



**REPORT FOR ITALY FOR THE FOURTH REVIEW AND APPRAISAL CYCLE OF
THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF
ACTION ON AGEING AND ITS REGIONAL IMPLEMENTATION STRATEGY
(MIPAA/RIS)**

2018-2022

October 2021

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Executive Summary

1 - The Italian population totals, as of January 1, 2021, 59,257,566 people, ie about 384,000 fewer inhabitants than the previous year. Women represent 51.3% of the total. Compared to 2017, the year of the previous Report, the resident population decreased by 809,000 units, with a decrease of 1.3%. The average number of children per woman dropped further to 1.24, the lowest level since 2003. Italian women have an average of 1.18 children, while resident foreign citizens have an indicator of 1.98. The average age of first-time mothers for Italian women is currently 32.65 years, while that of foreign women is 29.11 years.

2 - The year 2020 was characterized by an exceptional mortality, due to the impact of the pandemic, with 746,146 deaths, 100,526 more than the 2015-2019 average (+ 15.6%). 58.5% of all deaths involved 80+, while 32.6% occurred in the 65-79 age class. Life expectancy at birth fell in 2020 for men to 79.7 years (-1.4 years compared to 2019) and for women to 84.4 (-1 year compared to 2019). At the age of 65, life expectancy for men is 18.2 years and 21.6 for women.

3 - The pandemic has not slowed down the ageing process of Italian society, whose average age is now 46 (compared to 44.9 in 2017). 65+ have come to represent 23.5% of the population, while 80+ are currently 7.6% of the total. The working age population (15-64) dropped to 63.7%, while the 0-14 age class represents 12.8% of the total. With an old-age index that rose from 165.3 in 2017 to 178.4 in 2020, Italy is currently the EU27 Member State with the highest percentage of 65+.

4 - Absolute poverty has the lowest incidence among 64+ (5.3%), while it grows among 18-34 (reaching 10.3%), 35-44 (10.7%) and 45-54 (9.9%). Households whose income comes from pension benefits are the least affected (4.4%). 65+ are the only age group for which the incidence of absolute poverty has not increased: only 12% of them declared a worsening of their economic condition following the crisis, while this percentage was 26.3% in central age classes (35-54), and 19.1% among 55-64.

5 - From February 2020 to April 2021 the number of employed people fell by 814,000 units (-3.5%). In this context, 50+ remained almost stable. 32.6% of the unemployed are 45+; in particular, 21.6% are in the 45-54 age bracket and the remaining 11.1% are 55+. Between 55 and 64, inactive people increased by 3.5%. 55-64 year olds are 13.6% of the inactive and the 65+ are 48.7% of them. Women represent more than 60% of the inactive population, exceeding 76% between 35 and 54 and almost 64% between 55 and 64.

6 - Since 2010, the participation of the elderly population (55+) in the labour market has grown by 11 percentage points with a constant trend for both genders; the percentage of those who are exempt from the risk of poverty has further expanded (from 88.5 in 2010 to 92.4 in 2020, according to the Active Aging Index); an increasingly large number of elderly people live in autonomous and independent living situations (+ 3.3%) with improved health conditions. Older generations have currently higher educational attainment than the previous ones (educational attainment at high school or university level went from 27.8% in 2010 to 43.4% in 2018), and the involvement in life-long learning is slowly but steadily increasing.

7 - In a context of transformation of family structures, the older generations continue to be the main pillar of the informal welfare system, both by supporting the income of families, and in caring for grandchildren or other children (+4.3% compared to 2010) and to a lesser extent in the care of other elderly people, or people with disabilities (often spouses).

8 - At present, about half of the Italian Regions have adopted a transversal and organic law on active aging. Although the implementation of these norms may suffer from structural shortcomings, particularly in the area of social services, they gave the green light to policies and

interventions that enhance the contribution of older persons to society and the economic development, in particular in relation to their role in the development of local community life.

9 – The non profit sector is performing an increasingly important role in feeding the discussion about ageing, so expanding the perspective of reflection in the field of human and social rights. The representatives of the organizations of older people are currently participating in the planning of the reform of services provided for persons with disabilities and long term care. In this context, a Chart of the rights of the elderly, prepared by the Commission for the reform of health and social assistance for the elderly population, established by the Ministry of Health, has been recently presented to the President of the Council of Ministers.

10 - In Italy, as in the rest of the European Union, the 20 years of the MIPAA, before the outbreak of the pandemic, was characterized by a steady increase in the share of the oldest component of the workforce on the total number of employees. The share of 50+ on the total Italian 15+ employed population increased from 21.6% in 2002 to 37.3 in 2019, further growing also in the following year (38.5) and exceeding the EU27 average (33.9). This segment has grown proportionally more among women (+20 points) than among men (+ 15), reaching a similar share for both genders by 2020 (38.4 between the former and 38.6 among the latter).

11 – At the same time, the share of 45+ men and women grew out of the total unemployed, reaching in 2020 respectively 33.4% and 32% of people actively looking for a job. This led to the establishment of permanent national incentive measures for hiring 50+ workers, and women regardless of their age. These measures were essentially based on partial or total coverage of social security costs borne by the employer. These measures were added to the contribution benefits provided for employers who hire workers who take advantage of various forms of social safety nets, or fall into fragile categories, such as people with disabilities, persons deprived of liberty or recipients of the minimum income measure. named Citizenship Income.

12 – In 2018 with the Inclusion Income (Reddito di inclusione), subsequently replaced in March 2019 by the Citizenship Income (Citizenship Pension for retired workers), Italy adopted a structural national measure of minimum income. The original aim of the measure in term of social inclusion has expanded by requiring beneficiaries to actively search for a job with the support of Public employment services. These measures were strengthened in May 2020 by the Emergency Income, provisionally established to support families in economic difficulties due to the pandemic from Covid-19. By the end of 2019, the Citizenship income had reached almost 916 thousand 45+ people, namely 35% of the total beneficiaries. More than 86% of them were in the 45-64 age group.

13 - The public pension pillar contributed to a longer working life of men and women, due to the progressive increase in the retirement age. It also favored the containment of the risk of poverty in 65+ age groups: between 2005 and 2020, above the age of 65, the incidence of relative poverty remained more or less stable, fluctuating around 5%, while absolute poverty recorded a marked decrease, from 15% in 2002 to 7.6% in 2020. In this context, starting from 2009, the employment participation of older persons was further favored by the abolition of any prohibition that weighed on working pensioners, as well as by the possibility of choosing to remain at work beyond retirement age, up to 70 years of age.

15 - In accordance with the policy framework established by the European Union, Italy has adopted a coherent strategic approach of life-long learning since the 2012 labour market reform. The reform defined life-long learning as "any activity undertaken by people in a formal, non-formal and informal way, in the various stages of life, in order to improve knowledge, skills and competences, from a personal, civic, social and occupational perspective ". The adoption of this approach has resulted in the establishment of the Interinstitutional Board on Life-long Learning (TIAP) at national level and in the preparation of the National Strategic Plan for the development of skills of the adult population. This was accompanied by the definition of the national framework

of qualifications issued under the national skills certification system, established in 2018 and the reform of the network of Provincial centers for adult education.

16 - Over the last 20 years, the most significant progress made in ensuring ageing with dignity in Italy has occurred around two main dimensions: a) an approach to ageing that is not limited to disability/morbidity, but aimed at the prevention of risk factors connected to the main determinants of health, such as socio-economic and cultural conditions, housing conditions, types of family/community coexistence, the characteristics of the urban/rural environment and the relationship with social and healthcare services; b) the provision of intersectoral measures to combat health inequalities in old age and along the life course, prevent and manage chronic comorbidities, improve people's life expectancy and quality of life.

17 - At the national level, the measures developed to promote autonomy, self-determination and participation in social life of older persons are mainly promoted by the Ministry of Health within the framework of two policy instruments, the National Program "Gaining Health: make healthy choices easy" and the five-year "National Prevention Plan" (PNP), which aims to implement interventions to promote healthy lifestyles and environments that are favorable to population health. These interventions are based on a global approach (according to a One Health perspective), which is also intersectoral (including education, social dimensions, urban planning, transportation, agriculture, etc.), multicomponent (transversal to determinants of health), and life cycle (life course) oriented, and setting (schools, workplaces, local communities, health service) oriented.

18 - The knowledge of health demand and the conditions in which ageing occurs and is experienced, is currently fuelled by means of the epidemiological survey Silver Steps (Passi d'Argento), launched in 2009 by the Ministry of Health, and established as a continuous survey from 2016 onwards. A second step is the definition of specific indicators related to the health conditions of older persons, and their relationship with local services and communities, as part of the Report on Equitable and Sustainable Well-being (BES) prepared each year by the National Institute of Statistics (ISTAT).

19 - From the beginning of the SARS-Cov-2 pandemic until September 2021, 4,645,894 confirmed cases of Covid-19 and 129,909 deaths have been reported in Italy. 16.9% of cases concerned the 50-59 age group, 10.7% the 60-69 age group, 7.7% the 70-79 age group, 5.7% the 80-89 age group and 2% 90+. Although 50+ people represented 43% of total infections, 98.7% of deaths were concentrated in this age range, with a marked concentration in the 80-89 class (40, 2%) and a lethality rate that, after the age of 70, was well above the average of 2.8. Women accounted for 43.5% of the total deaths.

20 - The effort to contain the pandemic by the National Health Service led to a 21% decrease in hospitalizations in 2020 compared to 2019. The decrease in access to outpatient healthcare services over the age of 54 has fluctuated between 18% and 22%, compared with a 33% decrease for pediatric age and 22% for adults between 35 and 54. The pandemic also had an influence on other causes of death, such as hypertensive heart disease and diabetes, both by favoring the acceleration of disease processes and by overloading health facilities.

21 - Considering that a large portion of the elderly population affected by Covid-19 were guests of nursing homes (RSA), hospices, rehabilitation and residential facilities, in all Regions a specific surveillance system has been activated and territorial plans and protocols were established to prevent contagion and protect the health of users and health personnel. Since the overloading of hospital facilities has led, in some cases, to an evident marginalization of fragile patients, in March 2020 the Italian Society of Anesthesia, Analgesia, and Intensive Care drew up a policy document, followed on October 22th 2020 by another text, developed in collaboration with the Medical Federation (FNOMCeO) to initiate a specific reflection and evaluate the opportunity to envisage changes to the Code of Medical Ethics. These interventions were followed in April 2020 by a specific opinion of the National Bioethics Committee. In this context, the problem of ensuring clear

and transparent communication to the older persons and their families about the diagnosis, treatment and rehabilitation strategies adopted has emerged in all its importance. Particular attention was finally drawn, especially in the field of care facilities such as nursing homes, towards the application of palliative care and end-of-life management, from a physical, mental and spiritual point of view.

22 - At the date of this report, 80.73% of 12+ population have completed the two-dose vaccination course. The 50-59 age group showed a coverage percentage of 81.8%, the 60-69 one 86.8%, the 70-79 one 90.5%, the 80+ one 93.1%. To these a share of 5.6% who has currently been given a third booster dose should be added. At the end of September, 3.5 million 50+ had not been vaccinated. Of these 1.68 million belonged to the age group 50-59 and about 917,000 to the next 60-69. To cope with the potential risks associated with the gradual reopening of all economic activities, the Government introduced the obligation for all public and private workers to show a valid EU Digital COVID Certificate (Green Pass) and the strengthening of the screening system. The obligation will remain in force from 15 October to 31 December 2021, the current deadline for the end of the state of emergency promulgated by the Government.

23 - Italy is currently on an exit path from the crisis triggered by the Covid-19 pandemic. In this phase, the Government strategy is grounded on the reforms and interventions that make up the National Recovery and Resilience Plan (PNRR) financed with the resources made available by the European Union with the Recovery and Resilience Facility (RRF), within the framework of the Next Generation EU (NGEU) program. The Plan aims at achieving an ecological and digital transition, acting at the same time to fill the employment gaps that penalize young people, women and the southern area of the country. In the Plan, specific emphasis is given to the interventions addressed to older people with disabilities, to the health problems connected to an ageing population, the strengthening of the care function in old age, the improvement of social services in this area and the implementation of interventions of telemedicine and remote assistance.

24 - As concerns the participation of older persons in social life, a first priority for the future is represented by the gender dimension. Gender inequalities continue to occur in the context of the transformations in family models, in couple relationships and within the relationship between generations, permeating the cultural models of generativity and care, as well as in the context of transformations in work and processes of development of social life.

25 - A second priority is represented by the need to integrate ageing policies, identifying functions and areas of coordination, which could facilitate the implementation of actions consistent with the sustainable development objectives. In this context, one of the main tools will be represented by the consolidation of the project "National multilevel co-managed coordination of active ageing policies", promoted by the Department for Family Policies of the Presidency of the Council of Ministers. The project will conclude its pilot phase in 2022. The information collected during its development and the institutional learning originated by the discussion among Public Administrations and the network of national and local civil society stakeholders will contribute to the development of new intervention methods and further areas of joint planning.

26 - The priorities related to longer working life, life-long learning and income support must be inscribed in the strategic framework of Mission 5 of the PNRR, dedicated to inclusive growth and social and territorial cohesion. The "Policies for work" component of Mission 5 will support the transformation of the labour market, in the context of the green and digital transition, in order to facilitate employment transitions, improve the employability of workers and widen their skills. In the area of employment policies, the Mission will promote interventions such as the strengthening of employment centers; incentives for hiring young people and women, especially in the South, and the reduction of labour costs; business creation by women; the creation of a national certification system for gender equality; the strengthening of the dual system in vocational education and training courses; the reform of active labour market policies and training to support professional retraining and reintegration of workers in transition and the unemployed; a national plan to combat undeclared work. Although this section of the PNRR does not identify

older workers as a specific target, the expected impact on female employability in the second part of the working career (45+) is of great importance, considering that the measures described should contribute to increasing the female employment by 4% in the three-year period 2024-2026, in particular in the South (+ 5.5% in the same period).

27 - The challenges of the future, with regard to disability of older persons, are in particular related to overcoming an individualistic perspective, of recovering the deficit, which has characterized the system of health services and social intervention in the last twenty years. As part of the PNRR, Mission 5C2 "Social infrastructures, families, communities and the third sector", and the Health Mission M6C1 "Proximity networks, structures and telemedicine for territorial health care", provide an upcoming reform of the services dedicated to disability and long-term care. Planned actions will enhance the "social" dimension of health, urban planning, housing, services for older people, with a view to supporting families, enhancing multiculturalism and gender equality. Both measures provide for a significant infrastructural investment, aimed at preventing institutionalization through housing solutions and innovative equipment (assisted housing, social housing, telemedicine, community homes and hospitals) to achieve and maintain maximum autonomy, with the support of home care services.

General information

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National ageing strategy:

Project "National multilevel co-managed coordination of active ageing policies"

The project is based on the general mandate of the Department for Family Policies and what established by article 1, subsection 482 of Budget Law nr. 145/2018, which states that the National Fund for Family Policies should provide measures in support of the family, childbearing, parenthood with the priority of contrasting the demographic crisis and also supporting older households' members.

On this basis, in April 2019 the Department launched a national coordination initiative, involving all government levels (Municipalities, Provinces, Metropolitan Cities, Regions and central authorities) and relevant stakeholders, aimed at establishing a shared and participated model of intervention for the promotion of active ageing in Italy and in view of the establishment of a national active ageing strategy. The project is expected to:

- collect information about the status of the art at national and regional level, concerning policies/intervention of active ageing;
- develop guidelines for modeling interventions for active ageing and social inclusion of older people at national/local level, involving Regions and Municipalities, also adopting the Active Ageing Index as a monitoring tool, and strengthening intergenerational solidarity, in accordance to MIPAA/RIS;
- collaborate to the realization of the Fourth review and appraisal cycle of the implementation of the MIPAA/RIS, favoring the bottom-up approach and involving all relevant public and private stakeholders;
- disseminate the results of the project, at national and international level.

The project completed by 2019 the collection of information on national and regional policies/interventions on active ageing. During 2020, the network of Public Administrations and stakeholders jointly developed recommendations and shared experiences (regulations and practices) that could be useful for the implementation of further interventions in the field of ageing, at national and local level.

At present, the project has started a new stage of discussion with stakeholders, which will also include feedback on the contents of this Report.

Project Web site:

<http://famiglia.governo.it/it/politiche-e-attivita/invecchiamento-attivo/progetto-di-coordinamento-nazionale/>

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Part I

1. National ageing situation

1.1 National ageing situation - Demographic indicators

As of January 1, 2021, Italy has a **population** of 59,257,566 inhabitants, i.e., about 384,000 less than the previous year¹. Women account for 51.3% of the total. Compared to 2017, the year of the previous Report, the total resident population decreased by 809,000 inhabitants (-1.3%). Resident foreign citizens amount to 5,035,643, of whom 51.8% are women, and account for 8.5% of the population. Again, compared to 2017, there was a decrease, albeit smaller than that of the total population, of just over 11,300 inhabitants (-0.2%).

In 2020, the two-year average number of households was 25,592,000, an increase over 2017 of 98,000 households (+0.4%)². Single-person households, which numbered 8,139,000 in 2017 (31.9% of the total), grew by 3.3% to 8,410,000 (32.9% of the total). Between the ages of 55 and 64, 43.7% of people live as a couple with children, while 7% live in a single-parent household and 15.9% live alone. Among 65+, 42.6% of people live in a childless couple, 29.9% live alone, 13.4% live in a couple with children, and 6% live in a single-parent household³.

The average number of children per woman fell further to 1.24, which is the lowest level since 2003⁴. Italian women have an average of 1.18 children, while resident foreign nationals have 1.98. The average age of Italian women giving birth to their first child is currently 32.65 years, while that of foreign women is 29.11 years⁵. The Covid-19 pandemic also significantly reduced migration flows in 2020: compared to 2019, foreign birth registrations dropped from 333,000 to 221,000 (-34%) and cancellations from 180,000 to 142,000 (-21%). The net migration balance is half that recorded in 2019, reaching 1.3 per thousand inhabitants⁶.

As is well known, 2020 was marked by exceptional mortality due to the impact of the pandemic, with a death toll of 746,146, which was 100,526 more than the 2015-2019 average (+15.6%). The obvious increase in mortality due to SARS-CoV-2 is confirmed by the fact that over 91% of these deaths occurred above the age of 65 years. Specifically, 58.5% of all deaths involved people over 80 years of age, while 32.6% occurred in the 65-79 age group⁷. This situation has had major impacts on life expectancy. In 2020 life expectancy at birth declined to 79.7 years for men (-1.4 years compared to 2019) and to 84.4 for women (-1 year compared to 2019). At age 65, life expectancy for men is 18.2 years and 21.6 for women⁸.

Nonetheless, the pandemic has not slowed the ageing process of Italian society, whose average age is now 46 (compared to 44.9 in 2017). The 65+ population now represents 23.5% of the total, while the 80+ population is currently 7.6% of the total. At the same time, the working-age population (15-64 years) dropped to 63.7%, while the 0-14 age group accounted for 12.8% of the total⁹. With an old-age index¹⁰ rising from 165.3 in 2017 to 178.4 in 2020, Italy is currently the Member State of the EU27 with the highest percentage of 65+ residents, followed by Finland,

¹ ISTAT, *Indicatori demografici. Anno 2020*, ISTAT, Statistiche Report, May 3, 2021; <http://demo.istat.it/strasa2021/index.html>

² Istat.it/Popolazione e famiglie.

³ ISTAT, *Annuario statistico italiano 2020*, ISTAT, Rome, 2020.

⁴ ISTAT, *Indicatori demografici. Anno 2020*, ISTAT, Statistiche Report, May 3, 2021; <http://demo.istat.it/strasa2021/index.html>.

⁵ Istat.it/Popolazione e famiglie

⁶ ISTAT, *Indicatori demografici. Anno 2020*, ISTAT, Statistiche Report, May 3, 2021; <http://demo.istat.it/strasa2021/index.html>

⁷ ISTAT, Istituto Superiore di Sanità, *Impatto dell'epidemia covid-19 sulla mortalità totale della popolazione residente. Anno 2020 e gennaio-aprile 2021*, Rome, June 10, 2021, https://www.iss.it/documents/20126/0/Report_ISS_Istat_2021_10_giugno+%281%29.pdf/3df35cd3-edd5-56e1-5867-d274f5032fb5?t=1623336923282

⁸ ISTAT, *Indicatori demografici. Anno 2020*, ISTAT, Statistiche Report, May 3, 2021; <http://demo.istat.it/strasa2021/index.html>

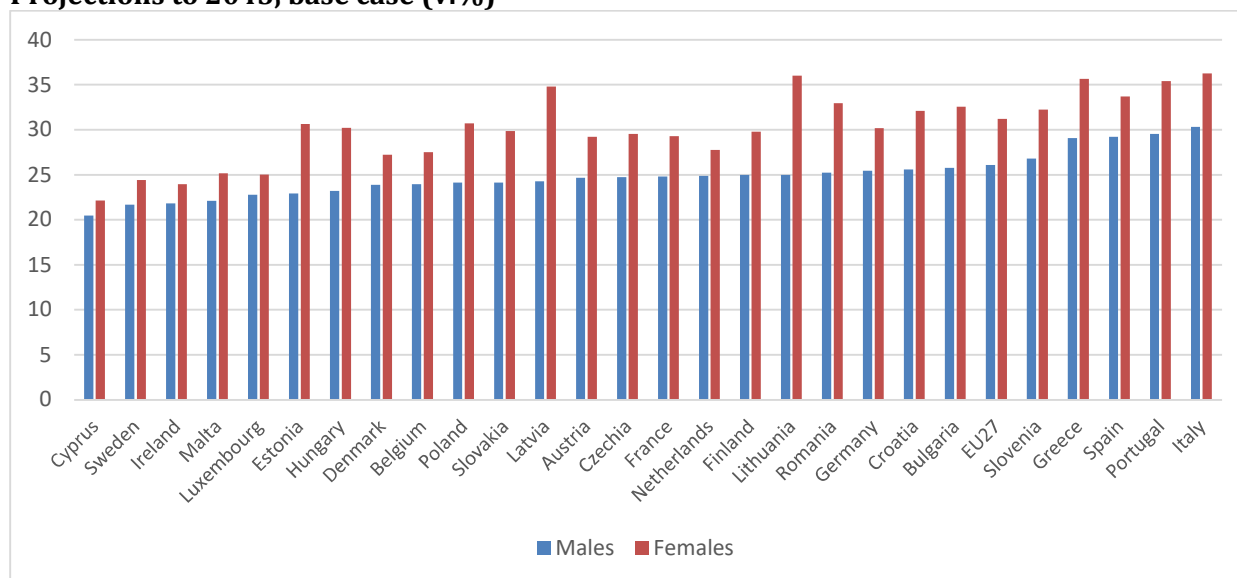
⁹ ISTAT, *Indicatori demografici. Anno 2020*, ISTAT, Statistiche Report, May 3, 2021; <http://demo.istat.it/strasa2021/index.html>

¹⁰ The ratio of the population aged 65 and older to the population under 15.

Greece, Portugal and Germany. As a result of this population structure, the old-age dependency ratio¹¹ in 2020 was 36.4%, again the highest of all, along with that of Finland.

According to Eurostat projections, by 2045 Italy will continue to rank at the top, with the percentage of 65+ among men rising to 30.3% and among women to 36.2% (Figure 1).

Figure 1 - 65+ population as a percentage of the total population. Member States and EU27. Projections to 2045, base case (v.%)



Source: elaboration on Eurostat data, extracted on 29/07/2021 17:02:02 from [ESTAT]

1.2. National ageing situation - Social and economic indicators

Social and economic indicators are deeply affected by the crisis caused by the Covid-19 pandemic. It has resulted in a reduction in income from employment and capital income of households by 7.3% compared to 2019 (equal to almost Euro 93 billion). In particular, income from employment decreased by 6.9%, while corporate income by 12.2%. Approximately two-thirds of these losses were offset by the support measures put in place by Public Authorities¹².

