



EUROPEAN SOCIAL POLICY NETWORK (ESPN)

# Social protection for people with disabilities

Italy

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# **European Social Policy Network (ESPN)**

## **ESPN Thematic Report on Social protection for people with disabilities**

**Italy**

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## Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or above). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, “people with disabilities” should be understood as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

Italian public expenditure on the disability sector (1.6% of GDP in 2019) is well below the EU-27 average (2.1%), and almost exclusively dedicated to *cash benefits* (1.5% vs 1.4% in the EU-27) – with the *Indennità di accompagnamento* (companion allowance) taking the lion’s share (0.9% of GDP).

Cash benefits targeted at people with disabilities are extremely fragmented, leading to a plethora of different regulations across the various schemes. For working-age people with disabilities there are two main contributory benefits, directed at both employees and the self-employed: the *Assegno ordinario di invalidità* (statutory disability allowance) and the *Pensione di inabilità* (inability pension). Three main social assistance schemes exist – the *Pensione di invalidità civile* (civil invalidity pension), the *Assegno di invalidità civile* (civil invalidity allowance) and the companion allowance. Once people turn 67, most of these benefits are converted into either standard old-age pensions or the *Assegno Sociale Sostitutivo* (replacement social allowance). Whether the benefits are contribution-related (in insurance schemes) or flat-rate (in assistance schemes), their levels are often quite modest. Applicants become entitled to these benefits following an assessment process by the National Social Insurance Institute (and local health units in some cases).

In the field of healthcare, the universalistic nature of the National Healthcare System (NHS) mostly guarantees free access to treatments and coverage of disability-related healthcare expenses. Although there are co-payments for medications and specialist visits, people with at least 66% disability are exempt, as are beneficiaries of either the companion allowance, statutory disability allowance or inability pension. Housing policies for people with disabilities are weak and territorially fragmented, due to limited overall investment and the involvement of different government levels (national, regional, municipal). Some specific benefits are aimed at covering disability-related housing expenses; however, they are generally not very generous.

Access to standard old-age and early-retirement pensions is difficult for people with disabilities due to stringent eligibility conditions, while the actuarial nature of the benefits penalises workers with shorter (and interrupted) employment careers. Similarly, since unemployment benefit duration is strictly linked to the length of a person’s working career, unemployed people with disabilities and a low attachment to the labour market tend to be disadvantaged. Moreover, unemployment benefits cannot be cumulated with cash transfers paid to people with disabilities. As concerns minimum income, two main issues emerge about the coverage of the citizenship income and the risk of poverty for households with members who have disabilities: no benefit supplement is paid to people with disabilities, and the inclusion of almost all cash transfers for people with disabilities in the individual income subject to means-testing risks excluding a substantial share of poor households with a member who has disabilities.

Social services for people with disabilities are not widespread, and the list of devices and assistive technologies for people with disabilities, the costs of which are totally or partially covered by the NHS, has not been updated since 1999. Nonetheless, access to social protection for people with disabilities has recently received attention in national debate, and a delegation law was adopted in December 2021. The law gave the Italian government the power to draft legislation concerning the support of people with disabilities, with the following main aims: promoting deinstitutionalisation and autonomy; simplifying access to health and social services; reforming the disability assessment framework; promoting independent living; and establishing a National Ombudsman for people with disabilities.

## 1 Access to disability-specific income support

According to the National Statistical Institute (Istat) and the National Social Insurance Institute (INPS), in 2020 there were in Italy:

- 1,028,000 beneficiaries of contributory invalidity benefits (1.7% of the total population);
- 2,927,000 beneficiaries of social assistance invalidity benefits (4.9%); and
- 1,873,000 beneficiaries of the non-contributory companion allowance (3.1%) (INPS, 2021a).

### 1.1 Disability-specific benefits/pensions available to working-age people

In Italy, working-age (15-67) people with disabilities can access two different types of long-term disability schemes: i) disability insurance schemes, which provide contributory benefits; and ii) disability assistance schemes, which provide tax-financed benefits.

There are two main contributory benefits for both employees and the self-employed: the *Assegno ordinario di invalidità* (statutory disability allowance), regulated by Law no 222/1984; and the *Pensione di inabilità* (inability pension), introduced by Law no 222/1984 and then reformed by Law no 335/1995 – see Sections 1.1.1 and 1.1.2. There are also three main disability assistance schemes: the *Pensione di invalidità civile* (civil invalidity pension) and the *Assegno di invalidità civile* (civil invalidity allowance), both regulated by Law no 118/1971, together with the *Indennità di accompagnamento* (companion allowance), introduced by Law no 18/1980 – see Sections 1.1.3, 1.1.4 and 1.1.5.

Overall, Istat estimates that around 2.6% of people under 15, 1.8% of those aged 15-24, 1.6% of those aged 25-34, 2.5% of those aged 35-44, 4.6% of those aged 45-54, and 9.1% of those aged 55-64, are beneficiaries of disability cash benefits (Istat, 2019).

