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Associazione Genitori Soggetti Autistici del Trentino – ONLUS
Provincia di Trento

Introduction

- Institutional Aims and Basic Principles -

WHAT IS THE SERVICES CHARTER?

The Services Charter supplies to its users a variety of information about its organization clarifying the nature of the institution and more precisely what the institution deals with; to whom the institution is addressed; what are the services that the institution supplies; terms of access. The Services Charter supplies also guaranteed quality levels.

It is a communication tool between the association and the outside for the enhancement of knowledge and communication of interventions for person with autism and/or correlated syndromes.

The Services Charter represents also an assessment tool for the various Institutions that collaborate with projects and verify the quality of these projects.

The Services Charter is the expression of qualitative levels of intervention which are part of a model that values the individual resources.

BASIC PRINCIPLES OF OUR ASSOCIATION

(according to the Statute and the Directive of Prime Minister of January 27th 1994)

- **EQUALITY**- No distinction in the distribution of the service can be executed. The equal treatment should be guaranteed. The equality is meant as a prohibition of every unjustified discrimination.
- **NEUTRALITY**- The Association inspires its behaviors towards users on objectivity, integrity and impartiality criteria.
- **CONTINUITY**- The distribution of the service should be continuous and regular. In the event of irregular functioning or interruption of the service, actions must be adopted in order to minimize the awkwardness of users. Essentially, the Association should bind itself in order to manage its activities without interruptions in agreement with the annual schedule and with the provisions provided for the existing law. The Association should promptly communicate to users every unexpected change of the agenda and it



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should plan possible interruptions in times of year such as the "closure for summer holidays" of the semi-residential and/or outpatient- home-help services in order to minimize the awkwardness.

- **RIGHT OF CHOICE-** The user has the right to decide on and to break freely the chosen service.
- **PARTICIPATION-** The participation of the user in the service should be always guaranteed. The user has the right to access to the information that must be communicate in clear and understandable way using streamlined procedures.
- **EFFICIENCY AND EFFICACY-** The service should be supplied in order to safeguard the efficiency and the efficacy, taking into account and carefully comparing: used resources and achieved outcomes- achieved outcomes and prearranged goals.

CHARTER OF RIGHTS

During the last century have been produced fundamental documents about the safeguard of the rights of the people with autism; a particular attention must be paid for the United Nations Declaration on the Rights of Mentally Retarded Persons (1971) and for the Rights of Handicapped Persons (1975) and other relevant declarations on Human rights. For what concerns people with Autism Spectrum Disorders, the reference document can be considered the Charter of Rights for person with autism adopted as a formal resolution by the Social Affairs Committee of European Parliament in 1993 and adopted by the European Parliament in may 1996 (see Table 1) which represents a background document.

Another useful document for people with ASD is the Communication Bill of Rights in which all people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence (see Table 2).

Table 1. The charter of rights for person with autism

THE RIGHT of people with autism to live independent and full lives to the limit of their potential.

THE RIGHT of people with autism to an accessible, unbiased and accurate clinical diagnosis and assessment.



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THE RIGHT of people with autism to accessible and appropriate education.

THE RIGHT of people with autism (and their representatives) to be involved in all decisions affecting their future; the wishes of the individual must be, as far as possible, ascertained and respected.

THE RIGHT of people with autism to accessible and suitable housing.

THE RIGHT of people with autism to the equipment, assistance and support services necessary to live a fully productive life with dignity and independence.

THE RIGHT of people with autism to an income or wage sufficient to provide adequate food, clothing, accommodation and the other necessities of life.

THE RIGHT of people with autism to participate, as far as possible, in the development and management of services provided for their wellbeing.

THE RIGHT of people with autism to appropriate counselling and care for their physical, mental and spiritual health; this includes the provision of appropriate treatment and medication administered in the best interest of the individual with all protective measures taken.

THE RIGHT of people with autism to meaningful employment and vocational training without discrimination or stereotype; training and employment should have regard to the ability and choice of the individual.

THE RIGHT of people with autism to accessible transport and freedom of movement.

THE RIGHT of people with autism to participate in and benefit from culture, entertainment, recreation and sport.

THE RIGHT of people with autism of equal access to and use of all facilities, services and activities in the community.

THE RIGHT of people with autism to sexual and other relationships, including marriage, without exploitation or coercion.

THE RIGHT of people with autism (and their representatives) to legal representation and assistance and to the full protection of all legal rights.

THE RIGHT of people with autism to freedom from fear or threat of unwarranted incarceration in psychiatric hospitals or any other restrictive institution.



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THE RIGHT of people with autism to freedom from abusive physical treatment or neglect

THE RIGHT of people with autism to freedom from pharmacological abuse or misuse.

THE RIGHT of access of people with autism (and their representatives) to all information contained in their personal, medical, psychological, psychiatric and educational records.

Table 2. The communication bill of rights

The right to request objects, actions, people and to express preferences and feelings.

The right to choose between different options.

The right to reject unwanted objects, situations, actions and to not accept every offered choices.

The right to request and receive another person's attention and interaction.

The right to ask again for information about objects, people, situations or interested facts.

The right to have access in every moment to every necessary device of augmentative and alternative communication, that facilitates and improves the communication and the right to have this updated device that function properly at all times.

The right of the acknowledgment of one's communication and the right to obtain an answer in every cases.

