

**lega del filo d'oro**

# **SERVICE CHARTER**

**Rehabilitation Centre**

**"Special Unit for the Deafblind and Multisensory  
Impaired"**

**and Territorial Service - OSIMO (AN)**

rev. 14 of 21/03/2024





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## FOREWORD

The President of the Council of Ministers Directive of January 27, 1994, "Principles on the Provision of Public Services", identifies the primary reference values to which organisations providing public services should comply:

- Equality
- Continuity
- Right of Choice
- Participation
- Effectiveness and Efficiency.

The Lega del Filo d'Oro, in seeking to concretely implement these principles and pursue the objectives of greater transparency and quality of the services offered, considers it is fundamental to establish a constructive relationship with the user and his or her family from the very first reciprocal presentation, guaranteeing clear and correct information on its activities.

The Service Charter is one of the communication tools activated by the Lega del Filo d'Oro in order to let the community (but especially people with disabilities, their families, and local services) know the needs for which it is able to provide answers and how to use the services provided.

The document is divided into **four parts**.

**The first** is dedicated to the presentation of the Lega del Filo d'Oro, with particular reference to its mission, history, organisational structure, the type of disabilities it deals with, and its presence in the country.

**The second** part describes the characteristics of the specific service provided by the Special Unit in Osimo, illustrating the methods of access, the services provided, and the structural aspects.

**The third** illustrates the Lega del Filo d'Oro's commitment to improving organisational, management, professional, and service quality and the ways in which user participation and protection are ensured.

The **last section** deals with other services and activities carried out by the Lega del Filo d'Oro.

The Service Charter is disseminated through publication on Lega del Filo d'Oro's website; in addition, the Centre's management forwards it on to local services such as the ASL, UMEE and UMEA.

The Service Charter is drafted and updated with the input from the Deafblind People's Committee and the Family Committee.

For those who wish, more information or learn about our Foundation can be obtained at [www.legadelfilodoro.it](http://www.legadelfilodoro.it).

## SECTION 1 – THE LEGA DEL FILO D'ORO FOUNDATION ETS PHILANTHROPIC ORGANISATION

### 1. Purpose and scope

The Lega del Filo d'Oro, established as an Association in 1964 on the initiative of a deafblind woman and a group of volunteers sensitive to the needs of deafblind and multisensory impaired people. It was then acknowledged as a **Moral Entity** with Presidential Decree n. 516 of 19/05/1967 and a **Non-Profit** Organisation of Social Utility pursuant to Legislative Decree no. 460 of 04/12/1997.

On 9 October 2020, the Shareholders' Meeting resolved to change from an Association to an **ONLUS Foundation**, which became active as of 1 January 2021 following the December 22, 2020 decision of the Prefecture of Ancona.

On 7 September 2023, the Lega del Filo d'Oro obtained recognition as a **Foundation ETS Ente Filantropico**, following the issuance of the Decree of the Director of the Regional Office of the National Single Third Sector Register number 510 of 7/09/2023 – Social Inclusion, Information System and RUNTS Sector.

The aims of the ETS Foundation are set out in Article 2 of its Statutes:

*Carries out activities of general interest referred to in Legislative Decree no. 117/2017 in addition to its own institutional activities, connected, accessory by nature or supplementary, in order to pursue, on a non-profit basis, civic, solidarity, and socially useful purposes for the protection of rights, **assistance, education, training, rehabilitation, recovery and enhancement of residual potential, support for the pursuit of the greatest possible autonomy of deafblind and multisensory impaired people...***

The concrete implementation of the Foundation's purposes takes place through:

- the management of its own care and rehabilitation facilities and the establishment of additional Centres and Services according to needs and developments
- the training of specifically qualified professionals
- carrying out research and experimentation in the field of deafblindness and multisensory impairments
- the promotion of relations with Italian and foreign organisations, institutes and universities for in-depth study and research on the multi-disabled population
- Awareness-raising of the competent bodies and public opinion to promote the inclusion in society of people with deafblindness and multisensory impairments and the prevention of these disabilities.

## 2. A bit of history

The services run by the Lega del Filo d'Oro have been in place since **1967** with the opening of the **first institute for deafblind children in Osimo, Marche**.

In 1974, the Lega del Filo d'Oro was recognised by the Ministry of Health as a 'Rehabilitation Institute'.

In 1975, the Kalorama Community began its activities using several flats located in the centre of Osimo to accommodate deafblind adults.

In 1976, the Ministry of Education recognised the Osimo Rehabilitation Institute as an 'Experimental Institution in the field of multisensory deafblind people' and today it is recognised as an elementary and nursery school.

The Rehabilitation Centre, classified as a '**Special Unit for the Deafblind and Multisensory Impaired**' (DGR no. 1437/99) and accredited by the Marche Region, operates under an agreement with the National Health Service.

In **1993**, the **Diagnostic Centre**, where a team of specialists operates in order to carry out a functional assessment and early intervention, drawing up customised educational-rehabilitation programmes, and the **Documentation Centre**, which collects material on disability and the various professionals in the educational, rehabilitation, health and social areas, were established in Osimo.

In order to offer socio-educational services directly in the users' area of residence, the following **locations were** opened in 1987: Milan (transferred in 2011 to **Lesmo** in the province of Monza Brianza), **Roma, Napoli, Osimo (AN), Molfetta (BA), Modena, Termini Imerese (PA), Padova, Novara, Pisa and San Benedetto dei Marsi (AQ)**. A **Residential Community** for adults with acquired deafblindness operated in Milan from 1996 until June 2007, when the users were transferred to the "Centro Socio Sanitario" in Lesmo.

In **2004**, the Experimental Residential **Socio-Sanitary Centre** for the Deafblind and Multisensory Impaired Adults in **Lesmo**, in the province of Monza Brianza, was activated and classified by the Lombardy Region as a Sanitary Assistance Residence for Persons with Disabilities.

In **2007**, activities were started at the Residential Experimental **Socio-Sanitary Centre** for Deafblind and Multisensory Impaired Adults in **Molfetta** in the province of Bari.

In **2010**, the Residential Rehabilitation **Centre** for deafblind and multisensory impaired People in **Termini Imerese** in the province of Palermo was opened.

In January **2013**, the **Residential Social Rehabilitation Centre** in **Modena** was **inaugurated**.

Thanks also to the efforts of the Lega del Filo d'Oro to promote the rights of deafblind people, in 2002 for the first time a State regulation made the concept of deafblindness its own (Art. 191 of the new Highway Code). In 2004, the European Parliament approved a written declaration recognising deafblindness as a specific disability. On November 14, 2006, the bill for the recognition of deafblindness as a unique disability was presented to the Italian Parliament and approved with law no. 107 of June 24, 2010 "Measures for the recognition of rights for deafblind people".

On 16 September 2013, the Legislative Assembly of the Marches approved Regional Law No. 29 'Recognition of the particular specificity of the multidisciplinary activity carried out by the Lega del Filo d'Oro' at the Osimo Rehabilitation Centre.

In 2018, the first lot of the new National Centre in Via Linguetta, a highly specialised centre for the rehabilitation of deafblind people, was activated in Osimo. The Centre brought together in one place all the offices and part of the Rehabilitation Services, previously located on different sites in the Osimo area.

In 2023, the construction of Lot II was completed, allowing all Osimo services (previously provided at the historical site in S. Stefano) to be transferred to the new centre in Via Linguetta.

### 3. The Organisational Structure

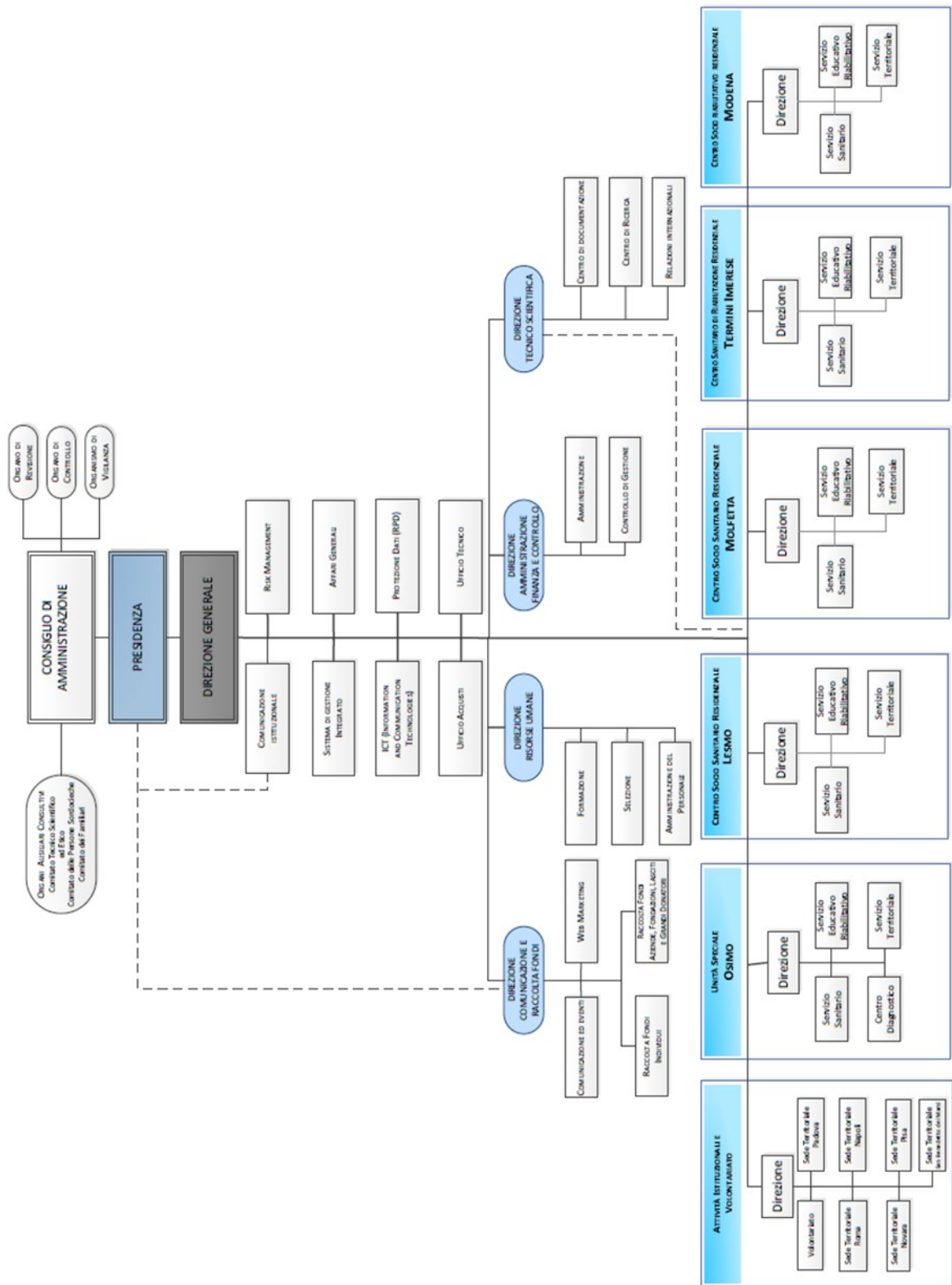
The ETS Foundation is governed by a Board of **Directors with a** three-year term of office; which elects a **Chairman** and up to two Vice-Chairmen from among its members.

