizing children and young people "the right to rest and free time, to dedicate themselves to play and recreational activities appropriate to their age and to participate freely in cultural and artistic life" favoring "the child's right to participate fully in cultural and artistic life and encourage the organization, in conditions of equality, of appropriate means of entertainment and recreational, artistic and cultural activities" as factors of inclusion and overcoming inequalities.

**Law 285/1997**, *Provisions for the promotion of rights and opportunities for children and adolescents*, which, in the articles. 6 and 7, promotes "Art. 6. (Recreational and educational services for free time) services aimed at promoting and enhancing the participation of minors at a proactive, decision-making and management level in group experiences, as well as opportunities for reflection on topics relevant to civil coexistence and the development of socialization and inclusion in school, in community and family life" and Art. 7 (Positive actions for the promotion of the rights of children and adolescents) "a) interventions that facilitate the use of time and urban and natural spaces, remove obstacles to mobility, expand the use of environmental, cultural, social and sporting goods and services; b) measures aimed at promoting knowledge of the rights of children and adolescents among all citizens and in particular among those employed in public utility services; c) measures aimed at promoting the participation of children and adolescents in the life of the local community, including administrative ones".

**Law 8 November 2000, n. 328**, Framework law for the creation of the integrated system of interventions and social services, which designs an organic regulatory framework for the creation of an integrated system of social services, which includes

also all interventions in favor of minors, which art. 22. (Definition of the integrated system of interventions and social services) in paragraph 2 identifies among the essential levels of social benefits that can be provided in the form of goods and services, including "c) support interventions for minors in difficult situations through support for the family unit of origin and insertion into families, people and community family-type reception structures and for the promotion of the rights of children and adolescents;" and in paragraph 4 among the services to be provided "d) residential and semi-residential structures for people with social fragility;"

**Law n.148 of 25 May 2000:** "Ratification and execution of Convention no. 182 relating to the prohibition of the worst forms of child labor and immediate action for their elimination, as well as Recommendation no. 190 on the same topic, adopted by the General Conference of the International Labor Organization during its eighty-seventh session held in Geneva on 17 June 1999", which in art. 7 requires the adoption of effective measures in order to prevent minors from being involved in the worst forms of work, guarantee their rehabilitation and social reintegration, access to education, professional training, identify minors exposed to particular risks and come into direct contact with them, paying attention to the particular situation of girls and adolescents.

**Recommendation of the Parliament and the Council of Europe 18 December 2006** on "Key competences for lifelong learning", which laid the foundations for a general renewal of school curricula. Even the curricular systems of our country have now accepted this trend by providing disciplinary skills, social and transversal skills for every level and level of school. The skills-based teaching approach aims to respond to a new educational need of girls and boys which means providing young people with cultural, social and instrumental resources with which they will be able to positively face the needs they will find themselves facing. The skills approach looks at school as one of the privileged areas of experience, but also requires the ability to establish strong connections with society, with the local community to enrich its offer with the resources of knowledge and experience that can be offered by other key players.

**Council Recommendation of 20 December 2012** on the validation of non-formal and informal learning which intends to enhance knowledge, skills and competences that subjects may have acquired through non-formal and informal learning, a form of learning that can play an important role in improving employability as well as in increase motivation for lifelong learning.

there **Commission recommendation of 20 February 2013**, Investing in childhood to break the vicious circle of social disadvantage, which underlines that prevention is achieved effectively when it is implemented through integrated strategies that promote "opportunities for minors to participate in social life and exercise their rights , to enable them to fully realize their potential and increase their capacity to resist adversity", and urges us to "Recognize the ability of minors to act on their own well-being and to overcome difficult situations (resistance to adversity), in particular giving them opportunities to participate in informal learning activities outside the family and school hours" through integration between various institutions and *agencies*".

The indications of the "Nomenclator of social interventions and services" which in the area of educational-assistance interventions and services identifies the interventions of school socio-educational support and territorial socio-educational support, connected to structures such as social aggregation centers and day protection centers social, in which to promote inclusion and coordinate recreational, social, educational, cultural and sporting activities, for a correct use of free time.

There **law 107/2015**, through the provision of "optional" study plans and the decisive expansion of school-work alternation activities, pushes the school towards increasingly adequate, adaptable and workable paths, also to rediscover and strengthen the vocations and values, territorial and otherwise, of the individual Italian economic realities.

Taking into account the objectives of the NEW SKILLS AGENDA FOR EUROPE launched by the European Commission at the end of 2016, which emphasizes the need to invest in the development of key skills that integrate the lifelong learning strategy of each EU State, to guarantee equity social, putting into practice the first principle of the European Pillar of Social Rights: access to education, training and lifelong learning for all, everywhere in the EU, as well as building resilience to respond to crises, based on lessons learned during the Covid-19 pandemic. Among the transversal skills to be promoted, we also identify the "sense of initiative and entrepreneurship", defined as a person's "ability to translate ideas into action" to be promoted thanks to the combination of social innovation paths, training and school and school integration *agencies* of development.

**Law 20 August 2019, n. ninety two**, Introduction of school teaching of civic education. Which in Art. 8 "School and territory" promotes "extra-scholastic experiences, starting from the establishment of networks, even of multi-year duration, with other institutional subjects, with the world of volunteering and the Third sector, with particular regard to those engaged in promotion of active citizenship. [...] 2. Municipalities can promote further initiatives in collaboration with schools, with particular regard to knowledge of the functioning of local administrations and their bodies, historical knowledge of the territory and the stable use of green spaces and cultural spaces."

**The EU youth strategy** constitutes the reference framework for collaboration at European level on policies conducted in favor of young people in the period 2019-2027. It builds on the Council resolution of 26 November 2018. Collaboration at EU level will make the most of the potential offered by youth policies. It promotes the participation of young people in democratic life, supports their social and civic commitment and aims to ensure that all young people have the necessary resources to take part in the society in which they live. The EU Youth Strategy focuses on three central policy axes among which it promotes coordinated cross-cutting implementation: Mobilize (aiming for meaningful civic, economic, social, cultural and political participation of young people), Connect (to share best practices and continue work on effective systems for the validation and recognition of skills and competences acquired through non-formal and informal learning, including solidarity and volunteering activities), Empowering (i.e. encouraging young people to take charge of one's life).

**The EU Council Recommendation of 30 October 2020** on a Bridge to Work, which strengthens the Youth Guarantee and replaces the Council Recommendation of 22 April 2013 on establishing a Youth Guarantee, which calls for strengthening early warning systems and monitoring to identify those at risk of becoming NEET, while helping to prevent dropouts from education and training (through, for example, career guidance in schools, more flexible learning pathways and more work-based learning), in collaboration with the education sector, parents or legal guardians, and local communities and with the participation of youth services and social, health and employment services; as well as *a Raise awareness and communicate in an adopting manner* Modern, youth-friendly and local information channels and engagement mechanisms for awareness-raising activities, with the participation of young people, youth workers, local youth organisations, families and parents' associations.

**The Charter of Fundamental Rights of the European Union** to the art. 24 of the Charter specifically mentions the rights of children, but it is important to remember that the Charter applies to children in its entirety, as they are the same human beings.

**The Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions**, EU Strategy 2021-2024 on the rights of the child (COM(2021) 142 final) which also contributes to the realization of the European Pillar of Social Rights and "reflects the rights and role of children in our society: children are a source of inspiration and are at the forefront of raising public awareness about climate change, discrimination and injustice. They are not only the citizens and leaders of today, but also the leaders of tomorrow." All minors have the right to develop their main skills and talents, starting from early childhood and throughout their school career as well as during professional training, including in non-formal learning contexts.

**The European Child Guarantee** (*Child Guarantee*), which complements the new EU Strategy on the Rights of the Child calls for specific measures for minors at risk of poverty or social exclusion. This proposal recommends that Member States guarantee access to key quality services for disadvantaged children: early childhood education and care services, education (including school activities), healthcare, nutrition and housing.

Given the above-mentioned premises, it is necessary to set a trend objective towards the definition of an essential level of performance aimed at responding to the needs of listening, participation and social inclusion expressed by adolescents and young people in their tiring transition towards adulthood which following of the Covid-19 pandemic is increasingly complex and full of challenges. The pandemic has strongly affected the overall well-being of boys and girls, among whom an increase in anxiety, stress and loneliness has been recorded. Many of them were unable to participate in sporting, recreational, artistic and cultural activities essential for their development and well-being.

The needs to be answered are divided into some key points: giving children autonomy in deciding what to do, but above all how to do it; encourage the development of new skills by boys and girls; create synergies in the territory and promote active citizenship; strengthen the partnership between school and territory as a factor in promoting rights, social inclusion and contributing to combating the risk of school failure and dropping out.

There is a clear need to rethink intervention models aimed at adolescents in the light of socio-cultural changes, the long-term effects of the economic crisis produced by

pandemic and the interest in relaunching social policies in favor of this age target also from a preventive perspective.

The reference regulatory framework set out above directs the promotion of interventions that are based between school and territory; between the two poles, in fact, it is possible to create a wide range of interventions that hinge on one or the other component, through services and interventions aimed at experimenting with forms of self-management and autonomy.

Within this context, the appropriate actions to be identified aim at the following objectives:

- develop greater potential related to *empowerment* and resilience
- integrate the educational intervention in a fully socio-educational context oriented towards enhancing listening, flexibility, building alliances and promoting the protagonism of individuals and networks;
- enhance possible contaminations on the interdisciplinary, interprofessional, inter-organizational and inter-institutional side;
- promote a commonality of intent among all the protagonists of formal and non-formal education.

The *suitable actions* therefore they can develop in a tension that sees the educational experience above all in relation to the scholastic experience and the structured experiences that are present in the territory, such as, for example, the constituencies, associations, oratories; or above all in relation to the experience of the territory in an extracurricular time.

The intervention mechanisms constitute the set of actions with which to achieve the identified objectives and are distinguished in relation to their transversal or specific nature. Two framework devices are identified:

- the local socio-educational pact for the inclusion and promotion of the social rights of the new generations represents a shared planning and planning tool in which to connect formal and non-formal educational agencies, services and *stakeholders*.
- the territorial action group, which has accompanying functions in the implementation of project activities, sharing and verification of critical issues and resources. GAT will be made up of representatives of the local administrations, representatives of the teachers active in the schools involved in the area, of the territorial centres, representatives of the girls and boys involved in local projects, local facilitator(s), representatives of the USR, the USP, the Third sector and the cooperative world and any other local actors to support the experiences. The GATs are implementation tools of the local educational pact.

The experiential devices, however, are distinguished according to whether they start from the school or from the territory.

In the school, projects are developed that intersect the territory through actions of cultural promotion, urban regeneration, supportive citizenship, social inclusion and prevention of school dropouts through the mobilization of teachers, male and female students who, thanks to the support of educators in the role of animators/facilitators create innovative experiences. The project idea starts from the observation of the difficulty often encountered regarding the autonomous development of project ideas by children, whose involvement appears confined to the expression of opinions, but little to the choice of strategies and actions. In a society increasingly made up of adults and crossed by individual and social crises and by greater vulnerability of family and community contexts, the world of adults appears to have difficulty relating to growing citizens, in particular adolescents. Projects must enhance



the school context as a place for designing projects that aim to involve the territories and the local fabric in a perspective of social utility and strengthening the bond of citizenship.

On this front, suitable actions should be taken

- are based on the effective protagonism of young people starting from the planning phase and during all phases of project development, with particular attention to ensuring the active participation of disabled girls and boys or those in difficult situations (BES);
- use an experiential approach, for example with the promotion of services, activities, including laboratory-based ones, managed by the children themselves and oriented towards their interests and aptitudes;
- include the project activities within the school-work alternation programs or in any case guarantee the certification of the skills acquired;
- include educational figures who mainly have support and facilitation functions in the development of activities organized by the children and with the role of facilitating interconnection and dialogue between them, the institutions and the local reality;
- involve the local community, creating collaborative networks, therefore defining themselves as "community projects", establishing connections between children and local resources (local and artisanal businesses, schools, commercial activities related to entertainment, etc.);
- encourage the participation of the youth community, include street education initiatives, organization of events, use of innovative communication channels (social media, web, etc.);
- include the drafting of a development and sustainability plan for the project, also from an economic point of view, with a view to its future continuation.

Experiences of self-management and autonomy can occur through the establishment of school cooperatives or projects *service learning*, implemented by students who, through an organization that makes them responsible also from a management and organizational point of view, will be able to carry out activities that have an impact on the local community.

School cooperatives and *service learning* they are therefore identified as two coherent devices in terms of planning towards autonomy that start from the school.

The school cooperative is an organization completely similar to a "normal" cooperative and is therefore a place for experimenting with forms of democracy, self-management, collaboration and solidarity. Each CS must have a Statute and a structure *governance* internal structure structured on three bodies: President (elected by the Board of Directors), Board of Directors and Shareholders' Meeting. The girls and boys will be helped in drafting the Statute and accompanied in exercising government functions and decision-making processes through the statutory bodies.

Accompaniment must be ensured by teachers within the school context and by one or more facilitators of the autonomy processes. Adults will have to respect the planning autonomy of adolescents, proposing themselves as a support figure capable of promoting the realization of the project idea also through a bridge function towards other local institutions relevant for the implementation of the children's activities.

The *service learning* it is a teaching methodology that combines study, which takes place within the school, with commitment to the local community. In order for us to actually talk about SL, this link must not be casual or sporadic, but the study must actually be aimed at making a contribution to the solution of a real problem of the local community. The *service learning* it is an activity that allows male and female students to acquire knowledge and

skills by actively engaging in an activity that addresses and tries to solve a real problem in the community. The activities of *service learning* they must be an opportunity to experiment with practices of autonomy, collaboration, respect and participation; they can also be developed in agreement with local aggregation centres.

Finally, as regards the school side, another suitable and indispensable device is the resources to be allocated to each project, so that the promotion of autonomy can be a concrete exercise of choice, processes of *problem solving* and assumption of management responsibility.

These ways of giving expression to social policies aimed at adolescents, a social segment often less central in national and local interventions, must meet some methodological and planning quality requirements that consistently respond to the paradigm of autonomy and active social inclusion:

- Participation. The projects must see the direct involvement of boys and girls in all phases of the intervention, including in the phases of participatory evaluation with the beneficiaries.
- Experience The projects must be concrete experiences and not simulations of commitment and must encourage the development and maturation of transversal skills that can be used in the educational and professional future of girls and boys. The experiences, in relation to local projects, aim to facilitate meetings and relationships between adolescents and institutional representatives, opportunities for citizenship training and consolidation of the citizen-public administration bond.
- Autonomy The groups of girls and boys must have guaranteed real autonomy of conception and implementation in implementation of the "keys and money" criterion to be managed with shared responsibility and self-determination.
- Social utility. The definition of the objectives of the local projects must be an educational opportunity, with a process that involves the groups of boys and girls to whom the project is aimed and the local administrations, with a view to establishing a common commitment that must take shape in the socio-educational pact local to respond to particular needs (for example, redevelopment of urban spaces, valorisation of local resources, fight against school dropouts, etc.).
- Experimentation. The local projects must not be the passive re-edition of past experiences, these could represent interesting practices to be suggested as a term of comparison or starting point, however the crucial point will be to enhance the ideational and innovative capital of the boys and girls who will be involved.
- Sustainability of activities. The project intends to be an opportunity for stable expansion of the offer of local socio-educational opportunities, it is therefore important that schools and local administrations identify useful mechanisms to provide stability from the experience. The elements that make the action sustainable, reproducible and extendable are the participatory methodology and training. These factors will allow all actors to use the knowledge acquired, the capacity for self-management and initiative to promote new initiatives.

When the action develops above all in relation to the experience of the territory in an extra-scholastic time, suitable devices are, as indicated in the "Nomenclator of social interventions and services" School socio-educational support and Territorial socio-educational support, connected to structures such as aggregation centres. social and social protection day centres, in which

promote inclusion and coordinate recreational, social, educational, cultural and sporting activities, for a correct use of free time.

