State of Art Europe

National Frames on the care of people with Autistic Spectrum Disorders

Autism – HIPE4ASD

HIPE4ASD Project - 2012-1-FR1-LEO05-34952

Convergence work between European and National frames in relation with ASD

1. LEGISLATION ABOUT AUTISM SPECTRUM DISORDERS (ASD)

As a rule all national legislations lack any specific legal framework for people with ASD. The issues affecting them are normally regulated by laws dealing with mental health, special educational needs and/or disability/dependence.

The following table summarizes the regulations that are in force nowadays in each country, related to people with ASD:

France	- Act of February 11th 2005, for Equal Rights and Opportunities, Participation and Citizenship of People with Disabilities. - Circular of April 17th 1995, known as *Veil Circular*. - Act of December 11th 1996, relating to the social and medico-social services. - Interdepartmental Circular of March 8th 2005, on the assumption of responsibility over the people with autism. - First *Plan Autisme* (2005-2007). - Second *Plan Autisme* (2008-2010). - Report by the Economic, Social and Environmental Board on "The Economic and Social Costs of Autism" (CES, October 2012).
Denmark	- Social Services Act of July 19th 2012.
Greece	- Act nº 2716/1999, on the Development and Modernization of Mental Health Services. - Act nº 2817/2000, on the Education of People with Special Educational Needs. - Act nº 3699/2008, on the Special Education and Education of Disabled People or People with Special Educational Needs.
Italy	- Act nº 104/1992, February 5th, known as the Framework Law for the Assistance, Social integration and Rights of the Disabled People. - Act nº 68/1999, March 12th, on Regulations of the Right to Work of Disabled People. - Act nº 328/2000, November 8th, known as the Framework Law for the Implementation of the Integrated System of Interventions and Social Services. - Regional Act nº 20/2002, November 6th, on Authorization and Accreditation of Residential and Semi-residential Facilities and Services. - Regional Act nº 2/2005, January 25th, on Regional Standards for Employment, Environmental Protection and Quality of Work.
Spain	- Act nº 39/2006, December 14th, on Promotion of Personal Autonomy and Care of People in Position of Dependence. - Agreement of November 27th 2008, by the National Board for the Autonomy and Dependence Care System (SAAD), on Common Criteria for Accreditation. - Other Agreements by the National Board for the Autonomy and Dependence Care System (SAAD), e.g. July 2012. - Regional legislation on Social Services.

In France there is no specific legal frame for people with ASD: most of the legislation and services are just the same as for all disabled people. It was not until 1995 that the public administration accepted the idea of autism being a particular disorder, and then people suffering from autism started being acknowledged special needs.

In terms of disability in general, nowadays the valid regulation is provided by the Act of February 11th 2005, for Equal Rights and Opportunities, Participation and Citizenship of People with Disabilities. This law breaks with the individual concept of disability set up by the Act of 1975 and rests on a new paradigm, considering disability not as a personal tragedy of some ones, but as a possible condition for any individual. "Handicap" is then defined as a limitation to social participation and citizenship. The aim of this new Act is to guarantee the rights of those who are in a position of disability as citizens.

More specifically, the Circular of April 17th 1995 (known as The *Veil Circular*) uses the definition of autism provided by the ANDEM (Agence Nationale de l'Evaluation Medicale [Nationale Agency for Medical Evaluation], broken up in 1997): "Autism is an early and total developmental disorder that appears before the age of 3 and that is defined by a deviation or retardation in each of the following fields: a) Impaired social interaction in quantity and in quality; b) Impaired verbal and non verbal communication in quantity and in quality; and c) Repetitive, restricted, ritualized and stereotyped behaviour.

The Act of December 11th 1996, relating to the social and medico-social services, considers autism as a handicap, not as a disease, and tends to ensure a specific attention to autism, by setting up a principle according to which "any person affected by the disability resulting from the autistic syndrome or other related disorders should profit, whatever its age, of a patient care that meets his/her needs and specific difficulties. Depending on the state and age of each person, and taking into account the resources that are available, this patient care can be of an educative, teaching, therapeutical or social nature.

The report that Loire-deputy Mr. Jean François Chossy submitted to the Government in November 2003 on the situation of autism in France, has no legislative validity, but it has become relevant because it underlines the insufficient assumption of responsability regarding this disorder. It also denounces its partial nature and its difficulties to fit particular situations, not meeting the needs of a significant number of people, who are left without a satisfactory answer.