The right to receive intervention to improve communication skills independently from the level of disability.

The right to be in environments that promote one's communication as a full partner with other people, including peers.

The rights to be informed about people or facts related with the own environment.

The right to be spoken to with respect and courtesy.

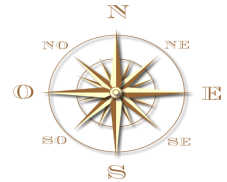
The right to have clear, meaningful, and culturally and linguistically appropriate communications.



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PART 1 - A.G.S.A.T. NPO -



A.G.S.A.T. ASSOCIATION AND ITS MISSION

A.G.S.A.T. (Associazione Genitori Soggetti Autistici del Trentino- Parents Association of Person with Autism Trentino) it's an NPO which aim is to deal with the social and healthcare needs of the people with autism spectrum disorders through the creation and the implementation of a network in which the person and his family are included.

The Association operates only with aims of solidarity in the field of social and healthcare, scientific research, professional training, civil protection of rights and the **enhancement of the quality of life in aid of person with autism and/or correlated syndromes** in order to guarantee the inalienable right to this people for a free and protected life respecting the awkwardness and the principle of equal opportunities.

What autism spectrum disorders?

Autism is defined as a behavioral syndrome caused by a development disorder that first appears early in the first three years of life. This kind of disorder appears in a highly variable range and implies a significant deficit of the development of the mental functions that creates a behavioral syndrome characterized by atypias of the verbal and nonverbal communication, social interaction and by the presence of limited and stereotyped interests. (WHO, 2010; APA 2000).

What are the causes of autism spectrum disorders?

Although the scientific research in the last few years has carried out undeniable progresses, nowadays the causes of autism are still unknown. The nature of the disorder that involves the complexes relationships between mind and brain, doesn't make possible the reference to the sequential etiopathogenic model but it requires the need of a multidimensional approach adaptable to the individual cases.

It is also important to consider that the autism diagnosis as a behavioral syndrome (at moment it is important to remember that doesn't exist a "biological marker" which can help



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the diagnosis) represents a common way of pathological situations, different origins and probably with different etiologies.

According to the actual knowledges, autism has an highly rate of heredity but with multifactorial etiology which result is a structural abnormality in some brain's areas.

What is the prognosis?

Developmental disorders go with the person during his life and show a symptomatological transformations that change during the different evolutionary processes. The child with a diagnosis of autism grows with the disorder but during his life he acquires new skills that permit him a better adjustment in the environment.

Furthermore the promptness of the interventions in the last few years have enhanced the global prognosis of the person with Autism Spectrum Disorders. The interventions has the aim to foster the maximum achievable development of the different compromised skills in the disorder.

How many children are affected by ASD?

According to the recent epidemiological assessments realized in the United States (CDC 2012) there is a predominance of ASD in one child out of 88. Autism doesn't seem to present geographical or ethnic predominance. It is described in all world's populations of every race or social environment but it presents instead a gender predominance because it affects more males than females (3 out of 4).

How A.G.S.A.T.- NPO operates in Disorders of Autism Spectrum?

A.G.S.A.T. NPO offers an intervention model both in the health-rehabilitation environment and in the social environment oriented towards children, teenagers and adults with autism spectrum disorders in order to deal with the different needs of the people during their existence.

National or international guidelines (that can be consulted online on www.snlg-iss.it/cms/files/LG_autismo_def.pdf; www.sign.ac.uk/pdf/sign98.pdf) have ratified something already known by every professional who had worked in this field: there is not only a unique way of intervention for children with ASD (Autism Spectrum Disorder) and neither for the same child during his existence.



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Autism is a condition that goes along the life of the person, for this reason therapeutic interventions must be regulated on the base of specific needs of the evolutionary process and on the base of the challenges that the child has to tackle (for a summary of the therapeutic interventions in autism see Valeri, 2009; Cuva et al., 2012).

Every intervention is strictly **evidence based**, although they're personalized because every person with autism has subjective characteristics.

In particular **prompt diagnosis and intensive treatment**, according to the scientific literature are important to assure the best results of the intervention. (Journal of Clinal Child & Adolescent Psychology Volume 38, Issue 3, 2009 Meta – Analysis of Early Intensive Behavioral Intervention for Children With Autism) Effectiveness of the treatments has been proved regardless of the nature of the approach (evolutionary, cognitive-behavioural, and so on).

Life-cycle

People suffering from autism need a continuity of taking over in accordance with their needs, those change during the evolution of their case history and the natural development.

For this reason therapeutic aims must be revalued during the phases of growth and "retuned" based on the various claims of the subject according to his age. For instance, in precocious age the goal could be the maximum strengthening of the communication skills, in youth the goal could be the interaction of the subject in a group with others. Meanwhile, in the grown-ups the attention would be focused on the self-determination and on employment projects, if it wouldn't be possible to reach the lowest level of attention needed.

Besides the specific goals, there are general and disregarding the age such as psycho-physical well being, social interaction and respect of the rights.

Reference theoretical picture: ABA, Verbal behavior and Early Start Denver Model

ABA stays for Applied Behavior Analysis. It's the applied science that comes from the fundamental science known as "Analysis of Behaviour" (Skynner, 1953).

The Analysis of behavior makes us understand and improve the relationships between behaviors and external circumstances.