They are variously named structures included in the typology of territorial services, they are characterized by being very visible and inserted in the territory, in which they also carry out street entertainment activities. They are therefore configured as an open and dynamic service, with a high degree of flexibility and adaptation, also borrowing places in the city that are "other" than their own headquarters. These services, with respect to the adolescent group, respond to the needs of girls and boys who require socio-educational support and are characterized by a plurality of interventions based on functions such as listening, growth support, accompaniment, orientation .

The service offers a system of aggregation opportunities within an organizational context characterized by two approaches of equal importance: the animative one and the educational one. On the one hand, in fact, it acts as a promotional, active centre, oriented towards aggregation between peers and cultural socialization and, on the other, it contributes to their educational path and the learning of social skills and abilities.

As a priority, the recipients are minors belonging to families in situations of socioeconomic difficulty, exposed to a lack of parental care and at risk of social exclusion.

Access can take place upon indication of the service team, upon notification of the local social service centres, local schools, district socio-health services, and the various entities operating in the area.

In the growth path of children, the possibility of meeting adults capable of promoting meaningful relationships, as well as supporting and accompanying their individual development processes, represents a great opportunity and can make the difference in their story.

These services offer:

- possibility of aggregation aimed at the primary and secondary prevention of uncomfortable situations, through socialization experiences between children and identification with significant adult figures in addition to those already known in the school context;
- opportunities for meeting and socializing, educational paths and social and cultural promotion;
- opportunities for positive use of free time;
- activities for the development of creative skills and ways of expression for the creation of a new living environment.

The devices of this type of service are:

- the individualized educational project for boys and girls inserted following notification by the social service. The project is agreed with the local social service centers and specifies the objectives, the strategies to achieve them, the implementation times, the phases and verification criteria, the tasks of the various professional figures, the collaborations and the inter-institutional contributions .
- the group educational project, the programming aimed at the group must be consistent with the aims of the service and with the specific objectives prevalent in individualized projects in order to propose activities aimed both at developing specific skills or abilities and at bringing the children together so that bonds are built between them, to create a group experience capable of integrating individuals, of allowing children to learn to be with others, to learn to welcome diversity, to experiment with sharing decisions.

The dimensions on which the devices act are:

- The educational group dimension. This dimension is taken care of both through the relationship between the boy/girl and the educational figure of reference, and in the context of the relationship with the peer group, through the structuring of a space-time dedicated to offering boys and girls the possibility of being in group with other peers.
- The individual educational dimension. In its capacity as a privileged educational context for boys and girls in condition and/or at risk of isolation or exclusion from conventional educational contexts, the laboratory operates by preparing an individual educational plan and ensures that they attend at least 12 hours per week.
- The educational dimension in the relationship with families. It is of particular importance to create a meeting space with families so that they can collaborate and find support for their educational action. The relationship with the families, on the one hand, represents a key to understanding and knowing the children better, on the other, it allows us to develop targeted proposals and collaborate together in the socio-educational intervention for a discussion on the proposed activities.
- The educational dimension in territorial animation: living on the street. The service develops "street work" aimed at preventing hardship, through the promotion of the well-being of local communities and specific attention to those most exposed to the risk of undertaking deviant careers; street work also acts with a view to reducing harm towards groups or individuals already included in contexts of strong marginality and deviance.
- In the form of a territorial educational laboratory, this is a service that expresses itself on the dimensions of informality, of the group of children, of working in a "light" way (more of an animating type), of the naturalness of relationships. It intertwines the educational and animating dimensions of social intervention in a very particular way. It is oriented towards the autonomy and change of children, starting from a strong closeness to the territory, from high flexibility and also due to the possibility of free and spontaneous access.

#### Target subjects

- girls and boys aged 14 to 18 from secondary schools and vocational training centres
- girls and boys aged 14 to 18 belonging to extracurricular groups already established (e.g. municipal meeting centres)

When the action starts from school, it is aimed at the entire youth population as an intervention to promote preventive well-being with respect to the risks of school dropout, social exclusion, aggravation of specific social vulnerabilities.

When the action focuses on the local service, the target is mainly made up of boys and girls who are already included in social and scholastic support programs in some way, but not necessarily only them.

Considering that, before the Covid-19 pandemic, minors already had a higher probability, compared to adults, of living in conditions of extreme poverty and that, as a consequence of the pandemic, it is estimated that the number of children living below the poverty threshold is destined to rise as already indicated by the first 2020 data on poverty which shows that the presence of minor children exposes families more to the consequences of the crisis, with an incidence of absolute poverty that goes from 9, 2% to 11.6%, after the improvement recorded in 2019. Istat's preliminary estimate for 2020 sees the incidence of poverty among individuals under 18 years old rising by more than two percentage points (from 11.4 % at 13.6%, the highest value since 2005) for a total of poor children and young people which, in 2020, reached 1 million and 346 thousand, 209 thousand more than the previous year. The current pandemic has further exacerbated inequalities, and has

the risk for minors of finding themselves in a condition of extreme poverty increased compared to the period before the Covid-19 pandemic.

The available data indicate an increase in fragility among boys and girls between 14 and 18 years of age, an already complex age of life because it is typically a transition period that marks the passage from childhood to adulthood, to autonomy. Dissatisfaction, mistrust, fear for the future can profoundly undermine individuals' planning ability and change future intentions and expectations in terms of emancipation from parents and transition to adult life. The sense of helplessness generated risks having even more serious effects on the most vulnerable groups. The pandemic has interrupted moments of sociality and hindered the fundamental relationships of the growth process in this age group. These motivating actions are configured as social policies aimed at combating school dropouts in the awareness that in Italy the continuation of the educational path, the skills learned and subsequent choices are still highly determined by the socio-economic context of origin.

## 2.7.6 Intervention sheet *dear leavers*

### Normative references and *soft law*

The Italian legislation, supported by the guidelines on family foster care and those on community reception - tools *soft law* recently approved in the Unified Conference which define common guidelines on specific lines of action - ensures assistance and support to minors temporarily without parents or substitute references within the family who can adequately look after them (**art. 30 of the Italian Constitution; articles 315 et seq. of the Civil Code, art. 20 of law 176/1991** "Ratification and execution of the Convention on the Rights of the Child, done in New York on 20 November 1989").

Furthermore, law 149/2001 provides (**art. 2 l. 184/1983 as amended by law. 149/2001**) that each minor can be "... entrusted to a family, preferably with minor children, or to a single person, capable of ensuring the maintenance, education, instruction and emotional relationships that he needs . Where foster care is not possible, the placement of the minor in a family-type community or, failing that, in a public or private care institution, which is preferably based in the place closest to where the family permanently resides, is permitted. family of origin...".

The state administration, the Regions, the autonomous Provinces and the local authorities, each within their own responsibilities, are responsible for the protection and care of minors who are temporarily placed in foster care or in reception facilities. The person responsible for carrying out child protection functions is represented by the local authority, in its various organisations. Through its services it takes care of the minor and his family. (**art. 3 lett. 2 of the Prime Ministerial Decree of 14 February 2001**) through support and promotion interventions in favor of childhood, adolescence and family responsibilities. The subjects in charge of socio-health and healthcare functions, in the context of the protection and care of the minor, are required to activate the interventions that are their responsibility in compliance with the provisions of the Prime Ministerial Decree of 14 February 2001 and with the provisions of the legislation on the subject of Essential Levels of Assistance (LEA). The public service's responsibility for providing financial and residential support to children who live outside their family of origin ceases upon their 18th birthday, a moment which often coincides with the obligation to leave the residential facility or end of the protection project with the foster family. After the eighteenth year of age, the only additional opportunity for assistance is represented by the application of the so-called "administrative continuation", i.e. the procedure that derives from the art. 25 and following of Royal Decree no. 1404 of 1934, which allows the Juvenile Court to extend the reception and support project until the child reaches the age of 21.

The topic of accompanying girls and boys towards paths of autonomy has become increasingly pressing over the last few years. Attention to interventions and practices to support young people leaving reception projects has increased, with particular attention to identifying the processes that allow positive outcomes to be promoted. Alongside the public initiatives of some regional and local administrations, a self-organised movement has grown *dear leavers* who ask with determination to be actively helped to build their own future and enter adulthood. In fact, reaching adulthood cannot correspond to the sudden disappearance of the system of guardianship and protection which, for years, has helped a boy or girl to grow up in alternative contexts to a family of origin in which it is often not possible to return because the conditions of risk or vulnerability have not actually changed.

This need is also clearly outlined in the dictation of **Guidelines for reception in residential services for minors and Guidelines for family foster care** which recall the need to carefully modulate the objectives and contents of the Framework Project and the individualized educational project in relation to the age of the minor and the possible need to promptly support him in building his path to autonomy.

Specifically, we recall, first of all, recommendation no. 355 of the aforementioned LI guideline for reception in residential services for minors

#### **Recommendation 355. New adults and construction of pathways to independence**

Newly-aged people welcomed into residential services must be able to participate in decisions that concern them and in the construction of paths towards independence. The latter require specific rules that support and enforce the right to autonomy.

**Motivation** -It is not easy for any young adult, even more so for these people "marked" by difficult histories, to feel ready for autonomy and find in themselves a sense of adequacy and awareness of their own abilities. To achieve autonomy and be prepared to face this transition, it is necessary to support new adults in developing an awareness of their desires and the actions to be taken to achieve this objective. This is a complex operation that requires strong management and collaboration between all the subjects, institutional and otherwise, present in the area.

**Recommendation 355.1**-*Support the independence path of the newly adult.*

- support in job and housing placement;
- initial income support;
- the continuity of the health and psychotherapeutic interventions initiated until their conclusion;
- exemptions and social benefits such as: payment of the health copay; the payment of canteen services schools and universities; subscription to public transport services, rent at subsidized costs, etc. **Action/Operational**

**indication 1.**Each Region adopts specific rules, in continuity with national indications, to guarantee adequate organizational methods and resources to support the independent life paths of newly-adults, who are particularly "exposed" and at risk of fragility. The sending Service develops a project to initiate autonomy, which includes the implementation of various actions and resources, to be used with the flexibility necessary to personalize the intervention. Until the definitive conclusion of the process of accompanying autonomy, some specific actions may be envisaged such as, for example:

- accommodation in which to experience semi-autonomy;
- the conclusion of the school and training course;
- 

**Action/Operational indication 2.**The conclusion phase of the residential reception must be planned in time and gradually, possibly including a transition to "decoupling" structures (apartment adjacent to the residential service; group apartment for new adults; accommodation for initiation into independence, etc.).

**Action/Operational indication 3.**The definition of the autonomy project requires the active participation of the newly adult, of the sending body (even where the extent of the administrative continuation is not defined by the Juvenile Court), of the Residential Service in guaranteeing flexibility and collaboration for the identification of sustainable solutions and appropriate.

**Recommendation 355.2**-*Encourage the creation of networks of significant relationships to support the independence paths of newly adults.*

**Action/Operational indication 1.**The friendship network and social inclusion must be supported and in the territorial association networks in which new adults leaving the residential service can experience relationships of sharing, emotional closeness and solidarity.

**Action/Operational indication 2.**It is useful to offer newly-adults leaving the residential service the proximity of one or more families or individual support adults, who can enrich the panorama of references and support points. Furthermore, reference is made to Recommendation 224.c.2 of the Guidelines for family custody

**Recommendation 224.c Family custody of adolescents, continuation beyond 18 years**

**Recommendation 224.c.2**Guarantee the possibility of continuation of family custody upon reaching the age of 18 and in any case no later than 21 years of age. At the end of the project the boy can: remain in the family (with the supports provided if disabled) or return home or, again, start an independent life path. **Action/Operational indication 1**The Administrations, through the Social and Health Services, ensure, where deemed necessary and based on the availability of the foster family, before the age of majority, in case of continuation of family foster care, the possible forwarding of the request to the Juvenile Court. of guardianship/curatorship or support administration for the foster carers.

**Action/Operational indication 2**The Administrations support, in the various forms provided, the foster families who continue to welcome the adolescent who has become an adult, recognising, in the event that the project is aimed at autonomy, a contribution for the expenses connected to the project itself (for example deposit for accommodation and rent costs for a few months, etc.).

Finally, the same IV National Plan of action and interventions for the protection of the rights and development of subjects in developmental age, in the fourth thematic priority "support for parenting, integrated system of services and reception system" highlights the need to structure systems capable of responding not only to emergencies, but also accompanying autonomy, seeking integrated inter-institutional and multidisciplinary practices and solutions attentive to the quality of educational and growth paths.

Considering the above-mentioned premises, it is necessary to start a process for the definition of a service objective in order to tend towards the future identification of an essential level of performance aimed at guaranteeing an appropriate accompaniment path towards progressive autonomization for newly-adults who, upon reaching the age of majority, they live outside their family of origin on the basis of a provision from the judicial authority which has as its aim the completion of the growth path towards autonomy, guaranteeing continuity of assistance for the interested parties until they reach their twenty-first birthday year of age, as well as the prevention of conditions of poverty and social exclusion.

This objective intends to promote the experimentation of integrated projects to support the autonomy of girls and boys leaving reception through measures to support their daily lives and life choices oriented towards university education, professional training or access to the labor market. Work.

The development of autonomy projects requires the activation of a system of interaction between multiple institutional and non-institutional subjects, each of which plays a specific role within the process: the boy/girl and his/her family members; adults from public social services, private social services and associations; representatives of the judicial authority and other adults who are important points of reference in the daily life of *dear leavers*.

This methodological perspective is based on the principle of co-planning and co-responsibility in decision-making.

**Subjects: targets and stakeholders**

The recipients of the aforementioned objective are those who, upon reaching the age of majority, live outside their family of origin on the basis of a provision from the judicial authority, which has placed them in residential communities or in family foster care.

The beneficiaries of the project may be affected by an administrative continuation measure decreed by the Juvenile Court pursuant to art. 25 referred to in RD 1404/1934 as amended by Law 25 July 1956, n. 888 are not recipients of this provision of the Judicial Authority.

The recipients are, therefore, all the CDs. *dear leavers*, even those who, although oriented towards a path of return to their family of origin, retain the need to keep alive the relationships that supported them up to the age of 18, as well as benefit from a structured path of accompaniment towards adulthood adult.

*Stakeholders* are fundamental indirect protagonists for the policies to promote the rights and well-being of girls and boys who benefit from protection interventions: local services, the formal and informal reception system such as the third sector managing the reception communities, families foster care and family associations, the schools are engaged in a concerted effort aimed at innovating and strengthening ties and working practices, as well as common reference paradigms.

Within this context, the appropriate actions to be ensured to enable the objective of the essential level to be achieved are the following:

- start at least twelve months before reaching the age of majority - therefore starting from the seventeenth year of age - a process of **preliminary analysis** of the situation of the boy/girl which sees the involvement of the social worker, together with the community educator or foster family members. This is for the purpose of developing an individualized project for autonomy. In situations of particular complexity of individual and contextual needs, the preliminary analysis is followed by the definition of **Analysis framework**, used to define a multidimensional assessment of the complex needs, expectations and potential of CLs to support multidisciplinary teams and as a function of individualized planning.
- Upon reaching adulthood, following the preliminary multidimensional assessment and once the analysis framework has been drawn up, the multidisciplinary team agrees with the boy on **individualized project to support autonomy** who, through measures to support everyday life and choices towards the completion of upper secondary studies or university education, professional training or access to the labor market



work, offers an opportunity for growth and innovation for the entire system of actors involved, in various capacities, in welcoming boys and girls removed from their family of origin and about to become adults. The project describes the activities through which the needs and expectations of the *dear leavers* are transformed into goals and outcomes of autonomy through the use of their resources and capabilities plus the support of community services and resources. The individualized project is a tool aimed at the future, built with the broadest and most direct involvement of the beneficiaries in order to ensure their responsibility for its contents and their growth (*empowerment*). The individualized project revolves around the concept of autonomy which is made up of three dimensions:

- Autonomy as knowing how (process)
- Autonomy as independence (outcome)
- Autonomy as an "internal state" (resilience process)

The three dimensions must be taken into consideration when choosing the objectives and interventions to propose, as well as in the project monitoring and outcome evaluation phase.