The rules in these five main schemes vary substantially and are reported below.

#### 1.1.1 *Assegno ordinario di invalidità* (Statutory disability allowance)

##### a) Eligibility conditions

Disability-related qualifying criteria: Employees and self-employed people whose working capacity is reduced by at least two thirds due to physical or intellectual disabilities. A percentage scale from 0 to 100 is used to assess the severity of disability – see paragraph b) below.

Age: 18-67. When people reach the standard pensionable age (67) the allowance is transformed into a standard contributory old-age pension (Section 2.1).

Nationality and/or residency: People legally staying or resident in Italy<sup>1</sup>.

Waiting period: None. If the application is accepted, the benefit is paid starting from the first day following the application.

Contributory history: The benefit is intended for workers who can show at least five years of contributions, of which at least three were in the five years preceding the application for the allowance.

Level of financial resources: No means test, given the contributory nature of the allowance. However, the benefit amount can be reduced in case of income from work above a certain threshold – see paragraph c) below.

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<sup>1</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### **b) Disability assessment framework**

Type of assessment: Medical and functional assessment of working capacity. On 5 February 1992, the Ministry of Health approved a decree concerning the criteria that have to be adopted to assess the level of invalidity (*Approvazione della nuova tabella indicativa delle percentuali d'invalidità per le minorazioni e malattie invalidanti*). The decree is currently the main assessment framework used to measure in a very precise way the degree of invalidity. Around 440 diseases or disabilities/impairments are assessed and a score is provided for each of them: the overall degree of disability on a scale from 0 to 100 is the outcome of the sum of the scores for each disease.

Responsible authorities: INPS.

Method: Documentary evidence and personal interaction are used to assess the severity of disability on a percentage scale from 0 to 100.

Supporting evidence: Medical notes and medical visit.

Assessor: Medical doctors.

Decision-maker: INPS. Applicants become entitled to this benefit following an assessment process by the INPS (and local health units in some cases), which involves a medical and functional assessment of working capacity through documentary evidence (medical notes) and personal interaction (medical examination).

Critical analysis: Not documented.

#### **c) Benefit entitlements**

Level of the benefit: There is no specific range for the scheme. In order to define the benefit amount, the rules for standard old-age pensions apply<sup>2</sup>.

Duration of the benefit: The allowance has a three-year duration, and it can be renewed for periods of the same duration. After a third renewal, the allowance is considered permanent.

Interactions with other income or other related benefits: The allowance is compatible with work activity, but income from work may be offset against the amount of the allowance.

Challenges: No evidence (reports, papers...) on adequacy challenges related to this benefit was identified.

### **1.1.2 *Pensione di inabilità* (Inability pension)**

#### **a) Eligibility conditions**

Disability-related qualifying criteria: Workers who are *totally* (100%) and *permanently* unable to work, including the self-employed. A percentage scale from 0 to 100 is used in order to assess a person's severity of disability – see paragraph b) below.

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<sup>2</sup> For workers who entered the labour market after 1995, a notional defined contribution (NDC) system is in force, and benefits are calculated using the transformation co-efficient for individuals retiring at 57. For workers with less than 18 years of contributions in 1995, the NDC system applies pro rata – i.e. to working years after 1995 only. For workers with 18 or more years of contributions in 1995, a defined-benefit system initially remained in force: but a 2011 reform also applied the NDC system pro rata (i.e. for working years after 2011). The latter two groups of (older) workers are entitled to an *integrazione al minimo* (minimum pension supplement) in cases where their pension level is too low. The system typically results in lower benefits for workers who entered the labour market after 1995.



Age: 18-67. Upon reaching the standard pensionable age (67), the inability pension may be transformed into a standard old-age pension provided that the claimant fulfils the minimum contributory requirement for the latter (i.e. 20 years of paid contributions).

Nationality and/or residency: People legally staying or resident in Italy<sup>3</sup>.

Waiting period: One month. If the application is accepted, the benefit is paid starting one month after the application date.

Contributory history: The benefit is intended only for workers who can show at least five years of contributions, of which at least three in the five years preceding the application for the allowance.

Level of financial resources: No means test, given the contributory nature of the scheme.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

## **b) Disability assessment framework**

Type of assessment: Medical and functional assessment of working capacity.

Responsible authorities: INPS.

Method: Documentary evidence and personal interaction.

Supporting evidence: Medical notes and medical visit.

Assessor: Medical doctors.

Decision-maker: INPS (see Section 1.1.1b above).

Critical analysis: Not documented.

## **c) Benefit entitlements**

Level of the benefit: The amount is calculated according to the same rules applied to the statutory disability allowance (Section 1.1.1).

Duration of the benefit: Unlike the statutory disability allowance, duration is unlimited, but the INPS may conduct periodical assessments and revisions.

Interactions with other income or other related benefits: It cannot be combined with income from work.