The Foundation's financial and asset management is supervised by an **Auditing Board and a Control Board**. In compliance with the provisions of Legislative Decree 231/01, the **Supervisory Board** is established.

The activity of the Board of Directors is supported by a number of bodies with advisory and propositional functions on care, rehabilitation, scientific, ethical and organisational aspects of activities aimed at solving specific problems of people followed by the Foundation and their families: the **Deafblind People Committee**, the **Family Committee**, the **Technical Scientific** and **Ethics Committee**.

The directives and lines of action decided by the Board of Directors are implemented by the **General Manager** who, by coordinating all the functions into which the organisation is divided, is in charge of the organisation's administrative and management activities of the institution and of drawing up operational strategies.

The organisation chart is shown on the next page.





#### 4. People who turn to the Lega del Filo d'Oro

The services offered by the Lega del Filo d'Oro are aimed at people, of all age groups, who have one of the following disabilities:

- deafblindness
- multisensory impairments

##### DEAFBLINDNESS

Deafblindness is the combination of both a visual and hearing impairment (total or partial) that forms a unique disability.

A person is considered deafblind when the two sensory impairments hinder or prevent them from completely carrying out the 'normal' functions of daily life.

##### MULTISENSORY IMPAIRMENTS

Multisensory impairments occurs when the visual impairment (blindness or low vision) and/or hearing impairment (deafness or hearing loss) is combined with other impairments (intellectual and/or motor disabilities and/or neurological injuries and/or severe organic pathologies).

Deafblindness and multisensory impairments may share some common traits:

- very serious limits to communication;
- significant learning difficulties at the cognitive level and in practical activities;
- distorted perception of the surroundings and difficult enjoyment of the environment;
- very poor capacity for personal autonomy;
- serious difficulties in mobility;
- inability to access information;
- inadequate interpersonal relationships and personality and behavioural disorders.

For this form of disability, the educational-rehabilitation interventions normally carried out for people who are only blind or only deaf (due to the incidence of one impairment on the other) are not always applicable (and/or fully effective) and specific rehabilitation methods are therefore necessary from a methodological, technical and instrumental point of view. The exchange of experiences at an international level, research and participation in European projects and conferences/workshops enable the Lega del Filo d'Oro professionals to make use of up-to-date, effective and efficient intervention methods and techniques for severe multiple disabilities.

#### 5. Our vision

We work together, adopting a scientific, dynamic and creative orientation, so that people with deafblindness and/or multisensory impairment are full and active members of society. We work so that each of them can receive all kinds of support for themselves and their families, in order to be able to express choices, communicate, reach their full potential and "pursue happiness".

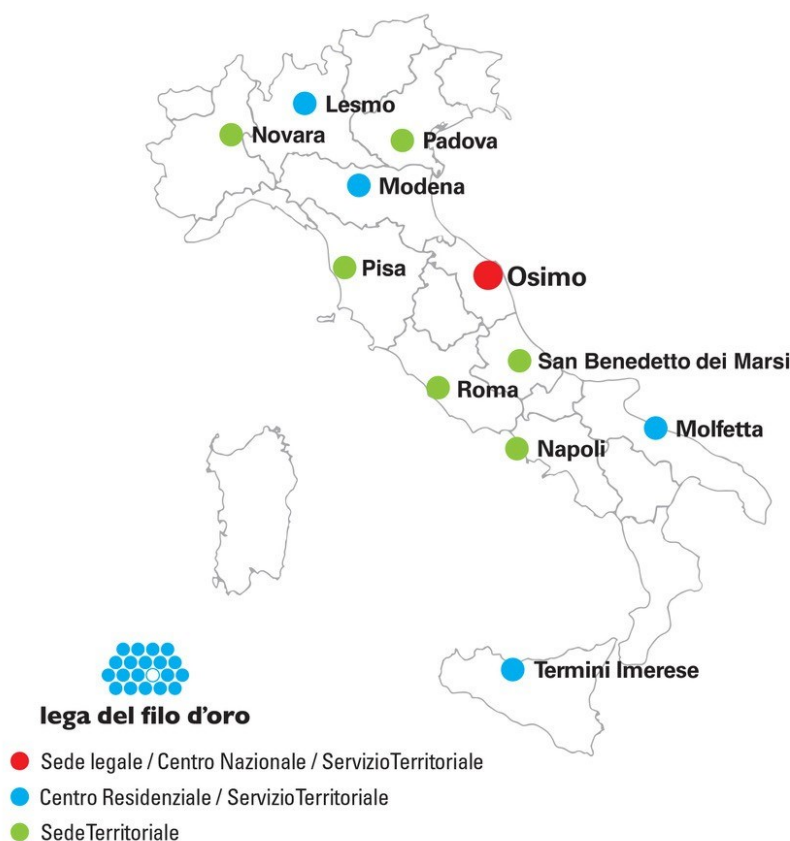
## 6. The presence of the Lega del Filo d'Oro on the national territory

The Lega del Filo d'Oro's sixty years of experience, enriched by the continuous detection of the needs represented by its users, by the systematic relations with their families and frequent opportunity of cooperation with the bodies and institutions operating in the educational - welfare and social - health area, has highlighted the need to have adequate services (residential and non-residential) at a territorial level.

The Lega del Filo d'Oro has increased and differentiated its interventions, responding more and more, both quantitatively and qualitatively, to the needs of the deafblind population, strengthening both its association activities and services.

The Lega del Filo d'Oro today represents a unique reality in Italy for the treatment of multisensory disabilities and is also an important point of reference for family members and all persons and institutions socially involved in this issue.

The Lega del Filo d'Oro manages residential facilities and territorial services which since 2012 (following Board resolution no. 775 of 27 June 2011) were merged into a single unit in the regions where the two services coexisted.



## **Lega del Filo d'Oro Services and Facilities**

To receive information and/or contact the relevant services and offices' contact persons, please contact the switchboard/reception of each centre, the number of which is given below.

Specifically, please refer to the annex to the Service Charter 'Names of service managers and contact persons' where you can find out how to contact them.

### **Rehabilitation Centre - Special Unit for the Deafblind and Multisensory Impaired and Territorial Service in OSIMO (AN)**

Head Office Via Linguetta 3- Tel 071 72451 - Fax 071 717102 - e mail [info@legadelfilodoro.it](mailto:info@legadelfilodoro.it)

### **Experimental Residential Socio-Health Centre for Deafblind and Mutisensory Impaired Adults and Territorial Service in LESMO (MB)**

Via Alla Stazione, 2 - Tel 039 6985800 - Fax 039 6985801 - e mail [segreteria.lesmo@legadelfilodoro.it](mailto:segreteria.lesmo@legadelfilodoro.it)

### **Residential Social Rehabilitation Centre for Deafblind and Multisensory Impaired People and Territorial Service of MODENA**

Via delle Costellazioni, 141/143 - Tel 059 342059 - Fax 059 2927092 - e mail [segreteria.modena@legadelfilodoro.it](mailto:segreteria.modena@legadelfilodoro.it)

### **Social and Health Experimental Residential Centre for the Deafblind and Multisensory Impaired and Territorial Service in MOLFETTA (BA)**

Strada Provinciale n. 112 Molfetta - Terlizzi Km. 2 - Tel 080 3971653 - e mail [segreteria.molfetta@legadelfilodoro.it](mailto:segreteria.molfetta@legadelfilodoro.it)

### **Residential Rehabilitation Health Centre for Deafblind and Multisensory Impaired People and Territorial Service of TERMINI IMERESE (PA)**

Via Salvatore Cimino snc - Tel 091 8142945 - Fax 091 8113135 e mail [segreteria.terminiimerese@legadelfilodoro.it](mailto:segreteria.terminiimerese@legadelfilodoro.it)

### **NOVARA Territorial Office**

Via Cagliari, 3 ex CdQ Ovest Headquarters - Tel. 0321-410673 - e mail [sede.novara@legadelfilodoro.it](mailto:sede.novara@legadelfilodoro.it)

### **PADOVA Territorial Office**

Via Chioggia 2, Interior 3 - Tel. 049 715827 - e mail [sede.padova@legadelfilodoro.it](mailto:sede.padova@legadelfilodoro.it)

### **PISA Territorial Office**

Via Giovanni Bovio, 12-14 - Tel. 050-44281 - e mail [sede.pisa@legadelfilodoro.it](mailto:sede.pisa@legadelfilodoro.it)

### **SAN BENEDETTO DEI MARSI (AQ) Territorial Office - Sabina Santilli Study Centre**

Via Alessandro Torlonia 11-13 - Tel. 0863- 84291 - e mail [sede.sanbenedettodeimarsi@legadelfilodoro.it](mailto:sede.sanbenedettodeimarsi@legadelfilodoro.it)

### **ROMA Territorial Office**

Via Gaetano Casati 40-42 - Tel 06 5755055 - Fax 06 57136926 - e mail [sede.roma@legadelfilodoro.it](mailto:sede.roma@legadelfilodoro.it)

### **NAPOLI Territorial Office**

Via Nicola and Tullio Porcelli no. 20-22 - Tel 081 2397516 - Fax 081 6101741 - e mail [sede.napoli@legadelfilodoro.it](mailto:sede.napoli@legadelfilodoro.it)

The Lega del Filo d'Oro has also activated e-mail addresses:

**OSIMO Rehabilitation Centre (AN)**

[direzionecentroosimo@pec.legadelfilodoro.it](mailto:direzionecentroosimo@pec.legadelfilodoro.it)

[direzionesanitariaosimo@pec.legadelfilodoro.it](mailto:direzionesanitariaosimo@pec.legadelfilodoro.it)

[dirigentescolastico@pec.scuolanostracasa.it](mailto:dirigentescolastico@pec.scuolanostracasa.it)

**LESIMO Socio-Health Centre (MB)**

[direzionelesmo@pec.legadelfilodoro.it](mailto:direzionelesmo@pec.legadelfilodoro.it)

**MODENA Social Rehabilitation Centre**

[direzionemodena@pec.legadelfilodoro.it](mailto:direzionemodena@pec.legadelfilodoro.it)

**MOLFETTA (BA) Socio-Health Centre**

[direzionemolfetta@pec.legadelfilodoro.it](mailto:direzionemolfetta@pec.legadelfilodoro.it)

**TERMINI IMERESE (PA) Rehabilitation Health Centre**

[direzioneterminiimerese@pec.legadelfilodoro.it](mailto:direzioneterminiimerese@pec.legadelfilodoro.it)

## SECTION 2 - REHABILITATION CENTRE IN OSIMO (AN)

In 1967, a medical-psycho-pedagogical institute was opened in Osimo in the province of Ancona, with its own internal school for the psychosensory multi-disabled (equal with the Ministry of Education).

