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**Master's degree in
Human Rights and Multi-level Governance**

MULTI-LEVEL GOVERNANCE OF DISABILITY INCLUSION IN ITALY AND SCOTLAND: ANALYSING DISABILITY INCLUSION IN THE MUNICIPALITY OF PADUA AND LESSONS THAT CAN BE LEARNED FROM BEST PRACTICES IN EDINBURGH

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ABSTRACT

Italy and Scotland ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2009 and therefore have committed to improving disability inclusion. This research looks at the international and national legislative framework for disability rights in both states, the national action plans adopted to promote the CRPD principles and more specifically the application of Art 4. in the disability action plans. Italy published the biennial action plans for people with disabilities and more recently has incorporated disability rights in each section of the 'PNRR', however progress reports and results are scarce, making it hard to analyse the true impact of their efforts. In Scotland, clear progress has been made and there has been a visible shift towards the social model of disability, with the Delivery plan 'A Fairer Scotland for disabled people' which concluded in 2021 and plans for a new and improved strategy in 2023, that hopes to bridge the gaps highlighted in the Delivery plan. The author has analysed the different levels governing disability inclusion, from international legislation to local implementation, with an in depth focus on the reality of disability inclusion and accessibility in the municipality of Padua. Through interviews and questionnaires, the opinions of the Scottish Government, institutions providing services for disabled people in Padua and Edinburgh, civil society and disabled people in Padua have been incorporated into the analysis of this thesis. Best practices from Edinburgh have been detailed to inspire policy makers to advance disability inclusion in Padua. On a local level in Padua, the main findings demonstrate that there is a lack of monitoring of the disability initiatives in place, which is the result of the inefficient data gathering by the public services. Furthermore, Padua's public institutions directly violate Art. 4 of the CRPD since disabled people are not involved in the decision making in policy making and programming at a local level. This means that civil society organisations in the municipality of Padua are the driving force behind creating space for disabled people's voices to be heard. Significant progress has been made with accessibility and inclusion, but more efforts need to be made for greater accessibility in the online world, since there was a massive shift to online services and a complete halt to in person meetings during the COVID-19 restrictions. Although the efforts of the Scottish Government and Edinburgh institutions are not faultless, bilateral cooperation on disability inclusion matters would allow for ideas and best practices to be discussed in more detail and would benefit disabled people in both Italy and Scotland.

Keywords: accessibility, action plan, CRPD, disability, disabled, Edinburgh, inclusion, Italy, local, national, obligation, Padua, Scotland

ACKNOWLEDGEMENTS

This is a page dedicated to the participants with lived experience of disability. At the end of the interview, I asked them if they had anything that they would like me to voice on their behalf regarding disability inclusion and this is what they expressed:

"Quelle barriere architettoniche si possono superare, ad esempio mettendo uno scivolo […] i materiali esistono, ma quando la mente è bloccata o quando la mente non vuole superare le barriere, questo è un problema! […] superare le barriere mentali, questo, credo sia fondamentale per risolvere ogni problema […] di tipo architettonico, assistenziale, di inclusione sociale…tutti"[1]

"Il fatto di non sentirsi soli, come disabili, come invalidi […] non ti senti solo se sei incluso. Se non hai paura di muoverti e quindi essere compreso se le persone attorno a te sanno quello che può essere il mondo per chi ha delle difficolta"[2]

"La diversità potremmo interpretarla come la felicità, questo ci farebbe avere meno paura"[3]

La cosa che dico ai ragazzi è di avvicinarsi a queste diversità, di conoscerle per poi in realtà capire che alla fine non sono così distanti", non siamo tutte uguali, siamo diversi [4]

L'inclusione, secondo me, parte quando c'è un incontro tra istituzioni e persone con disabilità, perché solo insieme si può crearla, inoltre bisognerebbe smettere di parlare di disabilità solo con chi non ne ha"[5]

"Fino a quando la gente non capisce che tutte possono diventare disabili non ci sarà nessun'inclusione, non ci sarà nessuna"[6]

"Having the law is the most efficient way of moving forward and improving our country and city. If I rely on empathy, one day I will get it, the next day I won't, so the law is needed."

"L'inclusione deve iniziare con le persone con disabilità, devono essere le prime persone ad essere coinvolte per dare vita a nuovi progetti"[7]

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[1] We can fix the [architectural barriers] by adding a ramp […] the materials ate there, but when the mind is blocked or when the mind doesn't want to fix the barriers, this is a problem […] fixing the mental barriers is fundamental for resolving every problem [..] architectural, assistance, social inclusion…everything"

[2] The fact is we shouldn't feel alone, as disabled people […] and you don't feel alone if you feel included. If you're not scared to go out, if you feel included, this could mean included by the people around you who know what it's like for people who experiences difficulties in life"

[3] We will be able to interpret diversity as happiness when we are ready to not be so scared

[4] What I say to the young people is to explore diversity, to get to know it and understand that in the end, it's not so far from us all, we aren't all the same, we are different

[5] Inclusion starts when there is a meeting between institutions and disabled people as only then we can create inclusion, so, stop speaking about disability with people who aren't disabled

[6] Until people understand that there's the possibility that everyone could be disabled, there will never be inclusion, not ever

[7] Inclusion must start with the people who have disabilities, or specific needs, they must be the first people to be involved and to give life to new projects

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ABBREVIATIONS

AICS- Italian Agency for Development Cooperation

BAME- Black, Asian and minority ethnic

BSL- British Sign language

CRPD/UNCRPD- United Nations Convention on the Rights of Persons with Disabilities

CUS- University Sports Centre

DGDC- Directorate General for Development Cooperation

DPO- Disabled person's organisation

ECHR European Convention on Human Rights

EHRC- Equality and Human Right Commission

ECtHr- European Court of Human Rights

EDF- European Disability Forum

EHIC- European Health Insurance card

EIJB- Edinburgh Integration Joint Board

EU- European Union

FISH- Federazione italiana per il superamento dell'handicap

FRA-European Union Agency for Fundamental Rights

GIRFEC- Getting it right for every child

GLIC- Italian network for consultation on assistive disability technology

GP- General Practitioner

HR -Human rights

HRA- UK Human Rights Act 1998

ICF- International Classification of Functioning, Disability and Health

MAECI – Ministry of Foreign Affairs and International cooperation

NHRI- National human rights institution

NHS- National Health Service

NRRP -National Recovery and Resilience Plan

OND- The National Observatory on the condition of people with disabilities

WHO- World Health Organization

NGEU -Next Generation EU Plan

ISTAT - Istituto Nazionale di Statistica

INPS – Istituto Nazionale della Previdenza Sociale

PEBA- Plan to eliminate architectural barriers

SAD- Home assistance

SHRC- Scottish Human Rights Commission

SMART- specific, measurable, attainable, relevant, time-based

SSN- Italian National Health Service

UDHR- Universal Declaration of Human Rights 1948

UK- the United Kingdom of Great Britain and Northern Ireland

UKIM- UK's Independent Monitoring Mechanism for the Convention

INTRODUCTION

"C'è la convezione ONU, ci sono le legge italiane, l'importante è avere il desiderio di crearla questa inclusione, che a volte se ne parla tanto ma se ne parla solo. L'inclusione significa prima includere[8]"(PD_13)

First this thesis will present the definitions of disability through the various layers of governance, focusing on the language used by the Governments and presenting key definitions related to disability inclusion. The models of disability will then be presented, with special attention being drawn to the social and human rights models of disability, which this research promotes. Secondly, the international legal framework will be detailed, overviewing the CRPD and Art. 4, followed by the regional and sub-national frameworks in both Italy and Scotland, in order to understand the legislative backdrop, set up for disability rights. Then, the national action plans to advance disability inclusion inspired by the CPRD in Italy and Scotland be analysed, looking into the efficiency of the implementation of Art. 4 and views of disabled people regarding the effects of the action plans on their lives. Further, the local services and initiatives for disabled people will be explained in both the municipality of Padua and the City of Edinburgh followed by an analysis of the reality of disability inclusion in Padua, based on lived experience of disabled people. Best practices from Edinburgh along with suggestions from local disabled people will be put forward with the aim of influencing readers, policy and decision makers when it comes to future actions related to disability inclusion in Padua, as well as Edinburgh being able to take inspiration from Padua.

Research problem

There has been a remarkable paradigm shift that has taken place in the field of disability rights, with the historic view of disabled people being sick, abnormal and useless being left behind for the view that they are equal and have varying resources that can be offered. The stories and experience of people's lived experience have guided this paradigm shift and disabled people have formed many organisations to respond to their political and personal needs, with each organisation varying in objectives and scope. A culture of disability has been created, and this brought about the movement 'Nothing about us without us' recognising the need for disabled people to take control of their own

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[8] *There's the UN Convention and the Italian laws but the important factor is wanting to create inclusion, which at times is spoken about a lot, but only spoken about. Inclusion means first of all to include*

life and decisions and has forced policymakers to make space for them at the decision-making table. (Charlton, 2000, pp. 10-17). Despite the growing international legislation, national disability frameworks fail to meet the standards set out in the CRPD as '*no society today wholly and unconditionally lives up to the CRPD, and similarly there is no institution that does not display an ambivalent practice of including-whilst-excluding"*. City centres are full of half measures regarding the accessibility of disabled people, and they rely on the help of staff and passers-by, with economic resources, knowledge, rhetoric and culture standing in the way of disability inclusion (Egard, et al., 2022, pp. 1-5).

Furthermore, low expectations of the skills of disabled people result in some members of society congratulating disabled people for getting out of bed and remembering their names, *"Disability doesn't make you exceptional but questioning what you think you know about it does"* (Young, 2014). Therefore, with the lack of respect of the CRPD, this leads to the question of just how much national disability frameworks respect the CRPD and therefore, at a local level, just how efficient are services and initiatives at making disabled people feel like they have equal rights to the rest of the citizens, how much are they included in the process and how do they feel perceived by society.

Aim and Research Questions

This research has four main aims (i) Analyse the obligations set forth in chapter 4 of the CRPD and how they are being implemented on a national and local level through legislation, action plans and services promoting disability inclusion (ii) To present the services in the municipality of Padua and Edinburgh for people with disabilities and how they reflect these obligations (iii) To analyse the reality of the disability inclusion in Padua for its residents with disabilities through the opinions gathered in interviews and questionnaires (iv) To inspire Padua to better disability inclusion with best practices taken from Edinburgh and Scotland as a whole. Therefore, this thesis will answer the following research questions: (a) How are the obligations of Art. 4 of the CRPD implemented at a national level in Italy and Scotland? (b) What effects have the national action plans for disability inclusion had at a local level in the municipality of Padua and Edinburgh, are the actions respected by local institutions? (c) Are disabled people in Edinburgh/Scotland included in the decision making regarding the services that they use? (d) What is the reality of the lived experiences of people with disabilities in the municipality of Padua?

METHODOLOGY

Research design

To comprehend the complexity and larger structural issue of disability inclusion on a more local level in Italy and Scotland, this study uses a qualitative method. The reason for focusing on experiences rather than numbers is to get an extensive understanding of the issues faced by disabled people in their everyday lives. It is important to highlight that the answers from the participants are individual and unique for this study and do not represent the opinions of all disabled people. Furthermore, the author chose to not carry out interviews with disabled people in Edinburgh as the focus of this thesis is not a direct comparison, but to present the framework in Scotland and Edinburgh and use it as an inspiration. The hypothesis of the author was that the inclusion of disabled people in Scotland is at more advanced stage, therefore the views have been taken into account through participation in policy making and through feedback in the monitoring of actions.

The research

In order to understand the multilevel governance of disability inclusion in both Italy and Scotland and how Art. 4 of the CRPD has been implemented through national action plans and local initiatives, desk-based research was carried out regarding international and national laws for persons with disabilities as well as speaking to representatives from the Scottish Government. This method was also used for gathering the information on the action plans for disability inclusion. An overview of the services for people with disabilities was gathered using the websites of the Municipality of Padua, ULSS 6 Euganea, the City of Edinburgh Council, NHS Edinburgh and Lothians, as well as carrying out interviews from the disability sectors within the institutions.   The implementation of CRPD Art. 4 in the Scottish Delivery plan 'A Fairer Scotland for Disabled People' (Delivery plan) and local initiatives have been measured through the Delivery plan progress reports, civil society reports and interviews with 2 representatives of the Scottish Government. and with a representatives in Edinburgh Health and Social Care Partnership and Edinburgh City Council. The data for the implementation for CRPD Art. 4 in Italy through the second biennial action plans for the promotion of the rights and the integration of persons with disabilities (second action plan) has been drawn from civil society reports, Regarding the local services, websites were used as well as extracting information from interviews with representatives from the disability sector of ULSS 6 Euganea, the Social services sector of the Municipality of Padua, civil society organisations, a high school teacher and employee of the University Sports centre, a psychologist in the disability sector at the University of Padua . Furthermore, the opinions of disabled people are represented through the 13 interviews carried out with people who

have physical, intellectual and sensory disabilities. More information on the interview and questionnaire respondents can be found in Annex 1.

Interviews

The interviews were carried out and the responses of the questionnaires were gathered between June-October 2022. The structure of the interviews carried out with professionals working in the disability field were aimed to find out more specific details that could not be located online. Regarding disabled participants, it was hoped to find out more information about the quality of their life and their opinions on disability inclusion. The questions asked varied slightly depending on the individuals occupation. The interview questions are attached in annex 2. The interviews were held online as well as in person, in Padua and lasted from 45 minutes to 1.5 hours long. The discretion to answer the questions or provide more detail was left to the participant. The notes of the responses to the interviews and questionnaires are saved on the authors computer in a written format and can be requested, along with a copy of the consent forms. The audio recordings of the interviews were only used to facilitate note taking and translation which took place after the discussion by the author. The recordings are not required to be attached as the author has extracted the required evidence, mainly used in chapter 5.

Questionnaires

The author contacted fifteen organisations in Padua who work in the field of disability rights. Five organisations provided a written response and one a spoken response. The responses to the questionnaires were gathered from associations in Padua that provide humanitarian assistance, services for visually impaired people, services for individuals and families of those who have an intellectual disability, support for disabled people to participate in sports as well as activities to promote social inclusion. Details about the organisations can be found in annex 1 and the questionnaire is attached in annex 3.

Data analysis

The analysis contained countless alterations in attention, focus and structure, going back and forth between interview data and data gathered through online research. Regarding the data from interviews with disabled participants, the first step included analysing the responses for common themes to highlight the common issues or common responses. Then, the author analysed individual responses and grouped them under the relevant headings which link back to the national action plans inspired by the CPRD. The data gathered in interviews with professionals working in the disability field, has been used to

provide a more in-depth view into the management, policymaking, and participation of disabled people.

Ethical considerations

For the interviews with lives experience of disability, there were 9 females and 4 males with different disabilities ranging from physical to intellectual as well as a visual impairment who participated in the interviews. The participants ranged in age, however, were all above the age of 21, and their occupations included: student, teacher, call centre staff, university office staff, unemployed or retired. The author has chosen to not distinguish any of the participants by their name, age, or disability to respect the privacy of the participants, who at times shared very personal information. Most participants with disabilities were indifferent about having their name mentioned in the thesis, however I have chosen to keep their views anonymous, except for participant 2 who requested for his name to be included. Their views are expressed throughout the thesis, with their voices and opinions providing the foundation of the analysis of disability inclusion in chapter 5.

Limitations

The nature of interviewing people with intellectual disabilities means that it was harder to interview participants who may have more complex support needs. Due to the limit in page numbers, the author chose not to do a direct comparison between Scotland and Italy but is working on the hypothesis that Scotland is more advanced in disability inclusion, therefore is used as a point of inspiration in chapter 5. There was limited information available on the results of the biennial disability plans in Italy, and feedback in general from disabled people in Italy regarding the impact of the plans. Due to the PNRR being in the early stages, it has been hard to measure the impact it has had on initiatives for disability inclusion at a national and local level. There is also no information on the views of disabled children and if the author chooses to expand on the research, this area will be explored further by contacting civil society organisations, families and schools. It must also be mentioned that the author does not wish to glorify the working methods of Scotland and Edinburgh and in some cases it is clear that the institutions and decision makers can take inspiration from Italy and Padua.

Structure

Chapter one will present the definitions of disability in international law, national laws and from a linguistic point of view in English and Italian as well as key concepts such as

disability inclusion and ableism. Chapter one will also detail the medical, social and human rights models of disability.

Chapter two will present the international disability legal framework, more specifically the CRPD and Art. 4, followed by the regional framework set up by the EU. Then, the national and sub-national frameworks in both Italy and Scotland will be presented along with details of Scotland's human rights commission and Italian Minister for Disabilities and the OND in their role of monitoring the implementation of disability legislation.

In chapter three, the national action plans to advance disability inclusion inspired by the CPRD in Italy and Scotland will be presented. In Italy the implementation of Art. 4 will be analysed through reports submitted to the OND and civil society reports. On the Scottish side the implementation of Art. 4 will be measured through Government progress reports, interviews and the views of disabled people regarding the effects of the action plans on their lives extracted from civil society reports.

In chapter three, the local services and initiatives for disabled people will be detailed in both the municipality of Padua and the City of Edinburgh with data gathered online and from interviews.

Chapter four will present the analysis of the reality of disability inclusion in Padua, based on lived experience of disabled people. Best practices from Edinburgh along with suggestions from local disabled people and the author will be put forward with the aim of influencing readers, policy and decision makers when it comes to future actions related to disability inclusion in Padua.

CHAPTER 1 - THE LANGUAGE AND MODELS OF DISABILITY

International disability definitions

In Art. 1 of the CRPD, the definition of disability is as follows:

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations-Department of Economic and Social Affairs, 2008)

Meanwhile, the WHO definition can be said to be more inclusive as it very much focuses on the impact of the environment to the individuals life:

"Disability refers to the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports)" (World Health Organization, 2021). The author favours the WHO definition although both definitions are inclusive.

Disability inclusion

It is the meaningful participation of disabled people in all their diversity, the promotion and mainstreaming of their rights, the development of disability specific programmes and the consideration of disability-related perspectives, all in compliance with the CRPD (United Nations, 2019).

Ableism and Disablism

These are both terms that describe discrimination towards disabled people but differ slightly. 'Ableism' refers to the bias and discrimination against disabled people along with the negative attitudes, stereotypes and stigma that lessen the value of the individual because of their perceived impairments. Ableism considered disabled people as less worthy of respect, participation and perceives them as being flawed or abnormal and hints that disabled people are not able to participate in the community (United Nations, 2022, p. 8). Disablism is mainly about the attitudes that people have towards disabled people, it is much harder to tackle nondisabled people's perception and the way they relate to disabled people and how they come to realise the obstacles that may exist for

them. Disablism can also be referred to as an ignorance or a general lack of understanding and a lack of inclusive planning. An example of disablism can be people occupying disabled parking places when they are not disabled or not entitled to use them (Council of Europe, 2022). As emphasised by Yannis Vardakastanis, EDF President: "*Persons with disabilities face several barriers to accessing and using health care services. These barriers are related to disablism, which refers to environments, policies, procedures, behaviours, and attitudes that disadvantage persons with disabilities*" (EDF, 2022).

Italian vs. English language definition of disability

When observing the dictionary definition of disabled, in Italian, the Treccani dictionary states that it is a**: "***Termine in uso nel linguaggio burocratico., sociologico e anche medico, riferito a soggetti che abbiano qualche minorazione fisica o anche psichica di grado relativamente non grave[9]*" (TRECCANI, 2022).

Meanwhile the Collins dictionary states that disabled is:

"Someone who is disabled has an illness, injury, or condition that tends to restrict the way that they can live their life, especially by making it difficult for them to move about" (Collins, 2022).

Del Negro points out that the definition of 'disabled' in Italian and in English are completely different. In the Italian definition, the synonyms for a disabled person include handicapped, invalid, crippled, retard and that suggest that the disabled person has less value (Negro, 2020). Meanwhile, the English definition focuses more on the limits that the environment puts on disabled people, however, the use of illness, injury or condition could be in some ways linking to the medical model of disability, as having an illness or injury would suggest you need a cure.

Disability definition adopted by the Governments

The Italian Government have adopted the following definition set forth by Law No.104/92 of 5th February 1992:

"persona handicappata colui che presenta una minorazione fisica, psichica o sensoriale, stabilizzata o progressiva, che è causa di difficoltà di apprendimento, di relazione o di

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[9] English translation- A term used in bureaucracy, sociology and medicine to refer to a person who has a physical or intellectual handicap of a relatively minor degree.

integrazione lavorativa e tale da determinare un processo di svantaggio sociale o di emarginazione[10]". (L.104, 1992)

This definition has clear links to the disability defining the person and being the root of the problem. However, with the enforcement of Delegated law No. 227 of 22nd December 2021, the Government must change the definition of disability and bring it in line with the definition outlined in the CRPD (L.227, 2021)**.**

The Scottish Government have adopted the definition of disabled that is set out in section 6 of the Equality Act 2010, which states that you are disabled:

 "If you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities"

People in the UK are automatically considered as being disabled if they have one of the 3 following diagnoses: HIV, cancer or multiple sclerosis (The Equality Act, 2010).   More detail regarding the laws that promote the rights of people with disabilities will be provided in chapter one.

It must be pointed out that the Scottish Government have been advised by disabled people's organisations to use the term 'disabled people' as opposed to 'people with disabilities'. A representative from the Scottish Government highlighted that the attitude in Scotland is that the person is disabled by society, so they do not say that the person is 'with' a disability, as if all the barriers were removed, the person would no longer be disabled*.* For example, if the access to a building is by steps, then the person is disabled, if there are lifts or ramps, the person is no longer disabled. *"It's the same for attitudes, if people think wheelchair users have lower intelligence just because they are in a wheelchair"*, this demonstrates that person is disabled by society as they are presumed to not be capable due to being in a wheelchair*.* The Scottish Government have fully adopted the social model, and this is where the CRPD slightly contradicts itself by using the term 'people with disabilities' as they also introduced the social model which firmly believes it is the environment that is disabling for the person; therefore, they are not referring to the individual's disability being the disabling factor (SCO_1). The Italian Government use the term 'people with disabilities' on websites and in publications, which

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[10] English translation- A handicapped person is someone who has a progressive or stable physical, mental or sensory impairment which causes difficulties for learning or integrating into the workplace and can cause social disadvantage or exclusion.

is in line with the CRPD and the UN who adopt this language in all their communications and guidelines.

In this thesis I will use the terms 'people with disabilities' and 'disabled people' interchangeably as I believe that both terms are appropriate and until there is a paradigm shift in the international community, using the term disabled people will lead most people to think that the disability is the defining factor of the person, as opposed to the disabling factor being the environment. Disability is an evolving context, and the definitions must be adapted to ensure that people with disabilities are represented correctly, using the language that will empower them, instead of empowering stereotypes. Disability is not just a definition in a dictionary, but it is also related to the attitudes of people in society.

The Models of disability

It is important to explore the models of disability when researching into the situation on the ground in two countries that have a different culture, history and way of viewing disability related matters. In international law, the social model of disability is promoted. The models provide different definitions of disability which are based on the needs of the people and shape the identities of persons with disabilities at the same time as guiding policy making. However, the models of disability can also cause discrimination and negatively change the perception of disability.

The 9 main models include: The moral and/or religious model: Disability as an act of God, The medical model: Disability as a disease, The social model: Disability as a socially constructed phenomenon, The identity model: Disability as an identity, the human rights model: Disability as a human rights issue, the cultural model: Disability as culture, the economic model: Disability as a challenge to productivity, the charity model: Disability as victimhood, the limits model: Disability as embodied experience (Retief, M. & Letšosa, R., 2018, p. 1).

A more in-depth description of the social, human rights and medical models will be presented, since references to these models are present in the CRPD, national laws and the disability action plans in Italy and Scotland.

The social model

The social model was developed in the 1970s and 1980s and suggests that it is the structures and attitudes of the society that disables a person, not their medical condition.

It explains that if the world around them was adapted to their needs, they wouldn't feel excluded. The social model differentiates between 'impairments', which are specific to the individual that may prevent them from doing something, and 'disability' which is caused by society not adapting to the impairment to allow the individual to fully participate in society. When using the social model of disability, the opportunities for persons with disabilities should be limitless as the focus is on finding the support and assistance they need to be able to join in (Foundation for People with learning disabilities , n.d).

The human rights model

The human rights model of disability can be seen as a tool to implement the CRPD, although many States parties to the convention still have a lack of understanding of the model and often revert to the medical model of disability. The HR model emerged with the adoption of the CRPD in 2006 and although it is related to the social model, it has some key differences which will be presented. The human rights model focuses on the dignity of the person with disability and only if necessary on their medical condition. It includes both civil and political rights as well as economic, social and cultural rights (Degener, 2016, p. 35) and it also demands attention to be devoted in social justice theories towards the pain and deterioration of quality of life that individuals experience as a result of their impairment (Degener, 2016, p. 38). It places the human at the centre of all decisions affecting them, emphasising that the problem arises from a lack of response from civil society and the state. The model also allows room for minority and cultural identification as it mentions the intersectionality of disabled people (Degener, 2016, pp. 40-43). Furthermore, the HR model offers a basis for assessment for when prevention policy can be used to protect the rights of people with disabilities. The WHO emphasises that as long as the prevention measures respect the rights of disabled people, they can be an effective strategy to minimise the barriers and the risk of health conditions that may result in having a disability. The human rights model seeks social justice and acknowledges that people living in poverty are not objects of charity but are indeed rights holders. It advances on the social model's acknowledgment that poverty and disability are interrelated by offering concrete steps for change, which was demonstrated after the adoption of the CRPD when disability become a central subject of international cooperation policy (Degener, 2016, pp. 47-48).

The medical model

The medical model views disability under the lens of needing a cure, to be fixed or rehabilitated and is seen as an abnormal factor when it comes to assessing a person's health. The approach of the medical model leads to disabled people being excluded, on the basis of having an impairment and the assumption that disabled people need special types of housing and schooling and they require someone to act on behalf of them in legal matters (Degener, 2016, p. 33).

Internationally speaking, there has been a shift towards the social model of disability and Degener also emphasises that the CRPD has helped to push states towards codifying disability rights in light of the HR model (Degener, 2016, p. 33). In very simple terms, with the medical model, society remains unchanged with disabled people facing permanent exclusion whereas the social model allows society to evolve into a place where diversity and inclusion are welcomed (NHS North West, 2013, p. 47).

In Italy references to the medical model are still present, with the UN Committee on the Rights of Persons with disabilities underlining in the Concluding observations that *"disability continues to be defined through a medical perspective"* (UN CRPD, 2016, p. 1)

It is vital that states must clearly understand the HR model of disability, how it can complement the social model of disability and the reasons as to why the medical model should no longer be referred to in policy making and the developing of initiatives for disabled people. In order to significantly move towards the universal use of the HR model of disability, there must be great efforts made from the UN, Governments, civil society, working side by side with disabled people, to lead the way in mainstreaming the benefits of a HR based approach to disability.

CHAPTER 2 THE LEGAL FRAMEWORK OF DISABILITY RIGHTS

Introduction

This section will present disability statistics internationally as well as in Italy and the UK. It was also detailing the CRPD, with a special focus on Art. 4, which outlines the obligations of both Italy and the UK regarding disability matters at an international level. The regional level will be briefly mentioned regarding obligations at an EU level, moving then to the national legislative framework of each state and the sub-national level which looks at the Italian region of Veneto and the Lothian region of Scotland, to provide context

for the multilevel governance of disability rights. This chapter will provide an overview of the legal backdrop that the local institutions, associations and initiatives are set up against, in the Municipality of Padua and the City of Edinburgh.

International statistics

The World Report on Disability states that an estimated 15% of the world's population have a disability (1 billion), with 46% of people over the age of 60 being disabled. One in five women is likely to experience a disability at some point in her life and one in 10 children have a disability. The number of people with disabilities is also on the rise: *"because populations are ageing – older people have a higher risk of disability – and because of the global increase in chronic health conditions associated with disability, such as diabetes, cardiovascular diseases, and mental illness."* For many, disability is associated with what can be seen and invisible disabilities often being pushed to the side. Health conditions, personal and environmental factors all affect each individual differently with vulnerable populations and lower income households constituting the majority of the statistics worldwide (World Health Organization, 2011, p. 8). In humanitarian crises such as conflict or natural disasters, disabled people are often left behind (OHCHR, 2022) and according to the WHO, people with disabilities have been disproportionately affected during the COVID 19 pandemic, revealing the need for a disability inclusion to be integrated into all levels of the heath system worldwide (World Health Organization, 2021). In the WHO European region, including both Italy and the UK, there are 135 million disabled people, of which only 50% can afford healthcare and 10% have access to assistive devices (World Health Organization, Regional Committee for Europe, 2022, p. 3).

International disability framework

The mainstreaming of human rights in both the UK/Scotland and Italy is governed by international law. The international framework of both states has developed since the UN adopted the UDHR in 1948, which is known as *"a milestone document in the history of human rights"* (United Nations, 1948)**.** Italy is a party to eight UN human rights treaties (International Justice Resource Centre, 2022) whilst Scotland is party to seven (Scottish Government, 2022a). This section will focus specifically on the CRPD, and the observations made by the Committee of the CRPD in both Italy and the UK.

The CRPD

Previous to the CRPD, many disability movements triggered key human rights instruments such as the1971 Declaration on the Rights of Mentally Retarded Persons, the 1975 Declaration on the Rights of Disabled Persons, the 1982 World Programme of Action on Disabled Persons, the 1983-1992 International Decade of Disabled Persons, the 1993 UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Vienna Declaration on Human Rights in 1993. Furthermore, the Convention on the Rights of the Child (1989) was the only existing international instrument that prohibited discrimination because of disability. These instruments however did not fulfil the full potential of protecting the rights of disabled people and this was one of the main drives for the CRPD (Council of Europe, 2022).

The Convention on the Rights of Persons with Disabilities was adopted in 2006 and entered into force in 2008. It is considered to be the beginning of a 'paradigm shift' away from medical-based approaches to disability to human rights-based approaches. The CRPD underlines the need for the participation of persons with disabilities across human rights, development and humanitarian agendas, drawing attention to the fact that women and children with disabilities face multiple forms of discrimination. Not only does the CRPD strengthen the rights of people with disabilities but its provisions address a wide range of discrimination to improve the response of the international community to exclusion and segregation and *"it illustrates that reaching the furthest behind first is the key to leaving no one behind"*. (OHCHR, 2022)".The CRPD highlights the role of the environment in limiting the participation of persons with disabilities alongside the barriers created by inadequate policies, negative attitudes, lack healthcare, support and assistance, poor coordination of services, staff shortages, inadequate funding, poor accessibility, lack of participation and little data and evidence (World Health Organization, 2011, p. 10). These barriers are still very present in our society and will become more evident in chapter 4 and 5, as unfortunately they have been identified in both Italy and Scotland.

At the time of finalising this research, the CRPD has 164 signatories and 185 Ratifications/Accessions, and its Optional Protocol has 100 Ratifications/Accessions with 94 Signatories.

The CRPD is based on eight guiding principles:

1. *"Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons*

2. *Non-discrimination*

3. *Full and effective participation and inclusion in society*

4. *Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity*

5. *Equality of opportunity*

6. *Accessibility*

7. *Equality between men and women*

8. *Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities"*

The CRPD has 50 articles, in which the purpose is presented in Art. 1, the definition of disability in Art. 2, then the general principles and obligations in Art. 3 and 4. Art. 25 frames the right to health for disabled people in an HR context, which is of utmost importance when referring back to the models of disability. Art. 34 established the Committee on the Rights of Persons with Disabilities (The Committee) who monitor the progress of the States parties of the CRPD in implementing the obligations set forth in the CRPD (United Nations-Department of Economic and Social Affairs, 2008). States parties must report within two years of initially accepting the CRPD and then every 4 years after that (Degener, 2016, p. 44). A key article in the Convention regarding this research is Art. 33 which requires state parties to establish a framework to promote, protect and monitor implementation of the CRPD (United Nations-Department of Economic and Social Affairs, 2008), since the national action plans for disability will be presented.

