

Ageing policies – access to services in different Member States

Annex IV - Country study on Italy



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Abstract

The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Italy. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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AUTHORS

Marco SOCCI, INRCA IRCCS – National Institute of Health and Science on Ageing, Centre for Socio-Economic Research on Ageing, Italy

Andrea PRINCIPI, INRCA IRCCS – National Institute of Health and Science on Ageing, Centre for Socio-Economic Research on Ageing, Italy

Giovanni LAMURA, INRCA IRCCS – National Institute of Health and Science on Ageing, Centre for Socio-Economic Research on Ageing, Italy

ADMINISTRATOR RESPONSIBLE

Helen HOFFMANN

EDITORIAL ASSISTANT

Roberto BIANCHINI

LINGUISTIC VERSIONS

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ABOUT THE EDITOR

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To contact the Policy Department or to subscribe for email alert updates, please write to:

Policy Department for Economic, Scientific and Quality of Life Policies

European Parliament

L-2929 - Luxembourg

Email: Poldep-Economy-Science@ep.europa.eu

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Figure 1: Employment rate of older workers (55-64 years) in Italy and in the EU-27, per gender; 2011-2020 (%)

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LIST OF ABBREVIATIONS

AA	Active ageing
ADI	Assistenza domiciliare integrata (Integrated home help)
AP	Autonomous Provinces
AUSER	Associazione per l'invecchiamento attivo (Association for Active Ageing)
DFP	Department of Family Policies
EP	European Parliament
ESF (+)	European Social Fund
EU	European Union
GDP	Gross Domestic Product
HiAP	Health in All Policies
IAAS	Italian Active Ageing Strategy
ICT	Information and Communication Technology
INAPP	National Institute for the Analysis of Public Policies
INRCA	National Research Institute of Health and Science on Ageing
IRCCS	Scientific Institute for Research, Hospitalisation and Healthcare
ISTAT	Italian National Institute of Statistics
LTC	Long-term care
MIPAA/RIS	Madrid International Plan of Action/Regional Implementation Strategy
NGO	Non-governmental Organisation
NRRP	National Recovery and Resilience Plan
OEWGA	Open-ended Working Group on Ageing of the UN
SAD	Servizio di Assistenza Domiciliare (Public Homecare Service)

UN United Nations

WHO World Health Organisation

EXECUTIVE SUMMARY

This report offers an overview of the most recent developments with regard to ageing policies and access to services by older people in Italy. It focusses on following six areas - active ageing, economic participation, social participation, health care, long-term care, and supportive environments (housing, transportation and financial independence) – and provides some final recommendations for the EU-level.

In the area of **active ageing**, it offers an analysis of the recent initiatives undertaken within the project "National multi-level participatory coordination of policies on active ageing", which the national government has been funding since 2019 to promote the adoption of a national framework law and strategy in this field, and the implementation of commonly agreed recommendations for the adoption of active ageing policies at regional level.

As for **economic participation**, evidence is reported with regard to actions carried out to increase the employability and workability of older workers, the participation in lifelong learning initiatives, and the recognition and validation of skills in later life. Other topics addressed are the facilitation of an intergenerationally balanced staff mix via knowledge transfer/exchange and the prevention of ageism in the labour market, and the promotion of age management policies and active labor policies in terms of professional retraining, updating skills and reintegration into employment.

The role of **social participation** as an important component of older people's life and at the same time affected by a variety of aspects, including socio-economic status, health status and supportive environments, is analysed by considering Italy's specificities, and giving voice to the perspective of a major NGO working in this field.

Health care represent another major area affecting older Italians' **wellbeing**, especially in this pandemic times, and the section dedicated to this issue underlines, after an overview of major trends, the need for a stronger integration between this sector and those of social and **long-term care**. The latter sector is in Italy a still rather neglected area of intervention, and evidence is therefore provided to support the call for a dissemination campaign of core findings in the field of residential, home and informal care, and the role new technologies can play in this regard.

Last but not least, the crucial role of **supportive environments** is presented by addressing the importance of reducing architectural barriers within one's home (i.e. due to the presence of stairs, narrow environments or any other barrier hindering the movement of a person with reduced abilities), of promoting the "age-friendly cities and communities" framework for improving outdoor environments, and of transportation as a fundamental means, especially for older people with care needs, and particularly for rural and Southern Italian contexts.

1. INTRODUCTION

This country study aims at presenting the Italian context with regard to ageing policies and access to services by older people in the different areas analysed: active ageing, economic and social participation, health and long-term care, housing, transportation and financial independence.

To this purpose, following steps have been undertaken:

- analysis of the most recent scientific and grey literature concerning the investigated areas of interest;
- consultation with experts possessing an in-depth knowledge of at least one (and possibly two or more) of the analysed fields, and thus as such able to provide an insightful overview of the requested information;
- analysis of the main contents of Italy's National Recovery and Resilience Plan (NRRP) and of the European Social Fund programmes adopted by Italian regions in the examined areas; and
- Identification of the main recommendations for actions and policies to be undertaken at EU level in relation to the investigated fields.

The three experts consulted in relation to step 2 above are the following:

- Pietro Checcucci, researcher at National Institute for the Analysis of Public Policies (INAPP), a public think-tank within the Italian Ministry of Labour and Social Policy, who has provided information on the issues addressed in Sections 2 (active ageing) and 3 (economic participation);
- Fabrizio Maddalena, director of AUSER, one of the major NGOs operating in the field of services for and by older people, with over 300,000 members, 45,000 volunteers and 1,500 local branches; and
- Cristiano Gori, professor of social policy at the University of Trento, Department of sociology and social research.

Chapters 2 and 3.1 have been drafted by Marco Socci, with the support of Andrea Principi, Sections 3.2 to 6 by Giovanni Lamura.

2. ACTIVE AGING IN NATIONAL POLICY

In Italy, there is no specific definition of older people in the national legislative framework. In the social protection system, older people are sometimes referred to as frail target group of specific policies (e.g. long-term care), or *"just as inactive individuals, this preventing from developing a holistic approach for promoting active ageing policies"*¹. Similarly, no national law addresses explicitly active ageing (AA). Three proposals of framework laws on AA have been submitted to the national parliament (in 2016 and 2019), however without reaching the debate phase. The main aims of these law proposals (each of them with a few differences about contents and presented by different political parties) were: (a) to recognise and valorise the active role of older people in the society; (b) to harmonise the various and fragmented regional laws and policies on this topic; (c) to provide adequate budget, in a long-term perspective, for promoting AA policies and the empowerment of older people. The failure to reach the debating phase so far is mainly due to the change of legislature following the elections of 2018, with the related need to resume the political process for submitting and debating the proposals of framework laws, and to other issues and challenges which have been prioritised in the policy agenda. Therefore, AA is currently targeted by means of a variety of sectorial policies, monitored by competent ministries. The domains where national policies are concentrated are: working life, family, social participation and inclusion, healthy ageing. As highlighted by the expert Pietro Checcucci *"In Italy, generally speaking, at policy level there is not a conscious approach to active ageing; only in the public health domain, and in the design and implementation of preventive health measures, there is an explicit link to the active aging concept/framework set up by the WHO"*. AA is recognised as a set of social rights, implicitly protected by the Italian Constitution (art. 2, 3 and 32) and linked to the principles of equality and dignity. The aim of the state is to remove any obstacle which hampers development and participation of (even older) individuals. Apart from this, as already mentioned, there is no legislative framework at national level that defines, regulate or promote AA.

However, recently some initiatives of mainstreaming ageing have been taken for addressing broader issues and target groups in specific sectors, as well as for trying to develop a framework for promoting AA culture and policy changes. In general terms, the first policy attempt to introduce a nation-wide initiative on AA in Italy, has been carried out recently, only since 2019². The Department of Family Policies (DFP - a Department of the Presidency of the Council of Ministers of the national government), in collaboration with the National Institute of Health and Science on Ageing (IRCCS INRCA) launched and funded a 3-year national project (2019-2022) aimed to create a national, multilevel, co-managed coordination of AA policies (<http://famiglia.governo.it/it/politiche-e-attivita/invecchiamento-attivo/progetto-di-coordinamento-nazionale/>) (Barbabella et al. 2020), by involving national, regional and local stakeholders. Its ultimate goal is to initiate an Italian Active Ageing Strategy (IAAS) in 2022, which could sustain a well-structured network for constantly exploiting and transferring good practices, producing further AA policy/practice developments and interacting with international bodies and other governments active in this field. This project initiative is also supported by both the Ministry of Labour and Social Policies and the National Institute for the Analysis of Public Policies (INAPP), in their role of National Focal Point in Italy of the MIPAA/RIS implementation and monitoring. The project aims to lay the foundations for the IAAS, by supporting Ministries, Regions and

¹ The quotations reported in Sections 2 and 3.1 are from the interview carried out with the expert Pietro Checcucci.

