

Implementation of the Council Recommendation on access to affordable high-quality long-term care (2022/C476/01)

Italy

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1. Context and baseline

1.1 Diagnosis of the gaps and remaining challenges

Italy has made considerable strides in integrating health and social care services for dependent persons. However, the country still faces significant challenges, including regional disparities, a heavy reliance on informal care, and insufficient coordination between formal and informal care sectors. This next section will assess the current state of long-term care (LTC) in Italy, identifies key challenges, and highlights good practices, aligning with the relevant articles of the **Council's recommendation for high-quality, affordable long-term care (2022/C 476/01)**.

Italy is presently advancing reforms to enhance integrated community care, focusing on the health and social requirements of individuals who are not self-sufficient. The initiative titled **"Towards person-centered integrated care in Italy"** is designed to bolster these reforms, aiming to improve both the accessibility and quality of health and social care services for these individuals in their homes. This initiative is being carried out by the OECD Directorate for Employment, Labour and Social Affairs (ELS) and the OECD Trento Centre for Local Development, in collaboration with the Directorate-General for Structural Reform Support of the European Commission. As reported by the OECD in "Annex 3 OECD - LTC Social Protection Policy Brief, February 24" there are pressing needs for strengthening long-term care (LTC) within the EU. It is estimated that one in five older individuals across the EU requires LTC, emphasizing the significant demand for support with daily activities among this demographic (OECD Annex 3, 2024). The need for such care is not uniformly distributed, as it varies significantly across different regions and among specific groups. Women, low-income earners, single-person households, and individuals aged 80 and over are identified as more likely to require long-term care services. Moreover, the overall expenses of long-term care (LTC) can be exceedingly substantial, potentially amounting to between 100% and nearly 500% of an older individual's median income, contingent on the intensity of their needs (OECD Annex 3, 2024). Without the support of public social protection, these costs would be beyond the reach of most elderly individuals. Specifically for the case of Italy, data shows a high demand for health and social care services nationwide, which the current formal care services for dependent individuals cannot meet, as most people still rely on informal help from family, acquaintances, friends, or personal carers (OECD TOWARDS PERSON-CENTERED INTEGRATED CARE IN ITALY, 2023). Along this report, the current national situation of Italy will be discussed in detail, trying to disentangle to what extent LTC reforms have been implemented and the current challenges faced in this process.

Italy is equipped with a comprehensive and historically entrenched social and healthcare infrastructures. The Servizio Sanitario Nazionale (SSN) provides universal healthcare coverage, supported by the **Legislative Decree of June 19, 1999, no. 229**, which aims for the Rationalization of the National Health Service. Social assistance is equally ensured by dedicated

services, established under the **Law of November 8, 2000, no. 328** - the Framework Law for the Establishment of the Integrated System of Interventions and Social Services. Additionally, the **Constitutional Law of October 18, 2001, no. 3**, amends **Title V of Part Two of the Constitution** to effectively balance the various powers assigned to the State, the Regions, and the municipalities. It clarified the responsibilities of different levels of government in health and social services, aiming to improve the coherence and effectiveness of public services across Italy. These legislative actions collectively form the backbone of Italy's commitment to providing comprehensive healthcare and social services, ensuring that these systems are both efficient and responsive to the needs of all citizens. In this section, a brief assessment of the national situation in relation to the main prescriptions of the Council's recommendation will be discussed, while also disentangling the most pressing challenges still to be addressed in the Italian setting.

Interest in addressing dependency issues is increasing nationwide and Italy has made considerable strides in integrating health and social care services for dependent persons. This growing concern is reflected in the establishment of various ministerial and inter-ministerial committees dedicated to this cause. Recently, these groups have concentrated on in-depth studies and the development of intervention or reform proposals. For example, in March 2021, the Ministry of Labour and Social Policy formed a task force called "**Social Interventions and Policies for Dependency**" (Ministero del Lavoro e delle Politiche Sociali, 2022). Additionally, the **National Plan for Non-Self-Sufficiency (PNNA)** represents a significant effort to foster a constructive dialogue on non-self-sufficiency and to establish a uniform national definition. Further recent legislative measures have been proposed such as Decree no. 77 and the National Plan for Non-Self-Sufficiency 2022-2024, trying to tackle existing disparities and establish a comprehensive care strategy.

In more detail, On May 23, 2022, **Decree no. 77** was passed, detailing models and standards for local care development within the Italian National Health Service (SSN). Concurrently, the **National Plan for Non-self-Sufficiency 2022-2024** was introduced.

The PNNA 2022-2024 refers to current laws, especially **Budget Law no. 234/2021** introduces relevant elements to the integration of social and health services for dependent persons, as the single access points (PUA), the multidimensional assessment units (UVM), the Integrated Individual Care Plan (PAI), and the new Essential Levels of Social Benefits (LEPS). Additional pivotal legislations targeting dependency issues include **Law no. 227/2021 "Government delegation of powers on disability"**, which delegates government powers concerning disability. This law authorizes the government to implement legislative decrees focusing on several areas as restructuring legislation defining disability conditions, improving systems for determining disability status and assessing individual needs and goals, digitizing assessment and data processes, enhancing public service inclusivity and accessibility, creating a National Disability Guarantor (OECD TOWARDS PERSON-CENTERED INTEGRATED CARE IN ITALY, 2023). A further legislative initiative to consider is **Law no. 33/2023 "Government mandate on policies supporting older people"**, which focuses on policies supporting older people, promoting

independence, social inclusion, active aging and prevention of frailty and disability for this specific segment of the population (OECD TOWARDS PERSON-CENTERED INTEGRATED CARE IN ITALY, 2023). This law guarantees the sustainability of long-term care through the so-called "Prestazione Universale" which provides a financial allowance, or equivalent services tailored to the care needs of the patient.

Despite considerable efforts to streamline regulatory processes, Laws no. 227/2021 and no. 33/2023 still function independently without thorough integration. This issue might hinder the development of a unified approach to effectively address the needs of the dependent population.

Moreover, the **National Recovery and Resilience Plan (NRPP)**, approved by the European Commission on April 22, 2021, plays a crucial role, as it will be demonstrated below in greater details. It plans for investments of €191.5 billion, funded by the Recovery and Resilience Facility (RRF), and an extra €30.6 billion from the Supplementary Fund (OECD Towards person-centered integrated care in Italy, 2023). This plan, featuring six missions, emphasizes the improvement of social and health services integration, particularly through Mission 5 "Cohesion and Inclusion" and Mission 6 "Health". Mission 5 of the Plan is dedicated to the development and refurbishment of facilities for individuals with severe disabilities and dependent elderly people. It also focuses on creating pathways to independence for those with disabilities, with a budget allocation of €1 billion (OECD Towards person-centered integrated care in Italy, 2023). Mission 6 aims to enhance local healthcare services, expand home care, and promote the growth of remote medical services. This mission also seeks to integrate social and medical services, digitize the national health system, and ensure the monitoring and provision of Essential Levels of Care (LEA). The total investment for Mission 6 amounts to €15.63 billion (PNRR, 2021). A key component of these efforts is the **"Towards person-centered integrated care in Italy"** project, which supports the reform aimed at strengthening integrated care at the community level. This project is specifically designed to meet the health and social needs of individuals with severe limitations that hinder their ability to perform daily activities, thereby enhancing the quality and availability of care for dependent individuals receiving long-term home support.

Therefore, Italy is currently in a phase of significant reform and enhancement of its long-term care (LTC) system, trying to improve the comprehensiveness of LTCS needs assessment, particularly with reforms introduced in 2023 aimed at better integration between social and healthcare services. More specifically, this reform marks a strategic pivot towards the integration of social and healthcare services, a cornerstone of Italy's approach to improving LTC. Under this plan, Italy has initiated the creation of **"integrated entry gates"** that facilitate a comprehensive, multidimensional assessment of LTC needs, paving the way for tailored **'integrated individual assistance plans'**. Within these 'gates,' teams of professionals from the national healthcare system and municipal social services will conduct a **'multidimensional'** evaluation of the needs of frail elderly individuals requiring assistance and create the so-called

integrated individual assistance plan. This system harnesses the expertise of both national healthcare professionals and municipal social services. This system with single, standardized needs-assessment process, encompasses considerations that extend beyond merely functional capacity, aiming for a more comprehensive perspective that includes mental and cognitive health, as well as social participation.

These goals have also been enhanced by the **Recovery and Resilience Plan (RRP)**, that has been a challenging opportunity for our country to strengthen and innovate their care system, especially in the direction of comprehensiveness. The RRP, in this specific setting, has set an ambitious target to double the home care coverage, aiming to cater to 10% of the elderly population, effectively doubling the current coverage to reach a broader segment of the elderly population. As a matter of fact, this reform extends beyond mere structural changes, as it also addresses the integration challenges between social and healthcare services through a newly established system where multidisciplinary teams conduct thorough assessments for the elderly, for devising precise and individualized care plans.

In Italy, the RRP allocates financial resources intended for the spread of residential options 'alternative to nursing homes' that adopt a more community-focused and social approach to residential care than previously used.

Italy's approach to enhancing the affordability of long-term care involves again the RRP, where **financial accessibility** is a key aspect. Regarding this aspect, cash allowances are meticulously regulated to ensure they meet the nuanced needs of beneficiaries, incorporating factors like means testing, indexation, and taxation to optimize their effectiveness. Italy also confronts **workforce** challenges in the LTC sector, a common issue across the EU. The country is actively trying to improve working conditions and provide better training opportunities to attract and retain care professionals. Additionally, the incorporation of **digital tools** is set to enhance the coordination and delivery of care, streamlining processes from initial assessments to actual service provision.

Quality and timeliness are also under scrutiny, with Italy emphasizing the development of person-centered care plans and reducing waiting times for LTC services to ensure timely care delivery. As a matter of fact, Italy is one of the nations with legislated maximum waiting periods for assessing long-term care (LTC) needs and accessing services, although this only applies to its primary cash allowance program. This proves the substantial efforts that Italy is now undertaking to substantially improve the quality and timeliness of LTC delivery. However, it should also be noted that Italy struggles with prompt provision of services and coordination among various LTC providers, which can hinder the efforts previously mentioned. Lastly, there is an ongoing effort to bolster research and **data integration** to inform future policy decisions and optimize resource allocation, ultimately enhancing the overall quality and accessibility of long-term care services in Italy. To conclude, Italy has been implementing various initiatives to strengthen its LTC services starting from legislative initiatives provide a robust framework for improving integrated care services. The establishment of LEPS is particularly noteworthy as it

sets a national standard for home care services. Moreover, it should also be highlighted that some regions have developed innovative care models that integrate health and social services effectively, that can serve as best practices for other regions. To maximize the effectiveness of these models, it is essential that they align with the Essential Assistance Levels (LEA), which outlines the essential health services guaranteed to all citizens. This alignment ensures that regional initiatives are not only innovative but also coherent with national health care objectives, thereby promoting uniformity and comprehensive coverage across the entire country.