The Interdepartmental Circular of March 8th 2005 clearly establishes some principles regarding the care of people with autism. This document consolidates the role of the CTRA (Comité Technique Régional sur l'Autisme [Regional Technical Committee on Autism]) that had been set up by the Veil Circular in 1995, and establishes a CRA (Centre de Ressources Autisme, [Resources on Autism Center]) in each French region.

Two "Autism Plans" have been developed in France up to now: the first one between 2005 and 2007, and the second from 2008 till 2010.The latter is organized upon 3 axes, 8 goals and 30 measures. Among these measures, there are five of capital importance:

- to work out a common corpus of knowledge and to promote research on autism;
- to update and develop the contents of the training programmes of professionals in the medical, medico-social or educational fields and to develop the legislation on education;
- to reinforce the capacities of diagnosis and to try out a detection system of diagnosis to help guiding and supporting the families;
- to reinforce the reception and admission offer at institutions and services;
- to promote a framework and new models of experimentation and guidance evaluation.

This plan was indeed very ambitious, worth 180M€, but has two fundamental weak spots:

- The total lack of measures regarding the institutions and their employees.
- An amount of hardly 40M€ really compromised, that results in a great delay regarding the creation of the announced posts.

The report by the Economic, Social and Environmental Board on "The Economic and Social Costs of Autism" (CES, October 2012), suggests 8 lines of action to give a practical and operative answer to people with autism and their families:

1) To share knowledge and to train the actors involved.
2) To organize and finance research and its programs.
3) To collect data allowing the evaluation of reality and to establish a valid policy.
4) To improve location and to reduce the time devoted to setting up of diagnosis.
5) To coordinate the training courses.
6) To improve life quality of the families.
7) To meet the specific needs of the people with autism.
8) To optimize the management.

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Neither in Denmark is there a formal legislation specifically associated with ASD. ASD is acknowledged as a mental disability, opening rights for the diagnosed individuals to standard support policies provided to the disabled population in general and formulated in the Social service Act. The overall policy towards the disabled population in Denmark is referred to as the *handicapforsorg*, which can be translated as the "handicap welfare" and expresses the necessity for the disabled population to have access to the right services and support. The *handicapforsorg* is not a formal law, policy or institution but a set of values that are implemented in the Danish welfare system, policies and law through instruments like, for instance, the Social Service Act.

The elements formulated in the Social Service Act that are the most relevant to the people with ASD are:

- According to §1, the public sector must compensate any mental or physical disability. If the disabled individual is an adult, the local municipality should send the person to their handicap counseling service, where they are interviewed, and the counseling will offer different types of help and support.
- According to §85, the disabled people can get basic help and support for developing coping skills for everyday life. The support is usually socio-educational, a personal social worker who helps the disabled person at home. The social worker can assist the person with managing everyday tasks like going to work, grocery shopping, going to bed etc.
- If the disabled person is still in school, the person's case will be treated by the municipality's school administration, whether it is necessary to provide special learning support or to move the individual to school for children with special needs. The municipality must also provide family with counseling in addition to basic support (§10).
- Handicapped people can apply for an extra expense allowance (§100), that covers medication, transport or other necessities. The allowance is only given for costs related to the person's disability, and must be crucial for sustaining the person's working life or education. The allowance covers expenses higher than 4020 DKK (about 658€, upper limit unspecified).
- For people with disability going through a high education, the Danish ministry of education provides support (called SPSU) in form of extra teaching and guidance throughout the education.

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Regarding the legislation in Greece, a specific regulation on autism appears there for the very first time in 1999:

a) The Act nº 2716/1999 on Development and Modernization of Mental Health Services establishes that *"the State is responsible for providing mental health services that aim at the prevention, diagnosis, treatment, care as well as psychosocial rehabilitation and social reintegration of adults, children and teenagers with psychic disorders and disorders of the autistic type or learning difficulties"* (Article 1.1).
b) The Act nº 2817/2000 on Education of People with Special Educational Needs states that among people with special educational needs there are those who *"(...) 6) face complex cognitive, emotional and social difficulties and those suffering from autism and other developmental disorders"* (Article 1.2).

The Act nº 3699/2008 on Special Education and Education of Disabled People or People with Special Educational Needs contains a paragraph (Article 7.4) on issues concerning autistic students, such as how to school them regarding their level of functionality.

There are also other joint ministerial decisions and circulars that stipulate issues concerning healthcare, welfare benefits, etc. for disabled people.