² The opportunity to give momentum to the discussion around AA at national level in Italy came firstly when, in May 2016, the World Health Assembly approved the Global Strategy and Action Plan on Ageing and Health 2016–2020. The Strategy, encouraging the adoption of a transformative approach to global ageing, streamlined its objectives with the Sustainable Development Strategy (Agenda 2030), already adopted by the UN General Assembly on 25 September 2015, aiming at giving older people the capacity to face the complex changes occurring in their social and physical environment. The Strategy 2016–2020, which would later lead to the Decade of Healthy Ageing 2020–2030, aimed at mirroring what had been established in Agenda 2030 (Barbabella, 2020).

Autonomous Provinces (APs) in introducing new or more comprehensive and coordinated policy instruments tackling AA challenges.

The core pillar of the mentioned project lies in the systematic involvement in all project activities and phases of all relevant national and regional stakeholders having a (even potential) role in AA. In detail, three main groups of stakeholders have been identified and involved in the stakeholder network since mid-2019: representatives of national government's bodies (Ministries, Departments) and other relevant national public institutions; representatives of all Regions/Autonomous Provinces (19 Regions and 2 APs) who work (directly or indirectly) on AA policies; representatives of major national civil society organisations and federations (including older people organisations), pensioners' unions, academia, and other stakeholders. The whole stakeholder network, currently composed by more than 90 organisations, has actively contributed and it is still contributing, through a participatory process, in activities for facilitating the implementation of AA policies (e.g. to elaborate recommendations for promoting, developing and implementing policies, actions and interventions on AA in Ministries, Regions and APs). Thus, a national coordinated permanent multilevel consultation process with relevant stakeholders, to facilitate the promotion, networking and exchange of successful experiences in the area of policies and interventions on AA has been recently created and works in Italy (Barbabella et al., 2020).

Second, concerning other initiatives of mainstreaming ageing, the Ministry of Foreign Affairs and International Co-operation develops recommendations (together with relevant Departments) and contributes to the identification of measures for protecting and promoting rights and dignity of older people, to be discussed by bodies like the UN Open-ended Working Group on Ageing (OEWGA). Third, reforms of labour market, social security and social welfare policies have considered demographic ageing as a crucial phenomenon to address, with some examples of stakeholder involvement (network for social protection and inclusion, inter-institutional group on life-long learning). Fourth, the Ministry of Health incorporates the health aspects of AA in the concept of Health in All Policies (HiAP) by co-planning multilevel initiatives with other institutions. Fifth, the Department for Youth Policies and Universal Civil Service manages the universal civil service open to individuals of any age, addressing also social needs of older people and promoting intergenerational exchanges. Other national institutions have developed or funded only sporadic projects related to AA (although planned for the general population), like the Ministry of Economy and Finances and the Ministry of Economic Development (on financial education for citizens), the Ministry of Agricultural, Food and Forestry Policies (on social farming), Ministry of Cultural Heritage and Activities and Tourism (on urban qualification) (Barbabella et al., 2020).

At regional level, the situation is more encouraging. AA is progressively and explicitly considered by regional policy makers by means of dedicated regional laws and welfare programmes, as well as included in sectorial policies. In detail, more than half of the Regions/APs (12 out of 21) have approved a specific law or general programmes on AA. This process *"has been facilitated by the participatory process and the advocacy work led by pensioners' unions, older people organisations and by other civil society organisations (both at local and national level) that pushed Regional/APs governments to implement such framework laws and programmes on AA and that stimulated also the launch, by the DFP, of the [mentioned] national project on AA"*.

Some of these specific regional laws on active ageing, present innovative elements in terms of cost-effectiveness and affordability of active ageing programmes. For example, AA laws of the regions Friuli Venezia Giulia and Marche do not involve large economic investments, in which they aim to rationalise in a systemic way funds previously used for active ageing policies in a sectorial way. Some good practices are observable in more dynamic and innovative territorial contexts. For example, some

Regions (e.g. Veneto, Friuli-Venezia Giulia, Emilia-Romagna and Umbria, in the North-East and Central Italy) have designed and implemented systematic and comprehensive AA policies, with strategic planning for regional policies, significant resource allocations and monitoring plans. To provide an example of good practice, in the period 2012-2019, the Umbria Region (Central Italy) allocated EUR 1 million and 250 thousand to finance the interventions related to the regional law on AA, financing 55 projects covering all policy areas foreseen by such law (e.g. culture, lifelong learning, intergenerational exchange, volunteering, digitisation, etc.) (Socci and Principi, 2020). Moreover, mechanisms and networks of stakeholder consultation are usually in place for discussing and co-planning AA priorities and policies. However, in several cases, framework laws on AA are not fully implemented, due to missing planning or consultation bodies or a not adequate resource allocation. However, also in Regions/APs where no regional law on AA exist, there are policy innovative initiatives on AA, e.g. on digital training and inclusion, intergenerational solidarity, physical activity, intergenerational knowledge transfer (e.g. traditional crafts), social farming, and others. Moreover, almost all Regions/APs have at least one sectorial policy promoting specific aspects of AA, as life-long learning, volunteering, informal care (e.g. recognition and valorisation of informal carers) and health promotion (Barbabella et al., 2020). Thus, positive progress towards an implementation of AA policies at regional level are observable, even though with a fragmentation amongst Regions (i.e. more developed and comprehensive AA policies are implemented in the North- Central Regions than in the South of the country). Another interesting innovative good practice in the context of the promotion of AA in Italy is represented by the adoption of the Active Ageing Index (<https://unece.org/population/active-ageing-index>) as a tool for monitoring and orienting the design and implementation of AA policies, with relative allocation of targeted resources, through a consultative approach with decision makers and stakeholders, foreseen both in the mentioned national project on AA funded by the DFP, and, as a monitoring tool also useful for identifying priorities in policy making in this field, in some laws on AA enacted at regional level (e.g. Marche Region, Central Italy).

Italy was also one of the most severely affected countries by the outbreak of COVID-19 in Europe, and older people is the population group most affected by the still ongoing pandemic. In this context, the COVID-19 outbreak negatively impacted in the national process of development and implementation of AA policies and this aspect has been also highlighted – though an online survey – by the stakeholder network involved in the mentioned national project on AA promoted by the DFP (Lucantoni et al., 2021). In detail, according to the representatives of the project stakeholder network, all areas of active ageing (in relation to the project framework of the MIPAA commitments and the Sustainable Development Goals of the Agenda 2030 for sustainable development) have undergone a significant impact due to the pandemic, in particular those relating to the issues "quality of life and independent life (health and well-being)", "mainstreaming ageing", "adapting social protection systems", "integration and participation of older people in society (partnership)" and "economic, fair and sustainable growth". Coherently, in general, according to the stakeholders consulted, the mentioned areas that suffered the greatest impact in relation to COVID-19 are also those that need priority political intervention, in terms of AA policies (Lucantoni et al., 2021).

However, even during the pandemic, a range of good practices in the field of AA have emerged, most of them related to the reorganisation of services and the introduction of technologies, and *"this issue (strengthening community public health services, telemedicine, etc.) has to be further developed in the near future, being a lesson learnt from the pandemic. This can also contribute to design health prevention measures that might stimulate health, wellbeing and AA of older people"*. Apart from this, for the production of policies aimed at protecting and enhancing the active contribution of older people in the society, it seems important even that policy makers implement in the Italian context the

recommendations³ contained in the UNECE policy brief (UNECE, 2020), dedicated to the management of the older population in emergency situations (among which the COVID-19 pandemic).