The CRPD distances itself from the view that persons with disabilities are "objects" of charity, requiring medical assistance and social protection, and encourages persons with disabilities to be viewed as "subjects" with rights, the same as all other members of society. It sets out what should be done to break down the obstacles that prevent disabled people from accessing their rights and highlights that the environment and attitudes in society are the disabling factors, not the disability itself (United Nations-Department of Economic and Social Affairs, 2008). It also acknowledges that many identities exist within the context of disability and human rights. Women and children with disabilities have their own dedicated articles which highlight that women and girls with

disabilities can be subject to different types of discrimination. It is also highlighted that "*It is the first binding intersectionality clause in a human rights treaty*" (Degener, 2016, p. 44)

The Optional Protocol is an additional agreement to the CRPD which sets up an individual complaints mechanism for disabled people who believe their rights have been denied under the Convention. It permits both individuals and groups, who claim to have had their rights breached, to make a complaint to the Committee on the Rights of Persons with Disabilities (United Nations, 2008).

CRPD Art. 4

As stated by Damjan Tatić, Art. 4 is one of the core articles that outlines the duties of States Parties to ensure and promote full realisation of the fundamental freedoms for all persons with disabilities without discrimination (European Law, 2019). Art. 4 is split into five different sections and in section one it is underlined that States Parties must: Adopt all appropriate measures for the implementation of the rights and modify or abolish existing laws, regulations, customs and practices that result in discrimination against persons with disabilities. Also, the protection and promotion of the rights of persons with disabilities must be present in all policies and programmes and the State Party must refrain from taking action that is inconsistent with the present Convention as well as taking appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise. Section one also promotes research and development of universally designed goods, services, equipment and facilities at a low cost to meet the specific needs of a person with disabilities, promoting their availability and use as well as universal design in the development of standards and guidelines, Furthermore, the research design and use of new technologies should be promoted alongside ICT, mobility aids, devices and assistive technologies that can be used by persons with disabilities at an affordable cost as well as providing accessible information to persons with disabilities about mobility aids, devices and assistive technologies. Art. four underlines the importance of training professionals and staff working with persons with disabilities in the rights set forth in the present Convention to provide appropriate assistance and services. Section two underlines the economic, social and cultural rights that State Parties must undertake, which include maximising its available resources and with a view to achieving the full realization of the rights set forth in the CRPD. Section three underlines that organisations and people with disabilities must be included in the development and implementation of legislation and policies that are linked to the

Convention. Section four also sets forth that nothing in the CRPD shall affect any provisions which are more conducive to the realisation of the rights of disabled people, and which may be contained in the law of a State Party or international law in force for that State and that the State cannot derogate from any human right and fundamental freedom recognised in the State Party to the CRPD. Finally, section five outlines that the provisions of the Convention extend to all parts of federal States without limitations or exceptions (United Nations-Department of Economic and Social Affairs, 2008).

The CRPD in Italy

Italy signed the CRPD and its Optional Protocol in March 2007 and proceeded to ratify it by May 2009 (OHCHR, 2022a). Italy submitted its initial state party report regarding the progress made under the Convention and the Committee then published their concluding observations in 2016. The Committee expressed their concerns about various factors that relate to disability rights in Italy. Firstly, they highlighted that the concept of disability proposed by the OND fails to align with the convention (paragraph 5) and emphasised the need of all regions of Italy to approach the disability matters in the same manner (paragraph 6). They also called upon Italy to adopt a reasonable accommodation aligned with the CRPD and to better data collection on the number of children with disabilities to have a more in depth understanding of the situation in the country and to ensure early detection and intervention (paragraph 15-16). The Committee also highlighted the lack of inclusion of disabled people in the workforce and recommended that they ensure decent work for all and implement special measures to help with the low levels of employment for disabled women (paragraphs 69-70). Towards the end of the report, the Committee also scrutinised the availability and quality of data collection in surveys and censuses disaggregated by disability sex and age (paragraph 77) and highlighted the need for mainstreaming of disability rights through the national implementation of the 2030 Agenda for Sustainable Development and the SDGs alongside organisations for people with disabilities (paragraph 79-80) (UN CRPD, 2016). The second report from the Italian Government is due to be submitted for observation by May 2023 (OHCHR, 2022a)

The CRPD in the UK

In the UK, the CRPD was signed in March 2007 and ratified in June 2009 and applies to all parts of the UK (OHCHR, 2022b). The UK submitted its initial report regarding the progress made under the Convention and the Committee then published their concluding observations in 2017. The Committee expressed their concerns over the lack of

implementation across all policy levels and devolved governments (paragraph 6) to which the UK was recommended to adopt legally binding instruments to implement the concept of disability and to incorporate the HR model of disability across all policy areas and all levels and regions, ensuring organizations for people with disabilities are involved in the process. The Committee also recommended the UK to develop a measurable strategic framework and plan of action, with financial resources that will help to abolish laws, regulations, customs and practices that encourage discrimination as well as Preventing any negative consequences should Art. 50 of the Treaty on European Union be triggered, which is the Article that triggered the exit of the UK from the EU. The Committee also recommended the UK to support necessary access to work and financial support without being subject to sanctions or unfair conditions (paragraph 7). Regarding children with disabilities, the Committee noted the lack of a policy framework to support families in poverty who have disabled children, as well as the failure to incorporate the human rights model of disability in public policies and legislation regarding disabled children and young people. The Committee recommended that the State party should increase awareness raising by working hand in hand with organisations for disabled people. One method suggested was by running mass media strategies and campaigns based on the human rights model of disability (UN CRPD, 2017). A full review took place in August 2017 the UK government is due to submit its next report by July 2023 (OHCHR, 2022b)

The CRPD in Scotland

In March 2022 Inclusion Scotland published the UNCRPD Scottish Civil Society Report which was the result of a six-month project alongside a Steering Group of Disabled People's Organisations and other third sector organisations, to write a report to send to the Committee as it prepares to examine the UK in 2023 regarding the implementation of the CRPD. Inclusion Scotland is an organisation founded upon the social model of disability which influences decision makers, supports disabled people to be decision makers and develops capacity, awareness and engagement to ensure disabled people are fully included in Scottish society (Inclusion Scotland, 2022a).

The shadow report presents evidence from disabled people (127 responses received) across Scotland about the issues they are currently facing. The report sets out key findings in areas that the Scottish Government must work to improve, grouped under the respective articles of the CRPD. The main points will now be highlighted to give a very brief overview of the report. First of all, regarding general obligations and principles (Art.

1-4), the Scottish Government plans to incorporate the CRPD into domestic law and the UK Government has launched a consultation that could lead to radical changes in the Human Rights Act. When it comes to Equality and non-discrimination (Art. 5), 96% of respondents said there are still negative attitudes and discrimination towards disabled people in Scotland. Regarding disabled women (Art. 6), 70% of respondents agree that disabled women do not receive enough attention and the report underlined that deaf and disabled women struggle to access healthcare because of discriminatory attitudes. Furthermore, 62% of respondents said they didn't think that disabled children's rights are protected with parents of deaf and disabled children feeling abandoned during the pandemic (Art. 7). In relation to awareness raising (Art. 8), deaf and disabled people have called for more human rights awareness and education in the government, the NHS, policymakers, service providers and disabled people themselves. When it comes to accessibility (Art. 9), three quarters of the respondents underlined that buildings, housing, transport and information are still not easily accessible for disabled people. This was highlighted furthermore with pandemic distancing measures not considering the needs of disabled people and the changes to public transport preventing disabled people from being able to use it. The findings under Art. 10, the Right to Life, highlighted that 6 in 10 people who died from Covid-19 were disabled with infection and death rates being higher for people with learning disabilities. Concerning Art. 11, situations of risk and humanitarian emergencies, 87% of respondents stated that there wasn't enough planning in place during the pandemic and essential services therefore had to be stopped for disabled people. In respect of equal recognition before the law (Art. 12), 56% of respondents felt that disabled people's rights to make their own decisions isn't protected. With access to justice (Art. 13), 73% of respondents said it is difficult for disabled people to get support for legal matters, and it must be underlined that there is no compulsory training for Scottish judiciary on disability. Regarding liberty and security of person (Art. 14), detentions under the mental health act increased by 9.1% during the pandemic, when the past years the increase has averaged at 5%. The figures related to Art. 16, freedom from exploitation, violence and abuse, show that there was a 14% increase in disability hate crime charges between 2019/20-2020/21 with deaf and disabled people experiencing higher rates of domestic abuse, yet there is a lack of intersectional data on domestic abuse and disabled women. Concerning liberty of movement (Art. 18), changes to the blue badge permit scheme and EHIC card could make travelling to Europe more difficult and the lack of transferability of local care packages makes it difficult for disabled people to move to different authority areas. With regards to living independently and

being involved in the community (Art. 19) 71% of participants said disabled people do not receive the correct support to live independently. During the pandemic many disabled people lost their social care support and are still waiting on it being restored, this is further proved by the number of unpaid carers increasing to over 1 million during the pandemic. Regarding freedom of expression and opinion, access to information (Art. 21), UK Government briefings were inaccessible to BSL users and there was a lack of Easy Read information. In relation to education (Art. 24), around 60% of respondents said that disabled people cannot fully participate in education in Scotland with deaf and disabled children being more likely to be excluded and the move to online learning in the pandemic leaving education inaccessible. With access to health (Art. 25), 82% of respondents said disabled people still struggle to access the health care they need with many children losing access to health services in the pandemic and disabled adults experienced an increase in suffering from depression. When it comes to work and employment (Art. 27), 88% of respondents said that disabled people still find it hard to find and keep a job, with stigma towards disabled workers increasing in the pandemic and they felt more of a risk of redundancy. However, it must be highlighted that the move to working from home benefitted many disabled people. Regarding adequate standard of living and social protection (Art. 28), 73% of respondents said that disabled people do not have enough money for a decent standard of life with poverty rates remaining higher for households with a disabled person. Finally, with reference to participation in political and public life, 51% of survey respondents said that disabled people experience problems when voting in an election and taking part in politics. The first wheelchair user was only elected to the Scottish Parliament in 2019/20 and just 7.2% of public board members consisted of disabled people (Inclusion Scotland, 2022c, pp. 3-11).

Although the report identifies some improvements since the UN examination in 2017, the evidence demonstrates that disabled people in Scotland are still experiencing negative outcomes in many areas of life. Furthermore, the pandemic has exposed and deepened these inequalities (Inclusion Scotland, 2022b).

Regional disability legal framework

Italy is a party to eight UN human rights treaties and six regional human rights treaties (International Justice Resource Centre, 2022). Scotland is party to seven UN human rights treaties as well as eight Council of Europe human rights treaties (Scottish Government, 2022a). Although the UK left the EU in January 2020 in what is known as

'Brexit', it remains a member of the Council of Europe, therefore human rights cases can be still heard by the ECtHR (Carrick, 2022). However, in December 2021, the UK Government announced plans to revise the HRA to restore more powers to the UK Parliament when it comes to enforcing rulings from the ECtHR. The UK will remain party to the ECtHR and continue to meet its obligations, but the UK Supreme Court will have the final say in cases, interpreting the rights in a UK context, respecting case law, UK traditions and the intention of its elected law makers (Ministry of Justice, Dominic Raab, 2021). The Charter of Fundamental Human Rights of the EU sets out a range of civil, political, economic and social rights for EU Member States. Since it was not included in law as part of the EU (Withdrawal) Act 2018 during the Brexit process, it no longer applies in the UK (Equality and Human Rights Commission, 2022). This next sub-section on the EU Conventions and strategies only apply to Italy.

The EU and the CRPD

When the CRPD entered into force on 22 January 2011, it became the first human right's convention to which the EU has become a party to as a Regional Integration Organisation. All 22 EU Member States have also signed and ratified the CRPD and its Optional Protocol (European Comission, 2022).

As a party to the convention, the EU has a designated framework for matters of EU competence, which include EU legislation and policy and EU public administration. The EU framework also complements the national monitoring frameworks set up to monitor CRPD implementation in Member States. The EU framework is made up of the European Parliament, the European Ombudsman, the FRA and the EDF, who meet twice a year. The decisions that they make are by consensus and the work undertaken complements national equality bodies, Ombudspersons, NHRIs and monitoring committees in Member States (FRA, 2022a). Italy is one of the only EU members that does not have a national ombudsman that is independent from its government.

The EU was first evaluated in 2015 by the Committee of the CRPD and in March 2022 the second review of the EU began. The review report is not yet available, but the list of issues highlights the many implementation gaps that the EU must respond to in their report. The results must be analysed carefully when the report is finalised to understand the progress that has been made (UN Commitee on the Rights of Persons with Disabilities, 2022).

The core elements of the UN Convention were reflected in the European Disability Strategy 2010-2020 and currently the Strategy for the Rights of Persons with Disabilities 2021-2030. The Strategy aims to establish the objectives of the EU regarding their commitment to improve the life disabled people who represent 25% of the total European population (around 87 million people). The three main themes of the Strategy are: EU rights, independent living and autonomy and non-discrimination and equal opportunities (European Commission, 2021).

The European Accessibility Act

On the 28 June 2022, the European Accessibility Act's (Directive 2019/882) deadline expired for Member States to transpose the Act into their national legal framework. The Act is: *"a landmark EU law which requires some everyday products and services to be accessible for persons with disabilities"*, striving to improve accessibility for disabled people, in line with the obligations of the CRPD. The Act ensures that everyone has equal access to everyday products such as public transport, banking services, computers, TV, e-books and online shopping. An example of improving accessibility at ATMs would involve installing visual and audible signals instructing the user where to insert their bank card and where the cash will come out. Companies have 3 years to make their services comply with EU requirements. The Act would support disabled people but also elderly persons, pregnant women and persons travelling with luggage and they refer to these people as *'persons with functional limitations' which include individuals* with *"physical, mental, intellectual or sensory impairments, age related impairments, or other human body performance related causes, permanent or temporary, which, in interaction with various barriers, result in their reduced access to products and services, leading to a situation that requires those products and services to be adapted to their particular needs"* (EUR-Lex, 2019). The implementation of the Accessibility Act contributes to the Strategy for the Rights of Persons with Disabilities 2021-2030 and the Act foresees actions to support full participation of persons with disabilities in its implementation.

On 27 May 2022 Italy transposed the Accessibility Act in its national law with Decree No. 82/2022, which entered into force on 16 July 2022. The scope and measures set forth in the Decree reflect those of the EU Accessibility Act and the measures in Italy will apply from 28 June 2025 (D.L 82, 2022).

National legal framework

Italian national disability legal framework

The Constitution of the Italian Republic, 1946
When considering the national legal framework of the Republic of Italy for people with disabilities, it is important to refer first and foremost to the Italian Constitution, which was enacted in Rome on 27th December 1947, the year proceeding the foundation of the Italian Republic on 2nd June 1946 (Britannica, 2022).

The Constitution emphasises the duty of the Italian Republic to serve all people and promote equality and inclusion and in the constitution's fundamental principles, Art. 2 states that the Republic recognises and guarantees the inviolable rights all people, followed by Art. 3, that underlines the equality of all citizens before the law, without distinction of sex, race, language, religion, political opinion, personal and social conditions. It also assigns the duty to the Republic to remove all barriers that may prevent the freedom and participation of its citizens in the political, economic and social organisation of the country. In part one of the Constitution, under civil relations, Art. 24 states that all citizens have the right to bring cases before a court of law to protect their rights under civil and administrative law. Furthermore, under ethical and social rights and duties, Art. 32 states that the Republic safeguards health as a fundamental right and guarantees free medical care. Under economic rights and duties, in Art. 38, disabled people are specifically mentioned as it states that workers should have their needs met in case of disability and that disabled persons are entitled to receive education and vocational training. (Senato della Repubblica, 2022, pp. 1-12).

Law No.104/92 of 5th February 1992
This law is known as the 'framework law for assistance, integration and social integration of the rights of disabled people and is a key legislation the area of disability in Italy. It guarantees the right to assistance and social integration of people who have a physical, mental or sensory disability, whether stable or progressive, which leads to being at a social disadvantage due to having difficulty with learning, relationships and work integration. Within its 42 articles, reference is made to family and caregivers of disabled persons, underlining their right to have access to the correct support. Support services can include personal and family support along with psychological, technical and psycho-pedagogical assistance (diritto.it, n.d). Law 104/92 aims to guarantee the respect for

human dignity, promote the freedom and autonomy of persons with disabilities, whilst encouraging integration into their families, schools, workplaces and society. It also prevents and removes negative conditions that stop the human development, having the highest level of autonomy and participation in social life, as well as the enjoyment of civil, political and patrimonial rights. Finally, it ensures that appropriate and efficient measures are taken to provide adequate services for prevention, care and rehabilitation as well as legal and economic protection being easily accessible for persons with disabilities (L.104, 1992).

Law No. 162/98 of 5th February 1998

This law allowed the creation of projects promoting a more independent life, intended for people with severe disabilities. It allowed the regions across Italy to distribute funds to the municipalities for personalized care plans for people with severe disabilities as well as for children, young people and the elderly (L.162, 1998).

Law No. 68/99 of 12th March 1999

This law regulates and promotes the employment of people with disabilities in both the public and private spheres and assigns the management of the labour market to the various regions in Italy (L.68, 1999)**.** The law states that every company with over 15 employees has to have people with a disability in their workforce. Persons included in the definition of being 'disabled' are those who have a working capacity reduced by 45% or more, persons with a disability of at least 33%, war victims and people with hearing loss or visual impairment (EurWORK, 2009).

Law No. 328 of 8 November 2000 (Art. 14)

This was the framework law for the integrated system of interventions and social services, in which, Art. 14 underlines the need for individual projects for people with disabilities to promote the inclusion of disabled people in family life, education, work and the community. It also states that the SSN will support the individual through services to boost social integration (L.328, 2000).

Law No. 4 of 9th January 2004

This law was adopted to ensure arrangements are in place to support the access to information technology and systems for disabled people in Italy. The law only applies to public sector organisations with the exception of transport and telecom companies that are partially government owned in the private sector. At the national level, the law is monitored by the Department for Innovation and Technology whereas at regional,

provincial and municipality levels, it is up to the organisation itself to monitor implementation (L.4, 2004).

Law No. 18 of 3ʳᵈ March 2009

This law promotes the full integration of disabled people in Italy through the promotion of the CRPD and a detailed report of the measures taken regarding Art. 35, the initiation of a biannual action programme the promotion of data collecting to illustration how many people there are with a disability at a regional level, the status of policies related to disability at a national level and to encourage studies and research to be undertaken on disability matters (L.18, 2009).

Art. 25 of Law No. 114/2014 of 18ᵗʰ August 2014

Art. 25 simplifies the administrative procedure of obtaining the recognition of legal incapacity. It is required first of all to obtain a doctor's certificate and then submit the request within 30 days on the website of INPS, a tutelage, a trade union or other qualified parties (L.114, 2014).

Legislative Decree No.151/2015 of 14 September 2015

It complements the provisions regarding the funds for the employment of disabled workers established in Law no. 68/99, introducing support measures for employers who hire disabled workers who have a reduced working capacity of 50% or more. The decree allows for partial refunds for expenses incurred by employers who have adapted the workplace to eliminate the architectural barriers for persons with disabilities (D.L 151, 2015).

Law No. 112 of 22ⁿᵈ June 2016

This law is known as *'Dopo di Noi[11]'* as it established the arrangements for assistance for persons with severe disabilities who are deprived of family support or for when the parents of disabled people have passed away (L.112, 2016)**.** The law promotes well-being, social inclusion and autonomy of persons with disabilities through implementing the key principles set forth in the Italian Constitution. It also aims to implement obligations of the EU Charter of Fundamental Rights and the CRPD. It guarantees the assistance, care, and protection of persons with complex disabilities either caused by aging or medical reasons, and who do not have family support due to missing both parents or their parents being unable to provide an adequate level of support. It requires the

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[11] After Us

government and municipalities to ensure basic health care and social services to people with disabilities and the law provides financial mechanisms such as the Fund for Assistance of Persons with Severe Disabilities who are Deprived of Family Support. The legislation raises insurance premiums for plans that cover the risk of death of people with severe disabilities and encourages awareness raising public campaigns to increase knowledge about the law and forms of support available for its citizens (Library of Congress, 2016).

Delegated Law no. 227 of 22nd December 2021

This law is particular in the way that it did not introduce immediate changes to the rights of persons with disabilities but instead, the Parliament has delegated the Government to change specific parts of already established legislation to advance the rights of persons with disabilities (L.227, 2021). Art. 1 of the law states that the government must implement the proposed changes within a timeframe of 20 months from the adoption date, therefore by August 2023. Art. 2 presents 7 areas in which change is required including: the definition of disability, the criteria for disability, the multidimensional value of disability, requalifying public sectors in disability inclusion, having a disability ombudsman, promoting policies in favour of persons with disabilities and the digitalisation of evaluation and archiving processes. Art. 3 of the delegated law establishes where the funding will be taken from and underlines that the implementation of the actions will not add any extra costs to public finance. In Art. 4 and 5, it is stated that the law applies also to regions with a special statute and in the provinces of Trento and Bolzano in accordance with respective statutes (Basten, 2022).

Focal point within the Government for CRPD implementation

Minister for Disabilities

From 13 February 2021-22 October 2022, Erika Stefani served as the Minister for Disabilities in the Government led by Mario Draghi. Alessandra Locatelli now serves as the new Minister for Disabilities for the Government led by Giorgia Meloni (Ministro per la disabilità , 2022).

The government action coordination office for people with disabilities and their families

The government action coordination office for people with disabilities and their families (the office) supports government policies in the field of disability forms part of the support structure of the President of the Council of Ministers. The office oversees the implementation of the policies aimed at promoting and protecting the rights of disabled

persons, inclusion and autonomy in line with the CRPD and the Charter of Fundamental Rights of the European Union. The office also oversees the agreements that coordinate the different levels of governance in social, health and educational services, ensuring that best practices are promoted. It also ensures that the Italian Government is represented in national, European and International bodies and provides the necessary support to the political authority in charge. Furthermore, the office collaborates with ISTAT and INPS regarding data collection on people with disabilities as well as investigating the requests concerning questions or reports on the condition of disability. The office leads studies and research in the area of disability and provides opinions on the request for legal aid to the Presidency of the Council of Ministers. Finally, the office is in continuous dialogue with civil society and other relevant entities for disabled people (Italian Government, 2022).

The National Observatory on the condition of people with disabilities

The OND operates within the above-mentioned office and was established by law No. 18, on March 3rd 2009 (L.3, 2009). It is the advisory and technical support body established to assist with the elaboration of national disability policies, improving information on disability and has the aim of promoting the implementation of the CRPD. The OND must also prepare detailed reports on the measures taken under Art. 35 alongside the Inter-ministerial Committee for Human Rights. Its mandate includes preparing a two-year action programme for the promotion of the rights and integration of persons with disabilities, to ensure that international legislation is implemented into national legislation, promoting data collection on disabled people across different local situations. Furthermore, the mandate includes the preparation of the report on the implementation of disability policies (as for Art. 41, paragraph 8, of Law No. 104 of 5 February 1992); as well as encouraging studies and research that can identify priority areas for actions and interventions to strengthen the rights of disabled people.

Within the OND there is a Technical-Scientific Committee supported by a Technical Secretariat which carries out analysis and scientific guidance on the OND's activities and tasks. It is made up of representatives from central Administrations, Regions and local authorities, and of representatives of national associations of for disabled people and independent experts.

At a sub national level, independent authorities have been set up for disabled people to guarantee full accessibility to basic services, legal and economic protection of persons with disabilities and their full social integration. These authorities are complemented by

regional observatories and advisory bodies (at the municipal level) with the objective of actively encouraging the participation of disabled people during decision making processes (FRA, 2022b). However, it is important to point out that the OND does not fully meet the requirements set forth in Art. 2 of the CRPD regarding what constitutes an 'independent mechanism' since it is set up within the Ministry of Labour and Social Policies (European Blind Union, 2019).

Throughout the implementation of the PNNR, the National Observatory on the condition of people with disabilities will monitor the status of the reforms in the justice, public administration and labour market sectors to check they are adequately inclusive of people with disabilities (Governo Italiano, 2021b, p. 45). The PNNR will be described in more detail in the following chapter.

Perception of society

In Italy there are still many people who think that disabled people value less than others and therefore they glorify the ordinary achievements of people with disabilities, just because they are disabled (Negro, 2020). This is backed up by the research carried out in 2021 by SWG, an Italian Research Institute that carries out research to analyse trends and market dynamics of policies and public opinion, on how disability is perceived from the outside, and in more concrete terms, how Italian citizens perceive disabled people, how much they know about disability and what ideas they have. The findings demonstrate that 63% of interviewed people think that the information on disability is insufficient and 20% of interviewees rely on information from their local health care provider or their GP. Regarding the cultural attitude of Italians regarding disability, 77% claim to be accommodating towards disabled people and their needs but also 62% claim to be indifferent and 53% said they were underprepared. When asked if they had been discriminatory, 5% of respondents said they had been very discriminative, however 67% of respondents said they have never been involved directly with discrimination towards a disabled person (Disabili.com, 2021).

The UK national disability legal framework

Through this section, a brief history of the national disability framework in the UK as well as Scottish disability legislation will be presented to understand the laws that have inspired the Delivery plan for disabled people and consequently actions both in Scotland

and in Edinburgh for a greater inclusion of disabled people. This section will also explain the role of the UKIM in monitoring the implementation of disability legislation in the UK.

Before proceeding, it must be mentioned that in Scotland, responsibility for matters that affect disabled people is shared between the Scottish and UK Governments. The Scottish Government is in charge of most public services including local councils, education, housing, social work and the NHS in Scotland, whereas the UK Government is responsible for equality legislation including the Equality Act 2010, employment, income and some benefits (Scottish Government, 2022b). The Scotland Act 1998 established the Scottish Government of Ministers and the Scottish Parliament and devolved human rights matters to Scotland. The Act ensures that laws passed by the Scottish Parliament can be challenged and overturned by the courts if they are incompatible with the rights set forth by the ECHR. Scottish Government Ministers have 'no power to act' if their actions breach the ECHR rights (Scotland Act , 1998).

A brief historical overview of key legislation in the UK

Chronically Sick and Disabled Persons Act 1970
This Act was the first in the world to recognise the rights of disabled people. Local authorities were given the responsibility of providing welfare services, housing, home assistance, meals and adaptations to homes. It made councils accountable to providing education for blind and deaf children and public buildings had to include disabled toilets and parking. The Act did however receive criticism as it gave a lot of power to professionals and medical specialists, thus promoting disability rights through the medical model of disability (Chronically Sick and Disabled Persons Act , 1970).

Disabled persons Act 1986
This Act further strengthened the provisions of the 1970s Act and obliged local authorities to provide for disabled people in their communities (Disabled persons Act , 1986).

Disability Discrimination Act 1995
This Act made it illegal to discriminate against disabled people on matters related to facilities, employment, the provision of goods or the disposal or management of premises. Service providers had to adapt their services to be accessible to disabled people, this was then extended to education providers in 2001, with the Special Education needs and Disability Act (Disability Discrimination Act , 1995)

Human Rights Act 1998

It set out the fundamental rights and freedoms that people in the UK are entitled to and brought the rights outlined in the ECHR into British law. It placed a duty on public authorities to ensure that their actions and decisions take people with learning disabilities into account and if they fail to do so, they could be taken to court. The HRA underlined the state's duty to protect people with learning difficulties from mistreatment and emphasised their right to respect and family life. It also underlined that people with learning disabilities have a right to marry and that all people with disabilities should not be stopped from enjoying rights in the Act because of their disability (Human Rights Act , 1998).

Disability Discrimination Act 2005

This law extended the protection of disability rights to land, transport, small employers and private clubs as well as extending the disability definition and introducing a duty for public bodies to advance equality for disabled people and involve them in service and policy design (Disability Discrimination Act, 2005).

The Equality Act 2010

This Act is currently in force across England, Scotland and Wales. It brought together a range of discrimination Acts including the Disability Discrimination Act 1995 and 2005, into one coherent piece of legislation. It outlaws direct or indirect discrimination and harassment in employment, professional education and the provision of goods and services, for nine protected characteristics including disabled people. It also outlaws discrimination due to being associated with a disabled person or based on the perception that someone may be disabled (The Equality Act, 2010).

Welfare Reform Act 2012

It introduced a range of reforms to the benefits and tax credits system, replacing Disability living allowance with a Personal Independence Payment for disabled people of working age (Welfare Reform Act , 2012).

Scotland - National disability framework

Since 2009 the UK has been a party to the CRPD, therefore the Scottish Government must promote, protect and ensure the human rights of people with disabilities. Although the CRPD obligations are not a part of Scotland's domestic law directly, the CRPD can be used to interpret the rights found in the Human Rights Act 1998 (Scottish Human

Rights Commission, 2022). Alongside the Equality Act 2010 and the Welfare Reform Act 2012, the following legislation applies in Scotland to protect the right of disabled people:

The Adults with Incapacity (Scotland) Act 2000

This act provided the framework for safeguarding property, personal and financial affairs of adults who lack capacity due to having a mental illness, a learning disability, dementia or a related condition or are unable to communicate their needs (The Adults with Incapacity (Scotland) Act, 2000).

Social Care (Self-directed Support) Act 2013

It introduced new approaches to give adults, children and carers in need of social care more choice and control over services (Social Care (Self-directed Support) Act , 2013).

Disabled Persons' Parking Badges (Scotland) Act 2014

It introduced different regulation allowing people with disability parking badges (Blue Badge) to park closer to their destination and gave local authorities more power to challenge people who abuse the Blue Badge scheme (Disabled Persons' Parking Badges (Scotland) Act , 2014).

Children and Young People (Scotland) Act 2014

This Act introduced the GIRFEC framework to ensure that services and agencies supporting disabled children coordinate and adapt their approach according to the individual (Children and Young People (Scotland) Act, 2014b).

Welfare Funds (Scotland) Act 2015

This Act enforced a duty on each local authority to maintain a welfare fund and placed the Scottish Welfare Fund into law (Welfare Funds (Scotland) Act, 2015).

Mental Health Scotland Act 2015

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have a mental illness, learning disability, or related condition and ensures that people with learning disabilities have a right to independent advocacy (Mental Health Scotland Act , 2015)**.**

Scotland Act 2016

It was enacted on 23 March 2016. It devolved responsibility for a number of disability-related benefits to the Scottish Parliament and enables new benefits for working-aged

people to be created. In response, the Scottish Government announced its intention to create a new Social Security Agency for Scotland (Scotland Act, 2016)

Education (Scotland) Act 2016

It extended the education rights of children in legislation that already exists in support for learning (Education (Scotland) Act, 2016).

Carers (Scotland) Act 2016

Improves support for adult and young carers so they can continue to care and have a good quality of life alongside doing so (Carers (Scotland) Act, 2016).

UK's Independent Monitoring Mechanism

The Scottish Human Rights Commission was established in 2006 and protects and monitors the implementation of the CRPD in Scotland. It is part of the UKIM alongside the Equality and Human Rights Commission, which was also established in 2006, and monitors human rights issues in England and Wales as well as matters not covered by the SHRC in Scotland. The Northern Ireland Human Rights Commission and the Equality Commission of Northern Ireland were both established in 1998 and monitor CRPD implementation matters in Northern Ireland (Scottish Human Rights Commission, 2022).

Perception of Society

In the UK, according to the data from the National Disability Strategy, 8% of disabled people, 8% of carers, and 12% of the general public 'agree' or 'strongly agree' that the attitudes of the general public regarding disability are helpful for disabled people. However, positive change regarding the attitudes of people towards disability has been observed in the results from the British Social Attitudes Survey in 2017, where 83% of respondents thought of disabled people as the same as everyone else, which is an increase from 77% in 2005. Although attitudes are changing, there is still a long way to go. (The Disability Unit, 2021).

Sub-national disability framework

Veneto region

The Veneto region started to build a network of services for disabled people in the 1970s, with the aim of de-institutionalising the sector and integrating disabled people into society. The regional laws were built upon by Law No. 104/92 and driven by the CRPD.