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In regard to Italy, in recent decades, starting from the 70s, a renewal of services and interventions in favor of disabled people has been taking place. This renewal coincides with the beginning of a gradual decentralization of powers, which are transferred from the State to the Regions.

With respect to autism, a dedicated and specific legislative production does not exist.

The Italian legal system is very complex and articulated, but is certainly one of the most developed, at international level, in terms of the protection of the disabled, those with autism included. The most important landmarks regarding this are:

a) The Italian Constitution, Article 38: *"Every citizen who is unable to work and lacks the means to live has a right to economic support and social assistance. Disabled and handicapped persons have the right to education and vocational training*".
b) Some of the most meaningful regulations in the Italian legislation at national level are:

1. Act nº 104, 5/02/1992, known as Framework Law for the Assistance, Social Integration and Rights of Disabled People. The first items of this document give direction and guidance to the entire regulatory pathway which will follow in the years to come. According to this law, the Italian Republic:

- *ensures the full respect for human dignity and the rights of freedom and autonomy of the handicapped person; promotes their full integration into the family, at school, at work and in society;*
- *prevents and removes the disabling conditions that hinder the development of the human person, the achievement of their maximum autonomy and their participation in community life,*
- *promotes the functional and social recovery of a person with physical, mental and sensory disabilities and provides the services for the prevention, treatment and rehabilitation of disabilities, as well as the legal and economic protection of the handicapped person.*

2. Act nº 68, 12/03/1999, on Regulations for the Right to Work of Disabled People. The terminology used to title this document shows that there has been a meaningful cultural progression during the nineties. The previous Act nº104/92 addressed to *"handicapped"*, while this one talks of *"disability"*. This law promotes the integration and inclusion of disabled people in the labor market through support services and targeted employment.

3. Act nº328, 8/11/2000, known as Framework Law for the Implementation of the Integrated System of Interventions and Social Services. This law defines a new organization of the social services, centered on the citizen's needs on the one hand and on the planning of the services with the active participation of Public bodies and Third sector on the other.

c) The Italian regions are in charge of planning and coordinating the social interventions, as well as verifying their implementation at local level. In particular, the regions define, on the basis of the minimum requirements set by the State, the criteria for the authorization, accreditation and supervision of facilities and services to be managed by public or private entities. The legislation described hereafter reflects this role the regions play in Italy regarding this issue:

1. R.L. [Regional Law] 6/11/2002, nº20, on Authorization and Accreditation of Residential and Semi-residential Facilities and Services. It defines the minimum structural and organizational requisites of different types of structures for disabled people. The facilities covered by the law are the following:

- The Community for disabled
- The Socio-Educational-Rehabilitative Community
- The Protected Residence for Disabled people
- The Socio-Rehabilitative Daily Centre for Disabled people

2. R.L. [Regional Law] 25/01/2005, nº 2, on Regional Standards for Employment, Environmental Protection and Quality of Work. This law includes a specific section on the employment of people with disabilities.

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In regard to Spain, the reference document is the Act nº 39/2006, December 14th, on Promotion of Personal Autonomy and Care of People in Position of Dependence. It is in fact very ambitiously formulated, but quite poorly provided in terms of resources for its implementation. Its regulation is to be complemented by the regional level legislation developed by the several regional administrations that have jurisdiction on subjects as Social Services, Public Health and Education, among others.

The Agreements taken by the National Board for the Autonomy and Dependence Care System (SAAD), should also be taken into account. They set up the general guidelines to ensure the development of policies on the part of the regional administrations (e.g. the Agreement of November 27th 2008, on Common Criteria for Accreditation to ensure the quality of schools and services of the SAAD).

2. SERVICES AND RESOURCES AVAILABLE FOR PEOPLE WITH AUTISM

As was the case of the legal regulation, most resources and services available for people with ASD are also meant to meet other kinds of disorders or special needs. The following table summarizes the services' and resources' offer in each country:

		Health	Education	Social	Employment
France		- Centres de Ressources Autisme (CRA) - Haute Autorité en Santé (HAS)	-	-	- French national agency for the assessment and quality of social and medico-social establishments and services (ANESM)
Denmark		- General Medicine and Psychiatry	-	- Landsforeningen autisme - Aspergerforeningen	- *Fleksjob* - Early retirement
Italy		- Home Care Service (SAD) - Integrated Home Care (ADI) - Indirect assistance - Independent Living (self-managed personal assistance) - The nursing homes (R.S.A) - Residences for Medical Rehabilitation - Residencial communities for disabled people - The Socio-Educational Rehabilitation Community - The Protected Residence for the Disabled People - The Daily Centre	- School Services for disabled pupils - Support teachers	-	- The Labor Insertion Services (SIL)
Spain		- National Board for the Autonomy and Dependence Care System (SAAD)	-	-	-

