Hands-on SHAFE

01: STUDY TO CROSS KNOWLEDGE GAPS AND TO PREPARE ONLINE TRAINING PACKAGES

Research results for Italy

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DOCUMENT INFORMATION

The aim of IO1 is to create a valid basis for the training packages to be developed in the frame of the Hands-on SHAFE Erasmus+ project. This national report summarizes the research results in Italy.

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Contents

1 Aims of the report

Based on the approach of the World Health Organization, age-friendly environments include three dimensions – physical environments, social environments, and municipal services – with eight interconnected domains: 1) Outdoor environments, 2) Transport and mobility, 3) Housing, 4) Social participation, 5) Social inclusion and non-discrimination, 6) Civic engagement and employment, 7) Communication and information, 8) Community and health services.

The overall aim of the Hands-on SHAFE project is to promote smart healthy age-friendly environments by fostering the implementation and application of ICT solutions, adequate physical environments as well as health and well-being. For each of these areas - abbreviated by SMART, BUILT and HEALTHY- training packages for facilitators are to be developed. The target groups of the trainings are volunteers, entrepreneurs, family members, formal and informal caregivers and other stakeholders in personal services. Special awareness is given to low-skilled or low-qualified persons who want to engage in an entrepreneurial initiative.

Against this background, the Hands-on SHAFE project addresses:

- Facilitators who support the implementation of SHAFE products and services as direct target group,
- Persons of all ages whose social participation and inclusion can be improved by means of SHAFE products and services as indirect target group.

The aim of IO1 is to create a valid basis for the training packages to be developed. Information gaps on needs and demands on the side of end-users still hinder the implementation and usage of existing technologies and appropriate environments. Findings are needed to learn how adults can be best approached, trained and advised on aspects of smart healthy age-friendly environments.

This national report summarizes the research results in Ireland. Besides an overview on the national context it describes existing SHAFE products and services as well as their target groups, gaps between their availability and usage, existing implementation support offers and their funding, and examples of good practice for the application and implementation of user-centred services and products in the realms of SMART, BUILT and HEALTHY. With special regards to facilitators who want to start their own company, the BUSINESS chapter informs about SHAFE areas which are appropriate for this intention, main regulation, support offers and stakeholders for starting a business, available training concepts and examples of good training practice. Based on this information, conclusions will be drawn on appropriate strategies regarding the training and support of the target groups.

Together with the reports of the other Hands-on SHAFE partner countries, this national report will be used to elaborate a European synthesis report. Further, a European factsheet will be provided to interested stakeholders, containing information in a reader-friendly and low-threshold style and serving for further dissemination activities.

2 Methodology and proceedings

In compliance with the project proposal, the following methods served to achieve the above-mentioned aims:

1. Desk research in each partner country concerning offers in SHAFE products and services, practices in the application and implementation of these offers, and examples of good practice;
2. Interviews in each partner country with experts from the individual modules (SMART, HEALTHY, BUILT and BUSINESS) or interconnected areas as well as with representatives of the target groups for the training.

The lead organizations for the training IOs defined keyword for the desk research, and interview questions for experts and stakeholders were jointly decided upon. Given the complexity of the topics, an exemplary case was to be discussed at the beginning of the interviews. It was agreed that the interviews could be adapted according to the specific background and expertise of the interviewee.

Interviews with experts included the following questions:

1. Which SHAFE products, services and initiatives are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Do you think there is a considerable gap between the availability of SHAFE products and services and their usage by those in particular need of them?
4. If yes:
   - What are the underlying reasons for this gap?
   - What should be done to remove such barriers?
5. Which role can personal counselling and accompaniment play in facilitating the usage of SHAFE products and services?
6. Can you tell us about specific initiatives in the pilot region to facilitate the usage of SHAFE products and services?
7. Are there areas for SHAFE products and services which can be recommended to start one's own enterprise?
8. Can you tell us about funding opportunities in the pilot region if someone wants to facilitate the usage of SHAFE products and services by those who are in need of them?
9. Which agencies or other organisations offer support to persons who want to start a business?
10. Which themes should be in the focus of SHAFE facilitators?
11. What are the specific counselling needs of the SHAFE end users?
12. What are the specific training needs of SHAFE facilitators?
13. Which problems may arise during the training of facilitators?

14. Do you know any training concepts and experiences that should be taken into account in the design of the Hands-on SHAFE training?
15. What else can you recommend for the Hands-on SHAFE training?

Focus groups discussions with potential future facilitators were structured along the following questions:

1. Which SHAFE products and services are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Who is in need of SHAFE products and services, and what are characteristics of these target groups?
4. Given these special needs: How should the implementation of SHAFE products and services be facilitated?
5. What can be done to make the role of a facilitator of SHAFE products and services attractive?
6. Which preconditions must be met to encourage facilitators to enrol in a training?
7. Which special requirements as regards contents, methods, duration and timing and certification must be met in the training?
8. What should be done to sustain the training outcomes?

In compliance with the specifications of the research plan, 4 expert interviews were carried out. The 4 interviews were performed by telephone or video conference.

The experts covered a wide range of competences and thematic areas:

Innovative and R&D Project manager	SMART
Head of an association for support to ageing people, Poitiers	BUILT
Project manager and financial controller	BUSINESS
Health professional	HEALTHY

TABLE 1: *EXPERTS COVERED AND THEMATIC AREAS*

3 Offers and implementation of SHAFE products, services and initiatives

3.1 National, regional and local contexts

3.1.1 Profile of the pilot location

Projections made in 2019 estimated that the population in Italy will decrease in the following years. While in January 2020 the Italian population added up to 60.2 million people, in 2030, the Italian population will amount to roughly 59 million individuals. Twenty years later, there will be around 54 million Italians. At the same time, the number of individuals aged 65 and over will grow of about 7.5 million in total.

IMAGE 1: *MAP OF ITALY*

Italy is organised in **Regions (***regioni***), Provinces (***province***), Municipalities (***comuni***)** and **metropolitan cities (***città metropolitane***)**. The Regions, the Provinces and the Municipalities [4] and Metropolitan Cities [5] may adopt their own statutes. There are **fifteen Regions with ordinary statute** (*regioni a statuto ordinario*): Piemonte, Lombardia, Veneto, Liguria, Emilia-Romagna, Toscana, Umbria, Marche, Lazio, Abruzzo, Molise, Campania, Puglia, Basilicata and Calabria. **Five Regions** – Friuli-Venezia Giulia, Sardinia, Sicily, Trentino-South Tyrol, and the Aosta Valley – **have a special autonomous status** (*regioni autonome a statuto speciale*), taking into account relevant geographic and/or cultural specific features. The Trentino-South Tyrol Region comprises the **autonomous provinces of Trento and Bolzano**. Regions have legislative and administrative competences, defined by their statutes.

