



ISTITUTO PARITARIO FILIPPO SMALDONE

ROMA

REHABILITATION, SCHOOL AND EDUCATIONAL SERVICES

SERVICE GUIDE

REHABILITATION CENTRE

NURSERY, PRIMARY AND LOWER SECONDARY SCHOOL

In accordance with UNI EN ISO 9001:2015 and regional accreditation requirements

Edition 08 – 29.10.2026



REGISTERED OFFICE:

Via Tor De' Schiavi 404 – 00171 – Roma



WELCOME

Service Guide

The Filippo Smaldone Institute in Rome belongs to the Congregation of the Salesian Sisters of the Sacred Hearts, a religious body under pontifical law with legal personality. The Institute houses the Rehabilitation Centre and a state-recognised school. Each operates in accordance with the applicable regulations, while promoting integration and continuity across rehabilitation, educational and school pathways.

This Guide provides practical information on accessing and taking part in the Centre's services. It supplements the Service Charter, Edition 14, which sets out the principles, commitments, quality standards and service-user protection arrangements.

Institute management:



Legal Representative:

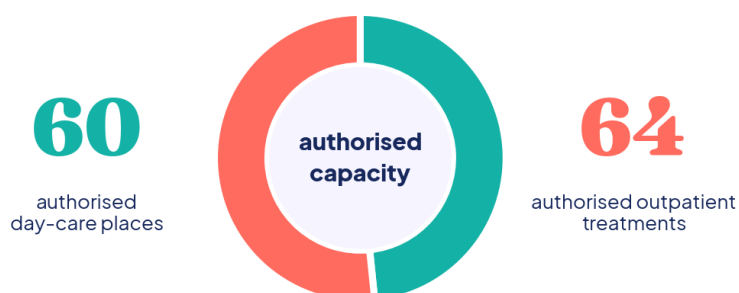
Sister Neve Lucia Ingrosso



Administrative Representative:

Sister Rosemary Flexa dos Santos

Services provided:



Non-residential outpatient care: 64 authorised treatments

Day-care provision: 60 authorised places



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60 authorised day-care places	64 authorised outpatient treatments	8 am–4:30 pm Monday to Friday	15 days normal processing time for certificate requests
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SECTION 01

Access and organisation of services

Rehabilitation services are provided under the Centre's accreditation with the Regional Health Service, pursuant to Article 26 of Law No. 833 of 23 December 1978. The Centre is accredited under Lazio Region Decree of the Commissioner ad Acta No. U00307 of 4 July 2013 and operates under the current authorised configuration, updated by Lazio Region Determination No. G05801 of 16 May 2024.

01

Rehabilitation services in day-care provision

The Rehabilitation Centre provides day-care services for 60 authorised places. These services are intended for children and young people who are deaf and/or have other disabilities requiring rehabilitation. Each pathway is organised on the basis of an Individual Rehabilitation Plan (PRI) and combines interventions designed to develop communication, language, cognitive, motor and relational skills, as well as personal independence.

Depending on the objectives identified in the individual plan, the Centre may provide cognitive rehabilitation, speech and language therapy, neurodevelopmental and psychomotor therapy, psychological, psychotherapeutic and educational interventions, as well as family counselling. The type and intensity of each intervention are determined according to the individual service user's needs. Services normally take place from Monday to Friday between 8:00 am and 4:30 pm, in accordance with the Centre's schedule and the individual needs of service users. The pathway may also include educational activities and workshops aimed at developing personal, social, communication and relational skills through motor, expressive, drama and music activities and other experiences consistent with the objectives of the individual plan. The Institute also houses a state-recognised school, which operates in accordance with current education legislation. Where appropriate, the presence of the school enables close cooperation between clinical, educational and school staff, supporting continuity in the service user's pathway. Only information necessary to deliver the planned interventions is shared, in accordance with professional responsibilities and personal data protection legislation.

02

Rehabilitation services in non-residential outpatient care

The Centre also provides 64 authorised treatments in non-residential outpatient care for children and young people with communication and language disorders, cognitive difficulties and other disabilities requiring specific rehabilitation. Interventions are based on an assessment of needs and the PRI and may include speech and language therapy, neurodevelopmental and psychomotor therapy, cognitive rehabilitation, psychological support and other activities within the professional expertise available at the Centre.