Greece	Planification, diagnosis, evaluation and personal support	- General Health structure - Medical-pedagogical centres and multi-purpose centres - Mental health centres - Diagnostic centres	- Central Agency of the Ministry of Education (Special, primary, secondary, private education Directorates, and Professional Orientation and Educational Programmes Directorate) - Institute of Educational Policy (IEP) - Regional Directorates of Primary and Secondary Education - Centres for Differential Diagnosis, Diagnosis and Support of Special Educational Needs (KEDDYs) - Early Intervention Centres - Education Support Units	-	-
	Psychological, educative and corrective intervention	- All the previous ones - Specialized daycare centers	- Mainstream centres - Special education centres - Inclusion classes - Multi-purpos centres	-	-
	Integration, development and employment	- Special centres for social inclusion and rehabilitation units - Pre-vocational training centres - Vocational training centres - Sheltered workshops - Limited liability social associations.	- Special Vocational Education and Training Workshops (EEEKs)	-	-
	Residential support and psychosocial rehabilitation	- Guest houses - Boarding schools - Homes - Foster families	- It is given priority but there is no specification on which service provides the support.	-	-

In France, the **Centres de Ressources Autisme (CRA)** were created on an experimental basis in **France** in 1999. Once validated in some regions (Brest, Nantes, Rheims, Turns and Montpellier), in 2005 they spread nationwide until reaching the actual amount of 20 units. They develop their mission in the fields of reception, assistance, evaluation, information, formation and council. They are staffed with multi-purpose, crosscurricular teams normally located in Health structures as for instance University Hospitals. These centres do not ensure care directly, but work in coordination with other medico-social devices. Their missions are exerted with regard to children, teenagers and adults suffering from autism or ASD.

The French national agency for the assessment and quality of social and medico-social establishments and services (ANESM) was created in 2007 by the Act of Finance of Social Security. It started upon the will of the public authorities to support the medico-social resources and social services (ESSMS) in the implementation of their activities' internal and external evaluation. Its legal form is a GIP (Group of Public Interest), and the initial Ministry of reference was that of Labour.

ANESM's work results directly from the obligations acquired with the ESSMS in terms of continuous evaluation of their activities and of the quality of the services they provide. Upon these evaluations, the Agency draws up a complete range of procedures, references and recommendations of good practices. 27 recommendations of good practices have been published up to now. The decision whether to renovate or not the authorisation for each resource or service is made subject to the results of an external evaluation carried out by a body entitled by the Agency itself.

The **Haute Autorité en Santé (HAS)** was created in 2004 as an independent public authority in scientific matter, equipped with fully legal entity and financial autonomy. Its goal was to contribute to the maintenance of an interdependent health care system and the reinforcement of the quality of patient care. Its duties are:

- Scientific assessment and evaluation on drugs, medical devices and professional activity, and to propose or not their refunding by the health insurance.
- Promotion of good practices and the appropriate use of the healht care, supporting the health professionals and the users of the health service.
- Quality improvement of the health care institutions.
- To take care of the quality of the medical information that is to be spread or publish.
- To inform the health professionals and society in general in order to improve quality of the medical information.
- To develop the dialogue and collaboration with the actors involved in the health care system, in France and abroad.

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The resources available in Greece are organized as follows:

a. Intervention plans. Diagnosis, evaluation and counselling support.

Diagnosis and lifelong therapeutic interventions on autistic people in Greece lies within the responsibility of Mental Health Institutions. Education at all levels (school settings) and actions related to educational placement lies within the responsibility of the Ministry of Education & Religious Affairs, Culture & Sports. It is therefore fundamental that close cooperation and interconnection between the Ministry of Health and the Ministry of Education is ensured, since bodies of both Ministries are involved in the support of autistic people.