The National Recovery and Resilience Plan - NRRP (Italian Government, 2021) does not explicitly include the issue of AA and within it, in general, the words "older people" are not mentioned many times, and in such cases mainly in relation to the development of health services and reorganisation of the National Health Service. *"Most of all, it not includes a transversal approach to ageing related matters. It is a gap and maybe it is related to a political and cognitive "trade off": there is an implicit knowledge of the problems due to the population ageing, however, maybe, from a political perspective, it should be avoided the risk to allocate many resources to such population group (in addition to pension expenditure), instead of, for example, for supporting women or young people. However, it is a strategic document, and there is the need of following the projects that will be realised for implementing the NRRP, in order to evaluate if there will be investments also targeted at older people and AA policies. Moreover, there is the need that all the stakeholders see the problems related to the challenges of demographic trends in the same cultural terms, before to design and implement measures for older people, also in a AA perspective".*

Summarising, AA policies in Italy are under a promising developmental process, both at national and regional level, even though there are still criticalities and fragmentation of interventions between territories. The COVID-19 pandemic has acted as a shock also for the implementation of AA policies, however, lessons learnt and analysing good practices emerged even during the health crisis might help to innovate AA policies. The planned establishment of a permanent coordinated multilevel consultation process with relevant stakeholders (at the moment it is existing, however in its "pilot" stage), would have the characteristic to act as a proper quality management mechanism, and can facilitate the promotion and implementation of interventions on AA in Italy.

³ The recommendations cover four areas in particular: 1) Ensure that there is no age-related discrimination for access to health services and protection of the human rights of older people; 2) social inclusion and solidarity during social distancing; 3) integration of a focus on older people in all socio-economic response programs the COVID-19 emergency; 4) social participation of older people and ways of exchanging information and good practices (UNECE, 2020).

3. ASSESSMENT OF ACCESS TO SERVICES FOR OLDER PEOPLE

3.1. Economic participation

In general, AA Italian policy initiatives in the domain of economic-labour market participation of older workers consist primarily of pension system reforms aimed at extending working life combined with too few labour market active measures directly or indirectly targeting mature/older workers. More in detail, active ageing policies in Italy have traditionally involved three main policy domains: 1) the pension system, 2) the participation in the labour market, and 3) lifelong learning and continuous training. In practice, while active ageing policies in the field of labour market have been actively pursued through delaying retirement (by increasing the statutory retirement age and by discouraging early retirement options), much less has been done to stimulate the processes of learning (formal and informal) and even less in order to adapt working conditions to the needs of older workers (Socci and Principi, 2013; expert Pietro Checcucci).

Concerning the pension system (domain 1 mentioned above), in light of strict eligibility conditions to access old-age and early retirement pension set up by Law 92/2012, (the so-called "Monti-Fornero pension system reform")⁴, in recent years, the following main measures have been introduced to make retirement conditions more flexible. In 2017 it was established (on a trial basis until 31 December 2019) the so-called APE (i.e. Anticipo finanziario a garanzia pensionistica), that made possible to exit the labour market from age 63. The "financial" version of APE allowed all workers to retire up to 3 years and 7 months before the statutory retirement age, through taking a (state subsidised) loan issued by a bank. The so called "social APE" provided a fully state subsidised early exit option at the same age to the least advantaged workers and its application has been extended until end of 2021. In 2019 it was introduced the so-called "Quota 100", a temporary measure applying until the end of 2021, allowing all workers to retire from age 62 with 38 years of contributions (Reitano and Jessoula, 2018; OECD, 2019).

Currently, at national level, AA recent policies addressing labour market (domain 2 mentioned above) can be grouped under the following main areas. First, following reforms in the fields of pension system (L. 92/2012) and labour market (L. 183/2014) and a general stagnation of national economy in recent years, the issues of long-term unemployment, precarious work and mature-age unemployment became a key policy target. New unemployment benefits (NASPI, ASDI) were created for covering more people and for a longer time, together with pre-retirement support measures for certain categories (the already mentioned APE and Quota 100) and incentives for hiring disadvantaged groups (including workers with 50 years of age or more). Concerning the latter, it has been observed that *"in Italy there is a long tradition of supporting the re-employment of disadvantaged older workers by means of economic incentives: a company hiring an unemployed older worker can benefit of tax/social contributions reliefs"*.

Some good practices for supporting the participation of older workers in the labour market are related to the diffusion and the implementation of age management initiatives within Italian companies, that however tend to be more common especially in larger companies. Furthermore, these initiatives are almost entirely organised and managed by companies (meso level) are very scarcely supported by governmental national and regional bodies (macro level), and for this reason, differently from what happens in other countries, are not widespread in Italy (Principi, Fabbietti and Lamura, 2015).

Secondly, a set of policies tackled the issue of vocational training during the life-course (domain 3 mentioned above). The main purpose has been to improve recognition of knowledge, abilities and

⁴ According to this reform, individuals were allowed to access to old-age pension at 67 years of age or to early retire having 43 years and 3 months of contributions; 42 years and 3 months for females).

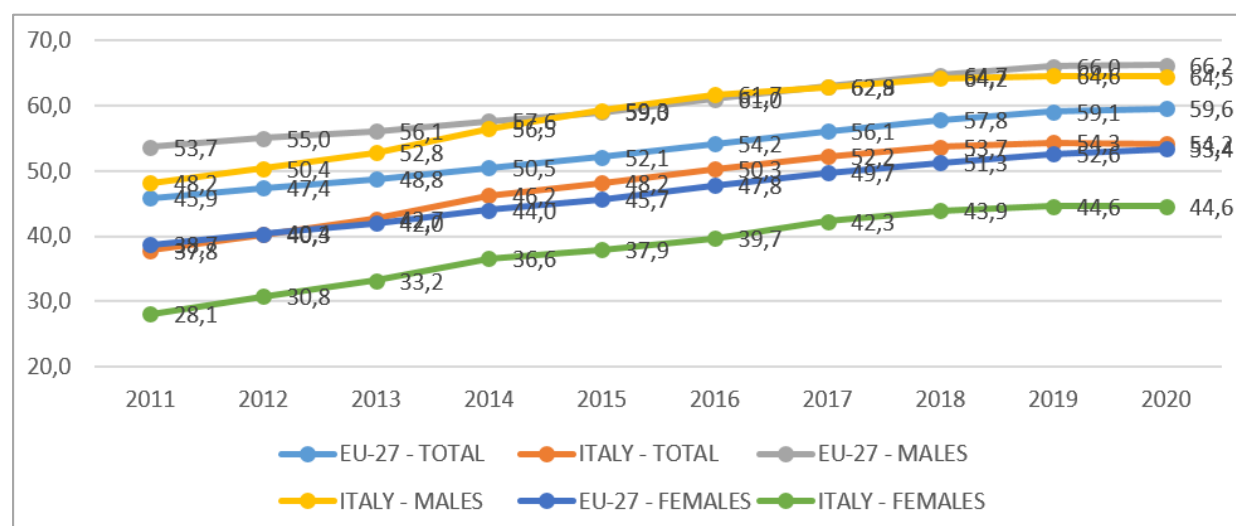
competences during the working life, as an enabling factor for better chances in the labour market. This should occur by linking unemployment benefits to training, certification and job matching, under the coordination of the National Agency for Active Labour Market Policies (although the implementation of such mechanisms is still suboptimal and fragmented across the country). Furthermore, a general framework exists for the validation and certification of job competences, educational titles and professional qualifications.

Third, some policies supporting better quality of work and age-friendly environments were pushed. New projects were supported by the Ministry of Health (D.Lgs. 81/2008) to promote employee welfare and, in particular, healthy lifestyles, including for instance training of company physicians, application of ergonomics principles, creation of company gyms and services. A call for project by the Department for Family Policies (DFP) funded, with 74 million Euros, new initiatives of company welfare for work-life conciliation. Other similar incentives were fostered by other means, for instance tax-savings for companies which implement company welfare benefits for employees (e.g. healthcare, economic contributions, paid leaves, etc.), benefits for working parents and flexible working hours (D.l. 25 March 2016, D.l. 12 September 2017), as well as the introduction of flexible work practices having the aim to improve the reconciliation of work and family life through the use of ICT (the so-called smart working, –regulated by L. 81/2017), when possible.

Finally, intergenerational exchange and solidarity in work contexts is supported by projects funded by the Department for Youth Policy and Universal Civil Service under the universal civil service initiative, and by those funded under the social farming programme (Barbabella, 2020).

Due to the above mentioned policies to prolong working life, the trend of the employment rate of older workers (55-64 years) shows a considerable improvement, being steadily increasing in the last decade (see Figure 1), rising from 37.8 % in 2011 to 45.2 % in 2020.