03

Support for service users and families

Within the rehabilitation pathway and according to the needs identified, the Centre may provide psychological support to the service user and family, as well as listening, guidance and cooperation with parents. Particular attention is given to deaf service users and their families through communication and organisational arrangements suited to their needs. Where necessary, this includes accessible communication and the use of Italian Sign Language (LIS) or LIS interpreters, with the aim of enabling the service user and family to participate fully in the rehabilitation pathway.

The pathway is delivered through the coordinated work of the professionals involved, in accordance with their respective areas of expertise and the objectives set out in the Individual Rehabilitation Plan.

SECTION 02

Staff

The Rehabilitation Centre employs a team of qualified professionals from different areas of expertise. They work in an integrated, multidisciplinary manner in response to each service user's needs and rehabilitation objectives. The Centre's Technical and Clinical Directorate is entrusted to a physician specialising in Otolaryngology, Audiology and Phoniatics, who coordinates and supervises the organisation and activities of the clinical and rehabilitation services. Within the scope of their respective professional responsibilities, the Technical and Clinical Director works with the Child Neuropsychiatrist and the other members of the team. The multidisciplinary team comprises professionals from different disciplines who work together to assess needs, define objectives and implement and review the Individual Rehabilitation Plan (PRI).

Depending on the Centre's organisational and care requirements, the team includes:

 Specialist physicians , including a physician specialising in Otolaryngology, Audiology and Phoniatics and a Child Neuropsychiatrist	 Psychologists and psychotherapists
 Speech and language therapists	 Neurodevelopmental and psychomotor therapists for children and young people (TNPEE)
 Healthcare professional educators with specific experience and expertise in deafness and child development	 Nursing staff

The team takes a holistic approach to each service user and promotes continuity of care through regular discussion among the professionals involved and shared rehabilitation objectives.

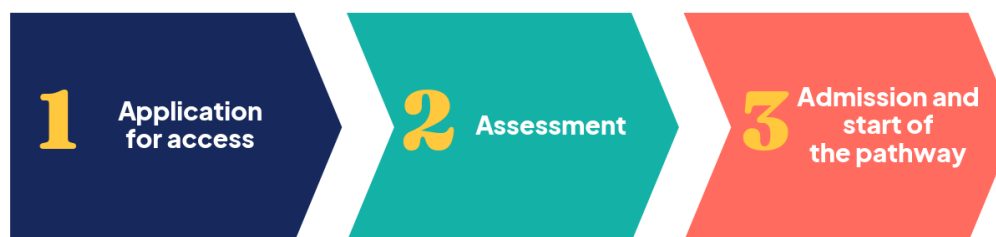
The physician in charge, a specialist in Otolaryngology, Audiology and Phoniatics, coordinates the team in relation to clinical and rehabilitation matters and supervises the clinical care pathway. The team defines, reviews and periodically updates the objectives and interventions set out in the Individual Rehabilitation Plan and monitors progress over time.

Cooperation among the different professionals ensures an integrated approach aimed at developing communication, language, cognitive, motor and relational skills and personal independence, while respecting each service user's individual needs and characteristics.

SECTION 03

Access procedure

Access to the Rehabilitation Centre's services follows the procedures established by current national and regional legislation and is provided under the Centre's institutional accreditation with the Regional Health Service, pursuant to Article 26 of Law No. 833 of 23 December 1978. The access pathway complies with the Centre's authorisation and accreditation, the additional requirements in the Accreditation Manual adopted by Decree of the Commissioner ad Acta No. U00469 of 7 November 2017 and the Centre's current organisational procedures.



Application for access

An application to access the Centre must be submitted in accordance with current legislation and organisational procedures and must include the clinical and administrative documents required to assess rehabilitation needs.

Depending on the type of access and care setting requested, the documentation may include:

☒ A prescription or proposal for rehabilitation treatment issued by the Local Health Authority (ASL) physician, as required by current legislation

☒ Clinical documentation concerning the diagnosis and the service user's clinical and functional condition

☒ Any specialist assessments already completed

☒ Any reports on previous rehabilitation, educational or care interventions and any reports from diagnostic tests already carried out

☒ Any documentation relating to previous hospital admissions or care pathways, the health insurance card and tax identification number

☒ Personal identification documents required for admission to care

☒ Any additional documentation requested to assess appropriateness and activate the pathway

Documents are collected and retained in accordance with the Centre's procedures and current legislation on personal data protection and clinical records. Once the application has been received, the Centre reviews the available documentation and assesses the service user's clinical and functional needs through the appropriate members of the multidisciplinary team.