Institutions under the supervision of the Ministry of Health are:

- Special or General Hospitals, dispensaries, Special Units, Health Mobile Units
- Medical-Pedagogical Centers and Multi-Purpose Centers
- Mental Health Centers
- Diagnostic Centers operated by Natural Persons or Legal Entities of Private Law

Each of the Centers mentioned above must employ an interdisciplinary team of professionals specializing in Autism. The interdisciplinary team guarantees clinical experience and expertise as well as the implementation of specific diagnostic procedures utilizing reliable tools for the exact determination of the severity of each case. Evaluation is being carried out on different behavioural aspects in close correlation to age.

Institutions under the supervision of the Ministry of Education are:

- Within the **Central Agency of the Ministry of Education**, there are the Special Education Directorate, Primary Education Directorate, Secondary Education Directorate, Private Education Directorate, and the Professional Orientation and Educational Programmes Directorate. These bodies are responsible for dealing with matters relating to educational staff, curricula, textbooks, realia and equipment, adapting school books to meet special education needs, professional orientation, etc.
- The **Institute of Educational Policy (IEP)** was established in 2011 by the Public Law nº 3966 (Governmental Gazette 118/24-05-2011). It is a Private Legal Entity supervised by the Minister of Education & Religious Affairs, Culture & Sports. It operates for the benefit of public interest as an executive scientific body which supports the Ministry of Education & Religious Affairs, Culture & Sports, its main aim being the scientific research and study of the issues related to primary and secondary education, transition from secondary to tertiary education as well as on-going scientific and technical support for the design and implementation of educational policy issues.

- **Regional Directorates of Primary and Secondary Education**. There are 13 Regional Education Directorates of Primary and Secondary Education under the Minister of Education and Religious Affairs, Culture and Sports that implement educational policy and link local agents to central services and organizations. They are responsible for the administration and supervision of the decentralized services in their area, as well as for coordinating local school Advisors.
- **Centers for Differential Diagnosis, Diagnosis and Support of Special Educational Needs (KEDDYs)**. Diagnosis and assessment of special educational needs is provided by the interdisciplinary staff of the local Centers for Differential Diagnosis, Diagnosis and Support for Special Educational Needs (KEDDYs) that are also responsible for recommending the most appropriate schooling type for students and drawing up an individualized educational programme. The interdisciplinary team consists of five members; a special education teacher (working in preschool or primary or secondary education), a child psychiatrist, a social worker, a psychologist and a speech therapist. They co-operate closely with teachers of special needs students and provide a range of support services for the students and the schools. These centers constitute the main diagnostic, evaluative and supporting body in special needs education. KEDDYs also undertake the following tasks:

  - counselling and guidance to teaching staff , as well as parents
  - planning of Personalised Education Programmes (EPEs). In other words pupils' personalized programmes of psycho-educational and instructional support and creative activities developed in co-operation with class teachers and Special Education Staff, drawing on professional, social and other provisions
  - recommend the type of educational aids and technical equipment used to facilitate access to the school premises and the learning process. They also make recommendations to the School Buildings Organisation for appropriate building, material or technical modifications in the schools that fall under their area of authority
  - planning the corresponding programmes for groups, which include psycho-educational and instructional support and creative activities
  - decision upon early intervention where needed

- **Early Intervention Centers**
- **Education Support Units.** Based on certain social constraints that autism as a disability imposes on students, their schooling may be realized in one of the following options:

  - High functionality autistic students (Asberger syndrome) may attend mainstream Highschool classes supported either by the class teacher or, as the case may be, according to the decision issued by the local KEDDY, with the concurrent support from a special education teacher, preferably specializing in autism.

- Autistic students of medium and low functionality may attend inclusion classes in mainstream HighSchools and follow mainstream and specialized syllabus with the concurrent support from a special education teacher, preferably specializing in autism, while more severe cases may attend special needs education schools specifically targeting Autism.
- Autistic student's concurrent support is ceased only on the opinion of both the local KEDDY and the student's parents. Concurrent support of autistic children may also be carried out by special needs assistant staff introduced and employed by the student's family, with the consent of the school head and the college of teachers.
- In cases where there is also heavy mental retardation, students attend special education institutions for disabled people and special education needs. These institutions are either autonomous Special Education Schools with specialized support from Special Assistant Staff or classes that function as school branches within hospitals or Mental Health Units

b. Implementing psychological, educational and remedial interventions. Educational and remedial institutions:

Institutions under the supervision of the Ministry of Health are:

- All the above mentioned institutions, if adequately staffed, are able to offer and promote both diagnostic and intervention services.
- Specialized Care Centers (DayCare Centers) for pre-school children, school children and teenagers with Pervasive Developmental Disorders