Figure 1: Employment rate of older workers (55-64 years) in Italy and in the EU-27, per gender; 2011-2020 (%)



Source: Eurostat; authors elaboration.

Despite this, the Italian employment rate of older workers still remains well below the EU-27 average (i.e. 59.6 %, in 2020). This is due to two main factors. On the one hand, this rate was one of the lowest ones in Europe before the reforms to increase it started (it was less than 33 % in 2002 – Employment Taskforce, 2003). On the other hand, in Italy there is a very low employment rate of females (44.6 % in 2020) compared to the European average (53.4 %), while the employment rate of Italian male older

workers is near the European average (64.5 % and 66.2 % in 2020, respectively).

The COVID-19 pandemic impacted also the economic/labour market participation of older people. Older workers benefited of some important kinds of employment protection measures put in place by the government for facing the economic consequences of the pandemic (ILO, 2020). For example, in order to prevent discrimination and/or exclusion, the package of governmental measures contains provisions that freeze workers' dismissal procedures until the end of the emergency. This measure *"has protected mainly older workers with a permanent position, i.e. those having the more stable working status in the labour market. However, older workers represent a huge percentage within the groups of self-employed workers, traders, craftsmen and professionals that benefited of the "Ristori decrees" [i.e. decree-law 28 October 2020, n.137 and decree-law 9 November 2020, n.149, providing measures to economically support the production sectors and independent workers most affected by the economic and social repercussions deriving from COVID-19 outbreak]. Yet, during the pandemic, older Italian workers are those who mainly benefit of work arrangements with simplified modalities for teleworking.* This is in line with the fact that the share of Italian employees who started working from home (i.e. teleworking) during the COVID-19 pandemic is among the highest at European level (Eurofound, 2020).

Thus, it seems that policies and measures implemented so far during the pandemic are mainly aimed to face the "emergency phase" at the economic level and in the labour market, trying to protect older workers from job loss, introducing simplified flexible working practise through teleworking, and sustaining those older workers having experienced economic difficulties in specific economic sectors and autonomous professions. However, during this emergency phase, a group of older workers exited from the labour market, through early retirement schemes such as "Quota 100" and "Option Women".

As already noted in the "active ageing national policies" section, the National Recovery and Resilience Plan (Italian Government, 2021) does not include the issue of AA and within it, it is stated that the strategic objective of the "Policies for work" component is "to increase the employment rate by facilitating job transitions by equipping people with adequate training; reduce skills mismatch; increase the quantity and quality of continuing training programmes for the employed and the unemployed", mentioning also – among other issues – the aim to improve the employability of workers and to reform the active labour policies. However, it seems that the primary target groups of these measures will be youth and women. *"There is the need of monitoring how the NRRP will be operationalised concretely. It is a strategic plan that should help modernise the country, its productive system and the labour market. It should avoid to forget older workers, and to promote their participation in the labour market together with young people, and to sustain in particular the employment rate of female older workers, that is well below the European average".*

Summarising, in Italy there are measures in place for protecting and supporting the participation in the labour market of older workers, even in pandemic times, there is a positive trend concerning the employment rate of older workers in the last decade, and in the last few years are also observable some improvements about the quality of work (e.g. work-life balance measures). However, there is the need of promoting more comprehensive policies to support older workers in the mid- and long-term.

3.2. Social participation⁵

Policies and programmes aimed at stimulating social participation

Recent research shows that an important factor affecting isolation and loneliness of older Italians is their level of frailty (i.e. a concept which connects disability and environmental resources): in case of increased disability in later life, social participation may be heavily compromised, if no appropriate measures and services are made available to support the older person (Arlotti and Cerea, 2021). Expectations play also a role in this regard: sometimes those who report a higher level of disability show a lower level of loneliness than those who have a lower level, as if the latter feel "neglected" by the care system (when the eligibility criteria for accessing services are set too high for those with an intermediate level of disability).

In light of the above results, according to Fabrizio Maddalena (Director of AUSER Nazionale), one interesting trend in this field, which started already prior to the COVID pandemic, has been the growth of additional services associated to social centres and cultural activities for older people, which offered health and social care to the participants of these centres and activities, thus representing an additional incentive for older people to adhere to the social initiatives offered by them. Another, probably even more important trend in this regard concerns the co-participation of older people in the design, planning and implementation of policies concerning them. While this approach was already practiced in several regions, the "Code of the Third Sector" (Legislative Decree No. 117 of 2017) obliges now to adopt it across the whole country, thus facilitating a more systemic participation of older people's organisation in co-shaping policies affecting them.

Cost-effectiveness of these policies and programmes, access and affordability problems

Investments on preventing diseases, also by promoting social participation, have a high return in terms of quality of life in later life. There are no systematic programmes to measure this aspect in the Italian context, but they would be urgently needed, and some steps in this direction can be already seen, for instance through the introduction of the legal obligation for Third Sector organisations to present a yearly "Social Responsibility Report" (*Bilancio Sociale*), that is starting for the first time this year. In this regard, it would be important not to limit ourselves on quantitative figures, but also focus on the qualitative aspects of the undertaken actions.

As for access and affordability problems, according to the perspective of AUSER (Fabrizio Maddalena), a trend can be observed which shows that users of their social activities (such as for instance Third Age Universities, cultural events and similar), have on average a higher socio-economic and cultural status, given the fact that some of these activities have a small participation fee. The fact that in the last years the number of users has been increasing is probably related to the growing number of older people with higher educational level.

On the other hand, there is a decreasing number of older volunteers, and this seems to be in many cases due to the fact that many older people have family obligations towards their children (primarily in their role of grandparents taking care of their grandchildren). Since children have more precarious jobs than their parents (due to the increasing flexibility and lower number of permanent positions in the current labour market compared to the past), and report a higher female labour market participation, and not enough child care services are available, this is preventing many older people from participating as active volunteers in NGOs.

⁵ Unless differently indicated, most of the contents reported in this section are based on the interview carried out with the expert Fabrizio Maddalena.

The role of public, private, non-governmental sector in management, financing, organisation of social participation

The three actors (public, private and non-governmental) have different roles and presence in the various activities. The public sector has certainly a major role in funding initiatives that promote social participation in later life. What is a bit surprising is the rather marginal role of the public actor in the organisation of activities stimulating social participation. This may be partly due to the multifaceted characteristics of social participation activities, in which personal relations play a fundamental role, that can be hardly performed by paid staff, or even by volunteers. Ideally, its older people themselves who build, maintain and improve social relations and social participation, and not external subjects. Similarly to what happens for schools, social centres for older people should be monitored more carefully to understand what happens there and how dynamics develop, and this role should be paid by the public actor. While the situation may have improved over time, it is still from being ideal in this regard.

Territorial and rural vs. urban division in access to social participation

Recent evidence (Arlotti and Cerea 2021) shows that the typology of housing and neighbourhoods affects the quality of social relationships of older Italians. The role of the neighbourhood as a factor facilitating (or preventing) social contacts is stronger in the South and in rural areas (where also the role of the family is stronger in maintaining or reducing the social life of people in older age). Therefore, more attention should be paid to this aspect than has been the case so far, as the lack of adequate environments might have a negative impact also on social relations in later life.

This is only partly confirmed also from Fabrizio Maddalena, who reports that social participation in voluntary activities is much easier in small and medium communities, while it is much more difficult in larger cities, for instance like Rome. This is certainly due to the difficulty of movements in bigger cities for older people. In this regards, however, there is also a North-South gradient, with social participation in voluntary activities being stronger in the North than in the South, although this is only partly true if measured in terms of per capita volunteers on the total population. As for the South, most voluntary activities in this area address cultural and social activities, rather than care-related voluntary work. Until a few years ago, this could have explained through the good family and neighbourhood relations, which are however worsening more recently, in a context that has no formal services to address the needs.

Innovative solutions and good practices

Several innovative initiatives have been identified and implemented in this field in Italy. Among them, the so called "Care laboratories" (*Laboratori di cura*) can be mentioned for their promising impact in terms of promotion of intergenerational social contacts, to be intended as means to tackle and prevent loneliness and isolation, especially in case of age-related frailty (Sarlo et al., 2021: 406). Organised by the nation-wide NGO Anteias, they include a series of activities based on therapy-theatre, musicotherapy, creative labs, memory training sessions, and narrative experiences in schools, all aimed at recognising and stimulating residual skills in older people and volunteers through the social and emotional interaction with school-age children.