While the National Health System and the Local Health Authorities in Italy have been controlled by the municipality since 1978, care for older adults was entrusted to communities and general practitioners that are organized in dedicated associations, as well as to the municipalities. In fact, right up until the 1990s, the Italian authorities were oblivious to the health problems and requirements of older people. However, things began to change in 1992 with the “Objective: Ageing Persons”. The National Plan for senior citizens now aims at better coordination of medical and social services, which can be integrated within a person’s home care service system.

Since 2000 (l.328/2000 “Legge quadro per la realizzazione del Sistema integrato degli interventi e servizi sociali” – Framework Law to implement an integrated system for social interventions and services; Reform of the V title of the Constitution), the strengthening of a complex political/administrative decentralisation, aimed at enhancing and empowering the local level (i.e. municipalities) as a prior subject of programming, has more and more highlighted how in Italy a shared commitment is strongly recommended, between different administrative levels, in defining policies for all the active ageing domains. In fact, the three policy levels (national, regional, local) have intertwined responsibilities, tasks and activities to

achieve the common goal of social wellbeing, also as far as older adults is concerned, even though with peculiar roles and powers. The already mentioned reform of the 5th title of the Italian Constitution (2001) has definitely empowered the regional statutory autonomy. Accordingly, this "shared governance" of the active ageing policy needs a joined action, organised as a "matrioshka": the national level should establish the general framework, the regional level should determine guidelines for the local level, the municipality level should specify goals and plans depending on local peculiarities. The lower level should always respond to the immediate upper level in terms both of respect of the upper framework, of results achievement and of expenditure.

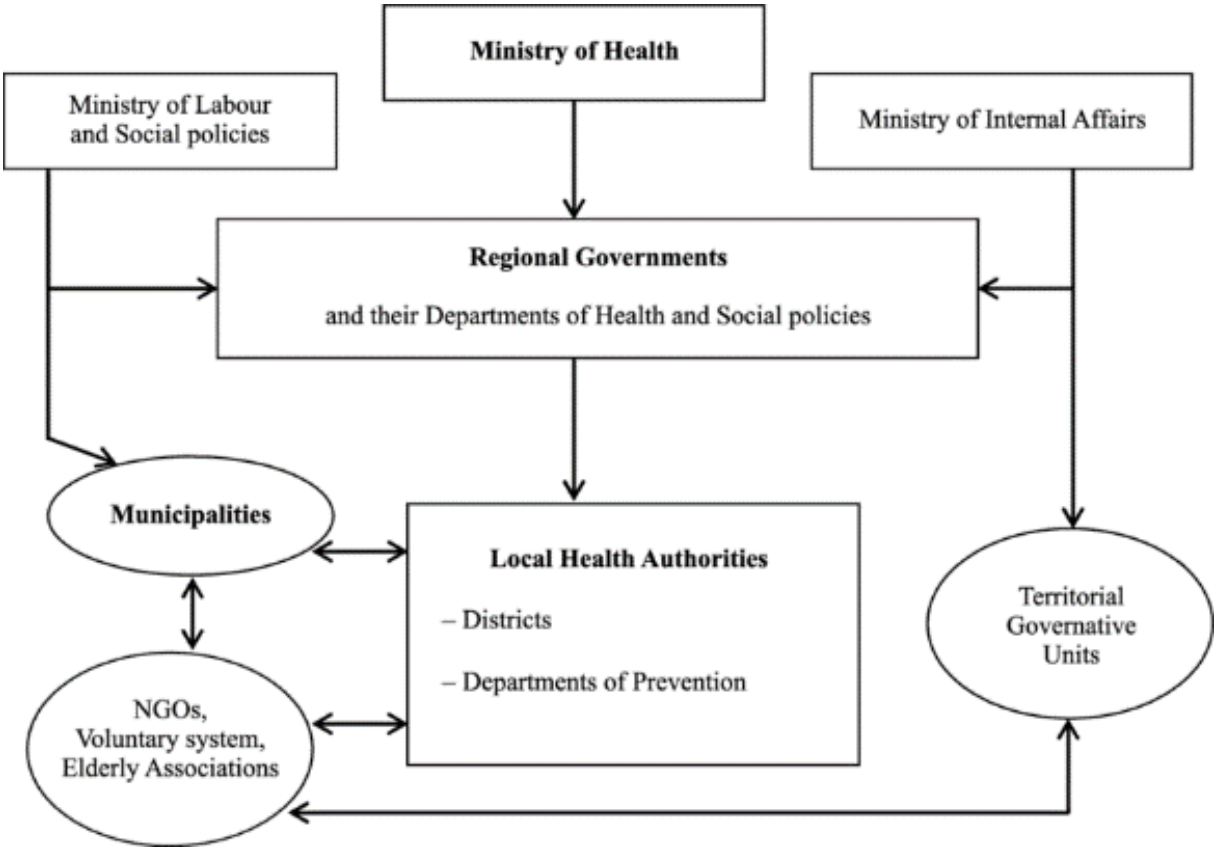


FIGURE 2: *ACTORS PLAYING A ROLE IN HEALTH PROMOTION FOR THE OLDER PEOPLE IN ITALY. (SOURCE: POSCIA, ANDREA & FALVO, ROBERTO & LA MILIA, DANIELE & COLLAMATI, AGNESE & PELLICCIA, FRANCESCA & KOWALSKA-BOBKO, IWONA & DOMAGALA, ALICJA & RICCIARDI, WALTER & MAGNAVITA, NICOLA & MOSCATO, UMBERTO. (2017). HEALTHY AGEING – HAPPY AGEING: HEALTH PROMOTION FOR OLDER PEOPLE IN ITALY. ZDROWIE PUBLICZNE I ZARZĄDZANIE. 15. 10.4467/20842627OZ.17.005.6231.)*

An important measure, taken by the state government, is the so-called "indennità di accompagnamento," a fixed monthly fee that is paid to the families of non-self-sufficient persons, regardless of their income. This measure was originally founded in 1980 as an intervention in support of disabled people but was soon extended to older adults (aged 65 years and older) who had conditions of non-self-sufficiency.