Institutions under the supervision of the Ministry of Education are:

- Mainstream Kindergarten, Primary Schools, Junior High Schools, High Schools, Technical Vocational Institutes, Universities
- Inclusion Classes
- Special Kindergarten, Special Primary Schools, Special Junior High Schools, Special High Schools, Special Vocational Education and Training Workshops, Special Technical Vocational Schools
- Multi-Purpose Centers

c. Social inclusion, professional development and employment support

Institutions under the supervision of the Ministry of Health are:

- Special Centers for Social Inclusion and Rehabilitation Units
- Pre-Vocational Training Centers
- Vocational Training Centers
- Protected Workshops
- Limited Liability Social Partnerships

These institutions are normally decentralized units of Special, General or University Hospitals, or they belong to natural persons and/or legal entities of private law.

Institutions under the supervision of the Ministry of Education are:

- Special Vocational Education and Training Workshops (EEEKs) have been established in order to cater for the educational needs of special education students aged fourteen and above

d. Housing residential support and psychosocial rehabilitation units.

Institutions under the supervision of the Ministry of Health are:

- Guesthouses
- Boarding Schools
- Homes
- Foster families

In regard to the institutions under the supervision of the Ministry of Education, this Ministry considers top priority the task of providing housing and residential support to students from remote areas with limited access to educational services.

Needs analysis of autistic people is being conducted by the above mentioned institutions (Medical-Pedagogical Centers and KEDDYs) which employ an interdisciplinary group of experts.

Professionals that support autistic people in Greece receive limited education and specialized training on autism at undergraduate level.

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The Danish welfare system and its legislation rest on the guidelines provided by the ICD and associates ASD to mental disabilities, hence including the population with ASD within the disabled population. In Denmark, according to the Danish Social Service Act, the municipalities are legally obliged to provide a minimum support to a person suffering from ASD.

At medical level, If the person's doctor suspects a mental health issue, the doctor can send the person to a psychiatrist. A Danish citizen is covered by the Danish health care system, and can receive psychiatric treatment for free. The psychiatrist can conduct a series of tests, that shows whether the person has autism or not. The specific diagnosis (infantile autism, Asperger's Syndrome, atypical autism or something else) is given formally by the psychiatrist, and the person has the right to public support to compensate for their autism

Regarding employment, support can also be extended to the professional dimension, still on the base of the Danish Social Service Act. A person with disability (including ASD) who has trouble sustaining a job can go through an assessment phase where their working skills can be assessed by social workers and other professionals in order to determine their working capacity. If the person is not able to sustain a full time working week, the municipality can grant a ***"fleksjob"*** (flexible job) to the person. A person under fleksjob allows for the municipality to provide compensation to their employer as they are employed on a part-time basis. In the case where the individual fulfils a 20-hour working week, the employer would then pay for a 20 hour salary, and the municipality would pay for the remaining 17 hours, so that the employee can reach a "standard salary" despite their disability. Fleksjob is a common scheme among people with autism, as many of them are unable to manage the Danish normative 37-hour working week.

Early retirement is given by the municipalities to people above 40 years old with severe mental or physical disabilities. The early retirement allowance is generally seen as "the last resort" when all other options with therapy, rehabilitation and assessment has been used up. Early retirement is a monthly allowance that covers basic living expenses and is paid out monthly until the person reaches the age of normal retirement. Early retirement has been given to people with autism, since autism is seen as a lifelong disability that cannot be cured. In the ASD case, apart from a formal diagnosis, the person must have gone through several assessment phases before early retirement is granted. For people below 40, these assessment phases are recurrent until they reach 40.

The public support that has been described can be extended **privately** through a network of organizations specialized in ASD. The main organization is Landsforeningen Autisme (Autism Denmark), which can provide support and courses for their members (family and other relatives and the people with ASD themselves). People with Asperger's Syndrome can also join the smaller Aspergerforeningen (The Asperger Association). There are also independent social workers and therapists throughout the country, who can provide coaching and therapy at a cost.

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In Italy there is a quite wide range of services available.

a. The home care services.