According to Fabrizio Maddalena, the co-participation of Third Sector organisations in co-shaping policies concerning them (including those involving older people) is now being discussed at European level, based on the promising experience of the last four years in Italy, which may become a good practice to be re-proposed Europe-wide. Another trend which is emerging is that, compared to the past, there are more and more projects and initiatives proposed by wide consortia of different subjects, rather than by single NGOs, implying that professional writers have to be involved in preparing the

proposals. This on the one hand may certainly improve the quality of projects, but at the same time, projects may no longer reflect the specific needs and features of the NGOs themselves, and rather be more generic, in a certain sense.

The impact of COVID-19 on social participation

Two important factors affecting the quality of life of older Italians with regard to their social relations are their variety and frequency: while the latter factor is self-explanatory, the former relates to the fact that one's wellbeing in later life is associated to the variety of his/her social relations, so that those relying on their family ties only usually report a higher risk of isolation and loneliness (Arlotti and Cerea, 2021). This has been exacerbated during the COVID-19 pandemic, and only those who have been able to break the physical distancing rule through other sources, in particular the help of neighbours and via digital channels, could reduce the negative impact of the pandemic on their social participation.

According to Fabrizio Maddalena, the attention to the social participation of older people in this recent period of the pandemic (parallel to the reopening of activities following the vaccination campaign) has been rather low, since the reopening of social centres and cultural activities for older people has been postponed and represents one of the last steps of the reopening calendar.

Another aspect heavily affected by the pandemic has been the digital divide, which is now being addressed (once again, and with more strength) by many organisations, especially private ones, in order to improve the social connectedness (and the related internet-based possibilities to keep social contacts and participate in societal activities) of many older people with still rather low digital skills. While the initial push may have come from the private sector, after the pandemic there may be a greater recognition of the urgency to address this issue also from public actors.

Future plans and priorities

ESF+ programmes for the period 2021-2027 have been planned across many Italian regions, including aspects promoting social participation in later life. As for the NRRP, the great risk is that we will learn much less than we hoped, from the lessons emerging from the pandemic. To prevent this, it is necessary to avoid a silos-approach in building and implementing the different interventions to be realised within the NRRP. The Third Sector is sending warning messages in this regard, since it is not clear how the NRRP is connected with the rest of activities, initiatives and realities not mentioned in the NRRP. The point is not how good the Plan is, but how rigorously it will be assessed throughout its implementation.

3.3. Health and well-being

Coverage of older people with healthcare services and health promotion

Italy's health care system ensures a universal primary health care coverage to the population (including older people), through its extensive network of General Practitioners. Access to secondary care services (primarily delivered in hospitals) is granted to all those in need, including those with a low socio-economic status, who can receive this care for free. However, the system reports in recent times increasingly long waiting list, so that a parallel mechanism of out-of-pocket services has grown to meet the needs of the population, thus making it less accessible to all (see Section 3.3.3.).

With regard to domiciliary health care (*ADI: assistenza domiciliare integrata*), which is primarily represented by rehabilitation and nursing care, some sources report that it reaches currently 4.8% of the over 65 year old population (Ranci and Da Roit 2021). However, the most recent national report monitoring annually the performance of Italian regions with regard to the so called "minimum care standards" (Ministero della Salute, 2020) highlights that this indicator in 2018 varied between a

minimum of 1.5 % for Calabria to a maximum of 5.0 % for Molise, thus suggesting that the country average may well be closer to 3 %.

As for residential care, facilities with a health care components reach a very unequal coverage across the country, ranging from over 4 % in the autonomous provinces of Trent and Bolzano to circa 0.1 % in several Southern regions.

Mechanisms to improve quality of healthcare for older people or drawbacks in quality of services

Analysists of this field identify four main shortcomings of the Italian health care system (Giarelli and Vicarelli 2020), which include:

- the inability to reduce social inequalities in health, including differences in:
 - health status and life styles across regions;
 - health services provision;
 - affordability of access to health care;
- a cultural orientation to disease, rather than on health: prevailing approach based on a passive (waiting) medicalisation of care, instead of an (active investment in prevention;
- a strong regionalisation of care provision, with different levels of performances and a consequent inter-regional mobility of patients from less to more performing regions;
- a focus on (costly) hospital care, rather than on territorial care provision.

Any reform in this context should move starting from considering these factors.

Affordability and access to healthcare services for older people

Circa 4.4 % of the over 65 year old population forgoes health care check-ups or specialist services due to the long waiting lists to access them (ISTAT 2018), while the number of those who give up the access to the same services for economic reasons is almost as double. This shows that the affordability of some health care services has become problematic to a significant amount of the older population (not differently from what happens to the younger one). In turn, this is partly related to the difficulty of the public care system to ensure timely responses (i.e. long waiting lists), which leads to a large amount of out-of-pocket payments for health care, reaching in 2019 over 23 % of the overall health care expenditure (Giarelli and Vicarelli 2020).

The role of public/private markets in assuring healthcare services for older people

After a peak in 2010, the per capita health care expenditure has drastically dropped by circa 10 % until 2013, and practically remained on this lower level until today (Pavolini 2020). This reflects an overall tendency to a withdrawal of the otherwise traditionally strong role of the public sector in ensuring a universal health care coverage to the population (including the older one), leaving more room for market-driven providers, as shown by the increase in the out-of-pocket expenses of the population for health care services.

Problems with territorial or urban vs. rural differences in access to healthcare services

Southern regions report traditionally lower levels of coverage and higher difficulties in accessing adequate health care services - over 13 % of citizens in these regions forgoes health care due to economic reasons or lack of local services (Giarelli and Vicarelli 2020) - and this is confirmed by recent data (Ministero della Salute 2020; ISTAT 2018). A similar statement can be formulated with regard to rural areas compared to urban ones, albeit in some regions of the North this may less be the case, thanks to an overall good performance of the regional health care systems.

Innovations and good practices, particularly related to digitalisation, telemedicine, willingness to use innovations by older people

A recent contribution in this regard has adapted international best practices to the Italian context to identify a series of crucial indicators and factors to be considered to promote digitalisation and telemedicine in the Italian health care system (Murero and Moretti 2020). They include, in the first place, a collaborative propensity and availability of both health care staff and of users towards the use of e-health solutions. This should be accompanied, secondly, by sufficient economic investments, to be deployed in terms of innovative digital services based on electronic health records and the use of artificial intelligence to exploit health (big) data. A third requirement to be fulfilled is the interoperability of the digital platforms and solutions adopted, while a fourth crucial component is represented by the extensive training and promotion of digital literacy of all involved stakeholders, and particularly of staff and users, supported by an easily accessible help desk service. A fourth element is constituted by an efficient combination of norms and administrative processes that enable a smooth functioning of all steps necessary to ensure digital health care, according - last but not least - to the most rigorous privacy and safety standards.

Impact of COVID-19 on access to healthcare services for older people

The pandemic has dramatically affected the access of older people to health care services in Italy. This has occurred not only in terms of drop in the number of medical check-ups (Corrao and Cella, 2020), but also in form of difficulties in receiving home care and even in limitations in receiving the habitual support from the closer informal network of family members, neighbours and friends, due to the mobility restrictions imposed to contain the infection (Tur-Sinai, Bentur and Lamura, 2021). With regard to the latter aspect, Italy belongs to the cluster of five countries with the weakest combined response in terms of informal support and home care provision, and therefore showing a particularly vulnerable situation in this regard.

Future plans and priorities

Within the Italian NRRP, there are two main components addressing health care issues directly: the strengthening of proximity care networks (and especially of home care), of intermediate care providers (such as "Community Houses and/or Hospitals": *Case e Ospedali di Comunità*), and of the integration among all health and social care services; and the innovation and digitalisation of the health care system, by completing the introduction of the Health Electronic Records, improving the achievement of the minimum care standards, and the strengthening of scientific research and of the training and upskilling of care staff. Some experts in the field are critical about this approach (Palumbo, 2021), as it seems to rely heavily on the use of new technologies to improve the integration of all relevant actors involved in care provision, while a true coordination and integration of all components would have required a reform of the organisational and functional processes and responsibilities, which is not mentioned within the NRRP. Another example of the limitations of the NRRP in addressing the shortcomings highlighted in Section 3.3.2. has been pointed out with regard to the fact that the NRRP allocates four billions to strengthen integrated home care (*ADI: assistenza domiciliare integrata*) provided in form of nursing and rehabilitation by the health care system, "forgetting" to some extent the home care service (*SAD: Servizio di Assistenza Domiciliare*) provided by municipalities as personal care (Ranci and Da Roit, 2021). Despite these and other flaws, the NRRP represents a substantial step forward in innovating the Italian health care system.