The attention of ABA is on significant social behaviours (scholar, social, communication, adaptation skills).

The approach includes also the VERBAL BEHAVIOUR, an important tool that allows the evaluation of the development of language as well as to educate the subject to the use of



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language. Verbal Behaviour stresses the attention on the functional analysis of language, monitoring the natural condition in which it's present.

The Early star Denver Model is a taking charge model for children with autism in pre-school, promoted by Sally Rogers and her collaborators trying to create instruments for parents and professionals in order help them find the first symptoms of the disorder in children under 12 months old.

Table 3. The principles of the TEACCH that well reflect the philosophy of the approach of AGSAT intervention for children with Autism Spectrum Disorders

1. It is essential to adapt the environment to the difficulties of the person in order to teach new abilities.	The child doesn't have to adapt himself to the environment but vice versa.
2. For the intervention at every age it is essential the collaboration between parents and professionals	At preschool age pediatricians and speech therapists; at school age teachers and school directors; after school period employers through the mediation of expert educators who are able to find an appropriate work.
3. For an effective intervention it is essential emphasize the strong points of the child in order to set realistic and reachable goals . Weakness must be recognized and accepted	Emphasis on the concept of developmental profile and ability to focus the attention on the skills that can help the evolutionary process.
4. Theoretical cognitive - behavioral framework	The "problem behaviours" are interpreted as hidden difficulties (iceberg metaphore); for this reason it is important to create a communicative curriculum: the more the child communicates the less is the probability of the appearance of problem behaviours (PB).
5. Functional diagnosis and evaluation of the developmental areas.	Importance of a precise evaluation of the developmental areas through specific evaluation scales:



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	Evaluation scale on the import of the specific symptoms of autism (CARS). Psychoeducational profile (PEP-3). Evaluation profile for the transition to work (TTAP).
6. Structured teaching supported by visual devices	The organisation of the environment helps the child to calm down and to learn. The mind of an autistic child is characterized by confusion for this reason a tidy and organised environment can help child to reorganise this confusion. The same happens also with prosthesis that compensate for a lack of an anatomical structure.
7. Multidisciplinary training and Generalist Model	The priority areas of teaching should be the deficit areas of the child: communication, social and leisure abilities, job autonomy and the management of PB.

The activities take place in the rehabilitation clinic (Trento, Via Maroni 15) and the socio-educational clinic (Maso Zancanella, Via delle Palazzine 7, Spini di Gardolo, Trento), but also there are also home-base intervention, collaboration with schools and other entities, in accreditation with Azienda Provinciale per i Servizi Sanitari della Provincia di Trento.

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METHOD OF ACCESS TO THE SERVICE

First contact by telephone or direct.

The family, the social assistance or the institutions can contact the person in charge for the health care coordination. The application is transcribed on the "application form for access"

Contact with the social assistance (if available)

Contact with AMIC Association (only for foreign patients)

The Association ensures a service of social mediation in order to ease the foreigner. The Association offers linguistic and cultural mediation, translation and interpreting and cultural information.

Observation meetings and possible healthcare ascertainties oriented to a functional evaluation of the person. These ascertainties are important for the creation of an individual therapeutic project.

Specialists involved in this step are: speech therapist, educator/pedagogue, neuro-psychometrician, psychologist/psychotherapist and Neuropsychiatrist. At the end of the evaluation process the multidisciplinary team shares every single evaluation and it formulates a therapeutic plan.

First examination for the patient and the family with the Neuropsychiatrist of the "Azienda Provinciale per i Servizi Sanitari".

If the specialist considers that the person presents difficulties that can be assimilated with autism and/or correlated syndromes, together with the family, the person is sent to A.G.S.A.T. for diagnosis and evaluation.

First examination for the patient and the family with the Neuropsychiatrist , Medical Doctor of A.G.S.A.T.

Depending on the access plan the Neuropsychiatrist meets the patient for the first examination.

If the person has received a diagnosis of Autism Spectrum from the National Healthcare Service together with the family, the neuropsychiatrist creates the case history and organises an evaluation path.



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Shared patient management

The Coordinator of the Association maintains regular contacts with the family and informs parents about various dates and monitoring meetings.

Restitution and organisation of therapeutic and rehabilitative plan

The Neuropsychiatrist gives to the family the evaluation and presents the therapeutic plan.

INITIATIVES TO EASE THE PATIENTS ACCESS TO THE SERVICES AND TO REDUCE BARRIERS

The organization, in order to overcome the lingual barriers in accessing healthcare has activated a collaborative agreement protocol with the Association of cultural mediators of Trento (A.M.I.C.). Our Services Charter has been translated in german and english and published on the website of our Association (www.agsat.org) in order to facilitate users; at the first meeting with the family the coordinator informs the family about the services that are also explained in the brochure displayed at the entrance. At the booking time of the services the Association provides information about waiting times, preparation terms for the fruition of services and about the possibility to require the same services in others facilities of SSN.

Informative meetings on the procedures and provided services are regularly held by pediatricians and by persons in charge of the area.