Challenges: The average level of contributory disability benefits (statutory disability allowance and inability pension) was €12,631 in 2020, substantially lower than old-age pensions (€18,474). This average amount corresponds to 122% of the relative poverty threshold (60% of the median equivalised income). In more detail, 6.3% of beneficiaries have a total pension income below €500 per month, 28.3% have a total pension income below €1,000 per month, 24.9% have a total pension income below €1,500 per month (INPS, 2021a).

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<sup>3</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

### 1.1.3 *Pensione di invalidità civile* (Civil invalidity pension)

#### a) Eligibility conditions

Disability-related qualifying criteria: People with full disability who are both 100% and permanently unable to work, *as well as* in economic need. A percentage scale from 0 to 100 is used to assess a person's severity of disability.

Age: 18-67. Once a beneficiary turns 67, the civil invalidity pension is replaced by the *Assegno Sociale Sostitutivo* (replacement social allowance)

Nationality and/or residency: People legally staying or resident in Italy<sup>4</sup>.

Waiting period: One month. If the application is accepted, the benefit is paid starting one month after the application date.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: Means test on annual personal<sup>5</sup> income, threshold €16,982. Other social assistance measures, such as the companion allowance (see Section 1.1.5 below) and war pensions, are excluded from annual income. Housing property is also disregarded in the means test.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### b) Disability assessment framework

Type of assessment: Medical.

Responsible authorities: Local health units (ASLs), then INPS.

Method: Documentary evidence and personal interaction.

Supporting evidence: Medical notes and medical visit.

Assessor: ASL medical doctors and one doctor by INPS.

Decision-maker: INPS (see Section 1.1.1b above).

Critical analysis: Not documented.

#### c) Benefit entitlements

Level of the benefit: In 2021 the yearly amount of the benefit was €3,732.

Duration of the benefit: No limitation until age 67.

Interactions with other income or other related benefits: The benefit can be combined with the contributory allowances/pensions mentioned in Sections 1.1.1 and 1.1.2, and with the companion allowance (Section 1.1.5). In accordance with communication no 5/1988 by the Ministry of Labour and Social Insurance<sup>6</sup>, it can also be combined with income from work up to the above-mentioned income threshold.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

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<sup>4</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

<sup>5</sup> Different interpretations of the income concerned – i.e. personal versus household income – persisted until Law no 76/2013 established that only personal income should be considered.

<sup>6</sup> <http://www.handylex.org/stato/c150188.shtml>

### 1.1.4 *Assegno di invalidità civile* (Civil invalidity allowance)

#### a) Eligibility conditions

Disability-related qualifying criteria: Individuals with 74-99% disability and in economic need. A percentage scale from 0 to 100 is used to assess a person's severity of disability.

Age: 18-67. Once a beneficiary turns 67, the civil invalidity pension is replaced by the replacement social allowance.

Nationality and/or residency: People legally staying or resident in Italy<sup>7</sup>.

Waiting period: One month. If the application is accepted, the benefit is paid starting one month after the application date.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: Means test on annual personal<sup>8</sup> income, threshold €4,931.29. Other social assistance measures such as war pensions are excluded from annual income. Housing property is also disregarded in the means test.

Other: None.

Gaps and/or obstacles: The income threshold in order to access the scheme is relatively low. The outcome is that many people with disabilities on medium-low incomes are excluded from the scheme.

#### b) Disability assessment framework

Type of assessment: Medical.

Responsible authorities: ASLs, then INPS.

Method: Documentary evidence and personal interaction.

Supporting evidence: Medical notes and medical visit.

Assessor: ASL medical doctors and one doctor by INPS.

Decision-maker: INPS (see Section 1.1.1b above).

Critical analysis: Not documented.

#### c) Benefit entitlements

Level of the benefit: In 2021 the yearly amount of the benefit was €3,732.

Duration of the benefit: No limit to duration until the beneficiary turns 67.

Interactions with other income or other related benefits: The benefit can be combined with the companion allowance (Section 1.1.5) as well as with income from work, up to the above-mentioned income threshold. At the same time, the benefit cannot be combined with the contributory allowances/pensions mentioned in Sections 1.1.1 and 1.1.2.

Challenges: The level of disability assistance benefits (civil invalidity pension and civil invalidity allowance) is very low, corresponding to 36% of the relative poverty threshold (60% of the median equivalised income).

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<sup>7</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

<sup>8</sup> Different interpretations of the income concerned – i.e. personal versus household income – persisted until Law no 76/2013 established that only personal income should be considered.

### 1.1.5 *Indennità di accompagnamento* (Companion allowance)

#### a) Eligibility conditions

Disability-related qualifying criteria: Individuals who are either recognised as having 100% disability and for whom it has been ascertained that it is impossible to walk without the help of a carer ("companion"), or unable to perform the daily acts of life. A percentage scale from 0 to 100 is used in order to assess a person's severity of disability.

Age: The allowance is not age-related – most beneficiaries are, however, over 65.

Nationality and/or residency: People legally staying or resident in Italy<sup>9</sup>.

Waiting period: One month. If the application is accepted, the benefit is paid starting one month after the application date.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: No means-testing is required to access the allowance.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### b) Disability assessment framework

Type of assessment: Medical.