As for the ESF+ programmes for the period 2021-2027, their focus on social-related aspects has prevented their utilisation for health-related aspects, and therefore limited their application in this field.

3.4. Long-term care⁶

Coverage of older people with long-term care services and changes brought by COVID-19

A few figures can capture the situation of LTC provision for older people in Italy. The first concerns the overall public expenditure in this sector, that it is circa 20 % lower than the average recorded in Europe (Spasova et al., 2018). Of this expenditure, over half (52 %) goes for the national care allowance (*indennità di accompagnamento*: a monetary transfer of EUR 500-800 per month to people who are fully dependent from others to perform the activities of daily living), which reaches circa 12 % of the over 65 year old population; 30 % is absorbed for residential care costs (covering the needs of circa 2 % of the same age group); and only 18 % goes for home care services (Gori and Trabucchi, 2020). The latter services, according to some sources (Ranci and Da Roit, 2020), reaches currently 4.8 % of the over 65 year old population through its "integrated" form (ADI) provided by health care services, and 1.2 % of them via the home care provided by the municipalities (with the two groups partly overlapping).

It is therefore not surprising that, on the background of this situation, most older Italians with long-term care needs still rely predominantly on the family as the main source of regular help (Melchiorre et al., 2021; Piccinini et al., 2020). However, its role is becoming weaker compared to the past, and neighbours become very important, especially in the case of frail older people living alone. Privately hired home helpers and live-in care workers are also a widespread source of support, due to the widespread availability of cash-for-care schemes (both at national and regional level), this being true especially when heavy care needs require a constant supervision (like for instance in the case of dementia) or a comprehensive, daily care, and this occurs more often when the family is actively involved in providing it (i.e. a crowding-in effect is observed). Less frequent and/or intensive is the help provided by public care services, as well as that coming from non-profit voluntary organisations.

This is confirmed by the interview with the LTC expert Cristiano Gori: "There are two main characteristics of the Italian LTC-system, if we analyse it in a cross-national comparative perspective: that the coverage is rather limited; and that the supply is territorially quite unequal. As for the impact of the COVID-19 pandemic, we don't have updated data that can confirm this, but what we have witnessed in the last year can be summarised as follow:

- there has been a series of interruptions in the delivery of care services, due to the different lockdowns that occurred in the attempt to limit the contagion;
- the coverage of residential care has certainly decreased, since no one has applied to enter in residential care facilities during the pandemic, in the light of the news of casualties occurring there; so the saturation level of beds in LTC-facilities may have gone down from 95 % to 75 %, maybe. This can be certainly said; and
- as for home care, it is more difficult to make an exact estimation: on the one hand, the interruptions may have decreased it; on the other hand, however, the laws released in the last year to expand home-based care for people with COVID may have increased the overall number of people officially reached with home-care services, but these may be primarily COVID-related, and not necessarily LTC-related, since all additional resources invested in the last year have been focussed on COVID-care, but the latter may have absorbed also part of the LTC-resources.

⁶ Unless differently indicated, most of the contents reported in this section are based on the interview carried out with the expert Cristiano Gori.

Quality management and the impact of COVID-19 on quality of services

According to Cristiano Gori, "the quality management systems in residential care facilities have been called much into question, due to the pandemic. But this has happened by blaming these services for shortcomings which are actually due to the lack of policies in this field, and not to deficiencies of the LTC services themselves: if I move patients from overcrowded hospitals into your residential care facility or don't give your staff the necessary personal protective equipment, I cannot then say that it is your fault if your residents get infected by the COVID. There has been a very intensive debate about the quality management in residential care, but blaming the organisational level of single facilities for responsibilities which are actually due to the policy level. As for home care, it's more difficult to say: in many areas it is not even provided at all, and its provision is quite unequal territorially, but this hasn't changed as a consequence of the pandemic", and this is true also for the cash-for-care allowances which are the main pillar of formal LTC provision in Italy.

Access and affordability of long-term care

There is one main impact of the pandemic in terms of access to LTC for the coming years – according to Cristiano Gori - and that is that the propensity of Italian households to refer to residential care will decrease to an even lower level than the already very low one currently characterising the Italian context. Already before the pandemic, the strong familistic culture prevailing in this country was already preventing many families from resorting to residential facilities for providing care to their frail older members. Now, the recent "criminalisation" of these facilities with regard to the way they have dealt with the pandemic, will further push household away from this solution. Paradoxically, in Italy there has never been such an intensive debate about long-term care like in the initial period of the COVID-pandemic, when the main message coming out was that "in residential care people die". This will have a longstanding effect over the years to come. The few facilities which can show a COVID-free record of no or very few casualties and/or infections among their residents will be able to use it as "the" core variable of perceived LTC quality. But most people will still be affected by the idea that residential care is something to stay away from.

As for home care, theoretically we can expect a further legitimization of this form of care provision, and therefore an increased demand for it. But this is likely to let the problem of the stress and overburdening of informal carers as a consequence of the "re-familiarisation process of care" emerge more strongly than in the past.

With regard to the affordability, but this is no new discovery, the sustainability of managing LTC needs is becoming more and more difficult for many Italian families, as already pointed out last year for many countries by the OECD study on the impact of social protection on the risk of poverty related to long-term care needs (Oliveira Hashiguchi and Llena-Nozal 2020), which included data only for the very peculiar South-Tyrole province in Italy (and not for the whole country, where the situation is likely to be even worse).

The role of public and private providers

Here there are two main issues to be considered. The first concerns the fact that many private providers of LTC services in Italy are facing a very challenging financial situation, so that they run the risk of not surviving the current crisis. This is the combined result, on the one hand, of the reduction in the overall amount of care services requested during the COVID-pandemic, which has not been sufficiently outbalanced by extraordinary, specific financial supports for this sector and, on the other hand, by the lower demand for residential LTC services. While the first phenomenon has been particularly remarkable in the short term, the second is likely to have stronger effects also in the long-term, with bigger companies with more financial resources likely to be buying smaller, financially weaker ones.

The second aspect concerns the debate and the expectation of a stronger public responsibility in a sector, like that of LTC, in which however the direct management and provision of services by the public hands is not wished nor expected to take place. The combined effect of these two trends is that more public resources and investments are likely to take place in the coming years in this sector, but to be used to fund the (outsourced) services delivered by private LTC providers, to be supervised by the public.

Territorial differences in access to long-term care

Recent evidence (Melchiorre et al., 2021) confirms that the family is a stronger component of the care provision mix in the South, where formal care services are less widespread, while both public and private care provision – including that coming from directly hired home care workers – is remarkably stronger in the Northern and Central Italian regions. This is confirmed by Cristiano Gori, who however underlines the lack of updated empirical evidence allowing to understand which different paths may have been undertaken by different regions, and their impact in terms of access to LTC. Actually a detailed study in this regard would be very important to address the lack of data in this area.

Digitalisation in long-term care, other innovations and good practices, including coping strategies during the pandemic

Recently, a rigorous analysis of good practices in the field of long-term care (Sarlo, Costa and Quattrini 2021) allowed to classify a series of innovations within the Italian context, among which two main areas have been identified: innovative home-based services and new domestic technologies. Some of these practices aim at supporting the performance of home-based daily activities. This is the case, for instance, of the "*Veniamo a trovarvi*" project, which "opened up" a nursing home in the Piedmont region, to offer preventative domiciliary services to older people who would otherwise not be eligible to benefit from local home care services, thus promoting their ageing in place. Another example comes from the delivery of "light" home care services as a channel to promote significant social relations, an approach adopted by the "*Pony della solidarietà*", an initiative which is based on the involvement of young home care deliverers to establish intergenerational relationships with frail older people living alone. In some cases, this approach has proven to be useful also to offer training courses to overcome the digital divide affecting many older Italians, like for instance in the case of the projects "*Pony della solidarietà*" and "*SmartYourHome*".