In the last years, many programmes, policies, action plans which aim at operationalising the concept of active ageing have been carried out - both on a national and local level - promoted, funded and led either by public Institutions (ministries, regions, municipalities) or by the third sector/volunteering. Policies on active ageing have included in the last years and still include a mix of health, social, economic programmes/plans. Nevertheless, in spite of a concluded political/programmatic phase, and especially when regional policies and programmes are

concerned, the subsequent implementation phase could be missing, or be different between regions, delaying the concrete fulfilment of programmes.

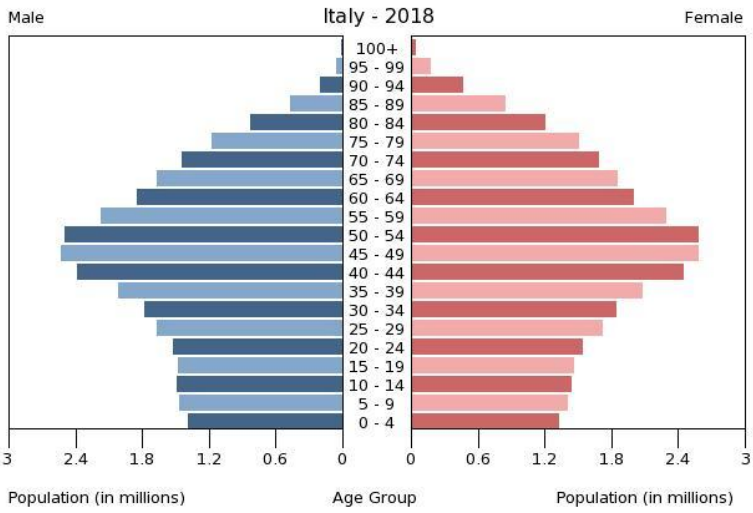
Moreover, central/local actions have been achieved/will be achieved also thanks to a proper use of European funds (FESR, FSE, FEASR), towards the accomplishment of the Strategy Europe 2020.

Given that demographic aging currently represents an indisputable and growing reality in our country, in 2050 ISTAT (2017) predicts that in Italy older adults will be 21,775,809, 34.3% of the population, it will be necessary to set up all possible strategies to address the implications, especially concerning the individuals' quality of life and the stability of the economic and social organization.

3.1.2 Population by age-group and sex

As of 1 January 2020, the population of Italy was estimated to be 60,005,743 people with an increase of 0.07 % compared to population the year 2019. Among them around 30,6 million are women and 29,4 million are men.

GRAPH 3: ***POPULATION IN ITALY BY AGE GROUP*** *(2018)*

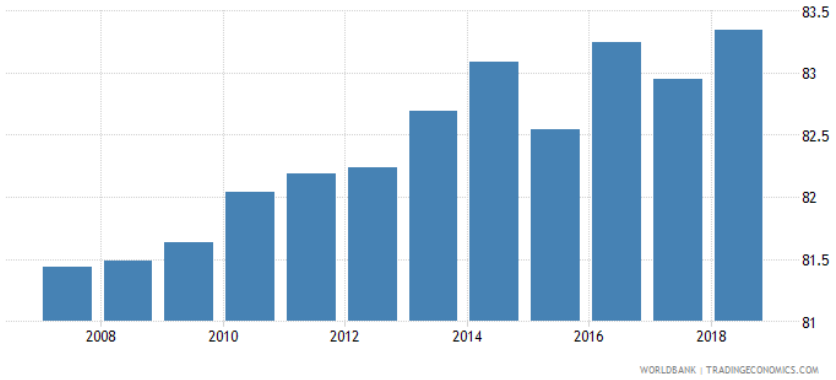


The population of the country almost doubled during the twentieth century, but the pattern of growth was extremely uneven due to large-scale internal migration from the rural South to the industrial cities of the North, a phenomenon which happened as a consequence of the Italian economic miracle of the 1950–1960s. In addition, after centuries of net emigration, from the 1980s Italy has experienced large-scale immigration for the first time in modern history. According to the Italian government, there were an estimated 5,234,000 foreign nationals' resident in Italy on 1st of January 2019.

High fertility and birth rates persisted until the 1970s, after which they started to dramatically decline, leading to rapid population aging. At the end of the first decade of the 21st century, one in five Italians was over 65 years old. However, as a result of the massive immigration of the last two decades, Italy has, in recent years, experienced a significant growth in birth rates.

According to the latest World bank development indicators published in 2018 life expectancy in Italy is 83.35 years: Male 81.2, female 85.6.

GRAPH 4: *LIFE EXPECTANCY IN ITALY* (2018, SOURCE: WORLD BANK)