Responsible authorities: ASLs, then INPS.

Method: Documentary evidence and personal interaction.

Supporting evidence: Medical notes and medical visit.

Assessor: ASL medical doctors and one doctor by INPS assess the level of working capacity.

Decision-maker: INPS (see Section 1.1.1b above).

Critical analysis: Not documented.

#### c) Benefit entitlements

Level of the benefit: In 2021 the yearly amount of the allowance was €5,223.

Duration of the benefit: There is no limit to the duration.

Interactions with other income or other related benefits: The allowance can be combined with the civil invalidity pension (Section 1.1.3) and also with income from work.

Challenges: The companion allowance has two main shortcomings. First, it is a flat-rate allowance that does not differentiate between different degrees of disability, and therefore does not provide extra resources to those with a very severe disability (as happens in many other countries). Compared with countries such as Germany (with its *Pflegeversicherung*), there is no extra funding for those beneficiaries declaring the use of residential or homecare services.

The level of the companion allowance corresponds to 50% of the relative poverty threshold.

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<sup>9</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

## 1.2 Disability-specific old-age pension schemes

### 1.2.1 *Assegno Sociale Sostitutivo* (Replacement social allowance)

#### a) Eligibility conditions

Disability-related qualifying criteria: People with disabilities previously entitled to either the civil invalidity pension (100% disability) or the civil invalidity allowance (74-99% disability) (Sections 1.1.3 and 1.1.4).

Age: At least 67.

Nationality and/or residency: People legally staying or resident in Italy<sup>10</sup>.

Waiting period: None: both the civil invalidity pension and the civil invalidity allowance are automatically converted into the replacement social allowance when the beneficiary turns 67.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: Means test on annual personal<sup>11</sup> income; threshold €16,982 for people with a full disability (100%) or €4,931.29 for those with only a partial disability (74-99%). Other social assistance measures, such as the companion allowance – see paragraph c) below – and war pensions, are excluded from annual income. Housing property is also disregarded in the means test.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### b) Disability assessment framework

Same as for civil invalidity pension/allowance (Section 1.1.4).

#### c) Benefit entitlements

Level of the benefit: In 2021, the monthly amount of the benefit was €374.85. This may be increased to €460.28 for beneficiaries with an annual income below €4,931.29.

Duration of the benefit: Unlimited duration.

Interactions with other income or other related benefits: The benefit can be combined with the companion allowance (Section 1.1.5).

Challenges: Both the base and the increased amounts remain well below the relative poverty threshold: 47% and 58% of the latter respectively.

### 1.2.2 *Pensione anticipata agevolata* (Facilitated early-retirement pension)

#### a) Eligibility conditions

Disability-related qualifying criteria: People with at least 80% disability. A percentage scale from 0 to 100 is used in order to assess the severity of disability.

Age: 61 (men) or 56 (women).

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit<sup>12</sup>).

Waiting period: 12 months.

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<sup>10</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

<sup>11</sup> Different interpretations of the income concerned – i.e. personal versus household income – persisted until Law no 76/2013 established that only personal income should be considered.

<sup>12</sup> This applies to EU and non-EU nationals as well as to people with refugee status.

Contributory history: Contributory record of at least 20 years.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### **b) Disability assessment framework**

Same as for statutory disability allowance (Section 1.1.1).

#### **c) Benefit entitlements**

Same as for statutory disability allowance (Section 1.1.1).

### **1.3 Income support aimed at covering disability-related healthcare and housing expenses**

#### **1.3.1 Healthcare**

In Italy the National Healthcare System (NHS) covers the cost of disability-related healthcare expenses (such as doctors' visits, medications and hospital stays). In general, the NHS is free of charge for most hospital-related costs, whereas there are co-payments for medications and specialist visits. However, people with disabilities (i.e. a minimum assessed disability of 66%) are among the main exempted categories and they do not have to comply with co-payment requirements.

Moreover, all those who have a disability level that allows them to benefit from either the companion allowance, statutory disability allowance or inability pension have free access to disability-related healthcare services.

#### **1.3.2 Housing**

In Italy, people in need, including people with disabilities, have priority access to public housing. However, responsibility in this area is devolved to sub-national governments and there is consequently great heterogeneity<sup>13</sup> in terms of eligibility conditions and benefit levels.

As for benefits aimed at covering disability-related housing expenses, a special fund to support the elimination of architectural barriers in private buildings was introduced in 1989. However, resources allocated to this fund have been fluctuating and patchy over the years. In addition, most regions also allocate resources for this purpose under specific regional laws, so that on this front Italy is again characterised by high territorial heterogeneity.