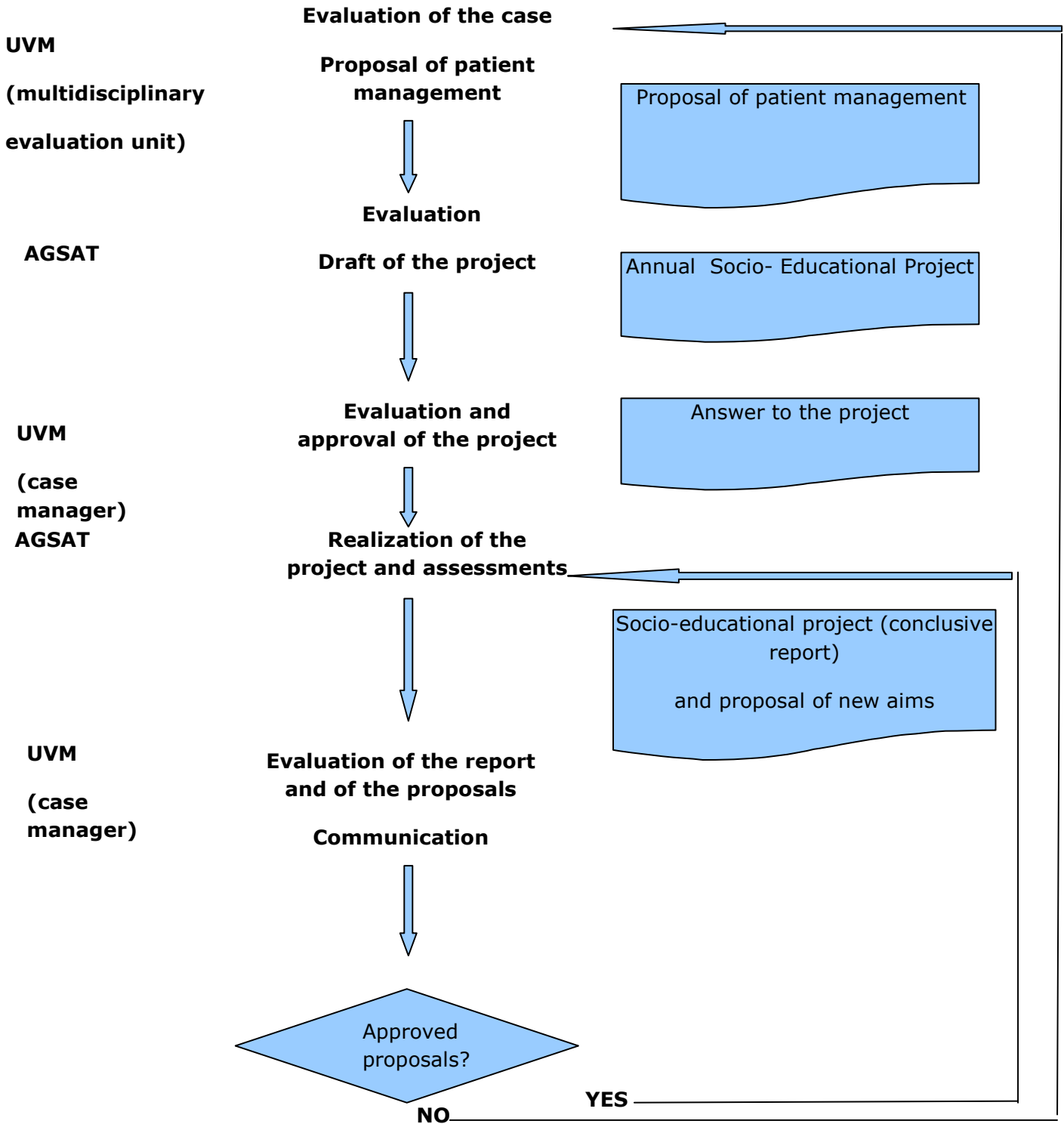
Informative meetings are regularly held on the activities of the Association and on the provided services.



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PATIENT MANAGEMENT IN SOCIAL-HEALTHCARE ENVIRONMENT





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ACCESS TO THE SERVICES AND WAITING LIST

The access takes place according to some requirements consisting in a certified Autism diagnosis and the request by the Azienda Provinciale per i Servizi Sanitari.

Thanks to the healthcare collaboration with the Azienda Provinciale per i Servizi Sanitari della Provincia di Trento (which represents the regional healthcare provider within the Autonomous Province of Trento) people with autism can enjoy our services through a GP's referral.

With this GP's referral, people that have "Codice di Esenzione" (an exemption on the prescribed controls) can receive by the SSN (National Health System) treatments and therapies free of charge within the bounds established by the Provincia for residents and non-residents.

For every prescription without "Codice di Esenzione Utente", the patient will have to pay a ticket as required by the SSN.

The evaluation protocol implies:

- a medical examination with the Child Neuropsychiatrist who is Medical Director of our Association;
- a psycho-diagnostic testing;
- an inter-disciplinary evaluation (psychomotor, speech therapy, psychoeducational, cognitive and neuropsychological)
- the draft of a conclusive report (Functional Diagnosis) and a meeting with the family

Once the meeting with the family has taken place, if the patient's pathology is part of autistic pathology and for this reason is also part of the A.G.S.A.T. NPO services, every therapeutic and rehabilitative treatments are part of the program of rehabilitation and control.

The program of rehabilitation implies:

- speech therapy
- psychomotility
- psychoeducation
- interview/counselling
- multidisciplinary team
- school meetings



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- social assistance meetings

The program of periodical control implies:

- neuropsychiatric control examination
- meeting with the clinical psychologist
- multidisciplinary control team
- clinical report/ certification

We guarantee a psychological support to the families through individual or group meetings.