The decline in income and consequently in consumption has resulted in an increase in households living in absolute poverty¹³, which have risen from 6.4% in 2019 to 7.7% of the total (i.e., about 5.6 million people). As regards the age of the breadwinner, the 64+ group (5.3%) continues to be the least affected, while it increases significantly between the ages of 18 and 34 (reaching 10.3%), between 35 and 44 (10.7%) and between 45 and 54 (9.9%). Households with income from pensions are the least affected (4.4%), while those where the breadwinner is working or seeking employment register the highest values (13.2% and 19.7%, respectively). Overall, people aged 65+ are the only group for which the incidence of absolute poverty is not increasing and remains the lowest. In general, only 12% of the 65+ group declared a worsening in their economic

¹¹ The ratio of the population aged 65 and older to the population aged 15-64 (working age population).

¹² ISTAT, *Rapporto annuale 2021. La situazione del Paese*, ISTAT, Rome, July 9, 2021, <https://www.istat.it/it/archivio/259060>

¹³ According to the ISTAT definition, the absolute poverty threshold is the monetary value, at current prices, of the basket of goods and services considered essential for each household, defined on the basis of the age of the members, geographical distribution and type of municipality of residence. A household is absolutely poor if it has a monthly consumption expenditure equal to or less than this monetary value (<https://www.istat.it/it/dati-analisi-e-prodotti/contenuti-interattivi/soglia-di-poverta>)

condition because of the crisis, while in the central age brackets (35-54) this percentage was 26.3% and in the age bracket immediately below (55-64) 19.1%¹⁴.

This differentiation in conditions is related to the impact the pandemic has had on the labor market. After continuous growth in employment from 2014 to mid-2019, between February 2020 and April 2021 the number of those in employment fell by 814,000 (-3.5%). The reduction affected more young people between 15 and 34 years (-6.3%), than the central age brackets 35-49 (-5.1%). In this context, the 50+ have remained nearly stable¹⁵. Despite a parallel decrease in unemployment due to the consequences of movement restrictions on job search opportunities, 32.6% of the unemployed are over 45 years old; specifically, 21.6% are between 45 and 54 years of age and the remaining 11.1% are over 55 years of age¹⁶. The decrease in unemployment was mirrored by a 2.7% increase in the number of inactive persons (equal to 711,000). Although the largest increase occurred in the 25-34 age bracket (up 9 percent), the increase in the 55-64 age bracket reached 3.5%. Overall, the share of the older age brackets on the total remained similar, with the 55-64 age group accounting for 13.6% and 65+ for 48.7% of the total¹⁷. Although the increase in the number of inactive persons affected men (+3.3%) more than women (+2.3%), concentrating in the central age brackets between the ages of 25 and 54, the latter continue to account for over 60% of the inactive persons, exceeding 76% between the ages of 35 and 54 and almost reaching 64% between the ages of 55 and 64¹⁸.

Between January and June 2021, the average retirement age of pensions paid to employees was 67 years for men and 67.2 for women. The average age for early retirement was 61.5 years for men and 60.9 for women, respectively¹⁹.

1.3. Description of the social, political, and economic situation

Italy is currently on the way out of the crisis triggered by the Covid-19 pandemic. At this stage, the Government's strategy is based on the reforms and actions that make up the Recovery Plan financed by the European Union's Recovery and Resilience Facility (RRF), within the framework of the Next Generation EU (NGEU) program. In this context, the Italian Recovery Plan (NRRP)²⁰ consists of 6 missions and three overarching priorities (Table 1)²¹, which follow the lines of action identified by the European Union (digital transition and innovation, green transition, and social inclusion).

¹⁴ ISTAT, *Rapporto annuale 2021. La situazione del Paese*, ISTAT, Rome, July 9, 2021, <https://www.istat.it/it/archivio/259060>

¹⁵ ISTAT, *Rapporto annuale 2021. La situazione del Paese*, ISTAT, Rome, July 9, 2021, <https://www.istat.it/it/archivio/259060>

¹⁶ ISTAT data, extracted on 2 Aug 2021 09:52 UTC (GMT) from I.Stat.

¹⁷ ISTAT data, extracted on 2 Aug 2021 10:04 UTC (GMT) from I.Stat.

¹⁸ ISTAT data, extracted on 2 Aug 2021 10:22 UTC (GMT) from I.Stat.

¹⁹ INPS, *Monitoraggio dei flussi di pensionamento. Pensioni decorrenti nel 2020 e nei primi sei mesi del 2021*, Rome, July 2, 2021,

https://www.inps.it/docallegatiNP/Mig/Dati_analisi_bilanci/Osservatori_statistici/Flussi_pensionamento/Pensioni_decorrenti_2020_primo_semestre_2021.pdf

²⁰ Governo Italiano, *Piano Nazionale di Ripresa e Resilienza*, <https://www.governo.it/sites/governo.it/files/PNRR.pdf>

²¹ The total allocation for the NRRP is Euro 235.14 billion. In addition to the Euro 191.5 billion of the Recovery and Resilience Facility, there are Euro 30.64 billion in national funds and Euro 13 billion of the ReactEU (Recovery Assistance for European Cohesion and Territories) program. The amounts not to be repaid to the European Union amount to Euro 68.90 billion (36%), while loans to be repaid amount to 122.6 billion (64% of the total).

Table 1 - The 6 Missions and 3 cross Priorities of the Italian NRRP

Missions	Cross Priorities		
1. Digitization, innovation, competitiveness, culture and tourism 2. Green revolution and ecological transition 3. Infrastructure for sustainable mobility 4. Education and research 5. Inclusion and cohesion 6. Healthcare	Gender equality	Youth	Reduce the gaps in standards of living

Source: Formez PA, 2021.

The Plan's strategy aims to achieve a full green and digital transition, while taking action to bridge the employment gaps that hamper young people, women and the Southern part of Italy. At the same time, the aim of the Plan is to create the conditions for a production system and a Country as a whole that are more resilient in tackling crises and sustainable in the long term. Therefore, in addition to acting on the digital and green transformation of the economy, first of all the Plan aims to create and consolidate the skills and capacities needed for this transformation, by intervening on school and university pathways, supporting the right to study and enabling families to invest in the acquisition of advanced skills. In addition, the Plan aims to strengthen active labor market policies, social infrastructures to support families, communities and the Third sector and, last but not least, to address the critical issues of the healthcare system, improving its infrastructure and technological equipment, promoting research and innovation and enhancing staff skills²².

Foremost importance is attached to actions aimed at non-self-sufficient older people, health issues related to the ageing of the population, the improvement of care in old age, the consolidation of the role of social services in this field and the implementation of telemedicine and proximity assistance measures²³.

The Plan's implementation will also be accompanied by a series of reforms recommended by the European Union in the fields of Justice and Public Administration, administrative simplification, market competition and tax reform.

²² Formez PA, *L'Italia riparte. Il PNRR - Piano Nazionale di Ripresa e Resilienza*, https://lineamica.gov.it/sites/default/files/pnrr/1_Il_Pnrr_in_sintesi.pdf

²³ Governo Italiano, *Piano Nazionale di Ripresa e Resilienza*, <https://www.governo.it/sites/governo.it/files/PNRR.pdf>

2. Method

The Fourth Appraisal Cycle of the MIPAA/RIS has adopted a methodology that integrated desk analysis of quantitative and qualitative information, with a bottom-up approach, made possible primarily by the comparison and documentation activities carried out as part of the Italian “National multilevel co-managed coordination of active ageing policies” Project (see description under General Information). Considering that the Report must provide information both on the period 2017-2022 and take stock of the twenty years of implementation of the MIPAA/RIS, the assessment was partly carried out as part of the Project²⁴, through interaction with the network of Public Administrations and civic society stakeholders involved in it. Overall, this assessment process consisted of the following steps.

1. April 2019 - October 2020. The first step of the project was to establish the national network of central and regional Public Administrations, social parties and other civic society organizations operating in the field of active ageing. In this phase, with the direct involvement of Public Administrations, information was collected on policies, regulations and actions on active ageing carried out in Italy in recent years. In this context, specific attention was paid to identifying existing connections with the implementation of the Sustainable Development Goals (SDGs) of Agenda 2030. The result of the survey was submitted to the network of stakeholders for their comments and contributions.

During this phase, discussion within the project network also focused on the impact of the Covid-19 pandemic on the issues being addressed. At the launch of the Fourth Review and Appraisal Cycle of the Implementation of the MIPAA/RIS, the preparatory path to the drafting of this Report was illustrated and Italy's candidacy for the organization of the 5TH UNECE Ministerial Conference on Ageing was announced.

2. November 2020 - March 2021. The second phase of the project concentrated on drafting recommendations for active ageing policies in Italy, based on the information collected previously. The recommendations, shared with the network of Public Administrations and stakeholders, are aimed at encouraging and guiding the development of measures and actions, as well as consolidating mechanisms for multi-level coordination, participation, and co-design, in accordance with the principle of subsidiarity (see chap. 6).

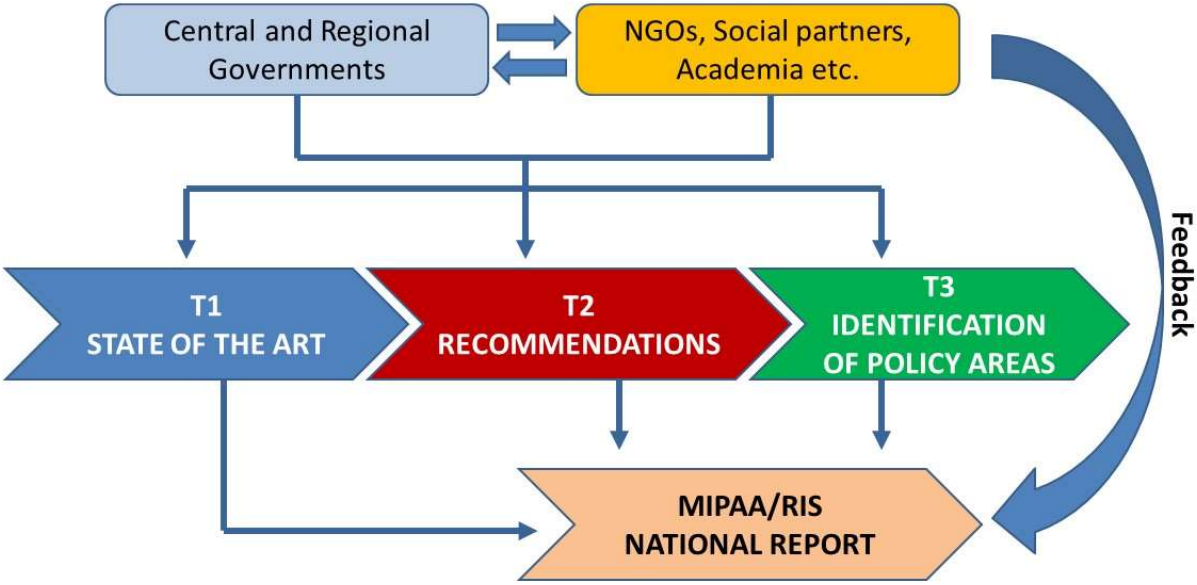
3. April 2021 - August 2021. In this phase, experimentation was launched for the participatory implementation of the recommendations, through discussion with national and regional Public Administrations and subsequent feedback from the network of civil society stakeholders. At the same time, the drafting of the National Report on the implementation of the MIPAA/RIS started, including the information collected throughout the Project.

4. February - March 2022. The Report will be submitted for review by the network of Public Administrations and Project stakeholders. Comments received during consultation will be published as an annex to the Report.

Figure 2 schematically illustrates where the MIPAA/RIS Report preparation process falls within the Coordination Project.

²⁴ Andrea Principi, Pietro Checcucci, *Participatory approaches to policymaking in the field of ageing: the example of Italy*, UNECE, Making participation meaningful: bringing Governments and civic society together, online workshop, April 21, 2021.

Figure 2 - Contribution of the National Coordination Project on Active Ageing to the National Report on MIPAA/RIS



Source: Principi, Checucci, 2021²⁵.

The Report’s layout follows the guidelines proposed by UNECE in September 2020 and adopted by the Bureau of the Standing Working Group on Ageing²⁶, providing an analysis and assessment of national and regional actions structured according to the three macro-objectives set in the 2017 Lisbon Declaration²⁷.

²⁵ Andrea Principi, Pietro Checucci (2021), *Participatory approaches to policymaking in the field of ageing: the example of Italy*, UN Economic Commission for Europe, Making participation meaningful: bringing Governments and civil society together, Online workshop, 21 April 2021.

²⁶ UNECE, Preparation of national reports for the fourth review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) 2018 – 2022. Guidelines for National Reports, September 2020.

²⁷ 2017 UNECE Ministerial Conference on Ageing, 2017 Lisbon Ministerial Declaration “A Sustainable Society for All Ages: Realizing the potential of living longer”, September 22, 2017.

Part II

Twenty years of MIPAA/RIS

3. Recognizing the potential of older persons

3.1. Policies and measures

Mainstreaming ageing across all policy areas

At **national** level, as is well known, Italy still has no law on active ageing (AA), nor a formal link between national and regional policies. In Italy's constitutional system, policies on ageing are currently addressed case by case in the various sectors dealt in accordance with the provisions of article 117 of the Constitution and fall under the State or Regional competence. In the case of concurrent legislation, these require the stipulation of State-Regions agreements.

Over the past few years, in particular during the 17th Term of the Italian Parliament (2013-2018), there have been numerous draft bills introduced by the Parliament aimed at providing a regulatory framework and resources dedicated to ensuring the full integration and participation of older people in society. However, none of them have reached the end of the approval process. In 2016, two bills were submitted: bill no. 3538 titled "Measures to promote the active ageing of the population through the employment of older people in community service and life-long learning initiatives"; bill no. 3528 titled "Provisions for the promotion and dissemination of physical activity of older people as a tool for better health and active ageing," which aimed to promote older persons' individual ability to upgrade their life project with the aim of optimizing social well-being. In 2019, AGE Platform Italia, in collaboration with representatives of the Italian National Association of Older and Retired People (*Associazione Nazionale Anziani e Pensionati - ANAP*), proposed a national framework law on active ageing, which should serve as an organic structure for regional legislative initiatives. The proposal includes measures regarding prevention and the adoption of healthy lifestyles, the adoption of flexible retirement arrangements that favor the sharing of knowledge in the workplace, a media communication campaign highlighting the contributions of active older people in society and the establishment of a "Council for Active Ageing" within the Regional Government departments, with the participation of representatives of NGOs and social partners.

In order to foster the mainstreaming of active ageing, the Department for Family Policies (DIPOFAM) promoted the "National multilevel co-managed coordination of active ageing policies" Project: launched in 2019, it will last until the second half of 2022 (see Part I of the Report).

The international activity of support and coordination between the departments responsible for active ageing and human rights is carried out by the Italian Ministry of Foreign Affairs and International Cooperation (MAECI). This activity resulted in the preparation of Joint Recommendations that were to be submitted at the 11th meeting of the *Open-Ended Working Group on Ageing* (OEWGA) in April 2020, which was later postponed due to the Covid-19 pandemic.

The Five-Year Report on the state of implementation of the MIPAA/RIS is prepared by the Ministry of Labor and Social Policies (MLPS) - which is the Ministry in charge of appointing the National Focal Point for Ageing - with the scientific and technical support of the Italian National Institute for Public Policy Analysis (INAPP, formerly ISFOL).

Some further examples of inter-institutional collaboration that take into account demographic changes include:

- article 21, Legislative Decree 147/2017, activation of the coordination function for social actions and services and establishment of the Network of Social Protection and Inclusion (see section 4.1.);
- article 24bis, Decree Law no. 237 of December 23, 2016 - enacted by law no. 15 of February 17, 2017; collaboration between the Ministry of Economy and Finance (MEF) and the Ministry of Economic Development (MISE) as part of the Committee for the Planning and Coordination of Financial Education Activities;

- article 3, Legislative Decree 40/2017, Universal Civic Service; the fields of action also include areas of action related to assistance to older people in conditions of hardship, education and cultural promotion, sports, and cultural engagement of older people; in the field of youth policies, the aforementioned Department also promotes actions aimed at encouraging intergenerational exchanges.
- 2014/2018 National Prevention Plan (extended to 2019), which is the Ministry of Health's main five-year planning tool for setting out goals, priorities, and programs to be implemented at regional and national level for health promotion and disease prevention. Its drafting involves a participatory process between the central and regional government level and a cross-sectoral and systematic approach.

At **regional level**, the issue of Active Ageing (AA) is included in all public policies of 17 Italian Regions and Autonomous Provinces (APs), while 10 Regions have enacted an overarching and organic regional law on AA over the past few years. Recent laws include: Campania (Regional Law 2/2018) "Rules for the promotion of active ageing and amendments to regional law no. 9 of August 3, 2013 - Establishment of the Territorial Psychology Service of the Campania Region"; Basilicata (Regional Law 29/2017) "Promotion and mainstreaming of active ageing and solidarity between generations"; Calabria (Regional Law 12/2018) "Rules on the protection, promotion and mainstreaming of active ageing"; Piedmont (Regional Law 17/2019) "Promotion and mainstreaming of active ageing"; Marche (Regional Law 1/2019) "Promotion of active ageing"; Puglia (Regional Law 16/2019) "Promotion and mainstreaming of active ageing and good health". All overarching laws on AA²⁸ constitute a regulatory framework and generally set out provisions for the drafting of strategic plans in which a Region must set the goals and identify recipients of actions, as well as the resources to be allocated for initiatives and projects proposed by Local Authorities, Local Health Authorities (ASL), Territorial Social Areas (AST), Third Sector organizations and other stakeholders. Overarching laws always include the establishment of new forms of collaboration and consultation, both within Administrations (through working groups with representatives from various directorates/departments) and outside (through councils with stakeholder representatives). In several cases, the relevant bill was passed without finding funding to date.

Though lacking a specific law, some Regions/APs have implicitly addressed the issue of AA in various sectoral policies. For example, the Autonomous Province of Bolzano has embarked on a process of drafting and approving a Provincial framework law on active ageing that coordinates and links together all the initiatives carried out in this sector. The Lazio Region has started the process to submit a regional bill (Bill no. 232, in the process of being approved) that safeguards the promotion and mainstreaming of active ageing and will make it possible to include the issue of AA in a structured and coordinated manner in all public policies.

Full integration and participation of older persons in society

At **national level**, the issue of participation and integration of older people in society is reflected in the reform of the Third Sector introduced by Law 106/2016 "Reform of the Third Sector and social enterprise and for the regulation of Universal Civic Service." In this context, in 2021 the "Guidelines on the relationship between Public Administrations and Third Sector entities, for the development of policies aimed at territories and communities" (Decree of the Minister of Labor and Social Policies, no. 72/2021), recognize the Third Sector as a partner of Authorities in the planning of activities and services in the social area, enhancing its function in the prevention of forms of isolation or marginalization that may affect older people in their participation in community life²⁹.

²⁸ The Regions that had already passed overarching laws are: Abruzzo ([Regional Law no. 16 of June 9, 2016](#)); Friuli Venezia Giulia ([Regional law no. 22 of November 14, 2014](#)); Liguria ([Regional Law no. 48 of November 3, 2009](#)); Veneto ([Regional Law no. 23 of August 8, 2017](#)); Umbria ([Regional Law no. 14 of September 27, 2012](#)).

²⁹ Call no. 2/2020 (Ministry of Labor and Social Policies Decree no. 44/2020), based on the "Fund for financing projects and activities of general interest", has funded many third sector entities that promote a stronger participation of older

At national level, two ministerial working groups have recently been set up on these issues. In May 2021, the Minister of Labor and Social Policies established the working group "Social interventions and policies for non-self-sufficiency" to study in detail preparatory measures both for the draft National Social Plan and the definition of the Non-self-sufficiency Plan; representatives of the Regions, ASLs and operators in the social area and volunteer communities are participating in the process. Instead, on September 21, 2021, the Commission on Health and Social Care Reform for the Older Population was established at the Ministry of Health. Again, the Ministry's preferred partners are Third Sector entities (Ministry of Health, Release No. 24 of February 3, 2021).

Moreover, an interparliamentary group "Longevity, Socioeconomic Perspectives" has recently been created as a result of the many initiatives promoted by social, citizens and professional associations. More specifically, it is dedicated to the application of article 31, Title II "Ethical and social relations" of the Constitution and it advocates the inclusion of older people among the groups towards which the Government is called to take the necessary measures to provide support and protection. In this framework, the Third Sector is called upon as one of the preferred partners of Government action and plays a vital role in identifying issues of relevance, such as ageism, in the public services' context of action.

The central role of the Third Sector is also evident within the framework of the initiatives carried out in the field of social agriculture regulated by Law 141/2015. Based on current legislation, the 2014-20 National Rural Development Plan (PSRN) aims at engaging all stakeholders, including older people, both as recipient or beneficiaries of measures and activities. Among its thematic areas, the Plan includes access for all to essential services, and social and labor inclusion of specific disadvantaged and/or marginal groups. In the context of the "improvement of quality of life" objective, social agriculture is seen as an opportunity to develop the offering of services to the population.

Within the framework of the 10th session of the OEWGA (April 2019), MAECI presented the activities proposed by three Italian Non-Governmental Organizations (*Associazione Nazionale Centri Sociali, Comitati Anziani e Orti; Movimento Giotto; Helpage Onlus Italia*) on the issue of integration and social participation of older people.

The 2019 Protocol signed between the Ministry of the Interior and the Capital cities of Italy's Regions provides for collaborations and partnerships with organizations such as banks, volunteer and third-sector associations. The agreement provides for the funding of projects to prevent and combat fraud against older people, through the organization of information and education campaigns, as well as of support initiatives, including psychological aid, to avoid potential risk situations.

As part of the Universal Civic Service there are various projects already financed and/or in the funding pipeline with support from the National Fund for Civic Service, aimed at the integration and participation of older people in society. These are carried out locally through the entities included in the Register of Universal Civic Service (Third Sector entities and Public Administrations). For example, the "Time to Care" project, promoted by the Department for Youth Policies and Universal Civic Service during the pandemic, aims to involve young people between the ages of 18 and 35 for a period of six months, in activities to support and assist older people.

Specific projects for older people (Director's Decree of June 17, 2019, and Ministerial Decree of February 12, 2019) are implemented by the MISE in collaboration with the Regions and consumers' associations. These are communication and information initiatives intended to promote education in the fields of finance, insurance, social security, microcredit, sustainable consumption, circular economy, and sustainable mobility, as well as knowledge and awareness of consumer rights and protection in the field of online transactions and the digital economy (article 4, Director's Decree June 17, 2019; Director's Decree October 1, 2018). In this context, specific measures have been funded for the creation of new products, processes or services or the

people in society. The priorities for action were: generative welfare, strengthening ties of reciprocity and mutual aid to combat isolation and social fragility; combating loneliness of older people, prevention and countering of forms of discrimination and violence; development of associative networks and capacity building of the Third Sector; social and sustainable agriculture; health and well-being at all ages; sustainable models of promotion and consumption; life-long learning; sustainable cities; training initiatives and action on climate change.

improvement of existing products, processes or services in the field of active ageing and home care technologies (Active & healthy ageing - Ministerial Decree August 2, 2019).

Finally, the "Health in All Policies" approach, implemented under the "Gain Health Program" (*Guadagnare Salute*) and the 2014/2019 National Prevention Plan, supports programs for the promotion of health, healthy lifestyles, and environments based on a multidimensional and intersectoral approach (see section 5).

At **regional level**, the issue of participation and integration of older people in society is present in the policies of all Regions/APs, while 16 of them have already implemented specific measures in this field. It is worth noting that in all Regions/APs there are mechanisms in place for consulting and involving representatives of older people and stakeholders (public entities, civic society) in working groups or councils dedicated to social and/or health policy issues.