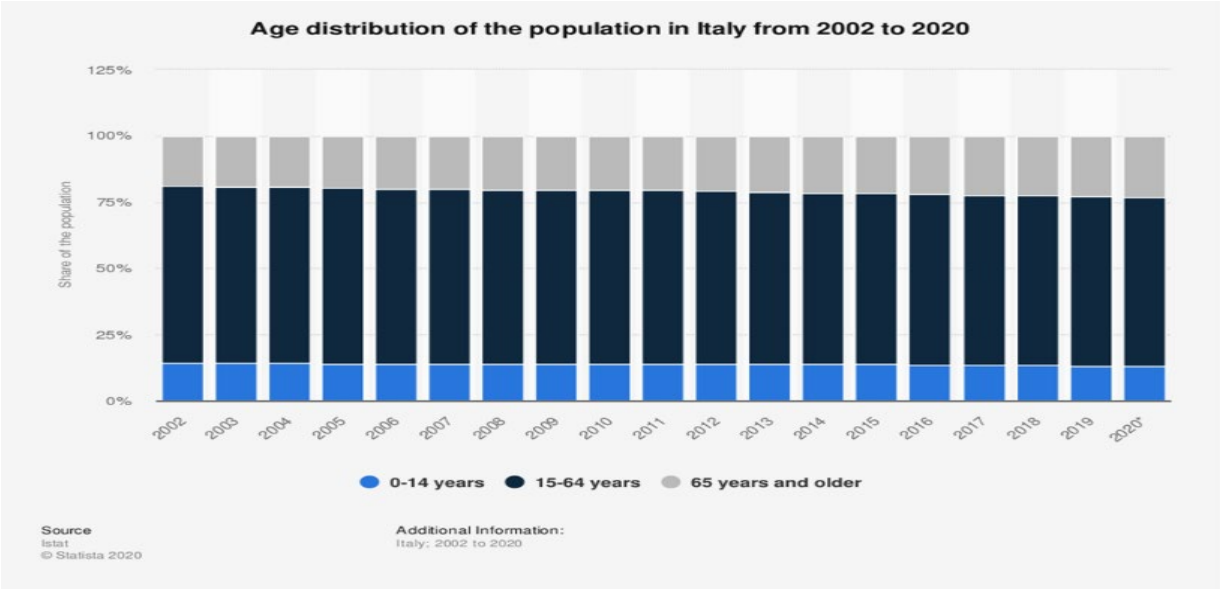


Therefore, with this percentage, Italy continues to enjoy the second highest life expectancy at birth in the EU after Spain and more than two years above the EU average. Between 2000 and 2017, the life expectancy of Italians increased by 3.2 years, a slightly slower gain than in the EU as a whole (3.6 years). The gender gap in life expectancy is smaller than the EU average. While Italian women still live more than four years longer than men, this gap has narrowed by 1.5 years as men's life expectancy increased more rapidly than that of women between 2000 and 2017.

The median age in Italy is 45.7 years. People aged between 45 and 54 years made up the largest part of population in Italy in 2018, counting in total 9.7 million individuals. The group of children aged up to two years were roughly 1.4 million, the less numerous among all the presented groups. Italy's population is one of the oldest populations in the world.

In 2020, 23.1 percent of the Italian inhabitants were estimated to be aged 65 years and older.

GRAPH 5: *AGE DISTRIBUTION OF ITALIAN POPULATION (2020, SOURCE: ISTAT, © STATISTA 2020)*



Moreover, 63.9 percent were aged between 15 and 64 years and 13 percent of Italians were 14 years old and younger.

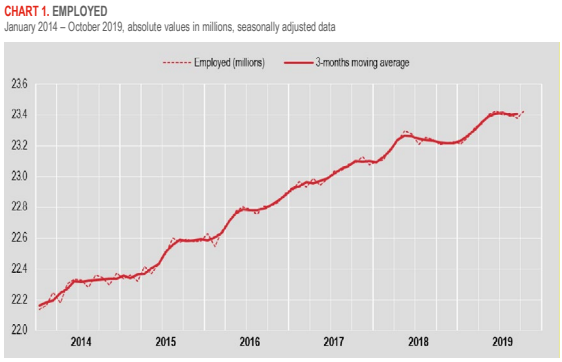
3.1.3 Workforce

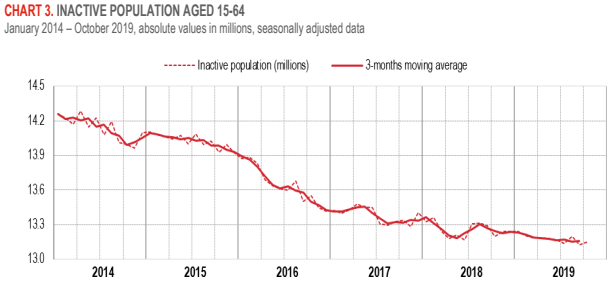
Out of more than 60 million residents in Italy, the employed are about 23.4 million, or 39.1%. (Istat Report 2019 "Partecipazione al mercato del lavoro della popolazione residente"). Of the 23.4 million employed, about 18.1 million are employees while the independent ones are 5.3 million. Among those employed there are almost 14.9 million permanent workers, while the remaining 3 million are term workers.

If we compare the employment and unemployment statistics of men with those of women, the following picture emerges: the men who were employed are almost 13.5 million, while women 9.8 million, or about 28% less than men. While, as far as unemployment is concerned, the numbers are much closer: in fact, 1.3 million men and 1.2 million women are unemployed.

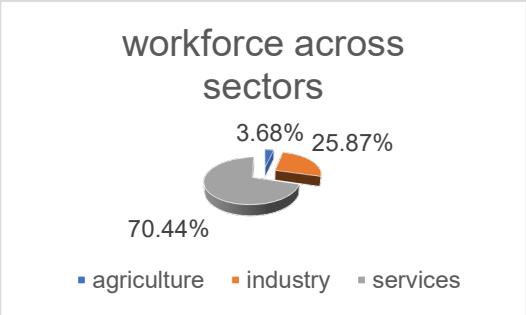
Below the chart of the employed from 2014 to December 2019 and the chart, from the ISTAT communication, of the unemployment rate from 2014 to December 2019:

GRAPH 6: *EMPLOYED PEOPLE* (2020, SOURCE: ISTAT) **GRAPH 7: *UNEMPLOYMENT RATE* (2020, SOURCE: ISTAT)**





GRAPH 8: WORKFORCE ACROSS SECTORS *2019* (SOURCE: ISTAT)



With regard to the distribution of the workforce across economic sectors in Italy in 2019, 3.68 percent of the workforce in Italy were employed in agriculture, 25.87 percent in industry and 70.44 percent in services.

From 2018, the retirement age will be raised to 66 years and 7 months for every worker, including for the recipients of the social economic support ("Assegno sociale"). From 2019 it will increase to 67.

Population aging implies an older-than-ever workforce. Extending the labour force participation of the oldest workers is necessary for the social security systems sustainability. However, it turns into a challenge for the employers, namely for the human resources managers, who have to face the increasing age of the workforce with policies enhancing employability and productivity of older workers.

OECD has then included demographic changes and the aging of the workforce among the main challenges with which the most developed economies will have to face in the short and medium term. OECD also asked individual countries to prepare a Report on the state of development of the policies implemented in relation to the various points. The Italy Report on the state of implementation of the aforementioned recommendations shows that our country

should do much more to encourage the participation in the labour market of older population (in 2016 the employment rate of 55-74-year-olds was of 40.5% against 45.4% of the European average) and that, currently, the national policies put in place have been aimed essentially at raising the retirement age; only few regions have implemented measures explicitly favouring the employment of workers who have lost their jobs in old age. Much remains to be done to increase participation in training and retraining programs for workers over 50 years old, to support work-life balance and to ensure optimal conditions in terms of health and safety at the workplace (OECD, 2018).

3.1.4 Health

The Italian health system is characterised by a decentralised, regionally based national health service (NHS). The central government channels general tax revenues for publicly financed health care, defines the benefit package (known as the “livelli essenziali di assistenza”, ‘essential levels of care’) and exercises overall stewardship. Each region is responsible for the organisation and delivery of health services through local health units and public and accredited private hospitals. The health service covers all citizens and legal foreign residents. Coverage is automatic and universal, and care is generally free for hospital and medical services. Irregular immigrants have been entitled to access urgent and essential services since 1998.