As far as the waiting list is concerned in the rehabilitation clinic, priority criteria pertain to the date of first get in touch and the early age of the subject. The other clinic and school treatments don't have a waiting list.

TERMS OF DISCHARGE FROM SERVICES

According to an entirety patient management A.G.S.A.T. provides support and services from childhood to adulthood for autistic person. Once achieved first educational aims it is possible to evaluate together with the family the continuation of the therapeutic process in order to achieve new goals or there is the possibility to integrate the patient in others more functional realities. Through the "discharge application" form availables in secretary's office the family can ask for the discharge.

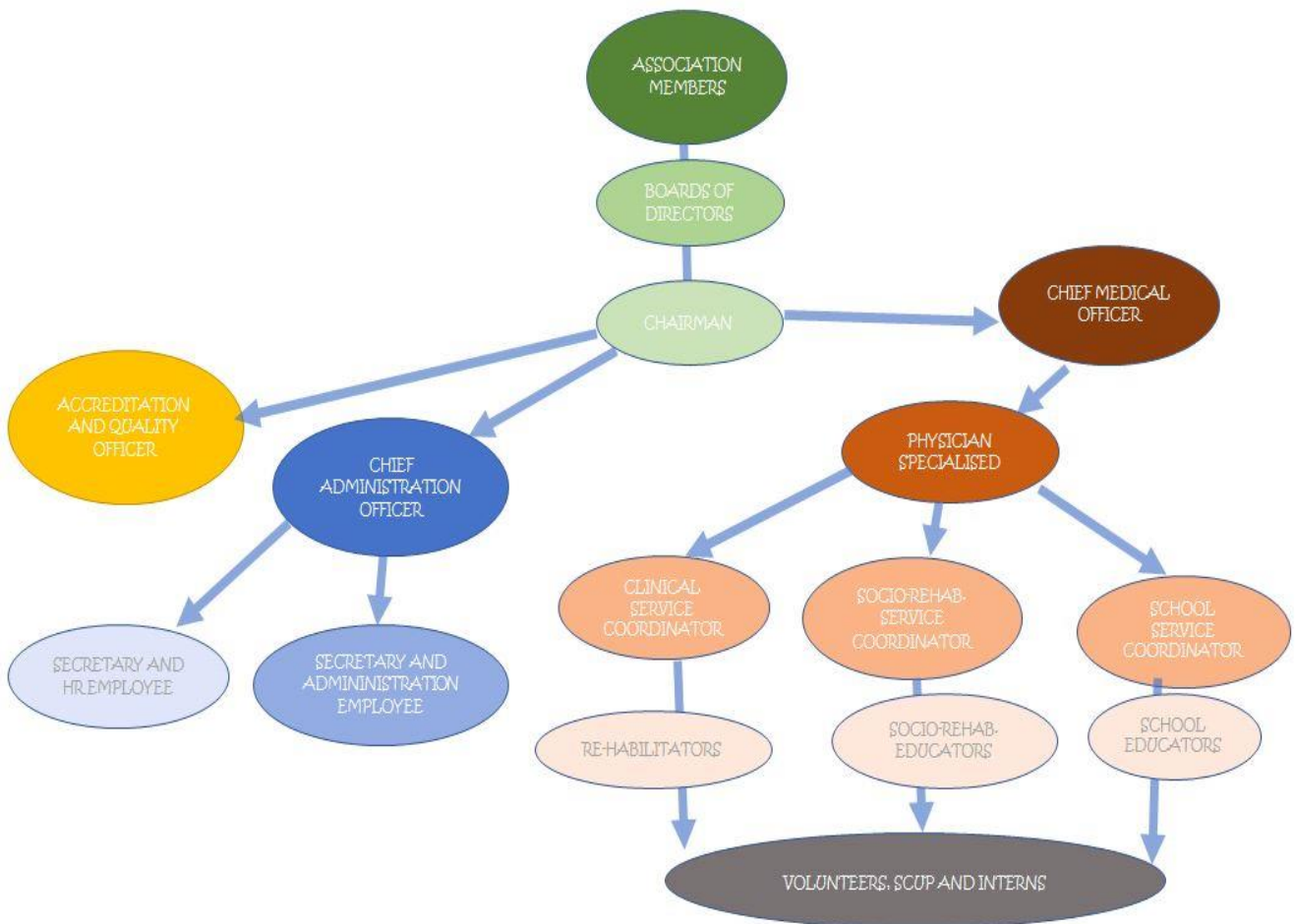


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PART 2

- ORGANISATION AND STAFF OF A.G.S.A.T. -





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Skills and staff training

The technical- scientific staff consists of professional figures with specific skills and education about autism.

Since January 2013, A.G.S.A.T. NPO doesn't have direct staff. The staff of A.G.S.A.T. comes from C.S.A. (Cooperativa Sociale Autismo Trento S.r.l.) and it is highly specialized in autistic pathology. The aim of the Cooperative is to create a staff in continuing education for the autistic pathology and also for others disabilities.

The scientific contact person supported by the Coordinator, realizes the analysis of the educational needs of the staff considering the mission of the organisation.

On a yearly basis are scheduled the training programs consistent with the evaluation of the requirements of the different competences.