Assessment

Depending on the needs identified, the assessment may include direct observation, interviews with parents or persons exercising parental responsibility, specialist assessments and evaluations in the different areas of rehabilitation.

The assessment findings are shared within the team and are used to determine:

☒ Whether the identified needs are consistent with the services provided by the Centre

☒ Whether the requested care setting is appropriate

☒ The rehabilitation objectives that can reasonably be pursued

☒ The need for and type of interventions to be activated

☒ Whether further investigation or specialist assessment is required

Admission and start of the pathway

Where the eligibility requirements are met and care capacity is available, the Centre admits the service user in accordance with its procedures and prepares an Individual Rehabilitation Plan (PRI). The PRI defines the objectives, interventions, responsibilities, frequency, duration and review arrangements. The pathway begins in accordance with regional and organisational procedures and with any authorisations or prescriptions required for the relevant care setting. If immediate admission is not possible because no place is available, the service user is added to the waiting list according to the criteria and arrangements set out in the Centre's procedures and the principles of transparency, appropriateness and equitable access. Addition to the waiting list, contacts with the family and subsequent admission to care are recorded in the Centre's information system.

SECTION 04

Types of interventions and services

The Centre provides interventions and services suited to the service user's rehabilitation needs and the objectives set out in the Individual Rehabilitation Plan.

Depending on individual needs, interventions may include:

Clinical and functional assessment	Rehabilitation interventions	Support for service users and families
<ul style="list-style-type: none"> otolaryngology and audiology examination; audiometric and impedance tests; phoniatic assessment; child neuropsychiatric examination; standardised cognitive assessment; psychological assessment; assessment of cognitive, communication, language, motor and relational skills and independence; observation and functional assessment to define rehabilitation objectives. 	<ul style="list-style-type: none"> individual speech and language therapy and, where appropriate, group sessions; individual or group neurodevelopmental and psychomotor interventions for children and young people, in accordance with the individual plan; individual psychological and psychotherapeutic interventions and, where appropriate, group sessions; interventions to develop and strengthen communication, language, cognitive, motor and relational skills and personal and social independence. Educational interventions: in line with the objectives of the individual plan, these interventions aim to strengthen personal and social independence, relational and communication skills and the service user's participation in the life of the Centre. Individual and group educational activities and workshops may be provided in accordance with the pathway objectives, including expressive, motor and musical activities and other experiences designed to develop the service user's skills. 	<p><i>Depending on the needs identified, the Centre may provide:</i></p> <ul style="list-style-type: none"> psychological support for the family; guidance and support meetings for parents; counselling within the Centre's professional areas of expertise; cooperation and liaison with local services and other professionals involved in the service user's pathway; liaison with the school setting, while respecting the responsibilities of each professional area; accessible communication for deaf service users and their families, including Italian Sign Language (LIS) and/or LIS interpreters where necessary.

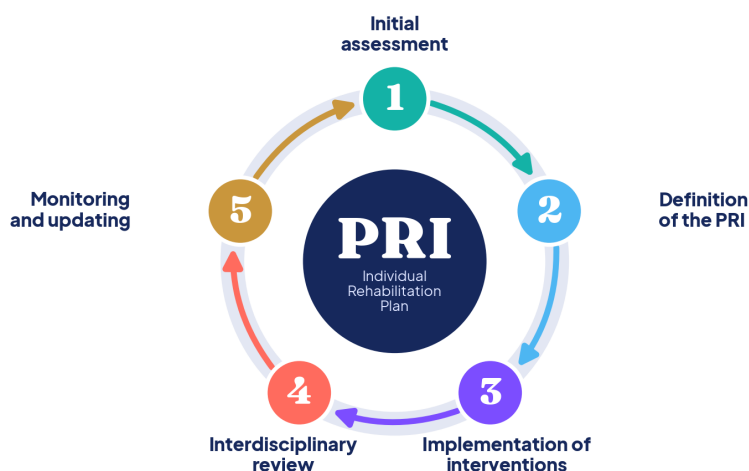
Services are provided solely within the professional scope of practice and the Centre's accredited activities.