Therefore, it can be now safely concluded that Italy has been actively undergone substantial changes and reforms but still faces many challenges in seamlessly incorporating Long-Term Care (LTC) following the guidelines suggested by the European Council within the wider spectrum of care services. As a matter of fact, there is a marked variability in the availability of services across different regions, with the northern areas typically providing more extensive and better-equipped LTC facilities than their southern counterparts (OECD “Inception Report”, 2023). Therefore, significant differences both in the provision and intensity of care services across Italian regions are still present. Although the legal framework in Italy supports universal access to healthcare, the actual availability of services displays significant inequities, affecting the uniformity of service utilization. Furthermore, the funding structures often require considerable out-of-pocket contributions, exacerbating disparities in access to essential care. Moreover, dependent care is provided, in most cases, informally by family members, with insufficient support from formal care services. This creates a burden on families and may compromise the quality of care.

In a detailed analysis comparing Italy's LTC framework with the European Council's standards, the Italian health system, with its broad coverage, reveals deficiencies in the integration of its LTC component. Contrary to the European Council's recommendation for a holistic approach to LTC, encompassing all facets of care needs, the Italian model still predominantly depends on familial and informal care networks. The '2021 Long-term care report' highlights this dependency as not only a reflection of cultural practices but also as indicative of a significant shortfall in public provision, especially in non-medical support services.

More specifically, the issues facing Italy's LTC as advised by the Council are complex and varied and can be classified as follow:

1. **Access and Affordability (Article 18):** as already mentioned above, the Italian LTC system displays significant regional variations in service access. While certain regions deliver effective LTC services, others fall short, creating obstacles to achieving universal access and affordability. Notably, there is a distinct disparity in service quality and availability, with rural regions being especially underprovided. This is clearly challenging the objective of the Recommendation which emphasizes equal access for all. Despite

the current efforts, Italy is still facing significant challenges in terms of affordability and ensuring equitable access to LTC services.

2. **Quality of Care (Article 24):** The quality of LTC can be impacted by the fragmented nature of its services. While there are examples of exceptional care, the application and enforcement of national standards for care quality and outcomes vary, particularly in home and community-based environment. Moreover, differences in care standards between public and private providers complicate the adoption of the Recommendation's guidelines on quality assurance and person-centered care. While some regions have well-developed quality frameworks for LTC services, others do not have such robust systems in place.

Regarding both accessibility and quality of care, Italy still faces challenges in providing comprehensive home services, particularly for dependent individuals. A significant barrier to the full integration of healthcare and social services is the existence of two distinct home care systems managed by different institutions. On one side, Integrated Home Care (ADI) is overseen by the Local Health Authorities (ASL), focusing primarily on medical and nursing services to meet specific clinical needs. On the other hand, the Home Care Service, known as SAD, is managed by municipalities and emphasizes social support. Home care services currently represent only a small part of the support available for non-self-sufficient individuals, with limited access and inadequate care intensity. This results in ADI primarily supporting transitions from residential or hospital care to home, while SAD services are unevenly distributed across regions. In some areas, a lack of home care services shifts the focus to financial aid rather than strengthening existing services. To better address care needs, it is essential to merge these two approaches, linking them together.

3. **Workforce (Article 25):** The recruitment and retention of LTC workers are hindered by poor working conditions, such as low pay and few opportunities for career advancement resulting in job precarity and lower attractiveness. Additionally, the workforce is aging, with a shortage of younger workers joining the field. Therefore, aligned with the Recommendation's emphasis on workforce development, Italy encounters substantial challenges in standardizing training and enhancing working conditions for LTC workers. These issues make it difficult to attract and retain qualified care workers. As an example, in Italy's home care sector there is a shortage of trained personnel, particularly nurses, as well as care assistants (OSS) and social workers. In 2020, Italy had only 6.3 nurses per 1,000 people, which is one of the lowest rates in Europe (OECD, 2023). In comparison, the average in European Union countries was 8.3 nurses per 1,000 people (OECD/European Union, 2022). Despite the growing demand, Italy has faced persistent challenges in attracting candidates to nursing programs, highlighting the profession's limited appeal.

Moreover, it is evident that in Italy home care predominantly relies on informal support from family members or caregivers, often referred to as “badanti.” This highlights a system where families shoulder most of the care responsibilities. For households with a dependent member, home care is typically preferred over care homes. Despite favorable legislative changes at both national and regional levels, the family caregiver sector still encounters numerous challenges.

As an example, Italy is currently facing demographic changes that affect the availability of family caregivers. The ratio of potential caregivers aged 50-74 to individuals over 85 has been decreasing, highlighting a growing gap in the caregiving workforce. This trend is raising concerns about the increasing burden on fewer caregivers, which could impact the sustainability of home and community-based care services. The reduction in the number of available caregivers underscores the need for innovative solutions to support the aging population. Therefore, enhancing the integration of formal and informal home care is crucial. As previously mentioned, family caregivers and personal aides are essential in Italy’s home care landscape. However, these vital contributors often remain disconnected from existing formal services. This disconnect not only hampers comprehensive care management but also diminishes the effectiveness and sustainability of the services provided.

4. **Policy integration:** The challenge of integrating health and social care has been a topic of discussion in Italy for many years. Despite numerous legislative efforts, effective implementation remains elusive in many regions. As a result, Italian citizens often face the challenging task of independently navigating a multitude of social and health services, each with its own access requirements and procedures. This complexity creates confusion about available rights and opportunities. At the national level, the division between the Ministry of Health, which manages health policies, and the Ministry of Labour and Social Policies, which handles social services, underscores the separation between these two crucial sectors. Local territorial discrepancies also impede integration, with some regions adopting unique coordination mechanisms, such as Social and Health Districts, though these are not universally recognized or implemented. Moreover, a significant barrier to merging the health and social sectors is the existence of separate funding sources for health and social costs. Governance barriers and these separate financial flows for health and social services complicate efforts to align services and evaluate overall care needs comprehensively. Therefore, LTC policies lack coherence and integration with wider social and health policies, making it difficult to offer comprehensive and continuous care. This issue is further compounded by the absence of a clear national strategy to coordinate regional policies and practices with overarching EU recommendations. However, it should also be highlighted that the establishment of the Social and Healthcare Integration Observatory (OISS) by AGENAS and Federsanità ANCI, in collaboration with the

PONGO ICT and Chronicity group, represents a critical step towards promoting best practices in the integration of social and healthcare services.

5. **Data and Monitoring:** Italy lacks a unified database to track the care needs of dependent individuals and the services they receive. This hampers effective planning and evaluation of welfare policy.

Addressing these challenges requires strengthening support for family caregivers and personal assistants, integrating formal and informal care, and implementing comprehensive policy reforms.

The National Plan for Non-Self-Sufficiency and the National Recovery and Resilience Plan emphasize integrating health and social services, while legislative reforms aim to modernize home care services. The success of these initiatives depends on local implementation and resource allocation, with potential misalignments between different laws needing resolution to ensure cohesive care improvements. Despite these initiatives, Italy continues to encounter substantial obstacles, particularly in terms of affordability and providing fair access to long-term care services among different regions and various socioeconomic groups. This is especially true for the gender disparities in caregiving roles, as these significantly affect employment and economic independence, particularly for women ('2021 Long-term Care Report'). Furthermore, the '2021 Ageing Report' forecasts an escalating need for LTC due to demographic changes yet highlights the inadequacy of current public investments. This shortfall is alarming, especially considering the Recommendation's focus on sustainable funding models and effective resource utilization. In response, Italy's 'National Reform Programme' has repeatedly recognized the necessity for LTC system reforms. However, the implementation of these reforms has been slow and regionally varied, resulting in a fragmented approach that falls short of the comprehensive strategy endorsed by the Recommendation.

1.2. Stakeholder Involvement

In Italy, the implementation of the Council's recommendation for high-quality, affordable long-term care (2022/C 476/01) has been characterized by a robust and structured stakeholder engagement strategy. This strategy is underpinned by the Action Plan related to the COUNCIL RECOMMENDATION of December 8, 2022, on access to high-quality and affordable long-term care (2022/C 476/01). Among the actions related to the recommendation on Governance, Monitoring, and Communication, a key strategy has been included: identifying and establishing a specific coordination mechanism or structure for long-term care. This mechanism leverages existing national coordination bodies and task forces to involve stakeholders in the realm of long-term care. This is expected to be actualized through the **"Tavolo Cure a Lungo Termine,"**

envisioned within the Network for Social Protection and Inclusion, as planned by the Action Plan Connected with the COUNCIL RECOMMENDATION of the National Coordination.

This permanent consultative mechanism emulates social dialogue structures like those used by the Ministry of Labor. It incorporates a comprehensive network of stakeholders, including social protection agencies, regional and local authorities, and various societal actors involved in long-term care. This approach ensures that a wide range of perspectives and expertise are considered in the formulation and implementation of long-term care policies.

As per Legislative Decree No. 147 of September 15, 2017 (Provisions for the introduction of a national measure to combat poverty), and as already provided within paragraph 4 of Article 21: "In order to formulate analyses and proposals for the definition of the same Plans and guidelines, the Network may establish working groups with the participation of the entities referred to in this paragraph."

The Network is chaired by the Minister of Labor and Social Policies and includes, in addition to a representative of the Ministry of Economy and Finance, the Ministry of Education, Universities, and Research, the Ministry of Health, the Ministry of Infrastructure and Transport, and the Department for Family Policies of the Presidency of the Council of Ministers.

Additionally, the Network includes:

- One member for each of the regional and autonomous province councils, appointed by the President.
- Twenty members appointed by the National Association of Italian Municipalities (ANCI), representing municipalities and territorial areas. Among these twenty members, five are identified to represent the capital municipalities of the metropolitan cities as per Article 1, paragraph 5, of Law No. 56 of April 7, 2014, and five to represent municipalities whose territory coincides with that of the respective territorial area.

A representative of INPS participates in the Network meetings as a permanent invitee, ensuring that insights from the social security perspective are integrated. This inclusive and multi-faceted approach aims to foster a well-rounded and effective governance structure for long-term care in Italy.

The idea is for this tool is to bridge past and present recommendations as it already existed while paving the way for the future of long-term care in Italy. This strategic approach ensures the long-term care system remains dynamic and adaptable to society's evolving needs.

Another critical aspect of consultations linked to the role of national coordinators and the recommendations involves the use of structured **consultations for projects such as the Technical Support Instrument (TSI).**

Italy is currently undergoing a reform process to strengthen integrated care at the community level, aiming to better address the health and social needs of non-self-sufficient individuals. The project **“Towards Person-Centred Integrated Care in Italy”** supports this reform process, leading to greater availability and improved quality of health and social care services provided at home. This project is implemented by the OECD Directorate for Employment, Labour and Social Affairs (ELS) and the OECD Trento Centre for Local Development, in cooperation with the Directorate-General for Structural Reform Support of the European Commission.

A notable initiative in this process is the **questionnaire used to gather data that informed the Inception Report (Output 1) "Towards Patient-Centred Integrated Care in Italy."** The study highlights that Italy is working to develop a multi-level and participatory governance model for integrated care, involving local administrations and the Third Sector to reduce service fragmentation and improve planning and coordination.

The questionnaire aimed to evaluate the current state of integration between health and social services for non-self-sufficient individuals across various regions and autonomous provinces in Italy. It collected data on existing policies, assessment tools, professional roles, and integration challenges to inform a comprehensive report. Additionally, it explored regional initiatives, systems integration, and support mechanisms for caregivers and personal assistants, aiming to develop a more cohesive and effective care model.