During team meetings the educational needs are identified considering the direct experience on patients and considering also the international scientific literature.

The administrative office files for each professional figure a personal folder in the informative system in which are included updated Curriculum vitae, a copy of the employment contract and sensitive data.

Qualifications and evaluation of new personnel

Terms and procedures for the operative admission of the new personnel require:

the evaluation of the content of the Curriculum vitae by the MD, the psychologist and the coordinator in order to verify the conformity of the skills of the person with those required by the association. The evaluation implies the assignment of a score from 1 to 5 for every skill.

Secondly MD, psychologist and the coordinator realize a team interview in order to assign a single score depending on identified skills.

In the event of positive result is offered a probationary period in the Association. Following to this period it will be possible extend the collaboration.

Volunteer service

The voluntary service represents a fundamental resource for the achievement of the activities and it has an important human worth because it is based on the idea of " donation" meant as reciprocity that creates social bonds and relationships between people.



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After an informative interview with the coordinator and the psychologist about the organisation of the Association and about the suggested activities in which the person is evaluated, the volunteer can perform his activity in team together with the personnel of the association and with a tutor.

Furthermore, volunteers who interact with patients have regular meetings with the coordinator and/or the psychologist in order to confront themselves with the evolution of the activated path and to organise training situations.

"BEING SUPPORT MEMBERS"

Family can become a "support member" of the Association through a monthly charitable contribution whereby:

- can support the Association and the autism theme; being always updated about the activities of A.G.S.A.T. and about the news;
- can partake in Partner's Meeting of the Association;
- can have the voting right and the right of election in the Meetings;

By the approval of Law 15 dated 96/2012 starting from 2014 the amount of the donation can be entirely deducted from the taxable of 26%. In other words the amount of the donation can be subtracted from the total income in which are calculated taxes up to a donation's cap of 2065 euro. The donation must be done through the bank or any other traceable system.

All who would like to make a donation to A.G.S.A.T can address to our office or make a bank transfer headed to:

- CASSA RURALE DI TRENTO - FILIALE DI RAVINA
IBAN : IT 96 K 08304 01841 000041314039

- CREDITO VALTELLINESE - PIAZZA PASI, 21 (TN)
IBAN: IT 94 S 05216 01800 000000004181

- VOLKSBANK - P.ZA NAVARRINO, 16/17 CLES
IBAN: IT 61 O 05856 34670 086571305662



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PART 3

- THE NETWORK -

We have tried to create links with the secondary network in which the patient is integrated starting from an analysis of the primary network (family).

Developing an integrated and shared network model service guarantees wealth and a better quality life of the person.

In particular, during these years our Association has systematically and continuing collaborated with:

- Provincia Autonoma di Trento
- Azienda Provinciale per i Servizi della Provincia di Trento
- Universities for Apprenticeship Agreements (University of Trento, Verona, Urbino, Padova, Bologna, Milano,...)
- Voluntary associations
- Cooperatives and others local institutions
- Fondazione Trentina per l'Autismo NPO
- Families

Activities take place in the centres of Trento and Rovereto; together with the "Azienda Sanitaria per i Servizi Sanitari" of Trento we provide home help, activities at school and in all districts.



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PART 4

- TERMS OF PROTECTION AND ASSESSMENT -

QUALITY AND PATIENT CARE

TEAM MEETINGS

At every first access evaluation is realised a clinical meeting team to talk about the therapeutic program and the patient management.

By the supervision of the Neuropsychiatrist every four months the same case is reassessed in order to verify the effectiveness of treatments, the development of the person and the possible changes of the therapeutic program. These meetings can intensify in emergency situations (according to the clinical conditions of the patient).

USE OF DIAGNOSTIC AND ASSESSMENT TOOLS

Diagnostic and assessment tools are used in order to organise the therapeutic activity and to supervise it:

- intellectual test: structured scales depending on the age the child, the linguistic capability Leiter, Weschler scales (WISC IV-WIPPSI-III), Griffiths scale
- Functional evaluation tools: Autism Diagnostic Observation Scale – Vineland scale, Adaptive Behavior Scales VABS, psycho-educational assessment PEP-3
- Observation grids (Carlson,...)
- Neuropsychological tests (BVN 5-11, BVN 12-18)
- Functional evaluation tests, specified for language development, communication skills and psychomotor functions.

CLINICAL INDICATORS

The Association regularly adopts clinical indicators in order to evaluate the result of therapeutic processes on the health of patients.



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Psychologist and Neuropsychiatrist meet each other yearly and/or on rising need in order to:

- analyse data compared to preset clinical indicators;
- integrate collected data through standardized instruments with clinical and socio-educational observations.

Subsequently are determined the changes at therapeutic level, the supervision and eventually the review of the indicators.

MONITORING OF ACTIVITY PROCEDURES

Main processes and activities treated in the Association are regularly supervised.

In the workteams there is a coordinator who guarantees the coherence between treated and scheduled activities. The organisational contact person, the neuropsychiatrist and the psychologist-psychotherapist verify related points to the supervised requirement.

Every contact person of clinical or organisational area realises regularly evaluation meetings in order to comply with the procedures.

All the required information to manage the "Servizio Sanitario Provinciale" are monthly guaranteed through the program TTD and GPS (medical service management and data transmission).