- The active presence of a Multidisciplinary Team (EM) as the operational device for co-design, accompany and evaluate individual projects with *dear leavers*. It guarantees the multidisciplinary and appropriateness of the accompaniment of the newly adult care leavers and of the development of the individualized project which must see the involvement of the following key figures within multidisciplinary teams involving: Care leavers, tutor for autonomy; social worker who has specific skills on the target of young adults; health services contact person; reception contact person (or foster parents). Where necessary, the extended team is enriched by the presence of additional members. What makes the multidisciplinary team effective is the anchoring of the boys and girls and not the institution, the variability of the composition based on the situations, the focus on the project. The paradigm shift with respect to the protection perspective lies in the transition from the need to protect the victims - which requires the operator to position himself between the child and the parents by virtue of a public protection mandate - to the construction of an alliance towards autonomy to evaluate the presence of vulnerabilities, but also of resources that can be strengthened and directed towards "decoupling". The thoughts and actions of EM are aimed at putting you at the center *dreams and needs of the care leaver*: the relationship with girls and boys placed outside the family can no longer be the prerogative of the host community with its educators or of the foster family and the psychologist. *There is therefore a need to adopt work practices capable of making concrete and facilitating the active and conscious participation of boys and girls in directing the entire process. It is therefore essential to open the circle of care leaver professionals*, but a barely adult whose right to build their own autonomy through the emergence of talents and the realization of dreams with the mandate to seek together strategies to make them feasible. EM develops like this *not in a fulfillment of roles but in co-responsibility* with respect to pursuing transformative objectives. The actors may not all be present all the time, their participation depends on the phase of the process, the intervention priorities and the needs linked to each individual project. In fact, certain actors may be invited on particular issues. Listening to different points of view regarding the progress of the individualized project for autonomy allows us to identify paths and obstacles in a perspective of common responsibility.

## Intervention devices

The *suitable actions* they can be supported thanks to broader support deriving from the context in which these actions take place, therefore thanks to the resources deriving from the work and synergy of the various services that operate in the area and thanks to the resources that are activated in the peer group dimension. The intervention mechanisms therefore constitute the set of actions with which to achieve the identified objectives and are distinguished in relation to their transversal or specific nature.

## Specific operating devices

The tutor for autonomy. Provided at the Sector or supra-sector level, the tutor for autonomy is a professional who accompanies the CLs to the "release" that must occur in the transition to adulthood, integrates the figures who have been a point of reference during the process of protection for the *dear leavers*, has the tasks of facilitating the involvement of the child in the process of defining his project and of supporting him in achieving the goals of individualized planning, supports the CLs in accessing public services and carries out a function of *mentoring* with respect to carrying out activities in daily life. The autonomy tutor must be a professional capable of creating a "privileged" relationship with each beneficiary, of collaborating with social workers, of integrating with the boy's network of relationships and, at the same time, encouraging the construction of new ones, even through the establishment of a group made up of all the beneficiaries it deals with. tutors, like all interested actors, will have to operate according to the principle of appropriateness and active participation, making choices and providing accompaniment useful both to increase the sense of responsibility and determination of the beneficiaries in respecting their objectives, and to promote the development of 'self-esteem. The autonomy tutor does not replace the child, but through the construction of an empathetic relationship based on the educational alliance, supports him in identifying his own talents and needs and guides him in the construction phase of the individualized project. The individual support action cannot be standardized but will be personalized based on the history and needs of the beneficiary, without forgetting the importance of discussing and collaborating with the various adult figures who represent a point of reference for the child. The tutor's action will be oriented towards two lines of intervention:

- stimulate the child's protagonism in order to promote social inclusion through participation, sharing and conscious choice;
- lead the CL group towards the construction of a collective identity capable of facilitating processes of participatory evaluation, sharing, harmony, emotional closeness and mutual help between the children involved, from a participatory perspective.

The social worker for young adults. Within the service system it is necessary to move towards the specialization of social worker figures who act as bridges between the area of protection and accompaniment towards adulthood. The theme of autonomy calls on the service system to make a paradigm shift on multiple levels, challenging internal and external representations of professions and organizations. This shift implies: *on a cultural level*: an already difficult oscillation between adult-centrism, support and protection; between repair and autonomy; *on a professional level*: a positioning between expert function and recognition of subjectivity, of protagonism; an approach to young adults; *on an organizational level*: from a self-centered social welfare system to a participatory and generative model. This figure of social worker for young adults is therefore different from that which typically follows economically and socially weaker adults, to help them overcome critical phases of their lives by stimulating their autonomy and self-sufficiency in order to avoid the chronicity of dependency situations. welfare and marginality. The innovative figure recalls the principles of law 328/2000 by moving in

apromotional perspective which involves the activation of interventions to guarantee the quality of life, citizenship rights, equal opportunities, non-discrimination and the mobilization of community resources, maintaining a governance and management role in the local network of services and interventions. As expressed by the code of ethics, this figure must contribute to developing the knowledge and exercise of one's rights/duties within the community and encourage collective growth paths that develop synergies and help individuals and groups. Its function *empowerment* with respect to a young adult it means accompanying competent subjects capable of deciding what is good for their lives in a perspective of well-being and autonomy.

Personalized economic measures. Individualized projects are conceived as a meaningful framework to integrate and systematize all the resources present at a local level that can be mobilized in favor of the *dear leavers*, and among these, first and foremost, RdC, Youth Guarantee and the Right to Education measures, the autonomy grant on the National Care Leavers Fund. The competence and ownership of the management and reporting of the autonomy grant fall to the social service of the territorial area involved in the experimentation. The procedural aspects of the management of the Exchange are delegated to the autonomy of the local authority/territorial area which, with a specific agreement, can delegate the monthly disbursement of the Scholarship to third parties for the CLs involved.

Guarantee support for autonomy through the implementation of specific policies and actions aimed at promoting the housing dimension of *dear leavers*, through the promotion of social housing experiences *lco-housing*, promoting the inclusion of CLs in accommodation in which they can experience semi-autonomy. Around the theme of living there is not only a problem linked to "having a home", other needs are linked to this macro theme: the home as a place of autonomy and emancipation (for example in the case of the elderly and disabled and other weak subjects); home as a community and as a place for sharing, saving and socializing. *Difficult access to housing and the impossibility of leading one's existence in dignified living conditions represents one of the most serious problems, causing ever-increasing social exclusion.*

An important device in the hospitality offering system are self-contained apartments. According to the 2013 Nomenclature, "Highly independent accommodation" is configured as a "residential service of small dimensions, with low care intensity, welcoming children with serious relationship problems with their families, or without them, without valid reference figures and in need of a new emotional and educational relationship. It welcomes minors on the threshold of adulthood, or young adults (up to 21 years) who present existential problems and character neuroses (eating disorder, behavioral disorder, character disorder, alcoholism, disability, chronicity...), symptoms that highlight the need for a program of emancipation from the family of origin". As indicated in the national guidelines on residential reception. "Highly autonomous accommodation" has the aim of promoting the autonomy of adolescents now on the threshold of adulthood or of young adults generally previously welcomed in other types of residential services for minors or leaving family foster care programs.

#### Framework or transversal devices

The local table responds to the needs of guaranteeing the best and most effective synergy between the various subjects involved in the accompaniment path towards the autonomy of the *dear leavers*. It is made up of all the subjects who in various capacities contribute to supporting the CLs in achieving the objectives set by the individualized project and has the task of coordinating and monitoring the processes activated to achieve the objectives described above. It carries out a strategic political function that guarantees the choice and support for the actions envisaged in the autonomy paths of the CLs, the presence of the operators

in the various multidisciplinary teams, the monitoring and implementation of interventions in favor of CLs

the local table is the entity responsible for supporting the operators who are part of the EEMMs, for creating the operational conditions for their establishment and for effective joint work, for creating the conditions that allow the operational effectiveness of the services, for taking care of the connections institutional among the various subjects involved in various capacities in the CL accompaniment process

Participatory evaluation by the groups *dear leavers* (*youth conference*), is a method and tool for promoting subjects' individual skills and strengthening the effort towards autonomy. The organization of group courses for the evaluation of the experience corresponds to the purpose of valorising the group as a lever for increasing the social capital of the *single care leavers*, relationship between peers, also in the form of *peer education*, and from an evaluation point of view as a device also consistent with the Guidelines on participatory evaluation in public administrations (LG n.4/2019), recently approved to encourage the participation of citizens and users in the evaluation of *performance* organizational, in implementation of the provisions of articles 7 and 19 bis of Legislative Decree 150/2009, amended by Legislative Decree 74/2017. As indicated in the aforementioned Guidelines, the promotion of citizen participation in public decisions and policies is inspired by art. 118 of the Constitution, better known as the principle of subsidiarity. In particular, horizontal subsidiarity sees the citizen, both as an individual and through associations, as an active subject who can collaborate with institutions in interventions that impact the social realities closest to him.

#### 2.7.7 Technical data sheet - Childhood Guarantee

The Council Recommendation aimed at establishing a European Child Guarantee was approved on 14 June 2021. Given the objective of the European Child Guarantee aimed at preventing and combating social exclusion by guaranteeing access to a series of fundamental services for minors in need, it is highlighted that the proposal recommends, setting them out in detail, the following priorities:

- recommends that Member States target support measures to minors in need, understood as people under the age of 18 who are at risk of poverty or social exclusion;
- in identifying needy minors, and within this group; recommends that Member States take into account, where appropriate, specific forms of disadvantage, such as the needs of: i) homeless minors or minors in situations of severe housing deprivation, ii) minors with disabilities, iii) minors from from a migratory context, iv) minors belonging to racial or ethnic minorities (in particular Roma), v) minors who are in alternative care facilities (particularly institutional); vi) minors in precarious family situations;
- calls on Member States to guarantee children in need effective and free access to early childhood education and care, education (including school activities), a healthy meal for each school day and healthcare; making certain services free is one of the ways to increase the effectiveness of access;
- calls on the Member States to guarantee children in need effective access to healthy food and adequate housing;
- provides guidance to Member States on how to ensure access to such services through corresponding measures;
- establishes the mechanisms of *governance* and communication;
- establishes the implementation, monitoring and evaluation methods.

The strategic framework to be activated:

To achieve the priorities set out above, the Recommendation asks Member States to create a favorable strategic framework by: i) ensuring coherence between relevant policies and improving their relevance for child support; ii) investing in adequate education, health and social protection systems; iii) providing labor market integration measures for parents or guardians and income support for families and minors; iv) addressing the territorial dimension of social exclusion, including in particular urban, rural and remote areas; (v) strengthening cooperation and involvement of various stakeholders; vi) avoiding discrimination and stigmatization of needy minors; vii) supporting strategic investments in children and services, including enabling infrastructure and skilled workforce; viii) allocating adequate resources and making optimal use of EU funding.

The implementation plan and monitoring, evaluation and information methods

The recommendation provides for the Commission to monitor the implementation of the recommendation in the context of the European Semester, with the help of the revised Social Scoreboard, including a new headline indicator on children at risk of poverty or social exclusion.

Member States are recommended to appoint a National Child Guarantee Coordinator, with adequate resources and mandate, to effectively coordinate and monitor the implementation of the Recommendation and to act as a contact point for the Commission. The Commission will work with the Child Guarantee Coordinators and the Social Protection Committee to facilitate mutual learning (e.g. through peer reviews or consultations), share experiences, exchange good practices and follow up on State interventions members to implement the European Child Guarantee.

The Commission will report regularly to the Social Protection Committee on the implementation of the recommendation based on biannual reports from Member States.

The Commission will also work with the Social Protection Committee to establish a common monitoring framework, including quantitative and qualitative indicators, to evaluate the implementation of this recommendation. The Commission and the Social Protection Committee will also work together to improve the availability, scope and relevance of relevant data at EU level.

Finally, after an initial implementation period, the Commission will take stock of the progress made in implementing the recommendation and report to the Council within five years of its adoption.

Furthermore, the start of the pilot testing of the *Child guarantee* in collaboration with UNICEF following the inclusion of Italy among the target countries by the European Commission in 2020.

In December 2020, with a specific Decree, the interministerial working group was established for the implementation of the pilot experience of the *Child guarantee* in Italy, composed of representatives of the Ministry of Labor, the Department for Family Policies and Unicef.

During the periodic meetings of the aforementioned working group, the terms of involvement of the subjects participating in the project were defined and agreed upon. *steering committee*.

In particular, the involvement and terms of support that the institutional subjects guarantee for the effective implementation of the planned activities were established, collaborating in the processes of preliminary analysis, implementation of the *Child Guarantees* as well as its subsequent evaluation.

Following the discussion within the *steering committee*, the participating administrations have shared with Unicef some areas of action to be promoted as part of the ongoing experimentation.

In detail we intend to proceed as follows: **1st level of research, analysis and mapping:**

It is intended to carry out a transversal analysis on all the programmatic areas and vulnerable groups identified by the proposed Recommendation *Child Guarantee*, of policies, programmes, systems, processes and mechanisms, including monitoring and data collection mechanisms, - at national or local level - which directly or indirectly contribute to the fight against child poverty and the social exclusion of minors. Starting from the results of the analysis, it is intended to develop recommendations in view of the development of the National Action Plan for *Child Guarantee*.

**2nd level of experimentation and documentation of intervention models**

In addition to the research and analysis process, we intend to test and/or document intervention models in order to:

- Identify and facilitate the application on a scale and systematization at national level of initiatives and models to combat poverty and social exclusion of minors, with a specific focus on minors in conditions of particular vulnerability
- Identify and facilitate the exchange between Member States of the European Union of the same, so that they can be an inspiration for possible replications or adaptations.

The actions will be implemented by the Government in collaboration with UNICEF and concern the following specific areas:

- relaunch of family foster care in Italy, through:
  - the valorisation and updating of the guidelines for family foster care approved in 2012 and the guidelines for accompanying families in vulnerable conditions (2017), documenting practices currently being implemented on the foster care institution for a potential integration of the same with a section relating to the intervention with families and children aged 0-6 years, which includes a methodological kit for the intervention. The analysis will focus in particular on foster care involving parents and children aged 0-3 and/or 4-6, children with disabilities, light foster care and foster care in which the entire process from matching to return is visible with particular attention to the family reunification process.
  - The valorisation of foster care experiences activated on the national territory in favor of foreign minors and unaccompanied minors, conducting activities to strengthen local networks between competent institutions and *stakeholders*, strengthening the training and accompaniment of social services staff and raising awareness to encourage the expression of interest of potential families or individual potential foster carers and training of the same. During the course of implementation, the model will be subjected to improvement analyzes through a documentation process.
- Support for the independence of newly-adults leaving protection programs following a decision to remove them from their family of origin through:
  - interventions aimed at preventing conditions of poverty and social exclusion, allowing newly adults to complete the growth path towards autonomy, with particular attention to aspects of *housing social eco-housing*, supporting the social services of

municipalities of intervention through two levels of action: 1. the support of multidisciplinary teams for the identification of girls/boys to be included in semi-autonomous contexts and 2. the support of the girls/boys thus inserted. The training activities for social service operators will be defined and coordinated with the MLPS to ensure complementarity and non-duplication of the training processes already in place and alignment within the framework provided by the relevant Guidelines.

It is also intended to develop an initial review of the experiences of *housing* social services established in Italy and other European countries which will provide the basis for support activities for the social services of the municipalities involved in identifying all the possible resources capable of responding to the housing needs of the *dear leavers*. A guide to *housing* social service for social services staff and a training process on the guide itself. Finally, the same social services will be supported in the insertion and subsequent accompaniment of girls and boys in solutions *housing* social so identified.