This comprehensive approach involves extensive interaction with stakeholders from educational institutions, civil society organizations, economic actors, beneficiaries of care services, and representatives from relevant social sectors. By fostering collaboration among diverse stakeholders, the process aims to create a more integrated and responsive long-term care system that meets the varied needs of Italy's population. This strategy enhances policy coherence across healthcare, employment, education, social protection, gender equality, disability rights, and child welfare sectors.

Stakeholder involvement in the implementation of the recommendation on Long-Term Care (LTC) is extensively detailed within the report for the TSI Integrated Care. The report highlights numerous instances where stakeholders, including government bodies, healthcare providers, social services, and community members, were actively engaged in the co-programming and co-design of LTC services. Several methods have been employed to facilitate stakeholder engagement and consultation, as detailed in the report. These methods include:

1. **Steering committees and working groups:** Regions like Abruzzo have set up steering committees involving representatives from various sectors, including healthcare, social services, local government, and community organizations. These committees meet regularly to discuss and plan LTC initiatives.

2. **Public consultations and feedback mechanisms:** Stakeholders are invited to provide input through public consultations. For example, the Abruzzo region collected contributions and proposals via its social services website, ensuring that local administrations, institutional entities, employer and trade union organizations, the third sector, civil society, and individual citizens could all participate.
3. **Pilot projects and experimental initiatives:** The report mentions experimental projects like the one in Friuli-Venezia Giulia for community home care for people with dementia. These projects are designed to involve stakeholders in the development and testing of new care models, fostering a collaborative approach.
4. **Regular meetings and workshops:** In regions like Liguria, regular meetings and workshops are held to engage third sector organizations in initiatives aimed at improving the integration of social and health services. This approach ensures continuous dialogue and adaptation based on stakeholder feedback.

Finally, the National Coordinator is playing a pivotal role by actively participating in remarkable events that foster dialogue and collaboration across sectors. Some of these key events include, in the last few months, coinciding with the drafting of this report, as an example:

TEAMCARE project

The national coordinator team started to collaborate with the TEAMCARE project. The project (Programme: Erasmus+; Key Action: Partnerships for cooperation and Exchanges of practices; Action: Alliances for Education and Enterprises) aims to enhance the responsiveness of health and social care systems (SHCs) to current societal challenges, aiming to bridge a specific gap between the skills currently characterising SHC professionals working in multi-professional teams and those actually required by the public sector to move to resilient and sustainable systems focused on services community-based, as soft, soft and digital skills.

Caregiving Day in Italy

Caregiving Day in Italy is an annual event dedicated to recognizing and celebrating the invaluable contributions of caregivers across the country. This event brings together caregivers, healthcare professionals, policymakers, and community members to highlight the challenges and triumphs of caregiving. It provides a platform for sharing experiences, raising awareness about the needs of caregivers, and discussing policies and practices that can support and enhance their roles. Activities typically include workshops, seminars, and public events aimed at educating and advocating for better support systems for caregivers. The representative of the National Coordination Team had the opportunity to discuss "The Caregiver in the Context of the European Long-Term Care Strategy," providing valuable insights into the broader European framework for caregiving.

Care4Care Project – National Stakeholder Meeting

The Care4Care project aims to investigate the working conditions of care workers and their perception of their working environment in six EU Member States (France, Germany, Italy, Poland, Spain, and Sweden) from a comparative and multidisciplinary perspective. It also seeks to develop suitable tools to improve job quality and counteract discrimination in the sector. Care4Care sessions bring together a diverse group of participants, including representatives from the Order of Nurses, domestic employers, international women's associations, professional nursing unions, UNEBA, CISL, CUB Sanità, and CGIL. These sessions cover a range of important topics, such as the professional growth and training of caregivers, economic challenges and compensation discrepancies, and the use of digital platforms for caregiver support.

EESC expert hearing on the opinion "Caregiver"

A significant meeting at the European Economic and Social Committee (EESC) focused on long-term care and caregiving, bringing together key stakeholders from across Europe. This meeting gave an opportunity to representatives from various member states, including Italy, to present the situation in their countries, exchange best practices, discuss policy developments, and explore collaborative solutions to shared challenges in the caregiving sector.

Winter School Organized by ProMIS

The Winter School organized by ProMIS (Programma Mattone Internazionale Salute) in February 2024 was an important event that features a dedicated section on integrated care. A special session was organized focusing on integrated care and long-term care. The Winter School offered a comprehensive overview on the principles and practices of integrated care, highlighting the importance of coordination between health and social services. Participants organizations (representatives of national and regional governmental organizations as well as high level members of international institutions such as OECD, WHO, European Commission, etc.) engaged in lectures, workshops, and interactive sessions led by experts in the field, equipping them with the knowledge and skills necessary to implement integrated care models effectively.

Such participations are crucial in gathering insights and aligning national initiatives with broader European and international frameworks. Additionally, they are important as the national coordinator could engage with grassroots associations and local realities that face the everyday challenges of caregiving. This direct engagement ensured that policies are informed by those who experience the intricacies of long-term care firsthand.

Summer School Organized by ProMIS

The Summer School organized in July 2024 by ProMIS (Programma Mattone Internazionale Salute) will focus on workforce issues within the healthcare sector. This event aims to address the challenges and opportunities related to the healthcare workforce, including topics such as recruitment, retention, training, and the impact of technological advancements on healthcare jobs. The Summer School will feature participation from various experts and stakeholders in the healthcare sector. Notably, the National Coordinator will be among the key participants, contributing insights and facilitating discussions on national strategies for workforce development in healthcare.

Through these engagements, Italy strives to develop effective and sustainable long-term care solutions that reflect the diverse needs across the country. By incorporating input from a wide range of stakeholders and ensuring alignment with both national and international frameworks, Italy aims to enhance the quality and accessibility of care for all citizens. This holistic approach not only addresses current challenges but also anticipates future needs, paving the way for a resilient and inclusive long-term care system.

Moreover, these participations facilitate a continuous exchange of best practices and innovative approaches, enriching the national strategy with valuable experiences from other countries. Italy's commitment to this collaborative process underscores its dedication to building a long-term care system that is both forward-thinking and deeply rooted in the practical realities of caregiving. This strategy not only improves immediate care provisions but also builds a robust foundation for future advancements, ensuring that the long-term care system evolves in line with the changing demographics and social landscapes.

By fostering a culture of continuous improvement and responsiveness, Italy aims to create a long-term care system that is not only efficient and effective but also empathetic and inclusive. This approach promises to deliver a higher standard of care, meeting the needs of the population today while being prepared for the demands of tomorrow.

2. Policy objectives and measures (to be) taken

2.1. Overall policy response

This section describes how the gaps identified in relation with the objectives of the Recommendation have been/ will be addressed. It provides a breakdown of the overall policy response into a list of concrete measures, mapped to the extent possible with the relevant articles/ letters of the Recommendation.

Measure no	Name of measure	LTC Recommendation article/ letter
1	DECRETO 23 maggio 2022, n. 77	Article 4 (Adequacy, availability and quality of long-term care); Article 5 (Developing and improving home care and community-based care)
2	Legge 23 marzo 2023, n. 33	Article 7 (Support quality employment and fair working conditions in long-term care); Article 8 (Improving professionalisation of care and addressing skills needs)
3	D.lsg. 15/03/2024 n. 29	Article 4 (Adequacy, availability and quality of long-term care); Article 5 (Developing and improving home care and community-based care); Article 6 (Ensuring high-quality criteria and standards for long-term care)
4	Piano per la non-autosufficienza 2022-2024	Article 1 (Improving access to affordable

		high-quality long-term care); Article 10 (Ensuring sound policy governance in long-term care); Article 11 (Reporting and monitoring progress)
5	Legge 30 dicembre 2021, n. 234 (Legge di Bilancio 2022)	Article 4 (Adequacy, availability and quality of long-term care) Article 9 (Supporting informal carers in their caregiving activities)
6	Legge 22 dicembre 2021, n. 227	Article 1 (Improving access to affordable high-quality long-term care); Article 4 (Adequacy, availability, and quality of long-term care); Article 5 (Developing and improving home care and community-based care).
7	D.lgs 3 maggio 2024 n. 62	Article 4 (Adequacy, availability, and quality of long-term care); Article 5 (Developing and improving home care and community-based care); Article 6 (Ensuring high-quality criteria and standards for long-term care); Article 10 (Ensuring sound policy governance in long-term care).
8	Piano nazionale degli interventi dei servizi sociali 2021-2023	Article 1 (Improving access to affordable high-quality long-term care);

		<p>Article 4 (Adequacy, availability, and quality of long-term care);</p> <p>Article 5 (Developing and improving home care and community-based care);</p> <p>Article 9 (Supporting informal carers in their caregiving activities);</p> <p>Article 10 (Ensuring sound policy governance in long-term care).</p>
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2.2. Detailed description of the measures

This section provides further details for each of the measures listed in the previous section.

Measure 1	DECRETO 23 maggio 2022, n. 77
Aim	<p>DM 77/2022 "Standards for the development of territorial assistance of the National Health Service" outlines numerous objectives. Among them, it aims to establish a comprehensive organizational model for territorial assistance and promotes socio-health integration both institutionally and professionally. Additionally, it advocates for the enhancement of Integrated Home Care (ADI) to cater to 10% of the elderly population over 65 by 2026 (Pesaresi, 2022).</p> <p>It also includes provisions regarding the role of both the informal and formal sectors in home care for non-self-sufficient elderly people. Specifically:</p>

	<p>For family caregivers and personal assistants:</p> <ul style="list-style-type: none"> • Recognition of the family caregiver as a resource in the socio-health system. • Promotion of active involvement of family caregivers in health and socio-health decision-making processes, proactive health pathways, and drafting Individual Care Plans (PAI). • Enhancement of the caregiver's role in implementing telemedicine. • Measures for active support, guidance, accompaniment, and training of family caregivers. <p>For the formal sector (health, social, and home service personnel):</p> <ul style="list-style-type: none"> • New tools and methods for integrating health and social professionals (e.g., general practitioners, nurses, specialists, pharmacists, psychologists, social workers). • Designation of a case manager role from one of the involved professionals. • Promotion of multiprofessional teams within Community Houses. • Introduction of a new role for family or community nurses to integrate interdisciplinary, health, and social services, focusing on person-centered care, and interacting with families and the community.
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	<ul style="list-style-type: none"> • Measures for continuous and interprofessional training of staff. • New staffing standards in health and social care facilities (one family or community nurse per 3,000 inhabitants) and for delivering Integrated Home Care (ADI).
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	<p>Elderly population over 65.</p> <p>As of 2024, Italy's population aged 65 and over represents approximately 24% of the total population. With the overall population at around 58.7 million, this means there are about 14 million elderly individuals in Italy. (Istat Demo)</p> <p>People with disabilities</p> <p>According to ISTAT, in 2019 there were 3 million and 150 thousand people with disabilities. The elderly are the most affected: 22% of people over 75 are in a condition of disability. (ISTAT)</p>
Results and impact (expected or achieved)	<p>According to the document "Phase 2 Monitoring concerning the implementation of DM No. 77 of 2022" by the National Agency for Regional Health Services, the monitoring, conducted in two phases, highlights several key outcomes and impacts from January to June 2023.</p> <p>Results and Impacts</p> <p>Case della Comunità (Community Houses):</p> <ul style="list-style-type: none"> ○ Functional Activation: 187 Community Houses were declared functionally active by the Regions/PA. ○ Operational Details:

	<ul style="list-style-type: none"> ▪ Days and hours of operation vary, with some open 24/7 and others less frequently. ▪ Services provided include General Practitioners (MMG), Pediatricians (PLS), and unique access points (PUA). <ul style="list-style-type: none"> ○ Regional Distribution: Lombardia leads with 92 functionally active Community Houses, followed by Emilia-Romagna with 43. <p>Centrali Operative Territoriali (Territorial Operations Centers):</p> <ul style="list-style-type: none"> ○ Functional Activation: 77 Territorial Operations Centers were declared active. ○ Operational Details: <ul style="list-style-type: none"> ▪ These centers operate on various schedules, with a portion working less than 30 hours per week and others up to 60 hours. ▪ Distribution across regions includes 36 centers in Lombardia and 15 in Lazio. ○ Services Provided: Include chronic disease
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	<p>management and multiprofessional teams.</p> <p>Ospedali di Comunità (Community Hospitals):</p> <ul style="list-style-type: none"> ○ Functional Activation: 76 Community Hospitals with a total of 1,378 active beds. ○ Regional Distribution: Veneto has the highest number of functionally active Community Hospitals (38), followed by Lombardia with 17. <p>Expected or Achieved Impacts</p> <ul style="list-style-type: none"> • Improved Access to Healthcare: By increasing the number of Community Houses and Operations Centers, the initiative aims to improve healthcare access, especially in underserved regions. • Enhanced Service Provision: The inclusion of various healthcare professionals and multiprofessional teams is expected to provide comprehensive care and improve health outcomes. • Efficient Healthcare Delivery: The strategic location and operational hours of these facilities are designed to optimize healthcare delivery and manage chronic conditions more effectively. <p>The overall goal is to ensure that by 2026, the targets set by the National Recovery and Resilience Plan (PNRR) are met, with continuous monitoring and reporting to</p>
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	track progress and make necessary adjustments.
Timeline	2022- 2026
Financial resources (both national and EU funding)	The decree allocates substantial resources to achieve these goals, in line with the objectives of Italy's National Recovery and Resilience Plan (NRRP). Specifically, the NRRP allocates €18.5 billion to strengthen local prevention and health services, modernize the healthcare system, and ensure equal access to care. This investment is part of the broader €206 billion plan aimed at digital transformation, ecological transition, and social inclusion.
Implementing body(ies) and cooperation with stakeholders	Ministry of Health, Regions, Autonomous Provinces.
Evaluation	Monitoring of the regional implementation.
Cross-linkages with other measures	<p>National Recovery and Resilience Plan (NRRP)</p> <p>Alignment with NRRP Objectives: DM 77/2022 supports the NRRP's mission 6 to strengthen local healthcare services, digital transformation, and social inclusion, which are key components of Italy's recovery strategy post-COVID-19 (Ministero dell'Economia e delle Finanze) (ICE) .</p> <p>EU Funding: The NRRP provides EU funding that aids in the implementation of DM 77, ensuring substantial investments in community healthcare infrastructure and services</p>

	<p>(Ministero dell'Economia e delle Finanze).</p> <p>Legge 33/2023 (Decreto Anziani)</p> <p>Integrated Care Approach: Both DM 77 and Legge 33/2023 aim to enhance integrated healthcare services, focusing on elderly care. DM 77's development of community homes and telemedicine complements Legge 33's initiatives for elderly support and active aging.</p> <p>Shared Goals: These measures collectively aim to improve the quality of life for the elderly by promoting accessibility to healthcare and reducing social isolation through coordinated efforts between health and social services.</p> <p>Other cross-linkages:</p> <p>Caregiver Support Policies</p> <ul style="list-style-type: none"> • National Plan for Chronic Diseases <p>The plan emphasizes the importance of involving family caregivers in the management of chronic diseases, providing them with the necessary tools and support.</p> <p>DM 77/2022 builds on this by promoting active involvement of caregivers in healthcare processes, including the creation of Individual Care Plans (PAI) and the use of telemedicine.</p>
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	<ul style="list-style-type: none"> Regional Caregiver Support Initiatives <p>Various regions in Italy have implemented specific programs to support caregivers, offering training, financial assistance, and respite services.</p> <p>DM 77/2022 ensures these regional initiatives are aligned with national standards, promoting uniform support across all regions.</p> <p>Workforce Development Programs</p> <ul style="list-style-type: none"> National Plan for the Training of Health Professionals (Piano Nazionale Formazione Continua - PNFC) <p>The PNFC aims to enhance the skills and competencies of healthcare professionals through continuous education and training programs.</p> <p>DM 77/2022 supports this by emphasizing continuous professional development for healthcare workers, including those in community and home care settings.</p> Health Workforce National Plan (Piano Nazionale per il Personale del Servizio Sanitario Nazionale) <p>This plan addresses the staffing needs of the healthcare system, aiming to ensure adequate staffing levels and the right skill mix.</p>
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	<p>DM 77/2022 aligns with this by establishing new staffing standards, such as one family or community nurse per 3,000 inhabitants, and promoting interdisciplinary training.</p> <ul style="list-style-type: none"> • Regional Workforce Development Programs <p>Various regions have specific workforce development programs to address local needs, including incentives for working in rural and underserved areas.</p> <p>DM 77/2022 ensures that regional workforce initiatives are consistent with national standards, promoting uniformity in the quality and distribution of healthcare services.</p>
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Measure 2	Legge 23 marzo 2023, n. 33
Aim	<p>The aim of Legge 33/2023, also known as the "Decreto Anziani," is to reform the assistance and support systems for elderly people in Italy. This law, which is a key component of Italy's National Recovery and Resilience Plan (Pnrr), focuses on several main objectives:</p> <ul style="list-style-type: none"> • Promotion of Active Aging: The law emphasizes the importance of active aging, promoting health and preventive measures throughout life. It aims to counter social isolation and marginalization

	<p>among elderly people by encouraging their involvement in community and volunteer activities.</p> <ul style="list-style-type: none"> • Integration of Services: It seeks to integrate social, healthcare, and socio-sanitary services to provide a cohesive support system for elderly individuals, particularly those who are not self-sufficient. This includes improving home care services and ensuring a continuum of care that avoids unnecessary hospitalizations and institutionalization. • Financial Assistance: The law introduces a universal benefit scheme to provide financial support for elderly individuals with severe needs. This includes an enhanced monthly allowance that combines the existing accompaniment allowance with additional funds for care services, aimed at supporting the most economically vulnerable elderly over the age of 80. • Intergenerational Solidarity: The law promotes intergenerational solidarity by fostering relationships and mutual support between different age groups. It includes measures to facilitate the engagement of elderly people in activities that benefit the community and to enhance their quality of life through initiatives like senior cohousing and technological literacy programs.
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	<ul style="list-style-type: none"> • Governance and Policy Framework: The legislation establishes a new governance structure for elderly care policies, involving various levels of government and community organizations to ensure a coordinated and comprehensive approach to elderly care.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	<p>Non-self-sufficient people.</p> <p>In Italy, non-self-sufficient individuals are defined as those who require assistance with daily activities due to physical, mental, or sensory impairments. As of 2024, ISTAT data indicates that there are approximately 3.1 million non-self-sufficient people in Italy. This includes elderly individuals, as well as younger adults and children with significant disabilities. These individuals often rely on social and health care services, and their needs are a significant focus of public policy and support systems (ISTAT).</p>
Results and impact (expected or achieved)	<p>Expected Results</p> <ul style="list-style-type: none"> • Improved Quality of Life: Enhanced support and services for the elderly, particularly those who are non-self-sufficient, aimed at improving their overall quality of life and reducing isolation. • Financial Support: The introduction of a universal benefit for the elderly, which includes an accompaniment allowance and additional financial support, is expected to provide significant financial relief to eligible individuals.

	<ul style="list-style-type: none"> • Integrated Services: Better integration of social and healthcare services to ensure comprehensive and cohesive support for the elderly, facilitating easier access to necessary services and improving overall care. • Active Aging Promotion: Initiatives to promote active aging, including involvement in community activities and volunteer programs, are expected to enhance social inclusion and mental well-being among the elderly.
Timeline	<p>The law was published in the Gazzetta Ufficiale (Official Gazette) on March 30, 2023. This publication made the law official and set the stage for the detailed planning of its implementation (Lavoro Gov).</p> <p>On March 11, 2024, the Italian Government definitively approved the Legislative Decree implementing Delegated Law 33/2023, which includes the reform for non-self-sufficiency.</p>
Financial resources (both national and EU funding)	<p>National Funding</p> <p>Initial Allocation: Legge 33/2023 includes an initial allocation of €500 million over two years (2025-2026) for the pilot program. This funding is divided equally, with €250 million allocated each year.</p> <p>EU Funding</p> <p>National Recovery and Resilience Plan (NRRP): Part of the funding for the actualisation of Legge 33/2023 is sourced from Italy's National Recovery and Resilience Plan (PNRR).</p>
Implementing body(ies) and cooperation with stakeholders	Key ministries involved include the Ministry of Labor and Social Policies,

	<p>which coordinates the overall implementation of the reform.</p> <p>Regions, provinces, and municipalities play crucial roles in executing the localized aspects of the law, ensuring services are tailored to community needs.</p> <p>Public and private entities involved in healthcare and social services, including non-profit organizations and volunteer groups.</p>
Evaluation	<p>Pilot Program Evaluation: The universal benefit pilot program (2025-2026) will be assessed for effectiveness and financial sustainability.</p>
Cross-linkages with other measures	<p>National Recovery and Resilience Plan (NRRP)</p> <p>Legge 33/2023 aligns with Italy's National Recovery and Resilience Plan (PNRR) Mission 5 and 6.</p> <p>Both Legge 33/2023 and the NRRP aim to enhance the quality of life for elderly people by improving healthcare services, promoting active aging, and reducing social isolation.</p> <p>DM 77/2022</p> <p>Both measures support the creation of community-based healthcare solutions, including community homes and telemedicine services, which are crucial for the effective implementation of elderly care reforms under Legge 33/2023.</p>