Veneto was one of the first regions to adhere to the CRPD after it was ratified by the Italian Government in 2007.

Previously, the Veneto Region introduced many great initiatives, economic resources and legislations to promote equal opportunities and protect the rights of disabled people, with social and health interventions that inform service users, a focus on early diagnosis and allowing disabled people and their families to have control of their lives. At present, there is a change in the mentality towards disabled people as there are a growing number of initiatives, services and the physical barriers are decreasing, allowing disabled people to have more freedom to move, travel and have as much independence as possible in their lives. In the last few years, there has been an increase in interventions that ensure a greater inclusion in urban areas, access to employment, sports, tourism, cultural life and in general a large effort towards social integration and action that favour opportunities for disabled people (Valdegamberi, 2022). The Veneto Region also has a Commission for disabled people which promotes equal employment opportunities through services that facilitate entry into the work of work, such as training opportunities (Regione del Veneto, 2022a).

In Italy, the region of Veneto is unique in the way that ULSS has a leading role in managing disability services. In the rest of Italy, disability services are managed and run only by the municipality. This means that part of the ULSS budget is devoted to social care, and they receive a contribution from the municipalities to run services. ULSS manage day centres, housing services and work integration services for people with disabilities whereas the municipalities takes the lead on the PNRR and all projects that involve social funding. This model of integrating socio-health services can be said to be effective, as there is a large cross-over of social and health services and it is complicated to manage them as two separate services (ULSS_1). By the end of 2021, in Veneto, there were 2,124 disabled people in sheltered housing, 1304 in care homes, 191 people in centres for physical and intellectual complex disabilities and 6333 people benefiting for the services of the 305-day centres in the region (UNEBA Veneto, 2022). The current key regional legislation will now be presented:

Regional contribution service for users of rehabilitative methods
Regional law No 6/99 allows Veneto region citizens (minimum 6-month residence) who have a physical impairment and are using the rehabilitative methods (Doman, Vojta, Fay, Aba, Perfetti or Feldenkrais) can access benefits up to 20 thousand euros to cover

expenses linked to these methods (ULSS6 EUGANEA, 2022b). Furthermore, Regional Law No.16/2016 was then modified by Regional Law No. 44/2019 (Regione del Veneto, 2019) and offers funding to citizens who have a psychophysical disability who use rehabilitative methods (Regione del Veneto, 2022a).

Art. 27 of Italian National Law No. 104/92

It allocated a regional allowance service for the modification of driving equipment for disabled people which provides disabled people (with license type A, B or C with a permanent motor impairment) with a contribution of 20% towards costs used to modify a driving vehicle (L.104, 1992).

Legal representation

Law 6 of 9/1/2004, Resolution No. 993 of 8/11/2018, Regional law No. 10 of 14/4/2017 ensure that disabled people who cannot manage their financial or legal requirements independently have access to a legal representative (ULSS 6 Euganea , 2022a).

Regional allowances for the removal of architectural barriers

There are two types of allowances to eliminate architectural barriers, first of all at a national level, as described in the previous section with Law No. 13/89 and then at the regional level with Regional Law No.16/2007 (L.R 16, 2007), Regional Resolution No.2422/2008 Attachment A (Bur 81, 2008). At any time of the year citizens can submit applications to their local municipality referring to the national law and regional law regarding the removal of barriers linked to entrance to buildings, public spaces, adaptation of motor vehicles, and equipment within buildings to increase mobility (home or workplace) such as stairlifts and elevators (Regione del Veneto, 2022a).

School vouchers

Families with disabled children can go through the annual application process to receive an allowance for the academic year for their disabled children who attend public schools, private schools or accredited institutions that run training courses. The allowance is not automatically assigned by applying but instead the process towards obtaining the financial support is activated. The allowance partially covers fees related to enrolment, attendance and extra support (Regione del Veneto, 2022b).

Compulsory home care packages

The Veneto region provides an allowance for assistance at home for disabled people and the elderly who cannot live independently, which is outlined in regional resolutions

No. 1338/2013 (Bur n.72, 2013), No. 1047/15 (Bur n. 85, 2015), No. 670/20 (Bur n. 86, 2020) and No. 1174/21 (Bur n. 119, 2021a). These interventions (known as ICD) allow disabled people to live at home more independently. The regional legislation offers seven different types of care packages at home: service users with basic needs, medium needs, extensive needs, service users with serious learning and intellectual disabilities, service users with serious physical disabilities, service users with medium needs but with a serious disability and service users with amyotrophic lateral sclerosis (Regione del Veneto, 2022a). The support received depends on the evaluation of the district unit and the support is organised depending on how serious the disability and how high the needs are. Support can be offered through benefits, equipment rental, communication equipment, devices or prosthetics. An application for this service can be made at any time by the individual, their family or legal representative (ULSS6 Euganea, 2022b).

Caregivers allowance

Ministerial Decree of 27/10/2020 (D.M 27, 2020), assigns an allowance for family members who take on the role as a caregiver at home for people with disabilities or for people who cannot live independently.

With Regional Decree No. 52/21 (D.R 52, 2021) for social services in the region of Veneto, three interventions were approved: caregivers of people with serious disabilities, caregivers for people who were denied access to residential care homes due to emergency measures and the promotion of deinstitutionalisation and the reunification of the caregiver with the disabled person.

Furthermore, Regional Resolution No.295/21 (Bur n. 46, 2021) and No. 682/2022 (Bur n. 78, 2022b) saw the approval of integrated planning guidelines for interventions for the support of caregivers, with the latter resolution being pursuant to the Delegated Law in December 2021 (Bur n. 78, 2022c).

Edinburgh and Lothians region

Scotland is divided into 15 main regions and the City of Edinburgh Council (the council) is in the Edinburgh and Lothians region of Scotland. The UK and Scottish laws listed above apply to every region in Scotland as there are no different regional laws.

NHS Lothian is the branch of the NHS who manage disability health related matters in Edinburgh. They currently have 4 strategic plans that are operating with the aim of continuously improving the quality of their services. There is the *"NHS Lothian Quality Strategy 2018 – 2023"* which describes the way that NHS Lothian manages change and

is more about the operational level (NHS Lothian, 2018). Then there is *the Our Health Our Care Our Future: NHS Lothian Strategic Plan 2014-2024*, which specifically mentions disabled people in the section on improving the quality of care. It proposes a community and residential support service jointly with local authority partners for people with learning disability, autism spectrum disorder and challenging behaviour; alongside integrated models of community rehabilitation, modernising residential provision and providing more community services for people with complex and challenging care needs in the community (NHS Lothian, 2014b, p. 31). Furthermore, disabled people are mentioned under the section of 'delivering changes' in which it is proposed that the four Lothian Health and Social Care Partnerships develop Strategic Commissioning Plans for learning disability (NHS Lothian, 2014b, p. 42)*.

As part of *The NHS Lothian Strategic Plan 2014-2024: Developing person-centred primary and community services*, in section three, detailed propositions are listed to deliver primary and community services for people with disabilities involving local authority partners in community and residential support services for people with learning disabilities. There are also a number of strategic developments across Edinburgh and the Lothians to ensure that specialist learning disability services are of high quality, effective and fit for purpose p23 (NHS Lothian, 2014a). These plans are continuously monitored to ensure progress is being made.

The Greenspace and health: Strategic framework for Edinburgh & Lothians does not specifically mention disabled people but it will benefit them as it aims to increase the publicly accessible greenspaces and greenspace-based activities in supporting wider community and public health. The strategic framework focuses on the fact that there is a growing evidence base around connections between green and natural spaces, and health and wellbeing and for some health outcomes, research has found that greenspaces may help mitigate the health impacts of socio-economic inequality. Part of the framework's scope is to increase the public accessibility to greenspaces in Edinburgh and the Lothians (Edinburgh and Lothians Health Foundation, 2019, pp. 4-7).

Conclusion

It is clear to see that in the past 20 years that disability legislation has progressed significantly when compared to the final decades of the 20th century although from the foundation of the Italian Republic, the rights of people with disabilities were considered. The UK led paved the path to improving disability rights with the passing key legislation in 1970, compared to Italian legislation that first passed in 1992. UK and Scottish

legislation covers a wider scope when it comes to protecting disability rights, especially since the year 2000. Despite the progress made on a legislative level, the views expressed by disabled people themselves shows that on a grassroots level, the applicability of the laws and the reality of disability inclusion maybe isn't so positive. Disabled people in both Italy and Scotland are still fighting to achieve equality despite the legislation passed that claims to allow them access to benefits, control over their care, access to employment and support for their caregivers.

At a national level, both Italy and the United Kingdom have experienced significant changes with the leaders of the Government since the start of this research has taken place. In October, Italy saw Giorgia Meloni being elected as President, leading the far-right wing political party 'Brothers of Italy' (BBC, 2022a). Meanwhile in the UK, in September 2022 Liz Truss became Prime Minister, leading the Conservative party after Boris Johnson resigned in July 2022. After just 45 days in office, Truss stepped down which led to Rishi Sunak taking office on 25 October 2022, as leader of the Conservatives (BBC, 2022b). Furthermore, Queen Elizabeth II died on 8 September 2022, which meant that King Charles III took to the throne (BBC, 2022c). It is hoped that the new Governments will continue the progress that has been made to incorporate the CRPD into the national legislative framework and that the rights of disabled people are not put to the side in amongst the political changes.

It is vital that the progress of the actions set forth in the Delegated Law of 2021 are monitored over the coming months to ensure that the Italian Government is following through with the commitments made previously and can meet the deadline for the changes to be made. It is also essential that the new UK Government continue the progress that has been made and respond to the issues underlined by disabled people in the civil society reports.

CHAPTER 3 - NATIONAL ACTION PLANS PROMOTING THE CRPD

Introduction

This section begins with an overview of the Italian and second biennial action plans for the promotion of the rights and the integration of persons with disabilities as well as the actions set out to promote the rights of disabled people within the current PNRR. The application of Art. 4 will be assessed through the reports submitted to the OND by the working groups, civil society reports, as well as the results of a consultation led by

Partecipa in 2021 involving the views of disabled people in Italy on the topic of disability inclusion in line with the CRPD principles. The author has chosen to analyse the application of Art. 4 in this way as no Government progress reports can be located detailing the direct results. Then, when assessing Scotland, the Delivery plan 'A Fairer Scotland for disabled people', the 2019 and 2021 Scottish Government progress reports of the Delivery plan will be analysed in this section, looking at the results that specifically relate to Art. 4 of the CRPD. The results will be complemented by data taken from the survey carried out by Inclusion Scotland in December 2020 containing the opinions of 164 persons with disabilities that highlight the issues still experienced despite the implemented changes in the Delivery plan. Additionally, the views from the participants of the virtual Disability Summit hosted by the Scottish Government in December 2020 will be included as participants were asked to respond to 2 questions, the first asking how life had changed in the last 4 years in each area of the Delivery plan and the second in relation to the most important work for the Scottish Government from 2021-2026. The key points of the EHRC 2018 report entitled *"Is Scotland Fairer?* will also be incorporated alongside the responses of two representatives from the Scottish Government (SCO_1) and (SCO_2). This section will allow for a well-rounded view of the work of the Government with the perspective of Scotland's human rights commission and disabled people themselves regarding the reality of implementation of the CRPD at multiple levels of society. Including results from both the 2019 and 2021 reports allows for an overview of the progression and the effects of the Delivery plan on policy making, even throughout the COVID-19 pandemic.

Regarding the national disability statistics, it must be kept in mind that researching data on disabled populations in two different countries presents a challenge when it comes to comparing the findings. There are numerous ways disability can be defined and not all data is disaggregated equally, moreover, *"some definitions [of disability] are so encompassing they are likely to provide over-estimates. At the same time, definitions which rest on clinically diagnosed disabilities can provide underestimates of those people who experience difficulties in everyday life due to a physical or other impairment"* (NHS Lothian , 2008, p. 13).

Italy

Disability statistics in Italy

According to data from 2019, in a study carried out by ISTAT in Italy, there are an estimated 3,150,000 people with disabilities, equating to 5% of the total population, with older generations being more likely to have a disability. Above all, 1 million out of the 1.5 million over 75s that have a disability are women, with a higher number of disabled people living in the islands. Umbria and Sardinia are the regions with the highest percent of people with disabilities (6.9% and 7.9% respectively of the population), whereas the disabled population of Lombardy is 4.1% and Trentino-Alto Adige 3.8%.

With regards to travel, only 14.4% of disabled people use public transport, in comparison to 25.5% of the rest of the population and regarding personal care, more often than not, the duty to meet the basic needs of disabled individuals depends on the family, especially in lower income households. Two thirds of families who live with a disabled person cannot afford to have a weeklong holiday far from home, with over half of these families being unable to afford 800 euros of unexpected expenses. In the academic year 2019/2020, there were 300 thousand children with disabilities who attended school, with 176 thousand support assistants being employed across Italy to help in the classroom. However, there is a serious issue with the accessibility of schools, with only 1 in 3 schools being accessible to pupils with a physical impairment. Just 36% of schools in the North of Italy are accessible, a higher prevalence than in the South, with the North-South difference also being highlighted when looking at the accessibility of schools for pupils with sensory disability being just 22% of schools in the North and 14% in the South. Only 2% of schools in Italy have the necessary equipment for pupils with sensory disabilities to be fully integrated. During the emergency measures introduced by the COVID-19 pandemic, between April and June 2020, around 70 thousand disabled pupils did not attend online lessons. In the Italian labour market, disabled people are still at a significant disadvantage despite being protected by Law No. 68/99 with only 32.2% of disabled people with serious limitations being employed in 2019, in comparison to 59.8% of people without any limitations. People with disabilities were amongst those hit the hardest when emergency measures were introduced to try and stop the curb of the pandemic (ISTAT, 2021, pp. 10-15)

The first and second biennial action plans for the promotion of the rights and the integration of persons with disabilities

In October 2013, just under 4 years after the ratification of the CRPD, the Italian Government adopted the 'First biennial action plan for the promotion of the rights and

the integration of persons with disabilities' (the first action plan) drafted by the OND, which aimed at fulfilling the objectives of the European Disability Strategy 2010-2020 and the CRPD (EBU, 2019). The first biennial action plan established 8 areas of intervention and aimed to mainstream disability policies in all areas of social life where people with disabilities may encounter barriers, obstacles and prejudices that prevent them from living life in a community as equal citizens. Despite the efforts of the Italian Government, the first action plan did not achieve the planned actions and although some of the objectives were met, health policies at that time were still strongly focused on the medical model of disability, putting the illness at the centre of the intervention, instead of the person. Furthermore, many social-health areas still were still experiencing difficulties in creating services based on the individual's needs, adopting language focusing on the disability or condition as opposed to the individual (Osservatorio nazionale sulla condizione delle persone con disabilità, 2013).

The 'Second biennial action plan for the promotion of the rights and the integration of persons with disabilities' (second action plan), was then adopted on 12 October 2017 and published in Official Gazette no.289 on the 12th of December 2017. The second action plan aimed to continue the work carried out in the first action plan. Seven of the interventions were a taken from the first biennial action plan with an eight intervention being introduced specifically to develop tools to improve knowledge of disability and the implementation of policies to support disabled people. The eight action points of the plan will now be detailed with a brief description of the key aims:

Action 1 – Recognition of disability, multidimensional evaluation to maintain the system of access to services, benefits and personalised projects
To reform the process of certifying a disability along with restructuring social inclusion services.

Action 2 – Policies, services and models for independent living and societal inclusion
To combat isolation, segregation and the institutionalisation of disabled people, ensuring community services are available and adapted for their use. It also promotes independent living and home care and the strengthening and effectiveness of personal assistance models. Action 2 aims to share and disseminate principles and tools for the application of personal assistance and to provide legal protection for people with disabilities.

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Action 3 – Health, right to life, habilitation and rehabilitation

To offer a good standard of healthcare for disabled people and define the different levels of assistance they may require. To further integrate social and healthcare and improve the efficiency of policies. Action 3 also aims to develop guidelines, regulatory instruments, thematic surveys and IT systems.

Action 4 – School inclusion and educational experiences

Action 4 introduces a series of actions to promote inclusion in schools improving the quality of work available to disabled people and the safety of the workers. It aims to better school inclusion and the education of disabled students through staff training, ensuring the uniformity of care service delivery in schools. It also aims to improve the accessibility of schools and home education and guarantee access to Italian schools abroad for pupils with disabilities. It guarantees access to early years education for disabled children and ensures continuity between orientation/training and transition to work and lifelong learning for disabled adults, underlining the importance of monitoring the quality of education

Action 5 – Work and employment

Action 5 proposes a series of interventions to update existing norms. There are specific guidelines regarding the quality of the services across Italy and action 5 suggests that large companies should have a company observatory and disability manager who promotes the inclusion of disabled people in the workplace.

Action 6 – Promotion and implementation of accessibility and mobility principles

Accessibility is a cross cutting theme throughout the second biennial action plan and is a key element for the full participation of disabled people. Regarding accessibility, it promotes the removal of architectural and sense-perceptive barriers and in the area of mobility and transport it intends to make general administrative and operational interventions by monitoring the implementation of EU regulations and the adoption of administrative measures and communications. It also has the objective of creating an accessible Public Administration Services Area (Web sites, intranet, documents, workstations). Regarding accessible tourism it has the goal of increasing accessibility to sites of cultural and historic heritage.

Action 7 – International cooperation and international programming of disability policies

Attention is drawn to the need for a system of statistics and reporting on policy implementation. Action 7 states that policies and strategies must be developed to

programme and monitor disability policies, ensuring they are inclusive even in emergency situations. Through operational administrative intervention it aims to enhance skills in the field of emergencies, to better the practices and knowledge in the area of accessibility, to create networks and give visibility and homogeneity in the business field and consolidate the Italian position on disability at an international level.

Action 8 – Developing statistics and a policy monitoring system

Action 8 aims to integrate administrative archives in order to expand the information and statistics on disability and develop statistical tools for intellectual disabilities, ensuring indicators are created to monitor the UN Convention and to maintain, expand and disseminate the production of statistical indicators on disability. To initiate a survey to assess the viewpoint of families on their children's experience and based on the results, initiate collaboration between the competent bodies for an ad hoc information flow that will be able to provide information useful for monitoring the institution of support administration. Action 8 also aims to construct an information system aimed at the storage and systematisation of information useful to describe programmes, measures and interventions at national and regional level relevant to the application of the CRPD. The information system should consist of qualitative and quantitative information and computerised archives and dedicated databases. Furthermore, it aims to provide guidance for the design, implementation and use of the targeted employment database and provide support for the preparation of the Report to Parliament on the state of implementation of Law no. 68 of 12 March 1999 and Law no. 112 of 22 June 2016 "Dopo di Noi". It also seeks to monitor and evaluate independent living and inclusion projects.

Action plan methodology

The action plan outlined several methods that would be used to implement the obligations set forth in the CRPD. The methods adopted included first of all, coordinating with other international and European commitments signed by Italy, such as the Council of Europe Conventions and the Sendai framework, to demonstrate Italy's efforts promoting legislation, policies and programming in the field of disability. Secondly, following a two-pronged approach whilst developing the actions to ensure they financed actions and policies dedicated to disabled people at the same time as mainstreaming disability in general policies. Furthermore, the action plan highlighted the importance of the participation of disabled people's and civil society organizations as well as promoting innovative initiatives to apply the CRPD. Finally, it linked working groups with the Technical Scientific Committee through written reports, concrete indicators for initiatives

to allow for definition of the proposals to be submitted to the Prime Minister and the relevant authorities. More concretely, the second action plan had the goal of creating an effective internal mechanism, in the Italian Government for coordinating the ministries and public agencies that enforce the application of the CRPD across all government sectors (D.P , 2017).

An integral part of the second biennial action plan is the *"Action plan for Disability in Italian Cooperation"*, adopted by MAECI and AICS in 2015 which has 5 pillars of intervention to be adopted by MAECI and AICS staff, public and private actors as well NGOs in the field of development and cooperation. The 5 pillars emphasise the importance of inclusive programming and monitoring, accessibility, humanitarian aid for disabled people and the value of civil society and organisations (MAE-DGCS, 2015).

The role of the National Observatory on the condition of people with disabilities
In order to oversee the progress throughout the second action plan, the OND organised 9 thematic areas and 13 working groups, assigning each group a civil society coordinator and an institutional reference point to manage the assigned work. The 9 thematic areas include:

1. Nondiscrimination,

2. Human rights

3. Counter segregation, violence and inhumane treatment,

4. Network of services for inclusion,

5. Disabled women,

6. Accessibility and freedom to civil rights and participation, voting, free choice, public life and a permanent advisory body

7. Accessibility

8. Monitoring, statistics, SDGs, databases, human rights agencies, indicators related to art. 31 and 33 of the CRPD

9. International cooperation.

The work was divided in this way is to demonstrate a clear paradigm shift introduced by the CRPD and to adopt the appropriate tools for its implementation. The main drive of

the OND is to respond to the majority of the recommendations received in the 2016 review by the Committee of the CRPD in time for Italy's next review in 2023 (Griffo, 2019).

The efficiency of the biennial action plan in meeting the standards set forth in Art. 4 of the CRPD

An in-depth analysis of how the obligations of Art. 4 are implemented in the second action plan cannot be fully completed due to the lack of published results of Government progress. This was further stated during the VI National Conference on disability which took place in Rome in December 2021 and backed up in the report published by the Italian Federation for disabled people 'FISH Onlus'. The report highlights that the specific actions and objectives of the second action plan came to a standstill due to the COVID-19 pandemic alongside the fact that health policies and the planning of services and interventions continue to move away from the medical model of disability. There is also the issue that in Italy, the terms disabled, ill people and elderly are used synonymously. Other problems that slowed down progress include the lack of socio-health integration, the little attention devoted to defining health (outlined in the Declaration of Alma Ata 1978) for the wellbeing of disabled people and poor communication between hospital and social services (FISH, 2021, p. 17). The OND themselves also stated that making significant progress provided a challenge due to COVID-19 and the slowing-down of many services.

Due to the easing of pandemic restrictions and in an attempt to revive the second action plan, the OND established 13 working groups during a meeting in September 2020, defining the activities to be worked on. The 13 working groups established are as follows:

1. Non-discrimination, recognition of disability, definitions for disabled people

2. Harmonise, reorder and simplify disability legislation

3. Right to adult life, personalised project, empowerment and peer counsellors and caregivers, working group

4. Counter segregation, independent living, violence and inhumane treatment

5. Health and the right to life, training, rehabilitation, aids and informed consent

6. Social policies, *Liveas*[12], training services, reorganising funding, guiding families

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[12] *I Livelli Essenziali di Assistenza Sociale*- Fundamental levels of social assistance

7. Education, personal skills, accessibility, learning, university

8. Work and employment, legislative interventions, disability hiring quotas, technical intervention, parental leave

9. Disabled women, counter-discrimination, violence prevention, parenting

10. Accessibility, offices and services, private sphere, training, monitoring structural funds, transport, information and communication, emergency

11. Freedom, civil rights and participation

12. Monitoring

13. International cooperation

The working groups initiated the planned activities online, between December 2020 and January 2021 and the majority of their work was carried out online, involving discussions with various entities and experts in the field. Some of the outputs published by the working groups have already been incorporated into the Delegated Law No. 227 of 2021 and it is possible that other actions could be adopted in the 3rd biennial plan (OND, 2021a, p. 1). It is important to point out that working group 13 were established ad hoc due to the insertion of the *"Action plan for Disability in Italian Cooperation"* with its members being in charge of training public and private sector staff on inclusive programming in international cooperation (ANMIL, 2022). The results of the actions outlined by the working groups cannot be located online, therefore the application of CRPD Art. 4 will be assessed through the reports submitted to the OND by the working groups as well as the results of a consultation led by Partecipa in 2021, involving the views of disabled people in Italy on the topic of disability inclusion in line with the CRPD principles.

The working group reports submitted to the OND

Out of the 13 groups, only working group 2 and 11 planned actions that directly mention the implementation of Art. 4 of the CRPD. On the 15 September 2020 the coordinators of working group 2 met to harmonise, reorder and simplify legislation by planning activities to be carried out going forward. The first action consisted of overviewing the general situation of current jurisdiction in Italy to decide the priority areas that need to be harmonised and aiming towards having one single document containing a disability code. The working group also communicated the need to draft an evaluation document containing the CRPD principles and criteria to be used and therefore stated that they

would prepare a document that defines the CRPD principles that can be applied in relationships between the Government and the regions (Art. 4 comma 5), underlining also possible innovative actions and solutions. In their report they also mentioned the critical situation of institutions who have difficulty in networking together. To combat this, the working group proposed initiatives to work together at an institutional level on disability matters, guaranteeing the personalization of the interventions. To follow through with the working group objectives, the members stated that they would work in close relationship with the other OND working groups and when the occasion may arise, they can collaborate on topics for disabled people on the national agenda (OND, 2021a, p. 4) .

The focus of working group 11 is the freedom of expression, thought and communication which means having the choice of communication method, expert sign language readers, interpreters and subtitling, augmentate or alternative communication or Braille. It also includes the participation of disabled people in public life and having the option to present as a candidate in an election, elective mandates, participation in NGOs and associations, participation in activities and administration of political parties and participation in disabled people's organisations. Working group 11 planned to establish a permanent consultative body that consults regularly with disabled people through their organisations, considering the laws, policies and programming, ensuring that a wide range of people with disabilities are included. In this way, it is hoped that the diversity of disabled people will be represented so they can directly access decision making processes that have an impact on the lives of disabled people across all sectors (recommendation 8).

Furthermore, the working group expressed their plans to guarantee the direct participation of disabled people and their associations as fundamental rights outlined in CRPD Art. 4 comma 3 at the same time as recognizing the skills they can contribute to society. However, regarding political participation, there is a lack of research in technical, administrative, legal and judicial activities. On the 9 September 2020, the working group 11 coordinators met and defined the future activities: first of all, they emphasised the need to introduce a definition of accessibility and usability for public communication and public interest, both at a local and national level. Also, the need to activate the Marrakesh Treaty which allows visually impaired people to access books and define by law the accessibility and usability of public documents and e-books. Also, the option to digitally sign legal documents must be made available for disabled people as well as defining

accessibility and usability laws for social media. The working group also suggested drafting a document that defines the standard rules for accessibility and usability of electoral campaigns and public meetings (seminars, conventions) and the need to publish a document that provides appropriate support for candidates and elected representatives, ensuring there is a proposal offering accessibility to voting. Finally, the working group mentioned the need for a proposal that would establish an independent national organism that promotes the participation of disabled people's organisations and their families to do with decisions that affect them. The group will work in close contact with working group 2, mentioned above, and group 10 who work to improve accessibility, offices and services, private sphere, training, monitoring structural funds, transport, information and communication and emergency (OND, 2021a, p. 17)*.

Views of disabled people on disability inclusion in Italy
The European Strategy for people with disabilities 2021-2030 inspired the interventions set forth in the PNRR and above all, the Delegated Law of 2021. Therefore, ParteciPa, the Government platform for consultation and public participation, gathered the opinions of disabled people on best practices and suggestions to improve the inclusion of disabled people. The contributions of the public were used to guide the priority areas and interventions needing to be discussed at the National Conference on disability policies, as well as inspiring the not yet published third action plan for disabled people in Italy. The consultation was carried out in 3 phases: the first consisted of gathering opinions between October 2021 and November 2021, the second involved writing the report and took place until December 2021 and the third phase consisted of presenting the report at the National Conference on disability policies, and subsequently presented to parliament until March 2022. At present, on the website, the report still seems to be in the third phase (ParteciPa, 2022, p. 4).

During the consultation, the participants were invited to contribute their opinions in the following areas: Accessibility, mobility within the EU, independent living, inclusive training courses, the quality of work inclusion, culture, sport and accessible tourism and best practices. Participants were required to submit their contributions of maximum 2000 characters (spaces included) answering the following questions: i) What are the criticisms or shortcomings regarding the chosen topic and what improvements could be made? ii) Are there any regulatory measures to be adopted, if so, which ones? (ParteciPa, 2021, p. 3) During phase one, 302 opinions were gathered with the category 'other' receiving the most responses (98), followed by accessibility (47), the quality of

work inclusion (41) and independent living (40) (ParteciPa, 2021, p. 9). Around 2/3 of the responses were submitted by citizens and the rest by national and local associations and NGOs (ParteciPa, 2021, p. 13). The key takeaways will be presented to give an overview of the opinion of disabled people regarding the implementation of the CRPD in Italy.

Accessibility

Accessibility is linked to architectural barriers as well as having the ability to communicate and access information. Despite Law No. 41/86 and Law No. 104/92 which make it compulsory for cities to have a PEBA, there were many contributions highlighting the difficulty in accessing public structures due to architectural barriers. Some of the key suggestions to break down architectural barriers include having an online system to highlight barriers, having an independent body to coordinate a PEBA in each region, bringing national norms in line with the European Accessibility Act, having the obligation of having ramps available for all public activities, collaborating with municipalities and universities and ensuring all train stations are accessible. Regarding access to private structures, the key suggestions included bringing national legislation in line with the CRPD, introducing requirements regarding web services and media, mapping and updating the disability services in cities and extending bonuses that allow barriers to be removed at home. In relation to accessing information and communication, Italy is behind compared to other countries in the EU regarding regulations that favour the rights of people with hearing loss in the field of culture and linguistics. However, there has been an increase in legislation favouring access of disabled people to museums across Italy. For the people with hearing loss, some of the key suggestions included: ensuring access to all public structures, having subtitles available on all TV channels and ensuring information about electoral parties is accessible. The participants suggested that in the area of digital accessibility, initiatives spreading the culture of accessibility should be promoted along with technical solutions. In this area, the University of Padua's WCAG4All programme was highlighted as a good practice for a technical solution, and it will be detailed further in chapter 3. In the suggestions about healthcare, participants mentioned reducing waiting times, activating an operative unit as a point of reference for disabled people as well as further training healthcare staff. They also underlined the need for volunteers who can support disabled people and their families (ParteciPa, 2021, pp. 13-17).

Mobility within the EU

Being able to freely move to another country of the EU is a fundamental right of people with disabilities and doesn't just rely upon accessible transport to do so, but also having access to healthcare and job opportunities. The key suggestions from participants included: providing disabled people (who have over 74% of disability) free transport cards, having adaptable methods of transport and employing disability mobility managers to ensure that transport is accessible. Providing clear information on transport and technology to facilitate mobility and offer the chances for disabled people and transport staff to be trained would further promote mobility within the EU. Furthermore, they suggested to offer compensation when a wheelchair is damaged in the plane as well as having legislation to ensure that wheelchairs are longer recognised as 'luggage' but instead, essential healthcare equipment. The participants would like transport to be accessible to all, cycle lanes to be separate from pavements and electric vehicles to make a noise so that blind people can hear them. They also suggested that legislation should be passed against people parking scooters in the middle of pavements who create obstacles for passers by (ParticePA, 2021, p. 18).

Independent living

Almost all of the 40 contributions mentioned the creation of an 'individual participatory life project' which is at the forefront of the Delegated Law and forms a key part of the PNNR (detailed below). Some of the key contributions include making SAD less expensive and making it possible for the disabled person to directly arrange homecare as opposed to through an association. Furthermore, they suggested that social healthcare workers should be adequately trained to carry out relevant projects and there should be a protocol adopted that ensures that disabled citizens and their family can be a party of the creation of their own personalised independent life project. Respondents also mentioned that third sector organisations should be valued in the programming stages of initiatives alongside officials and disabled people. The respondents put forward the idea of 3rd party that overviews activities and initiatives for disabled people as well as promoting collaboration between agencies, public services and the private sector and overlooking cases that involve bodies such as ULSS and the municipality. Regarding the *Dopo di Noi* actions, there have been a lack of results since it was implemented in 2016, therefore the majority of the comments received were criticising the law as well as providing some solutions. Some of the key criticisms include the fact that the legislation only applies to people with serious disabilities, it doesn't allow for the legal representative to coordinate activities and the fact that syndicates are the only bodies that can step in

to decide. Some of the suggested solutions include for disabled people whose disability is not considered serious and the family provides a paid apartment, the state should guarantee carers at home, also there should be appropriate funds available to support residential projects and shifting the focus to be more on present life and promoting the possibility for disabled people to live outside the home from their parents. Furthermore, participants suggested that regional funding should be made available to construct suitable housing and support people with intellectual disabilities who cannot financially support themselves and have no family to help them to access municipality and national health services. Regarding technological assistance, in the responses it was suggested that there should be a new cultural paradigm built together with disabled people and their families that deals with communicative technological assistance, ensuring it responds to current needs and is sustainable. Legislation should also be passed that promotes research on new assistive technology (ParticePA, 2021, pp. 18-21).