- Strengthening the school-to-work transition through the development of 21st century skills and job placement.

In collaboration with the MLPS, synergies with the Experimentation are currently being defined *Dear Leavers* and we are working on defining possible lines of action, to be implemented (once confirmed) between the second half of 2021 and the first half of 2022.

Furthermore, 21st century skills development activities are being implemented by Unicef. From April to June 2021, the Ideas in Action for UPSHIFT and Incubation courses will continue, in which young participants will be supported by business incubation experts and business mentors in the process of developing their own business ideas with social impact.

- Promotion of actions to combat educational poverty and protect the most vulnerable categories of minors. Jointly with the Department for Family Policies, we intend to identify the most promising and innovative experiences for combating educational poverty implemented as part of the "EduCare" public notice. Subsequently, the selected initiatives will be monitored and analyzed in order to identify good practices to be documented and proposed as replicable on the national and European territory. At the same time, for the projects still being implemented within the public notices "Educate in common" and "Educate together", an analysis of the types of projects proposed and the characteristics of the candidates may be conducted with the aim of strengthen its alignment with the provisions of the new one *EU Strategy on the Rights of the Child* and to the Proposed Recommendation for one *European Child Guarantee*.
- Testing the experience of family support within the framework of the activities promoted by family centres. We intend to carry out an initial mapping of the family support interventions already active. Based on the information acquired, a standard model will be built to be tested in selected Family Centers. Support will subsequently be provided to the Family Centers through the valorisation of existing local networks, training of operators and accompaniment in the testing of the model which will be analyzed during the *operational research* to evaluate its scalability and margins for further development.

- Experimentation relating to the participation of children and young people. In order to ensure the participation of girls, boys and adolescents in the pilot phase of development and implementation in Italy of the *Child Guarantee* European Union, a consultative body will be established in accordance with the national guidelines on the topic of participation in development by the National Observatory for Children and Adolescents. The methods of establishment will be agreed upon jointly once the national guidelines have been finalised.

At the same time as the actions that will be implemented in the coming months are being defined, the terms for the launch of the project are being defined *deep dive analysis*, which will serve to provide the contextual framework in relation to the characteristics of the national framework in which we find ourselves operating.

Subsequently, we will proceed with the implementation of the activities planned as part of the experimentation, to be carried out by June 2022.



### 3. National plan for interventions and social services to combat poverty 2021-2023

#### 3.1 The regulatory basis

The Social Protection and Inclusion Network, pursuant to Article 21, paragraph 6, letter b) of Legislative Decree 147/2017, is responsible, among other things, for the development of a Plan for interventions and social services to combat poverty, as a programmatic tool for the use of the resources of the share of the Fund for the fight against poverty and social exclusion (referred to in art. 7, paragraph 2, hereinafter "Poverty Fund"). The Poverty Fund was originally established pursuant to art. 1, paragraph 386, of Law 28.12.2015, n. 208 (budget law for 2016) and currently has a structural allocation of 619 million per year in the budget of the Ministry of Labor and Social Policies. Pursuant to paragraph 7 of the aforementioned art. 7 of Legislative Decree 147/2017, the Poverty Plan, of a three-year nature, has the function of identifying the development of interventions, with a view to a gradual progression within the limits of available resources, in achieving essential levels of welfare services to be guaranteed throughout the national territory. To this end, the task of the Plan is to identify the financing priorities, the articulation of the funds' resources between the different lines of intervention, as well as the information flows and indicators aimed at specifying the financed policies and determining any quantitative reference targets.

The first purpose of the Fund, pursuant to article 7 of Legislative Decree no. 147 of 2017, is the financing of the interventions and social services to combat poverty activated in favor of the beneficiaries of the Citizenship Income as part of the definition of the Pact for social inclusion and the implementation of the supports provided for therein, which constitute levels essential pursuant to article 4, paragraph 14 of Legislative Decree 4/2019.

In this regard, the articles. 5 and 6 of the same Legislative Decree identify the multidimensional evaluation and the personalized project as essential levels of performance. The following art. 7, paragraph 1, specifies that the services for access and evaluation and supports to be identified in the personalized project relating to the integrated system of interventions and social services, referred to in Law 328 of 2000, include:

a) social secretariat; b) professional social service for taking charge, including social component of multidimensional assessment; c) internships aimed at social inclusion, people's autonomy and rehabilitation; d) home or local socio-educational support; e) home social care and local services; f) parenting support and family mediation service; g) cultural mediation service; h) social emergency intervention service.

In this, Legislative Decree 147/2017 takes up the art. 22 of Law 328/2000, which, after having stated in paragraph 2 the service areas classified as essential levels, identifies, in paragraph 4, some services that must be guaranteed "for each territorial area" including, for that which here it is noted, the "a) professional social service and social secretariat for information and advice to individuals and families" and the "social emergency intervention service for personal and family emergency situations".

For its part, art. 4, of Legislative Decree 4/2019, establishes that "The Pact for work and the Pact for social inclusion and the supports provided therein, as well as the multidimensional evaluation that possibly precedes them, constitute essential levels of performance, within the limits of available resources to current legislation", not without specifying that "The Pact for social inclusion, unless otherwise specified, takes on the characteristics of the personalized project referred to in art. 6 of Legislative Decree no. 147 of 2017 and, consequently, for the purposes of the Rdc and for any other purpose, the personalized project itself takes on its name. The Pact for social inclusion includes, in addition to interventions to support job placement, where appropriate and

without prejudice to the obligations referred to in the co. 8, the interventions and social services to combat poverty referred to in art. 7 of Legislative Decree 147 of 2017, which, consequently, are understood to refer to the Rdc".

Pursuant to art. 7, co. 9, of the aforementioned Legislative Decree 147 of 2017, within the Poverty Fund quota, an amount equal to 20 million euros per year is reserved for interventions and services in favor of people in conditions of extreme poverty and homelessness.

Furthermore, a portion of the fund is intended for the so-called *careleavers*: pursuant to art. 1, paragraph 335 of Law 178/2020, the share of the Poverty Fund is supplemented by 5 million euros for each of the years 2021, 2022 and 2023 to be allocated to interventions, on an experimental basis, aimed at preventing conditions of poverty and social exclusion and allow those who, upon reaching the age of majority, live outside their family of origin on the basis of a provision from the judicial authority to complete the growth path towards autonomy.

Finally, a significant part of the Fund is dedicated to strengthening professional social services. Law 178/2020 (Budget Law for 2021) in art. 1, co. 797 and following, has in fact introduced an essential level of social assistance benefits defined by one operator for every 5,000 inhabitants and a further service objective defined by one operator for every 4,000 inhabitants. From this perspective, in order to strengthen the system of municipal social services, it has provided for the provision of an economic contribution in favor of the Territorial Social Areas (ATS) based on the number of social workers employed in proportion to the resident population. This strengthening is not aimed exclusively at strengthening services for the Rdc. By express regulatory provision, the contribution has the dual purpose of strengthening the system of municipal social services, managed individually or in association, and the services aimed at the beneficiaries of the Rdc referred to in art. 7, co. 1, of Legislative Decree 15 September 2017, n. 147.

The contribution is determined as follows:

- 40,000 euros per year for each social worker hired on a permanent basis by the Area, or by the Municipalities that are part of it, in terms of full-time equivalent, in numbers exceeding the ratio of 1 to 6,500 inhabitants and until the ratio of 1 is reached to 5,000;
- 20,000 euros per year for each social worker hired in excess of the ratio of 1 to 5,000 inhabitants and until the ratio of 1 to 4,000 is reached.

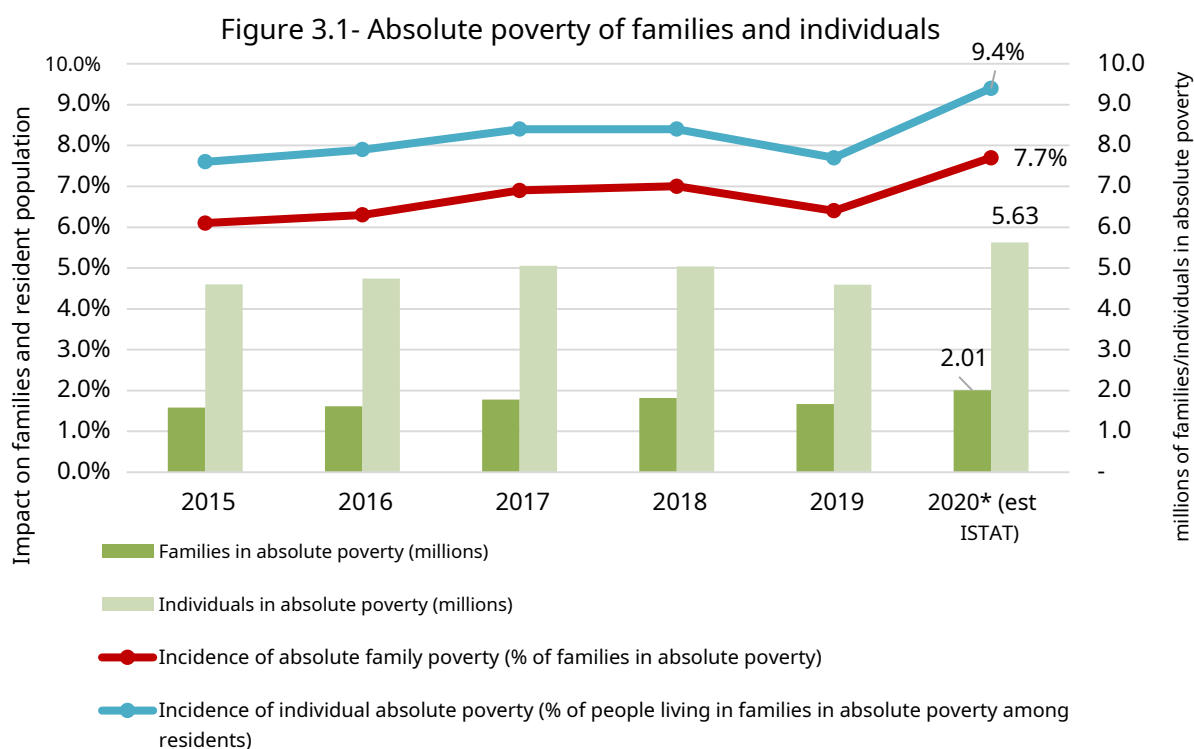
Pursuant to the co. 799, the contribution is attributed by the Ministry of Labor and Social Policies from the share of the Fund for the fight against poverty and social exclusion, referred to in art. 1, co. 386, of law 28 December 2015, n. 208. In the annual decree for the distribution of the Fund, a maximum quota of 180 million euros per year is reserved for this purpose starting from the year 2021.

## 3.2 The knowledge base

### 3.2.1 Absolute poverty

Before the pandemic caused the trend to change again, in 2019 the poverty trend seemed to have finally reversed course. As ISTAT wrote on 4 March 2021, "Absolute poverty is growing again and reaches the highest value since 2005. The preliminary estimates for 2020 indicate values of the incidence of absolute poverty growing both in family terms (from 6.4% of 2019 to 7.7%, +335 thousand), with over 2 million families, both in terms of individuals (from 7.7% to 9.4%, over 1 million more) which stand at 5.6 million. In the year of the pandemic, the improvements recorded in 2019 were eliminated. After four consecutive years of increase, the number and share of families (and individuals) in absolute poverty had significantly reduced, although they remained at values much higher than those preceding the crisis that began in 2008, when the incidence of absolute family poverty was less than 4% and individual poverty was around 3%. Therefore, according to preliminary estimates for 2020, absolute poverty reaches, in Italy, the highest values since 2005 (i.e.

since the historical series for this indicator has been available). A similar trend is observed for the individual indicator. As shown in figure 3.1, in both cases the indicators stopped growing in 2018 and fell in 2019, before increasing again in 2020.



Source: Graphical processing of ISTAT data

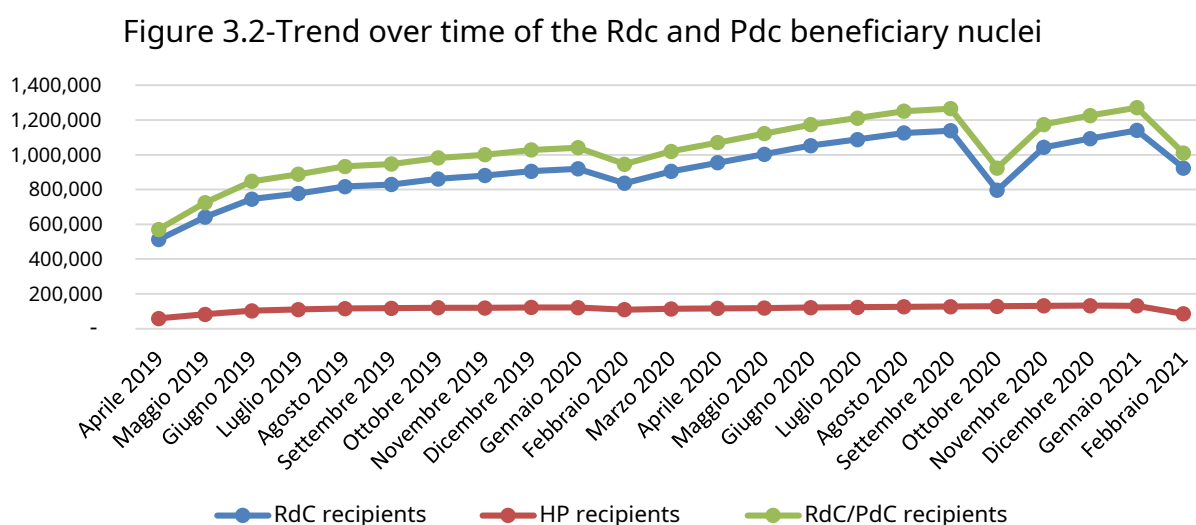
The strengthening of national interventions to combat poverty through the institution of Citizenship Income certainly contributed to the improvement recorded in 2019.

According to the ISTAT Report on absolute poverty of 16 June 2020, "The decrease in absolute poverty is largely due to the improvement, in 2019, in the spending levels of less well-off families (in a situation of stasis in consumption at a national level). The positive trend occurred in conjunction with the introduction of the Citizenship Income (which replaced the Inclusion Income) and affected, in the second part of 2019, over one million families in difficulty".

### 3.2.2 Trend in the number of families and individuals benefiting from the Rdc over time

Although the introduction of the Rdc was not enough to avoid the growth in the number of families in conditions of absolute poverty in the face of the serious economic and social crisis induced by the pandemic, it certainly contributed significantly to mitigating its effects. Figure 3.2 shows the growing trend relating to the number of families benefiting from the Citizenship Income and Pension. After the increase sustained in the first three months of its introduction, constant growth is observed, which however undergoes an acceleration during 2020. When reading the data it is appropriate to consider that the decrease in the number of family units in the measure in February 2020 and 2021 compared to the previous month is affected by the update of the single substitute declaration (DSU), essential to be able to continue with the provision of the benefit, which may have been submitted late or may have caused the forfeiture of the benefit in the event of a lack of the requirements. In fact, upon expiry of the DSU, the disbursement is suspended, to then be reinstated with the recognition of the arrears if the new DSU demonstrates continued possession of the

requirements. October 2020 was the first month in which payments were suspended for households whose benefit ended following 18 consecutive months in the measure, thus causing a reduction in the number of payments for that month. In the month of October, the highest number of beneficiaries who concluded the 18 months of disbursement occurred, corresponding to the high number of applications that had been submitted in the first month of the institution of the measure (over 500 thousand Rdc applications accepted in April 2019). The units have the right to immediately reapply for the Rdc/Pdc and receive the benefit after just one month of suspension. Starting from October 2020, the data therefore reflects the suspension of benefits for households that reach 18 months of disbursement each month.