The association produces regularly reports on the activities.

RIGHT TO ASK FOR INFORMATION ABOUT THE HEALTH CONDITION AND ACCESS TO HEALTH DOCUMENTS

The family and the work team can ask for a supervised meeting. All the assessment-control meetings are guaranteed with every Institution in which the patient is involved (school, social assistance,...).

In every centre there is a Service Manager (Coordinator of Health Services and Coordinator of Health- Social Services) who provides all the information to the patient and his family.

The representative therapist has a direct and instant contact with the family.

Every patient has the right to access to his health document through a written request.



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COORDINATION AND CONTINUITY OF THE SOCIAL ASSISTANCE ACTIVITY

In every centre are weekly held team meetings in which are shared:

- aims of the program of rehabilitation
- methodological aspects of intervention

In every case history the therapist drafts a first report and a report of the program in which are underlined therapeutic aims, utilized instruments and devices and necessary advices that permit the social assistance continuity.

PRIVACY PROTECTION LAW

The Association organizes training meetings for the staff on the respect of sensitive personal data.

According to the privacy policy pursuant to section 13 of Decree Law 196/2003 "Code regarding the Protection of Personal Data" will be delivered the relevant set of forms.

COMPLAINTS AND SUGGESTIONS

Complaint and suggestion represent an instrument and an incentive in order to enhance and supervise the quality of supplied services and to give a voice to the patients.

Create a system of complaints and/or suggestions means first of all provide the Association with a sensitive instrument which is able to understand and promptly answer to the awkwardness and dissatisfaction situations of the patient. This means using "detectors" that rapidly underline the weak points at the various levels of the organization giving the possibility of recovery and revision.



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PART 5

- FACTORS, INDICATORS AND QUALITY STANDARD -

The enhancement of the effectiveness and of the clinical pertinence behind the suggested clinical interventions starts with a yearly analysis of:

- clinical indicators, through the control evaluation by the work team, the data collection through adopted instruments and the supervision by the psychologist and the Neuropsychiatrist;
- results of satisfaction questionnaires filled by families and the analysis of complaints and suggestions;
- quality indicators on the described standards in the Services Charter.

The enhancement programs of the standards of the Service are based on the results of the analysis above- mentioned and they describe the new goals, the nature of the goals (organizational, clinical, ...), the indicators for the evaluation of the result, the remedial actions necessary for the realisation of the aims.

ENHANCEMENT PROGRAM





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- The processing and the analysis of the standards and of the indicators of quality allow to underline and understand the process that characterizes A.G.S.A.T. and they also allow the identification of the priority areas for the launch of enhancement programs of the quality and safety.
- This program represents the commitment of the Association towards families and community in order to provide a service that guarantees the quality of life of the person with autism and/or correlated syndromes.

See attached Table at the bottom of Services Charter

PART 6

- FUTURE EXPECTATIONS -

"LAB FOR JOB"(Preparatory laboratories to the integration in the job world)

The aim of our Association is the creation of integration laboratories that allow the access to job in order to produce a continuity to the "Life Project" of the patient.

The analysis of the municipality and of the province of Trento underlines the lack of an organised project that fosters the integration between adolescents and adults with autism with the social structure in which they live.

The aim of the preparation laboratories is to develop specific skills in the participants encouraging self-efficacy sense and the creation of an adult social self-awareness in order to foster the meet between citizens and people with "different abilities" inspiring a community empowerment process.

Thanks to the "Lab for Job" project takes shape the image of a dedicated and sensitive territory to the disabilities that takes care of weak people; a committed territory that creates conditions in which people with "different abilities" can develop the essential skills in order to give to the citizens a service in their territory.



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One of the aim is to create a personalized program, by the supervision of the medical-scientific Representative of the Centre and by a specialized Coordinator, in which the person can test his abilities with the continuous support of a Tutor.

SPORT PROJECT

In the medical-scientific world, sport represents an effective habilitative-therapeutic instrument for relational-intellectual disabilities; sport enables educational purposes fostering the developmental and maturation process of the child and/or kid.

The athletic effort, the personal gratitude, the integration and socialization situations proposed foster the wealth increase and the enhancement of the quality of life.

The "Children's Bill of Right" (New York- Convention on the Rigths of the Child 20th November 1989) and "The Bill of Rights for children in sport" (Geneva 1992) underline:

- the right to enjoy and play
- the right to play sport
- the right to benefit from a healthy environment
- the right to participate in appropriate competitions according to the age
- the right to practice safe sport
- the right to have fair breaks
- the right to don't be champion

LOCAL PARTNERSHIPS

We are implementing a new network projects supported by the idea that every person can contribute to the realization of the activities that allow well-being and quality of life towards a Project of life that involves the group community.