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<sup>13</sup> In Italy, the governance of the housing sector is territorially fragmented. As an example, national measures concerning rented housing consist of a national fund (Laws No 431/1998, 124/2013 and 80/2014) enabling local authorities to grant assistance to low-income households in order to lessen the impact of rent costs on household income. At the local level, however, there are very diverse access criteria, as it is up to the municipalities to define the eligibility conditions for support to tenants, identifying their requirements by means of special notices. In addition, municipalities have traditionally been responsible for planning, managing and delivering programmes and services to counteract serious marginality and homelessness in the absence of both national and regional legislation, generally resulting in a heterogeneous and inefficient system (Baldini, 2010; Galanti, 2018).

### **1.3.2.1 Fondo speciale per l'eliminazione e il superamento delle barriere architettoniche negli edifici privati (Special fund to support the elimination of architectural barriers in private buildings)**

#### **a) Brief description**

Introduced by Law no 13/1989, this fund is designed to provide contributions to support the removal of architectural barriers in private residential buildings. It is specifically targeted at: i) people with disabilities (or their care-givers); ii) buildings where the above categories of beneficiaries reside; and iii) residential centres or institutions intended for the assistance of people with disabilities. A certificate and a self-certification must be attached to the application. The medical certificate, on plain paper, can be drafted and signed by any doctor, and must attest the applicant's disability, specifying the resulting difficulties in mobility and confirming, where necessary, that the disability consists in a permanent functional impairment or limitation. People with disabilities, walking difficulties and in possession of a certification attesting total disability, have priority in the allocation of contributions by the fund.

The benefit consists of a non-repayable contribution equal to a percentage of the expenses involved, on a reimbursement basis. In detail, in the case of expenditure under €2,582.28, the contribution is equal to the total cost; in the case of expenditure from €2,582.28 to €12,911.42, the contribution covers €2,582.28 plus 25% of the expenditure exceeding this amount; in the case of expenditure above €12,911.42, the contribution also covers 5% of the remaining expenditure. In order to be entitled to this contribution, application must be submitted to the mayor of the municipality of residence no later than 1 March each year.

#### **b) Main gaps/obstacles**

The special fund to encourage the elimination of architectural barriers in private buildings has not always been financed adequately: consequently, related contributions have not been regularly disbursed according to the amounts established by law 13/1989. In addition, since the benefit is provided at the municipal level, territorial heterogeneity is relevant. It is worth emphasising that applications that are not met in the year due to insufficient funds remain valid for subsequent years, without the need for a new eligibility review.

#### **c) Main adequacy challenges**

The administrative procedure is particularly complex (partly because of the peculiar attribution of competences among different government levels). Furthermore, the benefit provides a refund rather than a contribution to its payment, so that many people with disabilities in poor economic conditions may be discouraged from applying. Most relevantly, the discontinuity in the resources available to the special fund makes it difficult to predict when and if investment spending will be reimbursed, thus discouraging applications from the most economically vulnerable households in particular.

## 2 Access to some key general social protection cash benefits

### 2.1 Old-age benefits

#### 2.1.1 *Pensione di vecchiaia* (Old-age pension)

##### a) Eligibility conditions

People with disabilities are not subject to different eligibility conditions for old-age benefits.

##### b) Additional amount/compensation included and adequacy issues

None. The strictly actuarial nature of the NDC system penalises workers with short (or interrupted) careers and/or lower life expectancy (Jessoula and Raitano, 2017).

##### c) Gaps/obstacles

To be eligible, people must be aged 67 and have 20 years of contributions. For workers fully included in the NDC system, a further condition applies: retirement before 71 is allowed only in cases where the pension equals at least 1.5 times the amount of the old-age social allowance – about €650 per month (the “pension value threshold”). The very high pensionable age and the pension value threshold make it difficult for people with disabilities to get access to standard old-age pensions. However, Law no 388/2000 introduced supplementary contribution credits for people with at least 74% disability: two additional months of contributions are credited for each year spent in employment. This may allow people with disabilities to retire up to five years before the standard pensionable age. Moreover, the 2016 reform (Law no 232/2016) introduced an early-exit option for disadvantaged workers called “social APE”. This allows some groups of disadvantaged workers – including those with at least 74% disability and 31 years of contributions (reduced for women by one year per child, with a minimum of 29 years) – to leave the labour market up to three years and seven months earlier than the standard pensionable age, through a state-subsidised allowance of up to €1,500 per month. Initially introduced for two years (2017-2018), the social APE was subsequently extended, although it remains a temporary measure.

#### 2.1.2 *Pensione anticipata* (Early-retirement pension)

##### a) Eligibility conditions

People with disabilities are not subject to different eligibility conditions for old-age benefits.

##### b) Additional amount/compensation included and adequacy issues

None. The strictly actuarial nature of the NDC system penalises workers with short (or interrupted) careers and/or lower life expectancy (Jessoula and Raitano, 2017).

##### c) Gaps/obstacles

To be eligible for an early-retirement pension, workers subject to the NDC pro rata system may retire after contributing for 42 years and 10 months (men) or 41 years and 10 months (women). Workers who are fully included in the NDC system are allowed to retire at 64, subject to the fulfilment of two conditions: (a) the payment of contributions for at least 20 years; and (b) the pension amount being at least 2.8 times the old-age social allowance. The tight contributory requirements for workers subject to the NDC system pro rata, and the pension amount threshold (2.8 times the old-age social allowance) for people fully subject to the NDC system, make access for people with disabilities to early-retirement pensions unlikely.