NHS provides high-quality healthcare to all citizens for hospital care, emergency care and primary care provided by general practitioners and paediatricians. In addition, the NHS covers a wide range of pharmaceuticals and all the hospital and diagnostic services essential for health.

In Italy, all the drugs for the treatment of serious and chronic diseases, including last-generation innovative medicines are offered free of charge. Total and public per capita spending on medicines in Italy is in line with the European average. 69% of national pharmaceutical expenditure is borne by the National Health Service: total pharmaceutical spending reached € 28.1 billion in 2017 (€ 464 per capita), of which € 19.5 billion borne by the National Health Service (€ 322 per capita) and € 8.6 billion (€ 142 per capita) borne by patients (Annual Report of the Pharmaceuticals Observatory Year 2017).

- Excellence in organ transplants

  Italy has one of the best national organ transplant networks in Europe in terms of quality of procedures, donor database management and organ availability.

- Free paediatrician for all children

  In Europe, only Italy allows families to choose their paediatrician at no cost to them for all children aged 0 to 14 years, when GPs take over.

- At the forefront of high-tech diagnostics

  Italy is one of the countries with the highest number of CT scanning and MRI equipment per million inhabitants in Europe.

- Quality and safety standards in healthcare

The delivery to all citizens of health services meeting specific quality and safety standards is ensured by the development of national quality criteria and standards that act as the blueprint for regional accreditation systems, so that health facilities are equipped with resources, skills and organisation appropriate to the care they deliver.

- Prevention - to stay healthy and avoid diseases

  Italy is at the forefront in disease prevention programmes, managed by more than 150 public prevention departments, with over 10,000 operators.

Over the period 2010-2019, the National Healthcare Service suffered financial cuts of more than €37 billion, a progressive privatisation of health-care services. Public health expenditure as a proportion of gross domestic product was 6·6% for the years 2018–2020 and is forecast to fall to 6·4% in 2022.

3.1.5 Housing

According to ISTAT (2019) people at aged 75 and older were almost 7 million and the 38.2% of them leave alone. In addition, people aged 64 years and over also have significantly lower incomes than the other population cohorts: from north to south, older adults have worse economic conditions than the rest of the population, they spend less on food and nutrition. 22.8% of older people living alone aged 65 years and over are at risk of poverty compared to the national average of 19.4% and enjoy good health, considering that less than 30% of people aged 75 years and over value good or really good health, mainly due to chronic diseases and illnesses affecting more than 85% of older people.

Older people are often wealthy in terms of assets (as property owners), but poor in terms of income and therefore unable to make essential adjustments, taking into account that their homes are on average old, with old environments and systems, often out of safety standards and certainly characterized by the presence of architectural barriers; in more than 70% of cases there is no elevator and this can significantly limit the ability of older people even self-sufficient to leave home and lead a normal relational life.

FIGURE 9: *OVER 75 IN ITALY (2019, SOURCE: ISTAT)*

It is therefore important that administrators give priority to interventions for the adaptation of the homes of older adults (architectural barriers, home automation, energy consumption, etc..) as the improvement of housing conditions decreases the use of institutionalization.

3.1.6 ICT literacy

In Italy shortcomings in basic digital skills persist, with the risk of digital divide widening. In 2019, 41.5% of Italian population had at least basic digital skills (below the EU average of 58.3%) and only 22% had more advanced (i.e. above basic) digital skills (EU average is 33.3%). The recently launched project “Repubblica Digitale” represents a positive step. As part of the “Italy 2025” strategy, the initiative aims to: - reducing the phenomenon of digital illiteracy

to levels comparable to those of the European countries of reference, fostering the development of the digital skills of workers;- significantly increasing the percentage of ICT specialists experienced in emerging technologies reaching the levels of many other European countries.

However, Italy has no comprehensive digital skills strategy targeting the digital literacy of the population at large, apart from the National Plan for Digital Schools. Investment in this field is needed to speed up digitisation of the whole economy, including the public administration and to prevent a widening digital divide and risks of new forms of social exclusion.

3.2 SMART: ICT for BUILT and HEALTHY

3.2.1 SMART measures and their target groups

Technology has significantly changed the way individuals perceive the world, how they relate one another, and how they live.

Information and communication technologies (ICT) have progressed in the general-purpose technology of the current era, given their important spillovers to other economic sectors and their role as industry-wide empowering infrastructure (Bresnahan & Trajtenberg 1995; Brynjolfsson & Hitt 2000; Sala-i-Martin & Schwab 2011). ICT has changed the way people are living.

In line with the international context, Italy is experiencing a process of transformation and innovation of services to citizens and businesses with a view to simplification, also through the use of digital technologies, and collaboration between all the players of the system.

The disruptive and transversal effect of new technologies, in the digital first perspective, will lead not only to a more efficient system, but above all it will make the distance between Public Administration and users (whether they are citizens or businesses) shorter, and it will facilitate the access to services and relaunch the economy, in particular of some strategic production sectors for the country, such as tourism, culture and agriculture. In this context, the Italian Government is at the forefront of achieving the country's digital growth objectives and accompanying public administrations and users on a path of modernization and transformation.

The development and revival of a smart, sustainable and supportive economy for Europe, with a view to achieving high levels of employment, productivity and social cohesion, is closely linked to its digital growth. Since 2010, the Europe 2020 Strategy has set ambitious targets for employment, innovation, education, social integration and climate/energy and identified, within a “single European digital market”, the goals for developing the digital culture and economy in Europe, leaving all Member States the task of defining their national priorities and strategies.

Innovation policies have traditionally been conceived to digitise existing processes, whereas digital represents a lever for economic and social transformation, putting citizens and businesses at the centre of action, making digital innovation a public investment for a structural reform of the Country.

On the basis of indications provided by the European Digital Agenda, Italy has defined its own national strategy drawn up together with the Ministries and in collaboration with the Conference

of Regions and Autonomous Provinces. In 2015, the Council of Ministers approved two strategic programs for the country: the **National Broadband Plan**[1] and the **Strategy for Digital Growth 2014-2020**[2].

Implementation of the Italian Digital Agenda requires the coordination of multiple actions by public administration, businesses and civil society, and requires integrated management of the various sources of national and Community funding (at central and regional level).