On 29/02/1972, the Provincial Physician of Ancona granted authorisation to operate an *'internship centre for the rehabilitation and recovery of the mentally deficient due to sensory defects'*.

Since 1974, the hospital has operated under an agreement with the National Health Service under Laws 118/1971 (art. 3 - rehabilitation health care for the psychosensory multi-disabled) and 833/1978 (art. 14 and 26 - social health care in out-of-hospital rehabilitation centres).

The Rehabilitation Centre has been **classified as a Special Unit for the Deafblind and Multisensory Impaired** for the provision of diagnostic-assessment services and specialised rehabilitation treatments by Marche Region Resolution No. 1437 of 15/06/1999.

It obtained provisional accreditation with Resolution of the Marche Region no. 3501 of 30/12/1997 (based on Legislative Decree 502/1992) and subsequently institutional accreditation in class 5<sup>a</sup> (of excellence) and subsequent renewals, most recently with Decree of the Director of the Functional Position Authorisations of the Marche Region no. 24 of 4/11/2020.

In 2018, the first lot of the new National Centre in Via Linguetta was activated, resulting in two hubs of the Rehabilitation Centre, one in the new location and the other in the S. Stefano location (see next paragraph). The premises of the Rehabilitation Centre located in Via Linguetta obtained the authorisation to carry out healthcare activities by Decree of the Director of the Accreditation Function Position of the Marche Region no. 21 of 29/01/2018 and subsequent Decree of the Director of the Territory Department of the Municipality of Osimo no. 2 of 07/02/2018. The aforementioned facility obtained accreditation with Decree of the Director of the Functional Position Accreditations no. 35 of 23/01/2019 and Decree of the Director of the Functional Position Authorisations no. 26 of 4/11/2020 for a total of 24 residential beds in addition to the day and outpatient treatments already accredited with measure no. 35/2019.

By health authorisation of the Municipality of Osimo no. 5/2020 of 14/12/2020, the number of beds in the facility located in the hamlet of S. Stefano was increased from 32 to 39; the additional 7 beds were accredited with Decree of the Director of the Functional Position Authorisation no. 43 of 22/07/2021.

In 2023, following the completion of the second lot of the National Centre in Via Linguetta, the Municipality of Osimo, with deed no. 14/2023 of 30/10/2023, issued authorisation for the provision of services in the residential system with 80 beds and services in the semi-residential system with 15 beds, as well as the provision of outpatient services.

## 1. Location and Structural Characteristics of the Osimo Rehabilitation Centre

The National Centre located in Osimo at Via Linguetta 3, consists of 9 buildings.



**Building 1** - Reception hall, management and team offices, doctors' surgeries, classrooms, laboratories, gyms, daycare treatment area, Research Centre, Territorial Service, multifunctional room

**Building 2** - Administrative Offices, Documentation Centre, Institutional Activities and Volunteering

**Building 3** - Diagnostic Centre, Accommodation for users and family members admitted to the Diagnostic Centre

**Building 4** - School Age Sector, Accommodation for users and family members admitted for short-term treatment

**Building 5:** has 4 floors, on the ground floor there are classrooms, laboratories and offices, while on the other 3 floors there are 8 flats with a total of 32 beds

**Building 6:** adds a capacity of another 24 places, with 6 flats and also includes a guesthouse

**Building 7:** dedicated to physiotherapy and hydrotherapy, with 2 swimming pools and 4 gyms

**Building 8:** this is the centre of all ancillary services for guests, their families and employees of the Foundation. It has 2 levels, on the first are the laundry and kitchen, on the second the canteen

**Building 9:** the former farmhouse, the historical legal headquarters of the Lega del Filo d'Oro, which has been completely renovated and provides on 2 levels rooms suitable for all visitors and a museum dedicated to the Foundation.

**The structure can** be reached by the following means:

- by car, along the A/14 motorway, exit Ancona Sud; take direction Osimo - Offagna, pass Aspigo Terme and San Biagio, enter Osimo until Via Linguetta 3;
- by train, get off at Ancona station and take a taxi or continue by bus to Osimo and take a taxi to Via Linguetta.

The rooms and furnishings of the Rehabilitation Centre have been adapted, made accessible and usable for all users in order to stimulate and facilitate the acquisition of autonomy, communication, independence and integration skills.

The response of the educational-rehabilitation intervention and the quality of life of a person with deafblindness and multisensory impairments may depend not only on personal relationships, but also on the absence of architectural barriers, facilitated access, lighting, furniture, and equipped paths.

Some of the design criteria adopted include:

- creation of cohabitation nuclei of 4 users, adopting an optimal size both in terms of educational activity and maximum individualisation of rehabilitation programmes and to reproduce a family nucleus context characterised by privacy and a serene environment;
- setting up equipped rooms with a specific rehabilitation function (gym, swimming pool, rooms for speech therapy, music therapy, occupational activities, rooms for sensory learning, for technological aids, etc.);
- the recognisability of the function of environments, sectors and spaces to facilitate users to grasp the spatial-temporal differentiations related to places and activities (work, learning, therapy, leisure, socialisation), through the use of colour contrasts and textures (for colours and materials) and tactile signage;
- preference for natural lighting and the adoption of indirect and diffuse artificial lighting to facilitate the use of any visual residues of users;
- care of the acoustics of the environments, in order to facilitate the comprehension of the spoken word by users with residual hearing and to reduce disturbing noises;
- the organisation of routes and connections between spaces, with the aim of enhancing autonomy and movement skills, using materials that differ in roughness and colour;
- special care was taken in custom-designed and made-to-measure furniture; in the National Centre in Via Linguetta, the rooms were designed with a specific focus on users with motor problems (equipped bathrooms, rail lifts, posture changes).

## 2. The Type of User Treated

The service is aimed at **psychosensory deafblind and/or multi-sensory impaired persons of all age groups from any region in Italy.**

In order to enter and stay in the facility, the user must not have a predominantly psychiatric diagnosis.

## 3. Services Offered

The Osimo Rehabilitation Centre currently has an operational potential, authorised by the National Health Service, of:

- 80 places for full-time admissions;
- 15 places for daycare;
- 20 hours of outpatient treatment per day;
- 8 hours of home treatment per day.

Both full-time and day rehabilitation treatment can be of short or long duration.

The centre also offers a Territorial Service that provides support to users and their families, advice on services in the area, information, and awareness-raising.

For the volumes of services, please refer to the Lega del Filo d'Oro website in the section where the social report is published.

## 4. Benefits Provided

The services are provided in accordance with the Individual Rehabilitation Educational Project drawn up for each user to guarantee their psychophysical well-being and provide a response to their specific needs and may concern:

- sensory and neurocognitive rehabilitation
- development and maintenance of communication skills
- classroom learning and development of cognitive skills
- development and maintenance of motor skills
- development and maintenance of autonomy with regard to domestic activities
- development and maintenance of social and adaptive social skills and experiences of socialisation and inclusion
- occupational, work and expressive activities
- development and maintenance of personal hygiene, daily living and independence skills
- development and maintenance of orientation, mobility, and autonomy skills
- learning to use technological aids for communication, autonomy, mobility and inclusion
- participation and recreational activities (socio-recreational moments, family relief initiatives, etc.).



- rehabilitation therapies: physiotherapy, speech therapy, water physiotherapy, music therapy.

Each user is allowed religious assistance in accordance with his or her faith.

During the period of rehabilitation treatment, health care and assistance of the guest is guaranteed, as well as assistance and support in personal hygiene and care and in normal daily activities.

## HOTEL SERVICES

In addition to the services listed above, the Centre provides general food services; the Centre is equipped with an in-house kitchen for the preparation of meals, which are consumed by users in dedicated areas usually during stays within their own groups/flats; the food service is also guaranteed for family members and accompanying persons who can access the canteen or, in the case of short-term treatment, can consume meals during stays within their own accommodation (see p. 26).

Monthly winter and summer menus are prepared and made available at the Centre, with the possibility of requests for menu variations and choice, also with respect to religious affiliation; customised diets are also defined according to the needs and taste of the users.

Laundry and cloakroom services are also provided. A transport service is provided in order to guarantee users the possibility of attending outside activities, also having an inclusion function with the territory. Inside the centre there is a room where personal services, such as barber and hairdresser, podiatrist, etc., are offered on request or as needed. The cost of these services is borne by the user.

## 5. The methodological approach

The main orientation followed by the Lega del Filo d'Oro is the cognitive-behavioural approach with particular reference to the ecological vision that has its roots in experimental psychology, especially that interested in the study of learning processes and their interconnections with affective and motivational dynamics. This approach is characterised by the fact that it combines two aspects of the rehabilitation process that cannot be isolated from each other; indeed, this would lead to design artificiality and operational inefficiency, i.e., an environment characterized by a wide range of situations that affect the individual and the person capable of expressing more or less complex and articulated behaviours.

This approach, which aims to give methodology considerable importance, must not lead the practitioner to underestimate the role played by powerful variables such as empathy, the quality of human relations, etc., which weigh heavily in creating a qualitatively satisfying relationship.

The Lega del Filo d'Oro also uses the network methodology to create relationships, communication and integration through the involvement of the person with disabilities and to enhance personal, as well as family and social resources through the activation of existing services and supports.

## 6. Functional Chart and Organisational Model

The care and treatment needs of people with psychosensory multi-disabilities, experienced over the years by the Lega del Filo d'Oro, have highlighted the need to provide an operator/user ratio numerically higher than the standards defined by the current legislation for admissions to the Diagnostic Centre and the School Age Sector and for short-term treatments, which normally provide for a 1 operator/1 user ratio (except on holidays).

In organisational terms, the Rehabilitation Centre is divided into the following services, coordinated by a Director:

- Diagnostic Centre;
- Educational-Rehabilitation Services (School Age and Adults);
- Health Service
- Territorial Service.

In each service, professionals from the various areas work as a team, integrating multidisciplinary skills for a global care of the user; this working method is facilitated by the use of the computerised user file, which allows a systematic collection of data and information on the user for continuous updating, functional to the best design and related monitoring of the individual plan.