Inclusive training courses

Many of the contributions underlined the critical situation of school inclusion as well as the transition into the world of work and highlighted the shortcomings throughout the procedures of assigning support staff in schools and the lack of communication support assistants. There was also attention drawn to the need for technology to be used as a support tool, ensuring children are taught how to efficiently use the tools. Regarding working life, the suggestions approach the need for disabled people to be able to develop their skills in a stimulating environment that can lead to employment opportunities. More concretely, the key suggestions to do with school include filling the gap of teachers and communication assistants, modifying the procedure of how a support assistant is assigned to a disabled child in schools, providing training for inclusive educational tools and promoting specialised learning for deaf children, ensuring the teacher has the correct tools at their disposition. Furthermore, school inclusion should be extended into the university context. The key suggestions include providing more training, work orientation and semi-residential centres. The participants think it is necessary to improve the already existing services in Italy as well as creating services that value characteristics and attitudes of disabled people, supporting them to make well informed educational and work choices for their future. It was also suggested that disabled university students should not have to pay fees if they cannot access university structures because of having a serious disability (ParteciPa, 2021, pp. 21-23).

High quality disability inclusion in the workplace

Employing disabled people leads to a boost in social inclusion and skills. Some concrete suggestions included: adopting more measures to guarantee accessibility to training for disabled workers, providing incentives for companies that are truly inclusive and when it comes to the mandatory quotas for employing disabled people, it was suggested that they should be increased from 7% to 10%. Furthermore, companies should employ staff to manage social, cultural and work inclusion for people with an intellectual disability. Regarding disability hiring quotas, it was suggested that specialist staff should be hired who have organisational and bio-psycho-social skills as well as skills in the job field to adequately support the workers with disabilities. It was also suggested that a network of public and private services should be activated to support the process during the disability hiring quotas and to reserve spaces or award more points to deaf people who are employed. In relation to access to public employment, the quality of inclusion in the workplace and legal protection for disabled people, some of the key suggestions included reserving research positions for disabled people who have achieved outstanding results in the area of scientific research and having the possibility for people with an intellectual disability to have trained support staff to help them carry out their role. To increase the inclusion of deaf people, written formats of school and university lessons should be made available along with access to the newest technologies to support them at work. In the armed forces, airports and law enforcement, disabled people should be part of the selected workforce and the income limit for the disability pension should be increased to promote work inclusion (ParteciPa, 2021, pp. 21-23).

Culture, sport and accessible tourism

The need for more space for discussions on ableism is required which can be encouraged by spreading knowledge and combatting prejudice through awareness raising on the importance of social inclusion. In the area of sport, the contributions were about increasing spaces for leisure activities and drafting norms that establish set rules. Also having a medical certificate stating that disabled athletes can complete with non-disabled athletes providing they have the correct support and equipment to do so, and that the competitive balance is the same between all participants despite the equipment they use. In the area of accessible tourism, the respondents underlined the need for accessible information and available staff who are knowledgeable about the needs of disabled people. There is also a need to train tourist operators along with making tourism sites accessible across Italy (ParteciPa, 2021, pp. 23-27).

Other

In the area of 'other', various suggestions were gathered and presented in different themes. Some of the key suggestions were linked to improving the economic support available for caregivers as well as working more on the representative bodies for caregivers at a national level. Regarding disabled women, it was suggested that the network of anti-violence helpdesks should be strengthened and made up of experts that can look into the needs of disabled women and raise awareness on issues they face. In the area of health, participants said that there should be a support system in place for disabled people, especially with physical disabilities, when visiting medical structures for appointments. More concretely, it was suggested that there should be trained disability nurses to accompany disabled people during their visits as well as having a reference point for families with a family member who has a rare illness, that can support them through the process. Furthermore, the participants underlined the need for national guidelines on complex aids to ensure the cost is effective and the aids are regularly checked. Regarding pensions and benefits for disabled people, it was suggested that the limit of the annual income for disabled people should be increased from 4931.29 euros to 8000 euros, like all other unemployed people, as well as increasing the amounts of partial disability pension from 74% to 99%. The participants also put forward the idea of increasing the incentives that promote social inclusion for disabled people such as school credits for the leaving exam, providing awards or economic incentives and for teachers to have access to resources, materials, transport, gardens and animals to be able to encourage disabled people to participate in activities to improve their quality of life. It was also suggested that a public anti-discrimination representative should be appointed so that citizens have the possibility to report discriminatory treatment without having to take legal action. There were also requests for more collaboration between regions when it comes to services, physiotherapy, aids and the system of representation. Specifically for autistic people, it was proposed that there should be more training offered to their support workers and their families, both in school and at work, as well as building a regional network of services that can collaborate and exchange best practices, with the idea of having a regional autism project, like the national project already in place. It was also suggested that therapy sessions for autistic people should be covered under the Italian SSN. Regarding ADHD, it was proposed that regional guidelines should be created as well as training school staff on how to work efficiently with students who have ADHD. Finally, it was suggested that cancer rehabilitation should be incorporated into

health and social assistance and any absences from work due to cancer treatment should be paid (ParteciPa, 2021, pp. 27-31).

Best practices

This category offered participants the chance to suggest necessary actions to better the inclusion of disabled people as well as flagging existing best practices in Italy. The key takeaways will be presented in the two subsections, first looking at the required action to improve inclusion and then, at the already existing best practices in Italy that can be used as inspiration across different regions.

Required action to improve inclusion

It is essential that people in need of life saving medical equipment receive compensation on their electricity bill and that disabled advanced medical assistance (D.A.M.A) is available in every district with the objectives of defining new ways to welcome people with intellectual disabuses, promoting a culture of disability amongst healthcare staff, adopting efficient communication instruments. Families of students with an intellectual disability underlined the need for support for students to develop their learning within and out with the school environment and suggested doing so by working in small groups with support staff and a psychological team who are trained in education for additional support needs.

Best practices across Italy

In the area of independent living, in the South of Turin, there are projects for young people that support them to live independently through collaboration between trained staff, family and the disabled person. Regarding accessibility, the region of Friuli Venezia Giulia have a Regional Information Centre on architectural barriers and accessibility (CRIBA) managed by the regional disabled persons association which acts as a reference point for the region on accessibility. It organizes training for citizens as well as a space for consultation and incorporates the principles of universal design and maximum accessibility in open spaces and the environment. In the area of labour inclusion, there are a few examples of good practices across Italy with two of the examples coming from Padua itself, these examples will be detailed in chapter 3. Another good practice was established using the fines that private and public companies have paid due to not conforming with the mandatory employment quotas of disabled people. The fines have funded third sector projects such as *"Tutti insieme Kikki Village[13]"* which consists of an employment insertion course in the tourism sector, employing 4 disabled

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[13] Everyone together Kikki Village

people in a barrier free resort in Modica, in the south of Italy. In the Health Society of Florence, a tutoring project was trialled which supported disabled individuals in the last year of high school and into the first year of work by encouraging relationships with peers and identifying processes to make procedures more inclusive for disabled people. In the area of sport in Reggio Emilia, All Inclusive Sport, is a network of associations and volunteers that has been activated to encourage the participation of disabled children in sport through monitoring their participation, encouraging training to be inclusive. In Abruzzi, "Autism Friendly" is a training project that aims to simplify the life of an autistic person outside of the home with the objective of creating a network between companies, public entities and associations. A final example of a good practice in present across 14 regions of Italy and consists of 24 support centres that form part of the GLIC network which aims to support disabled people through assistive technology whilst training support staff on how to use it. They also carry out research and their areas of intervention include technological aid, mobility, adapting the environment, control, play and free time (ParteciPa, 2021, pp. 31-37).

Next steps – The National Recovery and Resilience Plan 2021

The National Resilience and Resistance Plan known in Italian as the PNRR (Governo Italiano, 2021a) outlines actions and interventions to help to combat the economic and social effects caused by the COVID-19 pandemic and to help face emerging technical, climate and social challenges in the coming years and is part of the Next Generation EU Plan (Ministero dell'Economica e delle Finanze, 2021). The NGEU has invested in reforms across the EU to accelerate the green and digital transition, advance worker's skills and achieve greater equality. It provides an opportunity for Italy to tackle the barriers that have been preventing its economic growth in past years and to plan for sustainable development in the future. The two main NGEU instruments are the Recovery and Resilience Facility (RRF) and the Recovery Assistance for Cohesion and the Territories of Europe (REACT-EU), of which Italy is the largest beneficiary: *"The RRF alone allocates resources amounting to EUR 191.5 billion, to be used over the period 2021-2026, of which EUR 68.9 billion are non-refundable grants. Italy also intends to make full use of its own financing capacity through the RRF loans, estimated at EUR 122.6 billion"* (Governo Italiano, 2021b)*.*

Since the RRF requires each Member State to establish a package of investments and reforms, the Italian Government created the PNRR, which contains 6 fields of

proposed interventions known as 'missions' and has 16 components (European Parliament, 2022). The PNRR has no specific intervention regarding disabled people but instead, the proposed interventions that will benefit disabled people, in line with the CRPD, can be found throughout each of the 6 missions of the plan: The first mission, 'Digitalisation, innovation, competitiveness, culture and tourism' aims to remove architectural barriers in museums, libraries and archives to promote accessibility to the Italian cultural heritage. In the second mission, 'Green revolution and ecological transition' and the third, 'Infrastructures for sustainable mobility', there are interventions for mobility and local public transport, as well as the train lines that support and better the accessibility of infrastructure and services for all citizens. In the fourth mission, 'Education and research', efforts will be devoted to reducing gaps across Italy for disabled people in secondary schools. The fifth mission, 'Inclusion and cohesion', involves an extraordinary amount of investment on social infrastructure including community health and social and home-based services to promote the independence of disabled people (Governo Italiano, 2021a, pp. 45-46). It also includes an ad hoc reform known as the *"Legge Quadro sulla disabilita*[14]*"* which aims to give life to "the project on personalised and participatory life", promoting the right for people to make decisions and have a social life (ParteciPa, 2022). In the sixth mission, 'Health', the improvement of health services in Italy will allow for a better response to the needs of disabled people and will facilitate a genuinely universal access to the public health system. More generally, in the area social care, there will be a focus on improving services for the elderly. The reform will approach the different factors related to ageing with the aim of maintaining independence and finding an alternative to an institutional setting (Governo Italiano, 2021a, pp. 45-46).

Funding

On 13 April 2022, Italy received the first payment of 21 billion euros in grants and loans based on the achievement of 49 milestones and 2 targets (around 24% of the PNRR). Italy then requested the second payment of 21 billion euros in June 2022, based on further achievement of milestones and targets (European Parliament , 2022, p. 8). The payment of the second tranche was confirmed at the end of September 2022, due to the great effort and progress being made regarding the targets of the PNRR. Up until

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[14] Framework law on disability

present, 45.9 million of the 196.6-million-euro budget has been released (LA STAMPA , 2022).

Monitoring and evaluating of the PNRR

The directive, published on 9 February 2022 (Il Ministro per la disabilità, 2022), sets forth the requirement of the Central Administrations that are in charge of each area of reform, based on their respective areas of activity, to present a provisional report before the action begins, outlining the reform and its potential impact on disabled people and describing the actions that will take place in order to reach the objectives of the PNRR. Also, the directive requests that the administrations submit a concluding report at the end of the activity, describing the results and the outcomes achieved to promote the inclusion of disabled people, ensuring to refer back to the provisional report. The reports must be sent to the OND who are overseeing the implementation of the PNNR in the area of disability inclusion (OND, 2022).

Scotland

Disability Statistics in Scotland

According to the National Performance Framework, 32% of adults and 10% of children were living with a disability in 2017 with 34% of women living with a disability compared to 29% of men. Figures from 2020 estimate that 12.2 percent of children who are looked after in Scotland have a disability, which is a 2% increase from data in 2017 (Scottish Government, 2022). In 2019, there were 23,584 adults with learning disabilities in Scotland with 4,383 adults on the autism spectrum. 7,393 of adults with learning disabilities live with a family carer with 77.5% of those adults living with a parent carer. (SCLD, 2019, pp. 2-3). Much like in Italy, the poverty rate is higher for households with a disabled household member with 23% in poverty versus 17% of households with no disabled person (Scottish Government, 2022).

In 2019/2020 school leavers with additional support needs had lower results than leavers without additional support needs. (Scottish Government, 2022). Regarding further education, there were 1145 adults (just under 5%) with learning disabilities enrolled in further education (SCLD, 2019, p. 3). In the Scottish labour market, the average gap between employment rates for disabled and non-disabled people was 35.5% in 2019, with the lowest gap being for the 16–24-year-old age group (25%) and the highest gap in the 50-64 age group. Due to the measures adopted to prevent the spread of COVID-

19, disabled people are likely to have experienced increased mental health issues, disruption to health and social care arrangements and increased food insecurity making them more likely to be in debt after the pandemic (Scottish Government , 2021). The most up to date statistics regarding people with disabilities in Scotland will come from the 2022 census which will be released in 2023 (Scotland's Census, 2022).

The Delivery plan 'A Fairer Scotland for Disabled People'

The CRPD triggered the Scottish Government's disability action plan entitled *'A Fairer Scotland for Disabled People'.* The Delivery plan ran between 2016 until the end of 2021, with the goal of enabling disabled people to have choice and control, dignity and freedom to live the life they choose, with the support they require (Freeman, J., 2016). The idea behind government action was *"we are not starting from scratch and we can't do everything but let's start the journey and let's start making the first steps"* (SCO_1). The Scottish Government's commitment to protecting the most vulnerable people in society is shown through the actions laid out in the Delivery plan, as it came at a challenging time due to the social welfare cuts imposed in 2010 by the UK Government. These cuts resulted in the UN declaring in November 2016 that grave violations of the CRPD had been committed (Freeman, J., 2016).

In the years preceding the Delivery plan, there was a consultation process with disabled people, DPOs and officials to create a plan to promote the CRPD for the parts of social security devolved to Scotland. This resulted in a draft consultation that was released in 2015/2016. However, there was a general sense that the plan didn't quite meet expectations, so discussions continued. Then, in May 2016, there were elections which meant new ministers came into power with Jean Freeman starting her role as Minister of Health which included managing disability related matters. In 2015 there was another Scotland Act, which gave more social security powers to the Scottish Parliament and Freeman was appointed as Minister for Social Security. Jean Freeman had a keen interest in disability and wanted to aim higher. She lobbied a lot for disability rights and this resulted in a more efficient Delivery plan being made (SCO_1). During the drafting of the Delivery plan, with reference to Art. 4., section 3 on the participation of disabled people in decision making processes, the Scottish Government liaised with important DPOs such as Inclusion Scotland, Glasgow Disability Alliance and Disability Equality Scotland. In Scotland, DPOs are run by disabled people, for disabled people and it is vital that DPOs are not assigned the role of voicing disabled people if they themselves are not led by disabled people. *"This is an important difference between DPO and*

organisation for disabled people. It must be run by the people" (SCO_1)*.* It is also stated in the CRPD that states must work with DPOs and they must have more than 50% of disabled staff in the workforce. This is a driving force behind the method of the Scottish Government in the Delivery plan and in future actions related to disability inclusion (SCO_2).

The Delivery plan has ninety-three actions with 5 key ambitions which include: Ambition 1- Support services that meet disabled people's needs and promote independent living, Ambition 2 - Decent incomes and fairer working lives, Ambition 3 - Places that are accessible to everyone, Ambition 4 **-** Protected rights, Ambition 5 – Active Participation **(**Scottish Government, 2016). Most of the actions were about changing policy rather than changing services and it was hoped that through policy change, services for disabled people would be impacted positively. It is important to note that there was no mechanism to evaluate how the Delivery plan was received, the Government's role was to just produce the guidelines with the idea behind their action being that *"we are not starting from scratch and we can't do everything but let's start the journey and let's start making the first steps"* (SCO_1).

The efficiency of the Action Plan in meeting the standards set forth in Art. 4 of the CRPD

Ambition 1- Support services that meet disabled people's needs and promote independent living

2019 progress

With respect to the progress made from 2016 until 2019, the Scottish Government funded independent support and advice for people in social care as well as publishing a self-directed support implementation plan. Legislation was passed on the 1 April 2019 to ensure free personal care is available to any eligible person under 65. Additionally, a programme was initiated in 2017 to facilitate access to Allied Health support services and three new Quality Frameworks have been published to target care home services for all ages. For young people with disabilities, a website was set up to support them making transitions into young adulthood with the content being written by the disabled young people themselves. Further promoting ambition 1 and Art. 4 of the CRPD is the Mental Health Strategy 2017-27 and the Scottish Strategy for Autism from 2018-2021

and in education, schemes have been set up to help people with disabilities to access higher education and apprenticeships (Scottish Government, 2016, p9-14).

However, when Inclusion Scotland's survey participants were asked if support services for disabled people had improved, 50% stated that they had deteriorated and only 8% seen an improvement. The issues are linked to the cuts in the social care budgets, resulting in them having to pay for their care, as well as being unable to access support services because the eligibility criteria is unclear. Additionally, the services offered by different authorities vary and there is a lack of understanding within services making it difficult for disabled people to access them (Inclusion Scotland, 2020, p2-4). Participants of the Disability Summit discussed that the many changes brought about during the various stages of COVID 19, resulted in support packages being reduced or cut by some local authorities, however there was a general consensus that policy on social care is positive, despite the reality of the fact that there is often geographical inconsistencies with access to services. In the area of access to services, concern was expressed over digital exclusion and there is a need for priority to be given to making online services accessible for all (Scottish Government, 2021, p. 31).

2021 progress

There has been an increase in the number of people choosing and controlling support through self-directed support options with results showing that 79.4% of people were involved in the decision making in 2018/2019 as well as a People-led Policy Panel being established which is made up of individuals with lived experience, including unpaid carers. The panel works hand in hand with the Scottish Government on reforms in the social care sector as well as liaising with citizen led groups to get more detail on current issues. Due to the dramatic changes brought about by COVID-19, an independent review was carried out on Adult Social Care in Scotland which shone a light on best practices such as self-directed support, the carers act and a commitment to integrate health and social care at the same time as highlighting gaps between policy and implementation. The Government is committed to responding to the recommendations set forth in the independent review. Furthermore, the Independent Living Find (ILF) that was set up in 2017 has had the upper age limit increased from 21 to 15 and has become a main actor in transition planning across Scotland. The Scottish Strategy for Autism which concluded in 2021 involved the Scottish Government discussing directly with autistic people as well as family and professionals. In 2019, the Government published 'The Keys to Life Implementation Framework 2019-2021' which is driven by the recognition that people

with learning disabilities have the same aspiration as others in Scotland and want to be a part of the community (Scottish Government, 2021, pp. 6-9).

Ambition 2 - Decent incomes and fairer working lives

2019 progress

To improve the participation of disabled people in paid work, an 'Employment Action Plan' was actioned in December 2018 which included investing up to £500,000 to reduce the barriers experienced by people with disabilities. Employability services were also expanded and the *Health & Work Support Pilot* established in 2018 supports those who have or are at risk of unemployment due to a disability or a health condition (Scottish Government, 2019, p18-20). In December 2018 the Government published the action plan 'A Fairer Scotland for Disabled People- Employment Action Plan' in which they committed to halving the disability employment gap by 2038, with the gap between disabled people and non-disabled people having reduced by 4.8 percentage points to 32.6% between 2016 and 2019 (Scottish Government, 2021, pp. 9-17).

Despite these efforts, when asked if employment opportunities and working conditions for disabled people had undergone any changes since 2016, 44% of participants stated they had got worse and only 7% experienced an improvement. The main issues are the lack of work opportunities on offer, attitudes of employers towards disabled people and the fact that Brexit and COVID-19 have made the work situation even more arduous (Inclusion Scotland, 2020, p2-5). Furthermore, the EHRC report underlines that disabled people are twice as likely to be unemployed, in low paid work or earning less, resulting in a higher likelihood of living in poverty (BBC, 2018). The Scottish Government must adhere to the CRPD, as in section (e) it highlights that organisations should not discriminate due to disability (OHCHR, 2016) but it appears that the COVID 19 pandemic is increasing discrimination and more must be done to ensure such legislation protects disabled people in all situations: *"Covid-19 has had a massive and disproportionate impact […] When a company is struggling, we're the first ones out the door"* (Inclusion Scotland, 2020). Participants of the Disability Summit discussed how the many challenges and the crisis experienced in 2020 made space for change. For example, businesses are more open to people working from home as well as conferences and cultural events being held online, leading to greater accessibility. However there needs to be more attention paid to the transition of young people and disabled people in general

into employment as well as more support for organisations with lived experience that can offer advice and services in this area (Scottish Government, 2021, pp. 31-32).

2021 progress

There has been a persistent employment gap between disabled people and the non-disabled working population leaving many barriers to finding employment. Regarding the aforementioned Action Plan for reducing the employment gap, a progress report was published in March 2021 which outlined the key progress that had been made, including the development of mental health guidance for employers to support their staff. The 'Scottish Access to work Stakeholder Forum' was also established as well as the public social partnership. Furthermore £850,000 was allocated to the Workplace Equality Fund which enabled civil society organisations to work with employers to combat the barriers faced in the workplace. Fair Start Scotland was established in 2018 and was extended past the initial 3-year phase and consists of providing employability services to prepare people for entry into the workplace. The budget was increased by £5.8 million to £27 million in 2020-2021 to continue to support those most in need. Furthermore, the government are continuing to support Health Boards to increase the number of people with learning disabilities employed by them. Social Security Scotland was established in 2018 to deliver benefits, including benefits for disabled people. Expert panels and client engagement ensure that the services are accessible, and person centred. The Government also rolled out a child disability payment plan in summer 2021 which should have been followed up by an adult disability plan in 2022 and furthermore the government introduced a child winter heating assistance benefit in 2020 to provide severely disabled children and young people with the highest rate of disability living allowance to help reduce the winter heating costs (£200). A total value of £2.7 million has been paid out between 2020 and the 2021 progress report. Social Security Scotland also ensures that information is available in accessible formats and has created an all-inclusive communication reference group to ensure communication principles are embedded across the organisation. The Scottish Government has also provided grants to low-income families with disabled children and to carers, including young carers. Almost £500 000 was invested into supporting young carers in Scotland between October 2019 and 31 July 2020 (Scottish Government, 2021, pp. 9-17)**.**

Ambition 3 - Places that are accessible to everyone

2019 progress

With regards to accessible housing, local authorities have access to official guidance on providing wheelchair accessible housing and building regulations in Scotland for accessible new homes are the best in the UK. Additionally, regulations were developed in 2020 allowing disabled people to make necessary, reasonable adaptations to common areas. Regarding sports, in 2016, Scotland's national agency Sportscotland invested £2,454,200 in Scottish Disability Sport and opened the £12 million redeveloped national training centre focusing on disability sport users. In transport, there is a 2016-2026 plan to improve the accessibility of travel, as well as disabled people having access to free bus travel due to a government investment of £210 million. In July 2018, the tourist board (Visit Scotland) published a guide on inclusive events, providing guidance ensuring that events are accessible to everyone. (Scottish Government, 2019, p25-33).

However, when the survey participants were asked if they noticed a change in the accessibility of places since 2016, only 16% reported an improvement and 43% reported no change. The issues relate to the insufficient amount of accessible housing available (Inclusion Scotland, 2020, p2-5) which is echoed by the EHRC report: *"Many disabled people lived in homes that did not meet their requirements to live independently"* (BBC, 2018). It is also underlined that disabled people should be able to turn up and use transport daily with no issues, just like everyone else. Furthermore, the built environment creates obstacles and shared public spaces are often inaccessible and the changes taking place in shops and public places due to COVID-19 are further increasing these impacts (Inclusion Scotland, 2020, p2-5). The EHRC report also demonstrates that disabled people continue to feel discriminated against when they participate in, or would like to attend sporting events (BBC, 2018). This ambition does not fully meet the obligations to promote the research and development of universally designed goods and services and providing accessible information, services and facilities outlined in sections (f) and (h) of article 4 (OHCHR, 2016). Regarding accessibility, participants of the Disability Summit emphasised the lack of accessible buildings, particularly due to the restrictions placed on listed buildings and the need for disabled people to be involved in the development phase of construction work. In relation to transport, taxis and buses have become more accessible but there is still a need for more dropped kerbs on pavements. The access to BSL interpreters has still provided a challenge over the past

4 years and homeless disabled people have often been offered non accessible housing as homeless charities are lacking in resources or information (Scottish Government, 2021, p. 32).

2021 progress

In February 2020 "A Culture Strategy for Scotland" was published, recognising the rights of disabled people to lead a cultural life and recognises the need to continue to tackle barriers. Also, positively impacting accessibility, between March 2016 and 2020, 1124 homes were delivered through the "Affordable Housing Supply Programme" for disabled people, including homes specifically for wheelchair users. The Scottish Government continue to support "Housing options Scotland" who work on a Scotland wide basis to help find appropriate housing solutions, supporting 690 clients between 2019-2020. Furthermore, the Scottish Government have been working on a long-term National Planning Framework (NPF4) which addresses six high level outcomes, including meeting housing needs for disabled people amongst others aims like improving equality, eliminating discrimination and improving the health and well-being of people. The Scottish Government values the opinion of disabled people when it comes to places where they stay. This is demonstrated in the 'Planning Scotland Act' of 2019 which requires the local development plan of local authorities to include a statement on how the views of disabled people will be incorporated and the evidence report must contain information on how the planning has taken into consideration the construction and adaption of houses for disabled people. In relation to travel, since 2016 the "Accessible Travel Framework" has made significant progress and is based on outcomes agreed upon by disabled people. Finally in this area, Historic Environment Scotland is committed to developing and promoting accessibility to historic places of interest and has published an access guide with access information in 80 of its historic sites as well as publishing a BSL communication guide (Scottish Government, 2021, pp. 17-20).

Ambition 4 - Protected rights
2019 progress

A review of hate crime legislation took place in 2018 but did not result in any changes being made. However, also in 2018, the 'Criminal Justice Disability Project' was launched with Police Scotland, the Government and the Scottish Law Society that reported progress in the criminal justice system since 2013. Furthermore, the Scottish Strategy for Autism, 2018-21 was set up to improve awareness across the Criminal

Justice System when working with the Scottish offenders with disabilities. With respect to legal aid, the Scottish Government support the goal of more flexibility and focus on the individuals in legal aid services (Scottish Government, 2019, p34-36).

Despite these efforts, when the participants were asked if they noticed a change in the accessibility and fairness of the justice system, 29% said it had stayed the same, 24% said it had deteriorated and 7% seen an improvement. Disabled people often experience difficulties with discrimination under equality law and other legislation, often finding that court buildings are inaccessible and that there is a lack of understanding within the justice systems (Inclusion Scotland, 2020, p7-8). It is also stated in the EHRC report from 2018 that people with disabilities are underrepresented in the Scottish Parliament (BBC, 2018). The participants of the Disability Summit voice the need for disabled people to be more included in policy development with information being accessible. Digital exclusion of disabled people has been emphasised by the pandemic and it is necessary action is taken to include disabled people moving forward (Scottish Government, 2021, p. 32)

2021 progress

In response to concerns raised by disabled people and DPOs, the 2020 "Letters from Scotland" campaign was launched due to online and offline hate incidents increasing throughout the pandemic. Similar to this, Transport Scotland have committed to a 'Hate Crime Charter' on public transport with a pilot being run at the end of 2019. Recognising the intersectionality of disability and the gender-based violence, "Equally Safe" is a campaign that supports disabled women who experience gender-based violence with an action plan being published in 2021 to improve information for people with learning disabilities regarding healthy relationships, reproductive health and sex education. The materials are also available in an Easy read version. Furthermore, the Supporting offenders with learning disabilities (SOLD) supports people with communication support needs in the justice system as well as addresses their needs in general. Directly responding and incorporating the CRPD is the role of the National Taskforce for Human Rights Leadership, which was established in early 2019. It was tasked to develop recommendations for a statutory framework for human rights to bring international law into domestic law. The framework actively considers incorporation of the CRPD and has a CPRD reference group who work closely with stakeholders in the sector (Scottish Government, 2021, pp. 21-23)**.**

Ambition 5 – Active Participation

2019 progress

This has been promoted through Inclusive Participatory Budgeting which involves distributing monetary funds to the local communities to allow for more decision-making power. Additionally, Inclusion Scotland advocated for the *Access to Elected Office Fund* whereby the Scottish Government agreed to run a pilot scheme, resulting in 15 disabled people elected as councillors in 2017. Furthermore, the Scottish Government have set an Equality Outcome and in 2018, disabled people made up 4% of the chairs of the boards in ministerial public appointments. Regarding BSL, in 2017-2020, the Scottish Government launched the first National Action Plan on BSL and is the first plan in the UK to separate BSL from its ostensible link to disability in the UK (Scottish Government, 2019, p38-41).

Regardless of the advances made, when asked if the participation of disabled people in daily and public life had experienced any impact throughout 2016, 31% believed it had worsened and 19% stated it had improved. The main issues arise from not having basic support needs met as well as efforts to involve disabled people being superficial and ineffective (Inclusion Scotland, 2020, p8-10). The EHRC report also accentuates the lack of participation of disabled people on public boards, as the number has decreased in recent years (BBC, 2018). This is in contradiction to section 3 of Art 4. which highlights that disabled people should actively play a role in decisions regarding their lives (OHCHR, 2016) and the Government must ensure they are reserving seats in decision making processes specifically for persons with disabilities. Not under any circumstances should they be substituted, and the decision-making process must be accessible and adapted to the needs of everyone attending. At the Disability Summit it was voiced that general attitudes towards disability have improved in the past 4 years, however little change has been noticed regarding hate crimes (Scottish Government, 2021, p. 33).

2021 progress

The Access to Elected Office fund previously mentioned was maintained for the 2021 Scottish Parliament elections. Moreover, in 2017 the Scottish Government announced at least 1% of local government budgets would be decided through participatory budgeting, and agreed to setting up a framework for this, with a 'National Participatory Budgeting Group' being established in 2020 to guide the work. The investment for DPOs by the government was maintained until September 2021 and in some areas, investment increased, allowing DPOs the capacity to liaise with the government to better understand

the needs of disabled people in all walks of life. To increase participation, the government have also worked with DPOs, disability organisations, the public and third sector bodies to support in providing accessible public health information linked to COVID-19, providing funds for IT training to help isolated disabled people to connect to the internet and keep up to date with developments. The Scottish Government also published a national strategy in 2018 to tackle loneliness and social isolation known as 'Connected Scotland', which was vital as the pandemic developed throughout 2020. Finally, the government along with Inclusion Scotland trialled a project involving disabled people working in public appointments. The figures from 2019 show that 12% of appointed people were disabled (an increase of 4% from the previous year) and 13% of applications received were from disabled people (a 6% increase from 2018) (Scottish Government, 2021, pp. 23-25).

Monitoring and Evaluation

As previously mentioned, the Delivery plan itself did not have an overarching monitoring body as the Government's role was to just produce the guidelines and influence policy making. Also, a number of actions have their own monitoring and evaluation frameworks to specifically measure their impact (SCO_1). More generally, the Scottish Government are continuously monitoring progress towards National Outcomes through 81 National Indicators. The data is tracked regularly in order to understand progress towards equality. In 2019, an analysis of the 'National Performance Framework' from the perspective of disability was published to measure how disabled people's experience of life in Scotland contrasts to non-disabled people's, which focuses on some of the areas of the Delivery plan.