According to Cristiano Gori, the impact of the pandemic in this field can be summarised in the fact that there is today a much higher legitimization of digital resources and tools as potential means to determine long-term effects in this sector. Within the residential care, actually the impact of this change is already trackable, by means of the possibility of families to digitally connect with their family members in residential care facilities. As for the home care sector, this is still less visible, but is likely to take place in the future.

The impact of COVID-19 on long-term care

This impact has been undoubtedly very strong, as reflected by the high level of COVID-related mortality rates among the frail over 80 year old population already affected by three or more diseases. Another indicator of this impact is also how the whole LTC system and its functioning has suddenly become a highly debated topic, especially with regard to residential care. In turn, this lively debate has opened a "window of opportunity" for launching the campaign to insert the proposal of reforming the LTC sector into Italy's National Resilience and Recovery Plan (NRRP).

Future plans and priorities

Between the previous draft and the final version of the NRRP there are major differences. It should be underlined that, for the first time in Italy, the issue of long-term care has entered the top level of political governance debate. There are four main aspects to be considered in this regard:

- the importance allocated to the integration between health and social care. Even if this is mentioned only in general terms, they are now considered together within the NRRP, while in the previous draft they were addressed separately. This has been achieved by underlying that you cannot aim at a greater territorial cohesion in service provision, if you don't achieve also an integration of both health and social care at institutional level: the two sectors have to speak to each other, starting from the highest political level;
- a substantial increase in the amount of planned investments for home care provision (from 1 to 3 billion euros), while no additional funds have been allocated for residential care;
- the separation between the issue of disability in young and adult age and that of long-term care needs in later life: this is a politically relevant point, as it simplifies the future identification of ad-hoc solutions for the different target groups, and reduces the risk of conflicting positions between the two areas; and
- the inclusion of the reform of the LTC sector within the NRRP is an excellent result, if you look at the history of policies in this field, but should be seen as a starting point, and not as an arrival point. Because from the perspective of care recipients and their families, within the NRRP you find also some generic titles without significant details, and therefore it just represents an opportunity to be seized for future changes.

Another priority, which however is not included in the NRRP, is the acknowledgement and support of the fundamental role played by informal carers in ensuring that the LTC needs of the growing older population can be addressed and met, by means of a stronger formal-informal care partnership. While this may be included in a future implementation phase of the aims already identified by the NRRP, a possible reason for the lack of this point in this document lies in the fact that the issue of informal care is strictly connected with that of the (mainly migrant) care workers privately hired by households (often on an undeclared basis), to support them in the provision of daily LTC to their frail older members. And the two topics are very controversial within the Italian debate on how to address LTC challenges, especially in combination with the issue of whether and how to limit the –currently fully unrestrained – use of the national care allowance (*indennità di accompagnamento*).

ESF+ programmes for the period 2021-2027 have been planned across many Italian regions, including aspects promoting long-term care issues, like for instance the training and involvement of privately hired (primarily migrant) care workers, an otherwise often neglected group which actually represents the pillar of the Italian system of long-term care.

3.5. Supportive environments

3.5.1. Housing

Key trends and main challenges in assuring adequate housing for older people as well as national policy measures to respond to them

In 2018, the share of older people (aged 65 years or more) living in under-occupied dwellings in Italy (i.e. having at their disposal more than the number of rooms considered adequate) was circa 26 %, a level which is more than double that reported for working-age adults (13 %) living in the same type of

dwellings (Eurostat, 2020: 37; Riva, 2020). The levels recorded for both older people and adults in Italy is circa 20 points lower than the EU average, showing that this phenomenon is much less widespread in this country and that, therefore, older Italians seem to have less problems in managing a large household (as this may imply issues such as higher heating, maintenance and/or readaptation costs).

What seems to be a more relevant issue is the presence of architectural barriers, which affect a substantial share of older people's houses (Martinelli, Cilio and Vecchio Ruggeri, 2021), limiting their mobility and therefore their possibility to participate in the life of the local community. As this is an aspect concerning primarily the quality of housing, it will be dealt with in the next paragraph.

Affordability and quality of housing for older people

Compared to the general situation, older people in Italy seem to report a more comfortable situation in this regard, as they own more often their homes compared to the younger generations. Recent evidence shows that architectural barriers represent one of the main causes affecting the quality of housing for older people in Italy, and that these are related to three main levels: the interiors of the house; the building; its immediate surrounding/neighbourhood (Martinelli, Cilio and Vecchio Ruggeri, 2021). As for the first group, they concern primarily the toilet (and in particular the accessibility of the bath tub), stairs, and narrow environments which prevent the use of aids for mobility (e.g. wheel chair). Within the building, stairs are the main problem reported by older people, while external mobility in the surroundings of their home is primarily compromised by irregular or broken pavements and sidewalks lacking a proper maintenance. The joint effect of these three causes of housing problems may limit severely the mobility of older people, their social life and therefore their quality of life overall.

One main related consequence of this situation is that, since older Italians are among the EU-citizens most strongly attached to their home (as shown by the fact that they are homeowners to a very large extent compared to the EU average: Eurostat 2020), many of them actually become "prisoners in their own home". So, while affordability seems to be less a problem (again, compared to the majority of EU-countries), the safety of older people's homes in terms of accessibility and mobility is jeopardised.

Territorial or urban vs. rural differences regarding housing for older people

More architectural barriers seem to be present in rural areas and in the South of the country, and less resources available to reduce them (Martinelli et al., 2021). Also the quality of housing in terms of damaged building, humidity or lack of light within the living environment is worse in Southern regions (where households report these problems in 11.7 %, 11.4 % and 4.9 % of cases respectively), compared to those in Central and Northern Italy (with 7-9 %, 10 % and 2-3 % of cases), as shown by our own elaborations on Italy's National Institute of Statistics data (ISTAT, 2021a). The same source does not report major differences between rural and urban context with regard to these indicators, while another source (ISTAT, 2020) highlights that older people in rural areas have much more frequently the opportunity of enjoying a private garden (58 %) compared to those in metropolitan areas (11 %).

Innovative measures with respect to housing for older people are implemented and what is their impact

According to a recent review of most relevant innovations in this field (Sarlo et al., 2021), two main categories of innovative measures can be identified in recent times in Italy: accessible services to facilitate the information and counselling of older people needing an adaptation of their homes (this being the case of the CAAD in Emilia-Romagna, and ADA in Tuscany); and accessible housing realised with a specific share of flats dedicated to older people with care needs, in close proximity to other flats assigned to caregivers, either family members or paid personal assistants (a solution proposed by the projects Synergy in Lombardy).

Another main innovation experienced in Italy in this area is represented by the "social co-housing", a model according to which people in later life share the same dwelling with other residents, like for instance other older people, live-in care providers or students (Riva, 2020). While the impact of these experiences has been so far rather limited, their increasing number seems to suggest that the need to find alternative solutions to the traditional housing model is pushing more and more people towards promising solutions like this one.

Challenges and changes in housing and housing policy brought by COVID-19

The pandemic did not affect substantially this aspect of policy, apart from highlighting the inconvenience of small housing solutions and of those located in areas that are not well supplied with shops and other services infrastructure, as these aspects emerged as important for quality of life during the lock down periods.

Future plans and priorities with respect to housing

A promising initiative in this area has been the establishment of a "National Committee for Social Housing" (Percorsi, 2020), a body started at the end of 2020 thanks to the joint effort of major Italian profit and non-profit organisations operating in this field, with the aim of promoting cross-cutting strategies to build a synergic approach to social housing with a public-private partnership.

The needs for accessible housing by older people with disability seem to be widely neglected by current policy measures, and should therefore become a stronger policy focus for the future, along the lines depicted above (Martinelli et al., 2021).

ESF+ programmes for the period 2021-2027 have been planned across many Italian regions, including aspects promoting housing in later life.

3.5.2. Transportation

Key trends and main challenges in assuring adequate transportation for older people as well as national policy measures to respond to them

As soon as some even slight reduction in mobility affects people in older age, the use of public transportation drops dramatically, as a recent study has clearly shown (Martinelli et al., 2021). While in the Northern and Central regions this is associated with the difficulty in reaching and accessing means of transportation and with the fear of falling, in the South an additional problem is represented by the unreliability of the time schedule of the local public transportation.

In few cases, this shortage of appropriate public transportation is partly compensated by the provision of dedicated transport services (e.g. to care service centres or similar destinations) provided by municipalities or non-profit organisations. Otherwise, the overwhelming majority of older people depends upon the private help provided by relatives, friends and neighbours or, but to a lesser extent, refer to privately paid services (e.g. taxis or even acquaintances or care workers they pay).