In residential services, the educational rehabilitation workers are organised on two shifts (morning and afternoon), while the nurses and socio-health workers work on a continuous cycle; the night shift therefore includes nurses and socio-health workers.

The following paragraphs describe the services of the Rehabilitation Centre, while the graphic and descriptive function chart is attached to this Service Charter.

### DIAGNOSTIC CENTRE

The Diagnostic Centre is unique nationwide for all Lega del Filo d'Oro centres and carries out, through an interdisciplinary psycho-educational and medical team, the diagnostic evaluation (with a 1-week rehabilitation treatment) and early treatment of children with deafblindness and multisensory impairments up to the age of 6 (with a 3-week rehabilitation treatment).

In addition, outpatient and home treatment can be provided.

The Diagnostic Centre is managed by the **Sector Director** with the close collaboration of a **Psychologist** (Case manager) who supervises and organises the work of the operators and all educational and psycho-pedagogical activities.

The service makes use of professional services:

- **Social Worker** whose functions include reception and analysis of users' needs, help for families and relations with territorial services for integration projects;
- **Clinical Psychologist**, who deals with the psychological aspects of the disability condition and intra-family relations together with family members;

- **Educational-Rehabilitation Workers (Professional Educators)** who have developed specific expertise in the assessment and treatment of people with deafblindness and/or multisensory impairments and in early intervention;
- **Physiotherapists, Speech and Language Therapists, Music Therapists and Rehabilitation Technicians** (orientation and mobility instructor, aids and occupational activities technicians);
- **Medical Director, Facility Physician and Professional Consultants:** ophthalmologist, audiologist - phoniatriest, physiatrist, neurologist, orthopaedist, dentist, paediatrician, dental hygienist, neurophysiopathology technician, dietician
- **nursing staff.**

On the lower levels, the facility houses the reception areas and rooms where specialists check the individual's abilities and response to stimuli during their stay in order to draw up the intervention programme together with medical assessments.

On the second and third floors is the residential core of the Diagnostic Centre, consisting of flats to accommodate the user with the family (see p. 26).

## EDUCATIONAL-REHABILITATION SERVICES

The Educational Rehabilitation Services carry out rehabilitation activities through the definition and implementation of the individualised educational rehabilitation project and, depending on the age of the user, are divided into:

**Educational Rehabilitation Services School Age (4 to 18 years)**

**Adult Educational Rehabilitation Services (over 18 years).**

Within the framework of the Educational Rehabilitation Services, **short-term full-time treatment** with a rehabilitation treatment period of normally 3 weeks or **long-term treatment** for agreed periods on the basis of the educational rehabilitation project (also of 1 or 2 years, which can be extended) can be provided.

In addition, inpatient, outpatient and home treatment can be provided.

These are all services with a markedly interdisciplinary approach, whose operational staff consists of professionals from the health, psychological, pedagogical, educational, social and technical-rehabilitation areas.

The **directors** of both services work with **pedagogists** and **psychologists** (case managers) who are involved in coordinating the educational-rehabilitation workers and in following up the educational activities for the users.

The **social worker** is a constant point of reference for the families and for the operators of the territorial services involved in case management.

The main protagonists of the rehabilitation programme are the **Educational-Rehabilitation Workers** (among whom are also included the Teachers of the internal infant and primary school) who progressively implement a series of interventions for learning skills, according to the provisions of the integrated individualised plan.

The educational-rehabilitation operators also act as a *trait d'union* between the various professional figures who contribute to the implementation of the programme: the

**Physiotherapist, the Speech Therapist, the Music Therapist, the Nurse, the Social and Health Worker), the Orientation and Mobility Instructor, the Occupational Activities Technician, the Aids Technician.**

In particular, in the collaboration-exchange relationship between educational-rehabilitation operators, nurses and technical assistance operators, who follow the users throughout the 24-hour period, conditions are created for controlling and maintaining the best health conditions of the guests.

The various educational rehabilitation activities are carried out in classrooms **and workshops** for educational and occupational activities, with the aim of enhancing skills and offering opportunities for socialisation, relationships and inclusion.

In addition, the users of the **School Age Sector** are housed in flats where it is possible to replicate ordinary daily living conditions, respecting the privacy and habits of each user, while favouring moments of sociability.

## HEALTH SERVICE

This service is assigned the function of providing health care to all in-patients, both at the Diagnostic Centre and at the Rehabilitation Services.

The service, coordinated by a **Medical Director**, relies on:

- two **facility doctors**;
- **Professional Consultants**: ophthalmologist, audiologist - phonologist, psychiatrist, neurologist, orthopaedist, dentist, paediatrician, dental hygienist, neurophysiology technician, dietician;
- **nursing staff**, present throughout the 24 hours;
- **Physiotherapists, Speech Therapists, Music Therapists** who deliver the prescribed rehabilitation treatments and assist doctors in the assessment phase.

The centre has an infirmary and outpatient clinics for the various medical specialists, as well as specific, well-equipped rooms for visual assessment and hearing tests.

## TERRITORIAL SERVICE

The Territorial Service operates through a **team** composed of a social worker, a territorial operator and various professionals who intervene according to need (psychologist, orientation and mobility instructor, aids technician, occupational activities technician).

The purpose of the service is to help the person with deafblindness and/or multisensory impairments to build a life project aimed in particular at **enabling and facilitating the insertion and inclusion of the user in the environment in which he/she lives**, consolidating his/her skills, potential and autonomy, enhancing personal, family and social resources, activating all existing services and supports.

The **priority objectives** of the service therefore include:

- contribute to **improving the quality of life** of the user and his or her family;

- promote an **active role of the person with disabilities in the** interventions that affect him/her, in solving his/her problems and also in society;
- **strengthen the 'support network'** (primary and secondary) by also improving the ability to enter into an effective relationship with the user and between all those involved;
- **create moments of knowledge and development**, through recreational activities, and socialisation;
- **provide supervision at school** and in community services, and **promote job placement**.

The Territorial Service provides information on deafblindness or multisensory impairments, resources and services that can be activated in the territory.

In addition, together with the Centre's Services, it plays a role in raising awareness in the area with organisations and services and in supporting communication and fundraising activities.

## 7. The way the service is provided

### JUDGEMENT OF ELIGIBILITY

In order to be admitted for the first time to the Centre's diagnostic and rehabilitation services, whether in in-patient, out-patient or home care settings, and/or to the services offered by the territorial service, it must first be verified whether or not the disability falls within the Organization's remit.

Those requesting access to the centre's rehabilitation services are sent a questionnaire at home to be completed by the family.

The questionnaire is evaluated by the Sector Director and the Health Director, who may request additional documentation from the family if necessary.

If the ascertained disability falls within the organisation's competence, the user is referred either to the Diagnostic Centre for assessment or to the territorial service for the definition of a hypothesis of intervention on the territory.

In the event of a judgement of non-competence, the social worker nevertheless contacts the family again to justify the assessment and direct the user towards other services deemed more appropriate to the specific situation.

### INPUT INTO THE WAITING LIST AND PROGRAMMING OF ENTRANCE TO THE DIAGNOSTIC CENTRE

To gain access to the Diagnostic Centre, the user is placed on a waiting list managed by the Rehabilitation Centre Management through the collaboration of the Social Worker. The following criteria are adopted for scheduling admissions to the Diagnostic Centre (in order of priority):

- chronological order of entry on the waiting list with priority given to early intervention and, for users over 4 years old, to first assessments;
- requests from users admitted or to be admitted to other Lega del Filo d'Oro Centres;

- special needs expressed by the family and formalised in the request for further treatment or during subsequent contacts with the social worker;
- replacement of those who withdrew or were unable to attend at the time of the call with the next entrants in the chronological order (if available) or other booked residents in the area or in the Marche Region.

Approximately two months before the planned date of admission, the families concerned are notified by telephone and by letter in order to prepare the necessary documents for admission.

### Which documents to prepare for 'admission

The following documents are required for admission to the Diagnostic Centre:

#### To be presented before admission

- rehabilitation treatment authorisation;
- doctor's prescriptions on ongoing drug therapies;
- diagnosis (medical certificate);
- haematochemical, instrumental and clinical examinations (as requested by the Medical Director on a case-by-case basis);

#### Upon admission

- vaccinations carried out;
- certificate from the attending physician of no current infectious diseases dated not earlier than 7 days;
- health insurance card and ticket exemption card (photocopy);
- tax code (photocopy);
- report of recognition of civil invalidity or blindness or deaf-mutism (photocopy);
- documentation on the user's economic situation (pensions, allowances, etc.).

### How to obtain authorisation for rehabilitation treatment from the A.S.L. (Azienda Sanitaria Locale – Local Health Authority)

Emergency admissions are not carried out at the Lega del Filo d'Oro: all admissions must be planned and authorised in advance.

The Social Service and the Centre Management will provide (via the family) the GP with all the information needed to justify the request or prescription for rehabilitation treatment.

In the Marche Region, this prescription is already valid as authorisation for the requested service.

In other areas of the national territory, authorisation is granted by the A.S.L. (Azienda Sanitaria Locale – Local Health Authority), following a request by the general practitioner and the acquisition of a favourable opinion from a 'rehabilitation' specialist of the same A.S.L..

Authorisation can take quite a long time, so it is necessary to apply for it as soon as the date of admission/treatment is fixed.

## ACCEPTANCE AND ADMISSION TO THE DIAGNOSTIC CENTRE

In the "acceptance interview" that is conducted with the family on the day of admission, the Medical Director performs the functions of health protection and checking the documentation required for admission.

At the end of the interview with the Sanitary Director, the Social Worker ensures that the family is accompanied to the flat and explained how the guest quarters work, with particular reference to the logistical and organisational aspects relating to the use of the facilities and common areas (see p. 26).

At the first interview with the family, the social worker submits the 'Family Rules/Informed Consent' for review and signature.

Finally, also on the day of admission, the psychologist (case manager) conducts the 'entrance interview' with the families aimed at acquiring up-to-date information on the user and identifying the possible objectives of the evaluation intervention.

## DIAGNOSIS, ASSESSMENT, AND THE FORMULATION OF THE REHABILITATION PROJECT

The functional evaluation at the Diagnostic Centre usually takes one week (rehabilitation treatment lasts from Monday to Saturday) and is carried out according to a protocol that provides (in brief)

- functional assessment of abilities related to all areas of intervention, by educational rehabilitation workers;
- specialist medical examinations;
- observation and treatment sessions by therapists and other technicians;
- Coordination of health and socio-psycho-pedagogical interventions by respective directors, and collection of the outcomes and comparative examination of them in the team;
- team drafting of the individualised rehabilitation project.

## EARLY INTERVENTION

Early intervention follows the same protocol as in the previous paragraph and involves an average rehabilitation treatment of three weeks; in the first week, all medical examinations are usually carried out.