COVID-19

The government published an analytical paper which provides data on the impact of COVID-19 on disabled people, gathering information from DPOs. The paper demonstrates the main effects experienced by disabled people due to the pandemic restrictions. These include disruption of routine health care, increased mental ill health, experiencing accessibility issues because of one-way systems and social distancing, social isolation, increased poverty and difficulties accessing food due to food shortages and high demand of priority home deliveries. Moreover, people with intellectual disabilities were more than 3 times more likely to die from COVID 19 than the general population as well as twice as likely to experience a severe outcome of COVID 19 infection that resulted in death or hospitalisation. The government has taken the key findings from the paper into consideration to adjust their approach to COVID-19 to

minimise the impact on disabled people as much as possible, at the same time as prioritising safety and security (Scottish Government , 2021b). Ironically the pandemic helped in some ways, as disabled people were disproportionately affected. So, the Scottish Government had Social Renewal Advisory Board that came up with a report in 2021 called 'If not now, when?' and one of the key findings was the need to talk to people with lived experience instead of talking on behalf of them. Data can be collected but it is essential that it's the right data that disabled people think should be collected (SCO_1).

Next steps – A Future strategy for disability inclusion

Participants from the Disability Summit voiced their opinions on what they believe the Scottish Government should prioritise between 2021-2026. Firstly, they expressed the need for a focus on action rather than concerns and issues and that people with lived experience must be involved in co-producing work. For the participants it is essential that disabled people are involved in every aspect of life and that the option to work and study from home should always be available for disabled people to ensure maximum accessibility in the world of work. They also highlighted the need for greater efforts in the area of digital inclusion and for people who develop a disability later on in life, underlining that information and support packages should be more readily available. Finally, social care and health support needs to be more person centred and less bureaucratic, with access to support being equal across Scotland. In the 2021 progress report of the Delivery plan, the government stated they would use the views of the participants of the Disability Summit to direct their future work which are reflected to some extent in the future plans of the Scottish Government (Scottish Government, 2021, p. 33).

The Scottish Government have committed to a future disability strategy which is currently in the drafting and planning stage and the ambition is that by spring 2023 it will be finalised and implementation will start shortly after. Despite the achievements of the Delivery plan, disabled people and professionals working in the field of disability rights would have liked it to be even more ambitious, with more action and progress, therefore the government are taking all of the feedback into account and "*the next plan will look very different, feedback they received was having less actions and more focused on a few bigger things, that's a fair criticism and a good way when looking forward*" (SCO_1).

Since the CRPD sets forth the obligation to work alongside DPOs, at the start of 2022, the Scottish Government started negotiations about the new disability strategy by inviting DPOs to be on a steering group. The steering group will meet 6 times during the period of June 2022 to February 2023, as part of a co-design approach, in which a facilitator

will take part in meetings to act as an independent and impartial member of the meeting, ensuring everyone's voice is heard. The initial discussions have been based on the findings of the Inclusion Scotland shadow report for the CRPD committee, which are detailed in chapter 2, since they demonstrate the opinions of disabled people think of life in Scotland right now. The government are using the report as the foundation of the strategy, since it highlights current problems and priorities and they are currently identifying priority areas and how the strategy will differ to the Delivery plan, since disabled people expressed concern about the progress and measuring of actions. There is a desire to see future actions being specific, measurable, attainable, relevant and time-based. Discussions are ongoing and government officials are looking into having a governance structure that would keep account of the actions and how they are being delivered, liaising with different parts of the government regarding disability inclusion. This is a direct improvement regarding the gap that was present in the Delivery plan, and the hope is to have a strategy clear on its actions and its reporting for all disabled people. It was also pointed out that local councils (for example the City of Edinburgh Council) play a vital role in implementing the actions, so this will be considered when thinking of a monitoring mechanism. Alongside this, the government will be asking DPOs their views on the areas where implementation hasn't been as affective and the local actors they need to engage with to improve this aspect. When further developing the strategy they will also consider other strategies that are active at present, such as the Social Care and National Care Service Development, the employment strategy, the housing strategy and the Accessible transport strategy (SCO_2).

Conclusion

"*Implementation of great policy is a different thing from writing great policy*" (SCO_2)

In Italy and Scotland, the governments have made significant efforts to boost disability inclusion and implement Art 4. of the CRPD through the national disability action plans, with 4 of the actions in the national plans having very similar aims and objectives.

In Italy, it is clear that the Government has made progress since the ratification of the CRPD, though the disability plans that cover all walks of life, moving the focus away from disabled people only being the receivers of healthcare. Furthermore, another positive is the fact that there are working groups set up specifically to measure the progress related to the actions set forth in the plan. However, the lack of public results means that progress can only be measured by the responses of the participants in the ParteciPA

consultation, giving a very limited viewpoint and the effects at a more local level cannot be analysed. The Government must be more transparent about the progress being made and confirm when the third action plan will be released, since it is stated by the OND that there will be a plan, but with no concrete details as to when it will be published. This is backed up by FISH Onlus as they stated that the third action plan must show concrete results on the implementation of the actions as well as coordinating the response of regional and local administrations governments across Italy (FISH, 2021, p. 60). At present, it is important that the progress regarding the actions for disabled people is tracked in the PNRR, as this is the only active plan at the moment that seeks to advance the inclusion of disabled people.

In Scotland, thanks to the Delivery plan, there is a much greater sense of engaging disabled people in policies that affect them. There was a sense of talking to disabled people to ask what Is lacking and start from the basics about what questions need to be asked, instead of assuming the questions that should be asked (SCO_1). The Delivery plan reflects the efforts of the Scottish Government in consulting and engaging with disabled people when tackling the barriers and inequalities they face, whilst ensuring they can equally access their rights set out under CRPD. It is clear they have made a great commitment to meeting the obligations set forth in Art. 4 and the mere fact that the Delivery plan exists as a direct response to the CRPD, containing a detailed approach on how the government plan to dismantle the inequalities, is something Scotland should be proud of. The Scottish Government are leading in legislation in the UK with respect to accessible places and shifting the association of BSL away from the disability lens (The Scottish Government, 2019, p26, p41). Moreover, the commitment to the Art. 4 obligations is further demonstrated by the investments made by the Scottish Government to combat the budgetary cuts imposed by the UK Government, ensuring that disabled people do not encounter the obstacles they have previously had to overcome. The COVID-19 pandemic exasperated the existing problems for disabled people and slowed progress in some of the areas however, in general a wider public awareness has been achieved. The lack of monitoring mechanism however makes it hard to assess just how much disabled people are and feel included in society and when survey participants were asked if life in Scotland was fairer than in 2016, 75% said no and only 8% said yes (Inclusion Scotland, 2020, p1). In order to continue on the correct path towards equality, the Scottish Government must continue efforts, give value to their findings, especially when it comes to the participation of disabled people. They must utilise the mechanisms set up such as the Independent Review of Adult Social Care and follow the

recommendation of the National Taskforce for Human Rights to incorporate fully the CRPD in the human rights framework. Furthermore, they can also take inspiration from the Italian Government when thinking of a mechanism to monitor the outcomes of the future disability strategy.

CHAPTER 4 – DISABILITY INCLUSION AT A LOCAL LEVEL

This section will provide an overview of local disability statistics as well as the institutional framework set up to provide services to people with disabilities, starting with Padua, which include *ULSS*[15]*6 Euganea* (ULSS 6), the Municipality of Padua (the municipality), the University of Padua and other disability inclusion initiatives. This will then be followed by an overview of the services managed by NHS Edinburgh and Lothians, the City of Edinburgh Council, Edinburgh Health and Social Care partnership and the University of Edinburgh to allow for an understanding of disability inclusion at a local level, highlighting the similarities and differences between the two different cities.

Local services in the municipality of Padua

Disability statistics in Padua

The population of Padua is around 209,600, with females representing 52% of the population (Comune di Padova, 2022). In the area of ULSS 6 Euganea, there are 1281 disabled people in day centres and 398 people in different structures dedicated to people with disabilities (ULSS6 Euganea , 2019). There are also 7263 disabled people in employment in the province of Padua, which represents 20% of the total number disabled people who have a job in the region of Veneto (Regione del Veneto , 2021). ULSS 6 Euganea have a budget of 98,666,262 euros available for interventions in the area of disability (ULSS6 Euganea , 2019).

Institutional framework

In Padua, ULSS 6 Euganea and the municipality have a close working relationship and the municipality must be kept up to date about how their contributions are being spent (MP_1). The funding for disability services in the municipality of Padua is provided by the region of Veneto who claims the money from the state (ULSS_2). There are 4 types of funds offered by the region of Veneto and the municipality uses two of the funds

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[15] Local health and social care unit

specifically to benefit priority areas such as independent living and 'Dopo di Noi' projects (MP_1).

ULSS 6 Euganea

The area covered by ULSS 6 Euganea includes 101 municipalities in the Province of Padua and includes 945,000 people. The area is divided into 5 districts of health and social care, which provide a range of services including general support, school support and labour integration services for disabled people. For the purposes of this research, only the district of health and social care ' Padova Bacchiglione' will be considered, as it includes the Municipality of Padua and more specifically the neighbourhoods of: the centre (Centro Storico), East (Brenta-Venezia, Forcellini-Camin), South-West (Armistizio, Savonarola), North (Arcella, San Carlo, Pontevigodarzere), West (Brentella, Valsugana) (ULSS6 EUGANEA, 2022a).

Services promoting disability and inclusion

The three "Disability and Non-Self-Sufficiency" Operational Units are run at district level and respond to the needs of disabled people in Padua. They are made up of the 'Simple Disability Operating Unit' and the 'Simple Non-Self-Sufficiency Operating Unit', which manage and coordinate the services by creating customized projects, integrating with the other health and social care services, institutions, the private sector and associations. The three operational units offer the following services:

Labour integration Service (SIL)
This service offers employment and social integration courses for disabled people as well as offering support to companies to fulfil their obligation to employ people with disabilities. The service can be requested by the disabled individual, a family member or by a local health provider and in order to be eligible, the individual must: have a civil disability above 45%, a working capacity registered at the local job centres, have been referred by the social and health section of the department for mental health and addictions, be under the delegation of ULSS 6 as ordered by the municipalities or competent bodies. The SIL seeks suitable projects for the individual, based on the documents and information provided and aims to achieve set goals that are based on the skills of the individual. Projects are varied and can include individual and group activities, placements, internships and social inclusion projects. These services are all based on the specific needs of the person concerned, suited to the working environment and are offered to support the individual and the company, guaranteeing a collaboration

with related external services. On the SIL section of the website, there are links to a series of YouTube videos informing people on how to return to work safely with COVID 19 measures (ULSS6 Euganea, 2020a) as well as an information leaflet explaining step by step, the measures to take to keep safe throughout the working day (ULSS6 Euganea, 2020b). The videos and leaflet are very useful to help reduce anxiety and to prepare people with disabilities with what to expect when going back to work after a long time at home. Regarding support for businesses, the SIL alongside local job centres carry out visits to production sites, offer advice on administrative procedures and the selection of people suitable for the required tasks. They also support with the promotion of individualized projects and managing and verifying the projects in collaboration with a company tutor, as well as providing consultancy on supporting disabled people to stay in their job.

Social and school integration service for students with severe disabilities (SISS)
This service ensures the right to education for students with a registered disability who are having great difficulties in the areas of personal and social independence. The service is coordinated by professional educators and promotes, organises and manages support in educational activities through a network of schools, age services, families and local entities. Social assistants (OSS) support school pupils in summer activity centres, facilitating the development of personal and social independence through the lens of 'non-discrimination' and 'equal opportunities'. In order to benefit from the service, parents must register their child at a preselected school, depending on the regional calendar, and attach their disability certificate issued by a public specialist structure or affiliated specialised structure, as required by law. The school must request the support from the SISS by May each year.

School integration service for students with sensory disabilities
Children who are deaf or have a visual impairment who are registered in at the HQ of the multidimensional evaluation units (UVMD), are residents of the ULSS 6 Euganea area and attend either pre-school, primary or secondary school can benefit from this service. The service allocates a communication assistant to support the student in school and/or outside of school, to facilitate communication and increase independence. Students who are blind or visually impaired are also entitled to textbooks that have been adapted. To access the service, a request has to be submitted to a preselected school using the document provided online each year (by April 2022). Furthermore, the service allows access to funding to allow students with disabilities to attend schools specialised

in providing boarding services for children with sensory disabilities. The application for funding can be submitted by the parents or guardian.

School transport allowances for disabled high school students and those who attend vocational training centres

Disabled high school students and those who attend vocational training centres are entitled to a reimbursement for school travel expenses if they cannot access public transport and if they have had an assessment report carried out, pursuant to Art. 3, paragraph 3 of Law 104/92. The service is run by the 'Unit for serious disabilities and non-self-sufficiency' in collaboration with the municipalities and is for students who reside in the operational are of ULSS6 Euganea. The application for access to the service can be submitted by parents, tutors or legal guardians.

Adult Disability Service

This service is for disabled adults between 18-64 years old and their families. The services available include having an allowance to adapt the home to the disabled person's needs, to allow them to live independently (known as ICD in Italian), an allowance for family carers (known as CG) and a referral to attend day centres and residential care homes. Furthermore, the service include the possibility to attend part time residential projects to promote social inclusion as well as activating the independent life projects. There is also the possibility to activate the interventions set forth in Law No. 112/2016 'Dopo di Noi' for people with complex disabilities. To apply to the services, a formal application must be made by the person themselves or their legal representative.

Service for a legal representative

This service is for disabled people who cannot take charge of their own personal affairs and therefore can request for someone to legally assist and offer 'legal protection'. The service includes the opportunity to seek information, it offers a training courses for staff, it also involves collaboration with the municipality, the other social services ULSS and the court in Padua. (ULSS6 EUGANEA, 2022b)

The Municipality of Padua

The Municipality of Padua guarantees independence for all people, ensuring the possibility to move freely, to participate in social events and access public information. Services for disabled people fall under the umbrella of the work of the social sector of the municipality and there are various resources online signposting the services

available. The main bodies that the municipality collaborate with are government ministries, regional offices for disability local organisations (MP_1).

Services promoting disability inclusion

Administrative Support

One of the services on offer, although not specifically listed in the section for disabled people, is the possibility to have a legal representative as part of the *Amministratore di sostegno*[16] *service, for* persons with an intellectual disability or who are not able to manage their administrative tasks.

"Telefonata amica"[17] is a phone service run by various voluntary Associations in Padua which consists of a weekly phone call for elderly people who live alone, with the objective of reducing loneliness, listening to their needs, keeping them company and improving their quality of life. This is also not in the section for disabled people but elderly people who may have a disability could benefit from this service.

Accessible Padua

This is a section of the online webpage of the municipality which has useful information and contact details regarding services for people with disabilities as well as information on current initiatives in place to promote accessibility and inclusion. It is split into two parts: services and useful contacts and initiatives for accessibility and inclusion.

Services and useful contacts

Transport

Transport for disabled people *'Liberi di andare'*[18]is a project that aims to facilitate the movement of persons with disability in which 15 return trips are offered each year for each service user. In order to benefit from the transport, users must be 100% disabled, in possession of a prescription from the SSN for the transport requested, not have their own car and no support from family. The municipality also has a service for a disability badge that allows disabled people to stop and travel in Limited Traffic Zones (ZTL) as well as use areas reserved for buses and taxis and avoid paying for parking, amongst other measures. In order to qualify for this service, users must have a medical certificate

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[16] Support administrator
[17] Telephone friend
[18] Free to go

stating their disability, an impeded walking ability or significantly reduced mobility or else be blind.

School transport

Transport to travel to and from school is available for disabled students who reside in Padua and attend nursery, primary or secondary school. To benefit from these services, students must have the disability status under the ex-law 295/90 and must have a declaration of having a 'complex disability status'. The website of the municipality of Padua also details the taxi service which is offered by Radio Taxi for deaf and blind people as well as for wheelchair users.

Parking

There are also reserved parking areas in the city of Padua for people with limited mobility, who must display a badge at all times in their vehicle as well as the option to request a disabled parking space to be designated near the user's home or workplace if none are available. In order to be eligible for this service, users must be a resident in the municipality of Padua, not have a parking space or garage near the house and have a disability badge issued from the municipality.

Accessible museums

Regarding accessible museums in the Municipality of Padua, there are 5 museums in Padua that are accessible for people with disabilities, however, on the website of the Municipality there are no details of exactly how they are accessible.

Removing barriers

The state contribution for the elimination of architectural barriers in private buildings can be applied for, in private buildings where people with disabilities live and can also be used to buy tools that can be used to eliminate barriers to access centres or residential care homes.

Sport

"*Sport anch'io", "Sport nei Centri Diurni", "Sport per tutti secondo ciascuno*"[19] are three projects run by the municipality that aim to promote the inclusion of children with physical and mental disabilities and to facilitate the collaboration between people with disabilities and civil society associations that are involved in promoting inclusion in high schools.

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[19] 'Sport Me too', 'Sport in day centres', 'Sport for each and every one'

"*Sport anch'io*" takes place every 15 days on a Saturday morning and allows children that attend day centres, cooperatives and volunteer groups to take part in water and snow sports. *Sport per tutti secondo ciascuno* includes cultural and sporting activities for primary and secondary school students and has the objective of raising awareness of the difficulties and also of the potential of people with physical and sensory disabilities, both in sports and everyday life. There is no information on the website of how to take part in these initiatives, however contact details are available for the sports sector of the Municipality of Padua.

Public toilets

The toilets are located with disabled toilets being available in 2 out of the 4 locations for public toilets- in Via Pietro d'Abano and Prato della Valle. The toilets do however cost 50 cents to use and contact details are available for the public works sector of the municipality, who are in charge of the maintenance of the toilets (Padova Net , 2022).

Initiatives for disability and inclusion

Accessible tourism guide

An accessible tourism guide for the heart of the city was published as part of the project 'Padova per tutti[20]' and consists of a 2.5 km route through the city which can be carried out by foot, public transport or by wheelchair. The guide provides information about accessibility along the route, places to visit, services and transport for people with reduced mobility, blind people and visually impaired people and can be downloaded from the website (Padova Net, 2020a)

Feedback for IT services

The municipality are making efforts to make their websites and mobile applications more user friendly therefore users are invited to provide feedback on the accessibility of the online services via the website. The municipality must respond to the feedback within 30 days and if they fail to do so, citizens can follow up the case with the 'Digital Ombudsman' through the Agency for Digital Italy's website.

The video interpreting for Italian sign language (Lis)

This service can be accessed in two ways: online, using the service *"chiama il commune in lis"*[21] which allows users to request a video-call via smartphone, tablet or computer

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[20] Padua for everyone
[21] Call the Municipality in sign language

and secondly in person, at the office for public relations in Palazzo Moroni, where the office staff can contact an interpreter via tablet.

Guide to the services of the registry office

An 'easy read' guide to the registry office services can be accessed online and downloaded for offline use. The instructions to access the range of services can benefit disabled people amongst others and are published in line with EU guidelines on accessible documentation (Comune di Padova, (n.d)).

Plan to eliminate architectural barriers

The PEBA 2020-2030 is a programme and a range of projects that guarantee access to public buildings, urban spaces and transport for everyone. The objective is to guarantee maximum mobility for disabled people, according to the criteria for planning, prevention and good project management. The PEBA consists of 3 phases: analysis of facts, outlining the interventions and costs, and programming the interventions and will run over the course of 10 years and can be updated and integrated depending on the planned interventions. The full plan can be found on the website, along with maps of the areas covered by the plan and details of work carried out at the time of implementing the plan in 2019 (Padova Net, 2020b)

The university of Padua and disability inclusion

The university of Padua promotes inclusion, valuing heterogeneity and the strengths of every individual. It aims to invest more in university education and to allow each student to have satisfaction and to build a future of quality for everyone, with a range of support and resources available. It is an inclusive university which recognises the intersectionality of disabled people and that heterogeneity in the university context leads to a growth in complex thinking (University of Padua, 2022).

Barbara Fe is the Vice-Chancellor for disabilities at the University of Padua, who recently took over from Professor Laura Nota. The Vice-Chancellor for disability has a 6-year mandate and must define university policies regarding disability inclusion, ensuring that they are inclusive, approach disability in the correct manner and encourage networking to boost disability inclusion. The Vice-Chancellor is also a teacher and must base good practices on scientific research (UNIPD_1). In the university admission tests for the academic year 2021/22, around 300 disabled students participated, a number that increases yearly. There tends to be a higher prevalence of students with disabilities enrolling in human and social science courses (UNIPD_1).

Website Accessibility

WCAG4All9 is a tool created by the University of Padua which provides web designers and web developers a web site, where they can consult a list of web accessibility rules and tests. The aim raise awareness amongst designers and developers regarding accessibility guidelines on a web site and how to verify if the web site meets the standards of the accessibility regulations (Gaggi & Pederiva, n.d). It was mentioned in the list of best practices in the ParteciPA consultation detailed in chapter 3.

Resources and support for disabled students

The university carries out an interview with the individual to assess which type of support is appropriate to allow them to make the most of university life. Together with staff, they plan their course of studies. According to Law 17/1999 and 170/2010, potential students who hold a valid disability certificate are able to request a personalised entrance test. International students can access this service by providing a translation of their disability certificate.

During exams, if online, students may be offered extra time, the use of a calculator or someone that supports in reading the papers. In person, students may be offered extra time, the use of a calculator, someone that supports in reading the papers, a different seat in the classroom, adjusted table for wheelchair users, or a scribe. Furthermore, disabled students have access to economic benefits and accommodation, fee waivers and reductions as well as scholarships. The university, in collaboration with the International Office, promotes the full participation of students with disabilities or with learning difficulties to participate in international mobility programmes, which they can complete through studying or doing an internship abroad, in order to promote independent living. Padua university students are supported to carry out exchanges abroad as well as incoming disabled students from other countries.

Support for lessons, individual study and exams

Disabled students can request support staff from 8am-6pm Monday to Friday to help during lessons. For students who reside in the region of Veneto, the public transport system allows for reduced tariffs for support staff,

The university also has a sign language interpreting service as well as a scribing service, in which the transcription of the lesson can be provided at the end of each lesson.

For individual study, the university provides instruments to help remove the barriers and to allow them to reach their objectives developing or bettering their learning strategies.

The university offers tutors, support staff, library services, quiet rooms and access to the university psychology department for tips of dealing with distance learning.

Support and opportunities in the local area

The university supports the participation of disabled students to participate in sports, cultural activities and associations. The students service office promotes the importance of managing free time, for physical good health and mental health, as well as building skills for a more independent life (University of Padua, 2022b). Also, as outlined in the ParteciPa report as a best practice, the university created a General Course which is open to everyone to provide an overview of inclusion (ParteciPa, 2021, p. 33).

Resources and support for disabled staff

The University of Padua offers disabled staff resources in order to carry out their work to the best of their abilities. They promote inclusive workplaces through offering personalised support and services, responding to the needs of the individual in their workplace (colleagues, managers) in order to include everyone, facilitating the creation of an inclusion support network in the University.

Assistance for people with disabilities

The university recognises the importance of equal opportunities and accessing all activities run by the university. With particular reference to Law No. 68/99, Law No. 104/1992 and to the CRPD, the university offers assistance to disabled staff in order to encourage participation in professional life during working hours, in accordance with the management of the workplace. The university offers a range of technology to help the individual carry out their tasks such as a voice synthesiser or a pen drive to read texts.

Inclusion sector

The university has an inclusion sector that offers services and advice to new and enrolled disabled students, and they continue to develop a 360-degree vision, maintaining and building upon good practices (University of Padua, 2022).

Collaboration for Inclusion

There is a National Consortium made up of all the delegates of the vice chancellors for disability in Italian universities. They have created a network to brainstorm about policies for the future. They also collaborate with the managers of disability inclusion services from different universities.

Civil society in Padua

In the municipality of Padua, civil society associations play a vital role in voicing the opinions of disabled people and promoting disability inclusion, as well as covering the gaps in services of ULSS and the municipality. They also collaborate with disabled people in order to access the maximum amounts of funding available to them, especially individuals who do not have the support of family members (ULSS_2). ULSS 6 Euganea make agreements with the civil society entities and the entities offer the services, and then offer a quota for the services carried out. For example, in day centres, there is only one that is run publicly as the rest are covered by civil society organisations. The organisations form part of the decision-making process with ULSS as well as the families of disabled people (ULSS_1) and together they raise awareness on policy areas needing improved. Together the municipality and civil society collaborate, however ULSS are the main refence point for making actions more concrete (MP_1).

The effects of CRPD Art 4., the national action plans and the PNRR on disability services in Padua

Regarding ULSS 6 Euganea, in recent years, there has been a lot of experimentation that has been driven by national norms. The CRPD and biennial disability action plans have massively driven new projects, for example, in the labour field there were guidelines published on the mandatory employment of disabled people. Likewise, the project for independent living was massively inspired by the CRPD and as well as a review of services for labour integration and *Dopo di Noi* projects. Regarding initiatives driven by the PNRR, ULSS 6 Euganea are still in the planning phase. They are working on initiatives that involve the public and private social sectors, as well as the third sector involving a method 'design thinking. The PNNR has massively boosted disability inclusion initiatives. ULSS 6 are trying to work a lot on the project budgets, even though there is no norm on this. They have a series of resources that are linked to certain services along with defined costs which is leading to the need to have greater flexibility in the economic planning phase. The idea is to have a budget that can be used to integrate the responses of the needs of individuals to provide greater satisfaction with services (ULSS_1).

Meanwhile, in the municipality of Padua, resources were allocated through the PNRR, for disability initiatives. It is however important to underline that the projects did not start from scratch, but instead, built upon the initiatives that were already in place from the national action plans. This was partly because there wasn't time to make new plans in

the short time scale that the PNRR was drawn up in. The second action plan provided guidelines for inclusion which are now being continued through the PNRR, therefore empowering the plans already in place by taking the old objectives and using the new funds available to carry out the planned actions. Above all, the PNRR is developing independent living and labour integration projects. It is essential that the municipality of Padua refers to the national disability action plans and PNRR in the work they are doing and continue to work towards disability inclusion (MP_1).

Edinburgh- An example to be followed?

Edinburgh has an estimated population of 525,000 people with 32% of its inhabitants being disabled (Edinburgh City Council , 2021). The population is expected to grow by 13% over the next decade and the number of over 75s will increase by 75% between now and 2043. This is significant because older population are most affected by disability, therefore there will be a need for a larger range of services and support (McCann, 2020). In 2019, there were 2184 adults with learning disabilities living in Edinburgh and 32.4% of them were living with a family carer (SCLD, 2019). Each year, there are around 8,489 people in the Lothian region (which includes the City of Edinburgh) who receive a diagnosis of a neurological condition. Having a neurological condition is the likeliest reason for experiencing a complex and physical disability for people under the age of 65 (NHS Lothian, 2014b, p. 15). Regarding disabled people and the local labour market, 10.8% of disabled people in employment in Scotland reside in Edinburgh (Scottish Government, 2022).

This section will reflect upon the services offered by the NHS, the City of Edinburgh Council and Edinburgh Social Health and Care Partnership, in order to give an overview of how disability services are managed in Edinburgh and how the institutional framework differs from that of Padua.

Institutional framework in Edinburgh

Responsibility for National Health Services in Scotland falls under the powers of the Scottish Government; therefore, the Scottish Parliament is in charge of legislation to do with health. Out of approximately £34.7 billion controlled by the Scottish Government, £11.9 billion is spent on health. There are 14 NHS Boards in Scotland and Edinburgh is under the management of the NHS Lothian board. NHS Boards work alongside patients,

staff, local authorities and the voluntary sector to deliver healthcare services and improve healthcare for its citizens (NHS Scotland , 2022). In Scotland the majority of healthcare services are provided free of charge including GP practices, local pharmacies and hospitals (NHS inform, 2022).

Blue badge scheme

This is a UK Government scheme but applications are processed by the local council authority. A blue badge allows disabled people to park closer to their home or destination and can be used in cars where the person is a passenger. The blue badge must be placed on the dashboard of the car in full visibility. In some cases, people can automatically get a blue badge, in other cases they can apply and have their mobility assesses by a healthcare professional (mygov.scot, 2022).

NHS Lothian

Community Learning Disability Team

There are 4 different multidisciplinary teams working across Edinburgh to provide support to disabled people as well as their carers and family by helping other health and social care agencies to provide person centred, mainstream services. The multidisciplinary teams are made up of art therapy, community learning, disability nursing, dietetics, occupational therapy, psychiatry, psychologists, physiotherapy and speech & language therapy. The service is accessed by referral of a health professional or other sources, directly to the team online, and eligible individuals must be over 16 years of age and out of fulltime education.

Hospital Liaison Service

Learning disability nurses can help people with learning disabilities during hospital visits by coordinating care during the visit, offering support and advice to care staff, promotion of effective communication, minimizing risk and providing accessible information about treatment. A patient risk assessment is carried out for all patients with a learning disability to insure they have the correct care plan.

Specialist Learning Disability Services

There are a range of services that can help short term assessment, treatment and intensive support for adults with learning disabilities. This includes support to patients in the hospital as well as out of the hospital, psychological and behavioural help (NHS Lothian, 2022a)

Child and Adolescent Mental Health Services (CAMHS)

NHS Lothian CAMHS provides specialist assessment and intervention as part of a tiered system to children aged 5-18, including consultation and advice prior to referral, and an assessment appointment to assess their clinical needs. The CAMHS teams work closely with GPS, schools and other health professionals to build an appropriate support plan depending on the needs of the child (NHS Lothian, 2022b).

The City of Edinburgh Council

The City of Edinburgh Council (the Council) is one of 32 of Scotland's local authority areas, which is within the Lothians region of Scotland (Scottish Government , 2022). It is one of the lowest funded council per capita in Scotland, as funding is based on deprivation, therefore, high capita funding goes to the councils with higher levels of deprivation. The funding formulas don't reflect the contrast between the poor and wealthy areas in Edinburgh, meaning they are consistently underfunded (EDI_2).

Services for disability and inclusion

The Council offer local area coordination for people with disabilities who are over 16 and have a mild to moderate physical or learning disability or acquired brain injury. They can support people to use transport independently, socialise, look into education and employment and use leisure services. Support is offered through local teams for the above services and the council also offer support to families and carers. If ongoing care and support is required, this is done through the Edinburgh Health and Social Care Partnership, which is detailed below (The City of Edinburgh Council, 2022a).

Parking

The Council have 90 disabled persons parking spaces in Edinburgh which can be found on an online map and the spaces are marked in light blue. Applications for a space can be made by disabled people, people who have difficult accessing vehicles or those with a valid blue badge. The vehicle must be registered at the application address and be used regularly. Applications can take up to 28 days to be processed and can be applied for online (The City of Edinburgh Council, 2022b).

Self-directed support

Individuals can take control over the money they receive for their support needs. They have four choices about the way they can manage their support which include: receiving a direct payment and managing the support independently, having the choice of support

but asking another organisation to manage it or else asking the council to manage and arrange the support (The City of Edinburgh Council , n.d)

Children and young people with disabilities
The council help disabled young people and children access services, have their needs assessed by a professional and access support for behavioural and sleep issues. Children can be supported by social work teams and school psychologists. The families or legal guardians of disabled children are also entitled to access self-directed support, as mentioned above, and can decide where to use the funding to best suit the needs of the child (EDI_2). Applications must be made through Social Care Direct, who are the first point of contact to access a range of social services in Edinburgh for disabled adults and children (The City of Edinburgh Council, 2022c).

The Edinburgh Health and Social Care Partnership
The Edinburgh Health and Social Care Partnership (the Partnership) is made up of colleagues from the City of Edinburgh Council, NHS Lothian and professionals from the third and voluntary sector. The Partnership delivers bed-based and community-based services for disabled adults as well as people with mental health and substance misuse problems in Edinburgh (McCann, 2020). It was established in 2014 with the Joint Working Public Bodies Act, which essentially obliged health and social services to merge across Scotland. At present, the Partnership does not deliver children's services, which was a decision taken at the time its foundation as it was believed to be too much of risk to include child services whilst in the trial phase of the new set up (EDI_2).