## 2.2 Unemployment benefits

### 2.2.1 *Nuova Assicurazione Sociale per l'Impiego* (Ordinary unemployment benefit)

#### a) Eligibility conditions

Former employees are covered by the *Nuova Assicurazione Sociale per l'Impiego* (NASPI – ordinary unemployment benefit) if they have been formally employed (thus paying specific social contributions) for at least 13 weeks in the four-year period before the onset of unemployment. No specific eligibility conditions for the NASPI concern people with disabilities.

#### b) Additional amount/compensation included and adequacy issues

Unemployment benefits cannot be cumulated with the disability-specific cash transfers paid to people with disabilities. In cases where a recipient of these benefits is entitled to unemployment benefit, they can voluntarily opt for the unemployment benefit – freezing payment of the disability allowance in the meantime, and restarting it once the unemployment benefit expires. There is no increased amount of the NASPI for people with disabilities.

#### c) Gaps/obstacles

The maximum duration of the NASPI is equal to half the weeks worked in the four-year period before the onset of unemployment (excluding weeks spent receiving an unemployment benefit in the same period). Hence, the NASPI duration is strictly correlated with the continuity of the previous working career: this potentially disadvantages people with very fragmented working careers, including unemployed people with disabilities and a low attachment to the labour market.

### 2.2.2 *Disoccupazione Collaboratori* (Unemployment benefit for parasubordinate collaborators)

#### a) Eligibility conditions

Parasubordinate collaborators (i.e. individuals legally self-employed but often economically dependent on a single client) are entitled to the *Disoccupazione Collaboratori* (unemployment benefit for parasubordinate collaborators) if they have worked for at least three months (thus paying specific social contributions) in the year preceding unemployment. No specific eligibility conditions for the DISCOLL concern people with disabilities.

#### b) Additional amount/compensation included and adequacy issues

The DISCOLL cannot be cumulated with the disability-specific cash transfers paid to people with disabilities. If a recipient of these benefits is entitled to unemployment benefit, they can voluntarily opt for the unemployment benefit – meanwhile freezing payment of the disability allowance, and restarting it once the unemployment benefit expires. There is no increased amount of the DISCOLL for people with disabilities.

#### c) Gaps/obstacles

Starting from 2022, the maximum duration of the DISCOLL is equal to the weeks worked in the year before the onset of unemployment (i.e. the maximum duration is equal to one year). Hence, the DISCOLL duration is strictly correlated with the continuity of the previous working career: this – coupled with the three-month requirement – potentially disadvantages people with very fragmented working careers and might thus be unfavourable for unemployed people with disabilities and a low attachment to the labour market.

## 2.3 Guaranteed minimum income schemes and other social assistance benefits

### 2.3.1 *Reddito di Cittadinanza (Citizenship income)*

#### a) Eligibility conditions

To be eligible for the *Reddito di Cittadinanza* (citizenship income), households have to satisfy a set of requirements concerning both income and wealth. Specifically, households must meet the following conditions.

i) A maximum annual ISEE (*Indicatore Situazione Economica Equivalente*, an indicator of equivalised economic conditions, taking into account both income and wealth, where wealth is valorised at 20% of its amount) of €9,360. It should be noted that social security disability allowances and other means-tested transfers targeted at people with disabilities (e.g. statutory disability allowance, inability pension and civil invalidity pension – see Section 1.1) are included in the income component of the ISEE. Conversely, the companion allowance, which is based neither on past contributions nor on means-testing (see Section 1.1.5), is not considered in the computation of the income component of the ISEE. Moreover, healthcare expenses for people with disabilities, as well as expenditure on specific assistance for people with disabilities, are deducted from the calculation of the ISEE income component, up to a maximum of €5,000. Also note that the ISEE equivalence scale is increased by 0.5 for each household component with medium, severe or non-self-sufficient disability.

ii) An annual equivalised income no higher than €6,000 (€7,560 for the citizenship pension), where, as previously remarked, the equivalised income includes social security disability allowances and other means-tested transfers targeted at people with disabilities. Moreover, equivalised income is computed by using an equivalence scale different (and much less favourable for households with more than one member) from that considered for the ISEE. The equivalised income scale used for the citizenship income attributes 0.4 to each additional adult and only 0.2 to each minor under 18, with a maximum value equal to 2.1. The maximum value of the equivalence scale is very slightly increased to 2.2 if there is a household member with disabilities.

iii) Housing wealth (excluding the primary residence) no higher than €30,000; and financial wealth no higher than €6,000, increased by €2,000 for each further household member up to a maximum of €10,000. The financial wealth threshold is increased by €1,000 for each child from the third child onwards; the threshold is also increased by €5,000 for each household member with disabilities (€7,500 in the case of members affected by a serious disability). There is no exemption from the wealth requirements for households with members with disabilities.

iv) Finally, eligibility for the citizenship income is also conditional on signing a “work pact” with the public employment services, or a “social inclusion pact” in cases where no household members are chosen for active labour market measures<sup>14</sup>. However, conditionality requirements do not apply to people with disabilities and their caregivers, without prejudice to their option to request voluntary adherence to the pact.