For this purpose, the Italian Digital Agency had the task of drafting the Three-Year Plan for IT in the Public Administration.

Moreover, the Department of the Civil Service, as intermediate body of Pon Governance and Institutional Capacity 2014-2020, funded several interventions intended to support the processes of modernization and reform of the Public Administration and the implementation of the Digital Growth Strategy. For instance, in the field of health, *ICT for Health* is a funded project that aims to contribute to enabling citizens to lead a healthy, active and independent life, improving the sustainability and efficiency of social and health systems. The project promotes the reorganization of chronicity management processes through the definition, transfer and support for the adoption, at a regional level, of methodological and operational tools aimed at supporting the definition of innovative local chronicity management models.

Integrating care models through the support of ICT can allow the development of networking to improve the provision of care, limiting the cost of chronic diseases. The innovation lies in the choice of promoting, both at central and territorial level, a multi-profile and multidisciplinary approach aimed at supporting the necessary organizational dialogue for the construction of a toolbox that enables the Regions to evaluate and plan, with the Healthcare companies and stakeholders, actions and investments to support the challenge to chronicity with the support of ICT.

Different municipalities are working in collaboration with organisations in order to create dedicated training interventions aiming at facilitating the digitalisation. The Fondazione Mondo Digitale (FMD) is a non-profit organisation which is committed to the creation of an inclusive learning society in which innovation, instruction, inclusion and fundamental values are all combined to work together. FMD works with companies, schools, non-profit organizations, local, regional, and national authorities, and European partnerships. Its various activities involve the entire nation of Italy and many countries in Europe and abroad.

With reference to the older persons target, Seniors centres play a strategic role thanks to their inclusive programs aiming at improving digital literacy knowledge and competencies. For instance, TeleMouse is a two-year digital literacy program (September 2009-June 2011), implemented by the FDM with the collaboration of Telecom Italia. In particular, it involves schools and senior centres and, according to the model of "Nonni in rete", tutors, students of all types and levels of schools, teach in the computer labs of the institutes. In the older people centres, thanks to the 50 Internet Corners set up by Telecom Italia, the over 60s continue the educational path independently or semi-autonomously, guided by more experienced peers.

[1] National Broadband Plan. [Online] Available from: http://bandaultralarga.italia.it/piano-bul/strategia/. [Accessed: 16th November 2020]
[2] Strategy for Digital Growth 2014-2020. [Online] Available from: https://www.agid.gov.it/sites/default/files/repository_files/documentazione/strategia_crescita_digitale_ver_def_21062016.pdf. [Accessed: 16th November 2020]

In addition, Italian public libraries, as well as private nursing homes, often provide to older people occasions of digital literacy and digital inclusion. In accordance with the project manager interviewed, the majority of people that participate to these programs are generally looking for some more tailored and supported training and for using specific tools they don't have at home, such as printer, internet connection, etc.

3.2.2 Challenges in implementation and gaps between availability and usage

Regarding what has been said previously, the main challenge is related to the scarce digital literacy of older people and the subsequent need of inclusion of this specific target of population.

In fact, the current level of digital skills of older people and the competence of new technologies are not enough. Only 24.4% of people between the ages of 65 and 74 and 6.6% of those over 74 can use computers, the data of the Internet are very similar: Italian older people are digitally less skilled: they have very basic and limited skills, and this does affect their availability and ability to purchase and use electronic devices.

3.2.3 Available implementation support offers by stakeholders

It follows an example of ongoing project that contribute to the implementation of good practices on ICT related to active and healthy ageing.

The HoCare2.0 project involves 11 partners from 6 Central European countries and is coordinated by the Central Transdanubian Regional Innovation Agency (Hungary). The Cremona Chamber of Commerce, together with the Lombardy Region, are the Italian partners of the project.

This European Project promotes the provision and implementation of highly innovative solutions for social and health home care through co-creation approaches. Such approach will systematically change innovation ecosystems and move them towards an "Open Innovation 2.0" context. Innovative solutions will be jointly designed in a co-creation laboratory, developed by local businesses and distributed by public entities, to ensure that the needs of the beneficiaries are well understood and targeted. Moreover, the project will build co-creation labs and tools, establishing a trans-regional network, designing a common strategy and action plan and mapping out a roadmap in order to move towards "Open Innovation 2.0". Tools developed and tested will help the regions involved to face the challenges related to the "Silver Economy" and to increase the implementation of smart specialization strategies. The project, funded by the European Union under the Interreg Central Europe program, officially started in April 2019 and will end in March 2022.

3.2.4 Funding opportunities for implementation support

In Italy, different financial supports for encouraging the creation of innovative services and products (especially technological) are implemented.

For all of the stages of producing the product, from the technical feasibility study to the research and development plan, the test of the prototype and commercialization of the final product, different financial aids from different stakeholders, public as private ones, are available.

3.2.5 Example/s of good practice in implementation support

Breaking Digital Barriers: Building Digital Literacy for Elderly

Objective

The Erasmus KA2 project "Breaking digital barriers: Digital Literacy for Elderly" is addressed to seniors over 60 years and attempts to improve the integration of this society group by providing them with digital literacy, which was actually recognised as a basic human need.

Key facts

Population over 60+ in Europe is increasing fast due to the raised life expectancy and the decline on birth rates. This progressive and profound demographic change that Europe is experiencing has entailed changes in the economic, social and technological structures. Such changes have been demonstrated in an alteration of the European Union priorities. In this sense, seniors have consolidated as one of the most vulnerable and disadvantaged groups of society and their social inclusion has become a major concern. Generally, older people have problems to reach news, health information, online shopping and to perform other internet-related activities, for this reason the project will impart them digital skills and new learning strategies that are likely to be used on a daily basis. Likewise, social inclusion, active citizenship and personal development are the basic mainstays of the project, and when achieved, adults will improve not only their inclusiveness in community but also their wellbeing and quality of life. The Adult Education Center of Catania is partner of the project and it will organise specific training opportunities aiming at implanting digital literacy for older people.

Implementation

In this project, the personal development of seniors plays an important role. The project is intended to work in different transversal subjects that will help aged people to develop their potential and continue to grow as a person and give their life a purpose and a meaning.