The content and objectives of early treatment aim to get to know all the child's characteristics and abilities in order also to make the best use of residual resources and to develop alternative strategies such as different ways of using smell, touch, skin sensation, memory, etc.; it is not only neuro-sensorial rehabilitation, but also motor and cognitive, communicative and personal autonomy rehabilitation, aimed at the development of basic skills and the development of the child as a whole.

Early rehabilitation action is therefore set up in such a way as to allow any possible learning process, to make new experiences, to discover and strengthen the motivations behind actions, to activate all potentials, starting with the sensory residues that need correct and intense stimulation.

Moreover, the intervention plan is oriented towards enhancing the role (affective, educational, rehabilitative) of the family (housed with the user at the Diagnostic Centre), which is offered information, guidance, counselling and individualised teaching on how to take care of its child.

## RESIGNATION

The user admitted to the Diagnostic Centre is discharged at the end of the rehabilitation treatment period planned and authorised by the A.S.L. Before the end of the rehabilitation treatment period, the user may be discharged at the written request of the family.

In order to carry out a protected discharge, various forms of 'assistance' are provided for the return home, including in particular:

- adequate information to family members involved during treatment and to the treating doctor
- transfer of documentation and all necessary 'materials' to ensure continuity and coherence of intervention
- indications for the continuation of the rehabilitation project on the territory.

At the end of rehabilitation treatment, the psychologist (case manager) meets with the user and/or family members to analyse the results of the assessment and provide suggestions on interventions to be carried out either at the Rehabilitation Services or in the family or at local services (e.g. school).

In this context, the opportunity to proceed with a take-over by the territorial services of the Lega del Filo d'Oro, if present in the region of residence of the user, is also assessed.

All documentation and reports drawn up by the various professionals at the end of the treatment period are then sent to the user and/or family members.

If the result of the assessment carried out at the Diagnostic Centre gives rise to the need for access to Rehabilitation Services, the User must submit a written request for admission for short or long term treatment, full-time or day rehabilitation treatment, outpatient or home treatment, or for follow-up checks to be carried out at the Diagnostic Centre, or for early re-treatment.

## INPUT INTO THE WAITING LIST AND SCHEDULING OF ADMISSION TO REHABILITATION SERVICES

Upon submission of the appropriate request, the user is placed on a specific waiting list (separate for short- and long-term treatment), on the basis of which the rehabilitation treatment schedule is prepared, taking into account the following criteria

- chronological order of entry on the waiting list;



- needs represented by the family or user, also in relation to age groups;
- requests from users admitted or to be admitted to other Lega del Filo d'Oro centres;
- Fit into the cohabitation and treatment groups under different profiles (motor skills, age group, homogeneity by pathology, level of educability, behavioural compatibility).

#### **Which documents to prepare for 'admission**

For admission to rehabilitation services, the same documents are required as those on page 20 to which reference is made.

The complete list of documents to be submitted is attached to the letter sent by the Centre's management informing of the availability for inclusion.

#### **How to obtain rehabilitation treatment authorisation from the A.S.L.**

Please refer to page 20 on how to obtain a pledge.

### **ACCEPTANCE AND ENTRY IN REHABILITATION SERVICES**

In the "acceptance interview" that is conducted with the family on the day of admission, the Medical Director performs the functions of health protection and checking the documentation required for admission.

At the end of the interview with the Health Director, in the case of short-term treatment, the Social Worker takes care of the family and accompanies them to the flat, handing them the keys to the rooms and illustrating the functioning of the guest quarters with particular reference to the logistical and organisational aspects relating to the use of the facilities and common areas.

At the first interview with the family, the social worker submits the 'Family Rules/Informed Consent' for review and signature.

For long-term treatment, the social worker also agrees with the family on the four-monthly schedule of his or her presence at the Rehabilitation Centre and the user's return home.

On the day of admission, in the case of short-term treatment, the Service Managers (Case Managers) carry out the "entrance interview" with the user and/or family aimed at acquiring up-to-date information on the user and identifying the possible objectives of the educational rehabilitation intervention.

At the time of admission, in the case of long-term treatment, hosts are asked to replace their general practitioner with a general practitioner or paediatrician from the Municipality of Osimo.

### **AREAS OF INTERVENTION WITHIN THE REHABILITATION SERVICES**

After an initial reading and analysis of the documentation drawn up in previous treatments, the collection of information on the territory and following interviews with the user and the family, the interdisciplinary team defines the objectives of the intervention, draws up and implements the integrated individualised plan, carrying out intermediate and final checks on the achievement of the objectives.

In the integrated individualised plan an attempt is made to identify the user's strengths, expectations and significant goals. It is a customised programme to implement the life project and meet the user's needs with the aim of developing the 'domains' of quality of life:

- emotional well-being
- personal development
- interpersonal relations
- social inclusion.

The educational-rehabilitation activity covers numerous areas of development of skills, abilities, competences and in each of these areas we aim to pursue various objectives in relation to the characteristics of the individual user:

- **sense-perceptive area**

Functional utilisation of residual and vicarious senses, aimed at the acquisition (and maintenance) of usable skills in communication, personal and relational autonomy, and independence.

- **cognitive area**

Stimulation of attentional, mnemonic functions and intermodal processes for the acquisition of the prerequisites for learning basic concepts and, when possible, fundamental school knowledge.

Stressing learning processes and cognitive skills in terms of sense-motor intelligence, representational intelligence and problem solving, as well as integration skills.

- **orientation and mobility**

Development of perceptual, cognitive and psychomotor skills for the acquisition of the necessary skills for orientation and mobility; subsequent teaching to grasp environmental clues and techniques for autonomous and safe movement in a known or external environment to interact with the context; use of technology for mobility.

- **communication area**

Development of the distinction of self and non-self in order to proceed to the relationship with the other and the surrounding environment; development of the intentionality to dialogue.

Development of the receptive and expressive component (learning and use of various communicative codes); development of language through speech therapies and music therapy; learning to use assistive technology and technological aids, including customised ones, to stimulate, facilitate and maintain communication.

- **motor area**

Development and enhancement of gross-motor skills and balance, acquisition and development of fine-motor and coordination skills.

Use of physiotherapy and hydrotherapy in water (pool) to improve the static and dynamic posture of the subject, identification and qualification for the use of prostheses/orthoses and physiotherapeutic aids.

Treatment of oral and pharyngeal chewing and swallowing disorders through speech therapy.

Development of awareness and control of one's body and its properties necessary for growth and progressive exploration of the surrounding environment.

- **social and adaptive-social area**

Development of social skills for relationships and inclusion.

Development of skills for managing one's own emotions and behavioural self-control in various everyday life situations and in dealing with others; development of a harmonious and balanced self-concept and self-esteem; development of satisfactory relationships in interactions with others and the environment.

Learning functional adaptive-social behaviour in relation to external environments (shops, leisure facilities, public transport, etc.).

- area of personal autonomy

Acquisition and maintenance of the skills achieved and enhancement of skills in personal care actions: washing, dressing, eating, sphincter control; development, acquisition and recovery of autonomy in the use and care of clothing.

Development, enhancement and consolidation of management, household and cooking skills; development and enhancement of pre-occupational and occupational, leisure, sports, theatre, independent living skills.

For elderly users, the focus is also on delaying cognitive degeneration.

Voluntary participation in research projects for the development and application of new rehabilitation methodologies, especially in the area of assistive technology, may be envisaged as part of the educational rehabilitation intervention.

The integrated individualised plan is shared with the user/family members who sign it.

### A typical user's day

The day of life within the rehabilitation facility is, as a rule, punctuated by predefined activities and schedules.

At 8 a.m., the user is taken over by the educational-rehabilitation operators who will follow him/her throughout the day (until 8 p.m. in the case of short-term treatment or 9.30 p.m. for long-term treatment), accompanying him/her along an itinerary that includes

- personal hygiene activities
- school attendance (only for users in the School Age Sector)
- expressive workshops or occupational activities
- rehabilitative therapies
- learning of various skills (according to the individualised integrated plan)
- leisure and socialisation/inclusion activities
- meals (lunch at 12.30 p.m., dinner at 6.30-7 p.m.).

All these activities involve the intervention of various technicians and specialists who work alongside (or replace) the educational-rehabilitation worker. Health checks and medical examinations are carried out as needed.

## FAMILY INVOLVEMENT

In particular, the following resources are activated for family members:

- in the event of the user's rehabilitation treatment, the possibility of being hosted in the Centre and observing educational rehabilitation interventions and being directly involved in certain activities of interest to the family;
- the professional intervention of the social worker, aimed at the most appropriate use of personal, environmental and social resources;
- psychological support and counselling to parents or family members;
- psycho-pedagogical counselling to make the educational-rehabilitation interventions carried out in the family consistent with those implemented in the centre;
- the possibility of participating in 'parent training' initiatives.

## Hospitality and 'Hotel' Accommodation

Specially designed flats are set up in the centre to accommodate the user with the family during assessment and **early treatment at the Diagnostic Centre** and **for short-term treatment**. All flats are organised with a common living room and two lodgings. Each accommodation consists of a double room, a single room and a bathroom. Two lodgings per floor are intended for persons with motor disabilities.

The presence of personal spaces allows families with users to maintain privacy and enjoy moments of their own. Shared living, on the other hand, allows the other family to share their daily routines, thoughts, experiences, concerns and joys. Having an informal environment, where each family can maintain its own lifestyle, guarantees the user's peace of mind and consequently the effectiveness of the treatments, which require the greatest possible cooperation from the family, considered an integral part of the rehabilitation process.

For users from 0 to 2 years of age, the cost of accommodating the parent may be borne by the National Health Service, at the discretion of the competent A.S.L.; for other inpatient stays, the family is asked for partial reimbursement of the actual costs incurred (for board and lodging).

During the stay in the family centre, activities can be organised with the support of professionals and volunteers, such as outings and thematic meetings.

Family members and caregivers are given the service's Operating Rules, which describes the rules of community life.

## Visits to guests and returns to the family in long-term treatment

The management considers it is of fundamental importance that relations between the user and his or her family are kept alive and frequent; this is why it encourages returns to the family at weekends or family visits with the possibility of using the guesthouse.

Access can be made daily at any time after notifying the social worker.

For all users in long-term treatment, a calendar of returns to the family is drawn up annually at Christmas, Easter and in the summer season.

To enquire about the user, the family can phone the service director, the doctor and case managers, the social worker and other responsible persons according to their specific competences.

### **Parent Training and meetings with families**

Parent training is group work, led by a technical professional who may belong to the psychological area, with groups of about ten families.