Source: Graphical processing of data from the INPS Observatory on Citizenship Income and Pension (March 2021)

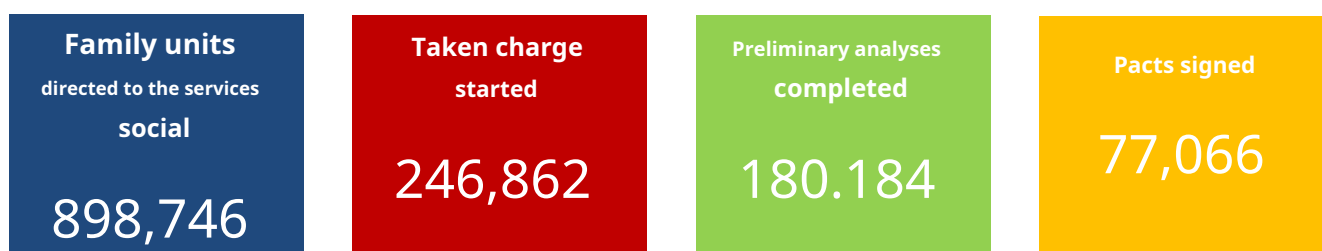
Taking these clarifications into account when reading the data, an increase is expected in the number of new applications accepted monthly and in the number of disbursements, also in light of the entry into force of the decree of the inter-ministerial decree which introduces extensive methods of the current ISEE to allow to update the indicator not only with reference to the income condition, as currently happens, but also with reference to the financial situation<sup>7</sup>. This reform of the indicator will allow access to the measure to those families who have seen their economic and financial conditions worsen in the recent period and who however do not access the measure due to asset values held two years previously.

### 3.2.3 Status of implementation of the Rdc essential levels (multidisciplinary assessment/agreements signed/supports activated)

The main purpose of the Poverty Fund, whose programming is established by this plan, is to support the services and interventions that accompany the provision of the Rdc benefit (and accompanied the provision of the ReI), defined by the law as essential levels. The previous three-year plan for interventions and social services to combat poverty 2018-2020 was therefore also dedicated to this purpose. Therefore, the definition of the new Plan can only start from the state of implementation of these essential levels.

<sup>7</sup>Decree of 5 July 2021 of the Minister of Labor and Social Policies, in agreement with the Minister of Economy and Finance, currently being registered.

As of March 1, 2021, only less than 30% of the RDC beneficiary families referred to social services have been taken care of by the social services of the Municipalities and even fewer families have defined and signed a pact for social inclusion with the services .

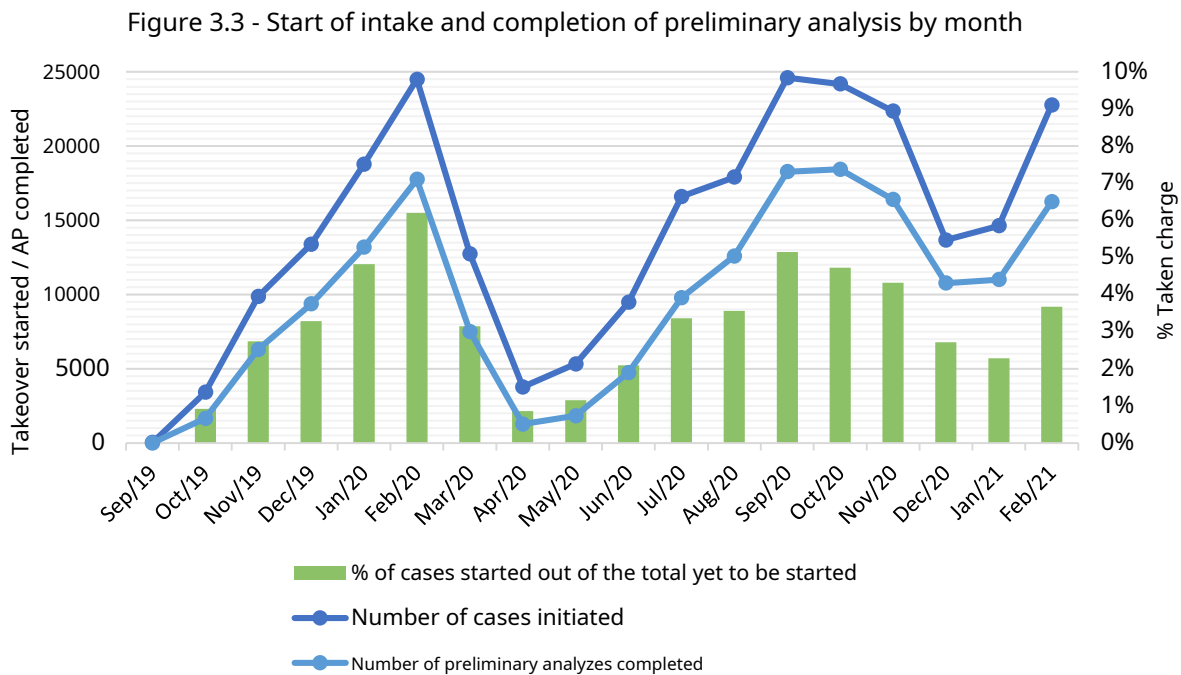


*Source: Graphical processing from the MLPS internal dashboard for monitoring Citizenship Income based on data provided by INPS-Macro-section "GePI indicators". Data updated as of March 1, 2021.*

As shown in figure 3.3, the state of implementation of these essential levels is strongly influenced by the advent of the pandemic. The launch in the territories of the activities related to the implementation of the Rdc took place in September. In fact, following the approval of the Guidelines for the definition of the Pacts for Social Inclusion, on 23 July 2019, the GePi Platform was defined and made available to the municipalities, which allows them to compile the tools for the evaluation and customized design: Preliminary Analysis Sheet, Analysis framework for multidisciplinary evaluation, Pact for social inclusions<sup>8</sup>. The platform became operational on 2 September 2019, following the issuing of the Ministerial Decree establishing the Citizenship Income Information System (GU General Series 258 of 04-11-2019), with which, in agreement with the Guarantor for the protection of personal data, all information flows between the various bodies involved in the implementation of the measure are defined and authorised. From that date, the accreditation of operators on the platform began, following the signing of an agreement with the municipalities which regulates the processing of personal data. From September to February there is a sustained increase in taking charge and needs assessment activities carried out through preliminary analysis. In the month of March, a drop in activities was observed (which however were not completely cancelled) in conjunction with the suspension of the obligations connected to the use of the Citizenship Income provided for by the art. 40, co. 1, of Legislative Decree 18/2020 (as subsequently amended) due to the pandemic, for 4 months starting from 17 March. The suspension period ended in July, although some territories had already proceeded to initiate contacts and evaluation activities of the beneficiaries even before, even without any obligation on the part of the latter to participate. Even once the beneficiaries' membership obligations were restored, the activities were able to restart but on the condition that methods aimed at guaranteeing safety and avoiding the renewal of the pandemic episode were respected. As can be seen from the data, the sustained growth in activities stops again starting from October, coinciding with the second wave of infections of the pandemic. In this regard, we must not underestimate the increased workloads that have affected social services as a result of the economic and social emergency induced by the pandemic. The social professions, after the medical ones, are in fact among those most involved in emergency management and therefore most exposed to its risks. In this regard, the data published by INAIL updated to 31 January 2021 are of interest. Among the categories most affected by the infections, after health workers (the category of health technicians is the most involved, followed

<sup>8</sup>The platform also allows the analysis, monitoring, evaluation and control of the Citizenship Income program to be carried out through the sharing of information both between central administrations and territorial services and, within the context of territorial services, between the Centers for employment and social services.

social-health workers and doctors) include social-welfare workers with 7.3% of reports (3.3% of deaths).



### 3.3 Priorities

In accordance with the art. 21 of Legislative Decree 147/2017, the Poverty Plan has the specific function of identifying the development of interventions using the resources of the service quota of the Poverty Fund with a view to a gradual progression, within the limits of available resources, in achieving LEPS . The structure in the Plan reflects, like the previous one, the three functions identified by law: implementation of the essential levels connected to the ReI/Rdc; interventions and services in favor of people in extreme poverty and homelessness; experimentation of interventions in favor of those who, upon reaching the age of majority, live outside their family of origin on the basis of a provision from the judicial authority. Added to this is the separate function of strengthening the professional social service through the hiring of social workers, pursuant to Law 178/2020 (art. 1 paragraph 797 et seq.).

In compliance with this articulation, some actions and LEPS financed only partially by the Poverty Fund or, in the case of food support, financed entirely by other resources, are also identified. From the perspective of integrated programming, these actions or LEPS identify some, albeit partial, priorities shared at a national level, to which resources from different origins can contribute. Section 3.4 will more precisely identify the sources of financing, while section 3.5 will quantify in a more analytical way the destination of the specific resources of the Poverty Fund, based on the provisions of current legislation.

#### 3.3.1 LEPS Strengthening of professional social service

The 2018-2020 Poverty Plan defined the priorities for the use of the resources assigned in the logic of the service objectives, as a tool to start the recognition of LEPS. In this perspective he identified as a priority first and foremost the strengthening of the professional social service, whose

functions are essential to give concrete implementation to the accompaniment path of the beneficiaries: this service in fact constitutes the pivot around which the entire activation and social inclusion system of the measure revolves, from the moment of *pre-assessment* (the preliminary analysis in which the subsequent path in services is decided) to the design. In this context, the first service objective was identified as ensuring an adequate number of social workers, quantifiable as at least one assistant for every 5,000 inhabitants. Furthermore, explicit indication was given that "in order to ensure continuity of interventions and also to avoid conflicts of interest, it seems appropriate that the service is provided by the public body".

The 2021 Budget Law (L. 178/2020), in art. 1, co. 797, confirms the relevance of this objective which is expressly identified in the law as LEPS, with the dual purpose of strengthening the system of municipal social services, managed individually or in association, and the services aimed at the beneficiaries of the Rdc referred to in art. 7, co. 1, of Legislative Decree 147/2017. To this end, a LEPS is formally defined in law, defined by a ratio between social workers and the resident population of 1 to 5,000, to which is added a further "challenging" service objective defined by one operator for every 4,000 inhabitants.

Furthermore, it is envisaged that in the annual decree for the distribution of the Poverty Fund, a maximum quota of 180 million euros per year starting from the year 2021 will be reserved for the provision of an economic contribution in favor of the territorial social areas (ATS) based on the number of social workers employed in proportion to the resident population (pursuant to co. 799). The contribution is determined as follows:

- 40,000 euros per year for each social worker hired on a permanent basis by the Area, or by the Municipalities that are part of it, in terms of full-time equivalent, in numbers exceeding the ratio of 1 to 6,500 inhabitants and until the ratio of 1 is reached to 5,000;
- 20,000 euros per year for each social worker hired in excess of the ratio of 1 to 5,000 inhabitants and until the ratio of 1 to 4,000 is reached.

Note, however, that in the 2020 intervention the legislator did not link the strengthening of the professional social service associated with the incentive for exclusive employment within the Rdc.

The rationale of the law is to guarantee the uniform implementation of the aforementioned LEPS throughout the national territory, encouraging the stable hiring of social workers by the Municipalities and the relevant ATS. The stability of the employment relationship and the organic dependence on the bodies responsible for the social function of the operators responsible for taking care of resident citizens constitutes itself a guarantee of the enforceability of an appropriate and qualitatively uniform LEPS throughout the entire national territory.

Where the law explicitly provides that the aforementioned contributions are considered external to municipal finances and can be used to make hires even in derogation of the hiring constraints<sup>9</sup>, the remaining resources of the Poverty Fund can also contribute to strengthening the social service, with particular reference to reaching the threshold of one social worker per 6,500 inhabitants necessary for access to the contribution, even if in this case the hiring exemption does not automatically apply . Personnel whose expenses are supported by the Poverty Fund

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<sup>9</sup>Paragraph 801 of the art. 1 of Law 178/2020 provides that "For the purposes referred to in paragraph 797, based on the resources referred to in paragraph 799 and within the limits thereof as well as the hiring constraints referred to in article 33 of the legislative decree of 30 April 2019 , n. 34, converted, with amendments, by law 28 June 2019, n. 58, municipalities may hire social workers with permanent employment relationships, without prejudice to compliance with the objectives of a balanced budget, in derogation of the restrictions on the containment of personnel expenditure referred to in article 9, paragraph 28, of the legislative decree of 31 May 2010, n. 78, converted, with amendments, by law 30 July 2010, n. 122, and article 1, paragraphs 557 and 562, of law 27 December 2006, n. 296, also pursuant to article 57, paragraph 3-septies, of the legislative decree of 14 August 2020, n. 104, converted, with amendments, by law 13 October 2020, n. 126". The Court of Auditors, Regional Control Section for Lombardy, also expressed itself in this sense in its opinion no. 65 of 22.4.2021.

for the function of implementing the essential levels connected to the ReI/Rdc, it must in any case be dedicated to the poverty area. Furthermore, if this staff is not dedicated exclusively to the beneficiaries of the Rdc, the activities in favor of the beneficiaries of the Rdc which would correspond to the exclusive use for this purpose must still be ensured, with the help of staff drawn from other funds.

In any case, the strengthening of the professional social service and the achievement of the LEPS of one social worker for every 5000 inhabitants can be supported not only by the total resources of the Poverty Fund, but also with the contribution of the PON Inclusion and the additional resources of the Fund municipal solidarity explicitly aimed at strengthening social services pursuant to art. 1, paragraph 791 of the 2021 Budget Law, also by virtue of the clarification of this objective among those identified by the Standard Requirements Commission pursuant to the law.

### 3.3.2 Strengthening of services for the implementation of the Rdc

The first LEPS defined in the context of the fight against poverty, as already mentioned, consist of economic support, initially established with the Inclusion Income (ReI) measure and then strengthened with the Citizenship Income (RDC), and the personalized path to accompany job placement and the social inclusion associated with it, the activation of which must, in the same way as the economic contribution, be guaranteed uniformly throughout the entire national territory, within the limits of available resources.

The definition of the pacts for social inclusion and the interventions and social services necessary to support families on the path towards autonomy are financed through the services portion of the Poverty Fund (referred to in art. 7 of Legislative Decree no. 147 of 2017), including any costs for the adaptation of the information systems of the municipalities, individual or associated, as well as the costs for the activation and implementation of Projects useful to the community (PUC), also with the contribution of the resources relating to the PON Inclusion. With the exception of the IT and PUC components, these are services already provided for within the ReI, except in the context of the Rdc, with reference to the beneficiary units that cannot be immediately activated for a work path, which the law establishes are contacted by services of the Municipalities responsible for combating poverty to begin a path of social inclusion.

In this regard, the first three-year plan for interventions and social services to combat poverty 2018-20 had already identified the development of the interventions and services necessary for the implementation of the ReI as LEPS to be guaranteed throughout the national territory. Following the introduction of the Rdc, this Plan was made subject to the allocation of resources relating to 2019 and 2020, without prejudice to the following modifications: the objectives and priorities indicated in the Plan for the implementation of the LEPS are intended to refer to the Rdc (as well as to the ReI until the measure is concluded). In particular, the financing of services aimed at the definition and implementation of the ReI personalized project is understood as referring to services for the Pact for Social Inclusion; the priority and objective "access points to the ReI", in light of the loss of the role of the Municipalities for the Rdc in submitting the application for access to the measure, are abolished; however, expenses for the social secretariat are considered eligible, as it is a service providing access to the integrated system of social interventions and services, which also appears in the list defined by the art. 7 of Legislative Decree no. 147/2017.

The objective of this Plan is therefore to give continuity to the interventions outlined by the previous Plan for the implementation of the measure to combat poverty, as subsequently redefined due to the entry into force of the regulation establishing the Rdc, taking into account the expected increase in the number of beneficiaries and the impact of the pandemic not only on economic conditions but also on the expansion of social fragilities.