The Edinburgh Integrated Joint Board
Edinburgh Council and NHS Lothian have integrated the planning and delivery of all community health and social care services for adults and older people with disabilities, which are directed by the EIJB and delivered by the Edinburgh Health and Social Care Partnership. The result of this is the creation of International Joint Boards, which are independent public care bodies that organize and manage health and adult social care across local authorities such as the City of Edinburgh Council. The EIJB determines what is needed and directs the NHS and the Council in Edinburgh to deliver the services. Its members consist of 5 elected city councillors and 5 NHS non-executive directors who are appointed through a public appointments process all members are democratically accountable. The non-voting members include people from medical professions, the health and social care sectors and well as the third sector. Over the course of the year,

it looks at what is needed and how services can be evolved to meet needs (McCann, 2020). Even though the members come from various sectors, the EIJB maintains neutrality as all board members have to sign a code of conduct agreeing to be consistent in their commitment with no conflict of interest and with no preconceived idea of expected outcomes.   The councillors that are part of EIJB have no political agenda and neutrality is maintained by the 2 carers representatives who are chosen by in an interview process. The carers representatives are mothers of adult children with severe disabilities who bring lived experience of disabled people regarding the challenges they face. Board members do not serve a set mandate but can be changed at any time (EDI_2). The EIJB is financed by NHS Lothian and the Council and during 2019/2020, it received £666 million of funding (Edinburgh Health & Social Care Partnership, 2019).

The EIJB is aware that not everyone's needs can be met, that the system is not adapted to the 21st century and they don't have the resources required to provide the support everyone wants and needs (McCann, 2020). However, they are making large efforts to make change through the Edinburgh Health and Social Care Pact, which was made through coproduction and dialogue with the citizens of Edinburgh and professionals to put wellbeing first (Edinburgh Health and Social Care Partnership, 2022a)

Decision making and participation of disabled people

New services are established by the operational services manager of the Partnership and then signed off by the EIJB. There is also a 3rd sector representative that sits in on meetings and liaises between the 3rd sector and the Partnership. This avoids many meetings with lots of different organisations and ensures that the views of civil society are brought to the decision-making table. Regarding the participation of disabled people to decision making, individual users are involved in the data by means of an individual assessment about what their needs are and what options are available. There is also the option of involving disabled people collectively in disabled people's groups and service user consultations groups. The Partnership adopt an active process of working with people and if they are not able to participate in the decision-making process, they can collaborate with families or independent services that will try to involve the person as much as possible (EDI_1).

Disability inclusion services

The Partnership support people with physical and learning disabilities, acquired brain injury and autism to live as independently as possible through providing support for

people to live at home with their families. Also, the Partnership help disabled people to make friends, use transport independently, make life plans and to have short breaks away as well as having access to mobility and rehabilitation technology (Edinburgh Health and Social Care Partnership, 2022b). Eligibility for the services is assessed by a social worker who applies the eligibility criteria to an individual who has made a request. The eligibility criteria is a public document from the Council, split into 4 areas which include critical, substantial (most likely to be eligible for paid care), moderate and low (they will be signposted to the relevant place or offered advice) (EDI_1).

More specifically they offer the following services:

The long-term conditions programme
The programme supports health and social care teams to improve care for people who have long term health conditions and people at risk of falls. The service offers anticipatory care planning, falls support, digital support and self-management.

Assistive Technology Enabled Care 24 (ATEC 24)
This service is a combination of services to allow people living independently in their own homes to live as safely as possible using assistive technology. The technology available consists of the community alarm and telecare service, community equipment service, bathroom equipment assessment team and the sheltered housing support service.

The Edinburgh Carer Support Team
This service recognises the important role played by unpaid young and adult carers, and looks to help them by offering advice, information and support so they can continue to care for their disabled family member. The support on offer from the team includes outlining the rights of carers, information about local services, medical conditions and looking after yourself. Furthermore, support is given to build confidence as a carer and focusing on goals for the carer's own life. Carers can refer themselves to this service.

The SMART centre
Offers a large variety rehabilitation technology services in Edinburgh and across the region. Support offered includes mobility and postural services such as wheelchairs and special seating as well as prosthetics, orthotics and environmental controls. They also have a custom design service, a disabled living centre and gait analysis service and a driving assessment service. Specific to Edinburgh there is the blue badge independent

mobility assessment. Depending on the service requested, service users can refer themselves or must have a referral from a qualified NHS medical professional.

The Edinburgh 'Smart' Home

This service provides disabled people with a range of technology to keep them safe when living in their own home. The technology includes voice assisted home controls, access to computers, digital devices (mobile phones, tablets), personal digital assistants, video conferencing, telecare and community alarms and home safety. Advice is also offered to disabled people, professionals and families and carers and people can get in touch by phone or email about using this service.

Edinburgh Community Stroke Service

To support people to live independently when recovering from a stroke, this service offers voice-assisted home controls as well as information about exercises that can be done after a stoke to help with recovery.

EdIndex

This is a portal that simplifies the process of applying for social housing in Edinburgh. It is available not only for disabled people but also for families and homeless people. The portal provides a single access point to social housing in Edinburgh with information on the application process and the different categories of priority and housing available, along with the estimated waiting time to be moved into a house. The priority level that could include disabled people would be the highest priority (Gold). This is when a person cannot leave hospital until they have suitable accommodation due to the house no longer meeting their needs because of mobility issues and the house cannot be adapted. However, due to the intersectionality of disability, disabled people could also fit into the silver category or the no priority lists.

Partners in Advocacy

This is one of the largest advocacy providers in the Edinburgh area and the service is not specific to disabled people as it provides independent advocacy to support people to have their voices and opinions heard and to have the respect they are entitled to for life decisions. They provide help to adults, older people, young people and children. For disabled people, they can offer one to one services to people with a learning disability, 16 years old or older, who have a known diagnosis, as well as people with physical disability over the age of 16, which also includes people with brain injuries or a dementia.

Furthermore, they also offer advocacy to older people aged 65 years and older, who have no one to speak on their behalf.

Lothian buses

Lothian buses is Edinburgh's bus service and it aims to be as inclusive and accessible to all. The bus company is focused on improving accessibility due to the fact that 1 in 14 of their service users has a physical disability, 1 in 14 people have a hearing impairment and 1 in 50 have a visual impairment. Moreover, 1 in 50 of bus users have a learning disability and 1 in 99 customers have autism. Lothian buses aims to reach their objective by training bus drivers in disability awareness as well as the buses being equipped and designed to be accessible. Furthermore, Lothian buses has a dedicated accessibility and inclusion officer to keep track of changes and to ensure services are continuously adapted to the needs of its users. Disabled people and people over the age of 60 are entitled to use services for free by showing a National Entitlement card to the bus driver. Also, Lothian buses has an accessibility and Inclusion Strategy from 2020 (Lothian buses, 2020) that sets out a 3-year action plan to create a culture of inclusion working both internally and externally with important local charities to increase disability inclusion (Edinburgh Health and Social Care Partnership, 2022b).

Sensory loss

The Partnership works alongside a local charity, Deaf Action who support people to access their needs and have long term support, they also assess and provide specialist equipment like flashing doorbells and smoke detectors as well as information on available products. Furthermore, Deaf Action provide a BSL duty service that can be booked on their website. This information is available in a video by a BSL interpreter on the website.

Support in the community

This service helps people to stay active in community life by getting back to work, participating in local activities, making new friends and accessing specialist services. This service is time limited as it is to support someone to regain independence. For over 16s with a mild or moderate disability, depending on their needs the service can help with taking transport alone, making plans, meeting friends, education opportunities and using leisure services.

People with learning disabilities

The Partnership offers preventative support for people with learning disabilities as they may find it hard to learn certain life skills o they support skill development and independent living through learning to use public transport, finding hobbies, getting fit, socialising, finding a job and housing and benefits. This service can be accessed by phone or email (The Edinburgh Health and Social Care Partnership , 2022c)

Recent issues highlighted by the Partnership for disabled people in Edinburgh

Independent living

Supporting people to live independently is an ongoing challenge due to the high demand for houses in general in Edinburgh. Therefore, finding housing for disabled people is more complex. There is a house building programme in which 10-15% of new housing has to be accessible and suitable for people with disabilities in Edinburgh along with a recognition that people with disabilities have a right to live independently. The projects are more successful with people with intellectual disabilities as they tend to have less requirements at home, as opposed to people with complex needs who may require soundproofing or tougher glass windows. Furthermore, there tend to be less people with intellectual disabilities who are waiting for housing.

Brexit

The effects of Brexit have seriously impacted the running of services due to an increase in staff shortages, with many of the support workers coming from EU countries, therefore causing more difficulties to maintain jobs or get a job.

Underpaid staff

There is also the issue that in general, the staff are underpaid, and the Partnership have raised the salary of support workers in order to try and attract people to the posts (EDI_1).

Covid-19

The impact of Covid-19 intertwines with the Brexit effects, as it also increased staff shortages due to the strict rules on movement imposed in Europe. Furthermore, the restrictions had a serious effect on the routine of service users and cause a reduction of direct support, with in person activities being stopped and services moving online. The team ensured service users were being supported through online meetings, digital activities and telephone calls. The pandemic can be said to have had a positive outcome to some extent in this area since there has been an increase in digital solutions (EDI_1).

Transition between child and adult services

An issue that is continuously raised by families is the lack of support during the transition between children to adult services. At the age of 16, disabled people become adults and often experience difficulties during the transition between school and the next part of life, often experiencing problems with adult services (EDI_2).

Recent and future developments

All of the services run by the Partnership have been ongoing for many years alongside the inclusion of people with disabilities, which is a continuous process and not something that's new. The consultations with individuals and groups in Edinburgh, as mentioned previously, define the up-and-coming priority areas for the organisation. In terms of people with a learning disability, the priority is related to the people in long stay hospitals that need to be integrated back into the community. Another priority area is to do with facilitating information about relevant services for people neurological issues. The biggest demand is for services for young people with intellectual disabilities and complex needs i.e.. autism.

At present, the Partnership have a cohort of individuals, around 20 or 30, who have very complex needs and are waiting on housing. Their housing programme has plans to accommodate these individuals in the next 2 or 3 years, so they can meet the demand. In order to combat the previously mentioned staff shortages, the Partnership are raising the pay for support staff to try and encourage an influx of people looking for a job (EDI_1). They do their best to work with service users, stroke recovery services, autism etc, a lot of focus on the users experience and what needs to be done to improve things, decisions not taking lightly. Sadly, a lot of decisions are driven by financial constraints and not the best interest of users, tension is there (EDI_2).

Data collection

The data that is collected regarding service users contains information about support they receive. The Partnership use a database called SWIFT which is used to record all social work activity and information is logged on the database each time a social worker goes out to see a client. The social worker codes the service depending on whether a person has an intellectual or physical disability, unfortunately individuals are organised by the label of their disability.

Monitoring and evaluation

Regarding internal monitoring and evaluation, involving disabled people, the Partnership gather feedback from its service users through 2 reviews carried out in every calendar year, asking them their opinions of the services. At the end of the review, the participant receives and signs off a copy of the review. If this is not possible, it will be signed off by a family member or their legal representative. With regards to external monitoring and evaluation of the services and work of the Partnership, the Scottish Care Inspectorate caries out inspections of all registered care services and publishes a report online which can be accessed by the public.

The University of Edinburgh and disability inclusion

Although Edinburgh has 6 universities, the author has decided to focus on the services available for disabled students at the University of Edinburgh. This choice was made as it is the university with the most similar setting to that of the University of Padua. It was established in 1583 and is set in the heart of the city centre, around the old and new town, amongst cobbled streets and in ancient buildings, much like the University of Padua. In the year 2021/2022 there were 40065 students enrolled in courses at the University of Edinburgh (The University of Edinburgh , 2022).

Disability and Learning Support Service for students

The university offers a range of different support based on individual needs and how the disability or condition affects the individual's studies. Students must contact the university in order to speak to a member of staff about the services on offer and in order to access the services they must have a letter from a medical professional stating the disability or condition. Furthermore, disabled students are eligible for non means assessed disabled student's allowance and the university can help with the application. More concretely, the university offers:

Schedule of adjustments

This can include having a smaller room for exams, extra time on book loans, no penalties for poor spelling and grammar, tasks broken down in smaller chunks if required.

1:1 specialist support

Professionally trained support staff can work 1:1 with the student on tasks such as manual or electronic notetaking, learning differences tuition, study skills for autism or mental health.

Proofreading

Students who experience significant difficulties with proofreading and who cannot use software to help can request a specialist proof-reader.

Assistive technology

The university can provide students with the correct technology in order to study effectively. This could include assistive applications, voice recorders or ergonomic equipment (The University of Edinburgh, 2022a).

Monitoring and evaluation

Complaints about the course of study are through the standard student complaint procedure, whereas complaints about the student disability service go directly to the director of the student disability service.

Supporting disabled university staff

Support for disabled staff of the university does not fall under the competency of the disability and learning support service. However, the university offers a range of adjustments during the application, interview and recruitment process. Furthermore, disabled staff can use the occupational health service, seek advice from HR, have IT related adjustments and borrow assistive software and hardware. Disabled staff may also have access to disabled parking, be allocated accessible rooms to teach and join the disabled staff network to share their experiences and build a collective voice in the university (The University of Edinburgh, 2022b)

Civil society in Edinburgh

At Edinburgh Health and Social Care Partnership, as mentioned previously, the families of disabled people play an important role in providing feedback as well contributing to the work of the EIJB, though carer's. In relation to civil society organisations, a third sector representative participates in decision making alongside members of the Partnership as their contribution is essential in ensuring the services meet the needs of the people. Civil society as well as private sector organisations also play a very important role across Edinburgh as there aren't enough NHS and council services to meet the demands of disabled people, therefore they bridge the gap in service provision as disabled people can use their self-directed support payments to choose their support independently, in other organisations (EDI_2). There are a wide range of civil society organisations active in the city of Edinburgh and the contact details and information about

the services of 188 organisations can be found on the website of 'disability information scotland', which gives the option to filter by location and service need (disability information scotland, 2022).

The effects of the CRPD Art 4. and national Delivery plan on the work of the Partnership

The Delivery plan had no direct effect on the services being carried out as the 5 ambitions of the plan were already part of the work they already do. The Delivery plan allowed them to check that they are on the right track and helped them to see if they what services needed more attention. Regarding the obligations of the CRPD, the ongoing actions of the Partnership currently meet the recommendations (EDI_1). As mentioned previously, the aim of the Delivery plan was to influence policy making, rather than directly influencing the management of disability inclusion services.

Conclusion

It is clear that the effects of the national action plans and therefore, Art. 4 of the CRPD directly impacted the services for disabled people in municipality of Padua. Above all, the PNRR has empowered the disability services through providing more funding than what was available before. When looking at the services on offer by ULSS 6 Euganea, they cover 4 of the action points of the second action plan as well as touching upon some of the ambitions of the PNRR. The services at the municipality promote and implement elements of 7 of the action points in the second action national plan for disability and all ambitions of the PNNR. The municipality especially is making large efforts with the PNRR ambition of 'Digitalisation, innovation, competitiveness, culture and tourism' as they have initiatives to remove architectural barriers in museums, libraries and archives to promote accessibility to the Italian cultural heritage and they have also published an Easy read guide to the registry office, facilitating access to information about the services they provide. However, in both ULSS 6 and the municipality there are a lack of services that promote the participation of disabled people in leisure activities and socialising. It is essential that disabled people are not just viewed under the lens of requiring healthcare and support for their basic needs. The issues for Padua will be explored in more detail throughout chapter 5.

In Edinburgh, since no direct effects of the national Delivery plan were experienced at a local level in the services run by the Partnership, this could suggest that the disability services were set up in an inclusive way and therefore, no significant changes were needed to be made to bring them in line with the obligations of CRPD Art. 4. However, it

does highlight the need for the future strategy to be created in a way that will impact all levels of society, so the people with lived experience can notice the change taking place. This was emphasised by a Scottish Government representative as they stated that it is hard for a disabled person in Scotland with no connection to a local authority or the government see what has changed. It is a main drive for the government to work out a clear governance structure for the future disability strategy, with concise actions and regular progress reports. The challenge is how to inform people about changes that are gradual and at a societal level (SCO_2).

In relation to the services offered by the NHS and the Council in Edinburgh, there is a focus on adults with learning disabilities and a lack of information on what they provide for adults with physical and other more complex disabilities. However, they do offer services that facilitate the access to leisure activities for people with learning disabilities, therefore, giving value to quality of life and not just providing services that cover basic support needs. The self-directed payments are similar to the set up in the municipality of Padua and are a great way to ensure that disabled people and their families have the freedom to choose the services that best suit their needs. Regarding the accessibility of the NHS, Council websites, it is hard to navigate the information and understand in a clear way exactly how the disability services are managed, especially regarding children's services. Since they are not managed by the Partnership, there should be more of an in-depth description available online and better signposting to the services available to make the process a bit easier for parents who may have no prior knowledge of disability. It is important that they are well informed and can access support in a time that may be challenging for them and their family. The services offered by the Partnership cover all 5 ambitions of the national Delivery plan and despite the issues highlighted above, are making significant progress in providing 360-degree support for disabled people in Edinburgh, continuously implementing the ambitions of the national Delivery plan through their services.

There must be great efforts made in both Padua and Edinburgh either minimise the dependence on civil society organisations as service providers or else paying public service disability support workers more, to ensure that the staff turnover isn't so big, and they aren't relied upon so heavily to meet the basic needs of disabled people.

CHAPER 5 – LOCAL LEVEL REALITY AND INSPIRATION FOR THE FUTURE

Introduction

In chapter 5, the reality of disability inclusion will be presented through the voices of disabled residents of the municipality of Padua, professionals and civil society organisations. In response to the issues raised, best practices and suggested solutions will be presented as a suggestion to advance disability inclusion in the municipality of Padua. The first part of this chapter analyses services, policies and initiatives for disability inclusion in Padua under the subheadings taken from the most recent disability national action plans both in Italy and in Scotland as well as the PNRRs. The ambition of 'international cooperation and international programming of disability policies' from the Italian national action plan has been omitted since the chapter is analysing the local level. For each of the different subsections of part one, best practices from Edinburgh will be suggested to act as inspiration for future policy making and the adaptation or creation of services in the municipality of Padua.

The second part of this chapter will present the views of participants with lived experience of disability providing a broader view of life in Padua, not only focusing on healthcare and support needs but other important areas such as quality of life, their occupation, leisure activities and what is important to them regarding disability inclusion.

The overall aim of this chapter is to analyse the progress of disability inclusion at a local level, drawing together information and criticisms of local services, initiatives and lived experience and present best practices from Edinburgh and Scotland based on information found through online research and professionals from disability services in Edinburgh as well as representatives from the Scottish Government in the field of disability rights. This chapter will voice the opinions of disabled people in Padua, giving space to their solutions as well as those of the author to suggest how disability inclusion could be bettered in the municipality of Padua. It must be noted that disabled people were not asked in the interview to provide solutions but instead came up naturally in conversation. It must also be noted that the objective is not to glorify the Scottish and Edinburgh methods, as in the City of Edinburgh some of the issues mentioned below are also shared. However, as underlined by the Chief of the EIJB, for many years it has been recognised that health and social care services do not merge together so easily in Scotland, however Scotland is not alone in these issues and *"it has been named as a global leader in trying to bring both sectors together"* (McCann, 2020).

Part 1- Criticisms based on the principles of Art. 4 of the CRPD and best practices

The data that presents the reality of disability inclusion in Padua has been extracted from online research of local and national services, interviews carried out with representatives from the Municipality of Padua, ULSS 6 Euganea and the University of Padua, as well as a high school teacher and disabled people themselves. The responses from the questionnaires of civil society organisations have also been incorporated. The sections follow the same format, with some sections being longer than others, with some topics being discussed more than others and not every topic contains the opinions of all participants. When interviewing the 13 disabled participants (see annex 2 and 3 for the sample questions), there were common themes that appeared through discussion that will be highlighted accordingly though the different subheadings. The first 4 sub-headings of this section are the common ambitions of the most recent Italian and Scottish action plans for disability rights. The remaining subheadings incorporate the remaining 5 ambitions that differ in each of the plans as well as the ambitions of the PNRR. The services will be criticised under each of the subheading that link back to the obligations set out by the CRPD.

1. Services that promote independent living

ULSS 6 Euganea
Regarding the services outlined in chapter 4, it is positive that ULSS facilitate access to the regional funding to modify vehicles for disabled people, however, they also facilitate access to funding for people who follow rehabilitative methods, directly linking to the medical model of disability, as it is trying to cure the disability instead of finding strengths of the individual and providing funding towards better inclusion. Furthermore, the services that have been started due to the *Dopo di Noi* legislation have only 52 places available in the different projects in the area of ULSS 6 Euganea (ULSS_2). Thinking back to the statistics of disabled people in Padua, this number is relatively low and therefore underlines that the family play an important role when it comes to caregiving.

The Adult disability service of ULSS 6 Euganea often experiences issues with families when it comes to the financing of care. Families must contribute to a part of the cost of the projects (10 euros a day for day-care centres and 20 euros a day for housing). There is also a general issue that families demand too much and ULSS cannot meet all of their requests, since there is a limit to the resources available. Another issue stems from the

fact that ULSS 6 have less services available for people that cannot live an independent life but yet do not require 24-hour care, yet again, relying heavily on the family or else external services to cover this gap. They are trying to create projects that meet in the middle, like apartments with support staff, and they are always trying to expand on what they can offer. Working together with families to find a solution is an ongoing process (ULSS_2). Further criticisms related to ULSS 6 independent living services are to do with the lack of availability in sheltered housing, the small range of services available for autistic people and the fact that many places in residential care are not adapted to their needs. There is also greater demand for services allowing young people to live independently outside the family home The services offered by ULSS 6 Euganea in Padua for children who need more support is limited and only offered in limited amounts, meaning that families rely on private care. Furthermore, there are a growing number of children with intellectual disabilities who will need aa residential response as they approach adulthood. ULSS 6 Euganea have also been receiving an increase in requests for projects that develop independence and services for disabled people over 65 who cannot live independently. (ULSS_2). On a more positive note, the adult disability service are launching a project for four or five physically disabled people which involves co-managing an apartment and providing support to find a job. Together with the disabled individuals and the municipality they are planning how the project will look and with hopes to start it officially next year (ULSS_2).

The municipality

Creating independent living projects is one of the priority areas for the municipality and they received money from the Veneto region to support disabled people to live in their own homes. Regarding the *Dopo di Noi* projects, there have been regional indications as this is one of the most important issues of disability. The projects help disabled people to gain independence at home by being able to live in social housing or else in their own home with a care package (MP_1)

Lived experience

There were several common themes regarding services and funding from the municipality and ULSS 6. Eight out of the thirteen participants rely on support from service providers out with ULSS 6 and the municipality because of lack of funding at their disposition or the lack of services adapted to their needs. Two of the participants personally fund support staff and four mentioned that they rely on local organisations or other support services such as the regional civil service to help them with chores around

the house, shopping or going out (PD_13) (PD_9). For example, one participant receives a thousand euros per month from ULSS for support, but it's not enough, ULSS 6 are aware that she pays other private support staff due to the lack of availability at weekends and the fact there is such a high staff turnover meaning at times they unreliable. (PD_8). This was also backed up by participant 13 when talking about the support staff as she explained that it could be that if the person is sick they don't come, they change the hours too much and if people really rely on the services, then it's hard to make plans as they don't respect the commitments you might have and do not guarantee they will be there on time (PD_13).

Two interviewees said that the *Dopo di Noi* law is insufficient and creates limits for the services that can be offered (PD_5) and one of the participants talked more specifically of the effects of the 'Dopo di Noi' law on the services she can and has accessed. She is very well informed and is the founder of an association for disabled people that aims to break down architectural barriers as well as offering legal and psychological support. The lawyer within the association supports her to maximise her support options, however the support is still not sufficient. She spoke about the future, when her parents are no longer here and based on the law at present, she doesn't have any options for continuing an independent life with moving into a care home being the only option. She could pay someone to help at home, but she doesn't have enough money to match the support she has now as she relies on her parents at night. She has an individualised plan that she started a year ago and spoke about how disabled people need to be flexible. In her case, on a Sunday, it's always a different support worker that comes to help. She has 1 hour of support in the morning with the municipality, a few hours with ULSS in the afternoon and then her mum helps at night. Another issue is that the support is based on income, so if a disabled person has a job and some earnings, they will be entitled to less support. She also underlined the issue that the support staff are underpaid and undervalued (PD_3).

Three of the participants talked of the long bureaucratic procedures experienced with the municipality when trying to make their home more accessible or signalling non accessible public places. For example, one participant spoke of past issues when she requested a ramp to be built at home. The municipality requested a lot of documents, because her house is an old building, and it took many months for the ramp to be installed to allow her independent access to the home. She described the experience as negative, but with

a happy ending and said that *"a disabled person will always have a lot to do with bureaucracy, which is tiring"* (PD_1).

Best practices in Edinburgh

In the region of Veneto there are many initiatives for disability inclusion, along with a range of funds available, however there is a lot more attention paid to funds for intellectual disabilities, and little paid to physical disabilities (ULSS_2). This is a common issue in Edinburgh as the housing projects tend to be more successful with people with intellectual disabilities due to having less requirements at home, meaning they have higher success rates that with other disabilities. A practice in Edinburgh to respond to the needs of housing for physically disabled people is that there is a house building programme in place which states that 10-15% of new housing has to be accessible and suitable for people with disabilities in Edinburgh. The municipality of Padua, along with ULSS 6 Euganea could benefit from a housing programme like this to respond to the difficulties faced by people with physical disabilities living independently and the *Dopo di Noi* law issues. Furthermore, to respond to the issue of staffing, the municipality of Padua and ULSS, along with the Veneto region should consider raising the salaries of support staff, following the example of the Partnership, to value the work they are doing and promote inclusion, especially when the importance of their jobs was demonstrated throughout the COVID-19 lockdowns.

Participant's and author's suggested solutions

It was suggested that instead of funding care homes, ULSS 6 and the municipality should increase funding for the independent living projects, offering the possibility for more people to stay at home (PD_3).

2. Employment and fairer working lives

ULSS 6 Euganea

ULSS 6 are constantly looking to expand and add more activities to their services. When they start up something and realise that there are people who aren't having their needs met, they look to further develop further the activities. For example, the SIL was created that tries to integrate people who find it difficult to find work, since in the past there was a lack of support for disabled people finding employment. Then, they created a link between the day centre and the internships because they realised that not all people were able to undertake an internship, so they set up intermediary projects, that way responding to suit the individual's needs. However, as outlined in chapter 4, access to

the SIL services is only available for people who are considered to be at least 45% disabled. Furthermore, the transport system in the area surrounding Padua city centre is limited, therefore disabled people cannot develop their independence to travel, especially those who rely on public transport to go to work (ULSS_2). As explained by a representative of ULSS 6 Euganea, the inspiration for the future disability services and plans for ULSS 6 Euganea is based on '*welfare generativo*[22]'. This would involve using the skills of disabled people in the community in exchange for benefits. For example, if the municipality need someone to paint or decorate, they can hire a disabled person, develop their skills and not have to pay a private contractor to do this job. This would provide disabled people with a job and ensure more money is available the people who cannot work (ULSS_2).

The municipality

Although it was stated that a priority area for the municipality is constructing job programmes for people with disabilities through the SIL (MP_1), there is no information on the website about these services and they were talked about in the interview with the representative from the municipality.

Lived experience

Five of the participants talked about how they have had to make more of an effort to prove their capability at work or people assuming they aren't capable without asking first. For example, one participant spoke about when he started working at a call centre for the municipality and how his colleagues only saw his disability. No one asked him what he could do and in general people are "convinced you can't do something because you can't see". At work, his colleagues thought he could only answer the phone, when, he is capable of using a computer. After 4 or 5 years he convinced them he was able to do many more tasks (PD_12). Furthermore, a participant spoke about the main drive behind his efforts to awareness raise at work and in his spare time is to prove that a physical condition doesn't define a person although he feels the need to always prove things to others to seek validation (PD_2_Meneghini). Three of the participants expressed that employers hire disabled people because they have to, not because they want to, and they often employ the minimum amount of people possible, demonstrating that employers fail to see that disabled people can add valuable skills to a team and should not be perceived as a problem (PD_9). Unfortunately, the law allows for companies to

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[22] Generative welfare

pay the fine instead of employing a disabled person (PD_5). A positive outcome that has been influenced by national law is the possibility to work reduced working hours, without losing out on pay. One participant also works in a call centre for the municipality and spoke about how by law, she is allowed a reduction of 2 hours per working day. The work doctor has accommodated to her needs and has written that she can't do different shifts, due to her disability which has helped her a lot (PD_7). This is also the case for another participant as she works 5 hours a day instead of 7 (PD_9).

One of the participants has been searching for a job but for each job she finds, she is never able to commit. This is because she isn't independent at work and needs someone to dress her and help her go to the bathroom. She has been offered jobs at a phone companies or other call centres in Padua, but that paid her in cash, however the problem was always transport. One of the companies asked her to go to work twice a day, which was impossible. She believes that having a complex disability is like having a full-time job with the amount of organization it requires (PD_8).

For people that rely on support to carry out their job as well as at home, there is no way to have financial independence as care expenses will be so high, and the public support given will be reduced, due to the individual having an income. For participant one, having a support worker at work was a precondition to the job, since she cannot use her hands. She has a friend who has a different job with the university, but she is completely independent as they suited the job to her abilities and therefore doesn't need any support worker (PD_1).

The paradox of allowing disabled people to work more, but not having the correct support available is evident. *"If you set up the right working conditions, disabled people will be able to work well and at times completely independently, however, if you constrain them to certain conditions that aren't accessible, the disability will only increase"* (PD_13).

Best practice in Edinburgh

The Edinburgh Council Employability Team offer a service known as 'No One Left Behind' which is available for disabled people as well as others who feel they need support to find work. Support is person centred and the people who participate will be assigned a key worker who will outline their goals through an individual plan. Each area in Edinburgh has a point of contact who can be reached by phone or email. This service collaborates with the Partnership to tailor the plans for disabled people (Employability in Scotland, 2022).

Participant's and author's suggested solutions

First of all, there is a great need to implement the law to make cities more accessible and inclusive, "*Having the law is the most efficient way of moving forward and improving our country and city*" (PD_10). This is especially important when it comes to the mandatory hiring quotas for companies employing disabled people as *"If they prefer to pay the fines it means there is no monitoring of the legislation".* Or the legislation gives them the option to employ people or pay the fine, but they are not obliged to employ people (PD_9). Therefore, the municipality of Padua, ULSS and civil society should highlight the importance of having a stricter response to companies who do not meet the obligations, as unfortunately it seems to achieve labour inclusion, the consequences have to be more unfavourable for some people to accept that disabled people have the right to work, just like everyone else.

3. Accessibility and mobility

ULSS 6 Euganea

Regarding website accessibility, the services available are clearly details online, however the website is not accessible to visually impaired people. In general, the range of services on offer allows for disabled people to be supported to find a job, be integrated at school, live more independently at home and have a legal representative, however there is the need for more attention to be given to transport for disabled adults. Especially when it comes to transport for reaching work since the services in the municipality in this area are limited.

The municipality

For the services mentioned in the previous chapter, such as the taxi service, accessible museums and the sport initiatives, there is a lack of information on how to exactly access these services without having to contact further by email or phone. More specifically, the taxi service on offer is just for the use of deaf and blind people as well as wheelchair users, meaning that people with intellectual disabilities cannot access this service if they do not fall into one of those categories. Furthermore, the transport service for disabled people '*Liberi di andare'* mentioned in chapter 3, has many requirements to be able to access the service and is not available to people who have family support, thus, assuming that the family have the means and the time to transport the individual. Also, the transport service for nursery and school students is only available for children with a 'complex disability status'.

In relation to architectural barriers, the PEBA which was started in 2019 in Padua is a great initiative that has been inspired directly from the CRPD and its results must be monitored each year to check that the architectural barriers are being broken down.