SECTION 05

Rehabilitation pathway

The rehabilitation pathway follows an assessment, planning, intervention and review model, with objectives and intervention methods updated on an ongoing basis.

The main stages of the pathway are:



- 1 Initial assessment.** Collection and review of available documentation, observation of the service user and clinical and functional assessment by the relevant professionals.
- 2 Definition of the Individual Rehabilitation Plan (PRI).** Identification of rehabilitation objectives, intervention methods and indicators used to assess outcomes.
- 3 Implementation of interventions.** Delivery of the interventions set out in the individual plan by the professionals involved.
- 4 Interdisciplinary review.** The team periodically reviews the progress of the pathway, the response to interventions and achievement of the identified objectives.
- 5 Monitoring and updating.** Ongoing review of the service user's progress and, where necessary, updating of the plan, objectives and intervention methods.

Assessment, intervention and review form a continuous cycle in which observed outcomes and information collected guide any necessary adjustment of the rehabilitation pathway.

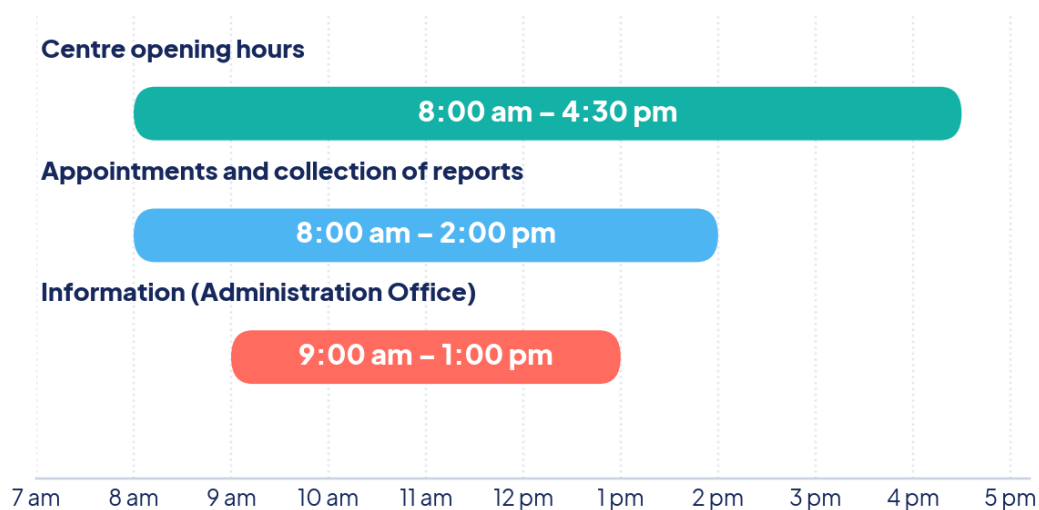


SECTION 06

Useful information

Centre opening hours

The Rehabilitation Centre is open as follows:



Non-residential outpatient care

Monday to Friday, 8:00 am to 4:30 pm.

Day-care provision

Monday to Friday, 8:00 am to 4:30 pm.

Interventions are scheduled according to the care setting, the Individual Rehabilitation Plan and the Centre's organisation.

Filippo Saldone Institute Rehabilitation Centre - Via Tor de' Schiavi 404, 00171 Rome



USEFUL CONTACTS

Contact details



Main switchboard: 06 2594079

Administration office - contact person Sonia Venga:
351 5538646



Administration office email:

segreteria.crs@salesianesacricuori.org



Administrative Representative: Sister Rosemary Flexa dos Santos

Technical and Clinical Director and Clinical Lead: Dr Barbara Cherchi

Directorate telephone: 06 2596639



Clinical Directorate email:

centro.riabilitazione@salesianesacricuori.org

Certified email (PEC):

centroriabilitazionesmaldoneroma@pec.it

Website: www.scuolafilipposmaldoneroma.it/centro-di-riabilitazione/

800 067 590
SERVIZIO PONTE

The Centre provides accessible communication and tools suited to the needs of deaf service users and their families. The Servizio Ponte relay service is available for telephone communications on 800 067 590. Appointments and collection of reports: Monday to Friday, 8:00 am to 2:00 pm.