*3.3.2.1 LEPS Multidimensional assessment, personalized project and activation of supports* As a result of the multidimensional evaluation, the Pact for social inclusion provides that, alongside the clarification of the expected objectives/results and the commitments that the family undertakes (contacts with services, active job search, school attendance, etc.), the specific supports that the nucleus needs are identified. The Pact affects the different dimensions of the well-being of the nucleus - work, training, education, health, home - and brings together the interventions that can be implemented by the various administrative chains of governance of territorial services (social services, centers for employment, regional training agencies, local health authorities, schools, specialist socio-health services, housing policy offices, etc.). In continuity with the provisions of the previous Plan, specifically regarding social interventions and services, the service portion of the Poverty Fund intervenes to strengthen the supports to be provided in personalized projects, with a view to implementing the LEPS. In addition to the social secretariat aimed at all citizens and the professional social service, the list of financeable interventions and services, provided for by Legislative Decree 147/2017, is the following:

- internships aimed at social inclusion, people's autonomy and rehabilitation;
- home or local socio-educational support, including support in managing expenses and the family budget;
- home care and social assistance and local services;
- parenting support and family mediation service;
- cultural mediation service;
- social emergency intervention service.

In compliance with the principles of proportionality, appropriateness and non-excess of the intervention with respect to the support needs of the family unit, identified in coherence with the multidimensional evaluation and with the available resources, already in the previous Plan it was decided to *set a target in terms of the activation of interventions and social services only in cases of complex need and an assessment that gives rise to the activation of the multidisciplinary team*. As a service objective, it has been established that at least for all the units in which the in-depth analysis framework has been defined, one of the interventions or social services mentioned above is activated as support in the project. Furthermore, a specific intervention target has been identified, in relation to the scientific evidence that leads us to consider the first years of life - the first thousand days - one of the most delicate phases of existence, in which the presence of specific risk factors can have lasting effects for the rest of life as well as, vice versa, early and preventative interventions appear to have the greatest effectiveness. In continuity with the previous Plan, a specific objective is therefore the activation of a parenting support program whenever a situation of complex need arises as defined above and a boy or girl is present in the household in the first thousand days of his life.

These objectives are confirmed by this Plan. To support them, in light of the difficulties encountered in many territories in the possibility of activating the necessary multi-professional teams in an adequate number, as well as in the planning and management of the necessary support services, we suggest the opportunity to dedicate the resources of the Poverty Fund, as well as the National Fund for social policies and for the resources deriving from European funds, also for the strengthening of other professional figures in the social field necessary to ensure multi-professional evaluation and the activation of the necessary supports. The activation of multi-professional teams and supports for families with complex needs therefore represent a priority of this Plan, with a view to recognizing a subjective right to be taken into care. In particular, it is necessary to ensure the presence of professionalism and skills in the territories capable of guaranteeing the planning, management and accompaniment of beneficiaries with reference to the different dimensions of need.

### 3.3.2.2 LEPS Emergency social intervention

Social emergency assistance, included among the services that can be activated pursuant to art. 7, co. 1, of Legislative Decree 147/2017 and already included, pursuant to art. 22, co. 4, of Law 328/2000 among those that must be activated in all areas, is identified among those to be formally qualified, already in the first years of validity of the current programming, as LEPS to be guaranteed in each ATS, in the terms described in the sheet technique reported in section 3.7.1, which defines the service with reference to its minimal contents which must be ensured in every area and the methods of its completion.

As already highlighted in the previous 2018-2020 Poverty Plan, in particular with reference to the social secretariat functions, for some of the services provided for by the art. 7, co. 1 of Legislative Decree 147/2017, it is not possible to distinguish a specific aspect of the "poverty" area in the service currently offered at a territorial level, as these are services that are typically transversal to the entire offer of social services. Furthermore, it may not be possible to distinguish the service for types of users in the poverty area, for example in reference to the specific provision of the ReI/Rdc.

This is the case of the social emergency service which can have transversal effects on the entire offer of social services and for which, in the current practice of the territories, it is not generally possible to distinguish a specific one from the "poverty" area, or from the ReI/ Rdc. Consequently, the provision of this service, with a view to its recognition as LEPS, will be supported by resources from both the Rdc component and the extreme poverty component of the Poverty Fund, to which will be added up to 90 million over 3 years from the REACT EU resources pooled in the PON Inclusion and additional funding, for the following years, under the POC Inclusion and the new PON Inclusion 2021-2027 programming (see table 3.1 and table 3.2 below).

### 3.3.3 Services for poverty and extreme marginalization

With reference to serious adult marginalization and in particular the condition of homelessness, there are not yet LEPS defined by national legislation. Through the following Plan it is intended to promote the effective enforceability of universal rights and accessibility to general services by users in marginal conditions, with particular reference to homeless people, as part of an overall intervention strategy which provides for the definition of LEPS also in this area of intervention.

In continuity with the previous Plan, the financed interventions must take as reference the "Guidelines for combating serious adult marginalization in Italy". The Guidelines were agreed upon at the Joint Conference on 9 November 2015 and constitute the main reference tool for the Regions and Municipalities in the construction and implementation at local level of social intervention systems to combat extreme poverty, also enhancing the contribution of voluntary organizations and other Third Sector organisations; the shared guidelines reflect the intentions of the Framework Law on the integrated system of social interventions and services n. 328/2000, which includes interventions to combat poverty and the strengthening of services to accompany the homeless among the components of the system to be strengthened to promote the social inclusion of citizens (article 22, paragraph 2, letter a). The intent is to encourage the implementation of organic and structured interventions capable of ensuring uniform performance at a national level and overcoming the emergency logic.

The guidelines promote the overcoming of emergency approaches in favor of more structured approaches. The so-called approaches fall into this last typology *LED housing* and *housing first*, which take rapid reintegration into a home as a starting point so that the homeless can start a path of social inclusion. Common to all structured approaches and a point of divergence with respect to emergency services, is the so-called practice of "taking charge": starting from the recognition of the subject's state of need and the mandate

institutional to a social worker, a project is developed aimed at strengthening the person's abilities so that they emerge from the condition of hardship and regain control of their life and autonomy.

Even low threshold or harm reduction services and interventions can be conceived in a non-emergency logic, within a structured system. They can be conceived within a system of services strategically oriented towards the pursuit of the greatest possible degree of social inclusion for each person in need, in order to guarantee first of all primary responses to the needs of homeless people through prompt and initial reception carried out on the street or in easily accessible structures, in a dimension of proximity to the person and which creates the conditions for subsequent taking charge.

From this perspective, this Plan welcomes the initiative of the European Commission, the Council and the European Parliament which on 21 June 2021 in Lisbon launched with a joint declaration the *European platform to combat the phenomenon of homelessness*, committing itself to work in this direction.

### 3.3.3.1 LEPS - Accessibility to enforceable rights: residence

Homeless people have the same rights, duties and powers as any other citizen; Italian law does not provide for rights or legitimate interests or specific duties for those in conditions of *homelessness*. As underlined in the Guidelines, the main problem is therefore not to define what the rights of homeless people are, but to understand whether or not the universal rights they enjoy are enforceable for them as they are for every other citizen. In fact, for homeless people, even if they formally have rights, there are some specific barriers, linked to their housing and marginalization conditions, which prevent or may prevent access to the fundamental rights guaranteed to every other citizen.

Particularly important in this sense is the right to residence, as registration in an Italian municipality is an essential gateway to access any other right, service and public provision on the national territory. This precondition is legally fully enforceable.

The legal system provides a specific rule for the registered residence of homeless people, a rule contained in the art. 2, paragraph 3 of Law 1228 of 24 December 1954, known as the "registry law". It establishes that "the person who has no fixed abode is considered resident in the Municipality where he has his domicile, and in the absence of this in the Municipality of birth". The choice of domicile, in the broad meaning provided by the Court of Cassation, is in fact a sufficient element for a homeless person to be able to obtain registered residence from the Municipality in which this occurs.

However, there are still many people who do not access this enforceable right. Furthermore, the "fictitious" residence may not be sufficient to facilitate access to other rights, if it is not accompanied by a service that allows the person to be actually located. In view of its regulatory definition, LEPS is therefore identified as guaranteeing in each Municipality, to the people who choose it as their home, even if they do not have accommodation, services that allow the right to registry registration to be effective, including the post hold service necessary to receive institutional communications. These services, in the terms described in the technical sheet reported in section 3.7.2, which defines the service with reference to its minimal contents which must be ensured in every area and the methods of its implementation, will be supported with resources from the Poverty Fund which may be integrated with resources from REACT EU.

### 3.3.3.2 Taking charge and accompaniment for access to universal services - Centres services to combat poverty

A second objective is to ensure the care of people in marginal conditions, also with the aim of promoting integrated access to the entire network of services. In general, what is reported in the following applies on a general level *Guidelines* about the need for "the coordinated activation of all the professional and cultural resources, formal and informal, explicit and implicit which, in a territory, can be made available to the person in difficulty, starting from a specific help relationship, in order to to reconstitute a functioning social bond suitable for dignified survival".

The taking charge activity constitutes a fundamental step for people who find themselves in conditions of *homelessness*, but more generally for all people who experience conditions of material deprivation; in these conditions, access to all services and benefits must be promoted as much as possible. For example, consider registering with the National Health System to benefit from the assistance of your family doctor or completing the ISEE and submitting the application for access to the Rdc. With reference to the Rdc, in the interpretation of the law it was clarified that the requirement relating to ten years of residence, of which the last two are continuous, must be understood in terms of actual residence, thus also allowing people who have suffered cancellations due to unavailability of access to the benefit, if their presence in the territory can be demonstrated through objective evidence. However, in the absence of services that can guide and accompany the application procedures, it is unlikely that those most in difficulty will access the measure.

In this context, a specific line of activity, financed with PNNR, sees the construction in the territories of light "service centers" dedicated to combating poverty and marginality, even extreme, which constitute places where, in addition to social care, other types of service (distribution of goods, health clinics, canteen, job orientation, post office services, etc.), both provided directly by public services and by Third Sector organisations, including voluntary ones. The project involves the creation of at least one service center in 250 ATS, providing funding of around 1.1 million per centre, for a total of around 270 million euros. From an operational point of view, the technical sheet reported in section 3.7.3 defines the service both with reference to its minimal contents which must be ensured in every project and to the methods of its implementation. At the end of the PNRR, which will mainly finance the investment component necessary for the implementation of the projects and up to three years of operating costs, the operating costs will be paid by the other national and European social funds.

### 3.3.3.3 Housing first

In continuity with the 2018-2020 Poverty Plan, based on the model already agreed upon at the Joint Conference and the *Guidelines*, documents to which reference is made for the technical specifications, from a planning perspective of this Plan it is intended to give a strong boost to activities aimed at projects linked to *housing first*. To this end, both the resources foreseen within the component of the Poverty Fund intended to combat extreme poverty and the resources of the specific PNRR project which provides for the activation of new projects based on *housing first*, for an expenditure of approximately 175 million over the planning horizon of the PNRR, aimed at activating 250 interventions for a unit value of over 700,000 euros, mostly intended for necessary investments. As in the previous case, once the investment cost has been financed, the related operating costs, for the first three years covered by the PNRR, will subsequently be borne by the other national and European social funds. L' *housing first* it cannot be foreseen at the moment

like LEPS, but the planning of the PNRR will be able to prefigure one that addresses the topic, where shared.

#### 3.3.3.4 Material support interventions

Among the interventions to combat poverty and marginality, it is considered appropriate to indicate the one aimed at the material support of people and families in conditions of need among those identified as priorities, although not explicitly financed with specific quotas of the Poverty Fund.

In fact, reference is made to support services in response to primary needs (food distribution; clothing distribution; medicine distribution; showers and personal hygiene; canteens; street units that carry out research and contact with people who need help; one-off economic contributions), activities which have shown their importance even more during the crisis associated with Covid-19.

In this sense, the choice, already made in the 2014-2020 programming with the FEAD programme, to allocate important resources to distribution through the widespread network established around the said program, and with the active involvement of local authorities. Additional resources of 190 million are allocated to the FEAD program from the European initiative REACT-EU, while the program will be fully integrated, with important resources, within the programming of the new PON Inclusion 2021-2027, which will absorb the FEAD.

#### 3.3.3.5 Other interventions and services dedicated to extreme marginalization

Half of the resources of the Poverty Fund reserved for extreme marginalization are dedicated to the planning of interventions and services in favor of people in conditions of extreme poverty and homelessness identified by the territories on the basis of the needs identified, with reference to the general objective of having structured systems of social intervention to combat extreme poverty, in implementation of the "*Guidelines for combating serious adult marginalization in Italy*", subject to agreement at the Joint Conference of 5 November 2015.

### 3.3.4 Support for new adults leaving a process of taking charge following estrangement from the family of origin

Although it is not a matter subject to discretion in the context of the definition of the use of the service quota of the poverty fund, it is remembered that article 1, paragraph 335, of Law 178/2020, reserves 5 million from the poverty fund for the purpose of give continuity to the experimentation of interventions in favor of those who, upon reaching the age of majority, live outside their family of origin on the basis of a provision from the judicial authority, so-called *careleavers*, aimed at preventing conditions of poverty and allowing the completion of the growth path towards autonomy, started pursuant to art. 1, co. 250, of Law 205 of 2017. For details of the related actions aimed at *dear leavers* please refer to the specific section in chapter 2 (National social plan).

## 3.4 Integrated programming

The Poverty Fund constitutes only one of the sources of financing for interventions to combat poverty in the area. Other resources and other programs will complement the availability over the programming horizon. In particular, as in the previous programming, the resources of the PON Inclusion 2014-2020, the FEAD and the new PON Inclusion 2021-2027 included in the new ESF+ which also includes the FEAD program will contribute to the objectives. Resources

significant will also come from the REACT-EU initiative whose resources flow into the current FEAD and PON Inclusion programming, for an amount equal to 190 and 90 million euros respectively. Finally, within the PNRR an investment of 450 million is foreseen to finance 250 projects *housing first* and 250 service centers to combat poverty. Further resources may also derive from the launch, decided in June 2021, at a national level of the operational program complementary to the PON Inclusion, called POC Inclusion, into which the resources deriving from the reduction in the national co-financing rates of European programs will flow.

Table 3.1 summarizes the different funding sources identified for each of the priority areas of intervention identified in the previous section.

As part of the actions linked to the Rdc component of the Poverty Fund, the Municipal Solidarity Fund contributes to the strengthening of the professional social service through the permanent hiring of social workers, in addition to the Poverty Fund itself. Resources from the Poverty Fund contribute to the Emergency Social Intervention, both in the Rdc component and in the extreme poverty component, together with the resources of REACT-EU and, at the end of the three-year period, of the new PON Inclusion. The remaining part of the Rdc component of the Poverty Fund contributes to the pursuit of the LEPS relating to the taking charge associated with the definition of the Pact for social inclusion of the Rdc, together with resources from the old and new PON Inclusion.

In the field of extreme poverty, for projects *housing first* limited financing from the Poverty Fund will be accompanied by the much more substantial financing from the aforementioned PNRR project, which, as mentioned, will also finance the service centers to combat poverty. For both initiatives, where the PNRR will allow the investment and associated services to be financed for a three-year period, the financing of the related services will subsequently be borne by the PON Inclusion and the national funds. The REACT EU funds will be allocated, together with a limited component of the Poverty Fund, to the financing of the social emergency response and, residually, of postal and virtual residence services. For the food support and material deprivation activity, funding is foreseen on the FEAD and, in the new 2021-2027 programming, on the new PON Inclusion.