Affordability and quality of transportation for older people

The affordability of transportation for the older population is addressed in Italy by a variety of subjects. Most municipalities and even Regions offer discounted tickets and abonnements for the older population with lower socio-economic status, as do also major transportation companies (train, bus and flight). Also, transportation related to health care needs is covered by the health system in case of low income. Despite these facilitations, the lack of adequate transportation is an issue for many older people, since especially in rural and Southern Italian areas the presence of mobility means is quite limited (Martinelli et al., 2021).

Territorial or urban vs. rural differences regarding transportation for older people

The reduction in the use of public transportation due to its difficult accessibility in case of age-related mobility constraints is particularly true for Southern regions, and for rural areas, where it is practically inexistent and, when present, mostly arranged to transport pupils and students to their schools (Martinelli et al., 2021). When local municipalities and/or civil society organisations step in and arrange a dedicated mobility services for specific destinations (care centres etc.), this occurs primarily in the North and in the Centre.

Innovative measures with respect to transportation for older people are implemented and what is their impact

A recent review of good and innovative practices in this sector (Sarlo et al., 2021) shows that there have been two main categories of initiatives: those aimed at promoting out-of-home activities by means of dedicated mobility services, and those facilitating the creation of age-friendly environments that improve the accessibility and the safe usage of public spaces. Among the first category are the so called "social transports" or "social taxis" (and similar actions, such as for instance that of the project "Giuseppina", in Ferrara, Emilia-Romagna), which usually do not limit themselves to the physical transportation of the users, but try to establish meaningful relationships between them and the volunteers involved in the provision of the service. With regard to the second category, they aim at going beyond the simple organisation of transportation to already existing services or spaces, and rather try to rethink these facilities in order to reduce the need for transportation of (especially older and physically impaired) people, by an overall reorganisation of public spaces and the location of services (such as for example the project "CITabilitY" in Sant'Arcangelo di Romagna).

Challenges and changes in transportation brought by COVID-19

The COVID-19 pandemic has strongly limited the use of transportation by older people, due to the contemporary reduction in the number of routes run by companies and in the number of seats available within each route. Also, the fear of contagion has prevented many older people from using public transportation, unless strictly necessary, and even in this case most have tried to resort to private means (such as those offered by relatives, neighbours and friends).

Future plans and priorities with respect to transportation, use of ESF and Recovery and Resilience Funds

Within Italy's NRRP, transportation is primarily mentioned with regard to the possibility to reduce its energetic and ecological impact, and never in connection with the opportunity of improving their use by older people. However, when reference is made with the need of improving the network of transportation to connect secondary destinations, it is likely that also the older population living in these areas is going to benefit from these improvements.

ESF+ programmes for the period 2021-2027 have been planned across many Italian regions, including aspects promoting transportation for older people.

3.5.3. Financial independence

Key trends and main challenges in assuring financial independency of older people (e.g. the risk of poverty) as well as national policy measures to respond to them

The introduction in 2019 of the "basic income" regulation (*reddito di cittadinanza*) and of its equivalent "basic pension" (*pensione di cittadinanza*) for people aged 67 and over (i.e. over the retirement age limit) has remarkably reduced the risk of poverty in Italy compared to the past (Ministero del Lavoro e delle Politiche Sociali, 2020). However, in the last year, largely overlapping with the COVID-19 pandemic, this reduction has partially stopped, as reflected by the fact that the level of income of Italian

pensioners during the first COVID-19 pandemic has decreased in almost 30 % of cases, against however much higher shares recorded for all other population groups (Caritas, 2020).

The financial independence of older people during the COVID-19 pandemic

The position outside of the labour market of the older population and the fact that most of it can count on a pension has protected older Italians from the most dramatic economic effects of the pandemic and of the restrictions measures undertaken to contain it. According to recent official statistics (ISTAT, 2021), in 2020 households containing at least one person aged 65 and over have reported only a slight increase in terms of absolute poverty (from 5.1 % in 2019 to 5.6 % in 2020), while the number of households with no older members have remarkably increased their share among those in absolute poverty (rising from 7.3 % to 9.1 %).

Future plans and priorities

Within Italy's NRRP, specific measures have been planned within the priority "M5C2" (Social infrastructures, families, communities and Third Sector) to support, among others, vulnerable older people through a strengthening of supports, including co-housing interventions, in order to reduce the costs possibly burdening their condition (Italian Government, 2021).

4. RECOMMENDATIONS FOR THE EU-LEVEL

In the light of the evidence reported above, some recommendations for action to be undertaken at EU-level with regard to the Italian context emerge from both the analysed documentation and the opinions formulated by the consulted experts, and they can be summarised as follows:

- **Active Ageing (AA):** the EU should promote the adoption of policies in this field that, for the Italian case, would mean, to enact a national framework law on AA, to initiate a national AA Strategy, to monitor the implementation of the NRRP in AA perspective, and to implement the comprehensive set of Recommendations for the adoption of AA policies, developed within the project "National multi-level participatory coordination of policies on active ageing" (Lucantoni et al., 2021).
- **Economic/labour market participation:** in this area, following measures should be adequately supported by the EU, and monitored throughout the implementation of the NRRP. In the first place, actions should be carried out to increase the employability and workability of older workers, with the aim to promote the upgrading of educational levels through the participation in lifelong learning initiatives, and to further develop systems to recognise, certify and validate experiences/competencies. Secondly, the co-existence between older and younger workers should be facilitated, by stimulating knowledge transfer and exchange, and by combatting discrimination on the grounds of age/ageism also in the labour market. Finally, the implementation of the recommendations developed within the project "National multi-level participatory coordination of policies on active ageing" (Lucantoni et al., 2021) should be monitored, especially those related to the "Commitment 5" of the Madrid International Plan of Action (MIPAA), SDG 8 (Enable the labour market to respond to economic and social consequences of the aging of the population). These concern in particular the promotion of age management policies in both public and private sectors (including SMEs) and of active labor policies facilitating professional retraining, updating skills and reintegration into employment of mature unemployed workers, disadvantaged ones, already retired, etc..
- **Social participation:** since the typology of housing and neighbourhoods affects the quality of social relationships in later life, more attention should be paid to this aspect in future investments in this area, as it has a clear impact on older people' social relations (Arlotti and Cerea, 2021). Experts suggest that the EU should be very careful in considering national specificities when developing its recommendations in this field (and not only), since there may be very peculiar situations – such as for instance those related to historically relevant phenomena or due to recent trends heavily affecting the functioning of the LTC-sector, like for example the very strong role of migrant care workers in Italy, with a remarkable impact also in terms of family carers' social participation – that need strongly customised answers, rather than "one-fit-all" interventions.
- **Health care and wellbeing:** a major recommendation in this area concerns the urgency of pushing for a true integration and coordination of care services across the health, social and long-term care sectors, beyond the marginal changes that some of the proposals made in single countries' NRRPs may have indicated. This is an issue concerning the fundamental human right to health care, that can no longer be neglected.
- **Long-term care:** this is in Italy a culturally still rather very weak policy sector, i.e. in which it is still possible to make false statements without running the risk of reputational sanctions, as it has not yet reached a mature level of evidence-based debate of the different policy options. Therefore, it would be important for the EU to initiate and support a robust campaign of

theoretical and especially empirical dissemination of the fundamental scientifically relevant findings in this area, including those on the trade-offs between residential and home care, between formal and informal care, and the use of new technologies.

- Supportive environments: Stronger attention is needed for this aspect, for instance by allowing the reduction of architectural barriers within one's home as an independent requirement to access a fiscal full reimbursement of the related expenses (rather than as a factor depending on other requirements, as currently provided for by the so-called "super-bonus" law, partially funded by Italy's NRRP). With regard to outdoor environments, the "age-friendly cities and communities" framework should be more systematically implemented EU-wide, including Italy, as in this country this approach represents a reality only in a minority of local context, primarily located in the Northern and Central part of the country. Furthermore, dedicated public transports for older people with care needs should be strengthened, making them easily accessible and affordable, and integrated by an accompanying service (especially for those without informal caregivers in their surroundings). This is particularly urgent for those areas, like the South and rural contexts, where these means of transportation are rather scarce. A specific EU-wide campaign in this field would be particularly welcome.

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The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Italy. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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