07

COLLECTION OF REPORTS AND CLINICAL RECORDS

Reports, certificates and clinical records are released to the person concerned or to a formally authorised representative upon submission of the appropriate request form, in accordance with legislation and the Centre's procedures. Complete requests for certificates are normally processed within 15 days. The Administration Office provides information on any charges and collection arrangements. Documents are released in accordance with confidentiality and personal data protection requirements and the rules governing access to clinical records.

SECTION 08

Waiting lists and access times

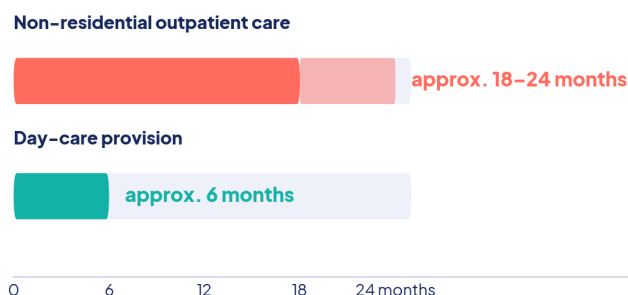
Day-care provision

If no place is available, the family should contact the Administration Office from Monday to Friday between 9:00 am and 1:00 pm. The Technical and Clinical Directorate reviews the documentation and arranges an interview to consider adding the service user to the waiting list.

Non-residential outpatient care

The request to join the waiting list must be submitted to the Administration Office together with the specialist's prescription or diagnostic report. Following assessment by the physician in charge, the family receives the forms to complete and returns the clinical documentation and privacy notice to the Clinical Directorate. The family is informed when the service user has been added to the list and of the relevant date.

Average indicative waiting times



Waiting lists take into account



The date of the complete application



Compatibility of needs with the Centre's services



Professional availability



Justified clinical priorities

Responsibilities and information. Waiting List Manager: Dr Barbara Cherchi. Information contact: Sonia Venga, tel. 06 2594079, Monday to Friday, 9:00 am to 1:00 pm; segreteria.crs@salesianesacricuori.org.

Criteria and indicative waiting times. Waiting lists take account of the date on which a complete application is received, whether the person's needs are compatible with the Centre's services, professional availability and any justified clinical priorities. Published average waiting times are approximately 18-24 months for outpatient care and approximately 6 months for day-care provision. These are estimates, may vary and do not constitute a guaranteed access date. Admission requires acceptance of the proposed timetable and, where required, a prescription from the TSMREE service of the Local Health Authority (ASL) of residence.

SECTION 09

Rights and responsibilities of service users

The Centre recognises and promotes the rights of people receiving care and is committed to relationships based on dignity, respect, fairness, transparency, confidentiality, appropriateness and participation.

Service-user rights

Service users have the right:

01 To access services

to access services and interventions appropriate to their needs, in accordance with current legislation and the Centre's organisational arrangements.

02 To receive information

to receive clear and understandable information about their condition, rehabilitation pathway, proposed interventions and how services are provided.

03 To participate and give consent

to be involved, as provided for by current legislation, in decisions concerning their care and rehabilitation pathway and to give consent where required.

04 To an individualised pathway

to receive interventions based on their needs and consistent with the objectives of the Individual Rehabilitation Plan.

05 To continuity of care

to receive, within the Centre's remit, a pathway organised to ensure continuity and integration among the different professionals involved.

06 To confidentiality and personal data protection

to have personal and health information kept confidential in accordance with personal data protection legislation and professional secrecy.

07 To safety and quality

to receive services that comply with the quality, safety and appropriateness standards established by current legislation and the Centre's procedures.

08 To respect for personal dignity

to be welcomed and treated with respect, without discrimination and with due regard for their dignity, identity and individual characteristics.

09 To accessible communication

for deaf people or those with specific communication needs, to receive information and communication suited to their needs within the organisational arrangements available.

10 To family involvement

to have family involvement supported within the limits established by law and in accordance with the service user's wishes and privacy.

11 To make a complaint or report a concern

to submit comments, reports, complaints or suggestions using the methods provided by the Centre and to receive a response in accordance with its procedures.