Finally, regarding the *care leavers*, financing from the Poverty Fund is confirmed, without prejudice, of course, to the possibility of integrating the resources identified, both following regulatory interventions and following allocations established at territorial level.

million euros	2021		2022		2023		from 2024	
	bottom poverty	other resources (1)	bottom poverty	other resources (1)	bottom poverty	other resources (1)	bottom poverty	other resources (1)
<b>a) strengthening professional social service through permanent hiring social workers (3)</b>	66,9	Solidarity Fund municipal	180	Solidarity Fund municipal	180	Solidarity Fund municipal	180	Municipal solidarity fund
<b>b) Rdc</b>	527.1		414		414		414	
of which: emergency social intervention	20	(+ poverty resources extreme and React EU)	20	(+ poverty resources extreme and React EU)	20	(+ poverty resources extreme and React EU)	20	(+ extreme poverty resources and others funds)
other services for taking charge (multidimensional assessment and personalized project)	507.1	PON inclusion	394	Old and new PON inclusion	394	New PON inclusion	394	New PON inclusion
<b>c) Extreme poverty</b>	20		20		20		20	
of which: housing first	5	20 PNNR	5	60 PNNR	5	60 PNNR	5	residual 40 million PNNR, then poverty fund, POC, PON inclusion
mail and virtual residence services	2.5	3 EU reactors	2.5	3 EU reactors	2.5	3 EU reactors	2.5	3rd floor complementary / new PON inclusion
emergency social intervention	2.5	27 react EU	2.5	27 react EU	2.5	27 react EU	2.5	27 complementary plan / new PON inclusion
taking charge, accompaniment and service centers	0	30 million PNNR	0	80 million PNNR	0	80 million PNNR	0	residual 80 million PNNR, then poverty fund, POC, PON inclusion
food poverty and material deprivation	0	feed+reactEU	0	feed+reactEU+New PON Inclusion	0	New PON inclusion	0	New PON inclusion
<b>d) Care leavers</b>	5		5		5		5	
<b>Total (3)</b>	<b>619</b>		<b>619</b>		<b>619</b>		<b>619</b>	

**Note**

(1) The other resources are indicative, referring, from an integration perspective, to the specific programming of the other funds. Any additional resources coming from European resources may free up resources from the Poverty Fund, which must be used by the areas in any case consistently with the macro-intervention allocation. Likewise, where the area pursues what are identified as essential levels with other own resources, the resources of the poverty fund can be used for activities falling within the macro-intervention.

(2) The prospects from 2024 are beyond the three-year planning horizon and should therefore be understood as merely indicative.

(3) In accordance with the law, only the portion of the first year of each three-year period can be precisely determined, while the others must be quantified in the maximum amount of 180 million. In case of quantification lower than the maximum, the residual resources will be used for the purposes of the other services included in the Rdc category.

(4) Net of 3 million currently set aside for a legislative initiative currently being approved.

### 3.5 The areas of use of the Poverty Fund

Following the introduction of the Rdc, with the Budget Law for 2019 a specific fund for the financing of the monetary benefit was established. Consequently, the Poverty Fund is reduced and aimed only at financing the interventions envisaged by the National Plan to combat poverty and, in particular, the accompaniment and strengthening of the services and interventions activated in the Pacts for social inclusion signed by the beneficiaries of the Rdc, which acquire the nature of LEPS, within the limits of available resources. To this use, the law (art. 7 of Legislative Decree 147/2017), as mentioned, associates two further components, of smaller amounts, the first intended for services for extreme poverty and the second to finance the of the so-called *dear leavers*. Furthermore, pursuant to the 2021 Budget Law, starting from 2021 up to 180 million per year will be allocated to financing incentives for ATS for the permanent hiring of social workers; the exact amount of resources allocated to financing these incentives are determined annually by Decree of the Minister of Labor and Social Policies by 30 June: in this decree the Minister identifies the resources "booked" for the current year and those "liquidatable" relating to the previous year, corresponding to the number of permanent social workers in service at the ATS and the municipalities that are part of it announced and actually implemented during the year. Ministerial Decree 144 of 25.6.2021 signed by the Minister of Labor and Social Policies Orlando set the resources that can be booked for 2021 at 66,905,066 euros, while for subsequent years the maximum quota of 180 million must be considered.

The overall resources relating to the Poverty Fund in the three-year period 2021-2023 amount to 622 million euros for each year, of which 3 are currently unavailable, because they have been set aside by the Ministry of Economy to cover a legislative initiative which aims to extend the protections to the *caregiver*.

Table 3.2 summarizes the uses of the Poverty Fund in the three-year programming horizon resulting from this Plan.

The Decree for the distribution of the Poverty Fund will determine the criteria for allocating the relevant resources among the ATS, also with reference to:

- the provision referred to in the art. 7 co. 9 of Legislative Decree 147/2017 that the quota allocated to extreme poverty is also distributed with reference to the territorial distribution of the homeless;
- to the provision, contained in the aforementioned Decree of the Minister of Labor and Social Policies of 25.6.2021, for the purpose of supporting the social sectors that are already unable to access the incentive in 2021, to propose, when allocating the Poverty Fund 2021, to the joint Minister of Economy and Finance, to the Regions and Municipalities to consider as an independent distribution criterion the recognition to each ATS of a sum equal in 2021 to 50% of the difference between the maximum sum attributable to each area for the purposes of the incentive and the sum booked on the basis of communications from the ATS themselves and to propose that this percentage be reduced to 35% in 2022, to 20% in 2023, reducing to zero in subsequent years.

<b>Table 3.2 - Use of the poverty fund 2021 - 2023</b>			
<i>million euros</i>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>a) strengthening professional social service by hiring social workers on a permanent basis (1)</b>	<b>66.9</b>	<b>180</b>	<b>180</b>
<b>b) Rdc</b>	<b>527.1</b>	<b>414</b>	<b>414</b>
<i>emergency social intervention</i>	<i>20.0</i>	<i>20</i>	<i>20</i>
<i>other services for taking charge (multidimensional assessment and personalized project)</i>	<i>507.1</i>	<i>394</i>	<i>394</i>
<b>c) Extreme poverty</b>	<b>20</b>	<b>20</b>	<b>20</b>
<i>of which: housing first</i>	<i>5</i>	<i>5</i>	<i>5</i>
<i>postal services and virtual residence</i>	<i>2.5</i>	<i>2.5</i>	<i>2.5</i>
<i>emergency social intervention</i>	<i>2.5</i>	<i>2.5</i>	<i>2.5</i>
<i>other extreme poverty</i>	<i>10</i>	<i>10</i>	<i>10</i>
<b>d) Care leavers</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>Total (2)</b>	<b>619</b>	<b>619</b>	<b>619</b>
<b>Note</b>			
<i>(1) In accordance with the law, only the portion of the first year of each three-year period can be precisely determined, while the others must be quantified in the maximum amount of 180 million. In case of quantification lower than the maximum, the residual resources will be used for the purposes of the other services included in the Rdc category.</i>			
<i>(2) It would be 622 but 3 million are currently frozen by the MEF as they have been set aside for a legislative initiative currently being approved for the strengthening of services aimed at care leavers.</i>			

### 3.6 Information flows, reporting and indicators

In order to facilitate the planning of resources with homogeneous methods, in coherence with the Plan and in compliance with the functions legally attributed to the regions, the outline of the regional planning act is defined within the distribution decree.

With reference to the reporting system of the shares of the Poverty Fund, the Multifund platform has been active for some time, the information system of the General Directorate for the fight against poverty and for social planning of the Ministry of Labor and Social Policies, aimed at



management of resources intended for financing interventions and social services to combat poverty.

The Multifund is a system *user-centered* created with the aim of ensuring unitary management of the various social funds within the same IT solution and guaranteeing the full digitalisation of the management, monitoring, reporting and control processes of the Funds. Currently, the programs involved are the PON Inclusion, PO I FEAD, the Su.Pr.Eme project, Italy and the Poverty Fund.

With regard to the Poverty Fund, the Multifund platform involves the staff of the Ministry of Labor and Social Policies, approximately 600 Territorial Areas, 19 Regions and 8 Metropolitan Cities and includes the functions inherent to the following modules: planning and activation, reporting and checks and controls of the resources of the Services Quota, the Extreme Poverty Quota and the Quota *dear leavers*.

The benefits deriving from the implementation of the new system are: integrated data management, access to information in a secure manner, the harmonization of the activities carried out by the various participating actors, the possibility of managing reporting in a structured way, of viewing the real-time information, and the simplification of monitoring activities.

The staff of the Ministry of Labor and Social Policies, for the three tranches of the Poverty Fund, are qualified for the following modules:

- Resource planning: functionality through which the user can proceed with the creation and uploading of the national plan for allocating the Fund's resources for each year to the system;
- Checks and controls: functionality through which the user can carry out checks on the expense declarations and supporting documentation uploaded by the Territorial Areas, approving, rejecting or requesting additions to the expenses sent.

The Regions, for the three tranches of the Poverty Fund, are authorized to use the following modules:

- Resource programming: based on the Fund Share considered, the functionality allows the user to manage different obligations.
  - Service quota: the functionality allows the user to proceed with the approval or request for modification of the indicators (regional share on the national total of families benefiting from the ReI or the Rdc on the basis of the data, communicated by the INPS, updated monthly of August 2020, which is attributed a weight of 60% and share of the regional resident population on the total national population, according to Istat data updated to 1 January 2020, which is attributed a weight of 40%) provided by the Decree for the distribution of employees for the distribution of resources to all territorial areas. In the event of a change, it is permitted to insert a regional indicator by appropriately redefining the weight of the national indicators, which however cannot be less than 40% for each indicator taken individually;
    - Extreme poverty: the functionality allows the user to insert into the system the distribution of resources to the territorial areas that comply with the requirements identified by the art. 5 of the Interministerial Decree of 18 May 2018, referred to in the subsequent decrees for the distribution of the Fund;
    - *Dear Leavers*: the functionality allows the user to insert into the system the distribution of resources to the Areas involved in the experimentation and upload the programming at regional level on the three planned actions (no. of *dear leavers*, n. of grants for autonomy, n. of tutors involved).

- Verifications and controls: Functionality through which the user can monitor the progress of the expenditure reported by their territorial areas.
  
- The territorial areas, for the three tranches of the Poverty Fund, are authorized to use the following modules:
  - Programming and activation of resources: functionality through which the user can proceed with the insertion of the resources assigned to the Area by distributing them on the objectives established by the National Plan for interventions and social services to combat poverty for each year of the Fund;
  - Reporting: functionality through which the user can proceed with the creation of Expenditure Declarations (DdS), the uploading of expenses and all the supporting documentation to support the reporting of resources required by the Poverty Fund Guidelines.
  
- Metropolitan cities, for the extreme poverty quota, are enabled for the following modules:
  - Programming and Activation of resources: functionality through which the user can proceed with loading the programming of the metropolitan city, if delegated by the Region, and inserting the distribution of resources assigned to the City on the objectives established by the National Plan for interventions and social services to combat poverty for each year of the Quota;
  - Reporting: functionality through which the user can proceed with the creation of Expenditure Declarations (DdS), the uploading of expenses and all the supporting documentation to support the reporting of resources required by the Poverty Fund Guidelines.

During the control phase, the collection of information will be integrated to adapt it to the planning and reporting needs of the resources resulting from this plan, with particular reference to the verification of the actions identified here aimed at pursuing or prefiguring LEPS.

### 3.7 Attachment: Technical data sheets

#### 3.7.1 LEPS Form Social emergency intervention

**Service name:** Emergency social intervention

##### Brief description of the service:

The service is activated in the event of emergencies and social urgencies, circumstances in the daily life of citizens which arise suddenly and unexpectedly, produce needs that cannot be deferred, in an acute and serious form, which the person must face and to which it is necessary to give an immediate and timely response in a qualified manner, with a specifically dedicated service.

Emergency social assistance is ensured 24 hours a day, 365 days a year. In relation to the territorial characteristics and organization of the services, it can be activated as a specific service activated during the closing times and days of the territorial services or as a specialist intervention that is always active. In the first case, emergency social intervention is ensured directly by local services during opening hours.

The emergency social intervention liaises with other social services for the purpose of taking charge, where necessary.

##### Goals:

- guarantee a timely response to people who find themselves in a particularly serious and emergency situation regarding issues of social relevance even during the closing times and days of local services, 24 hours a day and 365 days a year
- carry out an initial reading of the need identified in the emergency situation and activate urgent and non-deferrable interventions;
- send/report to the competent services for possible taking charge;
- promote a preventive logic by carrying out an action to encourage the construction and careful and participatory reading of social vulnerability maps of a specific territory, as well as the collection of data on social needs also as a function of organizational analysis actions of services and resources.
- promote protocols with the FF.OO., the health service and the private social sector to guarantee the territory analysis tools for the recognition of emergency situations, resources and services to guarantee interventions (for example the prompt reception of minors and unaccompanied foreign minors is conditioned by agreements with structures of this type in the territory).

##### User target:

The social emergency service normally carries out its function with respect to a plurality of targets (minors, victims of violence, victims of trafficking, non-self-sufficient people, adults in difficulty, etc.). Within these, the emergency response to the following needs must always be guaranteed, with organizational methods defined at a territorial level:

- situations of serious poverty/extreme poverty which constitute a serious risk for the protection and psycho-physical safety of the person;
- situations of abandonment or serious marginalization with risk to the person's safety and/or serious risk to socio-relational health, in the absence of family and social networks.

Functions performed/interventions and services

provided *Core activities*:

Following the report, the service carries out an initial professional assessment and provides immediate, necessary and appropriate assistance to the person, documenting every action carried out and preparing an urgent help project, which must be traced in the social information system in use in the area. Based on the type of need identified and the outcome of the emergency intervention, the service reports the situation and transmits the documentation relating to the interventions carried out under emergency and urgency regime to the competent social service, and/or other services, as soon as possible to ensure continuity of care.

The intervention must therefore guarantee the following functions:

- the receipt of reports in the manner agreed upon at territorial level (directly by people in need, by other citizens, by public and private services that have signed a specific agreement, etc.)
- urgent response to reception needs for short periods while waiting for access to services;
- activation of engagement, listening and need reading activities through: operators service, intervention of the street units (UDS);
- initial assessment of the need, documentation of the intervention and reporting to the services.

Access mode:

In relation to territorial needs and characteristics, the service may be publicly accessible (toll-free number, email, etc.) or activated by public and private services on the basis of agreements and operating methods identified at territorial level.

Integration with other services:

The service by its nature operates in an integrated manner with all local services and in particular:

- Social services;
- Health services (hospitals, CSM, SERT);
- Police;
- Third sector bodies (reception facilities, etc.);
- Anti-violence centres.

Indications on implementation methods:

Establishment of a dedicated and specific service operations center for emergency social intervention, active 24 hours a day, 365 days a year.

It intervenes by managing the emergency situation by telephone, taking care to activate, if the call requires it, an immediate professional evaluation, which in relation to the organization of the Service, can be carried out by the Social Worker on call who goes to the place where you are the emergency has been verified (local law enforcement offices, hospital, etc.) or other figures identified (UDS, etc.).

This professional team carries out a qualified technical investigation and, where necessary, provides for the immediate protection of the person in need, drawing up a summary document of the intervention carried out to be sent to the competent services.

In relation to the territorial dimension and the organizational models adopted, 24-hour coverage of the service can take place through a dedicated service that is activated during the closing times and days of the territorial services, or as a specialist intervention that is always active. In the first case, during the relevant opening hours the local services also perform the function of emergency social intervention.

### Essential levels of performance:

Included among the services that can be activated pursuant to art. 7, co. 1, of Legislative Decree 147/2017 and already included, pursuant to art. 22, co. 4, of Law 328/2000 among those that must be activated in all areas.

In each territory, an emergency social intervention service must be guaranteed for personal and family emergency situations.