#### b) Additional amount/compensation included and adequacy issues

There is no increased amount of the citizenship income for households with members with disabilities, apart from the increases in the equivalence scale applied in the ISEE

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<sup>14</sup> The purpose of the social inclusion pact is to establish specific commitments by the household members, and to identify the most appropriate services to deal with the main determinants of household poverty. In detail, households where at least one member is not directed to sign a work pact enter on a social inclusion path – managed by the municipality – after a multidimensional assessment aimed at identifying household needs and defining the most suitable services to be provided. On this issue, see Scientific Committee for the Assessment of Citizenship Income (2021), Assessment Report: <https://www.lavoro.gov.it/priorita/Documents/Relazione-Valutazione-RdC-final.pdf>.

and in the income-testing conditions mentioned above. However, the increase in the equivalence scale in the income test is very limited (0.1 points) and is only applied to the maximum value of the scale (which increases from 2.1 to 2.2). As a consequence, only large households with a member with disabilities benefit from a (very slight) increase in the benefit amount. An equivalence scale more favourable to households with members with disabilities would favour greater access, easing the fulfilment of the equivalised income requirement; and it would increase the benefit amount, since citizenship income tops up annual equivalised income to €6,000.

### c) Gaps/obstacles

According to the most recent INPS data, in December 2021 17% of household beneficiaries of the citizenship income had a member with disabilities (INPS, 2021b). There were no significant differences in the monthly average benefit as between households with members with disabilities (€540) and households without (€547). Furthermore, two main issues emerge concerning the coverage of the citizenship income and the extent of poverty risks for households with members with disabilities. On the one hand, the inclusion in the means test of all cash welfare transfers for people with disabilities (with the exception of the companion allowance and the deduction of some healthcare expenses) risks excluding from the benefit those households who slightly exceed the thresholds set in the ISEE and the equivalised income tests, but who have to sustain high expenditure to take care of a member with disabilities. Moreover, the inclusion in equivalised income of most cash transfers for people with disabilities reduces the amount of the citizenship income when households with people with disabilities are eligible. On the other hand, both the EU indicator of relative income poverty (the at-risk-of-poverty – AROP – rate) and the national absolute poverty indicator (calculated by Istat, where the thresholds are computed following a reference budget approach and the household economic condition is assessed by observing expenditure) may underestimate economic deprivation issues for households with members with disabilities. The equivalised income considered in computing the AROP threshold and the household expenditure considered for absolute poverty ratios are not adjusted for the additional costs that the households have to sustain when there is a member with disabilities.

## 3 Provision of assistive technology and personal assistance

Italian public expenditure on the disability sector (1.6% of GDP in 2019) is well below the EU-27 average (2.1%), and almost exclusively dedicated to *cash benefits* (1.5% vs 1.4% in the EU-27) – with the companion allowance taking the lion's share (0.9% of GDP). The provision of personal assistance through in-kind services is even more limited than in the EU-27: only 0.1% of the GDP, compared with 0.7%.

As prescribed in the health ministerial decree no 332/1999, Italian law provides a set of devices – including assistive technologies – to individuals with disabilities, the costs of which are totally or partially covered by the NHS. However, the list of devices has not been updated since 1999 and does not include new technological devices (ANED, 2017).

A specific regulation (an economy and finance ministerial decree of 14 March 1998) reduces the VAT rate (from 22% to 4%) on the purchase of devices “*aimed at facilitating technical and computer self-sufficiency and integration of people with disabilities*”.

In relation to personal assistance, Article 9 of Law 104/1992, which is the main piece of legislation on disability, regulates domestic assistance for people with disabilities (ANED, 2017). The regions, in accordance with regional social plans, define how access to these services is provided. Over the last decade, based on two national action programmes on disability (the first in 2013 and the second in 2017), several services have been implemented, including experimental projects on independent living.

Social services targeted at people with disabilities and their households are provided by municipalities. In 2018, municipalities spent €2 billion on this target group, or €3,212 in per capita terms (Istat, 2021). However, there are wide territorial differences in per capita expenditure: in southern Italy, expenditure was around €1,900, compared with around €5,000 in northern Italy. In other words, whereas in central and northern Italy people with disabilities can benefit from a mix of cash transfers (described in previous sections) and services provided by municipalities, in southern Italy people with disabilities and their families mainly rely on cash transfers only. These wide territorial differences in service-provision to people with disabilities at the municipal level do not just relate to social services, but also more generally to the whole functioning of the Italian welfare state. Furthermore, they mirror the per capita income differences between northern and southern Italy. In other words, the Italian welfare state – not only when it comes to services for people with disabilities – does not seem able to compensate through its service-provision for the weaker economic position of many Italians resident in the southern Italy compared with those living in the north. Instead, it reinforces territorial differences, including in relation to services for people with disabilities.