Following are the outputs that will be developed within the project:

- ICT-based eLearning module: A basic eLearning module will be developed to increase older people digital's competence. They will learn to use Pc in order to perform several tasks such as electronic banking, weather consultation, checking the news, requesting a doctor's appointment, etc. resulting this, in an improvement of the quality of life of these adults.
- Development of training curriculum: It is a strong need to develop computer training for older adults that can be used to standardise the training given across the library system as well as provide support to other organisations which are facing similar demands.
- Development of training materials: A handbook that explains how to use smartphones and computer; a guide for older people to use the Internet and solve problems.

Results

The expected result of this project is twofold: firstly, to reach an improved quality of life that will allow seniors to lead a more complete, inclusive and independent life and a more active civil participation; and, secondly, to offer a richer social life by bringing older people closer to social media programs and different modern interactive platforms.

3.3 HEALTHY

3.3.1 HEALTHY measures and their target groups

As mentioned above, the health care system in Italy is a regionally based national health service known as Servizio Sanitario Nazionale (SSN). It provides free of charge universal coverage at the point of service. While the national level ensures the general objectives and fundamental principles of the national health care system are met, regional governments in Italy are responsible for ensuring the delivery of a benefits package to the population. Health care facilities vary in terms of quality in different regions of Italy.

More than 20% of the total Italian population is aged 65 or more. By the year 2050, this figure is expected to rise to 34% because of the country's longer life expectancy, which is currently at 78 to 80 for men and 84 to 85 for women. In fact, about 20% of the senior citizens and 6% of the country's total population are over the age of 80. Therefore, Italy definitely needs to focus on its elderly care as well as in-home senior care services.

When it comes to caring for older people in Italy, there is a lot of emphasis on family support. Looking after the older members of the family is regarded as a responsibility or a "social duty", especially by the women and this also includes taking care of extended family. Normally, Italian institutions and communities only get involved if an older person has no family; old age homes are regarded as the "last resort" in Italian culture. Therefore, less than 1% of the senior population is currently using home care services.

However, in the recent past, the demand for elderly homecare services has increased to a great extent; yet the supply remains fairly limited. Considerable differences can also be seen in the development and distribution of services for the older people, particularly between the northern and southern parts of the country.

Unfortunately, there are no gated communities only for the older people. Older people, who are fairly fit and independent live in regular properties, with no special amenities for senior citizens.

Healthcare for older people

While the National Health System and the Local Health Authorities in Italy have been controlled by the municipality since 1978, care for older people was entrusted to communities and general practitioners that are organized by associations as well as the municipality. In fact, right up until the 1990s, the Italian authorities were oblivious to the health problems and requirements of older people. However, things began to change in 1992 with the "Objective: Ageing Persons". The National Plan for senior citizens now aims at better coordination of medical and social services, which can be integrated within a person's home care service system. Their framework for elderly care includes:

- Home care

  This consists of a service with social importance like personal care, house help, meals, as well as health importance, like medical and nursing care, which can be provided to a senior citizen within the comfort of his own home. Integrated homecare services seek to keep an older person at home for as long as possible.

- Day centres

These comprise of a semi-residential structure within a district, where older people can spend a couple of hours each day. These centres are operational 5 days per week, 7 hours each day and can admit up to 20 older people. They provide not only healthcare services but also many types of social care services, like promotion of personal autonomy, job therapy, entertainment and so on.

- Nursing homes

  These services include residential structures that have been organized into smaller groups to provide healthcare, social care services and functional rehabilitation for those who are disabled. The support staff in nursing homes generally includes doctors, nurses, social workers and psychologist. Older patients staying in nursing homes may receive extensive or intensive care, depending upon their situation.

  Extensive care at nursing homes for older adults comprises of long-term rehabilitation and accommodation though hospitalization is limited to the acute stage only.

  Intensive care includes rehabilitation with high medical importance as well as hospice for terminal patience. This service also provides palliative care for patients as well as their families.

3.3.2 Challenges in implementation and gaps between availability and usage

Apart from all of the measures related to the Italy health system, healthy and well-being measures are particularly implemented by social action centres and different non-profit organizations.

Many of these programmes are designed to address the social needs of older adults focusing on their desire for connectedness, participation and independence.

The main gap between availability, with a quite broad and “complete” offer, and usage, is the lack of information about the offers available, the potential health limitations by end-users and/or their difficulty of mobility (transportation issues) to benefit from the measures available.

As a result, the main challenge for the actors and stakeholders that implement these measures consists in improving the visibility and the territorial coverage of their offer as well as working on other issues (particularly related to BUILT area) like mobility problems [of the potential beneficiaries] that represent a major barrier in rural areas.

Other issues:

- Public Administration cannot reach and offer quality services to the increasing number of citizens in need.
- Loneliness and lack of family or community support.
- Low skilled adults to adopt ICT.

3.3.3 Available implementation support offers by stakeholders

There is a national strategy in the framework of chronic disease: the national plan. It promotes a multi-professional and interdisciplinary model of care, through complex organizational

models located throughout the territory. To this end, it provides that the Regions establish the Primary Care Complex Units (UCCP) and the Territorial Functional Aggregations (AFT) that constitute organizational models of the general medicine, integrated with the staff of the Italian Health System, with the task of pursuing the health objectives defined by the Local Health Units, the District and the Municipalities. Particular attention is given to the integration between Specialist medicine and General Practitioner.

This new organization will guarantee hospitality, collaboration and integration between professionals and health-social operators with shared care pathways in an initiative approach towards chronic patients.

The National Chronicity Plan was approved on September 15th, 2016 with the Agreement established by the Permanent Conference for relations among State, Regions and the autonomous province of Trento and Bolzano pursuant to the State-Regions Agreement of July 10th, 2014 concerning the" Health Agreement for 2014-2016 ". The care and the accompaniment of patients with a chronic disease implies that health professionals and others do manage the various dimensions related to the complexity of this type of activity.