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ENCLOSED TABLES (REF. PART 5)

CONTINUOUS IMPROVING PROCESS/QUALITY MANAGEMENT SYSTEM		
CLINICAL RISK MANAGEMENT		
<p>In order to grant a safe environment as far the security of employees and patient is concerned, A.G.S.A.T. analyzes carefully the risk through prompt reports of situation even potentially dangerous. Events are reported by everyone who belongs to the stuff.</p> <p>Occurrences are reported in appropriate records, available in paper forms at the headquarters and for the schools. In records are reported the following data:</p> <ul style="list-style-type: none"> - Time and place of the occurrence; - Type of occurrence (adverse event/almost event); - People involved (who is hurt or could have been hurt); - Data of the person who reports; - Data related to the occurrence (description of what happened/possible causes/reactions). <p>After the collection of data, details are analyzed according to the LONDON PROTOCOL. The goal of the protocol is to ensure a serious and detailed investigation and analysis of an accident, getting past the more usual individuation of the fault and of the responsibilities. Despite the fact that sometimes it's simple and clear to find out a particular action or oversight as the most likeable causes of the accident, frequently a more accurate analysis shows that there are actually a high range of events those led to the adverse outcome.</p> <p>2016 data are reported in the tables below:</p>		
FACTORS	CONTRIBUTING FACTOR THAT CAN INFLUENCE CLINICAL USE	NUMBER RECORDINGS OF



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Patient features	Conditions (complexity and gravity) Language and communication Personality and social factors	14
Task related factors	Planning and structural transparency of the task Availability and use of procedures Availability and accuracy of the exam results Support through the decisional process	3
Individual factors (related to the staff individuality)	Knowledge and skills Competence Physical and mental health	0
Work team related factors	Verbal communication Written communication Monitoring and help opportunity Team structure (compatibility, coherence, leadership, etc.)	(school environment work in solitary condition, lack of role division during the surveillance of single patient- association)
Work environment related factors	Staffing and mix of skills Workload and rotation mode Planning, availability and maintenance of the equipment Management and administrative support Physical environment	4
Management factors	Supplies and budgetary constraints Organisational structure Policy, standards and goals Culture of security and priority	



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Institutional framework related factors	Economic climate and regulator Health policy Connections with outside organizations	
INDICATORS	STANDARD	
Number of risk warnings (events/almost events)	Annual average: 21 warnings	
<p>USERS SATISFACTION:</p> <p>A survey called "Orbetello Satisfaction Scale" has been given to users in order to measure their satisfaction. In this way A.g.s.a.t. wants to measure the satisfaction of the parents of the patients, based on the assumption that the awareness of the outside perception of the service is the cornerstone for the development and improvement of the service itself.</p> <p>The survey is composed by 46 items, bundled in 7 sections in which from 1 su 6 contain from 6 to 7 specific questions besides the one for an overall judgement. The last one contains 3 questions 3 general conclusive questions. The user shall answer according to the last 12 months. The items of the first section of the survey ask an opinion about:</p> <ul style="list-style-type: none"> • Comfort of access to the service; • Assessment of the environments; • Work-flow of the therapists; • Service organization; • Parents involvement; • Results of the intervention. <p>The "general conclusions" item is composed by 3 questions where the parent is asked to judge overall his experience with service and his satisfaction in relation to the expectations. A third question asks if the care-giver would recommend the service to other families with similar problems.</p> <p>The evaluation scale goes from 1 (terrible) to 10 (excellent).</p>		



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INDICATORS	STANDARD
Users satisfaction survey SCORE**	Annual average Orbetello survey 2016: 8,132 Annual average Orbetello survey 2015: 8,132 Note: (score 8 means good, 10 stays for excellent)
<p>ORGANIZATIONAL WELL-BEING</p> <p>The survey is based on the concept of organizational well-being, understood as the ability of growth and development maintaining a right level of psycho-physical well being through all its components and feeding the proper social coexistence of the employees.</p> <p>The inquiry is placed in the area of the preventive and proactive actions taken by A.G.S.A.T, in order to provide the conditions of a removal <i>ab origine</i> of the causes of working discomfort, with a view to lead to the reduction of ex post intervention case according to the critical issues.</p> <p>The survey is coherent with this main strategic line and it lies in the achievement of an analysis on the organizational well-being with the following goals:</p> <ul style="list-style-type: none"> • Bringing out the issues and strengths of the organizational units • Starting a process of training that will help the participants individuating and making the improvement required; • Preventing and solving the conflicts and hardship cases, caused by organizational failures. <p>The name of the survey is Organizational Health Questionnaire O.H.Q., designed by a working group of professors of Occupational Psychology of the psychology department of La Sapienza University (Rome), besides some experts in organization of public administration. Through several questions, mostly with yes-and-no questions, they wanted to explore the variable amounts of indicators of each dimension of the complicated and wide-ranging concept of organization well being, recently named also "organizational health".</p> <p>The authors consider the organizational well-being a construct split among fourteen different</p>	



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concepts and dimensions, each one of them is set inside a system of indicators, translated in survey question in turn.

Besides the indicators concerning each one of the fourteen dimensions of organizational well-being, the survey points out three other groups of indicators, useful for the comprehension and the explanation of the matter. These are the positive indicators, negative indicators, psychological and physical sickness indicators.

Scores go from a minimum of 1 to a maximum of 4:

- Scores between 1 and 2,20 report serious critical positions.
- Scores between 2,21 and 2,50 stress a negative perception of the matter.
- Scores between 2,51 and 2,80 hold enough positive judgements.
- Scores between 2,81 and 4,00 gather very positive evaluations.

This analysis was carried out separately for rehabilitation, socio-sanitary and school area. Here there are the single values and the general average:

INDICATORS	STANDARD		
Employees satisfaction survey SCORE**	Socio – sanitary Area	Rehabilitation Area	School Area
	2,61	2,62	2,76
2015 and 2016 annual average	2,73		