The Veneto Region (Regional Law 23/2017) has been very active in implementing services and initiatives in all areas of active ageing, involving older people in actions in schools and education, promoting associations and 65+ volunteer activities as means through which to encourage the participation of older people in community life. In addition, there are initiatives that promote the fruition of cultural events, music, access to museums and theaters. Recently, the Friuli-Venezia Giulia Region has promoted initiatives linked to the silver economy, in order to encourage the creation of products and services for older people. The Tuscany Region has implemented policy actions to address rapid demographic ageing, with intersectoral actions to raise awareness of the issue among the population (Regional Council Decrees no. 545/2017, no. 826/2018, and no. 1392/2019).

In 2018, the Lazio Region allocated Euro 2.5 million to implement the "You Project - Lazio for the Third Age" (*Progetto Te - Lazio per la terza età*) whose aim is to support initiatives for senior citizen centers, thus encouraging greater accessibility to services and the performance of recreational, physical and cultural activities, in line with Regional Law 11/2016, which promotes the participation of older people in community life by nurturing their interests and experiences.

Mainstreaming of the gender approach

At **national level**, the issue of equal opportunities does not fall under the regulatory competence of the State/Regions expressly indicated by the Constitution. Pursuant to article 117, paragraph 7, Italy's Regions are called to eliminate any obstacle that prevents the full equality of men and women in social, cultural and economic life and to promote equal access of women and men to elected office. Equal opportunities are therefore an overarching objective with respect to the regulatory competences shared between the State and Regions.

What is clear from the analysis of the initiatives/actions implemented by the various ministries is that, in most cases, they are related to the inclusion of the most vulnerable and disadvantaged social groups. Nonetheless, there are gender-sensitive initiatives in policies supporting AA.

In foreign policy and development cooperation, the MAECI, representing Italy and the relevant ministries, deals with the issue from different angles, but especially from a gender violence perspective.

At **regional level**, the gender approach in AA policies is considered in 10 Italian Regions/APs, but any mention of the issue is often generic, as in the recent overarching laws of Piedmont (Regional Law 17/2019), Veneto (Regional Law 23/2017), Marche (Regional Law 1/2019), Campania (Regional Law 2/2018) and Basilicata (Regional Law 29/2017).

The Emilia-Romagna Region has addressed this aspect in various programs and, in particular, in the 2017-2019 Regional Social and Health Plan (PSSR) (Regional Council Decree 1423/2017), in which a specific line of action is devoted to ad-hoc measures focused on the gender approach in the development of Area Plans. In addition to specific health-related aspects, the plan provides for actions aimed at those dimensions that can be indirectly linked to active ageing (i.e., social, cultural, psychological, economic, and political disparities to be considered when defining prevention and care pathways; promotion of equal opportunities and gender mainstreaming, intergenerational, intercultural and skills differences).

Support to families that provide care for older persons and promotion of intergenerational and intragenerational solidarity

At **national level**, a reorganization process is under way in the governance of services and funds for social policies with the aim of facilitating the identification of essential levels of performance (ELPs) taking into account the provisions set out in Framework Law 328/2000 for the creation of an integrated system of social initiatives and services. With reference to this process, the Fund for Social Policies and the Fund for Non-self-sufficiency Policies received structural funding pursuant to the decrees by the Ministry of Labor and Social Policy (MLPS). With regard to informal care, Law 205/2017 (2018) provided the Italian legal system with a first form of recognition for the activity of caregivers and unpaid care work and established the Fund for the support of the role of family caregivers in care and assistance.

A recent area of development in care policies for older people involves the use of the latest technologies to support active ageing and manage home care, promoted as part of the National Strategy of Intelligent Specialization, i.e., the framework program for actions in research, development and innovation funded by the 2014-2020 Development and Cohesion Fund. It is implemented through the Health Operational Plan, which provides for a specific line of action called *Active & Healthy Ageing: Technologies for active ageing and home care*, whose aim is the development of assisted technologies in living spaces that can help older people maintain their self-sufficiency, even in fragile conditions. As part of the Italian National Smart Specialization Strategy, the MISE has issued calls (2018 and 2019) aimed at businesses for the design and implementation or improvement of products, processes or services, through the development of enabling technologies, including in the field of home care.

After the Third National Conference on the Family in 2017, the Department for Family Policies published a Public Call to boost the capacity of public and private social actors to take action and provide adequate solutions to situations of fragility and complexity impacting families. The call financed projects on lines of action such as: work-life balance, intergenerational solidarity, promotion of family-friendly social and economic contexts.

In 2019, as part of the annual calls that followed the Three-Year Plan for the programming of the Universal Civic Service, specific projects were promoted in the areas of "Assistance - Adults and third age in conditions of hardship" and "Education and promotion of culture and sports - Cultural activities with older people." Funding went to actions aimed at promoting solidarity between generations, mainstreaming the knowledge and life experiences of older people - including those who are not self-sufficient, creating educational activities, or fostering socialization among young people, older people and caregivers, as well as the local community.

From the perspective of a systemic approach, Law 158/2017 for the support and promotion of small municipalities and the redevelopment and the renewal of their old town centers, encourages the adoption of measures in favor of residents and settled production activities to strengthen the essential service infrastructure (civic protection, education, health, social welfare services, transportation, road networks, postal services, etc.), with the aim of combating depopulation while harnessing the potential of natural, rural, historical, cultural and architectural heritage for economic growth.

At **regional level**, the issue of informal care and intergenerational solidarity has been included in the policies of 19 Italian Regions/APs. In addition, or as a complement to the ordinary rules on social initiatives and services for vulnerable groups of the population, many Regions/APs have developed policies of assistance and solidarity having to do with AA. The most recent include those of the Lazio Region (Regional Law 11/2016) and the Basilicata Region (Regional Council Decree 970/2017). In particular, the two Regions have shown how social centers, senior centers and community workshops can be catalysts of initiatives for intergenerational relational exchanges for social, cultural, educational, and recreational purposes. Instead, the Marche Region, with Regional Law 3/2018, offers support to older people who have disabilities or other social and care needs. In some Regions there is sectoral legislation on the recognition of the role of the family caregiver along with support: one of the most recent is Campania's Regional Law 33/2017. In some Regions/APs, the role of the family caregiver is at times recognized by the Regional Prevention Plans (PRP) or by the ASLs, which may offer dedicated information and training activities (e.g., the Marche Region: Regional Council Decree 887/2018). In Bolzano, Provincial

Council Resolution 531/2018 has confirmed previous decisions to allocate local Government grants to centers for parents and children (so-called Elki centers), as well as to other types of family centers and services, to support ordinary activities, investments or projects. Pursuant to Regional Law 3/2018, the Marche Region also provides measures for the access of caregivers and older people to online platforms, where they can obtain information on how to manage and carry out care activities depending on the specific pathologies affecting an elderly person. With Regional Council Decree 1614/2019, the Tuscany Region has launched the project "At home, in good company" (*A casa, in buona compagnia*) in collaboration with trade unions SPI CGL Tuscany, FNP CISL Tuscany, UILP Tuscany, for remote assistance to older people in their own homes or in co-housing residences to allow them to stay longer in their living environments and thus safeguard their self-sufficiency and quality of life and relationships.

Regional cooperation

In Italy regional cooperation is facilitated by the MLPS, which serves as national focal point on ageing, with the technical and scientific support of INAPP. In its role of diplomatic representation to the Council of Europe, the European Union and the United Nations, also the MAECI has always promoted the objectives of the Regional Implementation Strategy of MIPAA (MIPAA/RIS), providing support and backing. Since 2017, DIPOFAM has become one of the central administrations of reference in terms of AA, introducing the objectives of the MIPAA/RIS and the 2030 Agenda for Sustainable Development into its institutional strategy.

In its planning strategy for the National Civil Service for the three-year period 2020-2022, the Department for Youth Policies and Universal Civic Service of the Italian Presidency of the Council of Ministers expressly refers to the objectives of the Government and international bodies for sustainable development. In this context, in drafting the 2021 Annual Plan, as part of the Three-Year Universal Civic Service Plan, the Department has decided to take into account also the MIPAA. Finally, within the sphere of competence of the Ministry of Agriculture and Forestry (MIPAAF), the potential contribution of social agriculture can be seen for all 17 sustainable development goals, as well as for the MIPAA/RIS commitments.

3.2. Italian participation in the relevant global/UN-wide campaigns

In Italy, too, the health emergency has brought the issue of discrimination against elderly people back into the public debate since their mortality rate was particularly critical³⁰ during the first phase of the Covid-19 pandemic. There is rich literature about ageism phenomena³¹ in the context of the relationship between older people and services. The institutional debate is focused, in particular, on the relationship between older people and social and health services, in view of the foreshadowed reforms of the assistance to non-self-sufficient older people and the reorganization of social policies to make them inclusive in compliance with the European Pillar of Social Rights.

As regards global campaigns, there are no Government initiatives directly referring to the Global Campaign to Combat Ageism (WHO), but the debate proposed specifically by the campaign has caught on among local associations³². Moreover, some administrations

³⁰ INAPP, Checcucci P. (2021), *L'impatto sproporzionato della pandemia sulla popolazione anziana: alcune riflessioni suggerite dall'Active Ageing Index*, Rome, Inapp, Policy Brief, no. 23
<https://oa.inapp.org/xmlui/handle/123456789/923>

³¹ Failla R. (2020), *Ageismo: pregiudizi e discriminazioni colpiscono gli anziani*, Ageing Project, Università del Piemonte Orientale, July 7, 2020; Censis (2020), *La silver economy e le sue conseguenze nella società post Covid-19, rapporto Censis*, June 24, 2020; Cesari M, Proietti M. (2020) "COVID-19 in Italy: Ageism and Decision Making in a Pandemic", in *J Am Med Dir Assoc.* 2020;21(5):576-577. doi:10.1016/j.jamda.2020.03.025

³² However, some senior citizen associations have joined the campaign, such as the Cocooners hub, a member of Assolombarda and the Silver Economy Network. It is a Content&Commerce platform that brings together experiences of people who recognize themselves as seniors, in the fight against stereotypes related to age. The hub collects life

participating in the Multilevel Coordination initiative on Active Ageing Policies promoted by the DPOFAM have launched other initiatives aimed at countering stereotypes about older people:

- The Department for Sport of the Presidency of the Council of Ministers aims to mainstream sport as a means to combat age stereotypes, as part of the initiatives that will be put in place for the campaign "Healthy Lifestyle 4 All" promoted by the European Commission.
- In last summer's bill on the mainstreaming of active ageing, the Autonomous Province of Bolzano provides for a set of measures addressed to District Communities and Municipalities for the promotion of campaigns against intergenerational stereotypes. The bill also envisages the creation of the figure of the Third Age Ombudsperson³³.

3.3. The most important policy achievements during the 20 years of MIPAA/RIS

In Italy, the earliest evidence of the debate on the issue of demographic ageing dates from the end of the 1990s and the first decade of the 2000s and was triggered by the effects of the growing number of older people in the population. The debate focused on the impact of demographic ageing on health and social security spending - in terms of costs/resources - and, more generally, on whether the welfare system was prepared or unprepared to ensure the stability of the production system in the face of structurally ageing population.

Within this scenario, an initial response to the demographic issue was the first reforms of the social security system and the labor market, followed by those promoted in the healthcare sector on long-term care (see sections 4 and 5 of this report)³⁴.

As regards older people's participation in community life, the reforms have been accompanied by major transformations. Looking at the scenarios resulting from the Active Ageing Index³⁵, starting from 2010, the participation of the 55+ population in the labor market has grown by 11 percentage points with a constant trend for both genders; the percentage of those who are free from the risk of poverty has further expanded (from 88.5 in 2010 to 92.4 in 2020); an increasing number of older people live in independent and autonomous living arrangements (+3.3%) and in constantly improving health conditions; healthy life expectancy above 55 years of age has grown for both genders by 10.6 years. The new older generations have higher qualification and education profiles than their predecessors (educational attainment at secondary school or university level increased from 27.8% in 2010 to 43.4% in 2018), and engagement in life-long learning is slowly but steadily increasing (+2.2 points).

Also, thanks to increasing familiarity with ICT (+27 points from 2010 to 2018), these are seniors who are experiencing the ageing process in a substantially different way from the idea of seniority prefigured 20 years ago. It is so different that in Italy, too, a more articulated representation of older people has emerged - for example in the construct of "young elderly" -, that is less and less

experiences, stories, brands related to the recognition of being a senior, and offers courses, business activities and information on aspects related to tourism, leisure activities, financial investments and more, profiled for participating senior citizens, with a view to the development of the Silver Economy. The company is a start-up incubated at I3P - which is recognized as the best public incubator in the world (World Rankings of Business Incubators and Accelerators 2019-2020) and received a special mention for "Equal Opportunities" at the Start Cup of the Piemonte and Valle d'Aosta Regions. It has joined the #Aworld4allages campaign; among other initiatives comprised in the movement's offering, it promoted posts on LinkedIn about the campaign to generate buzz about the issues proposed by the initiative #AWorld4AllAges

<https://www.cocooners.com/attivita-hobby/un-mondo-di-tutte-le-eta>

³³ https://www.provincia.bz.it/famiglia-sociale-comunita/sociale/downloads/1_BRIGITTE_WALDNER.pdf

³⁴ Briefly, in the healthcare sector, the last twenty years have been characterized by a new approach to public health aimed at preventing non-self-sufficiency by acting on the determinants of health; this means enhancing resources available in people's lives for the development of healthy lifestyles.

³⁵ Active Ageing Index Country Profile 2018: <https://composite-indicators.jrc.ec.europa.eu/active-ageing-index/active-ageing-index/profiles/IT>

linked to the onset of physical decline³⁶. It is still little explored in terms of the various meanings involved, but it is located at the intersection between the cultural aspects of ageing and the resources and constraints present in the various local contexts, in relation to the public services present and the various health determinants in action throughout life³⁷.

In a scenario of transformation of family structures, older generations in Italy continue to be one of the pillars of the "informal" welfare system, either supporting the incomes of households where employment conditions change, or taking care of grandchildren or other children (in 2018, 29.9% of Italy's older people engaged in this type of activity, +4.3% compared to 2010, with a slight upward trend for men, and mainly involving women with a +8%), to a lesser extent taking care of other older people, or people with disabilities, often spouses.

At the cultural level, especially the first phase of the pandemic saw a renewed polarization of society into productive groups of the population and "fragile" groups. That has brought back into the limelight the stereotyped distinction between ageing seen as physical decline, dependence and death - within the context of a relationship with social and health services which is at times problematic - on the one hand, and the healthy, productive part of the country, capable of remaining connected, on the other. Loneliness, as well as a feeling of distrust, insecurity and lack of trust in social relations and institutions, is once again a social issue, generating problems in gaining access to various services, as well as in participation in voluntary initiatives. The latter decreased from 11.5% in 2010 to 5.8% in 2018, though remaining higher than in the general population (Censis, 2020; ISTAT, 2021³⁸).

Even in the absence of a national reference framework, several legislative measures passed at regional level, starting in 2009, have begun to fuel a debate not only on initiatives and projects of social value aimed at older people, considered among the vulnerable categories, but also on the transition from the concept of older people as users who passively benefit from care services to one that sees them as active citizens to be engaged and valued, with a view to an active approach to ageing within the life of the community³⁹.

At present, about half of Italy's Regions have an overarching and organic regional law on AA. Although their implementation suffers from the structural deficiencies of services, especially in the social area, they have begun to promote policies that mainstream the contribution of older people, also in relation to the roles they play in the development of community life. This is particularly true with regard to associations and Third Sector projects, social innovation initiatives, and family support policies aimed at re-establishing a pact between generations based on coexistence and fostering diversity. In this regard, the Department for Family Policies of the Presidency of the Council of Ministers has recently launched a public consultation process to develop a new plan for family policies. The consultation "Towards a new National Plan for the Family" (*Verso un nuovo Piano nazionale per la famiglia*) involves citizens in a discussion around four thematic areas: the demographic issue; the relationship between genders and generations; social inequality; and work in a gender equality perspective⁴⁰.

This vision was in some way the driving factor behind participation in the *Project for multi-level coordination on active ageing policies (Progetto di coordinamento partecipato multilivello sulle politiche per l'invecchiamento attivo)*, furthered in recent years by the said Department, in collaboration with INRCA and INAPP (see General Information). Chronologically speaking, the Recommendations on active ageing⁴¹ drawn up within the framework of the Project go hand in

³⁶ For years, the vision of old age as a moment of *naturalized decline* was associated with a welfare system designed to ease "the burden of old age," with a concentration of life cycle actions within a three-phase structure: generativity/birth, production, retirement,

³⁷ Censis (2020), *La silver economy e le sue conseguenze*, Censis Roma, June 24, 2020: < shorturl.at/chBX7>; Istat (2020), *Invecchiamento attivo e condizioni di vita dei più anziani, Letture statistiche temi*, Istat, Rome, <<https://www.istat.it/it/archivio/246504>>

³⁸ Censis (2020), *Op. Cit.*; Istat (2021), *BES 2020. Il Benessere Equo e Sostenibile in Italia*, Istat, Rome, <https://www.istat.it/it/archivio/254761>

³⁹ For a more in-depth analysis, see the research reports produced as part of the National Multi-Level Coordination Project on Active Ageing Policies (2020-2021) <https://famiglia.governo.it/it/politiche-e-attivita/invecchiamento-attivo/progetto-di-coordinamento-nazionale/pubblicazioni-e-documenti/in-primo-piano/>

⁴⁰ <https://partecipa.gov.it/processes/verso-il-piano-nazionale-famiglia?locale=it>.

⁴¹ <https://famiglia.governo.it/media/2329/raccomandazioni-per-ladozione-di-politiche-in-materia-di-invecchiamento-attivo.pdf>

hand with the coordination initiatives promoted by the Network for Social Inclusion, thus contributing to consolidating an overall perspective on policies in this field.

From the point of view of promoting the rights of older people and their participation in the life of the community, during the occasions mentioned above, the debate addressed the following aspects:

- The driving role of associations, including those representing older people, in the development of policies that address the rights, needs, and fulfillment of the potential of older women and men. When it captures the specificity of the demand for services of older people and families, this role has proven to be particularly crucial in some Regions where the development of legislation on ageing has been accompanied by the creation of intermediate bodies (e.g., councils for older people and family associations, representatives of local productive systems, community workshops) and innovative practices⁴².
- The increasingly important and active role played by the Third Sector⁴³ in the debate on ageing and the conditions of coexistence of older people by broadening the perspective of human and social rights. The main associations representing older people are participating in the planning groups set up for reform in the area of services for non-self-sufficiency, and it is in this context that a "Charter of Rights for Older Persons" has recently been proposed⁴⁴.
- Growing attention to measures aimed at fostering the skills of older people in participating in the development of new forms of economy, with actions targeted at providing education on sustainable consumption, the fostering of digital skills⁴⁵, and incentives to businesses in the food, public services, telecommunications, transport, trade, insurance and credit sector to create environments enabling the use of age-friendly services.

⁴² Examples of this include: the projects carried out in the field of *social agriculture*, those concerning the relationship between young and old in *civic service and volunteer* initiatives, as well as in the promotion of *sport*, or in *community workshops* as a practice of local development for coexistence between generations (Trentino Alto Adige, Piemonte, Puglia, Marche, Basilicata, Friuli Venezia Giulia, etc.); the further development of experiences in various projects in the field of family and assistance policies that also consider the dimension of active contribution of older caregivers (Emilia Romagna, Campania); initiatives to leverage the experience of older people in the intergenerational understanding of the transformations of work in specific sectors such as manufacturing or agriculture (Veneto, Valle d'Aosta).

⁴³ See the Ministry of Labor and Social Policies, *Linee guida sul rapporto tra pubbliche amministrazioni ed enti del Terzo settore, per lo sviluppo di politiche mirate su territori e comunità* (Ministerial Decree 72/2021) (Guidelines on the relationship between Public Administrations and Third Sector entities, for the development of policies aimed at territories and communities). The guidelines identify the Third Sector as a privileged partner of the public service in the co-planning of services.

⁴⁴ Developed by the Commission for the Reform of Healthcare and Social Services for the Elderly Population established at the Ministry of Health, the charter aims to provide operational and organizational guidance to institutions and operators on some basic criteria for the organization of care (self-determination and choice, participation in the development of treatments and service plans, training of operators, combating forms of containment, the right to socialization and assistance based on building community relations, etc.).

⁴⁵ Among the various other measures, the 2020 National Strategy for Digital Skills and the recently approved Operational Plan provide for a set of actions dedicated to digital literacy for the 65- to 74-year olds, with the aim of increasing the dissemination of such skills from today's 14% to 44% in 2050.

4. Encouraging longer working life and ability to work

4.1. Policies and measures

Rather than on specific measures for older workers, policies in recent years have focused on developing socioeconomic conditions conducive to inclusive economic growth and employability with a view to extending working life, especially in terms of occupational well-being and skills matching, as well as social security.

An articulated system of extraordinary measures has been adopted starting the pandemic emergency to sustain employment and the ability of workers to continue to carry on with their activities even in situations of high health risk or social isolation (e.g., remote work).

Economic growth

Against a backdrop of rapid demographic ageing, the issue of supporting extended longevity is part of a broader framework of economic growth and equitable and sustainable development. In particular, the extension of working life implies the introduction of measures not only for employment, but more generally for the improvement of well-being and the quality of private and working life, as well as the balancing and reconciliation of the time dedicated to these two areas. Since 2017, 12 of the Equitable and Sustainable Well-being (BES) indicators used by ISTAT to draw up the annual BES Report have been incorporated into the economic planning cycle. A BES annex to the Economic and Financial Document (DEF) prepared each year by the Ministry of the Economy illustrates the trend of these indicators over the last three years and in the year of reference. Since 2018, a BES Report is also presented annually to Parliament, which always presents the data broken down by age group, gender, and Region.

In the agricultural sector, the Italian National Bank of Agricultural Land (*Banca nazionale delle terre agricole*), established by article 16 of Law no. 154 of July 28, 2016, and managed by ISMEA, intervenes on the recovery of abandoned land, promoting economic development in situations of marginality, with a positive impact especially among the most fragile groups of the population. In 2017, measures were approved for the support and development of small municipalities, often characterized by a greater ageing of the population, also as a result of the phenomena of migration to large cities. In this sector, a key role for the social and job market inclusion of disadvantaged people is also played by social agriculture. Italy participates in the European Rural Network (ERN) with its own National Rural Network that supports activities related to the development of rural areas for the 2014-2020 programming period. Among the various activities, a sub-measure provides for investments in the development of services in the social, educational and employment sectors aimed at the more vulnerable groups of the population, including older people.

In the industrial sector, between 2018 and 2019 grants were awarded to industrial research and experimentation projects in the application sectors of the Smart Specialization Strategy. Funding was provided to businesses for the implementation of new products, processes or services in the fields of active ageing and home care technologies.

Among the initiatives to the benefit of consumers, in 2018-2020 funding was provided for the development, management and use of information and telematic services, with the testing of services dedicated to specific categories of consumers, including older people.

At **regional level**, the objectives set by the MIPAA are implemented by the Regions and Autonomous Provinces with the promotion and implementation of a series of services, such as: the social concierge (Municipality of Aosta⁴⁶) or social custodian⁴⁷(Liguria) - operated by young

⁴⁶ The figure has been present in Valle d'Aosta since 2004.