12 To access clinical records

to access their clinical records in accordance with the procedures and limits established by current legislation.

Reports, complaints and suggestions may be submitted to the Administration Office verbally, by telephone, in writing or by email, including by using the form attached to the Service Charter. The Centre records and assesses the matter and responds in accordance with the current procedure. The Service Charter standard provides for a final response within 5 days, unless further investigation is required and this is communicated to the person concerned.

Responsibilities of service users and families

Service users and, where applicable, their parents or persons exercising parental responsibility must cooperate in the proper delivery of the rehabilitation pathway and comply with the Centre's organisational rules.

In particular, they must:

✓ Respect the premises, equipment, furnishings and people working within the Centre

✓ Attend at the agreed times and keep scheduled appointments

✓ Promptly report any reason that prevents attendance at a scheduled intervention

✓ Provide the Centre with accurate and up-to-date information required for admission and delivery of the rehabilitation pathway

✓ Report any changes in clinical condition or current treatment that may be relevant to the pathway

✓ Comply with the provisions of the Centre's Internal Regulations

Absences. If a service user is unable to attend a scheduled appointment, the Administration Office must be informed promptly and, where possible, with sufficient notice to allow the service to be organised appropriately. Planned extended absences must be notified to the Centre in advance. Absences due to illness must be reported promptly and, where required, documented in accordance with the Centre's arrangements. Repeated unjustified absences or prolonged non-attendance may lead to a review of admission to care and, in the cases provided for by the Centre's procedures and current legislation, termination of the care pathway.

Ending the rehabilitation pathway. Any decision to discontinue the rehabilitation pathway must be communicated to the Directorate and the Administration Office in accordance with the Centre's arrangements, so that the end of the care pathway can be formally recorded.

10

PUBLICATION AND DISTRIBUTION OF THE SERVICE GUIDE

This Service Guide, in the version intended for service users:

1

is available at the Centre for consultation by service users, parents, guardians and staff;

2

is made available to the service user and family upon admission and may be requested from the Administration Office;

3

is published digitally on the Institute's website and is available to view and download;

4

is reviewed at least annually and whenever significant changes are made to services, organisational arrangements, contact details or applicable legislation.

Service users and families are informed how to access the current version. This Guide should be read together with the current Service Charter, which is available at the Centre and on the Institute's website.

SECTION 11

Legal and documentary references

This Guide has been prepared with reference, where applicable, to the following:

- Law No. 833 of 23 December 1978, Article 26, on rehabilitation services;
- Prime Ministerial Decree of 19 May 1995, General Reference Framework for Public Health Service Charters;
- Lazio Region Decree of the Commissioner ad Acta No. U00311 of 6 October 2014, Guidelines for Preparing a Health Service Charter;
- Lazio Region Decree of the Commissioner ad Acta No. U00307 of 4 July 2013, as subsequently amended and supplemented, concerning the Institute's authorisation and accreditation;
- Lazio Region Decree of the Commissioner ad Acta No. U00469 of 7 November 2017, Accreditation Manual;
- Lazio Region Determination No. G05801 of 16 May 2024 concerning the current authorised configuration;
- Lazio Regional Law No. 4/2003 and Lazio Regional Regulation No. 20/2019, where applicable;
- Regulation (EU) 2016/679 and Legislative Decree No. 196/2003, as amended, on personal data protection.

Document approval table

PREPARED BY: Role	Dr Barbara Cherchi Technical and Clinical Directorate Sister Rosemary Flexa dos Santos Administrative Representative
VERIFIED BY: Role	Mariassunta Frabotta Quality Management System Manager
APPROVED BY: Role	Sister Neve Lucia Ingrosso Legal Representative
DATE:	29.10.2026
EDITION:	08

Revision history

Ed.	Date	Revision
08	29.10.2026	Alignment with Service Charter Ed. 14; update of authorised configuration, access arrangements, waiting lists, contact details and legal references.
07	22.07.26	Updates
06	12.04.18	Added procedure for requesting an examination
05	15.09.14	Administrative Representative updated
04	02.09.13	Professional roles updated
03	01.09.12	Added procedure for requesting an examination

Ed.	Date	Revision
02	10.09.11	Services described in greater detail
01	10/01/11	First official version