Measure 3	Decree No. 29 of March 15, 2024
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Aim	<p>The primary aim of the Legislative Decree No. 29 of March 15, 2024, is to implement policies in favour of the elderly, in accordance with the delegation given by Articles 3, 4, and 5 of Law No. 33 of March 23, 2023. This decree is part of Italy's broader effort to improve the support system for non-self-sufficient elderly individuals, aligning with the goals set out in the National Recovery and Resilience Plan (NRRP).</p> <p>This provision contains measures aimed at promoting the dignity and autonomy, social inclusion, active aging, and prevention of frailty of elderly people, including through:</p> <ul style="list-style-type: none"> • access to multidimensional assessment; • access to preventive healthcare tools and home telemedicine; • combating isolation and relational and emotional deprivation; • supportive home cohabitation for elderly people and intergenerational cohabitation; • development of wellness tourism and slow tourism.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	<p>Non-self-sufficient people.</p> <p>In Italy, non-self-sufficient individuals are defined as those who require assistance with daily activities due to physical, mental, or sensory impairments. As of 2024, ISTAT data indicates that there are approximately 3.1 million non-self-sufficient people in Italy. This includes elderly individuals, as well as adults and children with significant disabilities. These individuals often rely on social and health</p>

	care services, and their needs are a significant focus of public policy and support systems (ISTAT).
Results and impact (expected or achieved)	The setup of the universal benefit pilot program is underway, with the INPS (National Institute for Social Security) preparing to manage and disburse the funds starting January 2025. This preparation phase includes developing the necessary infrastructure and processes to support the program.
Timeline	Legislative Decree No. 29 of March 15, 2024, titled 'Provisions on policies in favour of elderly people, implementing the delegation provided for in Articles 3, 4, and 5 of Law No. 33 of March 23, 2023,' published in the Official Gazette, General Series No. 65 of March 18, 2024, came into force on March 19, 2024.
Financial resources (both national and EU funding)	<p>National Funding</p> <p>Initial Allocation: Legge 33/2023 includes an initial allocation of €500 million over two years (2025-2026) for the pilot program. This funding is divided equally, with €250 million allocated each year (Home Sanità33) (Normattiva).</p> <p>EU Funding</p> <p>National Recovery and Resilience Plan (NRRP): Part of the funding for the actualisation of Legge 33/2023 is sourced from Italy's National Recovery and Resilience Plan (PNRR), which is supported by the European Union.</p>
Implementing body(ies) and cooperation with stakeholders	Key ministries involved include the Ministry of Labor and Social Policies,

	<p>which coordinates the overall implementation of the reform.</p> <p>Regions, provinces, and municipalities play crucial roles in executing the localized aspects of the law, ensuring services are tailored to community needs.</p> <p>Public and private entities involved in healthcare and social services, including non-profit organizations and volunteer groups.</p>
Evaluation	<p>Pilot Program Evaluation: The universal benefit pilot program (2025-2026) will be assessed for effectiveness and financial sustainability.</p>
Cross-linkages with other measures	<p>National Recovery and Resilience Plan (PNRR)</p> <p>The PNRR provides significant EU funding to support the initiatives outlined in both Law 33/2023 and Decree No. 29. These funds are allocated to improve elderly care infrastructure, promote active aging, and integrate telemedicine services.</p> <p>Law 33/2023</p> <p>Legislative Decree No. 29 builds on Law 33/2023 by specifically addressing the needs of non-self-sufficient elderly individuals, enhancing their dignity, autonomy, and social inclusion.</p> <p>DM 77/2022</p> <p>DM 77 focuses on strengthening territorial healthcare services, which complements the objectives of Decree No. 29 by ensuring that elderly care services are accessible and integrated at the community level.</p>

Measure 4	National Plan for Non-Self-Sufficiency 2022-2024
Aim	<p>The National Plan for Non-Self-Sufficiency 2022-2024 aims to enhance support for non-self-sufficient individuals, particularly the elderly. Its key objectives include:</p> <ul style="list-style-type: none"> • Promoting Dignity and Autonomy: Ensuring dignified care and support for non-self-sufficient individuals. • Social Inclusion and Active Aging: Encouraging active participation in society to reduce isolation. • Prevention of Frailty: Implementing preventive measures to address vulnerabilities associated with aging. <p>(Lavoro Gov) (Documentazione parlamentare).</p>
Type (e.g. legislative reform, investment, etc.)	Programmatic planning
Target group (definition and size)	<p>Non-self-sufficient people.</p> <p>In Italy, non-self-sufficient individuals are defined as those who require assistance with daily activities due to physical, mental, or sensory impairments. As of 2024, ISTAT data indicates that there are approximately 3.1 million non-self-sufficient people in Italy. This includes elderly individuals, as well as adults and children with significant disabilities. (ISTAT)</p>
Results and impact (expected or achieved)	<p>Enhanced Home Care and Support Services</p> <ul style="list-style-type: none"> • Social Home Care: Increased access to social home care services characterized by personal care and psycho-social-educational support,

	<p>integrating social and healthcare interventions.</p> <ul style="list-style-type: none"> • Integrated Social and Health Services: Strengthening the integration of social and healthcare services to provide comprehensive support to non-self-sufficient individuals. <p>Improved Living Conditions and Social Inclusion</p> <ul style="list-style-type: none"> • Solidarity Housing: Development of new forms of solidarity housing for elderly individuals, promoting intergenerational and community-based living arrangements. • Housing Adaptations: Implementing technological and domotic solutions to adapt homes to the needs of non-self-sufficient individuals, ensuring continuous personal and social relationships through services like telecare and teleassistance. <p>Strengthened Community Support</p> <ul style="list-style-type: none"> • Relief Services: Provision of temporary relief services for families of non-self-sufficient elderly individuals, including emergency interventions, replacement services for family caregivers, and organized community help. • Support Services: Facilitating the match between demand and supply of family assistants, providing legal, administrative, and managerial assistance to families.
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	<p>Comprehensive Multidimensional Evaluation</p> <ul style="list-style-type: none"> • Personalized Care Plans (PAI): Development and implementation of personalized care plans based on comprehensive multidimensional evaluations, ensuring tailored support for each individual. • Integrated Care Pathways: Establishing integrated care pathways involving multidisciplinary teams to provide coordinated and continuous care. <p>Efficient Use of Resources</p> <ul style="list-style-type: none"> • Direct and Indirect Service Provision: Progressive allocation of resources to direct service provision, with the possibility of using vouchers for indirect services, ensuring that all services are provided based on multidimensional evaluations and included in the personalized care plans. <p>Monitoring and Continuous Improvement</p> <ul style="list-style-type: none"> • Outcome Monitoring: Continuous monitoring of health outcomes and service effectiveness to ensure that the interventions meet the needs of non-self-sufficient individuals. • Stakeholder Involvement: Engaging various stakeholders, including regions, ANCI, the Ministry of Health, and the Ministry of Disability, in regular technical
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	meetings to monitor service quality and develop a set of qualitative and quantitative indicators centered on individual needs.
Timeline	2022-2024
Financial resources (both national and EU funding)	The total resources allocated to the Fund for Non-Self-Sufficiency (FNA) for the three-year period 2022-2024 are 822 million euros in 2022, 865.3 million euros in 2023, and 913.6 million euros in 2024.
Implementing body(ies) and cooperation with stakeholders	Ministry of Labor and Social Policies, Regions.
Evaluation	The evaluation of the National Plan for Non-Self-Sufficiency 2022-2024 involves a combination of specific criteria and indicators, regular reporting, stakeholder feedback, external audits, use of technology, and integrated care evaluations. These methods ensure a comprehensive assessment of the plan's implementation and its impact on non-self-sufficient elderly individuals
Cross-linkages with other measures	<p>Law 33/2023</p> <ul style="list-style-type: none"> • Alignment of Objectives: The National Plan supports the goals of Law 33/2023 by enhancing the support and care for non-self-sufficient elderly individuals. Both emphasize the dignity, autonomy, and social inclusion of elderly individuals (Lavoro Gov) (Documentazione parlamentare) . • Implementation of LEPS: The plan operationalizes the Essential Levels of Social Services (LEPS) defined in Law 33/2023, ensuring standardized access to critical care

	<p>services across Italy (Documentazione parlamentare) .</p> <p>National Recovery and Resilience Plan (PNRR)</p> <ul style="list-style-type: none"> • Funding and Resources: The plan leverages funding from the PNRR to improve social and healthcare services for the elderly. This includes substantial investments in Mission 5 (social services) and Mission 6 (healthcare) of the PNRR (Lavoro Gov) (AISM) . • Reform and Innovation: Both the National Plan and PNRR focus on modernizing and integrating social and healthcare services, with an emphasis on technological advancements and telemedicine (Documentazione parlamentare). <p>DM 77/2022</p> <ul style="list-style-type: none"> • Integrated Healthcare Services: The National Plan complements DM 77/2022 by promoting integrated healthcare services at the community level. This ensures that elderly individuals receive continuous and comprehensive care through collaboration between social and healthcare providers (AISM) (Documentazione parlamentare) . • Preventive Measures and Telemedicine: Both measures emphasize preventive care and the use of telemedicine, enhancing access to healthcare for non-self-sufficient elderly individuals (Documentazione parlamentare).
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Measure 5	Legge 30 dicembre 2021 n. 234 (Legge di Bilancio 2022)
Aim	<p>The Legge di Bilancio 2022 (Law No. 234 of December 30, 2021) primarily aims to outline the State's budget for the financial year 2022 and the multi-year budget for the period 2022-2024.</p> <p>Among the measures in the law, articles 159-171 specifically aim to define the essential levels of social services (LEPS) for non-self-sufficiency and to enhance social assistance services. These measures are intended to promote continuity and quality of life at home and within the social context for non-self-sufficient elderly individuals. This includes integrating these services with the National Health Service (NHS), ensuring their full operational status through necessary regulatory actions, and providing increased funding and structural support for disability and non-self-sufficiency initiatives.</p>
Type (e.g. legislative reform, investment, etc.)	Legislative Act for Budget Allocation
Target group (definition and size)	<p>Non-self-sufficient people.</p> <p>In Italy, non-self-sufficient individuals are defined as those who require assistance with daily activities due to physical, mental, or sensory impairments. As of 2024, ISTAT data indicates that there are approximately 3.1 million non-self-sufficient people in Italy. This includes elderly individuals, as well as younger adults and children with significant disabilities. (ISTAT)</p>