The parental training approach implemented at the Lega del Filo d'Oro is based on a prior knowledge of the parents' educational beliefs and attitudes and focuses mainly on the psychological problems that the presence of a family member with a disability can bring.

Family members find mutual support and greater serenity in the group; they also acquire some technical-practical learning on how to educate and relate to their children.

In addition, meetings are organised with the families of users of the Rehabilitation Centre and the Territorial Service on specific topics with the organisation's professionals and consultants.

### **Modalities of access to educational rehabilitation and social-sanitary documentation**

At the end of short-term treatment and annually in the case of long-term treatment, reports drawn up by the various educational and rehabilitation figures to illustrate the intervention carried out and the objectives achieved are delivered to the guardian/support administrator or their delegates; in the case of long-term treatment, the psycho-educational and health report is delivered.

The request to receive a copy of health documentation (e.g. medical records and reports) must be made in writing by the person entitled to do so (user, guardian, support administrator) using the form available from the secretary's office. The maximum time limit for the delivery of a copy of the medical file is 30 days, as well as for any other document in the user's file that may be requested.

## **INVOLVEMENT OF VOLUNTEERS**

The Osimo Centre relies on the valuable collaboration of volunteers who can offer significant relational and social integration opportunities to the Centre's guests, contributing to the improvement of their quality of life. Following participation in the annual basic course (which includes a theoretical part and operational coaching), volunteers are placed in support of the Centre's staff and the Territorial Service, both for direct activities in contact with users and indirectly (various services, awareness-raising initiatives, etc.).

## **INVOLVEMENT OF THE TERRITORIAL REALITY**

Alongside the rehabilitation objective of achieving and maintaining the greatest possible degree of autonomy, the life project gives priority to all those activities that allow the guest to socialise and relate, to be occupied in a gratifying and pleasant way, and to participate in the life of the group and the community of reference.

Inclusion with the local reality is implemented through periodic outings to learn about local services (bars, shops, community centres), to participate in the life of the religious community, and to find meeting situations (music groups, local festivals, sports events).

## INPATIENT TREATMENTS

Day care rehabilitation treatment is carried out over an 8-hour period (from 8.30 a.m. or 9 a.m.) on all 6 working days of the week and is aimed at users who reside in an area that allows daily transfers (by their families) to and from home.

The Day Centre is organised with dedicated spaces such as **living/dining rooms** defined to increase the autonomy of the users and the sharing of environments. Guests perform domestic activities (e.g. learn to eat alone and set the table) to be generalised at home.

They also make use of **classrooms and workshops** for educational, occupational, sensory and communication activities, with the aim of encouraging different abilities and offering opportunities for socialisation and integration. Various types of craft and occupational activities are carried out here, from basket-making to carpet weaving, bookbinding, etc..

The interdisciplinary team defines the objectives of the intervention and draws up and implements the integrated individualised plan as indicated on pages 24-25.

## HOME AND OUTPATIENT TREATMENTS

Outpatient treatments are provided in those situations where intervention can be sufficiently circumscribed and focused on single therapies.

Home treatment is carried out through the provision of educational rehabilitation services at the user's residence.

Services are provided from Monday to Friday from 8.30 a.m. until 6.30 p.m./7.30 p.m.

The services that can be provided and the interventions that can be performed are as follows:

### outpatient treatments

- water physiotherapy
- physiotherapy
- speech therapy
- music therapy
- educational rehabilitation intervention
- orientation and mobility
- occupational activity
- learning how to use technological aids

### home treatments

- educational rehabilitation intervention
- orientation and mobility
- physiotherapy

- learning how to use technological aids.

Based on the outcome of the assessment period at the Diagnostic Centre or admission to the Educational Rehabilitation Services, before treatment begins the interdisciplinary team (established on the basis of the type of service requested at the time of registration on the waiting list) defines the objectives and modalities of the intervention.

In the event that the user has not previously undergone treatment at the Rehabilitation Centre, the intervention by the team is defined on the basis of the information acquired through the 'Assessment and Diagnosis Questionnaire' and the results of specialist examinations.

The first home intervention usually foresees the presence of the professional concerned and of the Social Worker of the competent Rehabilitation Service, who, also in order to verify the social context and the existence of the necessary conditions for the implementation of the intervention, can however meet the user and/or family members also before and during the treatment.

For outpatient treatment, please also refer to the specific Service Guide.

## RESIGNATION

The user admitted to the Rehabilitation Services is discharged at the end of the planned rehabilitation treatment period authorised by the A.S.L.

Before the end of the rehabilitation treatment period, the user can be discharged at the written request of the family.

### Resignation Short-Term Treatments

At the end of rehabilitation treatment, the psycho-pedagogical team meets with the user and/or family members to analyse the outcomes of treatment and provide suggestions on interventions to be carried out at home or in the territorial services.

It is then assessed whether it is advisable to carry out supervision and 'assistance' with regard to the user or the territorial services that follow him/her, and to proceed to a take-over by the territorial services of the Lega del Filo d'Oro.

If, during the final interview, the team proposes a renewal of admission or this is requested by the user and/or family members, they are given the appropriate pre-printed form.

In addition, the social worker meets the family members for final arrangements and to collect an overall assessment of the period of stay at the Rehabilitation Centre.

All documentation and reports drawn up by the various professionals at the end of the treatment period are then sent to the user and/or family members.

### Resignations - Long-Term Treatments

The user in long-term treatment is permanently discharged:

- at the written request of family members or guardians;
- in the event that the A.S.L. does not renew the authorisation (i.e. does not grant an extension to the rehabilitation treatment);

- at the conclusion of the educational rehabilitation project, according to the agreed period of rehabilitation treatment;
- by order of the Centre's Management, on the basis of a judgement of supervening incompatibility with the characteristics of the service, issued jointly by the managers of the health area and the educational-rehabilitation area;
- by transfer to another care and treatment facility, more suited to the contingent needs of the user (on the basis of specific health indications).

The centre team makes available the user's educational-rehabilitation and health documentation and provides appropriate assistance according to the principles of protected discharge. It also cooperates with institutions and social workers in the area of residence.

The final treatment plan also takes into account the best adaptation to the new reintegration situation.

### **Conclusion of outpatient and home treatments**

At the end of the treatment, the professionals who provided the services and the Service Manager and/or Social Worker meet with the user and/or family members to analyse the outcomes of the intervention.

When the user is finally discharged, the practitioner draws up a final report illustrating the treatment carried out and the results achieved.

### **TERRITORIAL SERVICE PROCESSING METHOD**

The socio-educational intervention is activated based on the waiting list using the following criteria:

- chronological order of entry on the list
- needs represented by the family or user
- available resources compared to the services to be provided.

### **TERRITORIAL SERVICE DELIVERY METHOD**

The request to use the socio-educational service is deepened through further meetings and interviews, gathering information and trying to get to know the user (and his or her family) better, analysing the support network with which contact can be made.

From the outset, the team acts to encourage the activation or strengthening of social support networks considered to be potential resources. The awareness and involvement of all partners makes it possible to set realistic because shared objectives and is a greater guarantee that these can be achieved.

When the service team has sufficient elements to prepare a project, it meets with the user (and his or her family) to share with them the elaborated assessment and intervention hypothesis.

The team then proceeds to draw up the intervention programme, which outlines the objectives, any planned activities (these may be individual or group activities and



managed with their own resources, volunteers and/or interpreters, or those of the territory), and verifications (intermediate and final).

The team periodically verifies the progress of the intervention by providing appropriate ways of monitoring and evaluating the activities carried out, so as to make adjustments and improvements where necessary.

The audits involve the user/family (and, where necessary, the network of territorial services) in order to "return" the results and/or the problems to be addressed by making them clear and understandable.

The users of the Territorial Service can also make use of the various resources and professionalism present in the centre, based on the assessment of the socio-educational team when defining the intervention programme (e.g. occupational activity workshops, medical counselling, participation in theatre activities).

The Territorial Service is normally provided free of charge, subject to possible reimbursement for certain specific activities (e.g. summer stays, relief weekends, etc.).

### **ADMINISTRATIVE ASPECTS**

There is no fee charged to users to use the services provided; personal expenses (e.g. clothing, barber, hairdresser) are not included.

Family members and accompanying persons of users using the guesthouses bear the costs of their stay (including meals, breakfast, lunch and dinner), for which there is a daily fee in the form of partial reimbursement.

The organisation has relations with an insurance company for the stipulation of various policies such as fire, theft, accidents to employees and volunteers, and vehicle circulation; in particular, it has insurance cover for civil liability for damage involuntarily caused to third parties, including users, by people working at the Lega del Filo d'Oro and by users themselves.

## SECTION 3 - MANAGEMENT, IMPROVEMENT AND COMMITMENTS

Starting in the late 1980s, the Lega del Filo d'Oro started a process of organisational improvement, obtaining in 2001 UNI EN ISO 9001 Certification of the Quality System activated at the Osimo offices and later at the Lesmo, Molfetta, Termini Imerese, Modena and Territorial Offices; in 2009 it obtained BS OHSAS 18001 certification of the Occupational Health and Safety Management System, with the transition to the UNI ISO 45001:2018 standard in 2020.

The commitment to greater transparency and efficiency in its operations and thus to better guarantee and protect users and the various stakeholders is stated in the Quality and Safety Policy defined by the Board of Directors, below.

### 1. Quality and Safety Policy

In defining its Quality and Safety Policy, the Lega del Filo d'Oro Foundation wishes to make known to all stakeholders the assumptions underlying its work and the basic values on which it is based, in order to achieve continuous improvement and the involvement of all stakeholders.

The aim of the Lega del Filo d'Oro Foundation, in pursuing exclusively social solidarity aims, is to provide assistance, education, rehabilitation, recovery and enhancement of residual potential, and support in the pursuit of the greatest possible autonomy for deafblind and psychosensory multi-disabled people. Indispensable prerequisites for the achievement of its social objectives are compliance with the applicable laws and regulations, fairness and transparency of action.

With this in mind, the Lega del Filo d'Oro Foundation intends to pursue the commitments and general objectives listed below:

- to improve the quality of life of deafblind and multisensory impaired people by promoting and implementing services for them;
- ensure the correct understanding of needs, respect and protection of the person, the application of the best and innovative rehabilitation techniques, also developed through research activities;
- enhancing human capital by ensuring continuous training and updating, professional development, awareness and involvement;
- ensuring the involvement of stakeholders and pursuing the satisfaction of their expectations (users, families, supporters, staff, volunteers, suppliers and public bodies);
- ensure the consultation and participation of workers and workers' safety representatives;
- Ensure safe and healthy working conditions and protect health and safety in the workplace to prevent and reduce accidents, injuries and occupational diseases by ensuring proper organisation and management of activities;
- consider Occupational Health and Safety and Quality results as an integral part of the organisation's management;

- pursue the continuous improvement of its processes by constantly verifying their effectiveness and efficiency, the risks and opportunities associated with them, ensuring accessibility, fairness and cost-effectiveness;
- Promote relations with Italian and foreign organisations, bodies, institutes, universities in order to activate collaborations and raise public awareness;
- strengthen the presence in the territory through the opening of new offices and services.