⁴⁷ This service was introduced in 2015 by Regional Council Decree no. 1210 of November 3, 2015, *Public Call for the award of grants for the regional relevance project "Social custodians and Call center for elderly people" (Avviso pubblico per la concessione di contributi per il progetto a rilevanza regionale "Custodi sociali e Call center per anziani")*.

people, volunteers and, in some cases, by older people dedicated offices (Calabria), call centers (Liguria⁴⁸), as well as solidarity outpatient clinics and medical clinics operated by retired doctors and volunteers (Molise⁴⁹), in order to ensure monitoring, assistance and support to older people; initiatives (Autonomous Province of Bolzano⁵⁰), programs (Tuscany, Emilia Romagna⁵¹) or the creation of offices (Calabria⁵²) to facilitate access to and use of new technologies and digital tools by older people, in order to combat digital exclusion.

The social inclusion of older people is also promoted through initiatives and funding of adapted physical activity projects -APA- (AP of Bolzano, Liguria, Marche, Lazio⁵³ and Abruzzo), Memory Training (Liguria) and community workshops (Basilicata).

Economic measures specifically aimed at combating poverty have been adopted: in Emilia Romagna, with the introduction of minimum income (*Reddito di inclusione*), whose beneficiaries may also include older people; in the Autonomous Province of Trento, with the provincial single allowance, i.e., a “universal income support” measure aimed at ensuring an economic condition sufficient to meet the needs of households; in Campania, with the payment of economic allowances to older people. The Autonomous Province of Bolzano has extended the national economic support with further measures, such as: “Minimum income,” “Rent and Ancillary Expenses Allowance” and “Grants for social housing for older people”.

The Lombardy Region, on the other hand, has chosen to provide a voucher for the “purchase of services”, i.e., a method of support that provides for an individualized plan defined together with the individual, with the aim of starting a process of “self-generated” active ageing. Social agriculture initiatives have been introduced in the Autonomous Province of Bolzano and continue to be implemented in the Marche Region.

Support for family caregivers, with the payment of “care allowances”, are present in Emilia Romagna, Tuscany, Abruzzo and Campania. The Friuli Venezia Giulia Region⁵⁴ and Lazio Region⁵⁵, on the other hand, have adopted a preventive approach, conducting a screening on the 75+ population for the early identification of situations of need and fragility, otherwise underestimated or not taken into consideration, so as to activate appropriate prevention and caretaking paths.

Social Security

After the 2011 pension reform (Law 214/2011) the retirement age under the public pension pillar managed by the Italian National Social Security Institute (INPS) is set at 67 years. Early retirement is possible after a certain period of contribution, which is progressively increased from year to year to match to the increase in life expectancy and is set until 2026 at 42 years and 10 months of contribution for men and 41 years and 10 months for women. The pension is reduced for each year of early retirement. In the event of death, the spouse (or children, minors or disabled; parents

⁴⁸ See note 3, Regional Council Decree No. 1210 of November 3, 2015

⁴⁹ [Regional Council Decree No. 251 of July 10, 2019, Operational plan and public call for the financing of projects promoted by volunteer organizations or social promotion associations \(Piano operativo ed avviso pubblico per il finanziamento di progetti Promossi dalle organizzazioni di volontariato o dalle associazioni di Promozione sociale\), 2018 Program Agreement.](#)

⁵⁰ [Provincial Council Resolution No. 667, July 30, 2019, “Attendance and housing assistance for older people” \(“Accompagnamento e assistenza abitativa per anziani”\) which follows on previous initiatives.](#)

⁵¹ Bread and Internet (Pane e Internet) Project - (Regional Council Decree no. 1809 of November 17, 2017). This is a recurring initiative.

⁵² See note 50, [Regional Council Decree No. 251 of July 10, 2019.](#)

⁵³ [Regional Council Decree no. 569 of October 9, 2018, “Regional Law 11/2016. Integrated system of actions and social services. Planning and finalization of expenditure for the financial year 2018”](#) [Regional Council Decree no. 717 of November 23, 2017](#) “Regional Law 11/2016. Integrated regional system of actions and social services. Second phase of programming and finalization of additional expenditure for the financial year 2018, and multi-year budget years 2019 and 2020”: “Progetto Te - Lazio per la terza età” (You - Lazio for the Third Age Project) dedicated to the support of project initiatives for centers for older people

⁵⁴ [PRISMA Project](#) (Research Program on the Integration of Services for Maintaining Self-Sufficiency), implemented in the 2018-2019 two-year period.

⁵⁵ In the Lazio Region, this activity was started on an experimental basis in 2020.

aged 65+ or unmarried siblings unable to work and dependent on the retiree) may receive the same pension.

A total of 33% of the workforce in 2020 was found to be registered with a private supplementary pension scheme. The increase in this percentage compared to 2019 (31.4%) was largely due to a decrease in the workforce as a result of the pandemic crisis. In the under-35 age group, the percentage stood at 22.7%, in the 35-44 age group at 29.4%, rising to 33.7% in the 45-54 age group and 42.9% in the 55-64 group. Among men, the percentage of enrollees was higher than among women (35.5% and 29.7%, respectively). The gender gap grows as age increases, from 4.2 percentage points in the 15-34 age group to 5.8 percentage points in the 35-54 age group, and 7.5 percentage points between the ages of 55 and 64⁵⁶.

In order to make the pension system fairer and to encourage generational turnover in the labor market, an experimental early retirement scheme (so-called "Quota 100") was implemented for the 2019-2021 period. The scheme established a minimum threshold for early retirement at age 62, with at least 38 years of pension contributions. The calculation parameters remained in place, giving workers the choice of retiring before age 67 or not, with no cut in pension benefits, but with the pension check reduced as a result of lower contributions.

In 2019, the MOSPI project, an upgraded version of the previous T-DYMM (Treasury Dynamic Microsimulation Model) project, was launched. Through dynamic micro-simulation models, it tests the adequacy of retirement benefits to labor market trends and career path developments. The new project focuses on atypical workers and the new professional profiles that have emerged with the platform economy, who are more vulnerable in terms of social security due to the discontinuity of their careers.

During the period covered by this Report, the new welfare support measures adopted in recent years were refinanced. The amount of the New Social Insurance for Employment (NASpI, 2015) was increased to Euro 1,335.40 per month in 2020. In the case of situations of particular economic disadvantage, including age over 50 years, it is possible to benefit from an Involuntary Unemployment Allowance (ASDI) as a support allowance for relocation. Since July 2017, monthly unemployment benefits have been granted to workers with coordinated and continuous collaboration contracts, project workers, temporary research fellows and PhD students with scholarships. It provides income support in case of involuntary loss of employment, for a maximum of 6 months, equal to 75% of the income received, up to a maximum of Euro 1,328.76 per month for 2019.

In relation to national anti-poverty measures, Italy has adopted some minimum income measures, first in 2017 with the minimum income (*Reddito di Inserimento* - REI), then in 2019 with universal basic income (*Reddito di Cittadinanza* - RdC), or universal basic pension (*Pensione di Cittadinanza* - PdC) for people aged 67 and over. RdC is an economic benefit intended for households, consisting of two components: one that supplements the household income and varies according to the composition of the household and the presence of other benefits; the other, intended for those who are paying rent, consisting of an annual amount equal to the rent, up to a maximum of Euro 3,360 (Euro 1,800 for the PdC). An integration is also provided for families who own the house, where a mortgage has been taken out: in this case, the integration, equal to the maximum loan payment, cannot exceed 1,800 euros.

The benefit is subject to immediate availability for work and adherence to a personalized path of guidance into the job market and social inclusion (Pact for work and Pact for Social Inclusion, both recognized as Essential Levels of Social Benefits).

In 2017, the Social Protection and Inclusion Network has been set up to coordinate social measures and services. Between 2018 and 2019, the Network developed: the 2018- 2020 National Social Plan with the guidelines for the use of the National Fund for Social Policies; the 2018 - 2020 Plan for social measures and services to combat poverty for the programming and use of the resources of the Services Share of the Poverty Fund; the 2019 - 2021 Plan for Non-self-sufficiency. At **regional level**, with a view to strengthening the governance system, the Friuli Venezia Giulia Region has launched a strategic line of action for the creation of a transnational, sectoral and multi-level network of actors that is able to collaborate in order to effectively address the

⁵⁶ COVIP (2021), *Relazione per l'anno 2020*, <https://www.covip.it/la-covip-e-la-sua-attivita/pubblicazioni-statistiche/relazioni-annuali>

innovation of public policies on active ageing⁵⁷. In the Liguria Region there is a coordination network between different actors that, in addition to the regional representatives, involves the social and health districts, the ASLs, the volunteer associations of the Third Sector and the Memory Center of the regional health system. In the Autonomous Province of Trento an organizational 'model' is being tested, called 'Silver Space,' aimed at coordinating social and health actors with the aim of better interpreting the needs of the individual and responding to them in the most appropriate way, as well as to reduce the dispersion and overlap of actions and optimize resources.

With reference to social integration, the Autonomous Province of Bolzano, constantly finances meeting points and spaces for families that also favor relationships between generations⁵⁸; Lombardy promotes educational gardens, while the Veneto Region, through the issuing of calls for proposals, implements initiatives on the issues of active citizenship, social utility and support networks. The Emilia-Romagna Region⁵⁹ has formally recognized the figure of the family caregiver, who is involved in the network of regional social and sociomedical services and in the solidarity network.

Labour market

At **national** level, the priority lines of action for the job market have focused on: combating unemployment and supporting employability in old age; management of relations between different generations of workers; transition to retirement; strengthening of work-life balance; promotion of work contexts and organizational methods conducive to the integration of diversity and fragile individuals.

In recent years, the Ministry of Labor and Social Policies has consolidated the approach to demographic ageing in the policies under its purview, and in 2017 recognized "having exceeded the age of 50" among the criteria for defining categories of disadvantaged workers.

The recently approved 2021 - 2023 National Plan of Social Actions and Services reiterates that work must represent the most obvious way to achieve maximum autonomy and social policies must always take into account labor policies, including the employment dimension in individual projects, with the necessary tools and training.

In relation to policies for a flexible transition to retirement, in the 2016-2018 three-year period, a form of facilitated part time was experimented. It provided for a gradual exit for workers close to old age retirement, matched by the entry of younger workers. In 2017, the Facilitated Pension Advance (APe) was introduced: it is an economic subsidy provided in the form of a subsidized loan by banks/insurance companies who have adhered to specific framework agreements stipulated between the Ministry of the Economy, the Ministry of Labor and Social Policies, the Italian Banking Association and the Italian National Association of Insurance Companies. This scheme is intended for workers who have reached 63 years of age, are due to receive old age pension within the following 3 years and 7 months and have paid contributions for at least 20 years. The measure, which remained in force until the end of 2019, was matched by the social APe (extended until December 2021), an indemnity paid by the State and provided by INPS, which accompanies certain categories (unemployed people, caregivers, workers with disabilities, those employed in heavy-duty jobs) to the attainment of an old-age or early retirement pension provided they are at least 63 and have paid contributions for 30 or 36 years.

Some policies consider the relations between the different generations at work. This is the case of some initiatives promoted by the Presidency of the Council of Ministers to support

⁵⁷ Three-year and annual (2019) program on active ageing in the framework of the [ASTAHG Project](#) (*Alpine Space Transnational Governance of Active and Healthy Ageing*). Actions included the establishment of transnational governance in the form of a *Transnational Governance Board*, set up in Marseille in December 2019, in order to liaise with stakeholders, coordinate and evaluate regional policies on AA within the Alpine space, and to encourage the exchange of good practices on the issue.

⁵⁸ [Provincial Council Resolution no. 531 of June 5, 2018](#), "Criteria for granting subsidies for family training pursuant to Provincial Law no. 8/2013."

⁵⁹ [Regional Council Decree no. 858 of June 16, 2017](#), "Adoption of the implementation guidelines of Regional Law no. 2 of March 28, 2014, *Rules for the recognition and support of the family caregiver*."

intergenerational collaboration as a resource in the transfer of professional skills and in the development of new forms of organization (see par. 3.1). In the agricultural sector, the experimentation of the Generational Pact in Agriculture for the 2018-2020 three-year period included the possibility for people aged 18-40, who had a business idea but were not landowners, to enter into a contract with a farmer over 65 (retired or not) for a maximum duration of 3 years, to benefit from a period of shadowing aimed at the transfer of skills⁶⁰.

There are several measures for the promotion of a good work-life balance, including: the relief from social security contributions promoted on an experimental basis between 2017 and 2018 for initiatives in this area of action; the relief from social security contributions for the use of parental leave and other benefits to support parenting and the public call #Conciliamo 2019-2020, which allocates Euro 74 million to finance actions in businesses for work-life balance arrangements aimed, inter alia, to counter the isolation of older people. In addition, as already seen in section 3.1, an important novelty regards the recognition of the figure of the family caregiver and the identification of the relative resources.

As part of the protection of health in the workplace, the new 2020-2025 National Prevention Plan (PNP) provides for the implementation of the Program "Workplaces that promote health" (*Luoghi di lavoro che promuovono salute*), based on the Workplace Health Promotion (WHP) model, recommended by the WHO. This program is aimed at preventing risk factors, chronic and degenerative diseases and promoting healthy ageing through organizational changes and adaptation of work environments to promote healthy lifestyles. As part of the monitoring systems called *Passi* (Steps) and *Passi d'argento* (Silver Steps) (see section 5.1.), the impact of the pandemic on economic and working conditions, as well as on health conditions, was studied. As part of the "Gaining Health" (*Guadagnare in salute*) project, the Physical Activity Guidelines for different age groups were approved in 2019, aimed at providing useful guidance to effectively counter sedentariness and physical inactivity in the workplace.

At **regional level**, in order to foster the growth and modernization of the local socio-economic and productive fabric, the Veneto Region has promoted business projects to finance measures aimed at facilitating the transfer of skills and business transformation processes; the design of tools to support the transfer of skills and organizational transformation while making the most of workers' experiences and company capital; the design of actions to restart a business after generational transition. As part of the 'Welfare to Work Program' proposed by MLPS, the Lazio Region has issued the Call 'Generational Relay' (*Staffetta generazionale*) to increase youth employment and prolong, at the same time, the active life of workers over 50 years of age and close to retirement, through appropriate and innovative formulas of active ageing. The Autonomous Province of Trento is launching company welfare and age management projects to promote actions that encourage generational turnover within businesses, encouraging systems for the transmission of skills between senior and newly hired workers and increasing the well-being of workers. This Province has also promoted measures to support the employment of disadvantaged mature workers (≥ 53 years for men, ≥ 49 years for women), aimed at accompanying them to the moment they become eligible for retirement⁶¹. The Umbria Region too has financed projects on the transmission of knowledge from older to young people, also aimed at improving computer literacy among older people.

The Basilicata Region has provided economic support in the form of microcredit for the long-term unemployed, those at risk of long-term unemployment or those who have more trouble finding a job (50+). The Autonomous Province of Bolzano issues the "Family and Work Audit" (*Audit famiglia e lavoro*) certification to employers who apply company policies aimed at helping workers (also older workers) in achieving a good work-life balance; this policy is also consolidated in Emilia-Romagna, following agreements signed by the Region with the Social

⁶⁰ In the 2021-2023 two-year plan of the National Rural Network (RRN): the second line of activities of the project "Women's work, youth entrepreneurship, setting-up aid (Lavoro femminile, imprenditorialità giovanile, primo insediamento) no longer includes the Generational Pact in Agriculture Project.

⁶¹ Under this program, laid-off or unemployed persons with at least 15 years of contribution period and a maximum of 8 years from reaching retirement age, can be offered a community service work placement, in particular in the fields of green areas, cultural services and services to individuals.

Parties. The Campania Region⁶² recognizes the care skills gained by caregivers as training credits for regional professional qualifications in the social and health sector.

Measures for labour market during the pandemic emergency

To address the emergency caused by Covid-19, between March 2020 and August 2021 the Italian Government introduced a series of measures to protect the health of citizens and to support jobs and the economy. First of all, in order to ensure the stability of employment and income from employment, the system of welfare support measures has been strengthened throughout the country and for all productive sectors. Income support has been provided to self-employed or atypical workers who generally do not have access to the main welfare support measures. In addition, the following were introduced: a freeze on redundancies, incentives to business for sanitization and adaptation of safety measures, incentives to workers who had to be physically present in the workplace, the extension of agile work (smart working), support for working parents and for situations of severe disability. Measures to promote the liquidity of households and businesses were also bolstered.

With the actions that followed, in addition to extending and bolstering previous measures, new measures were introduced to strengthen support for families and businesses. The Emergency Income provides for an extraordinary allowance of up to Euro 840 for families in difficulty due to Covid-19; an allowance is provided for self-employed workers, craftspeople, traders and farmers who have suffered a reduction in turnover of at least 33%; an allowance of Euro 500 per month has been allocated to domestic workers and caregivers not living with the employer.

In August 2020, 30% relief on the pension contributions that companies must pay for all employees was introduced to support the growth and employment of businesses in the most disadvantaged areas as a result of the crisis, with particular attention to southern Italy. Subsequently, at the same time as the containment actions adopted to stem the second wave of the epidemic, the Government rapidly launched a series of measures, including non-repayable grants, suspensions and reductions in taxes, subsidies and payments and an extension of the redundancy fund (CIG), aimed at the categories most affected by the new restrictions.

At the end of 2020, with the 2021 Budget and the Budget for the 2021-2023 three-year period, the lines of action adopted by the Government were incorporated into the National Recovery and Resilience Plan.

In March 2021, the Government financed new measures to support economic and professional activities damaged by the pandemic; it extended and expanded the measures to protect employment and combat poverty (in particular, the freeze on layoffs, ordinary redundancy fund without additional contributions and the ordinary allowance and extraordinary redundancy payments for the Covid-19 emergency), reserving major funds to professionals, and self-employed and seasonal workers in tourism, entertainment and sports.

In May 2021, new and more articulated measures were financed to strengthen - and extend to a broader range of beneficiaries - the tools to counter the spread of the infection and to contain the social and economic impact of the restrictive measures adopted. In particular, the following actions relating to employment support were introduced:

- the extension to 2021 of the expansion contract for companies with at least 100 employees;
- the possibility for businesses with turnover down by 50% to enter into a solidarity contract, with 70% pay for workers and a commitment to maintain employment levels;
- the introduction, until October 31, 2021, of the re-employment contract, a no-term employment contract, with 100% contribution exemption for six months to encourage the integration of unemployed workers into the job market;
- the stop for 2021 to the progressive reduction of the allowance provided with NASpI;
- a new one-time allowance for seasonal, tourism and sports workers.

⁶² Regional law no. 33 of November 20, 2017, "Standards for the recognition and support of the family caregiver" (*Norme per il riconoscimento ed il sostegno del caregiver familiare*).

Support for those in difficulty has included extension of the Emergency Income for an additional 4 months and the setting up of a 500-million-euro fund for the adoption of urgent measures to support vulnerable families (e.g., payment of rent and utilities, food solidarity).

Life-long learning

At **national level**, in recent years policies have aimed to improve the processes of recognition and continuous development of knowledge, skills and competencies throughout life, including in informal and non-formal contexts, as essential tools for inclusion in the job market.

In 2018, the National Qualifications Framework (*Quadro Nazionale delle Qualificazioni*) (QNQ) was established. It describes and classifies the qualifications awarded under the National Skills Certification System. In 2019, the National Adult Population Skills Guarantee Plan was approved. The Plan is divided into two actions: one focused on research and experimentation activities to enhance the role of the Provincial Centers for Adult Education (CPIA), the other on paths for the acquisition of basic language and digital skills, key skills for life-long learning, citizenship skills and skills set out in the 2030 Agenda for Sustainable Development.

December 2017 saw the conclusion of the third phase of the Adult Education Innovation Activity Plan (PAIDEIA), aimed at bringing CPIAs up to speed. In 2019-2020, nearly 130,000 adults were involved in education pathways and another 99,000 in literacy and Italian language learning pathways. The 2021-2023 National Plan of Social Actions and Services underlines how a considerable number of the beneficiaries of universal basic income lack basic schooling qualifications and suggests the initiation of collaboration, at local level, between social services and the education system, also involving the CPIAs and the Centers for Vocational Training at regional level.

With the aim of supporting adults in the development of basic skills, according to the implementation of the EU Recommendation "Skills improvement paths - New opportunities for adults" and in line with Action 3 of the European Skills Agenda: "EU support for national strategic action to improve skills", the Ministry of Labor and Social Policies, on a mandate from the Committee for Life-long Learning for Adults - established as a result of law no. 92/2012 (Article 4, paragraphs 51-68) and ratified on 20 December 2012 with the Agreement reached in the Unified Conference - starting from October 2019 it coordinated a working group composed of the Ministry of Education, the Ministry of 'University and Research, the Regions, in order to define a "National strategic plan for the development of adult skills". The Plan, approved at the Committee on 2 December 2020 and presented to the social partners on 9 December 2020, was definitively approved at the Unified Conference on 8 July 2021.

This final approval is also important in the light of Recommendation 10 which defines the "Plan for the development of skills of the adult population as a strategic tool and a solid reference base for guiding targeted interventions (in sectors and territories) that can also be financed in the framework of EU Programming".

The Plan is a contribution to the planning of multi-year operational interventions, the fundamental purpose of which is to intervene on a relevant portion of the adult population to fill the gaps in basic skills and qualifications. In this way, the beneficiaries of these interventions will regain employability in the labor market and also have positive effects into their social and family life.

In January 2021, the Guidelines for the Interoperability of Public Entities concerned under the National Skills Certification System were approved, putting the national certification system into operation as part of the broader national process for the individual right to life-long learning. In the context of adult life-long learning, it is also worth mentioning the establishment in 2017 of the National Network of Regional Centers for Research, Experimentation and Development (CRRS&S), which in 2018 defined the National Three-Year Research Plan (PNTR) in adult education.

As regards digital skills, since 2020 Italy has a National Strategy for Digital Skills, articulated in four priority axes of action: Higher Education and Training, Active Workforce, ICT Specialist Skills; Citizens. The objective of the strategy is to eliminate the skills *gap* with other European countries and overcome the digital divide between different areas of the country.

Here we would like to point out some of the actions of the Ministry of Education to support adult education, also by means of distance learning, which is better suited to the needs of this segment of the population:

- an experimental project in 2019 included the establishment of a platform for the delivery of learning units;
- in 2020, in collaboration with RAI, a new "classroom" was activated dedicated to CPIA members, about 230 thousand, including over 13 thousand inmates studying in prisons;
- the program "*La Scuola in Tivù - Istruzione degli adulti*" (School on TV - Adult education), is an educational pathway in 30 episodes, organized into four cultural lines, i.e., languages, mathematics, history and social sciences, and science and technology;
- as part of the National Operational Program, funded by the European Social Fund, "For schools, skills and learning environments 2014-2020" (*Per la scuola, competenze e ambienti per l'apprendimento 2014-2020*), in June 2018 a public call for adult training was issued aimed at funding initiatives to combat the training gap by providing pathways that can help raise the educational levels of the adult population.

It is also worth mentioning some training measures for adults not directly linked to their participation in the labour market, but nevertheless important for the development of their skills with a view to life-long learning instrumental to active ageing:

- as part of the National Strategy for Financial Education, aimed at improving citizens' education on savings, investments, pensions and insurance, an online portal has been activated; it provides authoritative and useful information for making informed decisions on these matters; the information is divided into six important moments in life, and one of them is dedicated to preparing for retirement for better management of personal finances after leaving work;
- in the same area, in 2018/19 it is worth noting the third edition of the EDUFINCPIA project, aimed at countering poor financial education among adult population through the design and delivery of specific learning units for adults registered with CPIAs;
- in December 2020, the Guidelines for financial education were published; they identify older people and women as fragile subjects and therefore priority recipients of dedicated actions, and measures;
- the "Social Sport" project, aimed at promoting opportunities for health protection and prevention of individual discomfort through sports and recreational aggregation; here people 60+ are the recipients of memory gymnastics courses.