Results and impact (expected or achieved)	<p>Expected Impact and Outcomes</p> <ul style="list-style-type: none"> Integrated Service Provision: The Legge di Bilancio 2022 defines the Essential Levels of Social Performance (LEPS) for non-self-sufficiency, establishing a framework for integrated sociosanitary services. This involves a gradual transition from monetary transfers to the provision of direct and indirect services. By leveraging community health centers (Case della comunità) and single access points (PUA), the law aims to provide coordinated care that enhances the quality of life for non-self-sufficient individuals. The expected outcome is a seamless integration of health and social services, ensuring continuous and comprehensive support. Home and Community-Based Services: The law identifies key home and community-based services as LEPS, including social home care, relief services, and support services. These services are designed to promote the continuity and quality of life for elderly non-self-sufficient individuals in their homes and communities. Expected outcomes include high-quality home care, emergency relief services, and support for caregivers, thereby fostering independence and well-being among the elderly population. Housing Solutions: The legislation promotes innovative housing solutions, including cohabitation models and technologically adapted homes, to meet the needs of elderly individuals. Expected
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	<p>outcomes involve creating living environments that facilitate personal and social interactions, enabling elderly individuals to live more independently while receiving necessary support through services like telecare and teleassistance.</p> <ul style="list-style-type: none"> • Monetary Contributions: To complement the LEPS, the law provides monetary contributions to families, allowing them to hire professional caregivers or purchase qualified social assistance services. This is expected to alleviate the financial burden on families, ensuring that care provided is in line with national labor standards and improving the overall quality of care received by elderly individuals. • School Transportation for Disabled Students: The law allocates additional funds to enhance municipal school transportation for disabled students. This aims to increase accessibility, ensuring that more children with disabilities can attend school regularly, thus improving their educational opportunities and social inclusion. • Evaluation and Monitoring: The implementation of LEPS involves a structured evaluation and monitoring process. The law stipulates that monitoring and verification actions be defined through decrees by the President of the Council of Ministers, with agreements in the Unified Conference. This is expected to ensure that the services meet the defined standards and continuously improve to address the evolving needs of non-self-sufficient individuals.
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	<p>Achieved Impact and Outcomes (Progress to Date)</p> <ul style="list-style-type: none"> Legislative and Financial Frameworks: The Legge di Bilancio 2022 has successfully laid the groundwork by allocating substantial financial resources, starting with €100 million in 2022 and increasing to €300 million from 2025 onwards. The approval of the National Plan for Non-Self-Sufficiency (PNNA) 2022-2024, with over €2.6 billion, marks a significant step towards the planned improvements. Implementation Guidelines: Initial guidelines and protocols for service provision through Case della comunità and PUA have been established, setting the stage for integrated health and social service delivery. These guidelines ensure that non-self-sufficient individuals receive comprehensive care tailored to their needs. Service Integration Initiatives: Pilot projects and the formation of integrated teams at community health centers have begun, enabling the delivery of coordinated care plans. These teams, consisting of personnel from the National Health Service (SSN) and Territorial Health Agencies (ATS), work together to provide seamless support to elderly individuals. Stakeholder Engagement: There has been significant engagement with local governments, third-sector entities, and community resources to support the implementation of LEPS. This collaboration has created a robust support network, enhancing the
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	<p>effectiveness of the services provided.</p> <ul style="list-style-type: none"> • Progress Monitoring: Mechanisms for ongoing assessment of LEPS have been established, ensuring continuous improvement and alignment with the needs of non-self-sufficient individuals. These monitoring actions help verify that the services meet the expected standards and deliver the intended benefits.
Timeline	<ul style="list-style-type: none"> • Implementation Period: Gradual introduction starting in 2022. • Evaluation Period: Monitoring and verification through to 2024.
Financial resources (both national and EU funding)	<ul style="list-style-type: none"> • National Funding: Increases in the Non-Self-Sufficiency Fund: <ul style="list-style-type: none"> ○ €100 million for 2022 ○ €200 million for 2023 ○ €250 million for 2024 ○ €300 million from 2025 onwards • EU Funding: Alignment with the National Recovery and Resilience Plan (PNRR).
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> • National Health Service (SSN): Responsible for providing health services and ensuring they are integrated with social services. • Territorial Health Agencies (ATS): Play a critical role in delivering and managing local health services, ensuring they meet the defined LEPS standards. • Community Health Centers (Case della comunità): These centers are pivotal in providing integrated health and social services, acting as access points where non-self-sufficient individuals can receive comprehensive care.

Evaluation	The actions for monitoring and verifying the achievement of the LEPS for elderly non-self-sufficient individuals are to be determined through one or more decrees by the President of the Council of Ministers, subject to agreement in the Unified Conference.
Cross-linkages with other measures	<ul style="list-style-type: none"> • DM 77/2022: Establishes organization and functioning of primary care services, including community health centers (Case della comunità) and single access points (PUA), reinforcing the integration of health and social services in alignment with LEPS. • Law 33/2023: Expands on funding mechanisms and implementation strategies for LEPS, providing additional legal and financial support for the gradual introduction and monitoring of LEPS. • PNRR (National Recovery and Resilience Plan): Ensures coordination with PNRR initiatives, especially Mission 6 (Health), for the integration and enhancement of health and social services.

Measure 6	Legge delega 227/2021
Aim	<p>The law of December 22, 2021, No. 227, has delegated the Government to adopt, by March 15, 2024, one or more legislative decrees for the "revision and reorganization of the current provisions on disability.</p> <p>In implementation of the delegation law, the following draft decrees have been prepared:</p>

	<ul style="list-style-type: none"> • Requalification of public services for inclusion and accessibility. • Establishment of the National Authority for the Rights of persons with disabilities; • Definition of the condition of disability, basic assessment, reasonable accommodation, multidimensional evaluation for the development and implementation of the personalized and participatory individual life project. • The completion of the reform, through the issuance of the legislative decrees provided for by it, will allow the achievement of Mission 5, Component 2, of the PNRR, and specifically, Reform 1.1, "Framework Law for Disabilities."
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	<p>People with disabilities</p> <p>According to ISTAT, in 2019 there were 3 million and 150 thousand people with disabilities. The elderly are the most affected: 22% of people over 75 are in a condition of disability. (ISTAT)</p>
Results and impact (expected or achieved)	<p>Expected Results:</p> <ul style="list-style-type: none"> • Enhanced Accessibility: Improved access to public services and facilities for individuals with disabilities. • Better Support Systems: Establishment of comprehensive support systems through the integration of health, social, and educational services. • Personalized Care: Implementation of personalized and participatory life projects for people with disabilities, ensuring tailored

	<p>support and reasonable accommodation.</p> <ul style="list-style-type: none"> • Rights Protection: Strengthened protection of disability rights through the National Authority for the Rights of Persons with Disabilities. • Increased Inclusion: Promotion of social inclusion and participation for individuals with disabilities in all aspects of society. <p>Achieved results Several implementing decrees operationalizing Law 227/2021 have been approved, in particular Legislative Decree No. 62, dated May 3, 2024.</p>
Timeline	The Legge delega 227/2021 was enacted on December 22, 2021, with a mandate for the government to adopt the necessary legislative decrees by March 15, 2024.
Financial resources (both national and EU funding)	<p>Article 3 contains financial provisions stating that the increased costs arising from the implementation of the law will be covered:</p> <ul style="list-style-type: none"> • With resources from the Fund for Disability and Non-Self-Sufficiency as per Article 1, paragraph 330, of Law No. 160 of December 27, 2019; • With resources available in the PNRR (National Recovery and Resilience Plan), for the implementation of measures falling within the scope of this provision; • Through the rationalization and reprogramming of resources

	already allocated by existing legislation for the disability sector.
Implementing body(ies) and cooperation with stakeholders	<p>The National Authority for the Rights of Persons with Disabilities is at the forefront, ensuring the protection of rights. The Ministry of Labor and Social Policies oversees the implementation of Legislative Decree No. 62 of May 3, 2024, in collaboration with INPS for assessments and regional/local authorities for executing personalized life projects. Cooperation with NGOs, healthcare providers, educational institutions, employers, and families is crucial to providing comprehensive support and ensuring the effective application of the decree's provisions.</p>
Evaluation	<p>The evaluation of Legge delega 227/2021 involves:</p> <ul style="list-style-type: none"> • Regular Monitoring: Ongoing assessment by the Ministry of Labor and Social Policies, tracking progress and effectiveness of the legislative decrees. • Stakeholder Feedback: Collecting input from regional and local authorities, NGOs, and affected individuals to gauge the impact and identify areas for improvement. • Annual Reports: Compiling and reviewing annual progress reports to ensure the law meets its objectives and adjusts implementation strategies as needed. • Impact Assessment: Conducting formal impact assessments to measure the law's effectiveness in improving services and support for individuals with disabilities.

Cross-linkages with other measures	The Legislative Decree No. 62 of May 3, 2024, which implements Law 227/2021, is detailed in the table below.
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Measure 7	D.lgs 3 maggio 2024 n. 62
Aim	The Legislative Decree of May 3, 2024, No. 62, in implementation of the Delegated Law 227/2021, defines the condition of disability, the basic assessment, reasonable accommodation, and the multidimensional evaluation for the development and implementation of the personalized and participatory individual life project for persons with disabilities.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	<p>Non-self-sufficient people.</p> <p>In Italy, non-self-sufficient individuals are defined as those who require assistance with daily activities due to physical, mental, or sensory impairments. As of 2024, ISTAT data indicates that there are approximately 3.1 million non-self-sufficient people in Italy. This includes elderly individuals, as well as younger adults and children with significant disabilities. (ISTAT)</p>
Results and impact (expected or achieved)	<p>Expected Results:</p> <p>The Legislative Decree No. 62 of May 3, 2024, implementing Law 227/2021, is expected to bring several key improvements:</p> <p>Standardized Definition and Assessment:</p> <ul style="list-style-type: none"> Establishes a uniform definition of disability and a

	<p>streamlined process for assessing and recognizing disability, integrating current diverse procedures into a cohesive system managed primarily by INPS (National Institute for Social Security).</p> <p>Reasonable Accommodation:</p> <ul style="list-style-type: none"> • Introduces provisions for reasonable accommodations, ensuring that individuals with disabilities can fully exercise their rights and access necessary services without disproportionate burdens on service providers. <p>Personalized Life Projects:</p> <ul style="list-style-type: none"> • Develops individualized, participatory life projects, promoting a person-centered approach that integrates social, health, and educational services tailored to individual needs. <p>Multidimensional Evaluation:</p> <ul style="list-style-type: none"> • Implements a comprehensive, multidimensional evaluation system that considers the full impact of disabilities on an individual's life, including
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	<p>physical, social, and psychological aspects.</p> <p>Impact:</p> <p>The decree aims to significantly enhance the quality of life and social inclusion for individuals with disabilities through several mechanisms:</p> <p>Improved Access to Services:</p> <ul style="list-style-type: none"> • Simplifies the process for accessing disability services, reducing bureaucratic hurdles and ensuring timely support, particularly for vulnerable groups such as children and patients with severe conditions. <p>Enhanced Support Systems:</p> <ul style="list-style-type: none"> • Facilitates the creation of comprehensive support networks, involving both public and private sectors, to provide integrated and continuous care for individuals with disabilities. <p>Cultural and Linguistic Shift:</p> <ul style="list-style-type: none"> • Promotes a cultural shift by updating terminologies and adopting a respectful, inclusive language aligned with international standards, thereby enhancing the dignity and
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	<p>recognition of individuals with disabilities.</p> <p>Data-Driven Improvements:</p> <ul style="list-style-type: none"> • Strengthens data collection and monitoring mechanisms to enable evidence-based policy adjustments and ensure that the needs of individuals with disabilities are met more effectively over time. <p>These expected results and impacts represent a transformative approach to disability rights and services in Italy, fostering a more inclusive and supportive environment for all individuals with disabilities.</p>
Timeline	<p>The Legislative Decree 62/2024 comes into force on June 30, 2024, and for certain aspects, it requires the issuance of a ministerial decree within six months.</p> <p>Starting from January 1, 2025, a twelve-month trial procedure will begin to ensure the gradual update of definitions, criteria, and verification methods.</p> <p>These provisions will be effectively applicable from January 1, 2026.</p>
Financial resources (both national and EU funding)	<p>The resources amount to:</p> <ul style="list-style-type: none"> • €29,630,031 for the year 2024, • €134,854,776 for the year 2025, • €273,370,116 annually from the year 2026 onwards. <p>These costs will be covered by reducing the Fund for Policies in Favor of Persons with Disabilities as per Article 1, paragraph 178, of Law No. 234 of December 30,</p>

	<p>2021. This fund was renamed and increased to support legislative measures for reorganizing and systematizing disability support policies. The fund receives an annual increase of €50 million from 2023 to 2026.</p>
Implementing body(ies) and cooperation with stakeholders	<p>The National Authority for the Rights of Persons with Disabilities is at the forefront, ensuring the protection of rights. The Ministry of Labor and Social Policies oversees the implementation of Legislative Decree No. 62 of May 3, 2024, in collaboration with INPS for assessments and regional/local authorities for executing personalized life projects. Cooperation with NGOs, healthcare providers, educational institutions, employers, and families is crucial to providing comprehensive support and ensuring the effective application of the decree's provisions.</p>
Evaluation	<p>The evaluation of the d.lgs involves:</p> <ul style="list-style-type: none"> • Regular Monitoring: Ongoing assessment by the Ministry of Labor and Social Policies, tracking progress and effectiveness of the legislative decrees. • Stakeholder Feedback: Collecting input from regional and local authorities, NGOs, and affected individuals to gauge the impact and identify areas for improvement. • Annual Reports: Compiling and reviewing annual progress reports to ensure the law meets its objectives and adjusts implementation strategies as needed. • Impact Assessment: Conducting formal impact assessments to measure the law's effectiveness in improving services and support for individuals with disabilities.