In order to implement the Quality and Safety Policy, the Lega del Filo d'Oro Foundation adopts an Integrated Quality and Safety Management System in compliance with the international standards UNI EN ISO 9001:2015 and UNI ISO 45001:2018. Furthermore, in order to guarantee the correct and optimal use of resources, the Lega del Filo d'Oro Foundation undertakes to draw up a social and/or sustainability report and to certify its annual report.

Since 2014, the Lega del Filo d'Oro has had an organisational model complying with Legislative Decree 231/2001 'Administrative Responsibility'.

It is the Lega del Filo d'Oro's precise commitment to disseminate within the entire organisation, with the various communication tools available, the principles set out, encouraging in every way the participation of staff in the pursuit of continuous improvement.

## 2. Quality indicators, standards and commitments

Quality factors	Indicators	Standard
Accessibility and waiting times	Maximum waiting time for the first scheduled admission to the Diagnostic Centre	1 year
	Maximum waiting time for the first planned short-term admission to Rehabilitation Services	2 years
Issue/delivery of reports and medical records	Maximum time for delivery of medical records	30 days
	Maximum waiting time for delivery of treatment reports	6 weeks

Quality factors	Standard
Reception and information	A reception protocol is followed; all users and their families are welcomed by social, medical, psycho-educational staff
Humanising and improving the intervention process	Customised procedures and protocols defined in team meetings and shared with family members are followed for each user
	Tools and evaluation forms are used to define objectives and monitor treatment results

Quality factors	Standard
	Specialist medical examinations of areas related to multidisability are carried out for each user at the facility, according to a specific protocol
Hotel aspects (meals, comfort ...)	Balanced summer and winter menu rotating over 4 weeks The composition of meals takes into account special dietary needs of users Hotel needs are monitored and taken into account during the stay
Protection of rights and privacy	The organisation is committed to protecting the needs and rights of family members and users also through the adoption of the Code of Ethics, Ethics Guide and Good Practices, which contain the set of values, principles, commitments and responsibilities to which staff refer in carrying out their activities and in their relations with all their stakeholders (stakeholders).
Resignation	Prior to discharge, an interview with the psycho-pedagogical team takes place to return the results obtained and the rehabilitation educational intervention project to be implemented in the area

### 3. User/Family Satisfaction Evaluation System

The Lega del Filo d'Oro, through the use of a special questionnaire differentiated according to the type of service, continuously verifies the level of quality perceived by the user and/or his/her family members.

The questionnaires are made available via an IT platform, whereby family members/users are notified to fill them in.

The Integrated Quality and Safety Management Office, in cooperation with the Managers concerned, periodically reviews and analyses the data collected, which is then discussed with the Management, in order to assess the implementation of actions to improve the quality of the service.

The results of the survey and any improvement actions taken are communicated to users and their families through special meetings or by providing a summary document.

Attached to the Service Charter are the two user satisfaction evaluation questionnaires for the residential centre and the community service.

### 4. Staff and Volunteer Satisfaction Evaluation System

The Lega del Filo d'Oro periodically assesses the level of organisational well-being of staff and the satisfaction of volunteers by means of special questionnaires.

The Integrated Quality and Safety Management Office, in cooperation with the managers concerned, periodically reviews and analyses the data collected, which is then discussed with the Management, in order to assess the implementation of improvement measures.

The results of the survey and any improvement actions taken are communicated to staff and volunteers.

## 5. Submission and Handling of Complaints/Complaints

Users and families, in addition to reporting any dysfunctions in the "User Satisfaction Survey Questionnaire", can report complaints directly to the Social Worker or Service Manager, who will immediately take action to resolve the reported problem, where possible.

Complaints may be submitted in the following ways:

- face-to-face interview, telephone communication or letter
- completion by the user (or family member) of the 'Complaints and Observations Reporting Form'. The form (attached) is also available at the guest quarters or can be requested from the Social Worker; once completed, it must be returned to the Social Worker.

If serious inefficiencies are reported, it is the responsibility of the managers concerned to analyse the problem, to identify remedial action (with the possible collaboration of the General Manager and the Integrated Management System Manager) and to provide the user with a written response within 20 days of receiving the report.

If the complexity of the complaint does not allow the deadline to be met, the manager concerned shall nevertheless inform the user within 20 days of the action taken and the new deadline for sending the reply.

## 6. User participation

Users' participation in the life of the Lega del Filo d'Oro is expressed not only in the ways outlined in the previous paragraphs, but also through the Deafblind **People's Committee** and the **Deafblind People's Family Committee**, advisory bodies of the Foundation.

The Committees have a propositional and consultative function towards the Board of Directors on the needs and general issues related to people with deafblindness and multisensory impairment (both assisted by the organisation and at national level) and their families as well as on the organisation of services for their assistance, inclusion and improvement of their quality of life.

The work of the committees is supported (both financially and organisationally) directly by the Foundation itself.

At the meetings, the members of the Committees are informed about the activities, development projects and various initiatives of the Lega del Filo d'Oro and updated on the main legislative, fiscal and social security news concerning people with disabilities.

The topics on which both the interests of the committees and the willingness of the organisation to acquire the users point of view converge concern:

- the evaluation of residential services from the point of view of meeting users' needs and expectations;
- the identification of problems resulting from deafblindness and multisensory impairments (at the individual, family, economic, employment, and social level) and the resulting support needs;

- the search for solutions regarding '*during and after us*';
- the promotion of the rights of persons with deafblindness and multisensory impairment towards the institutions;
- the elaboration of proposals on the modalities of understanding and collaboration between users/families and operators involved in the social, educational and rehabilitation process.

In pursuit of the above aims, periodic meetings of the Family Committee members with parents present at the Rehabilitation Centre for short-term treatment are also planned.

## 7. Rights and duties of users and family members

List taken from the Decree of the President of the Council of Ministers of 19 May 1995 'General outline of the Charter of Public Health Services'.

Where indicated, the user should be understood to mean family members and/or legitimate third parties (parents, guardians, support administrators).

### RIGHTS

The user has the right to be cared for and treated with care and attention, respecting human dignity and his or her philosophical and religious convictions.

In particular, the user has the right to always be identified by his/her first and last name during processing.

The user has the right to obtain information from the facility about the services it provides, how to access them and the relevant competences.

The user has the right to obtain complete and comprehensible information from the psycho-educational and health personnel regarding the diagnosis, the proposed treatment and its prognosis.

In particular, except in cases of urgency in which delay could endanger health, the user is entitled to receive information that enables him or her to express effectively informed consent before undergoing treatment or operations; said information must also concern the possible risks or discomforts resulting from the treatment. If the staff reaches the reasoned conviction that direct information is inappropriate, it must be provided, unless the user expressly refuses, to family members or those exercising guardianship.

The user also has the right to be informed about the possibility of alternative investigations and treatments, even if they can be performed in other facilities. If the user is unable to determine this for himself, the same information must be provided to the persons mentioned in the previous paragraph.

The user has the right to have data concerning his or her illness and any other circumstances concerning him or her kept secret.

The user has the right to lodge complaints, which must be promptly examined, and to be promptly informed of the outcome.

## DUTIES

The user and his or her family members when entering the facility are asked to behave responsibly at all times, respecting and understanding the rights of other users and family members, with a willingness to cooperate with the staff.

The user/family member's access to the facility expresses a relationship of trust and respect towards the staff, an indispensable prerequisite for setting up a correct rehabilitation, therapeutic and care programme.

It is the duty of each user/family member to inform Managers in good time of their intention to opt out of scheduled treatments and services so that wasted time and resources can be avoided.

The user/family member is obliged to respect the environment, equipment and furnishings within the facility, considering them to be the heritage of all and therefore also their own.

Everyone in the facility is called upon to respect the treatment and visiting hours established by the management, in order to allow normal activities to take place.

Considering that we are part of a community, we should avoid any behaviour that may create situations of disturbance or discomfort to other users/family members (noise, bright lights, loud electronic devices, etc.).

It is a duty to respect both the daily and nightly rest of other users/family members.

Smoking is prohibited inside the rooms.

Staff, to the extent of their competence, are called upon to enforce the rules set out for the smooth running of the service.

The user/family member has the right to correct information on the organisation of the facility, but it is also his or her duty to be informed at the appropriate time and in the appropriate places.

## **SECTION 4 - OTHER SERVICES AND ACTIVITIES CARRIED OUT BY THE LEGA DEL FILO D'ORO**

### **RESEARCH CENTRE**

The organisation carries out research activity on the psycho-pedagogical and technological-rehabilitation side, acknowledging the needs expressed by the residential centres themselves and setting up consequent programmes for the creation, experimentation and fine-tuning of tools and methodologies.

The research also aims to test assistive technologies for constructive interaction with the environment and to increase the occupational and leisure-related communication skills of the psychosensory multi-disabled person.

To this end, the organisation set up its own Research Centre in 1974, with the possibility of carrying out research projects at the various residential centres through a specialised team.

The Scientific and Ethics Committee draws up research lines in the biomedical, psycho-pedagogical and technological-rehabilitation fields and promotes a scientific 'culture' that translates into homogeneous and consistent operational approaches; it also promotes training activities, conferences and workshops.

### **DOCUMENTATION CENTRE**

The Documentation Centre collects, classifies and organises all scientific and audiovisual production relating to deafblindness and multisensory impairments, severe disability, psychology, pedagogy and the non-profit sector.

The material can be consulted, also online, by in-house staff, family members and those with a specific interest in the issues of rehabilitation and autonomy for people with sensory impairments and multiple disabilities, promoting training and updating.

It is responsible for producing a periodical newsletter, 'the bulletin', which contains a bibliography of relevant updates published on topics that fall directly or indirectly within the Lega del Filo d'Oro's fields of activity.

### **INSTITUTIONAL ACTIVITIES AND VOLUNTARY WORK**

At a national level, the Lega del Filo d'Oro works to launch the necessary initiatives in terms of raising awareness among institutions and public administrations, activating services, cooperating with other organisations and associations, opening new offices and coordinating voluntary activities nationwide.

The Institutional Activities sector also carries out secretarial work for the Committees of Deafblind People and Families, organises the National Assembly of Families and the National Conference of Deafblind People and the National Forum of Volunteers, as well as summer holidays.



## Volunteering

The Lega del Filo d'Oro, characterised since its establishment for its voluntary work, implements training programmes for people who wish to become volunteers, in order to make them familiar with the organisation and its activities and to give them the necessary knowledge to be able to interact with users.

