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Reforming policies for older people with long-term care needs in Italy: recent proposals and current status

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Outline of presentation

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 - a. LTC as distinct sector of the welfare state?
 - b. Overcoming “horizontal” fragmentation
 - c. Standardization of assessment system
 - d. Strengthening of home care provision
 - e. Requalification of residential and semi-residential services
 - f. Supports for family carers
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 - h. “Vertical” coordination of governance levels
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1. Introduction: the step towards the reform

1. delegated law authorising the government to reform policies for older people currently under discussion in Italy's Parliament
- 2. Four factors** contributed to this achievement:
 - a. COVID-19 pandemic hit heavily Italy's older population
 - b. adoption of the NextGenerationEU programme & of NRRP
 - c. leadership of Italian government passed to Mario Draghi on 13 February 2021
 - d. lobbying work** by a group of researchers and civil society organisations (Pact for a New Welfare in LTC)
- 3. Key elements of this lobbying work:**
 - a. Participatory process
 - b. Almost 60 organisations
 - c. tight deadlines connected with NRRP
 - d. all delegated decrees due by Jan 2024

a. LTC as distinct sector of the welfare state?

Long-term care as a distinct sector of the welfare state:

- a. would have allowed the Italian system to resemble those of countries like Germany's Pflegeversicherung since 1994**
- b. suitable to tackle more effectively Italy's 'horizontal fragmentation' and poor 'vertical integration' of care-related processes**

BUT: final decision opted for a “mere” strengthening of coordination between already existing health and care sectors.

«Horizontal fragmentation and poor «vertical integration»in the Italian provision of LTC

b. Overcoming “horizontal” fragmentation (1/3)

- 1. Fragmented=uncoordinated provision of services and interventions across horizontally (=hierarchically) independent organisations and types/sectors of care:** health care (health districts); social care (municipalities; monetary/care allowances: National Institute of Social Security) -----> variety of access points and modalities

Reform response:

- a. New 'Inter-Ministerial Committee for Policies for the Older Population (CIPA)', from 7-8 most relevant ministries,** in charge of including representatives promoting coordination and integrated planning and implementation of policies;

b. Overcoming “horizontal” fragmentation (2/3)

Duties of CIPA:

- i. adopts '**National Plan for the Long-Term Care of Frail Older Population**' (replacing current Long-Term Care Plan);
- ii. **harmonizes Essential Levels of Social Care** for dependent elderly **with Essential Levels of Health Care**: integrated minimum standards for the provision of processes, interventions, services & activities across Italy;
- iii. promotes **integration of information systems** of all actors and adoption of a **national monitoring system** of activities carried out and delivered services;
- iv. publication of **annual report** on implementation of National Plan

b. Overcoming “horizontal” fragmentation (3/3)

- b. Implementation of **Single Points of Access (PUAs)**, allocating 50 million euros per year to dedicated staff (= social workers), to simplify access to all LTC-related services
- c. Improved coordination of social and health care at regional and municipal levels, via the **functional integration between health districts and social districts** (currently not always overlapping)
- d. Improved access to services for **adults with disability who enter older age**, with express prohibition of discharge or exclusion from services used so far when reaching old age thresholds (=65):
→ no need for further assessment.

c. Standardization of the assessment system (1/2)

- 1. lack of a country-wide standardised system** for evaluating care needs even for the most expensive care intervention at national level: the care allowance by INPS - National Institute of Social Security (Ranci & Lamura 2022):
 - a. Total expense: 12 billion euros / year
 - b. Beneficiaries: 11,5% of over 65 year old population
- 2. Lack of graduation** of the assessment:
 - a. Currently only two possible alternatives ('yes' or 'no' with respect to the attainment of a 100% invalidity)
 - b. In all countries the minimum is at least 3 (up to 15 different levels)

c. Standardization of the assessment system (2/2)

The reform introduces:

- 1) a **definition of dependency** that takes into account chronological age and frailty/disability, considering indications of International Classification of Functioning Disability and Health (ICF);
- 2) a **multidimensional Basic Assessment** carried out by teams at Single Points of Access (PUAs) to define an **Individualised Care Plan (PAI)** & guidance/support for accessing integrated care;
- 3) a "**Care and Support Budget**", to activate health and social services and other benefits in accordance to the PAI;
- 4) a "**Universal Benefit**" replacing the national Care Allowance, graduated according to care needs, and granted in form of either in-kind services or monetary transfers.

f. Integrating privately hired home-based care workers into LTC system

Home-based care workers (so-called 'badanti'), mainly women with a migrant background hired by households, key pillar of Italy's migrant-in-the-family model:

- size of phenomenon difficult to estimate due to high contractual irregularity, but reaches in Italy highest levels in Europe (2 mill., half of them undeclared);
- Key element for any attempt to reform LTC, esp. to reduce irregular work and improve its qualification and integration with formal care (Seiffarth 2023a).

These issues are tackled by the reform via:

- **new Universal Benefit:** to facilitate regular contractual conditions;
- **reorganisation of contributions and tax reliefs:** to achieve the same as above;
- **training paths and standards:** to improve quality of professional care provided at home of dependent older persons;
- **reduction of access restrictions:** via national guidelines & collective bargaining to define contents & certification of skills acquired.

g. Supports for family carers

Support services for family carers in Italy are:

- still scarce and fragmentary
- characterised by a dichotomy between:
 - **working carers:** who benefit, among other things, from generous care permits and leaves, including paid ones, up to two years
 - **non-working caregivers:** often spouses of older people, who can only count on modest, late and partial recognition, and consequently also the support services dedicated to them are limited, if not totally absent.

Current reform:

- does not focus on family carers, to be included in a later bill on family policies only (many carers' organisations fear that this may contribute to further deepen the gap between formal & informal care);
- provides only generic support via new regulations, measures to certify professional skills acquired, and of their participation in service planning.

3. Final remarks: what next?

- Next year there will be a rush to adopt the delegated decrees. Possible risks:
- Very **tight timetable** → barrier to a thorough and well thought-out reform
 - **Allocated resources may not be adequate**, in light of current public finances
→ without substantial investments it will be difficult for the reform to be adequately implemented (e.g. the value of the new “Universal Benefit” should not lower than that of the allowances now in force“)
 - **deletion of section concerning supports for family carers** → possible delay in pushing for a better integration between formal and informal care
 - **Sustainability**: what happens when the funds of NextGenerationEU programme will be over?
- hope that the effective lobbying work to support the reform will continue!

Thank you!