### Service levels:

Establishment of a dedicated and specific service operations center for social emergency response, active 24 hours a day, 365 days a year, which guarantees:

- the emergency activation of responses to urgent and non-deferrable needs, including through the supply of basic necessities and placement for short periods in dedicated reception places, whilst awaiting access to services;
- the activation of activities of engagement, listening and reading of the need through service operators and/or intervention of the UDS;
- a lack of assessment of need, documentation of the intervention and reporting to services.

The specific emergency interventions that can be activated in favor of homeless people or people in serious marginal situations must be available at least in municipalities with more than 50,000 inhabitants (and in provincial capitals).

### Resources:

The strengthening of social emergency services is financed with 22.5 million per year from the service quota of the poverty fund, of which 2.5 from the component relating to interventions and services in favor of people in extreme poverty and the homeless, and with 90 million in total from the React EU fund (together with fictitious residence services), recognizable over the 2020-2023 time frame. Further resources will be made available for the 2021-2027 programming of the PON Inclusion and the POC Inclusion.

### 3.7.2 LEPS form Access to registered residence and post office

#### Service name:

Services to support homeless citizens' access to registered residence and availability

#### Brief description of the service:

Support and accompaniment service for the registry registration for homeless people owned by the municipal administration, possibly managed with the involvement of local bodies and associations within the terms of the law. Post hold service.

#### Goals:

The purpose of the service is to make the right to registry registration fully accessible to homeless people present in the territory of the Municipality, from which legally derives the possibility of using essential services connected to further constitutionally guaranteed fundamental rights such as, for example, access to social welfare and health services. Through access to the post detention service, the aim is to ensure the person's availability, with particular reference to access to institutional communications linked to the exercise of citizenship.

### User target:

Homeless people, having the requirements established by Law 1228/1954 art. 2 and by Presidential Decree 223/1989, permanently present in the territory of the Municipality, for which the existence of a domicile can be ascertained or the existence of a continuous relationship with the territory can be documented in terms of interests, relationships and affections, which express the will and intention to remain in the Municipality<sup>10</sup>.

### Functions performed/interventions and services provided

#### Core activities

Accompaniment, where requested or necessary, of homeless people in the investigation for the residence request which will then be released by the Registry Offices: collection of the registry positions of homeless people, assisting those interested in completing the residence request and in finding and presentation of the necessary documents. In particular, support in the collection of documentation that certifies the existence of a continuous relationship with the territory (for example through a presentation report by a Third Sector Body or by the Territorial Professional Social Services of the Administration or other territorial social welfare or basic and/or specialist healthcare services, which are responsible for the individual path of the beneficiary of the service, which documents the existence of a continuous relationship with the territory in terms of interests, relationships and affections); collaboration with the competent services for the verification of registry positions (permanence of the person in his "habitual residence"), also for the purposes of cancellations.

Post hold/email box service: activation of a service for the collection/reception, storage and management of the interested party's mail; support for the activation and access to a personal mailbox and the recognition of digital identity through the public digital identity system (SPID) for access to online services of the Italian public administration and participating private individuals.

#### Ancillary activities

Possible carrying out of orientation activities for social, welfare and health services and legal/legal accompaniment/support, in conjunction with other services present in the area: service center for the homeless/social secretariat/social emergency response/street unit.

**Access mode:** free access/by reservation

### Necessary skills:

Social workers (for example, professional educator, social integration insertion technician, social workers) and legal/administrative officials.

### Integration with other services:

Strengthening networking with other public and private social entities. In particular: integrated work with the municipal registry offices which are responsible for defining the registered residence; collaboration with Third Sector bodies or with local public services that are in charge of the individual path of the beneficiary (Professional Social Service; social welfare, basic health and/or specialist services), for referral to the service and for the documentation of the existence of a continuous relationship with the territory; collaboration with third sector bodies, street units, emergency social intervention to intercept homeless citizens who have not already been contacted by third sector bodies or institutional services; collaboration with the social secretariat, the professional social service and the homeless service centers for service orientation activities; collaboration between the municipalities which, in different phases, have taken care of the individual homeless person.

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<sup>10</sup>Regarding the right of residence, the most significant and exhaustive ruling states that "a person's residence is determined by his habitual and voluntary residence in a specific place, that is, by the objective element of permanence in that place and by the subjective element of intention to live there permanently, based on life habits and the conduct of normal social relations". (Civil Cassation Judgment, 14 March 1986 n. 1738)

#### Indications on implementation methods

Definition of dedicated or fictitious addresses for the attribution of residence; in the case of large urban centres, in sufficient numbers to cover the different areas of the city.

In relation to the territorial characteristics, guarantee the activation of the support and accompaniment function for the registry registration in clearly identifiable dedicated public places, which operate with free access and by appointment (e.g. help desks), or through other methods identified at a territorial level.

Activation of communication channels with the public and other bodies involved, for example through the online URP, the management of a dedicated email address, both to respond to requests from citizens and to maintain relations with the Registry offices competent and other institutional services of the Municipal Administration.

#### Essential levels of performance:

Guarantee in each Municipality, to the people who choose it as their home - even if without accommodation, where requested and necessary, the accompaniment to the registry registration and the post office service necessary to receive communications, with particular reference to those of institutional type. Homeless people have the right to register as required and defined by Law 1228/1954 art. 2, of Presidential Decree 223/1989.

#### Service levels:

Identification of specific contact persons in the registry office of each Municipality for the recognition of residence for homeless people. Activation in each municipality of a procedure for requesting registered residence by homeless people. Availability of the support and accompaniment service for registering and of the postal service in every territorial area, possibly through dedicated desks and the connection with the territorial services, to guarantee the proximity of the service where possible.

#### Resources:

The service for access to registered residence and post office is financed with 2.5 million per year from the service quota of the poverty fund, based on the component relating to interventions and services in favor of people in extreme poverty and the homeless, and with 90 million in total from the React EU fund (together with social emergency services), recognizable over the 2020-2023 time frame. Further resources will be made available for the 2021-2027 programming of the PON Inclusion and the POC Inclusion.

### 3.7.3 Action sheet Service center for combating poverty

**Name of the intervention:** Service center for combating poverty

#### Brief description of the service:

"Light" service center for integrated care and the offer of a participatory path of functional accompaniment for the health, economic, family and work status of individuals and families who find themselves or risk finding themselves in conditions of serious deprivation.

The Service Center offers social and health care and support activities for people in conditions of material deprivation, even extreme marginalization and homelessness aimed at facilitating access to the entire network of services, orientation and taking charge, at the same time offering some essential low-threshold services (for example catering services, distribution of essential goods, personal hygiene services, library, limited night-time reception, screening and initial healthcare, cultural mediation, *counseling*, career guidance, administrative and legal consultancy, also for the purposes of accessing recognized services, time bank).

The accompaniment service for virtual residence and postal service must be located in the Service Center if it is not given greater diffusion and proximity through other services present on the site.

territory. With reference to homeless people or people in conditions of extreme marginalization, the service center carries out, integrating them with other interventions, some functions specific to access welfare (secretariat, single access door, social help desk), through more specialized services to offer this users, multi-professional care, specialist consultancy, access to social-health assistance and an initial response to some primary needs. Depending on the territorial dimension and the organizational methods, the service center can operate in an integrated manner with the single access points or be an integral part of them.

### Goals:

The Service Center is part of the context of interventions and services aimed at reducing marginalization and social inclusion in favor of adults/families and has the objective of creating a single, easily recognizable point of reception, access and provision of services. at a territorial level by people in need. The service center must not be excessively large or ghettoising, but rather constitute a point of reference for people in need, possibly physically located in a place where other public/ETS services available to all citizens are also offered.

It is advisable for the service center to provide spaces available, possibly on rotation, to voluntary associations so that they can also carry out their support activities in these locations such as the distribution of goods or legal advice or first aid activities healthcare.

From this point of view, it is particularly important that service centers for combating poverty are designed and managed with the active participation of third sector organizations and fully integrated into the local context.

### User target:

People in poverty or at risk of becoming so, including those in conditions of extreme marginalization and homelessness.

### Functions performed/interventions and services provided

#### Core activities:

**Front office.** Listening, filtering, welcoming: welcome at the service desk by an educator for the listening activities necessary to highlight needs and requests for help.

**Assessment and orientation (Desk).** Evaluation of the person's needs and resources, in order to define the accompanying activities through a multidimensional path, which requires a unitary gaze but with perspectives coming from multiple professional points of view (educator, social worker, doctor, psychologist). Secretarial and orientation activities for access to services, programs and benefits (also, where available, through the "INPS for all" help desk).

### Taking charge and case management/referral to professional social services or specialist services:

- Taking charge *ecase management* in the first phase of the path/intervention, through close collaboration between educators, as first contact and front office figures, and social workers as figures who weave together a work of construction and recomposition of the service network, in an integrated team work (operators with educational, social, legal, health, psychological and transcultural skills). The composition of the multidisciplinary team will vary in relation to the needs identified.
- Flexible support and accompaniment activities, by educators, of the people taken care of inside and outside the Service Center, also working on the territory and in the dimension of the local community and proximity networks and thus playing a role of harmonization and support of the the activity carried out by the social worker. In this context, as part of the accompaniment activities defined with people, in addition to services, material goods functional to the journey undertaken may be provided.



#### Administrative and legal consultancy:

- Legal consultancy activities, for example in the field of administrative disputes, family law, requests for international protection, expulsion orders, access to assisted voluntary return programmes, protection of victims of violence and aggression, migrant rights and securities of stay.
- Support in processing procedures, requesting services, accessing activities and services. Accompaniment activities for fictitious residence and postal delivery also fall into this context (if not implemented in other territorial services).
- Connection and mapping function of the entities operating in this sector, to facilitate access to services and interventions, including those of the third sector, present in the territory, enhancing the PUAs

#### Ancillary activities:

Depending on the size of the Municipality and the territorial organization of services, some local services may find space in the centre, such as:

- canteen services
- personal hygiene services (including laundry services)
- luggage storage
- Distribution of essential goods such as food and clothing also in collaboration with the Fead network.

Services may also be activated such as:

- Work orientation (promotion of job placement also through training courses or internships aimed at social inclusion, people's autonomy and rehabilitation, in connection with the Employment Centres)
- limited night reception
- time bank
- linguistic-cultural mediation services
- Italian language courses for foreigners

#### Health facility:

(in integration with the competent healthcare companies). First class activities *screenings* social and health care, by health and general medicine and first responder personnel, consultancy and referral to health services, aimed in particular at the portion of the homeless population with health problems in a serious state of marginality distant or not known by health and/or social services of the Municipality; these activities, where appropriate, are ensured through linguistic and cultural mediators, with specific preparation on health and healthy lifestyles, in order to collect useful data for defining the appropriate path to respond to the identified needs, integrating into the multidisciplinary team. Activities aimed at promoting access to the services of the integrated health and social health system and the possible release of a medical report (including suitability for work or % of disability and possible exemptions for health care tickets based on income).

#### Services aimed at the whole community:

In defining the specific projects at a territorial level, it will be necessary to try to build the service centers to combat poverty as centers integrated into city services, possibly connected and associated with other services aimed at all citizens, such as, for example, job orientation centres, libraries, ASL clinics, family centers, etc.

#### Access mode:

Free - (Front Office/Desk):

- Bed
- Requests for International Protection
- Personal hygiene service
- Cafeteria service
- Fictitious registered residence
- Health care

- Career orientation By appointment:
- For RVA programs (Assisted Voluntary Return)
- Interviews with social workers
- Interviews with legal legal advisor
- Individual interviews with employment consultant
- INPS desk for EVERYONE

### Necessary skills:

#### *Core activities:*

- coordinator of the multi-professional team
- social workers expert in the area of serious marginalisation
- professional educators expert in educational relationships with adults
- legal consultants
- healthcare personnel doctors, nurses, ASA/OSS
- psychologists/psychiatrists,
- linguistic and cultural mediators,
- administrative staff: with secretarial functions, telephone answering, data management and shared appointment diaries,
- accountants and data analysts for processing flows and needs (preferably with skills in statistics),

#### *Ancillary activities:*

- qualified operators on the balance of skills and work orientation
- operator in possession of qualification or certification to carry out financial education services based on the technical standards on financial education (UNI 11402 and subsequent updates and related technical standards)

### Integration with other services:

Strengthening networking with other public and private social entities. The Center can carry out a management, coordination and monitoring function on the entire network of public and private services that relate to serious adult marginalization and operate on mandate from the Administration, such as, by way of example:

- the network of street services (street units, street education services for adults)
- the collection center for reports from citizens
- the network of day centres
- night reception facilities: dormitories (emergency dormitories; dormitories managed continuously throughout the year); communities (residential and semi-residential for long-term care, including micro-communities and night-time reception services with strong socio-health integration); Housing (including housing used for projects *Housing First* and *Housing Led*)
- support services in response to primary needs (Canteens and Distribution Centres; Personal care and hygiene services)
- the offices for fictitious registered residence;
- the coordination system for the distribution of material goods (intended both for distribution on the street and to accompany autonomy and integration paths) purchased with the resources of the FEAD OP.
- Integration with the competent services in the field of housing policies.

Precisely for this reason, as already mentioned, it is important that third sector organizations and, in particular, the world of volunteering are also involved in the service center for combating poverty and that they are fully integrated into the local context.

The Service Center for combating poverty can also promote integration with other services, not under the administration's responsibility, with particular reference to health services (addiction, post-acute, mental health, other specialist services)

#### Indications on implementation methods:

The Service Center is configured as a place of welcome, qualified and non-judgmental listening, orientation and/or accompaniment, and care for individuals in conditions of poverty or marginality, even extreme, or at risk of becoming so. The subject of taking care of the homeless person is a plural subject, a multidisciplinary team, a reality that includes educational, social, legal, healthcare, psychological and transcultural skills.

The Service Center plays the role of directing individual paths towards social integration, *L'empowerment* and autonomy in close connection with the network of local services, with particular reference to: residential reception facilities, day centres, street units, healthcare system, specialist services, emergency social intervention.

The Service Center can operate in collaboration with third sector entities. In particular, the system of voluntary associations may be involved within the Center so that it contributes by integrating and giving specific quality to the services offered, encouraging the contribution of the community. In particular, the Service Center can be structured through the use of co-planning.

Taking charge in an institutional sense is given only when a local network of services, under the direction of the public body, is activated around the need expressed by a person in difficulty in order to structure territorial paths of social reintegration through relationships and services, from a global and community perspective. The Service Center carries out this role of direction and case management until the subject can be returned to his area of residence and taken into care by the relevant Territorial Professional Social Services, where necessary.

The Service Center works in collaboration with the local health authorities in order to guarantee access to healthcare for homeless people, even if they do not have a GP. To this end, operational protocols will need to be defined both at a national level, with the Ministry of Health, and at a regional/local level.

Depending on the size of the Municipality and the territorial organization of services, some low-threshold essential services may be included in the centre, which where possible require a more widespread distribution in the territory to guarantee proximity (for example catering services, distribution of goods essentials, personal hygiene services, limited night-time reception).

#### Essential levels of performance:

Guarantee through an easily accessible service to people in conditions of poverty or marginality, even extreme, or at risk of becoming so, integrated care and a participatory path of functional accompaniment for the health, economic, family and work status of the person concerned

#### Service levels:

Availability of at least one service center to combat poverty in each territorial area in which there is at least one municipality with over 75 thousand inhabitants. In the remaining areas, services to facilitate access to core activities, even outside of dedicated service centres. In particular, activation of at least one dedicated multifunction desk, open in a public place, for orientation, processing of paperwork and referral to services, as well as for access to residence services. Registry of homeless citizens and post office (see sheet).

#### Resources:

Approximately 270 million euros are dedicated to the service by the PNRR in the 2021-2026 time horizon for the construction of 250 centers, for a unit expenditure per project of approximately 1.1 million, which includes initial investment and management costs for up to three years for the creation of 250 new projects. Once the investment has been made, after the first three years the management costs will be financed with the resources of the Poverty Fund, with the operational program complementary to the PON Inclusion and with the new PON Inclusion.