In particular, with the important contribution of volunteer staff, the organisation carries out both group and individual activities, e.g. organising summer holidays, outings and leisure and recreational activities within the residential centres and services/territorial centres.

## Summer Stays

Summer stays are a 'historical' activity of the Lega del Filo d'Oro because they have been running since its establishment in 1964. They are organised at a national level by the Institutional Activities sector and allow deafblind young-adult and multi-disabled people to experience recreational and socialising moments with the support of volunteers.

Relief weekends and outings are organised as part of the Territorial Services.

## **STAFF TRAINING**

The care of deafblind and multisensory impaired persons requires specific professionals capable of dealing with such complex disabilities.

The various professional figures are selected based on qualifications and experience as specified in the employment contract and the internal job profile document. For new recruits, an initial period of education and training is guaranteed according to the qualification.

All personnel are provided with ongoing training on 'technical' topics, which is scheduled by means of a three-year training plan and an annual detailed training plan drawn up by the Human Resources office by collecting training proposals from the Function Managers and the Technical-Scientific Management. Where required by regulations, courses are planned for the recognition of ECM credits.

Precisely because of the importance attached to internal training, refresher courses, workshops, conferences and seminars are periodically organised for all employees of the Lega del Filo d'Oro offices. The acquired know-how and experience in the field of deafblindness also become a source of dissemination of knowledge to the outside world through seminars, conferences, workshops.

## **INTERNSHIPS**

Over time, the Lega del Filo d'Oro has established agreements with universities or training organisations for the activation of internships or apprenticeships in the organisation's various services, particularly in those aimed at users. In this context, the aim of the internship is to familiarise the trainees with deafblindness and psychosensory multilingualism and to make them acquire the educational-rehabilitation skills, the intervention methodology, and the approach to severe disability, through observation activities of the organisation's professionals, moments of experience with users and access to information/documentation on the intervention programme.

## CONSULTANCY ACTIVITIES

The technical, scientific, educational and social knowledge and experience developed by the Lega del Filo d'Oro is also made available to respond to requests from parents, professionals, schools and agencies in the area.

## GUIDED TOURS

Guided tours (individual or group, e.g. schools, supporters) of the Lega del Filo d'Oro's various residential centres are possible, aimed at providing a closer insight into the organisation's activities and rehabilitation techniques, also with a view to raising public awareness.

To this end, reservations via the Centre's switchboard are appreciated, so that we can best organise the guided tour with the person in charge, also on the basis of the type of visit requested.

## COMMUNICATION AND FUNDRAISING

Lega del Filo d'Oro's activities are only partially financed by public funds. For this reason, a specific sector of the organisation promotes intensive awareness-raising activities, manages fundraising activities and relations with supporters (private resources account for a significant share of the total income).

## INTERNATIONAL RELATIONS

On an international level, the Lega del Filo d'Oro collaborates with organisations and organisations that work with people with deafblindness and multisensory impairment, with a fruitful exchange of information and experiences. In particular, it adheres to Deafblind International (an international association grouping those who work with and for deafblind people) and operates in several European networks related to deafblindness and multisensory impairments.

The Lega del Filo d'Oro is also part of the international multiple disabilities and visual impairment (MDVI) working group that promotes European projects aimed at developing knowledge and good practice in the education of children and young people with severe disabilities.

The results of about 30 European Projects were transferred into services and interventions with users.

## ATTACHMENTS

Names of Heads and Contacts of Services

Functional chart

## APPENDIX

1. User/family satisfaction questionnaire - Educational Rehabilitation Services - Long-term treatment
2. User/family satisfaction questionnaire - Educational Rehabilitation Services - Short-term treatment
3. User/family satisfaction questionnaire - Territorial Service
4. Form for reporting complaints and observations



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## QUESTIONARIO PER LA RILEVAZIONE DELLA SODDISFAZIONE DELL'UTENTE – SERVIZI EDUCATIVO RIABILITATIVI TRATTAMENTI DI LUNGA DURATA

Gentili utenti / familiari,  
uno degli impegni costanti della Lega del Filo d'Oro è il miglioramento della qualità dei servizi offerti e per questo anche la vostra collaborazione è importante. Vi chiediamo pertanto di compilare il presente questionario rispondendo alle domande e segnando una crocetta nel quadratino corrispondente alle risposte che più concordano con il vostro parere.  
Grazie

La Direzione

Relativamente al progetto socio-educativo-riabilitativo, La preghiamo di esprimere il suo grado di soddisfazione in merito a:

1. Adeguatezza rispetto ai bisogni dell'utente	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
2. Chiarezza nella spiegazione del progetto individualizzato	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
3. Qualità degli interventi di cura della persona (igiene, abbigliamento, ecc.)	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
4. Qualità della relazione con l'utente	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
5. Proposte di socializzazione	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
6. Rispetto del programma individualizzato proposto	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
7. Disponibilità e professionalità degli specialisti riabilitativi	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto

Relativamente al progetto sanitario, La preghiamo di esprimere il suo grado di soddisfazione in merito a:

8. Chiarezza nella spiegazione degli interventi sanitari	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
9. Adeguatezza degli interventi	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
10. Disponibilità e professionalità del personale sanitario	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto

Relativamente all'ospitalità, La preghiamo di esprimere il suo grado di soddisfazione in merito a:

11. Comfort della camera e dell'unità abitativa riservate all'utente	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
12. Comfort degli spazi collettivi (giardino, sala mensa, spazi comuni)	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
13. Servizio pulizia	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
14. Servizio lavanderia	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto



**lega del filo d'oro**

15 Servizio foresteria (se presente)	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
16 Servizio mensa/ristorazione (varietà e qualità)	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto

**In generale, La preghiamo di esprimere il suo grado di soddisfazione in merito a:**

17 Possibilità di ricevere le informazioni	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
18 Qualità del servizio nel suo complesso	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto

**Da compilare SOLO per gli INGRESSI avvenuti NELL'ULTIMO ANNO, La preghiamo di esprimere il suo grado di soddisfazione in merito a:**

19 Informazioni ricevute prima dell'ingresso	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
20 Accoglienza ricevuta al suo ingresso	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
21 Percorso di inserimento	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto

**Eventuali osservazioni generali, critiche, suggerimenti sulla vita dei Servizi Riabilitativi, sulla struttura, su altri problemi:**

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*Indicare Centro di riferimento* \_\_\_\_\_

*Indicare se ricoverato a regime:*

- Residenziale Adulti   
Diurno   
Settore Scolare (solo Osimo)

*Data di compilazione* \_\_\_\_\_

*Nota: il questionario è anonimo, ma se il compilatore desidera essere riconosciuto o anche essere sentito sulle indicazioni espresse, può firmarlo.*

\_\_\_\_\_



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## QUESTIONARIO PER LA RILEVAZIONE DELLA SODDISFAZIONE DELL'UTENTE – SERVIZI EDUCATIVO RIABILITATIVI TRATTAMENTI DI BREVE DURATA

Gentili utenti / familiari,

uno degli impegni costanti della Lega del Filo d'Oro è il miglioramento della qualità dei servizi offerti e per questo anche la vostra collaborazione è importante. Vi chiediamo pertanto di compilare il presente questionario rispondendo alle domande e segnando una crocetta nel quadratino corrispondente alle risposte che più concordano con il vostro parere.

Grazie

La Direzione

La preghiamo di esprimere il suo grado di soddisfazione relativamente ai seguenti aspetti:

1. Informazioni ricevute prima dell'ingresso
2. Accoglienza ricevuta il giorno del suo arrivo
3. Coinvolgimento nel processo valutativo-riabilitativo
4. Rispetto del programma delle visite mediche
5. Assistenza ricevuta dal personale sanitario (medici ed infermieri)
6. Cortesia e professionalità del personale sanitario (medici ed infermieri)
7. Chiarezza delle informazioni ricevute sulle attività educativo riabilitative e sociali e sulle terapie riabilitative
8. Rispetto del programma valutativo-riabilitativo proposto
9. Cortesia e professionalità degli specialisti riabilitativi (operatori educativo-riabilitativi, assistenti sociali, psicologi, terapisti, tecnici, ecc.)
10. Rispetto della persona e della riservatezza durante le visite mediche ed i trattamenti riabilitativi
11. Comfort della camera e degli spazi collettivi
12. Servizio mensa/ristorazione (varietà e qualità)
13. Pulizia dei locali
14. Il servizio nel suo complesso

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molto soddisfatto	Soddisfatto	Insoddisfatto	Molto insoddisfatto



Lega del filo d'oro

## QUESTIONARIO PER LA RILEVAZIONE DELLA SODDISFAZIONE

Eventuali osservazioni generali, critiche, suggerimenti sulla vita dei Servizi Riabilitativi, sulla struttura, su altri problemi:

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Utente del Centro Diagnostico

Utente Trattamento a Termine

Data di compilazione \_\_\_\_\_

*Nota: il questionario è anonimo, ma se il compilatore desidera essere riconosciuto o anche essere sentito sulle indicazioni espresse, può firmarlo.*

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## QUESTIONARIO per la RILEVAZIONE della SODDISFAZIONE dell'UTENTE – SERVIZIO SOCIO EDUCATIVO

Gentili utenti / familiari,  
 uno degli impegni costanti della Lega del Filo d'Oro è il miglioramento della qualità dei servizi offerti e per questo anche la vostra collaborazione è importante. Vi chiediamo pertanto di compilare il presente questionario rispondendo alle domande e segnando una crocetta nel quadratino corrispondente alle risposte che più concordano con il vostro parere.  
 Grazie

La Direzione

### QUANTO È SODDISFATTO DEI SEGUENTI ASPETTI ?

1. Accoglienza ricevuta nel nostro servizio territoriale	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
2. Chiarezza e completezza nella spiegazione dell'intervento	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
3. Coinvolgimento nel processo di intervento	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
4. Disponibilità e professionalità del personale del servizio territoriale	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
5. Rispetto della persona e della riservatezza	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
6. Supporto del servizio di volontariato (se presente)	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto
7. Rispetto dell'intervento proposto	<input type="checkbox"/> Molto soddisfatto	<input type="checkbox"/> Soddisfatto	<input type="checkbox"/> Insoddisfatto	<input type="checkbox"/> Molto insoddisfatto

### Eventuali osservazioni generali, critiche e suggerimenti sul Servizio Socio-Educativo

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Sede territoriale di riferimento \_\_\_\_\_

Si chiede gentilmente di indicare se il questionario è stato compilato da:

Utente   
 Familiare

Data \_\_\_\_\_

*Il questionario è anonimo, ma se il compilatore lo desidera può firmarlo.*

\_\_\_\_\_