Cross-linkages with other measures	<p>DM 77/2022:</p> <ul style="list-style-type: none"> • Description: This measure focuses on the reorganization of healthcare services to ensure better coordination and integration. • Cross-Linkage: The decree's comprehensive evaluation system aligns with the goals of DM 77/2022, integrating health and social services to provide holistic care to individuals with disabilities. <p>Law 33/2023:</p> <ul style="list-style-type: none"> • Description: Enacted to delegate policies favouring elderly individuals, this law includes measures to improve care and support for older adults, including those with disabilities. • Cross-Linkage: The decree's multidimensional evaluations and personalized life projects support the objectives of Law 33/2023, ensuring that elderly individuals with disabilities receive tailored support and integrated services. <p>Law 104/1992:</p> <ul style="list-style-type: none"> • Description: This foundational law
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	<p>establishes the framework for the rights and support of persons with disabilities in Italy.</p> <ul style="list-style-type: none"> • Cross-Linkage: Legislative Decree No. 62 updates and enhances the definitions and provisions established in Law 104/1992, integrating new procedures for assessment and reasonable accommodation. <p>Decree 66/2017:</p> <ul style="list-style-type: none"> • Description: Promotes the inclusion of students with disabilities in educational settings. • Cross-Linkage: The decree's focus on personalized life projects and reasonable accommodations aligns with Decree 66/2017, ensuring students with disabilities receive necessary support in schools. <p>PNRR (National Recovery and Resilience Plan):</p> <ul style="list-style-type: none"> • Description: This plan includes various measures aimed at recovering from the pandemic and enhancing social infrastructure. • Cross-Linkage: The implementation of
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	<p>Legislative Decree No. 62 contributes to the PNRR's goals by improving social services, accessibility, and support systems for individuals with disabilities.</p> <p>Decree 96/2019:</p> <ul style="list-style-type: none"> • Description: Provides additional provisions and corrections to the initial legislative framework for inclusive education. • Cross-Linkage: Aligns with the decree's goals by ensuring continuous support and accommodation for students with disabilities, enhancing their educational experience.
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Measure 8	Piano nazionale degli interventi dei servizi sociali 2021-2023
Aim	The aim of the plan is to enhance and requalify public social services to promote inclusion and improve accessibility for vulnerable groups, including individuals with disabilities and other socially disadvantaged populations. This measure seeks to integrate these services more effectively into the broader social support system.
Type (e.g. legislative reform, investment, etc.)	Programmatic Plan
Target group (definition and size)	<p>Non-self-sufficient people.</p> <p>In Italy, non-self-sufficient individuals are defined as those who require assistance</p>

	<p>with daily activities due to physical, mental, or sensory impairments. As of 2024, ISTAT data indicates that there are approximately 3.1 million non-self-sufficient people in Italy. This includes elderly individuals, as well as younger adults and children with significant disabilities. (ISTAT)</p>
Results and impact (expected or achieved)	<p>Expected Results: The measure is expected to lead to significant improvements in the quality and accessibility of social services. This includes:</p> <ul style="list-style-type: none"> • Enhanced support for individuals with disabilities through more accessible and inclusive public services. • Increased integration of social services into the overall welfare system, ensuring a more cohesive support network for vulnerable populations. • Improved infrastructure and resources for public social services, facilitating better service delivery and user experience.
Timeline	<ul style="list-style-type: none"> • Initiation: The measure was introduced in the 2021-2023 social plan. • Implementation Period: Actions under this measure are planned for execution over the three-year period, with milestones set for annual reviews and adjustments. • Completion: Full implementation and evaluation are expected by the

	<p>end of 2023, with ongoing adjustments based on annual assessments</p>
Financial resources (both national and EU funding)	<p>National Funding:</p> <p>Fondo nazionale per le politiche sociali (FNPS): A core fund that supports the implementation of social policies and services across the country.</p> <p>Fondo povertà: Dedicated to combating poverty and supporting marginalized communities.</p> <p>Fondo per le non autosufficienze (FNA): Specifically allocated for supporting non-self-sufficient individuals, including the elderly and those with disabilities.</p> <p>Fondo di solidarietà comunale: Includes allocations specifically for strengthening local social services, with significant increases planned from 216 million euros in 2021 to 651 million euros by 2030.</p> <p>Stabilized Funds in the State Budget: Many of the funds are now structurally included in the state budget, ensuring consistent and reliable financing for social services.</p> <p>EU Funding:</p> <p>European Social Fund (ESF): Provides substantial support for social inclusion projects, vocational training, and employment initiatives.</p>

	<p>Recovery and Resilience Facility (RRF): Part of the broader EU recovery plan post-pandemic, supporting structural reforms and resilience in social infrastructure.</p> <p>Other EU Programs: Additional funding from various EU programs aimed at enhancing social services, reducing poverty, and supporting vulnerable groups.</p> <p>Summary of Allocations:</p> <ul style="list-style-type: none"> • Fondo per le non autosufficienze (FNA): <ul style="list-style-type: none"> • 2022: 822 million euros • 2023: 865.3 million euros • 2024: 913.6 million euros • Fondo di solidarietà comunale: <ul style="list-style-type: none"> • 2021: 216 million euros • 2030: 651 million euros (projected).
Implementing body(ies) and cooperation with stakeholders	<p>The Ministry of Labor and Social Policies and regional and municipal governments. There is significant involvement from non-governmental organizations (NGOs), community groups, and private sector partners who contribute to the development and delivery of services.</p>
Evaluation	<p>Monitoring and Evaluation: Regular monitoring and evaluation processes are in place to assess the progress and impact of the measure. This includes:</p> <ul style="list-style-type: none"> • Annual Reports: Detailed annual reports evaluate the effectiveness and reach of the initiatives under this measure. • Performance Indicators: Specific performance

	<p>indicators are used to measure outcomes, such as the number of beneficiaries, service accessibility improvements, and user satisfaction levels.</p> <ul style="list-style-type: none"> • Stakeholder Feedback: Feedback from service users and stakeholders is gathered to inform ongoing improvements and adjustments.
Cross-linkages with other measures	<p>Garanzia Infanzia (Child Guarantee)</p> <ul style="list-style-type: none"> • Description: Ensures that all children in need have access to key services such as healthcare, education, childcare, housing, and nutrition. • Cross-Linkage: Aligns with initiatives focused on supporting vulnerable children and ensuring their access to essential services. <p>Inclusione Scolastica (Inclusive Education)</p> <ul style="list-style-type: none"> • Description: Promotes inclusive education by providing accommodations and support for students with disabilities. • Cross-Linkage: Enhances educational policies to support students with diverse needs, ensuring an

	<p>inclusive learning environment.</p> <p>Assegno di Inclusione (formerly Reddito di Cittadinanza - Citizenship Income)</p> <ul style="list-style-type: none"> • Description: Provides financial support to individuals and families in need, aimed at combating poverty and social exclusion. • Cross-Linkage: Integrates with anti-poverty initiatives to provide comprehensive support to economically disadvantaged individuals. <p>Fondo per le Non Autosufficienze (Fund for Non-Self-Sufficiency)</p> <ul style="list-style-type: none"> • Description: Provides financial support for non-self-sufficient individuals, including the elderly and those with disabilities. • Cross-Linkage: Enhances care and support services for non-self-sufficient individuals, ensuring they receive adequate assistance. <p>Piano Povertà (Poverty Plan)</p> <ul style="list-style-type: none"> • Description: A comprehensive strategy to combat poverty through financial aid, social services, and employment initiatives.
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	<ul style="list-style-type: none"> • Cross-Linkage: Coordinates with various anti-poverty measures to provide integrated support to lift individuals out of poverty. • Finally, Piano Nazionale degli Interventi e dei Servizi Sociali 2021-2023 aligns with the PNRR by integrating strategic priorities in healthcare, education, and social services. It leverages PNRR funding to enhance support for vulnerable populations and coordinates policy measures to ensure comprehensive care. Additionally, it incorporates PNRR initiatives to improve social infrastructure and targeted services like childcare and elderly care.
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3. Remaining challenges and needs for EU support

Italy has made substantial progress in enhancing its long-term care (LTC) system, also thanks to EU support. The recommendations on LTC have provided a framework for setting high standards for care. They have played a crucial role in ensuring better coordination between health and social services, which is essential for providing holistic and person-centered care. Together with this also the support of the TSI initiative “Towards patient-centered integrated care in Italy”, funded by DG Reform, is providing a substantial help in the practical implementation of the above mentioned reforms. Moreover, the strategic implementation of the National Recovery and Resilience Plan (PNRR) and the adoption of the EU's LTC recommendations have been pivotal in driving these advancements. The PNRR has been instrumental in addressing critical infrastructural and operational gaps within the LTC sector. Investments totaling €18.5 billion have been allocated to strengthen local healthcare services, modernize the healthcare system, and ensure equal access to care. As Italy progresses in implementing the Council Recommendation on access to affordable high-quality LTC, it becomes crucial to identify persistent challenges that have not been fully addressed by existing measures. This section explores these enduring issues, highlights the concrete needs for further European support in specific areas, and suggests potential contributions to the EU-level policy dialogue around LTC.

3.1 Remaining challenges

Italy is dedicated to improving the coordination between its healthcare and social services systems through strategic policy development. Notably, the National Plan for Non-Self-Sufficiency has been instrumental in framing Essential Levels of Social Services, ensuring fair and person-focused support. The integration of these services receives further emphasis in the National Recovery and Resilience Plan, which allocates targeted funding for the implementation of these reforms. Additionally, a series of legislative decrees are enhancing regulations related to in-home care for those who are not self-sufficient, along with laws focused on disability and non-self-sufficiency. More in details, legislative reforms, such as Decree No. 77 of May 2022 and Law No. 33 of March 2023, have been instrumental in reinforcing these efforts. Decree No. 77 outlines the standards for the development of territorial assistance within the National Health Service, promoting socio-health integration and enhancing the role of both formal and informal caregivers. Law No. 33, also known as the “Decreto Anziani,” focuses on reforming the assistance and support systems for elderly people, promoting active aging, and integrating social and healthcare services.

These ongoing reforms are crucial for augmenting the scope, quality, and efficiency of in-home care services in Italy, though their effectiveness will largely hinge on local execution capabilities and the allocated resources. Therefore, significant strides in enhancing the availability and

quality of long-term care services have been undertaken through many legislative initiatives and policy actions. However, several challenges remain in the Italian context.