At **regional level**, the promotion of life-long learning is pursued in Regions and Autonomous Provinces mainly through forms of economic support to the so-called 'Universities of the Third Age' (Valle d'Aosta, Piemonte, Friuli Venezia Giulia⁶³, Autonomous Province of Trento), Adult Education Institutes and Free Time Universities (Piemonte). There are also training initiatives in the area of active ageing on a wide range of topics, including: the intergenerational transmission of knowledge (Veneto, Lazio⁶⁴), home and road safety (Veneto), combating fraud and deception (Veneto), healthy lifestyles and nutrition (Molise), fostering of adaptive skills for access to digital technologies and services (Lazio, Umbria and Molise). All that is pursued also through the exchange of knowledge with the younger generations. The Tuscany Region, instead, has launched a 'health education' initiative conducted by the ASL, to improve the self-management of chronic diseases by older people. Training courses for caregivers, operators and members of social promotion associations are present in Emilia Romagna and in Marche.

⁶³ [Regional Council Decree no. 262 of February 22, 2019](#), 2019 Annual Program - Regional Law 22/2014 "Promotion of active ageing".

⁶⁴ See Note 9, [Regional Council Decree no. 569 of October 9, 2018, No. 569](#) and [Regional Council Decree no. 717 of November 23, 2017](#).

These initiatives are matched by ongoing training activities carried out by the Regions and Autonomous Provinces for employed and/or unemployed adults⁶⁵. In the Regional Operational Plans (POR), the Regions and the Autonomous Provinces identify the areas of action and the development guidelines at local level and identify the areas within which to define the training offer, the beneficiaries, the delivery methods and training methodologies, as well as the duration and the standard cost unit⁶⁶.

Specific training actions are planned and implemented for 45+ and 55+ workers. In 2017, the participation rate in training of the population aged 45-54 was 6.4%, while for the 55-64 age group the value stood at 4.8%; the lowest percentages refer to workers with low qualification levels⁶⁷.

As part of the 2014-2020 ESF programming, the Region and Autonomous Provinces of Trento and Bolzano have issued a call for tender worth more than Euro 285 million for the financing of continuing education activities and have approved 4,730 training projects, granting aid for more than Euro 208 million (as at September 30, 2018). Alongside the funding deriving from the European Social Fund, there is also the funding managed by the Joint Interprofessional Funds⁶⁸, which in 2018 amounted to more than Euro 650 million and represented the most substantial source of funding for workers' continuing education.

Finally, in response to the EU's Upskilling Pathway recommendation and as part of the "Adult Guarantee" (*Garanzia Adulti*) policy⁶⁹, initiatives aimed at job placement, social inclusion and vocational training for the employability of adults have been launched at local level. In order to combat unemployment at an older age, the Veneto and Emilia Romagna Regions have promoted initiatives for the 50+ age group who have been unemployed for at least 12 months; while Basilicata, Calabria, Puglia and Sicily have directed their initiatives towards the retraining of low-skill adults.

Gender equality

At the **national** level, it is generally noted that, in the period of reference, attention to gender issues in the implementation of public policies has been increasing in Italy, both in the public debate and in the initiatives launched by some Administrations.

Gender Budgeting, first experimented in the 2016 State Fiscal Year, has been replicated in subsequent periods and strengthened in 2018 as part of the state budget reform, upgrading the methodology in the years 2017-2019. In addition, over the last years, the indicators used in the Gender Budgeting Report have been supplemented, rising from 39 indicators in 2016, to 107 in 2017, 125 in 2018, and 128 in 2019.

Within the labor market, the most relevant measures in terms of the gender approach, in a landscape of demographic ageing, have concerned employment incentives, corporate welfare measures and recognition of care work. As mentioned above, since October 2017, 50+ workers and women are included in the category of disadvantaged persons for the purposes of granting hiring incentives and contribution relief. Gender disadvantage is recognized for occupations and sectors characterized by a male-female disparity rate at least 25 percent higher than the average male-female disparity across all economic sectors.

⁶⁵ The objectives of continuing vocational training are set by the Ministry of Labor and Social Policies, while the management and planning are entrusted to the Regions and Autonomous Provinces, which manage most of the funding.

⁶⁶ By way of example, the training initiatives may involve certain groups of workers (for example, employees in Liguria and Campania; entrepreneurs and managers in Emilia Romagna; newly hired workers with temporary contracts in Tuscany; self-employed workers in Tuscany, Campania and Sicily), or several target groups (Lazio and Tuscany), or can be focused on processes, products, projects and innovation strategies (Piemonte, Lombardy, Friuli Venezia Giulia and Veneto).

⁶⁷ [ANPAL, INAPP \(2019\), XIX Rapporto sulla formazione continua - Annualità 2017-2018, Collana Biblioteca Anpal no.13.](#)

⁶⁸ The national Joint Interprofessional Funds for ongoing training are bodies of an associative nature, furthered by the organizations representing the Social Parties by means of National Multi-industry Agreements entered into by employers' trade union organizations and those representing the workers most representative at national level.

⁶⁹ [Legislative Decree no. 150 of September 14, 2015](#) "Provisions for the reorganization of legislation on employment services and active policies, pursuant to Article 1, paragraph 3, of Law No. 183 of December 10, 2014."

Incentives for hiring women have been further consolidated with the 2021 Budget Law, which provides for 100% contribution relief, up to a maximum of Euro 6,000, for the hiring of "disadvantaged women" in the 2021-2022 two-year period. Disadvantage requirements include age over 50 plus being unemployed for at least 12 months. The incentive is granted for open-ended (for 18 months) and fixed-term (for 12 months) hirings, for transformations from a subsidized employment contract to an open-ended contract, and for part-time work contracts, staff leasing and paid employment with a close associative bond with a workers' cooperative.

In 2018, an agreement was entered into between INPS and the State General Accounting Office - *Ragioneria Generale dello Stato* - (RGS) that aims to build indicators for monitoring measures relevant to equal opportunity and to promote research on the impact of measures aimed at reducing gender gaps. This line includes a call published in 2020 to award "VisitINPS Fellowships" scholarships for research projects dealing with this type of analysis and impact assessment of public policies.

In 2019, the Guidelines for Gender Budgeting in Italian Universities were also issued, while, in the field of international development cooperation, the 2020-2024 Guidelines for Gender Equality and the Empowerment of Women, Girls and Children in International Cooperation were set out. The latter, in addition to indicating priorities and encouraging gender analysis in initiatives financed by Italian cooperation, provide for the application of the so-called gender policy marker, a benchmark that measures the relevance in terms of reduction of gender gaps in the planning and evaluation of individual initiatives. In the same year, the current provisions on equal access to the governing and supervisory bodies of companies listed on regulated markets were amended, increasing from three to six the number of consecutive terms of office in which at least one third of the directors and members of the boards of statutory auditors must be of the least represented gender. The 2020 Budget Act then increased the presence of the least represented gender from at least one-third to at least two-fifths of elected members.

Again, in 2019, measures to support the establishment and development of small and medium-sized women's enterprises were implemented in various sectors, such as agriculture, manufacturing and similar activities, trade tourism and services. The 2020 Budget Law also provided for gender studies courses in universities; zero-interest loans for the development/consolidation of farms run by women entrepreneurs; and exemptions from contributions to promote professionalism in women's sports.

As part of the policies for work-life balance, in 2018-2019 the Department for Family Policies of the Presidency of the Council of Ministers launched the establishment of a technical working group to discuss with businesses for the promotion of the reconciliation of work time and family care time and for the dissemination of good practices of corporate welfare for family issues.

As noted above, the 2018 Budget focused in particular on the gender balance in the distribution of paid work and caregiving functions, recognizing and valuing the function of caregiver (see par. 3.1). Indirectly related to this issue, from an active ageing perspective, the 2019 and 2020 Budget Laws adopted measures in support of parenthood, which in any case aim to rebalance the loads of care within families (possibility of using the mandatory abstention from work entirely in the 5 months following childbirth, extension of mandatory paternity leave from five to seven days, resources to build school buildings, and increase the number of teachers and support families with children).

Finally, about three quarters of the projects for gender equality financed with 2014-2020 European funds concern the job market, with the priority objective of increasing the female employment rate. Of these, more than 80 percent are targeted at "inactive and unemployed citizens, including long-term unemployed (women)" and represent the largest subset of projects in terms of number and total economic value.

At **regional level**, gender discrimination is not specifically addressed in the context of active ageing but is considered in an overarching and integrated way in the policies implemented, recognizing and promoting the value and relevance of gender differences.

4.2. Special measures adopted to close the gender pay and pension gap and take into account the situation of older women

In relation to the pension system, the "women's option" (*opzione donna*) was confirmed: this scheme grants the right to early retirement pension to female workers aged 58 (employees) or 59 (self-employed) who have accrued a minimum creditable service of 35 years. In this case, pension is calculated entirely on the basis of the imputed contribution regime, resulting in a reduction in the pension allowance of up to 30%. The women's social APe (*APe sociale donna*) was also extended (see section Job Market), which provides for a reduction in contribution requirements for women with children (one year for each child, up to a maximum of two years). In relation to these issues, it is also worth mentioning the CLEAR Project (Closing the gEndEr pension gAp by increasing women's awarReness), launched as part of the EU program REC-Rights, Equality and Citizenship 2014-2020, with the aim of providing women with adequate knowledge to assess the consequences of their work choices on pension levels, thus helping to reduce the gender pension gap.

Finally, to support gender pay equality, the 2021 Budget Law has set up a special fund at the disposal of the Ministry of Labor and Social Policies, with resources of Euro 2 million per year starting from the year 2022, intended to financially cover actions aimed at raising awareness of the social and economic value of gender pay equality and equal opportunities in the workplace.

4.3. The most important policy achievements during the 20 years of MIPAA/RIS

In Italy, as in the rest of the European Union, the twenty-year period of the MIPAA, prior to the outbreak of the pandemic, was characterized by steady growth in the weight of the older groups of the workforce on the total employed⁷⁰. According to Eurostat⁷¹, the percentage of the 50+ group in Italy's total employed population aged 15 and over grew from 21.6% in 2002 to 37.3 in 2019, increasing further in the following year (38.5) and exceeding the EU27 average by 5 points (33.9). This segment of the employed grew proportionally more among women (+20 percentage points) than among men (+15 percentage points), reaching in 2020 similar percentages for the two genders (38.4 among women and 38.6 among men).

The growth in the percentage of older workers is due firstly to the increase in their percentage weight in the population⁷², and secondly to the effects of policy measures aimed at maintaining the balance of the public pension system, which were implemented essentially by raising the retirement age.

In spite this positive trend and the fact that the greatest difficulties in participating in the workforce were found above all among young people, over the twenty-year period there has been a progressive weakening of the 50+ group in the job market. Specifically, since the 2008 crisis, the⁷³ non-participation rate has increased for men aged 45-54 from 5.5% to 11.6%, matching that of the 55-74 age group, which has since increased by only 3 percentage points. Even among women aged 45-54, the indicator (already higher than that for men) grew from 16.9% in 2008 to a high of nearly 23% in 2014, before falling back to 19.2% in 2020. At the same time, among

⁷⁰ INAPP (2021), *Rapporto 2021. Lavoro, formazione e società in Italia nel passaggio all'era post Covid-19* (2021 Report. Labor, training and society in Italy in the transition to the post-Covid-19 era), Rome, July, https://oa.inapp.org/xmlui/bitstream/handle/123456789/3267/Inapp_Rapporto_2021.pdf?sequence=1&isAllowed=y

⁷¹ Data extracted on 23/09/2021 16:38:02 from [ESTAT].

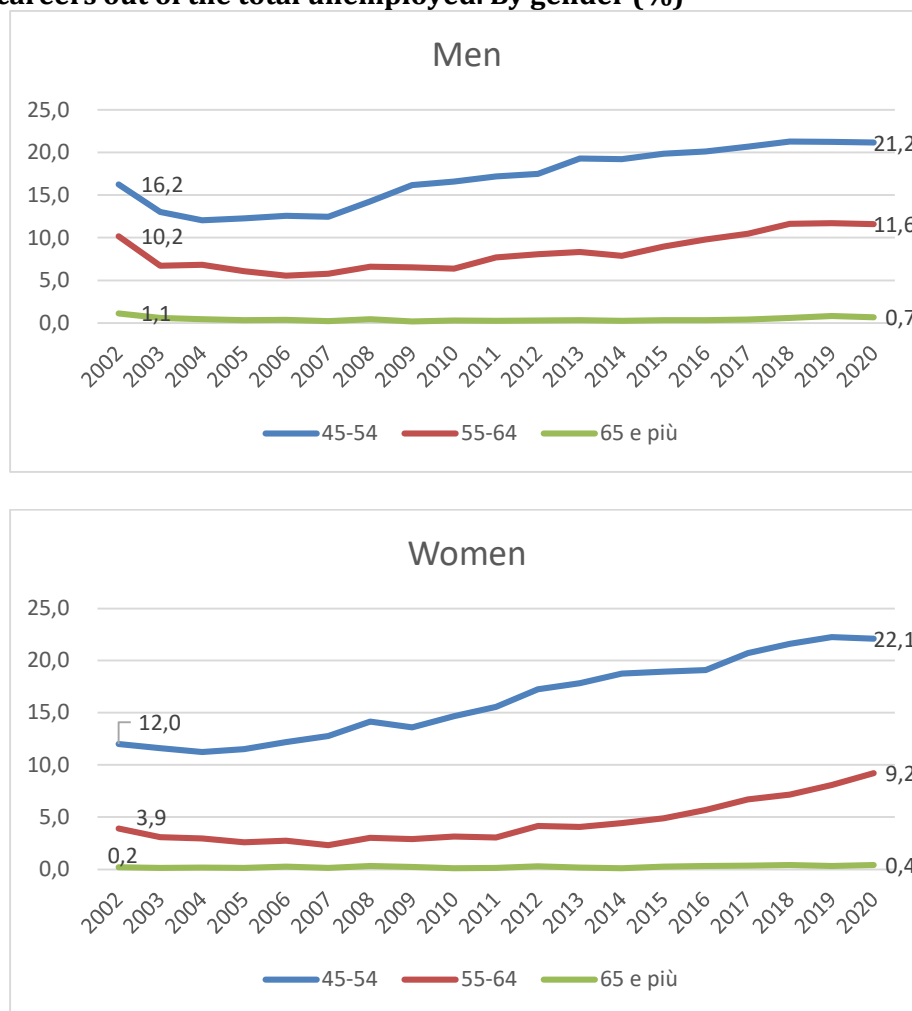
⁷² Over the past few quarters, the population aged 15-49 has declined by an average of 1.5% a year, or nearly 400 thousand people (Ministry of Labor and Social Policy, ISTAT, INPS, ANPAL, *Nota trimestrale sulle tendenze dell'occupazione. III trimestre 2020* (Quarterly Note on Employment Trends. Q3 2020), December 18, 2020, <https://www.lavoro.gov.it/documenti-e-norme/studi-e-statistiche/Documents/Nota%20trimestrale%20sulle%20tendenze%20dell%27occupazione%20III%20trimestre%202020/Nota-Trimestrale-Occupazione-III-2020.pdf>

⁷³ The ratio of the sum of the unemployed and those not looking for work but available for work on the one hand, to the workforce (employed and unemployed) on the other.

women in the 55-74 age group, the rate continued to fluctuate between about 13% and 16% throughout the two decades, reaching 14.2% at the end of the period.

Against this backdrop, the percentage of men and women in the second half of their working careers saw an increase in their share of the total unemployed (Figure 3), reaching 33.4% and 32%, respectively, of those actively seeking work in 2020.

Figure 3 - Percentage of age groups in the second half of their working careers out of the total unemployed. By gender (%)



Source: elaboration on ISTAT data (Data extracted on September 22, 2021, from I.Stat)

This situation has determined the need to stabilize over time the national incentive measures to hire 50+ workers and female workers regardless of their age. Started with the reform of the job market in 2012, incentives come in the form of 50% coverage of social security costs borne by employers. As already mentioned, in addition to these measures, a 100% exemption from contributions (up to a maximum of Euro 6,000) was granted for the hiring of 50+ women in the 2021-2022 two-year period. These measures have supplemented the contribution subsidies to employers who hire workers who benefit from the various forms of welfare support measures (NASpI, special redundancy fund, CIGS⁷⁴, relocation allowance), or fall into fragile categories, such as persons with disabilities, persons deprived of their liberty or beneficiaries of Citizenship income.

On a second front, starting above all with the 2008 financial crisis and in a more accentuated manner in response to the Covid-19 pandemic, the same set of welfare support measures has been progressively extended to categories of precarious and self-employed workers, previously not

⁷⁴ Cassa integrazione guadagni straordinaria.

covered by these measures, together with a series of welfare measures previously intended exclusively for workers with standard employment contracts.

In addition, since the end of the 1990s, it has become clear that the persistent exclusion of large segments of the population, including those 50+, from job protection measures required the adoption in Italy of a minimum income instrument, similar to that already in place in other European countries⁷⁵. The percentage of households in absolute poverty⁷⁶ with a breadwinner aged between 45 and 55 has risen steadily from 2.4% in 2005, to nearly 10% in 2020. A similar increase was seen among 55- to 64-year-olds (from 1.9% to 6.6%). Similarly, the percentage of households with a breadwinner aged between 45 and 54 years and between 55 and 64 years in a condition of relative poverty has grown⁷⁷, rising from 7.7% in 2002 to almost 10% in 2020 and from 7.6% to 8.2%, respectively.

This situation led to the adoption of the Inclusion Income in 2018 (*Reddito di inserimento – REI*), subsequently replaced by Citizenship Income (*Reddito di Cittadinanza – RdC*), or alternatively by Citizenship Pension (*Pensione di cittadinanza*), from March 2019 onward: it was the first time Italy had a structural minimum income measure with a nationwide scope. These measures were supplemented in May 2020 by the Emergency Income, which was temporarily established to support households in need due to the Covid-19 epidemic emergency.

By the end of 2019, the Citizenship Income had reached nearly 916 thousand people over the age of 45, or 35% of the total number of beneficiaries of the measure. More than 86% of them belonged to the 45-64 age group, due to the eligibility requirement which established that beneficiaries must be willing to actively seek work with the support of Public Employment Services. On the other side, almost all of the approximately 145,000 Citizenship Pension recipients were over the age of 65⁷⁸.

With the reforms introduced over the past 20 years, the public pension pillar has not only contributed to extending the stay of male and female workers in the job market, but has also favored the containment of the risk of poverty in the 65+ age group. Between 2005 and 2020, the incidence of relative poverty for the 65+ age group remained more or less constant, fluctuating around 5%, while absolute poverty showed a marked decrease, from 15% in 2002 to 7.6% in 2020. In this scenario, the participation of older people in the job market has been further encouraged by the abolition, as of 2009, of the ban on the accumulation of income from work and pensions, as well as the possibility of choosing to continue to work beyond retirement age, up to 70.

From an economic point of view, the Ministry of the Economy estimates that the reform measures approved since 2004 have contributed to reducing the incidence of pension expenditure on GDP by around 60 percentage points by 2060. Approximately one-third of this reduction is expected to be generated by measures enacted in 2011 in response to the financial crisis triggered in 2008⁷⁹.

The consequences of demographic changes on the job market have also been addressed by strengthening measures aimed at favoring the work-life balance, also with a view to encouraging the propensity of families to procreate, rebalancing the commitment of men and women to parental care. This includes a variety of actions that, especially since the adoption of the Jobs Act

⁷⁵ Consiglio Nazionale dell'Economia e del Lavoro (2021), *Rapporto mercato del lavoro e contrattazione collettiva 2020* (2020 Job Market and Collective Bargaining Report), Rome, January, http://www.lavorosi.it/fileadmin/user_upload/PRASSI_2020/cnel-rapporto-mercato-del-lavoro-e-contrattazione-collettiva-2021.pdf

⁷⁶ Calculated by ISTAT based on a threshold corresponding to the minimum monthly expenditure necessary to acquire a basket of goods and services considered essential to a minimally acceptable standard of living, <https://www.istat.it/it/metodi-e-strumenti/glossario>

⁷⁷ Calculated by ISTAT based on a conventional threshold (poverty line), equivalent to the expenditure by a household of two members equal to the average monthly expenditure per person in Italy, <https://www.istat.it/it/metodi-e-strumenti/glossario>

⁷⁸ Ministero del Lavoro e delle Politiche Sociali (2020), *Reddito di cittadinanza. Rapporto Annuale 2020 relativo all'anno 2019* (Universal Basic Income. 2020 Annual Report for the year 2019, Rome, November, <https://www.lavoro.gov.it/notizie/Documents/Rapporto-annuale-Reddito-di-cittadinanza-2020.pdf>

⁷⁹ Ministero dell'Economia e delle Finanze (2021), *Le tendenze di medio-lungo periodo del sistema pensionistico e socio-sanitario* (Medium- to long-term trends in the pension and socio-health system), Rapporto no. 22, Rome, July, https://www.rgs.mef.gov.it/Documenti/VERSIONE-I/Attivit--i/Spesa-soci/Attivita di previsione RGS/2021/Rapporto n22_2021_01092021.pdf

in 2015 have extended the procedures for the use and the number of beneficiaries of parental leave and maternity benefits, as well as mandatory and optional paternity leave; have encouraged the transformation of employment contracts from full-time to part-time for reasons for work-life balance needs; have made the transfer of staff among Public organizations more flexible, favoring the use of remote work to support work-life balance; have financed organizational measures to encourage working mothers to return to work after childbirth; have supported the costs related to parental care (babysitting) and have protected the maternity of specific categories of workers⁸⁰. In accordance with the European Union's Life-long Learning Policy Framework⁸¹, Italy has adopted a coherent strategic approach starting with the reform of the job market in 2012⁸², defining life-long learning as "any activity undertaken by people in a formal, non-formal and informal way, at different stages of life, in order to improve knowledge, skills and competences, in a personal, civic, social and occupational perspective"⁸³. The provisions set out in legislation and in the subsequent State-Regions agreements have led, as discussed above, to establishing the Inter-Institutional Committee on Life-long Learning (*Tavolo Interistituzionale sull'Apprendimento Permanente - TIAP*) and, later, to the preparation of the National Strategic Plan for the Development of Competencies of the Adult Population, currently pending the opinion of the social parties and final approval with the signing of a State-Regions agreement. Operational plans for its implementation will be defined in 2021-2023. In the same period, this programmatic path was flanked by the definition of the National Framework of Qualifications issued under the National Skills Certification System, established in 2018⁸⁴ and the reform of the network of Provincial Centers for Adult Education.

⁸⁰ Camera dei Deputati, Servizio Studi (2021), *Conciliazione vita-lavoro* (Work-Life Balance), Rome, April, <https://temi.camera.it/leg18/temi/conciliazione-vita-lavoro.html>

⁸¹ See, inter alia, the Memorandum of the Committee on Life-long Learning. Working Paper of the European Commission Services, dated October 30, 2000; the Communication "Making a European Area of Life-long Learning a Reality" dated 2001; the EU Council Recommendation "*Upskilling pathways: new opportunities for adults*," dated December 19, 2016, as part of the "New European Skills Agenda," dated June 10, 2016.

⁸² Law No. 92 dated June 28, 2012, "Provisions regarding reform of the job market with a view to growth" (*Disposizioni in materia di riforma del mercato del lavoro in una prospettiva di crescita*).