They are educational services provided at the users' home. The Marche region provides a contribution to the municipalities that provide these services:

- ***Home Care Service (SAD).*** It is a service aimed at the prevention, maintenance and recovery of the residual functionalities that allow the patients to remain in their home and in their relational context. It is a service for people with disabilities, who live alone or with their families; it consists in the provision of meals, laundry, household help, care and personal hygiene.
- ***Integrated Home Care (ADI).*** It provides, together with the SAD service, medical care, nursing and/or rehabilitation treatments at home. The person severely disabled and totally dependent can thus be adequately treated at home, avoiding the inconvenience and costs of hospitalizations.
- ***Indirect assistance.*** Planned for seriously disabled persons, this intervention integrates ADI and SAD services and is provided by a family member or by an external operator identified by the disabled person himself or by his/her family.
- ***Independent Living (self-managed personal assistance).*** It consists in assisting a person with severe motor disabilities. The personal assistant is selected, trained and paid for directly from the disabled person, on the basis of a personalized plan and the allocation of the necessary funds. The self-managed personal assistance enables people with severe motor disabilities to make choices that affect their daily lives.

b. The school services:

- **School Services for disabled pupils.** They aim to the promotion and the affirmation of the right to learning and education. They are addressed to disabled students in preschool and school age, who suffer from medium, serious or very serious psychomotor and psycho-relational deficits. The service works through an integrated and concerted action of the School, the Municipality, the Health System and the family.
- **Support teachers.** They are specialized teacher, whose competences and duties are regulated by the Law 517/77. They work in full cooperation with other teachers, within the class where the disabled pupil is inserted, to facilitate their integration and implement individualized interventions in relation to the needs of individual pupils.

c. The Labor Insertion Services (SIL)

They aim to promote and support the work integration of disadvantaged people.

d. Interventions of Economic Support

They are devoted to dependent persons assisted at home. The purpose is to strengthen the permanence of vulnerable people in their family and social environment, through the valorization of family resources, thereby limiting the use of residential care.

e. Residential Services

In the Marche Region there are 6 types of residential structures:

- **The nursing homes (R.S.A)** These structures host, for a temporary period, dependent persons in serious situation, who cannot be cared for at home as in need of specific medical treatment and of a complex health care.
- **Residences for Medical Rehabilitation**. The RSR are structures for persons with physical, mental and sensory disabilities; they provide care and rehabilitative treatments in daily and/or continuous cycle.
- **Residencial communities for disabled people.** They are partially self-managed residences, hosting adult disabled people without familiar members to care for them. They are autonomous enough not to require the continuous presence of operators.
- **The Socio-Educational Rehabilitation Community.** It is a residential community for disabled non-autonomous adults, who do not need continuous health interventions, temporarily or permanently deprived of their family support.
- **The Protected Residence for the Disabled People.** It hosts, in principle, up to a maximum of 16 guests divided into groups of 8 people. The typology of users consists of adult disabled people, with serious psycho-physical deficits, requiring a high level of assistive and rehabilitative assistance.
- **The DayCentre.** It is a territorial day-care structure open to the local community, which host adult disabled persons (over 18); it aims to the development of their social relations and of their personal and social skills.

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Regarding to Spain, on November 27th 2008, the National Board for the Autonomy and Dependence Care System (SAAD) set up a series of goals that must be achieved in 2011, including those health professionals that work as carers, no matter how many groups of dependent people they were working with. They must proof they have the professional skills for taking care of dependent people in social institutions or at home.

It also establishes some ratios of "carers per user" for people suffering from mental disorders (ASD is not specifically mentioned). These ratios do not fit the ones currently available in most centres and care services for people with ASD that are within the network AUTISMO ESPAÑA.

In this sense, according to the "Guide for the transition of support services for people with ASD" drawn up by AUTISMO ESPAÑA in 2010, those organizations that provide direct care and that have taken part in this study enjoy a higher education level and a higher level too on professional ranking, and they do not refer to the position of a carer in the minimum terms of the Act nº 39/2006.

In regard to what has been published in this Guide, AUTISMO ESPAÑA thinks that the requirements that have been set up for those professionals currently working as carers – mainly in kindergartens or providing home care assistance- are not appropriate to provide the special support that people with ASD deserve, and they do not ensure the qualification nor the specific knowledge that is necessary in order to give a satisfactory answer in this matter.

For this reason, it would be advisable to ask the regional governments that have jurisdiction on this issue to establish those qualifications and carer ratios that ensure the maintenance of, at least, the levels that have been developped in the organizations (centres and services) specialized in providing care and support to people with ASD. On no account should the new regulation or the regional extensions of the national law result in a quality decrease of the services provided, nor in an empoverishment of the quality of life of people with ASD.