The most common provision at the municipal level is represented by “services for labour market inclusion” of people with disabilities, followed by homecare assistance (often with the goal of social and educational support), semi-residential and residential care.

In addition, the NHS provides specific disability-related services (mostly for rehabilitation and devices) with an average yearly per capita expenditure equal to €987 in 2017 (Istat, 2019). Services are provided by healthcare units and territorial services.

## 4 National debates, reforms and recommendations

### 4.1 National debates

Three decades ago, Italy introduced far-reaching legislation (Law no 104/1992) on how to foster social integration and strengthen social protection for people with disabilities. The law intervened in several areas, from healthcare to labour market integration. The law has maintained its relevance over time – for instance, in supporting the employment of people with disabilities or the reconciliation of work and care for people with relatives (children, partners, parents) with disabilities.

However, Italian society has changed and new challenges have arisen. Access to social protection for people with disabilities has therefore received attention in national debate in recent years, although not figuring as a key topic on the agenda. For instance, in the 2018 parliamentary election campaign several party manifestos devoted attention to ways of strengthening social integration and social protection for people with disabilities. In addition, civil society has been very active. In particular, both trade unions and organisations for people with disabilities have tried to increase pressure for reform. There are very active third-sector organisations involved in advocating for the protection and promotion of the rights of people with disabilities, such as the Italian Federation for Overcoming Disability (*Federazione Italiana per il Superamento dell'Handicap*). The debate has concentrated on how to foster the autonomy of people with disabilities as well as strengthening service-provision and increasing the adequacy of several benefits (starting with the companion allowance)

### 4.2 Recent reforms and reforms currently in the pipeline

In April 2021 the Parliament approved the “Recovery and Resilience Plan: Next Generation Italia”. A reform of disability provision was among the aims included in the plan.

Quite swiftly thereafter, in December 2021 the Parliament approved Law no 227 (*Legge Delega sulla disabilità*), which gave the Italian government the power to draft legislation concerning the support of people with disabilities. In other words, Law no 227 only defines

the main principles and guidelines to reform disability policies, thus enabling the government to pass (by mid-2023) specific decrees in order to regulate these issues in detail. As stated in Law no 227/2021, the goal of the reform is to promote the deinstitutionalisation and autonomy of people with disabilities. In particular, the government in the upcoming months will have to pass decrees aimed at the following goals: a) simplifying access to health and social services; b) reforming the disability assessment framework; c) promoting independent living; and d) establishing a National Ombudsman for people with disabilities.

Overall, Law no 227/2021 adopts the principles of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and there has been a general agreement on the goals it intends to promote. At the same time, decrees will define in the coming months the precise content of the reform, which has been formulated so far only in a general manner. Furthermore, civil society organisations have raised the issue that the Recovery and Resilience Plan also set the goal of “strengthening social services for people with disabilities”. However, such an important goal is not explicitly stated in Law no 227/2021, and it might represent a major flaw if not included in the upcoming decrees (CISL, 2021). Finally, and in relation to the point just raised, the reduction of the large territorial gap in social service provision between northern and southern regions has not received any particular attention in Law no 227/2021.

#### **4.3 Good practices and recommendations on how to tackle gaps and obstacles**

The recent Law no 227/2021 might be effective – if subsequent decrees are able to fulfil the aims it sets – in addressing several of the core issues that the debate on disability has raised in recent years. Of course, it will be important to see the scale of financial resources devoted to implementing the law. At the same time, the scarce attention given to strengthening social services seems a major limitation.

There are five main recommendations that can be put forward.

First, the generosity of several cash benefits schemes should be improved. For instance, it is problematic for the care of people with disabilities that the companion allowance is just a flat-rate benefit that does not differentiate between different degrees of disability or between those using residential or homecare services. Similarly, the income threshold for access to the civil invalidity allowance is very low and excludes many people with medium-to-low incomes.

Second, the system is extremely fragmented and cash benefits are too numerous. A defragmentation of the whole set of cash transfers would be very useful, in order to simplify access by potential beneficiaries as well as to achieve improved transparency in how social transfers work. One contributory scheme and one social assistance scheme would suffice in order to make the whole income-support system more universalistic and easily accessible.

Third, given that the citizenship income supplement is provided to households with members with disabilities, apart from the increases in the equivalence scale applied in both the ISEE and in the income-testing conditions, an equivalence scale more favourable to households with members with disabilities would improve access, easing the fulfilment of the equivalised income requirement. It would also increase the benefit amount, since citizenship income tops up annual equivalised income to €6,000.

Fourth, strengthening social and healthcare services is necessary, given that the whole Italian system is mainly based on cash transfers. It would mean central government transferring more public resources to regions and municipalities in this policy field.

Finally, Italy should strengthen data-collection mechanisms, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (statistics and data collection) of the UN CRPD.

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