⁸³ Consiglio Nazionale dell'Economia e del Lavoro (2021), *Rapporto mercato del lavoro e contrattazione collettiva 2020* (2020 Job Market and Collective Bargaining Report), Rome, January, http://www.lavorosi.it/fileadmin/user_upload/PRASSI_2020/cnel-rapporto-mercato-del-lavoro-e-contrattazione-collettiva-2021.pdf

⁸⁴ ANPAL, INAPP (20019), *XIX Rapporto sulla formazione continua - Annualità 2017-2018*, Collana Biblioteca Anpal no. 13 https://www.anpal.gov.it/documents/552016/586510/XIX-rapporto-formazione-continua-20_11_2020+def.pdf/e2562038-0268-d620-d0e2-22ce44e3d2a2?t=1606061718651

5.1. Policies and measures adopted to protect older persons' enjoyment of all human rights

Autonomy, self-determination and participation in society

At **national level**, the measures to promote autonomy, self-determination and participation in social life of older people are promoted mainly by the Ministry of Health as part of two policy tools, namely, the National Program "Gaining Health: making healthy choices easy" (*Guadagnare Salute: rendere facili le scelte salutari*) and the "National Prevention Plan" (*Piano Nazionale della Prevenzione - PNP*): both programs last five years and aim to implement actions to promote health, and lifestyles and environments conducive to the health among the population at large. These actions are based on a comprehensive approach to taking care of a person (One Health approach), which is intersectoral (including educational, social, urban planning, transport, agriculture policies, etc.), multicomponent (across the determinants of health), by life course and setting (schools, workplaces, local communities, health service).

Specifically, the "Gaining Health: Making Healthy Choices Easy" Program furthers educational actions and information campaigns for the promotion of healthy lifestyles and nutrition, aimed at reducing, in the long term, the burden of chronic diseases on the health system and society. Implementation is shared with the Regions and Local Health Services and is carried out through four specific action programs concerning: nutrition, physical activity, combating smoking and combating alcohol abuse.

A second type of action relates to promoting physical activity and exercise among older people. These actions are designed to positively affect the health and well-being of an individual, but also to promote processes of inclusion and aggregation in society. The National Prevention Plans have given increasing space and value to physical activity, considered a public health priority, to be addressed from an intersectoral perspective, taking into account other aspects, such as urban planning and transport, education, economy, sport and culture and involving, therefore, the largest possible number of stakeholders. From an intersectoral perspective, in 2017, the "Intersectoral working group for the promotion of physical activity and health protection in sports activities" was established at the Ministry of Health and began working on the "Guidelines on physical activity for different age groups with reference to physiological and pathophysiological situations and specific population subgroups (2019)." The document provides systemic policy elements and guidance on the actions needed to encourage physical activity, aiming at equity, overcoming inequalities and inclusion of vulnerable individuals (fragile elderly). The guidelines provide for a specific sub-program, aimed at encouraging physical activity for older people to be implemented in an intersectoral perspective with the involvement of ministries, producers and managers of Public Services, Regional Governments, Local Health Authorities (ASL), Municipalities, and private and public companies, in order to overcome the fragmentation of actions and the dispersion of human and economic resources.

A third group of measures aims to reduce key social and geographic inequalities. An example is provided by the aforementioned Gaining Health Program which has recognized the importance of non-health policies in the fight against health inequalities, involving other ministries and social, economic and institutional partners in the implementation of actions to protect health in all its aspects. Even the 2014-2018 National Prevention Plan has highlighted the importance of these aspects, calling on the Regions to include the fight against health inequalities in their Regional Prevention Plans (PRP). The new 2020-2025 PNP confirms the need to bolster actions to reduce social and geographical inequalities and states that protecting the weakest groups of the population is as a priority for all objectives.

Along similar lines is also the two-year project (2019/2020) *A health equity focused National Prevention Plan 2020-2025 and related capacity building (CCM, 201)* coordinated by the Italian National Institute of Health (ISS) with the contribution of the Documentation Center for Health Promotion of the Piemonte Region (DORS). The project, which involves all the Regions, is aimed at increasing equity-oriented actions, also by means of the implementation of capacity building of

Regional managers responsible for the development and implementation of the Regional Prevention Plans.

On the topic of combating inequality, the impact that the effects of the pandemic might have should also be considered. On this aspect, an activity to evaluate the impact of the first pandemic phase is underway, conducted by a working group set up as part of a European project on inequalities called *Joint Action Equity - JAHEE*, coordinated by the National Institute of Health (ISS) with the support of the University of Turin and the involvement of the Ministry of Health and the National Institute for Health Promotion of Migrant Populations and the Fight against Poverty-related Diseases (INMP).

A fourth group of interventions relates to improving private (e.g., homes) and public environments and mobility within cities. This includes a series of actions based on the development and promotion of the use of innovative technologies, in order to improve the quality of life of older people and their caregivers and, at the same time, the sustainability of care systems, reducing the recourse to hospitalization. In this perspective, the already mentioned 2014-2020 Health Operational Plan (*Piano Operativo della Salute -POS*) is in force. With reference to the implementation of the line of action *Active & Healthy Ageing: Technologies for active ageing and home care*, included in said program, in February 2021 the Ministry of Health issued a call aimed at promoting the creation, within the urban fabric, of an area dedicated to older people in which to build autonomous living spaces provided with "smart" products and services based on ICT technologies and shared socio-health and first aid services, as well as socialization services.

Moreover, in 2018 an intersectoral working group called "Cities and Health - Urban Health" was established at the Ministry of Health with the aim of working on the issue of health in cities, involving for the first time all the Ministries concerned, the National Institute of Health, the Italian Society of Health, the Regions and the National Association of Italian Municipalities (ANCI). The working group has drawn up guidelines (currently pending approval by the State-Regions Conference) to further the integration of health policies with environmental, urban and transport policies, in order to optimize urban planning decisions from a public health perspective.

Integrated policies and actions on these issues are also furthered in the National Prevention Plans (PNPs). The latest 2020-2025 PNP devotes particular attention to health in cities: it calls on the Regions to implement a specific program (PP5) which integrates actions on health, environment and safety, in order to create favorable contexts (e.g., development of sustainable forms of mobility, creation of green areas and public spaces that are safe, inclusive and accessible also to older people) and further greater autonomy of older people (e.g., through motor activity).

While in the healthcare field the development of an active approach to ageing has furthered a model of holistic action for public health, in the social field it has favored the setting up of services, tasked with addressing the factors that make people vulnerable and possibly unable to participate in communities' life, along the life course. The 2021-2023 National Plan of Social Actions and Services (approved in 2021) regulates the development of the Essential Levels of Service (Livelli Essenziali di Servizio - LEA) by mainstreaming actions to combat inequality. Among the actions dedicated more specifically to older people and families, the Plan focuses on the furthering of home care and the enhancement of relevant community resources for taking care of non-self-sufficient individuals. The Plan provides for local Single Points of Access to be set up, as a single point of contact for fragile people requiring multidimensional care (because of economic, work, social, health, housing difficulties). In order to ensure continuity of care, the Plan also introduces the practice of 'Protected Discharges' among the LEA, improving the link between social service measures and healthcare measures which are already considered in the LEA within the National Health Service.

The objective of improving private environments also includes a series of tax bonuses and deductions, aimed at eliminating architectural barriers in the homes where non-self-sufficient older people live. Among the latest measures on the subject, suffice it to mention Law 178/2020, which has extended the 110% bonus (intended to encourage energy efficiency in buildings and promote economic recovery in the building sector) to actions aimed at eliminating architectural barriers (e.g., elevators and freight elevators), or aimed at the creation of technological tools that facilitate mobility inside and outside the home for people with severe disabilities (Law 104/1992) or over 65 years of age.

On these issues, it is worth mentioning the "Fund for assistance to severely disabled persons without family support" (After Us Fund - *Fondo Dopo di noi*), set up at the Ministry of Labor and Social Policies in 2016 and made operational in 2017. Its aim is to further accompanying pathways for severely disabled persons who must leave their family of origin while working for their deinstitutionalization. With this objective, the Fund also finances actions in support of home care (promoting the return home or proposing innovative solutions such as 'apartment groups' or co-housing), programs to increase awareness, empowerment and development of skills for the management of daily life and the achievement of the highest possible level of autonomy. For the 2021/2023 three-year period the Fund has resources of Euro 76 million per year.

All indications and priorities set at national level are applied at **regional level** in the Regional Prevention Plans (PRP), in the Health, Social and Local Plans. All Regions have considered the issue of quality of life and health in their Active Ageing policies and almost all of them have also implemented measures. The initiatives mainly concerned health education measures (e.g., information and awareness campaigns in the local community and workplaces for the dissemination of healthy lifestyles), promotion of physical activity and sports, both as a tool to maintain the health of older people, and as a moment of recreational and social importance (group walks and recreational activities), support for independent living, well-being and quality of life, in order to allow older people to be independent as long as possible in their own homes (e.g., social housing programs aimed at promoting the inclusion of older people in housing; measures to promote hospitality in micro-residences, apartment groups and other forms of co-housing, also aimed at fostering inter- and intra-generational relations and with innovative solutions based on the sharing of space and co-housing services). These actions have been implemented also through the development of technological solutions for health (e.g., applications dedicated to group walking programs, geocatching and treasure hunting) and the funding of projects and initiatives also at local level, which is especially useful in those inland and mountain areas where community life is more difficult to support. With reference to the improvement of mobility conditions, it is also worth mentioning the Sustainable Urban Mobility Plans (PUMS), which further the creation of pedestrian areas and bicycle paths.

It should also be pointed out that the Regions, with a view to a cross-sector approach, have also created cross-sector working groups made up of the Health, Education, Sports, Transport and Local Government departments. The actions aimed at furthering the autonomy, self-determination and participation in the social life of older people include the aforementioned overarching regional laws on active ageing and other laws or measures of an overarching nature (e.g., consolidated laws on health and social services or regional action plans for the elderly population), which supplement active ageing actions in all regional policies, tackling the issues of autonomy, home care, health and well-being of older people in an organic and intersectoral manner.

Actions aimed at developing innovative products and services based on information and communication technologies (ICT) for active and healthy ageing

These activities are carried out through participation in European programs such as the European research program *Active Assisted Living - AAL*⁸⁵, which aims to expand the availability of products and services based on information and communication technologies (ICT) for active and healthy ageing. From 2017 to 2020, Italy participated in 12 projects under the various specific calls aimed at supporting older people to live in their homes for as long as possible.

This also includes initiatives aimed at integrating the social and health dimensions of care and to support innovative forms of home care. Specifically, the furthering and development of telemedicine services plays an important role, especially in the wake of the health emergency. In addition to improving the quality of health care by offering remote care, diagnostic services and

⁸⁵ The 2021 AAL call Advancing inclusive health & care solutions for ageing well in the new decade was joined by the Ministry of University and Research (MUR) (with a total budget of Euro 1 million, with the MUR contribution of Euro 535,000.00, the Ministry of Health (with a contribution of Euro 1 million) and the Friuli-Venezia Giulia Region (with a contribution of Euro 200,000).

medical advice, telemedicine allows continuous monitoring of vital signs and reduces the risk of complications in fragile people or those suffering from chronic diseases. In this perspective, with reference to the ageing of the population and the increase in chronic diseases, telemedicine can be a valuable support to integrate prevention activities already put in place. To this end, the Ministry of Health is committed to promoting the provision of telemedicine services within the Essential Levels of Care. As part of the Steering Committee of the New Health Information System (NSIS), a working group on telemedicine was set up; in 2020, it drew up the "*National indications for the provision of telemedicine services*", to be adopted at the national level, for certain types of services (telehealth, medical teleconsultation, telehealth by health professions, tele-reporting). The Working Group also drew up "Directions for the provision of telerehabilitation services by the health professions" (2021), while other documents relating to further services (telemonitoring, teleassistance, telecertification, teleradiology) are to be prepared in order to ensure a progressive extension and application of telemedicine in all areas of care in which it can contribute to improving the quality of care.

Actions aimed at training health workers

Over the past five years, the Ministry of Health, through various projects, has supported the implementation of training actions aimed not only at learning and/or providing new technical skills, but also at creating a homogeneous language throughout the country so that health personnel and professionals would be able to provide scientifically correct information, carry out advocacy with the community and stakeholders, and improve communication skills (e.g., brief motivational interview, risk communication, etc.).

The latest 2020-2025 National Prevention Plan invests heavily in training, which is considered one of the overarching priority actions. The Plan promotes training aimed at health workers, as well as at workers from different backgrounds (e.g., graduates in motor sciences/kinesiologists, those tasked with administering meals in canteens or school cafeterias, or companies that provide meals for canteens), so that a shared culture and language and a common vision of goals and system are created. With few exceptions, at present curricular training on these topics is not provided at the University, not even in faculties of health sciences, and there is a need to introduce it in the future. Training on health promotion, the importance of healthy and active lifestyles for healthy ageing and the prevention of chronic non-communicable diseases will be aimed at students from health faculties, but also from humanities and education faculties.

Faced with a generalized growth in demand for services, triggered by deteriorating social conditions, the 2018 - 2021 National Plan for Combating Poverty and later the 2021-2023 National Plan of Social Actions and Services have identified social professions as an indispensable resource. Beginning with the 2021 Budget Law, measures have been provided for the strengthening and qualification of the social professions, providing resources specifically earmarked for the permanent hiring of social workers in publicly run services, until the essential level of social worker per 4,000 inhabitants, per Region, is reached. The provision of supervision services for staff working in social services has also been introduced as one of the essential levels of service, in order to counter the emergence of burnout or bureaucratization of service practices.

Supporting research on individual and demographic ageing processes to better address emerging needs in ageing societies

At **national level**, since 2018 the Ministry of Health has collected data from the Silver Steps Surveillance System on an annual basis: health and quality of life in the third age were considered⁸⁶ (see section 5.2) and comparative analyses were carried out, comparing different periods Regions and also local health authorities of the same region.

⁸⁶ Silver Steps is a national monitoring and programming system, aimed at detecting health conditions and the spread of prevention actions in the 65+ population. The data collected make it possible to describe all aspects that contribute to the well-being of older people (health, healthcare and social), to identify and monitor critical and risk areas in order to provide policymakers with the measures to be implemented to maintain as long as possible the well-being and

A further source of information useful to support research on the processes of individual and population ageing is ISTAT's Equitable and Sustainable Well-being (BES) indicators (already mentioned in section 4.1.), which allow monitoring citizens' well-being conditions. In this scenario, fifteen indicators are dedicated to the issue of health and regard life expectancy, mortality, multi-chronicity and chronicity (due to obesity, smoking, alcohol, sedentariness, diet). At **regional level**, in Puglia the Regional Strategic Agency for Health and Social Care (AReSS) (Regional Law 29/2017) has been set up; it is a technical operational body that operates as a study, research, and analysis agency to support the definition and management of policies on social and health matters.

Promoting the participation of people with dementia and/or mental and behavioral disorders, and their informal carers, in community and social life

The "National Dementia Plan - Strategies for Promoting and Improving the Quality and Appropriateness of Care in the field of Dementia" (2014)⁸⁷ provides strategic guidance for the promotion and improvement of interventions in the field of dementia according to an integrated disease management approach. In 2017, the Working Group for monitoring the implementation of the Plan, established in 2015 and coordinated by the Ministry of Health, developed two National Guidelines: "Diagnostic and Therapeutic Care Pathways for dementia (2017) (+PDTA)" and the "National Guidelines on the use of Information Systems to characterize the dementia phenomenon."

The 2014-2020 National Prevention Plan (PNP) also incorporated some of the founding criteria of the National Dementia Plan, as well as the National Chronicity Plan (2016), in order to allow a timely diagnosis and care of fragile and vulnerable individuals in poor social and health conditions, including through measures implemented for older people in their homes. The actions of the PNP have also concerned family members and professionals who are active in the organization of care, including family assistants and caregivers, in order to reduce discrimination, improve their quality of life and favor the development of an integrated network of widespread professionalism for a more effective management of the condition of non-self-sufficiency.

However, in 2020, in the face of the difficulties arising from the health emergency from Covid-19 that also involved the category of caregivers, the available resources (Euro 44.4 million for 2018 and 2019 and 23.8 million for 2020) were allocated to the Regions (Prime Minister's Decree dated October 27, 2020) for the provision of bonuses in the home management of assisted persons in order to ensure adequate levels of care by avoiding that the burden of care fall too much on family members.

At **regional level**, the issue of recognition and support for the activity of caregivers is addressed both by specific regional laws and in the context of laws or measures of a more general nature that promote services supporting the autonomy and maintenance at home of non-self-sufficient and/or disabled older people and of the families that care for them.

autonomy of the elderly population. The Program complements the framework offered by the Steps for monitoring the adult population aged 18-69 years. The system is coordinated by the National Institute of Health and collects information not only about health, but also about the contribution that older people make to society, through paid work or by providing support within their family or community.

⁸⁷ The Plan, prepared by the Ministry of Health in collaboration with the Regions, the National Institute of Health and the three National Associations of patients and family members, is divided into four objectives: 1. health and socio-health policy actions and measures (increasing knowledge about prevention, early diagnosis, treatment and care; supporting research, in order to advance care and improve the quality of life of patients and their carers; carrying out epidemiological survey activities); 2. Creation of an integrated dementia network and implementation of integrated management; 3. Implementation of strategies and actions for appropriateness of care; 4. Increased awareness and reduced stigma for improved quality of life.

Infrastructure and assistance needed to prevent all types of abuse and violence against older people

With reference to these issues, it is worth mentioning the proposed law of parliamentary initiative "Measures to prevent and combat mistreatment or abuse, including psychological abuse, to the detriment of minors in kindergartens and preschools and of persons housed in socio-health and social and care facilities for older people and persons with disabilities and delegation to the Government on staff training"⁸⁸, aimed at preventing and combating, in the public and private sectors, mistreatment and abuse, including psychological abuse, to the detriment of minors, the elderly and persons with disabilities housed in socio-health and social and care facilities. The measures envisaged concern: psychological profile assessment and training of personnel; procedures for visiting socio-health and social and care facilities; the installation of video surveillance systems. Pending the completion of the process, an allocation of resources has been made in 2019 for the installation of video surveillance systems in classrooms of educational facilities for children and in state and state-recognized private preschools, as well as in socio-health and social and care facilities.

Gender approach to issues of quality of life, prevention, and well-being

The PNP 2020-2025 pursues "the gender approach as a change of perspective and culture so that the assessment of biological, environmental and social variables, on which differences in health status between the sexes may depend, becomes routine practice in order to improve the appropriateness of prevention interventions and contribute to strengthening the central role of the individual." To this end, the PNP invites the Regions to consider the gender dimension in every field and sector, to avoid stereotypes and to define strategies aimed at avoiding inequalities.

In this context, it is worth mentioning the Fund against Discrimination and Gender Violence aimed at carrying out activities to promote female and gender freedom and activities to prevent and combat forms of violence and discrimination against disabled people. For the 2021-2023 three-year period, the Fund has resources of Euro 6 million.

5.2. The most important policy achievements during the 20 years of MIPAA/RIS

Thanks to the continuous advances in medicine and in the organization of health care, to the evolution of the welfare system to match transformations in production assets, at the beginning of the Third Millennium, the average life expectancy in Italy has reached levels that were unthinkable until the early years of the 20th century. At the beginning of the twentieth century life expectancy was around 41 years; in 2000 it reached an average of about 80 years, with an exponential growth of longevity and a sudden increase, at the end of 20th century, in the percentage of the 65+ population out of the total population⁸⁹. Since the early decades of the 20th century, however, old age has been increasingly characterized by the emergence of chronic conditions, multimorbidity and non-self-sufficiency, which are related to changes in lifestyles and systems of living, rather than to the onset of diseases with an acute prognosis, treatable with hospital care.

The main progress made in ensuring dignified ageing in Italy over the past 20 years has occurred around two main dimensions:

⁸⁸ Approved by the Italian Chamber of Deputies in October 2018.

⁸⁹ For most of the 20th century, the percentage of older people out of the total population had remained below 10%, reaching around 20% in little more than 20 years, at the turn of the 2000s, (Ministry of Health, Quaderni del Ministero della Salute, no. 6/2010, pp.1-9), in connection with the transformations that had taken place in the models of generativity of the Italian population, which were also initiated in the historical course of industrialization of Italian society.

- a) the effort to address the approach to ageing in terms not only of reducing disability/morbidity, but also of preventing risk factors linked to the determinants of health⁹⁰, in connection with the lifestyles and the relational context (socio-economic and cultural conditions, housing conditions and family/community cohabitation, transport, culture, urban planning, including the relationship with the socio-health services)⁹¹;
- b) the development of a governance model that can use intersectoral measures to combat health inequalities in old age and throughout life, to prevent and manage chronic comorbidities, improve survival and quality of life of people beyond the social gradient; this with a view to identifying new management paradigms aimed at developing a universal system of social protection capable of implementing the principles of public health protection enshrined in the Italian Constitution⁹², while taking into account the changing demand for health services due to chronicity.

Steps taken to further healthy lifestyles and the approach to the health determinants

With regard to prevention, over the past 20 years the National Health Service has gradually changed its approach to the health of older people. While in the past the statistics about the impact of morbidity on the conditions of disability of the older population served as a basis for organizing the health system because resources for hospital and residential services were made available according to those data, since the first decade of 2000 growing attention was been paid to developing a preventive approach, in which knowledge systems were created to monitor lifestyles, and health planning is characterized by a proactive attitude to health behaviors, according to the “determinants of health approach” promoted by the WHO.

From the point of view of knowledge of the demand for health and, more generally, of the conditions in which ageing takes place and is experienced, the first step was taken through the Silver Steps Surveillance System, launched on an experimental basis in 2009 by the Ministry of Health, and continued as an ongoing survey since 2016. A second step is the definition of increasingly specific indicators linked to the health conditions of the older people, their relationship with services and local communities, as part of the Report on Equitable and Sustainable Wellbeing, already mentioned in section 4.1.

As regards planning, the development of the National Prevention Plans promoted by the Ministry of Health, and the various planning initiatives referring to the ten-year Gaining Health program have also progressively encouraged at regional level the development of initiatives for the promotion of healthy lifestyles, with screening actions, information campaigns, education and consulting initiatives focused on the adoption of behaviors and care practices that look at the relationship between individual behaviors and environmental risk factors in the population of self-sufficient and non-self-sufficient older people. In almost all the regional laws promoted in the last decade in support of active ageing, the area of health and the promotion of healthy lifestyles is one of the widely recognized fields of regulation, in which initiatives are furthered on fairly

⁹⁰ Personal behaviors and lifestyles; social factors that may prove to be an advantage or disadvantage; living and working conditions; access to health services; general socioeconomic, cultural, and environmental conditions; and genetic factors. (Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008)

⁹¹ The reference is to the approach to health determinants proposed by WHO (WHO 2013, Review of social determinants and the health divide in the WHO European Region. Executive summary - retrievable in <https://www.epicentro.iss.it/globale/determinantiSociali2014>).

⁹² The reference in particular is to Article 32 (principle of universality and respect for the human individual: "The Republic protects health as a fundamental right of the individual and the interest of the community and guarantees free care for the needy. No one may be obliged to undergo a particular health care treatment except by order of the law. The law can in no case violate the limits imposed by respect for the human individual"), and Article 117, which outlines the architecture of the governance of services and policies on health and social matters, within the relationship between State and Regions. The State is responsible for determining the essential levels of care and service to be ensured uniformly throughout Italy, and for the coordination of their implementation, and the Regions have autonomous functions of planning and organization of local services.

regular basis at every level of government. According to the most recent ISTAT statistics⁹³, this effort has been reflected in the improvement of some of the health conditions of the older population, at least until the pandemic from Covid 19⁹⁴: life expectancy at birth has shown progressive improvements, matched by positive data for life expectancy without limitations at 65 years (81.5 years), on the front of mortality from cancer⁹⁵, mortality from dementia and diseases of the nervous system of the elderly, infant mortality and sedentariness; people aged 65-74 years who engage regularly in physical activity have increased by 60%⁹⁶, the number of elderly who live without friends has decreased by about 17 percentage points.

Service governance and the steps taken to raise the quality of standards for integrated social and health services

The second area of development of Italian policies aimed at promoting ageing with dignity regards the path taken by the Country in progressively focusing on a structure of territorial services for taking charge of the demand for health coming from the non-self-sufficient elderly and their families, following the approach of the integration of the social and health branch of Public Services, as already outlined in Law 328/2000⁹⁷.