A feedback mechanism for IT services is also available online, showing that the municipality are making progress and listening to their users experiences to make their website more accessible. However, those who cannot access the website cannot provide feedback. Finally, regarding public toilets. Access costs 50 cents and toilets for disabled people are only available in 2 locations in the city centre, creating a barrier to those who may need the toilet more often because of their disability.

Civil Society

All six of the civil society organisations agreed that Padua is not fully accessible and although a lot of actions have been taken, there is still a lot to be done to be able to refer to Padua as an accessible city. The city has however demonstrated a sensitisation to disability but has some critical issues regarding old buildings with the main problems existing in the old town and new buildings have improved the aspect of accessibility (CS_2). It was also highlighted that people in Padua don't always consider mobility needs of disabled people when they park their cars badly or abandon bikes and scooters in the middle of the pavements, causing great difficulties for visually impaired people and also wheelchair users (CS_6).

Lived experience

Further backing up the point made above by organisations, six of the participants mentioned that accessibility has improved in recent years and a lot of effort has been made in Padua, yet there is still a lot of work to be done. Six participants also talked about Padua being more accessible than other cities in Italy, like Rome or Naples. In Padua, the changes made on the roads and pavements for bikes have also benefitted anyone that needs wheels to move around, including elderly people and mums with prams (PD_3). Two participants said that many shops and public spaces are still inaccessible to wheelchair users and two people talked about the cobbles in the centre making mobility a challenge. Three of the participants mentioned how not all traffic lights make a noise, making it difficult for visually impaired people to know when to cross the road. To combat this issue, one participant uses an app on his phone to read traffic lights. He also explained that due to the fact the pavements are often used to park bikes or for tables in restaurants, he sometimes prefers to walk on the roads. He listens to the cars

to decide whether the road is too busy to walk on, if he hears a care every 30-60 seconds then he knows the road is not so busy (PD_10).

Three participants mentioned experiencing problems on a regular basis with non-disabled drivers occupying disabled parking spaces. Participant 7 spoke about even at her place of work, they put the bins in the disabled parking spaces (PD_7). Another participant spoke of one time when a policeman parked in her space in his own private car and said that she feels slightly better about it when people apologise and admit to doing wrong, but many people make excuses. In the end, the 2 minutes they decided to park can prevent a disabled person for having access to where they need to go (PD_3). There is a lack of understanding about the needs of others, especially if it's not visible to the eye (PD_7).

The participants talked about how the people who have decision making power need to think outside the box, considering disabled people's needs and not just follow regulations. There is still a lot of awareness to be raised to bring to attention to the people that work in construction that they shouldn't just follow the instructions laid out in the law but also have a bit of common sense. For example, one participant spoke about the new road built near her house in Padua. They did it according to the norms, but when they asked how it was for pedestrians, there is a step and the pavement is too narrow, only a pram or one person that's walking can use it. *"Unfortunately, if people don't know someone or are interested or have a disability, they don't think about them. You can't understand how people live, unless you speak to the people"* (PD_5)

Regarding public transport in Padua, in each bus, there is only space for one wheelchair, with some buses having availability for 2. One participant spoke of being able to book a bus for disabled people, but since people use it for going to work, it is hard to get a space and she has never managed to book it (PD_13). Disabled people often have to rely on someone taking them in the car or a taxi service if they have an emergency, as to travel by train, you have to book at least 12 hours in advance for support to board the train (PD_8). One of the participants had been to Edinburgh on holiday and therefore was able to directly compare her experience as being a wheelchair user in both cities. She spoke of her experience of using the train in Edinburgh and all she had to do was to go to the platform and inform the controller so that he could open the ramp for her. To take a train in Padua, she has to call at least 12 hours in advance, then present herself at the train station and go at a set time that someone will be able to assist her to get on the train (PD_11). Another participant spoke about an initiative that ran until the start of

summer which allowed disabled people to have a 50 % discount on taxis. This allowed him to move around more independently and without spending too much. However, after the local elections the initiative was stopped. There are a lot of problems in Italy, it happens often things are started and no longer continued (PD_13).

Regarding website accessibility, it was mentioned that the culture of accessibility needs to change and accessibility does not just relate to breaking down architectural barriers but also digital accessibility, which has become of vital importance in the last few years. Two of the participants who are visually impaired have had problems with website accessibility, especially in the workplace, despite having access to technology to support them in their role (PD_9) (PD_12).

Finally, one participant highlighted the lack of public toilets and due to being incontinent, she often has to go into a bar to use the toilet, luckily her husband will take a drink as many require you to pay to use the toilet. However, often the bathrooms aren't clean or big enough to ensure that people who require changing space can do so safely (PD_7).

Best practices in Edinburgh

In Edinburgh, all public buses are accessible for wheelchair users (SCO_1) as there are ramps installed and buses have at least 2 spaces for wheelchair users or buggies. As mentioned in chapter 4, drivers are trained in how to work with disabled customers, to ensure they feel safe and supported on their journey. Padua should ensure that all buses can be accessed, with their staff aware of the needs of disabled people. Train stations and trains in Edinburgh are accessible meaning that disabled people have the option to travel whenever they like. Furthermore, accessibility to the digital world must also be prioritised, and although this isn't a best practice specific to Edinburgh, the Scottish Government have made significant efforts with digital inclusion through their 'Connecting Scotland' campaign which provided iPad and phones to disabled people who were less likely to be connected and they employed staff specifically to teach people how to use them (SCO_1). Padua must ensure that in the move to online services, that all disabled people have the chance to be included. In relation to public toilets, Edinburgh has been ranked at the top of the UK's public toilets for accessibility as 78 of its 117 toilets being wheelchair friendly and 115 are free of charge (Edinburgh News, 2021). The municipality of Padua should follow suit by ensuring that all public toilets are free and accessible.

Participant's and author's suggested solutions

Regarding the Lis services at the municipality, full accessibility would mean having staff members trained in sign language which would mean even at short notice, they would be able to communicate with deaf people who require assistance. Furthermore, developing more technology, for example, phone apps, is a good solution, and it is cost effective for people who cannot afford expensive equipment. The participant who mentioned using an app for reading traffic lights thinks that developing technology is positive, since the government are not doing enough, the people must take action and think up solutions for disability inclusion (PD_10). Also, when taking into consideration the needs for visually impaired people, it is essential that electric cars make a noise to allow for visually impaired people but also the wider public to be able to hear when a car is near. In relation to accessible transport, providing more bonuses for buses and taxis would allow for people to go out the home independently and would also help with access to employment. It is vital that the initiatives that support independent living and accessibility are sustainable and reliable.

4. Participation, access to information and inclusion in decision making

ULSS 6 Euganea

The services for disabled people have been created without their input and with other people deciding on their behalf. Recently however, there has been more of a drive to include disabled people, inspired from the people themselves, through associations, and from individuals who have requested to have an individualised life project constructed by the municipality, set up by Law 328 of 2000. ULSS 6 are trying to find ways to involve individuals by increasing staff training and understanding what tools can be used to support this process (ULSS_1). In the process of creating an individualised project, co-programming takes place between families, disabled people and ULSS staff (ULSS_2). They are moving toward a more participatory approach and agree that working hand in hand with the disabled person will be the most efficient way to move forward (ULSS_1).

The municipality

There has been an effort to better the response of the services in general and regarding inclusion, the municipality has been looking at how they are organised, the language they use and the services available. The municipality have been trying to improve the access to services and in order to facilitate access to information they have created a

portal known as '*Portale Padova per[23]*' which explains clearly the services on offer across Padua and the organisations that are operating in the area, aimed at informing families in Padua. The portal has existed for around a year and provides information about disability related services as well as other services that range from healthcare to social inclusion and is expected to be used mainly by families. The portal is slowly growing and the idea is that people will be able to find the responses they want, by the information being well organised. If they gather well the data and understand the needs of the people, they have resources available and have the capacity to organise the work together with associations, they would be able to better the response. However, the municipality are notably lagging behind when it comes to participation of disabled people in the planning of projects. At present, disabled people are not actively involved at the decision-making table and the majority of project proposals comes from civil society organisations who are very active in Padua. Civil society organisations are one of the most important points of contact for the municipality as they manage some of the projects and involve their partners. The municipality do however gather feedback from families and especially during home visits. Since they manage these services directly, they find this feedback useful (MP_1).

Civil Society

All 6 of the civil society organisations agreed that Padua is not fully inclusive, but the city tries to be welcoming and combat problems, although more could be done to support families (CS_5). Both the administration and the citizens of Padua have improved inclusion in recent years with an increase of awareness about disabilities and there are a lot of opportunities for disabled people (CS_2). It was highlighted that intersectionality is not considered and little attention is paid to the different identities of disabled people, for example, LGBTQA+ or foreigners with disabilities (CS_6).

Due to the lack of participation of disabled people in the planning of services and initiatives, civil society organisations play and important role in voicing their opinions and needs. Three of the civil society organisations put forward this same idea and also mentioned how organisations have the power to carry opinions and ideas to important public bodies (CS_1) (CS_3) (CS_5). Civil society organisations are non for profit and put the person at the centre of the work carried out (CS_2). Daily contact with the service users and their families means they can gather opinions in a more informal way. Organisations also have an important role in Padua regarding promoting disability

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[23] Portal Padua for

inclusion because they can offer the services that normally private companies offer but for the public and are very much in touch with the communities they work within, also at a personal level with individuals and their families (CS_1). One of the organisations highlighted the importance of promoting disabled peoples voices by facilitating dialogue through sports and physical exercise, encouraging freedom of expression (CS_2). Another association mentioned how service users are allocated daily funds by the association depending on their disability and are included in decision making processes during support group sessions with trained professionals. The sessions discuss their opinion on services and their individual plan and at times, the district social assistant may participate in the meetings (CS_2). Associations are there to represent the people and put forward their opinions, voicing the difficulties they experience and finding a solution together, they provide advice to disabled people and their families and hold information events (CS_4). When thinking of social inclusion in general, the biggest limits do not lie in the physical or intellectual disability, but instead the attitudes of society. There is a need for a more inclusive society made up of people who know how to deal with other's needs and that don't just ignore them. *"Ignorance is the biggest disability of them all"* (CS_6).

University

In the inclusion sector of the university, there are employees at an office level as well as in management roles. When it comes to decision making processes, the sector have disabled student representatives that sit in on meetings and voice the opinions of disabled students (UNIPD_1).

Lived experience

One participant spoke of the time that he learning to use his wheelchair in hospital, after having an accident that meant he would no longer be able to walk. His experience with the information and preparation provided was positive as he was in the hospital for 8 months and they taught him many skills in the wheelchair, like getting dressed, eating and how to put it into a car (PD_4) On the other hand, one participant who had an operation which would leave her incontinent spoke negatively of the information provided prior to the procedure and the effects it would have on her life. She explained that hospitals that send patients away without being prepared, both for the physical experience and for the bureaucratic process about your rights, where to go, what to do and who to contact in the correct medical departments. You must inform yourself in a fragile moment as you go back home and it's all on you to sort it out (PD_7).

Best practices in Edinburgh

A best practice in relation to civil society organisations in Padua can inspired from, the distinction of the Scottish Government between disabled people's organisations (50% disabled staff) and organisations that promote the rights of disabled people, but not necessarily with a 50/50 balance in their workforce. It is important the organisations of Padua do not just voice their needs of disabled people but let them speak for themselves. Furthermore, the municipality and ULSS should follow the example of the Partnership's 'Long term conditions programme' in supporting people who will have their life significantly impacted by their condition and therefore provide anticipatory care planning, digital support and self-management to prepare them as best as possible for the changes.

Participant's and author's suggested solutions

In a general sense, a greater collaboration between different administrative sectors and the third sector to develop activities for each different type of disability would lead to better inclusion.

Many of the participants also spoke about the importance of awareness raising about disability but it is important to make sure that disability awareness raising sessions ate not special events but should be incorporated more into daily life and education. This could be by having disabled actors in films and programmes. For example, having someone with a disability play the role of the main character but not focusing on the fact they are disabled. One participant spoke about an actor in Game of Thrones who has a disability and he said that it sends out a great message, as his role doesn't focalise on the disability but portrays him having a normal life (PD_2_Meneghini).

It is also very important to awareness raise on disability issues to children at a young age, by having activities or days in which disabled people talk about doing sports and what life is like. It should be more of a normal thing, not just a special event (SC_1) This was further backed up by another participant who believes there is a need for more awareness raising in nurseries to talk about disability, especially sensory disabilities (PD_9). She spoke about how many young people, 10 years and older, don't even look at her, they fail to see her or the disability. She suggested creating group games where you can be put in the shoes of others and transmit empathy. Also creating a space for questions that try to understand why children and adults may be embarrassed when communicating with a disabled person and what they would like to know. It is also essential that there is more awareness about invisible disabilities as the issue is that if

people can't see the difficulty, it's as if it doesn't exist. *"When you have an illness and you can't talk about it, you feel very alone, you have difficult times and if you then have to worry about what people think, it becomes difficult"* (PD_7).

5.Collaboration

ULSS 6 Euganea and the municipality
As previously mentioned in chapter 4, ULSS 6 Euganea and the municipality collaborate together regarding the disability services in Padua. Together with civil society organisations, ULSS provide funds for the entity who provides the services for disabled people. They have agreements together which also involve the family members of disabled people. They are also at the decision-making table but the main collaborators are the families in the local associations who manage to attract attention through awareness raising in policy areas (ULSS_1). Together the municipality and civil society collaborate, however ULSS is the main refence point for making actions more concrete (MP_1).

The *piano di zona*[24] is a very important tool which demonstrates the planning between the municipality, ULSS and organisations. Every year it highlights the problems, the things that need to be improved and looks to monitor the success of the projects (ULSS_1). Regarding the networking between services, there is a lack of collaboration between services for young people transitioning into adulthood as well as services from adulthood into elderly care. Issues also arise when looking at the services that cover the multidimensional needs of people such as disability, substance use and psychological problems (ULSS_2).

Civil Society
The responses from the questionnaires regarding the collaboration of the civil society organisations and ULSS 6 Euganea and the municipality of Padua were mixed even though the representative from the municipality underlined the importance of their collaboration (MP_1). Three of the organisations mentioned collaboration in some form with ULSS 6, for example through contractual agreements which can also be made with authorized and accredited bodies that meet the standards set out by the Veneto region (CS_1). Collaboration with ULSS 6 also involves developing activities in the area of mental health and ULSS 6 Euganea also contribute funds towards disability inclusion

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[24] Local area development plan

(CS_2). The third organisation does not have any arrangement with ULSS but they do at times work together with the disability office regarding the recognition of disability for visually impaired people. The association do not have fixed stakeholders, but they collaborate with schools for guide dogs and other associations for disabled people. Collaboration with service users is carried out directly through meetings and discussions (CS_3). One of the organisations collaborates with the municipality to ensure disabled people can be included in activities as well as working together to promote activities and projects (CS_2).

Lived experience

Two participants also spoke about the importance of creating networks between people as well as between services in order to better disability inclusion. One participant has always had good experiences with accessing information but maybe they could speed up the processes or put all the information regarding disability in one place/ transport, museums, living in the city, finding all the information in one place would be useful (PD_3). It is important that knowledge and information are spread about the diversity of other people to understand we aren't all the same. One participant spoke about how society needs to be more used to the fact that we are different, and observe more what's around us, and work on taboo. *"When people feel they can't speak about certain things, for example incontinence, we have arrived at the point that even the person who is incontinent can't even talk about it. We need to talk about the problems of the others more openly. If you made a policy on diversity, people with feel more welcome"* (PD_7).

Best Practices in Edinburgh

This area also intertwines with the area of participation; therefore, the previous best practices can be considered for this section too as well as ensuring that disabled people collaborate regarding what can be improved in the services they receive. Padua can take inspiration from the Partnership who gather feedback from its service users through 2 reviews carried out every year, asking them their opinions of the services.

Participant's and author's suggestions

As mentioned in the best practices and taking the example of the new portal (Padua Per) being developed by the municipality for families, the municipality of Padua should develop a disability specific portal in collaboration with public institutions, civil society organisations, families and disabled people, ensuring it is accessible for everyone. An example to follow could be that of the 'Scottish disability directory' in which users can

search online for local organisations depending on their authority area. A short description of the services provided by each organisation is available online and there is a helpline should users require support (disability information scotland, 2022).

6. Recognition of disability, multidimensional evaluating to sustain the system of access to services and benefits and personalised projects

ULSS 6 Euganea and the municipality

As highlighted in chapter 4, access to the disability services of both ULSS 6 and the municipality require the individual to have a disability certification as well as being a resident in the municipality of Padua. Access to services the ULSS services can be made by the parents, legal guardians or individuals themselves. Access to the services at the municipality is not always stated but it is assumed that a disability certificate is required in all cases.

Lived experience

Regarding the lived experience with ULSS related services, one participant spoke of his experience with the sector responsible for recognition of disability. He is an international student that has been waiting for over a year since he arrived to get the official disability certificate. In order to get the certificate, he had to attend many visits and appointments and he believes the fact he isn't Italian doesn't make a difference, it's a slow process for everyone. Without the certificate, he cannot access the reduced university fees for disabled students along with the public services, discounts and extra funding (PD_10)

When considering access to services in hospitals or medical clinics they lack the equipment to be able to support people with a physical disability. One participant spoke of how if she has a medical appointment, she has to pay someone to undress her or a friend to lift her as they don't have hoists. This is because the staff at the hospital do not support disabled people in this way, they rely on the individual bringing someone to help. *"If you don't have anyone you can't, go"* (PD_8). This was backed up by another participant who spoke about the lack of support for people that have to be lifted into the hospital bed. Since the beds are not adapted, when she had a mammography appointment her husband had to help her during the appointment (PD_11).

In relation to mobility aids and personal products, one participant spoke of the difficulty to get a new wheelchair, which she is entitled to every 5 years. Each time, ULSS 6 Euganea seem to drag out the process because of the cost involved. The catheters she uses cost 500 euros every month and her wheelchair costs 3000 euros. She believes

they try to limit the expenditure, but these are the basic things she requires to live an independent life (PD_3).

When it comes to the services offered by the municipality, two participants spoke positively about the ZTL office, which allows for disabled people to pass in the centre on roads that are closed at certain hours, without being fined. She believes her experience was positive as she works in a call centre that work with the office. However, it's better to go in person, but if you don't find the right person, it's just a case of luck (PD_7). The ZTL office works well, you can book an appointment online if you don't want to go there and wait in the queue (PD_3).

Best practices in Edinburgh

In the Partnership, the eligibility of an individual to use the services is assessed by a social worker, not just based on a disability certificate. This could be efficient for people who are waiting on official recognition of their disability to access even basic services while they wait. Although not specific to Edinburgh, the Scottish ambulance service provide transport and support for people who cannot use public transport or have no means of private transport to make it to their medical appointments, ensuring that disabled people have the right to healthcare (Scottish Ambulance Service, 2022).

Participant's and author's suggested solutions

There is also a need for a concrete solution to be provided for people who cannot access services because they are waiting on their official disability certification. The best practice mentioned above of assessing disability in other ways, or else allowing civil society organisations to provide documentation confirming the disability should be accepted whilst waiting for the official certificate. It would also be more efficient if an official translation of a disability certificate issues outside of Italy could be accepted to speed up the process. The amount of documentation required for access to disability services should be reduced, simplified and made accessible to all needs. This should also be the same for providing information regarding procedures at the hospital or at medical facilities. Furthermore, hospital staff should receive general training on how to accommodate disabled people at appointments as well as having trained support workers or disability nurses at the hospital. The fact that disabled people cannot access basic healthcare due to the staff being unable to help is a violation to the CRPD as well as national disability laws. If it is not feasible to have an ambulance transport service, then ULSS 6 Euganea could consider collaborating with the Committee of Padua Italian

Red Cross to arrange transport to and from appointments for disabled people and support during appointments if required. This is a service that the author has personal experience providing during the lockdown whilst volunteering with the British Red Cross across the Edinburgh and Lothians region.

7. School inclusion and educational experiences

ULSS 6 Euganea

In the area of school integration, the hours allocated for school assistance are insufficient and there is a demand for an educational figure to promote integration in schools along with a general difficulty underlined by schools in trying to contact specific teams for guidance on disabled children (ULSS_2). In the school integration service, there is the possibility to access funding for children with sensory disabilities to attend specialised boarding schools. However, this goes against inclusion and instead, money should be put into adapting regular boarding schools to accommodate children with additional support needs.

The municipality

The municipality only offers school transport to children with complex disabilities, meaning that other children may be deprived of an education if they cannot make it to school but do not fall under the category of 'complex disability'.

University

In the past there have been several projects collaborating between the University of Padua, the municipality and with ULSS 6. ULSS 6 have also worked with the university on offering more inclusive activities, in general, not specific to disability, about the use of inclusive language and available health services. Regarding awareness raising, since 2015 they have focused a lot of the importance of using inclusive language, avoiding using stereotypes and focusing on putting the person at the centre of the action being taken and not their disability.

In order to improve the university teaching staff's awareness and knowledge of disability related matters, the university has carried out an interactive online pilot project that has the aim of breaking down stereotypes and analysing how they can create barriers to learning. The lived experience of students was also shared to explain to teaching staff how their disability can create barriers and what can be done to help them. Thanks to the project, the teaching staff became more open minded towards inclusion. There is

hope that the project can be extended under the mandate of the current Vice Chancellor to include other vulnerabilities, more staff and a wider range of students.

The university has come a long way regarding disability inclusion but there needs to be a greater awareness for diversity and make efforts to create an environment where teachers are able to accommodate the different needs, avoiding stereotypes that may cause barriers and promoting a culture of solidarity and collaboration. The previous Vice Chancellor of the university issued a letter to all staff underlining the importance of using inclusive language and a person-centred approach. Building inclusion is a continuous progress that will never be reached due it continuously evolving. An aspect that could be improved even further is ensuring that people who work in the area of inclusion are experts in that field and have the right education and training to apply their expertise (UNIPD_1).

School

According to an interviewee who works as a high school teacher, he has experience of teaching students with autism or ADHD and dyslexia, although he finds it hard at times to realise they have a disability if it is not known already. He raised an interesting point that he thinks that in schools, disability is almost over diagnosed as the process of getting a certification is fairly simple. It's hard to understand whether it's for sake of ease or because there's more recognition of disability (SC_1). In the school he works in, it is not accessible to students with a physical disability, as there are stairs with no lift and not every classroom is on the ground floor. There is a great need to change school structures to ensure they can be accessed by all. One of the participants who has lived experience of a disability, also was previously a high school teacher, she spoke about how the school she taught in was accessible for all but underlined the issue of the school support assistants, who lack training and are underpaid (PD_11).

Lived experience

Three of the participants are currently studying at the university of Padua, some are new to studying, some have already bachelor's and master's degrees and others have been carrying out their studies over a number of years, alongside working. There is also one participant who is an employee of the university. The participants agreed that over the years the university has improved significantly in the field of inclusion.

Regarding access to lessons and materials, two participants spoke of benefiting from having someone to accompany them to lessons, not to physically help, but just for the

first few weeks to help navigate the university and check it was all accessible (PD_3) (PD_4). Another participant had a scribe and someone to help with her bags but now she does it alone as now she is more independent, she has less patience for waiting on other people to help (PD_13). Another participant underlined the need for dual lessons as he has to pay someone to accompany him from his home to the university, so it would be great if he had the choice to do them online. He spoke about how that the pandemic forced us to use technology, and now life is more normal professors want things to go back to normal, just because they don't want to make the extra effort to prepare lessons. He did however mention that the university gives him all the books in digital format so that helps a lot, as during his bachelor's he had to scan all the books (PD_12). Another participant explained that he asks for extra time during exams and how he uses the law to benefit him when he really needs it. He however hasn't been able to access any disabled student benefits because he has been waiting a year for the disability certification (PD_10).

When speaking about the perception of students and teachers towards students with disabilities, participant three has never felt like they have treated her differently from her peers and another participant spoke about being hesitant at first about making friends, not for the wheelchair, but because the students are a lot younger than him on his course. He also spoke about how he participates a lot in the lessons and teachers tend to remember him, but questions whether it's because he is in a wheelchair (PD_4). Another participant has no issues with professors and speaks directly to them for his needs and said that his department of the university is inclusive by nature. He is also very active in the field of inclusion and is working on the development of a training course at the university for professors on disability inclusion (PD_10).

Best practices in Edinburgh
According to the 'The Education (Scotland) Act 1980', transport must be provided for any primary pupil up to the age of 8 who live over 2 miles away from their catchment or children over the age of eight who live more than three miles from their catchment school. Edinburgh council provide transport for all primary aged children living over two miles from their catchment school secondary pupils who live over 3 miles away. Specifically for disabled children, the council offer 3 options. This could be receiving support to gain independent travelling skills by a member of staff escorting the child to learn the route to school, then being provided with technology to support them on their journey alone. They could be allocated a personal assisted travel budget, giving them their families the

freedom to choose how they travel, or else be allocated a school staff walking escort if the parent cannot accompany them to school (The City of Edinburgh Council, n.d).

Participant's suggestions

In schools, it can be said that the methods of learning for disabled students could also benefit students without disabilities (SC_1), therefore it could benefit many children making lessons more inclusive and adapting them to accommodate disabled children. Having disabled children participate in the class also helps for children to learn how to be more inclusive and removes any curiosity they may have.

In universities, it is essential that they consider the benefits for disabled people by offering dual mode lessons. The dual lessons can also benefit more people, making the university more accessible to international students who maybe cannot come to Italy right away or need to go home for personal reasons. The training course on disability for teachers is a great tool in helping them to understand why they should continue lessons in this way. Also, the University of Padua must give more importance to the benefit of sports for disabled people and extend the support to allow them to attend training sessions, either by having people available in the evenings or else providing transport to take them to the training. CUS Padua and the university should consider how to be more inclusive in this sense.

8. Developing statistics and a policy monitoring system

ULSS 6 Euganea

There is no monitoring mechanism as such for the services of ULSS 6 Euganea as they are working towards a more participatory approach, therefore the idea is that less controlling will be needed if all affected parties are involved in the planning. Each disabled person has the possibility to have a legal representative that they contact should there be an issue with a service. There is also a hierarchy within ULSS that can deal with complaints and the families of disabled people can directly contact the managers of the services. Everyone has the right to complain and the more inclusive the planning phase, the less need there will be for monitoring (ULSS_2). The amount of aggregated data is very limited, with the main data being gathered for the *piano di zona*, however in this way it is hard to assess the impact on the person's life (ULSS_1).

The municipality

Since there is public funding involved, the municipality must monitor the numbers of users benefitting from the services they offer. At present, there is lack of information on how the services directly impact people, therefore the monitoring must be improved to include this. This is an area that will be developed moving forward since EU funded projects always ask for an impact assessment which means that projects must be well organised, with the gathering of data at each stage of the project. Results are made publicly available regarding the impact of services since there is a transparency for public administration bodies. Every year the municipality overview the data and decide what demonstrates positive work being carried out. The activity is always transparent, so you can always find information online linked to projects. However, if you want specific details on service users, it is work in progress (MP_1).

Civil Society

Four of the associations that responded to the questionnaire carry out monitoring of the services. In the first organisation, the current initiatives are monitored by the instructors and the service psychologist in the relevant monitoring forms and are checked by the coordinators of the association as well as the accredited bodies on Veneto. Feedback is gathered by service users and their families through evaluation forms for the services they use (CS_1). The second association monitors and observes their services with indicators that are divided into topic areas. They receive feedback from instructors, staff at the day centres and from service users (CS_2). In the third association, there is a reference person in each sector who gathers feedback from service users and reports back to the management team (CS_3). In the fifth organisation the current activities are monitored through supervisors, and they mentioned that they don't specifically gather feedback but accept the feedback that is given on services (CS_5).

University

The university monitors the services through student interviews where they are able to give feedback regarding the activities. Furthermore, there is other monitoring done in a quantitative and qualitive way before and after the activity, either with the students or with the staff. Students can also send voluntary feedback by email at any time as the university has an inclusion reference person for each department, so when issues arise that are linked to with professors and students, the inclusion sector normally contacts this reference first and tries to resolve the situation between colleagues before having involve the student (UNIPD_1)

Lived experience

As echoed before, there is no direct participation of disabled people and they have minimal input when it comes to policy monitoring. As highlighted by participant 3, it's not useful that the municipality makes programmes but doesn't talk to the people with lived experience (PD_3). *"Inclusion starts when institutions and disabled people meet, only together we can create inclusion; therefore, stop talking about disability with people who aren't disabled" (PD_5).*

Best practices in Edinburgh

In order to monitor the services at a local level, Padua can look to the example of the EIJB. Following this approach, Padua could have an independent board made up of ULSS 6 staff members, municipality staff, local councillors, civil society representatives and family members of disabled people who are carers and would overview the services, ensuring they continuously meet the changing demands of disabled people, taking their views into account as well as those of their families. This was also suggested by the ParteciPA respondents in chapter 3 when they suggested to improve disability inclusion by having a 3rd party that overviews activities and initiatives for disabled people as well as promoting collaboration between agencies, public services and the private sector and overlooking cases that involve bodies such as ULSS and the municipality (ParteciPa, 2021)

Author's suggested solutions

The author believes that despite the opinions of the ULSS representatives about a third-party monitoring body, that it is vital to have a monitoring mechanism, even if disabled people are fully included in the decision-making process. There is always room for improvement and feedback must always be taken into account in order to know whether the services are suitable and meet the needs of the people.

9. Disability rights in the time of COVID-19

ULSS 6 Euganea

The services run by ULSS 6 Euganea experienced months of interruptions because of legislation banning the gathering of people. Alternative online activities were offered, for example, day centres organised a range of home-based activities. However, lockdown restrictions only accentuated the isolation experienced by disabled people who were then closed into their housing communities (ULSS_1). ULSS 6 Euganea tried to stay in touch as much as possible with their service users by video calls and the staff who normally

worked in day centres started to carry out home visits (ULSS_2). As soon as it was safe and the restrictions eased, they restarted the activities in person. The newer more innovative activities were affected the most as their main focus was to take disabled people to different places in the community, for example, accompanying people to work. Activities at the day centres were able to restart sooner as they created groups of people in social bubbles, to allow service users to attend activities with a lower risk of contracting the virus (ULSS_1). Regarding local inclusion and integration, there are reduced opportunities for socialising and integration as a result of the pandemic restrictions and therefore more people experiencing anxiety or behavioural disorders (ULSS_2)

The municipality

The COVID-19 lockdowns highlighted the problems and encouraged the staff to improve the services for disabled people. There was a period at the start when all services were suspended and contact with service users was only by phone thorough the service *Chiamaci pure*. Once the municipality set-up a protection system for disabled people, they started slowly introducing in person services, however staff were working from home and home visits were only carried out if necessary. They also ran a meal service for people who weren't able to cook their own meals offered supermarket vouchers. Families of disabled people could request the shopping to be done or for medicine to be picked up and delivered during the period that it was essential to stay at home (MP_1).

Civil Society

All of the civil society organisations mentioned has to completely change the way they offered their services, with the services slowing down and mainly moving online. The first organisation mentioned that the COVID-19 restrictions changed the way services were ran, with day centres being split into separate groups and support and education being offered online. There was also an economic demand to alter the services and to offer regular COVID tests, clean workspaces more regularly and the need for ad hoc spaces in residences in the case of a positive test result. The association offered daily online support throughout the lockdowns as well as psychological assistance for people isolated from family and home visits to certain individuals if required. ULSS 6 Eugenea and the municipality of Padua supported the organisation through the pandemic by recognising the extra costs related to COVID 19 as well as offering training to medical staff and all residence support staff on how to effectively manage positive cases in a community setting and general training on health and safety (CS_1).