In Italy, substantial efforts have been made toward integrating health and social care services, yet achieving seamless coordination remains a significant challenge. Despite improvements, the current healthcare system in Italy often leads to fragmented care experiences for patients, especially those with multiple or complex health conditions (OECD, 2023). This fragmentation underscores the necessity for improved organizational and operational integration at all levels to ensure a cohesive care experience. Successful social-health coordination entails mechanisms that enhance integration across political, institutional, organizational, and care dimensions. Notably, several countries have streamlined their approach by establishing a single ministry or department that oversees both health and social policies, which has proven effective in reducing bureaucratic barriers and improving service delivery. Italy briefly adopted this model in 2008 with the creation of the unified Ministry of Labour, Health and Social Policies, aiming to consolidate efforts and improve policy coherence. However, this unified approach was short-lived, as the ministry was divided into two separate entities the following year (OECD, 2023). This division may have contributed to the ongoing challenges in achieving the desired level of integration, suggesting that a more sustained unified approach might be necessary to address the complexities of coordinating health and social care services effectively. Experiences shared by other EU countries during the ML Workshops on LTC, organized by DG Employment, are helping to identify and shape effective technical inter-sectoral coordination mechanisms.

The National Recovery and Resilience Plan represents a pivotal opportunity for Italy to bolster and broaden its home care services through specifically allocated funds intended for comprehensive reform. The evolution of Italy's LTC system has been marked by several key initiatives under the PNRR, which have significantly improved the accessibility and quality of LTC services across the country. The establishment of Community Houses (Case della Comunità) has created integrated health and social care hubs at the local level, providing comprehensive services that can be easily accessible to elderly and non-self-sufficient individuals. These Community Houses are designed to offer a range of services, including general practitioners, specialist care, and social services, ensuring a holistic approach to patient care. However, the plan's effectiveness is critically dependent on the timely and efficient utilization of these funds within a three-year window— a timeframe that may present challenges for achieving significant changes. Concerns predominantly revolve around the practicality of increasing home care coverage to 10% for the elderly population over 65, a target that appears particularly challenging (OECD, 2023). Moreover, there is significant apprehension that the objectives of the NRRP, while ambitious, may be overly restrictive if they are not coupled with commitments to intensify the level of care, which is currently perceived, according to recent research evidence, as not yet meeting needs. Thus, further support and actions might be needed in this scenario.

Furthermore, as mentioned in previous sections, Italy's healthcare sector is grappling with a significant shortfall in professional staff, particularly nurses, care assistants (OSS), and social workers. This issue is deepened by the challenging conditions in the sector, including unattractive career prospects and difficulties in recruitment. The scarcity of personal assistants for in-home care exacerbates the problem, particularly as more individuals express a preference for home-based over institutional care. These staffing challenges are critical in the context of demographic shifts and changing socio-economic conditions that influence the availability of family caregivers. It appears that the current initiatives may not be sufficiently addressing these complex challenges within the Italian context, suggesting a need for more targeted and comprehensive strategies to enhance the effectiveness of the healthcare system's response.

The integration of formal and informal care sectors in Italy is a critical area needing enhancement. Particularly, the Individualized Care Plan (PAI) presents an innovative opportunity to bridge this gap effectively. By co-designing these plans with family members and personal assistants, their practical applicability can be ensured. However, the informal care sector, which includes family caregivers and personal assistants, remains vital yet under-supported. Despite their crucial role, these caregivers face numerous challenges in meeting the growing care demands, driven by reductions in family size, increased mobility, and more women entering the workforce. These dynamics strain the existing care structures and highlight the need for enhanced support and recognition of informal caregivers.

Another crucial challenge for Italy consists in perfecting monitoring systems to optimize home services for non-self-sufficient people. Initiatives are now taking place to improve the current data collection, which focuses predominantly on service coverage, while often neglecting critical aspects like care quality, intensity, and appropriateness. Without a comprehensive and integrated database, it is challenging to effectively plan and assess the impact of welfare policies, leaving gaps in the care provided to non-self-sufficient individuals. Coordination and good-practice exchange within the framework of the Indicators' Sub-Group (ISG) of the Social Protection Committee (SPC) will be beneficial for such efforts.

Addressing these multifaceted challenges requires a concerted effort to enhance policy coherence, improve professional training and recruitment, and strengthen support systems for informal caregivers. This is possible through national and supranational efforts, namely with European support. The combined impact of the PNRR and the EU's LTC recommendations has been transformative. These efforts have collectively enhanced the support system for non-self-sufficient individuals, marking a significant step towards a more comprehensive and equitable LTC framework in Italy. The infrastructural developments, coupled with policy reforms, have laid a solid foundation for a sustainable and high-quality LTC system that can adapt to future challenges and demographic changes.

3.2 EU support

Despite the significant advancements, Italy's LTC system continues to face several persistent challenges as outlined in the previous section 3.1. Key issues include geographical disparities in service provision, the need for better integration of formal and informal care, workforce shortages, and ensuring the financial sustainability of LTC services. Addressing these critical issues requires enhanced collaboration and sustained support from the European Union (EU).

- **Addressing Regional Disparities**

To tackle regional disparities in the quality and availability of LTC services, particularly in rural and remote areas, ongoing support from the EU is crucial. Initiatives such as the European Structural and Investment Funds and the Recovery and Resilience Facility (RRF) can play a vital role in bridging these gaps. For example, these funds can aid in the expansion and qualification of Community Houses (Case della Comunità) and Territorial Operations Centers (Centrali Operative Territoriali), as outlined in Decree No. 77 of May 23, 2022. Additionally, initiatives under the European Regional Development Fund (ERDF) can enhance telemedicine and digital health solutions, ensuring uniform standards of care across different regions.

These efforts can help support the development of healthcare infrastructure, training programs, and technological advancements in underserved regions, ensuring a more uniform standard of care across the country. Such targeted funding can enable equitable access to high-quality LTC services, regardless of geographical location.

- **Enhancing Integration of Formal and Informal Care**

Integrating formal healthcare services with informal care provided by family members is critical for delivering seamless care. Collaborative efforts at the EU level can support the development of comprehensive integration models. These models should include structured support systems that recognize and support informal carers, training programs to enhance their caregiving skills, and financial and psychological support mechanisms to alleviate their burden. Besides, programs like the European Social Fund Plus (ESF+) can also provide training and financial support for informal carers, ensuring they are well-equipped to complement formal care services. By fostering such integration, the EU can help create a cohesive care experience that maximizes the benefits of both formal and informal care sectors.

- **Developing and Professionalizing the Workforce**

Addressing the shortage of trained LTC professionals is essential for improving care quality. The EU can support Italy by standardizing qualifications and recognizing credentials across member states, which facilitates the mobility of LTC workers and helps address local workforce

shortages. Additionally, collaborative EU initiatives can focus on enhancing the attractiveness of the LTC sector through improved working conditions, career advancement opportunities, and continuous professional development. Sharing best practices in workforce management and professional training programs across the EU can help Italy build a robust and skilled LTC workforce.

- **Advancing Digital Transformation and Telemedicine**

Advancing digital tools and telemedicine is crucial for modernizing LTC services and making them more accessible and efficient. Continued investment in digital infrastructure and support for developing LTC-specific digital health solutions are necessary. EU can assist Italy by supporting digital health initiatives through the Digital Europe Programme and the Connecting Europe Facility (CEF). These initiatives can fund the implementation of telemedicine platforms, remote monitoring systems, and electronic health records tailored to LTC needs. Moreover, EU-funded projects can provide training for LTC professionals and informal carers to build digital literacy, ensuring effective use of new technologies and enhancing care delivery.

Training programs to build digital literacy among LTC professionals and informal carers will ensure the effective use of new technologies, making care delivery more efficient and accessible, especially in remote areas. By leveraging digital innovations, the EU can help Italy overcome geographical barriers and enhance the quality of care.

- **Supporting Informal Carers**

Informal carers play a vital role in the LTC system but often lack adequate support. The EU can help by developing policies that formally recognize and support informal carers, providing financial assistance, health insurance, and access to social services. Research funded by the EU, such as under the Horizon Europe program, can explore the specific needs and challenges faced by informal carers, guiding the development of targeted support programs, ensuring they effectively address real-world issues and improve the well-being of carers. Strengthening support for informal carers is essential for sustaining the overall LTC system and ensuring high-quality care for all individuals.

Potential Contributions from Italy to the EU-Level Policy Dialogue on Long-Term Care

Italy is uniquely positioned to make substantial contributions to the EU-level policy dialogue on long-term care (LTC) through several targeted initiatives:

Sharing Best Practices

Italy has developed integrated community care models and multidimensional assessment tools that are already yielding positive outcomes. For instance, the "Towards person-centered integrated care in Italy" initiative, supported by the OECD and the European Commission, is a

prime example of successful integration of health and social services. Italy can document and disseminate detailed case studies, methodologies, and outcome metrics from this and similar initiatives. By offering workshops and publishing comprehensive reports, Italy can provide other EU member states with practical blueprints for implementing similar models, thereby enhancing the overall quality of LTC across Europe. Complementary to this, a National Observatory of good practices of socio and health integration has been constituted, it has been promoted by Federsanità and Anci in agreement with AGENAS, and it was created with the aim of activating proposals and discussions both of a general and operational nature, aimed at increasing the debate on these matters to promote the evolution of policies, organizations and services.

High-Level Conferences and Workshops

Italy can leverage its experience by hosting high-level conferences and workshops that focus on specific aspects of LTC reform. For example, events could center around the implementation of the National Plan for Non-Self-Sufficiency (PNNA) and Decree no. 77, which outline standards for local care development and integrated services. These events would not only facilitate knowledge exchange but also foster collaboration among policymakers, care providers, and stakeholders from different member states. Through interactive sessions, participants can share innovative solutions, discuss policy challenges, and develop coordinated strategies to address workforce shortages, funding models, and digital integration in LTC.

Networking Platforms

Italy can create and lead EU-wide networks of LTC professionals and stakeholders. These platforms, such as an EU LTC professional network or a dedicated online portal, can facilitate continuous communication and cooperation. By establishing regular virtual meetings, webinars, and forums, Italy can enable stakeholders to share resources, strategies, and support mechanisms. This initiative could also include a centralized database of best practices and innovations in LTC, allowing for easy access and exchange of information among Member States.

Pilot Projects and Research

Italy can spearhead EU-funded pilot projects aimed at tackling pressing LTC issues, such as the integration of telemedicine in home care or addressing regional disparities in service provision. A significant example is the leading role the Italian Ministry of Health has assumed in the European Partnership on transforming health and care systems (THCS), which is a Cofunded action under the Horizon Europe Programme designed to support coordinated national and regional research and innovation programmes along with capacity building, networking, dissemination and other key activities to support health and care systems transformation.

One potential further initiative could involve testing the efficacy of the recently introduced "integrated entry gates" for comprehensive needs assessment. By conducting these pilots and rigorously evaluating their outcomes, Italy can provide empirical data and actionable insights to inform broader EU policies and initiatives. These projects would serve as valuable experiments to test new approaches, such as advanced training programs for caregivers or innovative funding mechanisms and generate knowledge that can be scaled across the EU.

Through these targeted and concrete contributions, Italy can significantly influence the future of long-term care within the EU. By actively participating in and shaping the EU-level policy dialogue, Italy ensures that all member states benefit from shared knowledge and collaborative efforts, ultimately enhancing the quality and accessibility of care across Europe.

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