In other words, it refers to the effort of integrating the offer of narrowly defined health services⁹⁸, managed by the Ministry of Health and Local Health Authorities, and social planning initiatives (social services, housing policies, fight against poverty, training and work policies, as well as promotion of active citizenship), coordinated by the Ministry of Labor and Social Policies, and managed at the local level by Regions and Local Authorities (Municipalities, Mountain Communities, etc.), with a subsidiary and increasingly participated contribution of Third Sector associations⁹⁹.

From World War II until the 1990s, public action on long-term care in Italy was strongly skewed toward the provision of monetary and pension benefits (accompanying allowances, care vouchers, pensions and civil allowances) and on hospital and residential health care, complemented by a residual action of services, especially in the area of home care¹⁰⁰.

Starting from the end of the 1990s, the Italian Government has aimed to shift the focus of the action on non-self-sufficiency from a mutual and compensatory approach towards a greater consideration of the relationship between health and quality of life, seeking to set up an articulated system of actions offered to older people, families and local communities, useful also for maintaining the capacity for self-determination, planning and autonomy in their own contexts of life¹⁰¹.

⁹³ ISTAT (2021), BES 2020. Il benessere equo e sostenibile in Italia, Rome, March, https://www.istat.it/it/files//2021/03/BES_2020.pdf

⁹⁴ The overall positive picture, though with evident geographic inequalities, was severely affected by COVID-19, which cancelled, completely in the North and partially in the other areas of the country, the gains in expected life years previously made in the decade (Istat Bes, 2021)

⁹⁵ According to various ISTAT and ISS sources, the incidence of cancer mortality has decreased by about 0.5% annually for men and women since 2003; https://www.epicentro.iss.it/tumori/pdf/2020_Numeri_Cancro-pazienti-web.pdf

⁹⁶ <https://www4.istat.it/it/anziani/vita-quotidiana>

⁹⁷ Law 328/2000 "Framework law for the implementation of the integrated system of social actions and services" provided for the development of an integrated system of actions and services, which, in coordination with narrowly defined health services, would promote initiatives to ensure quality of life, equal opportunities, non-discrimination and citizenship rights, with a view to preventing, eliminating or reducing conditions of disability, need and individual and family discomfort, resulting from inadequate income, social difficulties and conditions of non-autonomy.

⁹⁸ Inpatient and residential, as well as local and home-based at varying intensities of health care.

⁹⁹ Third sector, in which older people constitute a significant resource, both in terms of volunteer work in various areas, and in terms of representation of seniority in the various forms of volunteer associations.

¹⁰⁰ Home care in Italy includes two components: the first - integrated home care - is strictly speaking a health service, managed by the Local Health Authorities, and takes action in guiding the relationship between hospitals and the local community in the management of situations of fragility related to the presence of disabling pathologies. The second, home care services provided by municipalities, acts on conditions of fragility related to housing conditions, situations of poverty or social isolation.

¹⁰¹ In the first decade of the 2000s, a first set of services with varying levels of intensity of care was introduced among the essential levels of health care: it involved a stronger link between hospitals and the territory (Assisted Living Facilities; Integrated Home Care). On the social front, the reform of Title V of the Constitution, which attributed to the Regions a primary role in the planning of policies for employment, training and welfare, made the development of

Since 2006, the year in which the Fund for non-self-sufficiency was set up, various initiatives have been promoted to fine-tune the organizational structures most suitable for ensuring continuity of care and facilitating their use by older people and their families. Around 2008, the discussion started to focus on Single Points of Access, as useful means to reduce the fragmentation of care pathways and facilitate the taking charge of complex health needs, within the construction of personalized pathways managed according to a case management approach (Agenas 2008). In 2009 the Ministry of Labor and Social Policies, with the support of the Regions, began working on the implementation of the information system on social services (Sistema Informativo sui servizi sociali per le Non Autosufficienze – SINA), starting to share a minimum set of variables useful for mapping needs at local level.

In the decade that followed, various initiatives of the Presidency of the Council of Ministers – including the National Conference on the Family in 2010 and 2017; the coordination of the European Year for Active Ageing in 2012, up to the current initiative of National Coordination on Active Ageing – were venues for discussion to develop a new social mandate for services, revolving around the principle of self-determination in the health choices of older people and integrating the aim of deinstitutionalization with the development of care policies that establish a new function of intergenerational relations and community network initiatives in support of families. These discussions have resulted in new policy initiatives, such as the National Dementia Plan¹⁰² (2014), or the National Chronicity Plan¹⁰³ (2016), which have based the taking charge of the condition of fragility on the multidimensional assessment of the overall situation of older people, supplementing the diagnostic criteria with an assessment of their relational and social resources. Starting in 2014, several regional initiatives (Law 2/2014 in Emilia-Romagna, Law 22/2014 in Friuli-Venezia Giulia; Law 43/2016 in Abruzzo, Law 33/2017 in Campania, etc.) have aimed at recognizing and enhancing the function of caregivers in the relationship with services, proposing a qualification offering for operators working in the sector. Driven also by the Third Sector and the associations of older people and their families, these initiatives have led to the recognition, as mentioned, of the function of caregivers and unpaid care work with Law 205/2017, and the establishment of the related Fund, with funding provided for in the budget laws until 2021.

On the national front, a series of new measures have been introduced concerning healthcare, as well as, the work-life balance, the development of technological solutions to support housing and urban solutions for care management. Specifically:

- the 2015 Legislative Decree introduced the right to part time for persons in conditions of non-self-sufficiency related to cancer or chronic degenerative diseases;
- the law 2018/2015 introduced measures to further corporate welfare, with the possibility for large companies to convert productivity bonuses into care services;
- also in 2015, the Department for Family Policies and some Regions in the northeast area of the country promoted experimental projects such as the Family Audit, aimed at extending to production systems the offering of support services for the development of intergenerational solidarity systems.

In 2017, the introduction of the Inclusion Income, Italy's first anti-poverty measure, started the process for the definition of the Essential Levels of Service in the social area, jointly with the economic and planning resources that are needed to support them. That favored the start of participatory coordination in the development of social policies, which is an interesting basis for the identification of a shared approach to demographic transformation in all policies.

essential levels of service in the social sphere more complex. They became very difficult to implement because of considerable historical and cultural differences in the development of actions at the local level, the complex structure of the administrative levels responsible for planning services, as well as the discontinuity of the funds allocated to social policies as a result of the spending review processes that followed the economic and financial crisis between 2008 and 2012,

¹⁰² "National Dementia Plan - Strategies for the promotion and improvement of quality and appropriateness of care actions in the field of dementia", approved on October 30, 2014, by the Joint Conference in the agreement between the Government, the Regions and the Autonomous Provinces published in the Official Journal no. 9 of January 13, 2015.

¹⁰³ "National Chronicity Plan," approved by an agreement between the State, the Regions and the Autonomous Provinces of Trento and Bolzano on September 15, 2016.

Between 2018 and 2021, the Network of Social Protection and Inclusion¹⁰⁴ (see section 4.1) drafted the 2021-2023 National Plan of Social Actions and Services, which will be complemented by a National Plan for Non-self-sufficiency. Both documents will consider the measures to strengthen the link between hospitals and the local community set out by the Health Mission of the NRRP.

¹⁰⁴ The Network is chaired by the Minister of Labor and Social Policy. It includes, for the national level: two representatives of the Presidency of the Council of Ministers, one of whom from the Department for Family Policies; a representative of the Ministry of Economy and Finance, the Ministry of Education, University and Research, the Ministry of Health, the Ministry of Infrastructure and Transport; representatives of the regional councils and 20 municipalities identified by ANCI (National Association of Italian Municipalities), as well as INPS, social parties and the Third Sector. The Network participates in the initiatives furthered by the National Multi-Level Coordination Project for active ageing policies and operates in an ongoing relationship with a significant number of associations representing older people, families and local communities of service users.

Part III

Healthy and Active Ageing in a Sustainable World

6. Contribution of ageing related policies to the implementation of the 2030 Agenda and its sustainable development goals

6.1. Ageing in Voluntary National Reports (VNRs) to the High-Level Political Forum (HLPF)

After a long consultation process among institutions, social partners and civic society, in December 2017 Italy adopted a National Strategy for Sustainable Development (SNSvS). It transposes at national level the 2030 Agenda for Sustainable Development and adopts its four guiding principles: integration, universality, transformation, and inclusion.

The SNSvS is structured into five areas corresponding to the so-called "five Ps" of the 2030 Agenda: People, Planet, Prosperity, Peace and Partnership. Each area corresponds to a system of Strategic Choices aimed at the pursuit of the National Strategic Objectives (NSOs), which are the adaptation of the 169 targets of the 2030 Agenda to the Italian reality. In addition, a sixth area identifies a system of Sustainability Vectors, defined as cross-cutting areas of action and key levers for managing and monitoring the integration of sustainability into national policies. These vectors are divided into five domains (common knowledge; monitoring and evaluation of policies, plans, and projects; institutions; participation and partnerships; education, awareness, and communication; and public administration efficiency and public resource management), which in turn include overarching objectives. These objectives, like the NSOs, are closely linked to each other and contribute to creating those conditions for sustainable growth, which, as illustrated in Part II, determine the environmental, economic and social conditions most conducive to active ageing.

In 2018, the Guidelines for the implementation of the SNSvS were approved and the National Commission for Sustainable Development was established. It issues an annual report on the status of the implementation of the Strategy, which must be reviewed every three years. In the same year, the creation of the Sustainable Development Forum was launched, a shared working space between public and private actors who further actions and policies for sustainability. Following an expression of interest launched in 2019, the Forum currently comprises 187 organizations, including businesses, universities, NGOs and civic society associations, some of which are committed to the promotion of the rights of older people. The Forum is divided into six Working Groups, corresponding to the SNSvS areas (5P + Vectors), which participate in the SNSvS review work.

Vertical integration of governance was pursued with two public calls, in 2018 and 2019, addressed to the Regions and Autonomous Provinces, and with a public call in 2019 addressed to the Metropolitan Cities, for the creation of collaborations aimed at building regional strategic pathways and defining regional strategic objectives and priority actions.

The monitoring and evaluation of the implementation of the SNSvS in the six areas are carried out through a system of indicators in line with those determined by the Inter Agency Expert Group on SDGs that Italy transposed into the ISTAT SDGs system and the Equitable and Sustainable Welfare (BES) indicators. The BES indicators are updated every year in a specific BES Report and, as we have seen, since 2017 they have been included in the economic and financial planning documents, with the BES Annex to the Budget Law. In 2018, the Working Group on Indicators for the Implementation of SNSvS was established to identify useful indicators for its monitoring, associated with the Strategic Choices and SDGs of the 2030 Agenda.

To monitor its contribution to the 2030 Agenda, Italy presented its first Voluntary National Report (VNR) to the High-Level Political Forum in 2017 and in September 2021 Italy officially announced its participation in the 2022 VNR.

The most recent data show that the pandemic has had a dramatic impact on the achievement of the SDGs of the 2030 Agenda, with the worsening of some important indicators for ageing, with regard to poverty (Goal 1), health (Goal 3), education (Goal 4), gender equality (Goal 5), economic and employment status (Goal 8), and inequality (Goal 10). In this scenario, a tangible opportunity for recovery is offered by the National Recovery and Resilience Plan, which, within the scope of Mission 5 "Inclusion and Cohesion", sets out measures to combat housing poverty, provide support for older people who are not self-sufficient, overcome territorial divides in the quality of

education and access/use of PA services, as well as investments aimed at supporting employment by furthering training, the fight against undeclared work, and the boosting of active policies for the job market and employment centers. In addition, within the framework of Mission 6 "Health", the NRRP provides for the improvement of healthcare at local level, the fostering of human resources and the use of new IT tools for the delivery of services in the socio-health sector.

As regards the specific topic of active ageing, the SNSvS does not expressly provide for policies directed at the older population. The segments of the population most frequently mentioned are rather young people and women, while older people are referred to above all as recipients of measures aimed at relieving conditions of fragility, non-self-sufficiency and disability. However, in the 'People' area it is worth noting the Strategic Choices and related NSOs linked to the SDGs of the 2030 Agenda, which have inspired the actions implemented under the MIIPAA/RIS commitments, already illustrated in Part II of this report.

As part of the Sustainable Development Forum, in February 2021 the People Working Group drafted a Position Paper¹⁰⁵ in which it identified the main policy actions to be developed in the coming years. With a view to supporting active ageing, particular emphasis is placed on: promoting equal opportunities at all levels with particular attention to gender and generational inequalities; overcoming gaps in access to inclusive and quality training, investing in life-long learning; ensuring essential levels of performance in access to public services; promoting the participation of citizens of all age groups in society and decision-making processes; overcoming poverty and the causes of inequality that force people into a condition of need, countering the intergenerational transmission of poverty and promoting social mobility; ensuring the right to work (quality and safety) and adequate pay to ensure a dignified existence; ensuring the right to physical and psychological health for all people.

6.2. Ageing and the 2030 Agenda

In the framework of the National Strategy for Sustainable Development, Objective III concerns "Promoting health and well-being", with particular reference to Section III.2 "Spreading healthy lifestyles and strengthening prevention systems." In this context, the Strategy included the following tools:

- the "2019-2021 Pact for Health," which provided for standardizing the ways of conducting part-time specialist training and theoretical and practical training activities offered by the didactic rules and regulations of university specialization schools; the Pact ensures the timely recruitment of NHS personnel and the turnover necessary for the continuity of services, as well as the review, in agreement with the Ministry of Education, of the training system of medical specialists, enhancing their role within the regional health facilities; the review of the contents of the regional course of specific training in general medicine to take account of the changed health and social scenarios, reaffirming the role of general practitioners in the prevention of, and fight against, chronic diseases; the fostering and development of the relevant professional skills of the nursing, midwifery, technical, rehabilitation and prevention professions, as well as the social services;
- the "National Care Services Program for Children and Non-self-sufficient Elderly People": managed by the Ministry of the Interior acting as Managing Authority, approved in 2015 and extended in 2019; it involves 4 Regions in southern Italy and, for older people, it finances integrated home care services, home care services and actions to cover the operating expenses of the single points of access to services;
- the "Digital Health Plan."

¹⁰⁵ Gruppo Persone, Forum per lo Sviluppo Sostenibile (2021), *Position Paper*, February 18, https://www.mite.gov.it/sites/default/files/archivio/allegati/sviluppo_sostenibile/SNSvS_eventi/gdl_persone_positi_on_paper.pdf

The most significant National Planning initiative that establishes clear connections between active ageing and the 2030 Agenda is the *2019-2022 National Multi-level Participatory Coordination Project on Active Ageing policies*, launched in 2019 by the Presidency of the Council of Ministers, already outlined in the General Information and in Chap. 2.

In addition to offering information and tools to national and regional policy makers for the adaptation of policies to be implemented in the field of active ageing, the Project contributes to the pursuit of international policy objectives. It identifies the ten MIPAA/RIS commitments and nine of the 17 SDGs of the 2030 Agenda for Sustainable Development as policy dimensions to be analyzed, in line with the SNSvS, so that the benefits achieved today do not compromise the well-being of future generations.

A report on the State of the Art of active ageing policies in Italy was published in 2020, presenting the results of a survey of measures/actions implemented at national and regional level¹⁰⁶. In 2021, at the end of a consultation process between institutions, social parties and civic society, a Recommendations document was published aimed at encouraging the development of further interventions in the field of active ageing, in line with the European and international regulatory framework. As with the State of the Art report, reference was made to the areas of action identified by the 10 commitments of the MIPAA/RIS and the SDGs of the 2030 Agenda in the development of the Recommendations (diagram 2)¹⁰⁷.

Table 2 - Connections between Recommendations, MIPAA/RIS commitments and SDGs of the 2030 Agenda

MIPAA commitments 2030 Agenda SDGs	Recommendations
<p>Commitment 1: To mainstream ageing in all public policies with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.</p>	<p>Recommendation 1 To provide long-term tools for the coordination, analysis, planning and monitoring of active ageing policies at national level, with the involvement of all ministries, departments at the Presidency of the Council of Ministers, Regions and Autonomous Provinces.</p> <p>Recommendation 2 To provide long-term tools for the coordination, analysis, planning, implementation and monitoring of active ageing policies at regional level, involving all regional departments/services, as well as other important regional institutional actors</p> <p>Short-term goals (a) Establishment of a National Observatory for Active Ageing. (b) Establishment of regional instruments such as "Permanent Regional Working Groups on Active Ageing"</p>
<p>Commitment 2: Full integration and participation of older people in society: To ensure full integration and participation of older persons in society</p>	<p>Recommendation 3 To ensure the full integration and participation of older people in society at the national and regional levels through appropriate and specific regulations.</p> <p>Recommendation 4 To ensure that the full integration and participation of older people in society as provided for in laws, decrees, resolutions and other regulatory documents, is achieved and that these are not simply empty words.</p> <p>Short-term goals: a) Approval and implementation of a national framework law on the mainstreaming of active ageing. It should deal with determining various parameters, including a minimum level that all Regions should guarantee, and ensuring the full integration and participation of older people in society, to which regional and local activities in this field can refer. (b) Approval and implementation of regional laws on the organic furthering of active ageing among its various fields, or similar legislation.</p>
<p>SDG 17: Strengthening the partnership</p>	<p>Recommendation 5 All long-term tools for analysis, planning, implementation and monitoring in the field of active ageing, to be provided both at national and regional/local level (observatories, groups or councils) and government bodies involved in policy making should include, at all stages, all relevant stakeholders (from the Third Sector and civic society, the world of academia and science, networks/partnerships</p>

¹⁰⁶ Dipartimento per le Politiche della Famiglia, INRCA (2020), *Le politiche per l'invecchiamento attivo in Italia. Rapporto sullo stato dell'arte*, Progetto "Coordinamento nazionale partecipato e multilivello delle politiche sull'invecchiamento attivo", Work Package 2 – Task 1, November, <https://famiglia.governo.it/media/2132/le-politiche-per-l-invecchiamento-attivo-in-italia.pdf>

¹⁰⁷ Dipartimento per le Politiche della Famiglia, INRCA (2021), *Raccomandazioni per l'adozione di politiche in materia di invecchiamento attivo*, Progetto "Coordinamento nazionale partecipato multilivello delle politiche sull'invecchiamento attivo", Work Package 2 – Task 2, April, <https://famiglia.governo.it/media/2329/raccomandazioni-per-ladozione-di-politiche-in-materia-di-invecchiamento-attivo.pdf>

	<p>already implemented by central Government, etc.), for the purposes of co-design and co-decision-making, to ensure participatory mechanisms, including bottom-up approaches.</p> <p>Short-term goals: (a) To confirm the stakeholder network created at national level, as part of the "National Multi-level Participatory Coordination Project on Active Ageing policies." b) To create or implement a stakeholder network at regional level, building on those already set up by authorities at various levels.</p>
<p>Commitment 3, SDG 1, SDG 10: To further the fight against inequality, poverty, and equitable and sustainable economic growth in response to an ageing population</p>	<p>Recommendation 6 To promote policies to combat poverty and inequality that ensure access to active ageing pathways also for seniors in fragile conditions, both socioeconomically and from a health perspective. That should occur not only through the provision of grants, but also by giving these disadvantaged segments of the population the opportunity to access active ageing programs, taking advantage of the specific characteristics of the local area and encouraging the development of digital skills among older people.</p> <p>Short-term goals: (a) To strengthen, at social level, the establishment or implementation of offices dedicated to accompanying older people along active ageing pathways, taking into account inequalities. (b) To encourage the development and coordination of national and regional initiatives aimed at bridging the digital divide of the elderly population and promoting computer literacy. These actions should counter inequalities and promote active ageing, help older people to remain independent and autonomous in the management of their own lives and give them fair access to services and information, in response to their needs (digital citizenship).</p>
<p>Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences</p>	<p>Recommendation 7 In order to promote adequate social protection in response to demographic changes and their socio-economic consequences, and ultimately to build a new welfare system, multi-level institutional governance is required, both at the national and regional level, which integrates the perspective of ageing throughout people's lives and in the different contexts in which they live together.</p> <p>Short-term goal: a) Implementation of a system of proximity services, protection and social integration for older people living in disadvantaged areas, such as, for example: mountain towns, inland areas and suburbs.</p>
<p>Commitment 5, SDG 8: To enable job markets to respond to the economic and social consequences of population ageing</p>	<p>Recommendation 8 To further policies that encourage the spread of age management in both the private and public sectors, at all levels, and alongside those already in place. These initiatives are necessary to ensure: - for older workers: better opportunities and quality of employment, resources and skills, forms of regulation and organization of work aimed at enhancing the specific intergenerational differences; - for employers: better economic results and better performance in the field of corporate social responsibility, making the company climate more favorable for older workers to support their motivation, job satisfaction, productivity, enhancing the potential of intergenerational teamwork, etc.</p> <p>Recommendation 9 To further active labor policies at national and local level, conducive to professional retraining, upgrading of skills and occupational reintegration of all those who want it (unemployed, disadvantaged, possibly already retired older workers, etc.).</p>
<p>Commitment 6, SDG 4: To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions</p>	<p>Recommendation 10 To foster life-long learning within an overall strategy based upon the Plan for the development of the skills of the adult population, which is a solid base of reference to direct targeted actions (in specific sectors and local communities) that can also be financed with funds from EU programs.</p> <p>Recommendation 11 To further life-long learning by fostering the intergenerational exchange of knowledge in both directions in various areas (e.g., transmission of knowledge by older people; transmission of digital skills by young people).</p>
<p>Commitment 7, SDG 3: <i>To further initiatives to ensure quality of life at all ages and maintain independent living including health and well-being</i></p>	<p>Recommendation 12 To provide for training programs and policies that enable communities to develop widespread expertise in implementing prevention actions that mainstream active ageing.</p> <p>Recommendation 13 To create stable bridges between the field of health (physicians, geriatricians, health workers in general) and the field of gerontology (gerontologists, professions related to the social aspect of ageing), also through two-way training for operators in the two areas, in order to leverage and better coordinate the activities implemented in the field of active ageing.</p>
<p>Commitment 8, SDG5: To mainstream a gender approach in an ageing society</p>	<p>Recommendation 14 To consider the issue of gender inequality in all areas of active ageing.</p> <p>Recommendation 15 To prepare tools to implement gender-related initiatives required by regulations.</p> <p>Recommendation 16 To further specific policies and initiatives to combat violence, abuse and discrimination against older women, also in the light of the ongoing family changes, encouraging their engagement in the various areas of active ageing</p>
<p>Commitment 9, SDG 16: To support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members</p>	<p>Recommendation 17 To facilitate caregivers' access to all information (including information on how to carry out care activities for specific diseases affecting older people), by creating dedicated digital platforms or developing those already existing also for the purpose of providing training/information on disease management to caregivers.</p> <p>Recommendation 18 To further the recognition of the rights of caregivers and of the activities they carry out, with a view to combating inequalities, including in terms of health, favoring a gender approach and creating a social</p>

	<p>network to facilitate the dialogue between families and public and private services, including basic training for family caregivers.</p> <p>Recommendation 19 To encourage the development of care relationships in the various contexts of coexistence, with services and devices that ensure older people and caregivers the possibility of combining care with their own life planning within the community, at work or in other areas of active ageing (learning and work in non-formal contexts, free time, cultural activities, volunteering, etc.).</p> <p>Recommendation 20 To foster a positive, two-way intergenerational dialogue, promoting a life-cycle perspective. Short-term objective: a) Establishment of a registry of dependent older people.</p>
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Source: Dipartimento per le Politiche della Famiglia, INRCA, 2021

7. Older people in emergency situations: the Covid-19 pandemic

7.1. The older population affected by the SARS-CoV-2 pandemic

According to data released by the National Institute of Health, from the beginning of the epidemic until September 2021, 4,645,894 confirmed cases of COVID-19 and 129,909 deaths were reported in Italy¹⁰⁸. The 50-59 age group recorded 16.9% of cases, the 60-69 age group 10.7%, the 70-79 age group 7.7%, the 80-89 age group 5.7%, and the 90+ age group 2% (Table 3). Although affected persons over the age of 50 accounted for 43% of the total, it was in this age group that 98.7% of deaths were concentrated, with a marked concentration in the 80-89 age group (40.2%) and an infection fatality rate that, over the age of 70, was well above the average of 2.8.