The second association suspended their services throughout the lockdown, and gradually restarted when the restrictions allowed. The instructors offered some activities online although it wasn't always possible. The association received a small amount of funds from the municipality during the pandemic to have a summer camp for children, including children with disabilities (CS_2). The third association had slower service delivery and they supported their services users as much as possible within the restrictions, receiving around 1000 euros from the Veneto region to support them during the lockdowns (CS_3). The fifth organisation tried to do everything possible for the community in general, by helping with food shops and delivering prescriptions and underlined that everyone in some way was disabled during the pandemic (CS_5). The sixth organisation mentioned the stress experienced by staff and the effects on families as they were massively trapped and forced into a 24/7 role as caregivers, especially in in the first phase, due to the suspension of in many services. To guarantee support to disabled people and their families in the lockdown, they offered online services such as zoom calls, online group sessions and they sent out activities by email. The organisation of online services, however, did not think about the needs of people with complex disabilities. When they restarted in person services they first created groups of 5 users, then 10 users to allow for maximum protection of safety. The effects of COVID-19 are still ongoing as they have socio-health protocols and procedures they must adhere to (CS_6).

University

The pandemic converted many of the services on offer from in person to online. During the first wave the university started up a service which involved actively listening to students about how they were feeling during the lockdowns. It started as a project for disabled students and then it was expanded further as there were many students who found it hard to manage the situation with covid, and lessons online. Sometimes the students weren't able to manage the lessons online. The support service was open to all students with disabilities online, for free, this way, they were able to gather the opinions of disabled students about the situation on the ground. Through talking to the students, it was evident that from the pandemic situation there were problems to do with distance learning but also with social relationships, since going to university is a way to leave a situation of loneliness. There was also anxiety about health issues amongst disabled students, as many people with disabilities tend to have weaker immune systems.

During the lockdowns, the students with DSA students had the option of accessing online tutoring which avoided them taking public transport and coming to lessons, therefore, decreasing their chances of exposure to COVID-19 (UNIPD_1).

Lived experience

One participant spoke about the difficulty of finding people that put themselves in his shoes as he finds that the majority of people don't care. In the pandemic he worked at home because they suspended the civil service that helped him. However, being closed in at home in front of the computer and socialising via message had a negative impact on his mental health. Since he cannot see, contact with the people is very important. During the pandemic he got his friends to write on the self-certification that they were coming to support him, just so they could eat a pizza together (PD_13).

Best practices in Edinburgh

From the data gathered in the interviews with the Partnership, the municipality, ULSS 6 and civil society the response to the COVID-19 pandemic was very similar, since it was an unknown territory worldwide. For this reason, there is no best practice, and the responses of the disability service providers should be continuously adapted until the end of the pandemic.

Author's suggested solutions

It is important that the benefits of using the internet to advance inclusion for disabled people are valued and that the municipality and ULSS focus their efforts on creating digital inclusion programmes, especially for the people who still do not feel secure in returning to 'normal life'. To ensure the inclusion of all members of the disabled community in the services that have been developed online, there must be training provided for disabled people on how to access the services and use the technology as well as ensuring the services are accessible to all needs. This is especially important for older generations who are known as 'digital immigrants', since they did not grow up using technology and the internet like the younger generation of 'digital natives' (SCO_1).

Part 2 – Shifting the focus away from disabled people being the receivers of care

It is of vital importance that the lives of disabled people are assessed from different perspectives, not just focusing on them being the receivers of healthcare and support. They also have the right to build relationship, take part in leisure activities and explore their sexuality. Looking at disability through a 360-degree lens must be considered when

developing policies and initiatives for disability inclusion and not just stopping when their health needs are covered. The author has decided to highlight the key points that came up in the interviews in relation to the perception of society towards disabled people, the perception of disabled people towards others, leisure activities and sport.

How disabled people are perceived in Padua

Three participants believe people in Padua are relatively closed-minded regarding disability matters and two participants even think that disability is perceived as a problem. One participant mentioned how people look at her like she's different. She experiences people pitying her quite a lot, as explained that it's an Italian mentality. However, it's never happened that someone doesn't help her when she needs it (PD_8). Furthermore, there are people who think it's almost impossible that she can do things and be independent (PD_9).

Five participants think that disabled people are perceived well by society and three of the participants are able to sympathise with people who do not understand disability, even when they may be mistreated in some way because of the misunderstanding.

Four of the participants explained how people offer help, even when not needed or when it has been declined and two participants spoke about how members of the public at times do not respect personal space and have touched them without warning. One participant described the time when a lady touched her hair and asked if she could feel her touching her hair and one time when a person asked if she needed a carer when she was in the street. She also spoke about how people want to help even when she doesn't need it. People have also asked her if she can write, and she said that she always has to show that she is able to do things like a normal person (PD_3).

Sometimes with elderly people or foreigners one participant has experienced that they her arm without saying anything. Taking a person somewhere like they are a package isn't the way to do it, people must respect personal boundaries (PD_9).

One participant described the way people react to him as a mix between empathy and being nice. Some people ask where his family is and why he is out alone. He describes the three levels of society in Padua, people who have a lack of knowledge, well educated people and those who are empathetic (PD_7). Meneghini makes an interesting point that people who are educated perceive him in a more positive way as opposed to those who are not (PD_2).

In particular, the participants who are visually impaired underlined how they are treated different when they have a friend with them, with others often communicating indirectly through the friend, as if they cannot hear or understand, even if the conversation is involving them (PD_10). It was also underlined that sometimes people have more problem with the physical aspect. People have said to one participant *"it's a shame you have an issue with your eyes, if not, you would be beautiful"* (PD_9). This highlights the fact that first of all, the disability is seen and It's a problem created by other people. The issue is that the other people see the disability before the person. A lot of people aren't knowledgeable enough about disability matters (PD_12). "*It's not only with disability that this problem exists, but we also live in a society in which people think a lot about themselves. People are treated badly in the street and people stop and film them. We live more and more behind a screen"* (PD_13).

Participant's people's perception of disabled people

There is a general perception from the participants that disabled people are often left to the family or rely on family, with many of them having support from family members. Two participants spoke about the fact that some disabled people do not want to be independent, this may be for fear of their health or because they have been brought up being cared for all their lives: *"Here we have a lot of cases where disabled people are wrapped up in cotton wool or people who have a family and depend completely on their partner which isn't fair. We make choices as disabled people and I think losing independence is one of the worst things"* (PD_9). The participants also spoke about the other side of disability inclusion, and the way that upbringing can affect the desire of disabled people to gain more independence. Sometimes disabled people have been educated badly from their family and they don't know how to organise themselves, *"they lack independence, but this is also an Italian thing, not just disabled people"* (PD_8) This was also emphasised by another participant who spoke about how society isn't ready for disabled people, but because disabled people don't allow them to be. A lot of disabled people are happy staying at home and don't want to progress their skills, *"so they are a bit spoiled, and they don't feel like they are capable"* (PD_5). It was also highlighted that disabled people need to ask for help more when they are out in public, as there are a lot of disabled people who are scared or embarrassed to ask (PD_9).

Leisure activities

Regarding leisure activities, participants spoke about enjoying being able to meet with friends, go out for walks and go for meals. As highlighted above and the freedom of

spontaneously deciding to do something doesn't exist as there is always planning in advance that needs to be done. Disabled people should have the freedom to go eat a pizza outside or to go to the beach at the weekend, the importance is having the choice to do so when they want to (PD_12). Everyone has limits, but the problem of the culture of accessibility limits a lot of disabled people, one participant spoke of going to Rome for the weekend for a radio event and it took her a month to find a hostel that was accessible for her wheelchair (PD_3). However, it was mentioned that Padua is more open because there are a lot of international students, *"the people are nice, which make it good to live a social life in Padua, you can walk and find someone and have coffee with them"* (PD_10).

Sport and disability

Many of the participants mentioned how being able to keep active is important to them both physically and mentally, whether its participation in team sports or being able to go outside for a walk. Gyms are accessible and don't normally need to be adapted, as long as the gym is on the ground floor or has a lift for access (SC_1). David Meneghini founded the first gym specifically built for disabled people in Italy, which is in Padua and is used by around 50 people and is staffed by a personal trainer. Backing up what was mentioned previously, he said that gyms are the future of inclusion, as they don't need adapted for people with disabilities (PD_2_Meneghini). When looking at the sports offered by CUS Padua, there are many activities for people with disabilities, with some being more inclusive than others. In societies where there are less of a certain type of disability, there is less inclusion. For one person, there aren't going to be funds for that one person to be supported in the activity. For example, it would be difficult to train a blind person with the others in athletics. Not many people spend their time doing something that isn't paid, as people don't have enough time even for themselves. Not enough people dedicate the time required, for the constant effort needed when it comes to inclusion (SC_1). However, training disabled people in a sport like for example, triathlon would be possible if there is a team member who can support individually the person who needs it. There would also be the need to find more space to train, which would be a challenge as after work the pools are always full (SC_1).

One of the participants spoke of her experience joining the CUS wheelchair basketball team and how she has to accompany new disabled students to participate in training sessions or else it's hard to convince them to join. She talked of how the inclusion office lacks a service that helps students to go to the training. When they approached the

university to ask about extracurricular transport, they said they only would help with study related matters. It is difficult for the university to arrange as training is during the evenings, which is outside the working hours of university staff. However, the relationship between the team and the inclusion sector has improved over the years and they have understood the importance of sport for disabled students. The inclusion sector now promote the basketball team by sending out emails to gather more interest amongst disabled students (PD_3). Another participant also plays in the CUS wheelchair basketball team and well as being the president of the rugby club in Padua. He has an agreement with his team and CUS for students that want to do internships related to sport and disability (PD_4). One participant has had issues with finding athletics training that suits his needs and schedules and spoke of the effects it has on his mental health, as he uses sport to get rid of negative energy. Due to the fact he cannot train like he did before moving to Padua; it negatively impacts on his quality of life in the city (PD_10).

More disabled people need to participate in sports to increase their chances in the future to be included as without significant interest from disabled people, funds won't be dedicated to having the correct support in place. However, if they don't have the support to start with they may be hesitant to take part or not able to participate at all or have difficulties in attending the training. It is also important that support staff are genuinely interested in helping disabled people to train and be included, as it requires time and dedication and often, without remuneration.

Applying the Scottish Delivery plan model to an Italian context

The Italian Government can take inspiration from the planning phase of the new disability strategy in Scotland and the method of co-programming involving DPOs and disabled people, through feedback and direct participation. *"Sometimes what disabled people want can't happen but being listened to and finding a solution to what action can be taken is more positive than not involving them at all"* (SCO_1). The Scottish Government have underlined that they can do better when it comes to gathering data (SCO_2) and therefore are acting upon this whilst drawing up the new disability strategy. The Italian Government should follow this example of responding to the gaps in the national disability action plan and ensuring they are not repeated in future. The Italian Government could also try to narrow the scope of the 3rd action plan, as highlighted by the Scottish Government, as their Delivery plan was too broad, with too many action points and no monitoring of progress at a local level. At the same time, the Scottish

Government should take inspiration from the working groups that were set up to monitor each part of the 'Second biennial action plan for the promotion of the rights and the integration of persons with disabilities'.

The author suggests that there is a bilateral cooperation set up between Italy and Scotland to discuss common points and share good practices. As underlined by a government representative, "*the Scottish Government do not think they are the best at disability inclusion but are happy to support others, to push them in the right direction towards change*" (SCO_1).

On a local level, there are many differences between the institutional set up of Padua and Edinburgh's disability services, however they both share the common factor that health and social services are integrated and managed jointly by the local council and health board. This means that at a local level, the best practices suggested previously in the chapter could be envisaged with greater ease and there should be more efforts to monitor the effects of the future disability action plan, speaking to the disabled people about their views. The Italian Government should liaise with the Scottish Government to learn about the monitoring body they are developing in the new strategy and their idea on how to monitor progress at a local level.

CONCLUSION

When considering all aspects of an inclusive society, value must be given to each and every person, moving the focus away from their limits. This is an immense cultural step that needs to be made for inclusion in general, "*The true meaning of inclusion is putting yourself in the shoes of people with disabilities, to understand the difficulties and limits in their daily lives. This is a long process, and we can only keep improving*" (MP_1). The cultural and mental barriers must also be broken down as when the mind is against an idea or doesn't want to fix the barrier, it becomes more of a problem, more than the architectural barriers (PD_8). The space to raise awareness about disability inclusion is very small but it of great importance as "*When you open a closed mind, you have opened 10 minds*" (PD_2_Meneghini), demonstrating the revolution that can happen through dialogue and communication. Before even considering the legislation behind disability rights and the need to raise awareness, we must be aware of the language we use, for it is the words that govern the legislation and the words must be inclusive to start with, without prejudice. I would first suggest that prestigious dictionaries like Collins and Treccani keep up with the evolving context of disability, ensuring that from a linguistic

point of view, a neutral definition of 'disabled' is adopted and offensive and degenerating words are no longer published as synonyms of disabled. The Italian Government must also follow through with updating the disability definition as set out in the delegated law of 2021 and action should be taken should they not complete their obligation on time.

At an international level, the efforts of the Italian and Scottish Governments to implement the obligations outlined in Art. 4 of the CRPD since the ratification by both states in 2009 are clear through the disability action plans published. However, the lack of data available for the progress and the effects of the Italian disability action plan makes it challenging to assess just how much the Government has followed through with the actions established. On the Scottish side, it is clear that at a policy level the Delivery plan has had a positive impact, with the social model of disability being fully incorporated into the ambitions of the plan. Furthermore, the up-and-coming disability strategy in 2023 which is in its planning phase aims to improve on the efforts so far, responding to the lack of monitoring mechanism, which has made it hard to assess the impact of policy on local disability services and on individuals. It is an important time for both Italy and the United Kingdom as they approach their review by the Committee of Rights of people with disabilities in 2023.

At a national level, it is vital that the new Governments of both Italy and the United Kingdom keep disability inclusion on the agenda and follow through with the plans that have already been established to promote disability inclusion through the national disability legislation. In Scotland there is a willingness to take risks, to publicly highlight bad practice and then take action to improve it, not just to implement services so appears to be a good initial approach. Italy should announce publicly when the third biennial action plan for disabled people will be published to allow for maximum transparency on their progress with disability inclusion, ensuring the social and human rights models are incorporated into the new plan. The author believes that the Scottish Government should prioritise the release of the disability strategy, ensuring no delays are encountered so that the actions that have advanced disability rights can be continued and sufficient action can be taken to combat the emerging issues during the COVID-19 pandemic.

Padua is lacking in gathering feedback from their service users, it needs to be able to improve upon what's offered and view its actions with a critical eye, whilst keeping an open mind towards developing mechanisms which may lead to the discovery of

inefficient practices, as this is the only way that they will be improved, accepting errors have been made and taking action to ensure progress is made, instead of turning a blind eye to the areas of human rights where the people can't always take action themselves and express their needs. It is essential that families who are supporting their disabled family member receive the support both financially and mentally in order to continue their lives alongside their role as a carer and that public bodies in Padua start to demonstrate concrete action on how to involve disabled people in every step of the planning of decisions that affect them. Through the interviews with both the municipality and ULSS, the representatives demonstrated a clear awareness of the areas needing improved as well as having a great awareness of the critical areas of disability inclusion in Padua, regarding services offered and issues that stem from insufficient laws at a national level such as the '*Dopo di Noi*' legislation. Furthermore, to ensure disabled people in the municipality of Padua are able to work and live independent lives, there shouldn't be the expectation that they have to provide more funds to the services they use because they are in employment, since the money will be spent on support, leaving a minimal amount of money for leisure activities and a good quality of life. In the Municipality of Padua, civil society associations play a vital role in voicing the opinions of disabled people and promoting disability inclusion, as well as covering the gaps in services of ULSS and the municipality. The City of Edinburgh also share this same issue with public service provision and could collaborate with Padua to find solutions that may help both sides. It is however essential that the organisations have disabled people in managerial roles to ensure that they do not fall into the habit of speaking on behalf of the association members but allowing people to speak up for themselves.

Through speaking to disabled people in Padua, there are aspects that at first aren't obvious and even disability experts can learn something more by listening to disabled people's experience. The simple beauty of the cobbled streets of Padua's old town can create difficulties for wheelchair users, the tradition of dining in the streets, along the walkways can interrupt a blind person's journey home, forcing them to walk on the road. Someone's perspective of beauty can be a daily obstacle in another person's life. Disabled people must speak up and not be afraid to raise their concerns about the reality they are living, they must also support each other and encourage those who feel they are not capable of participating equally in society.

Disabled people may have a different way of living their lives, but they should never be forced to fit in to a world that presents many barriers to their participation in society, in

fact, the society should be inclusive to all people's needs, without discrimination. 'We', as fellow citizens and the people in power to make a change should provide a platform and include people with disabilities in every decision that we make. For the people that cannot make their own decisions, their rights should be empowered, and responsibility only given to those who will have their best interests at heart. Only when society stops automatically assuming that disabled people are incapable applying limitations to what they can achieve before asking them, will they start to feel like they are truly included.

The author hopes that with this thesis, even the smallest amount of inspiration can be taken to build upon the efforts made so far and respond to some of the issues outlined in chapter 5, from the professionals in the field as well as the residents of Padua with lived experience of disability. Despite cultural, linguistic and geographical differences between Italy and Scotland, that there are common issues experienced regarding disability rights, from policy making, starting up new initiatives and problems with the local services. It is clear that one of the main obstacles of disability inclusion in Padua comes from the attitudes of the people themselves, which can only be changed the more that disability is mainstreamed and not seen to be something separate to the norm. When decision makers and those in power think a bit more outside the box and ensure that legislation accommodates for a variety of different personal situations, including the intersectionality of disability, this will ensure that people approach disability inclusion with more of an open mind.

It must be mentioned that many of the issues highlighted are not new or hidden, many of the decision makers are aware and this is what we must question, why policy makers and disability service providers fail to consider the basic rights of disabled people, violating the CRPD on a daily basis. This point refers back to the opening quote of this thesis, that people must want to create inclusion, and to do so, need to include everyone that the policy concerns.

Through collaboration in the local community, between municipalities, regional and national offices and focusing on existing good practices from further afield, disability inclusion will inevitably advance and the views of disabled people will be valued along the way. The focus needs to be moved away from the existing issues and towards what works well and how policies and services can be adapted using the examples of these good practices. The response needs to be active and adaptable and give importance to all aspects of a disabled persons life, recognising their rights to build relationships, access leisure activities and participate in society like everyone else. There is still much

progress to be made in both Scotland and Italy, as well as in Edinburgh and Padua regarding disability inclusion but if we keep saying we need to change, we will never change as the idea of being equal, comes from when you believe you are equal, and diversity exists only because we keep saying it does. I would like to finish this thesis in the words of an individual with lived experience, reiterating what is already set forth in the CRPD:

"Disability inclusion is a beautiful and creative sector which is constantly changing and needs to be worked on daily. Active dialogue is key to advance inclusion" (PD_1).

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ANNEXES

Annex 1 – Participants

Disabled people in Padua

PD_1 Female, interviewed in June 2022

PD_2 David Meneghini, Councillor of the Municipality of Padua, interviewed in June 2022

PD_3 Female, interviewed in June 2022

PD_4 Male, interviewed in August 2022

PD_5 Female, interviewed in August 2022

PD_6 Female, interviewed in August 2022

PD_7 Female, interviewed in August 2022

PD_8 Female, interviewed in August 2022

PD_9 Female, interviewed in September 2022

PD_10 Male, interviewed in September 2022

PD_11 Male, interviewed in September 2022

PD_12 Female, interviewed in September 2022

PD_13 Female, interviewed in September 2022

Public bodies

EDI_1 Edinburgh Health and Social Care Partnership representative, interviewed in July 2022

EDI_2 Former councillor of the City of Edinburgh Council and former board member of the EIJB, interviewed in October 2022

CUS_1 CUS Padova staff, high school teacher and personal trainer, interviewed in September 2022

MP_1 Representative of the municipality of Padua in the area of disability, interviewed in June 2022

SCO_1 Scottish Government representative, interviewed in August 2022

SCO_2 Scottish Government representative, interviewed in September 2022

ULSS_1 Social assistant in the area of disability in ULSS 6 Euganea, interviewed in July 2022

ULSS_1 Social assistant in the area of disability in ULSS 6 Euganea, interviewed in October 2022

UNIPD_1 Representative from psychological support for disabled students at the University of Padua, interviewed in July 2022

Civil society

CS_1 Coordinator of educational projects and HR staff, response received in September 2022

CS_2 Vice President of the association, response received in September 2022

CS_3 President of the Veneto regional board of the association, response received in September 2022

CS_4 CEO of association, response received in September 2022

CS_5 Delegate of social inclusion, response received in September 2022

CS_6 Clinical psychologist and coordinator of day centres for disabled adults in the association, response received in October 2022

Details of civil society associations

The first association (CS_1) was founded in 1985 and promotes social inclusion for disabled people in Padua. It offers services such as day centres, sheltered housing, housing for independent living project and projects to facilitate insertion into the workplace as well as respite services. Around 80 disabled people in the province of Padua use the services, with the majority coming from the municipality of Padua. This association bases their activities and services on scientific methodology such as the cognitive behavioural model, the quality-of-life pillars and the ICF model. The second association (CS_2) was founded in the 1960s and offers physical activities and sports mainly in the field of mental health but also including physical activities for disabled people. Their services are used by around 50 disabled people in the municipality of Padua, and they adapt their activities depending on the needs of each individual. The third association (CS_3) was founded in the 1920s and supports visually impaired people in Padua and offers services such as the prevention of eye illnesses, buddy services, school and workplace integration, practical support, independent living support as well as cultural and sporting events and awareness raising in the community. Around 300-400 people in the municipality of Padua are using their services. The fourth association (CS_4) was founded in 2020 by a disabled person and focuses on breaking down the architectural and cultural barriers that prevent disabled people from participating in modern society. The association offers 3 main services which include legal and

psychological support as well as advice on breaking down architectural barriers and supports a small number of people in the municipality of Padua, due to it being founded during the pandemic. The fifth association (CS_5) was founded in 1889 and is an important actor in delivering humanitarian assistance and services promoting social inclusion and offers advice and support to participate in activities and access to services for disabled people in the municipality of Padua. Due to the cross over with many other activities, there is no data available on how many disabled people use their services. The final association (CS_6) that participated in the research was founded in the 1960s and provides information to families, a help desk and organises leisure activities and short breaks for disabled adults and their families. 74 people in the municipality benefit from the services of this association and they base their services on the ICF model, the CRPD and they also have created their own information system which considers the views of the users when creating new services. The association also use easy read documents to facilitate the inclusion of people with intellectual disabilities

Annex 2- Interview Questions

Disabled people

General

1. Are you a resident in the Municipality of Padua?
2. Do you think the city is accessible?
3. Do you like living in Padua?
4. What is your occupation in Padua?
5. How do you feel that the local community perceives you?
6. Have you ever experienced any inappropriate behaviour towards you from the public or a private entity in Padua?

Public services for people with disabilities

7. Have you had any experiences with the services offered by ULSS 6 Euganea for people with disabilities?
8. Have you had any experiences with the services offered by the Municipality of Padua for people with disabilities?
9. Do you think that there could be improvements made in the area of disability inclusion in Padua?

University/work life

10. Is there any particular reason you picked the University of Padua for your studies?
11. Did you have to sit an entrance test?
12. How does the inclusion sector support you to have the same opportunities as other students?
13. Do you receive extra support to participate in lessons/ during study hours?

14. How do you find the support offered by the university?
15. Do you require any special equipment to study and participate in lessons?
16. How do you find that the professors perceive you?
17. How do you feel perceived by your peers?
18. Are you involved in any extracurricular activities or sports at the university?
19. What is your job
20. Do you need any extra support to work?
21. Do you work with disabled people
22. How does your employer ensure you have equal work opportunities

Conclusion

23. Do you have any other information regarding disability inclusion that may help my research?
24. Is there anything you would like me to voice in my thesis on disability inclusion?
25. Do you know any people with disabilities in Padua who would be willing to participate in my thesis research?

ULSS

1. Do you have any statistics on disability in Padua?

2. Who is responsible for initiatives to improve the inclusion of disabled people at ULSS 6 Euganea (ULSS)?

3. Are there any new initiatives or priority areas in the area of disability inclusion?

4. Are there people with disabilities who manage the projects/initiatives of the ULSS? How are disabled citizens included in the decision-making process?

5. What does the SIL do to ensure that companies comply with the obligation to employ disabled people?

6. What effects has the second biennial action plan for the promotion of the rights and integration of people with disabilities had on your work?

7. What effects has the PNRR had on the work of the ULSS in the field of disability?

8. How does ULSS collaborate with the municipality of Padua?

9. Who are the main stakeholders at the regional/national level?

10. What were the effects of covid on the work of the labor integration service and on the services provided?

11. How did the ULSS ensure support for people with disabilities in Padua during the lockdown?

12. How are ongoing initiatives monitored and evaluated?

13. Are there specific data collected to make an impact assessment of services on the lives of people with disabilities?

14. Are the results publicly available?

15. There are areas that could be improved/work well within the scope of inclusion

16. Do you have any more information on the inclusion of disabilities in Padua?

Municipality of Padua

General

1. Do you have any statistics about Padua and disability?

2. Who is in charge of initiatives related to disability at the commune?

3. Are there any new initiatives or priority areas regarding disability in the commune of Padua

4. Are disabled people included in the decision making at the commune?

5. There has been no information published about Padua per tutti since 2021, is this still ongoing

Action linked to National Action Plans

6. What effect did the secondo piano have on your work?

7. How has the PNNR effected the work you are doing

8. Is there any specific action for elderly people /reducing gaps in secondary schools/removing sensorial barriers in Padua?

Collaboration

9. How does the commune collaborate with local NGOs and organisations?

10. Who are the main departments that collaborate at the municipality on disability matters? Externally, who are the main stakeholders?

11. How does the municipality collaborate with the SSN?

COVID 19

12. What has the effects of covid been on your work and the services provided?

13. How did the municipality ensure disabled people in Padua were being supported through the lockdowns?

Monitoring and Evaluation

14. How are the current initiatives monitored and evaluated?

15. Are results made publicly available?

16. Are there any areas that could be improved/ work well?

Conclusion

17. Do you have any extra information about disability inclusion in Padua?

18. Are you happy to have a follow up interview if necessary?

The Scottish Government

The Delivery plan

1. How were people with disabilities involved in the drafting of the Delivery plan?
2. Who were the main stakeholders involved in the drafting of the Delivery plan?
3. Do you think the Delivery plan had a clear impact on services that were available for disabled people across Scotland?
4. How were the effects of the Delivery plan in local councils in Scotland monitored?
5. Is there data available regarding the city of Edinburgh Council and the impact of the Delivery plan?
6. What was the biggest achievement of the Delivery plan regarding the inclusion of people with disabilities?

UNCRPD

7. Was the main drive of the Delivery plan due to the observations of Committee on the Rights of Persons with disabilities?
8. Has the Delivery plan helped to address the 'grave or systematic violations' of the UNCRPD regarding articles 19 (independent living), 27 (work and employment) and 28 (social protection)?

Covid-19/Brexit

9. How did the Scottish Government ensure that the ambitions set out in the Delivery plan continued throughout the Covid-19 lockdowns?
10. Was there anything that could not be achieved or had to be majorly changed due to pandemic restrictions?
11. How did Brexit effect the Delivery plan?

Action for the future

12. Regarding the models of disability, do you think the plan was successful in promoting the social model of disability? Are references to the medical model of disability still found in Scottish disability policies?

13. How is the work of the Delivery plan being carried forward? Is what has been achieved sustainable?
14. Are there concrete plans to advance the rights of people with disabilities through new human rights framework, what is the status of the framework?

Using Scotland as an example of best practice

15. Do you think that the Delivery plan can be used as an example of a best practice in Italy?
16. Is it hoped that the Delivery plan can be used as an inspiration in other countries?
17. Do the Scottish Government support other countries regarding the implementation of policies to promote the inclusion of disabled people?

General

18. Do you know who can be contacted to find out more specifically the impact of the Delivery plan in Edinburgh?
19. Do you have any other information on disability inclusion in Scotland that may help my research?
20. Are you happy to be contacted in the future for further clarifications regarding the thesis topic?

Edinburgh Health and Social Care Partnership

General

1. Do you have aggregated data on people with disabilities living in Edinburgh?
2. Who oversees the services or creates new services for disabled people at Edinburgh Health and Social Care Partnership?
3. How do you decide if a disabled person is eligible for support?
4. Are there any new or future initiatives or priority areas to improve disability inclusion?
5. Are disabled people included in the decision-making process regarding the services they use, is their feedback considered (if collected)?

Action linked to 'A Fairer Scotland for Disabled People'

6. What effect did the Delivery plan have on your work?
7. Are there any services that have been launched because of the Delivery plan?
8. How do you support people with disabilities to live independently?

Action linked to the CRPD recommendations

9. Is there any specific action being taken to improve access to work and financial support for disabled people?
10. Is there any specific action being taken to support disabled children in poverty?
11. What are/have been the effects of Brexit on the services offered in Edinburgh?

Collaboration

12. How does the Edinburgh Health and Social Care Partnership collaborate with local NGOs and organisations?
13. How do you collaborate with NHS Lothian regarding the services you offer?
14. Who are the main stakeholders regarding disability inclusion?

COVID-19

15. How has COVID-19 effected your work and the services provided?
16. How did your team ensure disabled people in Edinburgh were being supported through the lockdowns?

Monitoring and Evaluation

17. How are the current services monitored and evaluated?
18. Are results made publicly available?
19. Are there any areas that could be improved/ work well?

Conclusion

20. Do you have any extra information about disability inclusion in Edinburgh?
21. Are you happy to have a follow up interview if necessary?

EIJB

1. Are the Edinburgh Health and Social Care Partnership the main disability service providers in Edinburgh?

2. Does the EIJB do anything to monitor services for disabled children in Edinburgh?

3. How does the EIJB ensure that the action required is implemented by the Partnership?

4. How does the EIJB monitor the work of the Partnership

5. How often are Board members rotated?

6. How does the board maintain neutrality of its members?

7. Does the EIJB collaborate with any external monitoring or inspection services?

8. Is there a time limit for changes to be applied?

9. Are there disabled people who work on the board?

10. What is the role of the carers reps and how are they chosen?

11. Was the work of the EIJB affected by the Delivery plan 'A Fairer Scotland for disabled people'?

12. What do you think the positives are of having a mechanism like the EIJB?

13. When it comes to monitoring services for disabled people, do you believe it is better to have an independent body do so?

14. What are the consequences if the Partnership does not take action?

15. What service areas can be improved regarding disability inclusion and the services offered in Edinburgh?

16. What service areas work well regarding disability inclusion in Edinburgh?

Annex 3- Questionnaire for civil society organisations

Name:

Job title:

General

1. Do you think the city of Padua is accessible for people with disabilities?
   YES   NO
   Please explain:

2. Do you think the city of Padua is inclusive for people with disabilities?
   YES   NO
   Please explain:

3. What services do you offer for people with disabilities?

4. How many disabled people in the Municipality of Padua use the services you offer?

5. Do you include people with disabilities in the decision-making processes regarding the services you offer?

6. Are you aware of the models of disability?   YES   NO
   If yes, which model does your organisation use?

Collaboration

7. How do you collaborate with ULSS 6 Euganea regarding the services you offer for people with disabilities?

8. How do you collaborate with the Municipality of Padua regarding the services you offer for people with disabilities?

9. What external stakeholders do you collaborate with regarding disability inclusion?

10. Do you receive any funding from the Veneto region, ULSS 6 Euganea or the Municipality of Padua for the initiatives you run for people with disabilities?

11. How do you ensure that the opinions of people with disabilities are represented when working with ULSS 6 Euganea or the Municipality of Padua?

National Action Plans

12. What effect did the secondo piano have on your work?

13. Has the PNRR had any effects on future initiatives in your organisation?

COVID-19

14. What has the effects of Covid 19 been on your work and the services provided for disabled people?

15. How did you ensure that people with disabilities were supported throughout the lockdowns?

16. Have you been supported by the Municipality of Padua/ULSS 6 Euganea/the region of Veneto during the pandemic?

Monitoring and evaluation

17. How do you monitor the activities that offer for people with disabilities

18. Do you gather feedback from people with disabilities?

Conclusion

19. Do you think that associations in Padua play an important role in improving the inclusion of people with disabilities?

20. Do you think that associations in Padua play an important role in voicing the opinions of people with disabilities?

21. Do you have any other information that may be useful for my research?