Among the deceased women, the weight of older age groups was higher, but with lower fatality rates than men. Overall, women accounted for 43.5% of the total number of deaths.

Table 3 - Distribution of cases and deaths due to Covid-19 diagnosed in Italy by age group and gender since the start of the epidemic (%)

	Men			Women			Total		
	% of total cases	% of total deaths	fatality	% of total cases	% of total deaths	fatality	% of total cases	% of total deaths	fatality
0-9	6	<0.01	<0.01	5.4	<0.01	<0.01	5.7	<0.01	<0.01
10-19	11.1	<0.01	<0.01	9.8	<0.01	<0.01	10.4	<0.01	<0.01
20-29	13.1	0.1	<0.01	11.9	0.1	<0.01	12.5	0.1	<0.01
30-39	12.6	0.2	0.1	12.7	0.2	<0.01	12.6	0.2	<0.01
40-49	15.4	1.1	0.2	16.3	0.6	0.1	15.9	0.9	0.2
50-59	16.9	4.6	0.9	16.9	2.4	0.3	16.9	3.6	0.6
60-69	11.3	13.3	3.8	10.1	6.6	1.6	10.7	10.4	2.7
70-79	7.9	30.2	12.2	7.4	18.8	6	7.7	25.2	9.2
80-89	4.8	38.6	26.1	6.6	42.3	15.3	5.7	40.2	19.7
90+	1	11.9	39.4	2.9	29	23.9	2	19.3	27.7

Source: elaboration on ISS data, 2021

As already mentioned in the Introduction, in Italy the pandemic has accentuated the demographic decline that began in 2015, since the increase in deaths (+17.6% in 2020, compared with 2019) has been compounded by the effects resulting from measures to contain infections, such as restrictions on movement, total or partial interruption of work activities or limitation in the number of participants in ceremonies - all factors that have clearly contributed to the decline in the propensity to procreate (-3.8% of births in 2020 compared with 2019)¹⁰⁹.

Overall, the National Health Service's pandemic containment effort resulted in a 21% decrease in hospitalizations in 2020 compared to 2019¹¹⁰. The decrease in access to outpatient health care services above age 54 ranged from 18% to 22%, compared with decreases in pediatric age of 33% and 22% for adults aged between 35 and 54 years¹¹¹. The pandemic has also had an influence on

¹⁰⁸ Istituto Superiore di Sanità (2021), *Epidemia COVID-19. Aggiornamento nazionale 22 settembre*, Rome, September 24, <https://www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19-22-settembre-2021.pdf>

¹⁰⁹ ISTAT (2021), *La dinamica demografica durante la pandemia Covid-19. Anno 2020*, Statistiche Report, March 26,

¹¹⁰ AGENAS, <https://www.agenas.gov.it/covid19/web/index.php?r=site%2Fandamento-ricoveri>

¹¹¹ ISTAT (2021), *Rapporto annuale 2021. La situazione del Paese*, Istat, Rome, www.istat.it/it/archivio/259060

other causes of death, such as hypertensive heart disease and diabetes, both by promoting the acceleration of morbidity and by overloading health facilities¹¹².

In areas of the country with the highest increase in mortality as a result of the pandemic, increased inequalities in life expectancy related to lower levels of education were also observed. The middle classes have seen mortality increase more in the presence of lower levels of education, with particular regard to women in the 35-64 and 65-79 age groups¹¹³.

The pandemic has exacerbated a set of health inequalities already present among older adults. Although decreasing compared to previous years, in 2019 10.2% of them stated that they had waived at least one health service for economic reasons (medical or dental examinations and treatment, psychotherapy and medications) and 19.6% reported that they had postponed medical visits, clinical analyses or diagnostic tests because of the long waiting lists of the National Health Service¹¹⁴. Also in 2019, gaps related to personal care difficulties were found to have broadened nationwide among seniors with lower levels of education, while severe motor, sensory, or cognitive limitations were twice as prevalent among them as among more educated peers. Equally present, but less obvious, are the differences associated with lower income levels¹¹⁵.

7.2. Measures adopted to face the emergency situation

Among the various measures adopted by the Government to deal with the pandemic emergency, in addition to those aimed at consolidating the facilities and staffing of the National Health Service, those that most directly contributed to protecting older people or that may have had a more direct influence on the way in which they experienced the pandemic, involved the following areas:

- consolidation of care networks throughout the territory, including the activation of the Special Units of Continuity of Care - USCA (Decree Law no. 14 dated March 9, 2020), composed of physicians and nurses, which have been delegated the specific task of assessing, on the recommendation of the family doctor or pediatrician, Covid positive or suspected patients, both at home and in other facilities;
- identification of non-COVID outpatient and inpatient services that could be deferred (March 16, 2020);
- clinical organizational guidance for the prevention and control of COVID 19 infection in residential and community-based facilities (April 18, 2020);
- measures aimed at conducting epidemiological studies and developing reliable and comprehensive statistics on the immune status of the population (Decree Law No. 30 dated May 10, 2020);
- urgent provisions regarding territorial assistance, including the creation of the family or community nurse job profile and extension of the validity of prescriptions limiting drugs classified in group A and therapeutic plans (Decree Law No. 34 dated May 19, 2020);
- transitional provisions to reduce waiting lists for access to healthcare services (Decree Law no. 104 dated August 14, 2020);
- guidelines for the progressive resumption of scheduled activities considered deferrable during COVID-19 emergencies (June 1, 2020).

Among the other support interventions, made possible also thanks to the collaboration and initiative of NGOs and associations, the following are worth mentioning:

- telephone information services regarding proper behavior and procedures to be followed in case of suspected infection;

¹¹² Ibidem.

¹¹³ Ibidem.

¹¹⁴ ISTAT (2021), *Le condizioni di salute della popolazione anziana in Italia. Anno 2019*, Statistiche Report, July 14, <https://www.istat.it/it/files//2021/07/Report-anziani-2019.pdf>

¹¹⁵ Ibidem.

- home delivery of medicines for fragile people (available by toll-free telephone call);
- home shopping services for the elderly and immunocompromised (available by toll-free telephone call);
- psychological support for lonely older people (Senior Italia, FederAnziani, Windtre and Italian Society of Emergency Psychology), toll-free telephone service, available from Monday to Sunday;
- continuation, under the supervision of local health authorities, of home care and long-term care services managed by municipalities.

Since the guests of assisted living facilities/nursing homes (RSA) account for a large portion of the elderly population affected by Covid-19, a specific monitoring system has been set up in all Regions (Law No. 77 dated July 17, 2020) and territorial plans and protocols have been developed to prevent infection and protect the health of users and operators (Prime Minister's Decree dated October 13, 2020)¹¹⁶.

At October 2020, approximately 8.5% of older people living in nursing homes were reported to have died, with a higher mortality rate than that of older people living at home and an estimated four times higher mortality risk than in previous years¹¹⁷. The lack of staff, the difficulties or impossibility of transferring infected guests or isolating them, the presence of more than 60 guests, and the level of spread of the virus in the surrounding area were the main factors positively associated with the diffusion of infection within these facilities¹¹⁸. For all these reasons, as early as March 2020, the access of relatives and visitors to nursing homes, hospices, rehabilitation facilities and residential facilities for older people, whether self-sufficient or not, had been more or less completely banned, as had the admission of new guests. In this regard, however, it became clear from the outset that such measures could trigger "cascade decompensations" in both cognitively healthy elderly people and in people with multiple diseases, who are not self-sufficient and highly fragile, which could lead to the onset of fatal terminal events¹¹⁹.

In addition, the overloading of hospital facilities has led, in some cases, to a clear marginalization of fragile patients, as evidenced by an analysis conducted in May 2020 by the Covid-19 Bioethics Working Group on a representative sample of 2,621 medical records, which showed reduced access to intensive care by patients with dementia, compared to people with other diagnoses¹²⁰. With regard to these situations, in March 2020 the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care developed a policy document¹²¹, followed on October 22, 2020, by another text, drawn up in collaboration with the Medical Federation (FNOMCeO) in order to initiate a specific discussion and to evaluate the opportunity to consider changes to the Code of Medical Ethics. These actions were followed in April 2020 by a specific opinion of the National Bioethics Committee¹²².

¹¹⁶ ISS (2021), *Assistenza sociosanitaria residenziale agli anziani non autosufficienti: profili bioetici e biogiuridici*, Rapporto ISS COVID-19 no. 6/2021,

http://www.quotidianosanita.it/iss_docs/781c424dfb74526dcc47fb9056248241dfedf811.pdf

¹¹⁷ de Girolamo G., Bellelli G., Bianchetti A., Starace F., Zanetti O., Zarbo C., Micciolo R. (2020), *Older People Living in Long-Term Care Facilities and Mortality Rates During the COVID-19 Pandemic in Italy: Preliminary Epidemiological Data and Lessons to Learn*, *Frontiers in Psychiatry*, October 2020, Volume 11, <https://www.frontiersin.org/articles/10.3389/fpsy.2020.586524/full>

¹¹⁸ Lombardo F. L., Bacigalupo I., Salvi E., Lacorte E., Piscopo P., Mayer F., Ancidoni A., Remoli G., Bellomo G., Losito G., D'Ancona F., Bella A., Pezzotti P., Canevelli M., Onder G., Vanacore N. (2021), *The Italian national survey on Coronavirus disease 2019 epidemic spread in nursing homes*, *Int. J. Geriatric Psychiatry*. 2021; 36:873–882, <https://onlinelibrary.wiley.com/doi/10.1002/gps.5487>

¹¹⁹ ISS (2021), *Assistenza sociosanitaria residenziale agli anziani non autosufficienti: profili bioetici e biogiuridici*, Rapporto ISS COVID-19 no. 6/2021,

http://www.quotidianosanita.it/iss_docs/781c424dfb74526dcc47fb9056248241dfedf811.pdf

¹²⁰ Gruppo di Lavoro Bioetica COVID-19. *Sorveglianza territoriale e tutela della salute pubblica: alcuni aspetti etico-giuridici*. Version dated May 25, 2020. Rome: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19 no. 34/2020).

¹²¹ SIAARTI (2020), *Raccomandazioni di etica clinica per l'ammissione a trattamenti intensivi e per la loro sospensione, in condizioni eccezionali di squilibrio tra necessità e risorse disponibili*, March 6, 2020, <https://www.flipsnack.com/siaarti/siaarti-covid19-raccomandazioni-di-etica-clinica-2/full-view.html>

¹²² Comitato Nazionale di Bioetica (2020), *COVID19: la decisione clinica in condizioni di carenza di risorse e il criterio del 'triage' in emergenza pandemica*, April 8, <https://bioetica.governo.it/>

In this context, the problem of ensuring clear and transparent communication to older people and their families about the diagnosis and the treatment and rehabilitation strategies adopted has emerged in all its importance. In this regard, in addition to quoting the text of the law that "The time of communication between doctor and patient constitutes time of care" (article 1 paragraph 8, Law no. 219 dated December 22, 2017), the Government drew up the Decree-Law no. 1 dated January 5, 2021, regulating the expression of consent to health treatment with Covid-19 vaccine for incapacitated persons hospitalized in nursing homes, who are not able to express free and informed consent and do not immediately have legal figures of protection and representation, with which the contact of the person concerned must always be ensured and protected¹²³.

Especially with regard to care facilities such as RSA, particular attention was paid to the application of palliative care and end-of-life management, from the physical, psychological and spiritual point of view¹²⁴.

In order to face the difficulties related to the restriction in access to healthcare services, most of the Regions and Autonomous Provinces have implemented ICT solutions both for the remote management of Covid-19 patients and to continue to follow patients suffering from diseases such as diabetes, cardiovascular problems and cancer.

On the social policy front, the suspension of the activities of day care and semi-residential centers for persons with disabilities and older people was offset by the possibility of performing at home the social services that these same facilities provided prior to the pandemic (Decree Law No. 18 of 2020). Those centers that provided services related to the right to health or other fundamental human rights (nutrition, hygiene, access to specialist services, etc.), could still continue to operate¹²⁵. These same facilities, with particular regard to accredited private facilities, have been provided with special support measures to ensure the procurement of the material needed to deal with the emergency (Decree Law 137 of 2020, converted into Law 176 of December 24, 2020), as well as other funding to support the same type of services provided by third sector organizations.

7.3. Older persons and the post-pandemic recovery

In the field of social policies, in June 2020 the EduCare project of the Department for Family Policies of the Presidency of the Council of Ministers began providing financial support to actions aimed at outlining new scenarios for reconciling social distancing, recreational and educational activities, in order to accompany the gradual return to community life. These include projects to support intergenerational dialogue between children, youth, adults, seniors, and their families¹²⁶. During 2020, public fiscal and redistributive interventions resulted in an overall reduction in inequality, as measured by the Gini index, from 44.3 to 30.2 percentage points¹²⁷. Pension transfers were the measures with the greatest impact; then came measures of support to income from work and family (*Cassa integrazione* and Citizen Income), followed by the Emergency Income and financial support for self-employed and domestic workers. Specifically, the extraordinary emergency measures made it possible to reduce the risk of poverty among the unemployed by approximately 6.9 percentage points, among the inactive by 3.5 percentage points and among the self-employed by 2.6 percentage points.

From January 2021 Italy too began a massive vaccination campaign compliant with the objectives established at EU level. Workers in the National Health System and elderly residents of assisted living facilities were the first target groups involved, followed in February by the 80+ population, people at risk due to comorbidities or immunodeficiency, or other priority groups such as school

¹²³ ISS (2021), *Assistenza sociosanitaria residenziale agli anziani non autosufficienti: profili bioetici e biogiuridici*, Rapporto ISS COVID-19 no. 6/2021,

http://www.quotidianosanita.it/iss_docs/781c424dfb74526dcc47fb9056248241dfedf811.pdf

¹²⁴ Ibidem.

¹²⁵ Camera dei Deputati, Servizio Studi (2021), *Politiche sociali per fronteggiare l'emergenza coronavirus*, July 28, <https://www.camera.it/temiap/documentazione/temi/pdf/1215181.pdf?1595599757144>

¹²⁶ Camera dei Deputati, Servizio Studi (2021), *Politiche sociali per fronteggiare l'emergenza coronavirus*, July 28, <https://www.camera.it/temiap/documentazione/temi/pdf/1215181.pdf?1595599757144>

¹²⁷ ISTAT (2021), *La redistribuzione del reddito in Italia. Anno 2020*, July 27, <https://www.istat.it/it/files//2021/07/Redistribuzione-reddito-Italia.pdf>

personnel, the armed forces, or law enforcement officers. Later, the campaign proceeded by recruiting progressively younger age groups. Vaccination by age groups has been always carried out on a voluntary basis¹²⁸.

At seven months after administration of the second dose, vaccine efficacy in excluding Covid-19 diagnosis stood at 89%, and at six months after the second dose, vaccine efficacy in excluding hospitalization increased to 96% with 99% protection from death. These data were observed in all age groups, except in the 80+ population or nursing home residents, for whom vaccine efficacy at six months after the second dose had dropped to 84%¹²⁹.

At the end of September, 3.5 million people in the 50+ age group were unvaccinated. Of these, 1.68 million belonged to the 50-59 age group and about 917 thousand to the 60-69 age group. In the younger classes, 2.1 million people were unvaccinated between the ages of 40 and 49; 1.9 million in the 30-39 class; 1.4 million in the 20-29 class; and 1.8 between the ages of 12 and 19. To address the potential risks associated with the gradual reopening of all economic activities, the Government therefore introduced the requirement for all public and private workers to hold COVID-19 green certification (Green Pass) while tightening the screening system (Decree Law No. 127 dated September 21, 2021). The requirement will remain in effect from October 15 through December 31, 2021, which is currently the termination date of the state of emergency enacted by the Government.

According to data provided by the Italian Government¹³⁰, at the date of writing this report, 80.73% of the 12+ population had completed the two-dose vaccination cycle. The 50-59 age group recorded a coverage rate of 81.8%, the 60-69 age group of 86.8%, the 70-79 age group of 90.5%, and the 80+ age group of 93.1%, in addition to 5.6% who are currently receiving a third booster dose.

¹²⁸ ISS (2021), *Impact of COVID-19 vaccination on the risk of SARS-CoV-2 infection and hospitalization and death in Italy (27.12.2020 - 29.08.2021)*, Report n. 4, September 30, https://www.iss.it/documents/20126/0/report_on_vaccine_effectiveness_Italy+%281%29.pdf/53d71dc2-c8c5-24c1-3467-705a8587a339?t=1633529045681

¹²⁹ Ibidem.

¹³⁰ <https://www.governo.it/it/cscovid19/report-vaccini/>

8. Activities in preparation and implementation of the WHO Decade of Healthy Ageing 2020 - 2030

Italy is contributing to the WHO initiative. Specifically, the aims of the Decade will be pursued through the investments provided for in the NRRP for the adaptation of the National Health Service (see Section 1.3).

The principles of the Decade shall serve as a reference for the proposals regarding the reform of schemes for non-self-sufficient individuals (Sections 3.1 and 5.1) to be outlined by the working groups set up at the Ministry of Health and at the Ministry of Labor and Social Policies.

9. Conclusions and priorities for the future

9.1. Recognizing the potential of older people

A first priority in this area is the gender issue, which is the source of the main social inequalities also with regard to the participation of older people in community life. In fact, gender inequalities continue to appear as part of the transformations in family models, in couple relationships and within the relationship between generations, permeating the cultural models of generativity and care; they are also evident in the context of transformations in work and development processes of social life.

There is a need to overcome an individualistic and deficit-recovery approach that has traditionally considered ageing as a condition marked by diagnostic and rehabilitation needs. The gender issue is part of that picture. Overcoming this mindset should lead to the development of a community-oriented policy approach, which addresses the issues of individual and societal ageing in the context of coexisting relationships between diversities.

A second priority is the need to integrate policies, identifying functions and areas of coordination, which facilitate the implementation of system actions aimed at improving the ability of institutions and services to converge on the objectives of sustainable development. In this scenario, one of the main instruments will be represented by the consolidation of the National Multi-level Participatory Coordination Project on Active Ageing policies promoted by the Department for Family Policies of the Presidency of the Council of Ministers. The project will conclude its experimental phase in 2022. The information gathered during the project and the institutional learning generated by the dialogue between the participating Public Administrations and the network of national and local civic society stakeholders will contribute to the development of new methods of action and the planning of further areas of discussion and co-design¹³¹.

9.2. Encouraging a longer working life and ability to work

Priorities for action related to the extension of working life, life-long learning and income support should be set out in the strategic framework of Mission 5 of the NRRP, dedicated to inclusive growth and social and territorial cohesion. Specifically, the 'Employment Policies' component will further job market transformation, as part of the green and digital transition, so as to facilitate employment transitions, improve workers' employability, and raise their skill levels through training. In relation to these aims, Mission 5 also plays a significant role in the pursuit of the three overarching objectives of the entire NRRP, namely: support for women's empowerment and fight against gender discrimination; increase in employment opportunities for young people, territorial rebalancing and development of Southern Italy and inland areas.

In the area of labor policies, the Mission will pursue the following actions: the consolidation of employment centers; incentives for the hiring of young people and women, especially in Southern Italy, and the reduction of labor costs; the creation of businesses by women; the creation of a national system of certification of gender equality; the strengthening of the dual system in education and vocational training; the reform of active policies and training to support paths of professional retraining and reintegration of workers in transition and unemployed people; a national plan to combat undeclared work; and the strengthening of the universal civic service.

¹³¹ In this regard, see the experience of drawing up the recommendations already mentioned in Section 2 of the Report <https://famiglia.governo.it/media/2329/raccomandazioni-per-ladozione-di-politiche-in-materia-di-invecchiamento-attivo.pdf>

Although this section of the NRRP does not identify older workers as a specific target, the expected impact on women's employability in the second part of their working career (45+) is very significant, considering that the measures described should contribute to increasing women's employment by 4% in the 2024-2026 three-year period, especially in southern Italy (+5.5% in the same period).

More generally, policy priorities at national and regional level include fostering effective age management policies and practices, breaking down age stereotypes and combating discrimination, both within organizations and in the job market.

9.3. Ensuring ageing with dignity

According to ISTAT¹³², out of approximately 6.9 million people over 75, more than 2.7 million individuals have serious motor difficulties, co-morbidities and compromised autonomy in the daily activities of personal care and those instrumental to daily life. That is compounded by the fact that many older people have the perception of not receiving adequate support, have a growing feeling of distrust and mistrust of services and social relations and live in unfavorable economic and housing conditions and situations of social isolation. This situation is compelling the socio-health system and, more generally, existing welfare instruments to assess both the effectiveness of processes currently in place to take charge of the demand for health and quality of life and the efficiency of the proposed solutions.

From the point of view of the approach to non-self-sufficiency, the challenges ahead are in particular connected with overcoming an individualistic and performance-oriented approach, focused on deficit recovery that has characterized the action on socio-health services in the last twenty years. A new approach is needed in which older people and families receive support to deal with a set of problems that stem from non-self-sufficiency. Issues to be taken into account include: the changes in the cultural expectations of older people and families with regard to ageing; the transformations of the social models that underpin the relationship between care and work; the way in which these transformations affect the relationship between hospital and local territory, creating new demands for services, frequently provided by Third Sector organizations (see in this regard the "*Pact for a new welfare on non-self-sufficiency*," proposed by the Third Sector Forum¹³³).

As part of the NRRP, Mission 5C2 "Social infrastructures, families, communities and third sector"¹³⁴, and the Health Mission¹³⁵ M6C1 "Proximity networks, structures and telemedicine for territorial healthcare," envisage a forthcoming reform of services dedicated to non-self-sufficiency, with new Essential Levels of Service that will enhance the "social" dimension of health, urban planning, housing and services for older people, as well as the dimensions of training, work, support for families, safety, multiculturalism and equality between genders. Both measures provide for significant infrastructural investments, aimed at preventing institutionalization through innovative housing solutions and equipment (assisted housing, social housing,

¹³² ISTAT (2021), *Gli anziani e la loro domanda sociale e sanitaria. Anno 2019*, Rapporto Commissione per la riforma dell'assistenza sanitaria e sociosanitaria per la popolazione anziana - ISTAT, Rome, June 6, <https://www.istat.it/it/archivio/258319>

¹³³ In this regard, see the "*Pact for a new welfare on non-self-sufficiency*," furthered by the Third Sector Forum <https://www.forumterzosettore.it/2021/09/28/gli-anziani-e-le-loro-famiglie-non-possono-aspettare/>.

¹³⁴ The measure envisages funding of Euro 11.17 million. For the specific case of non-self-sufficient older people, the investments in measure 5C2 are divided into four possible categories of actions to be implemented by the municipalities, individually or in association (Territorial Social Areas), such as: (i) actions aimed at supporting parental capacities and supporting families and children in vulnerable conditions; (ii) actions for an autonomous life and for the deinstitutionalization of older people, in particular those who are non-self-sufficient, also through the reconversion of the Assisted Living Facilities into social housing services within local communities; (iii) actions to strengthen social services at home to ensure early discharge and prevent hospitalization; (iv) actions to consolidate social services by adopting mechanisms for sharing and supervision for social workers.

¹³⁵ Euro 15.63 million have been allocated to the Health mission, 7 of which to the development of proximity networks, facilities and telemedicine for local health care, and 8.63 to the development of research and digitalization of the national health service.

telemedicine, Community Homes and Hospitals), which make it possible to achieve and maintain maximum autonomy, supplemented by ancillary services, in particular linked to home care.