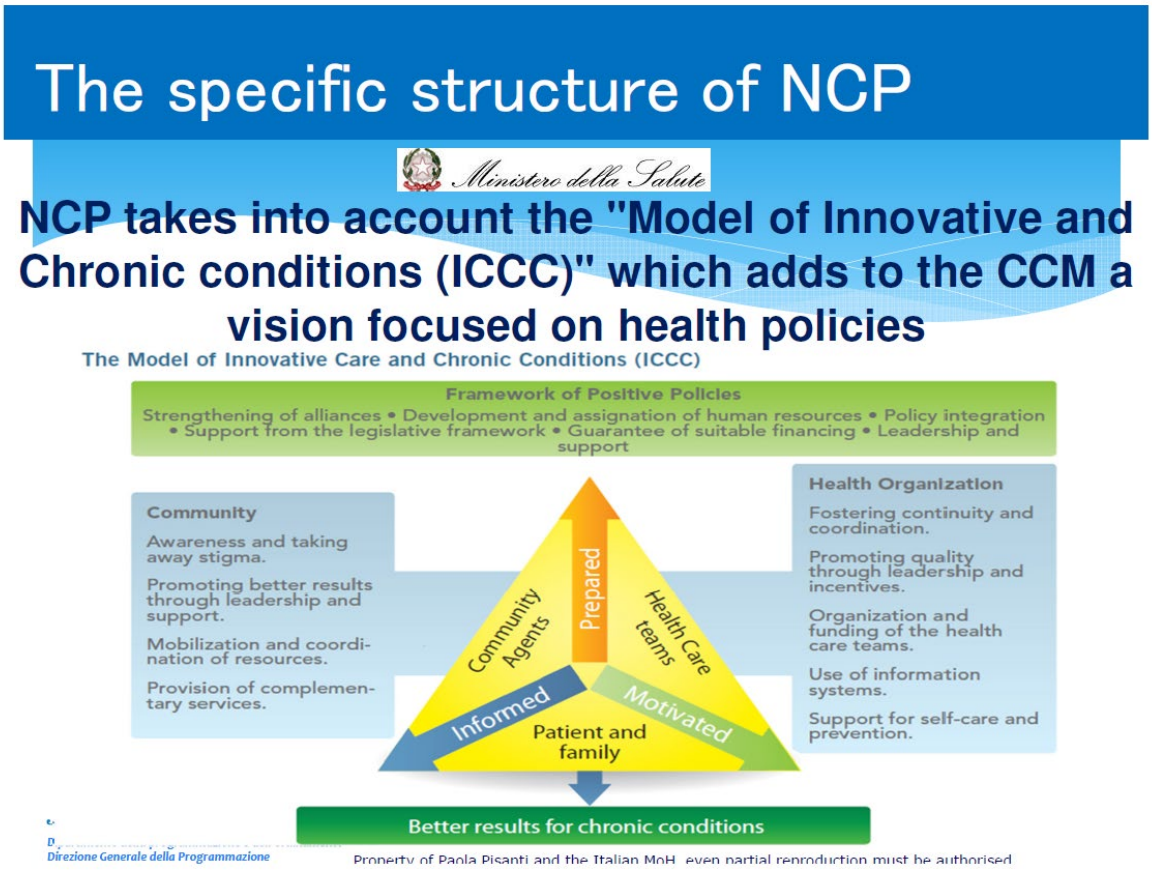


FIGURE 10: ***THE MODEL OF INNOVATIVE CARE AND CHRONIC CONDITIONS*** *(© PAOLA PISANTI AND THE ITALIAN MOH)*

A new culture of the system, services, professionals and patients → to involve and make responsible all the components, from the person to the health macrosystem

A different integrated hospital/territory model → the hospital conceived as a hub of high specialization of the healthcare system for person with chronic diseases, which interacts with the Outpatient Specialist and with Primary Care

Home care → keep the sick person as close as possible to his home and prevent or otherwise reduce the risk of institutionalization.

A person-centred treatment system → The patient "Person" (and no longer "clinical case"), in turn expert as a carrier of knowledge linked to his history of "co-existence" with chronicity.

A personalized multi-dimensional evaluation and outcome → evaluation oriented on patient-person, achievable outcomes and social-health system.

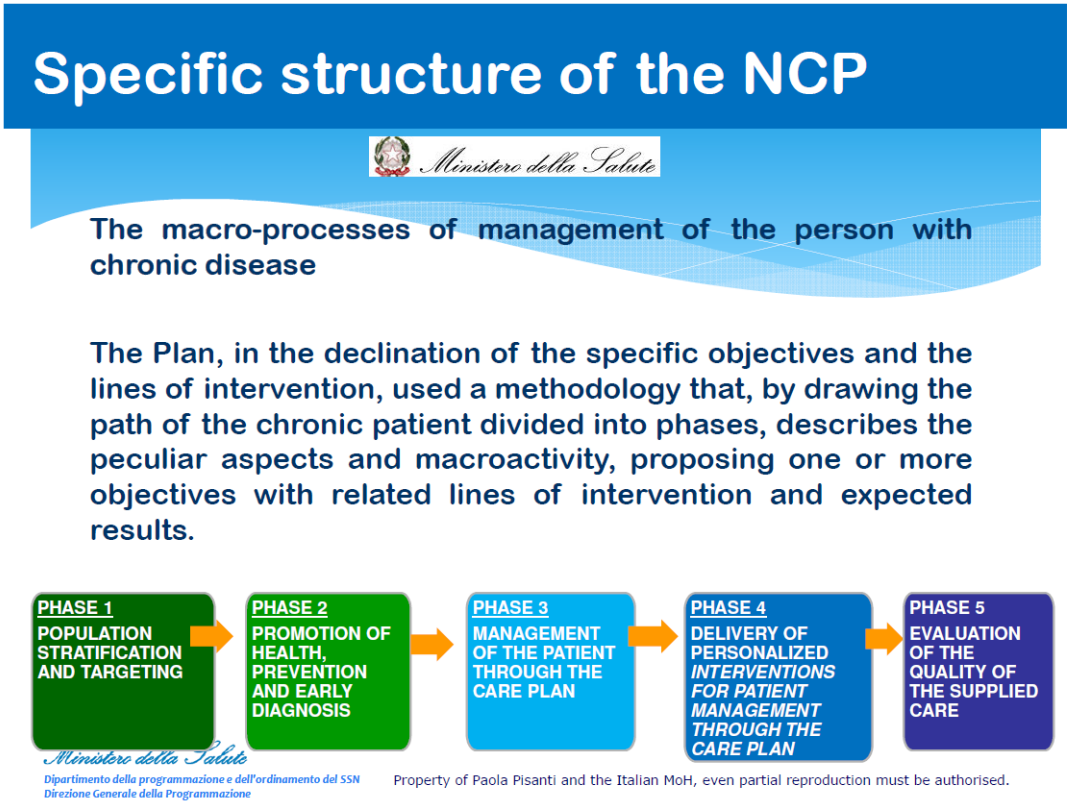


FIGURE 11: *THE MACROPROCESSES OF MANAGEMENT OF PERSON WITH CHRONIC DISEASE (© PAOLA PISANTI AND THE ITALIAN MOH)*

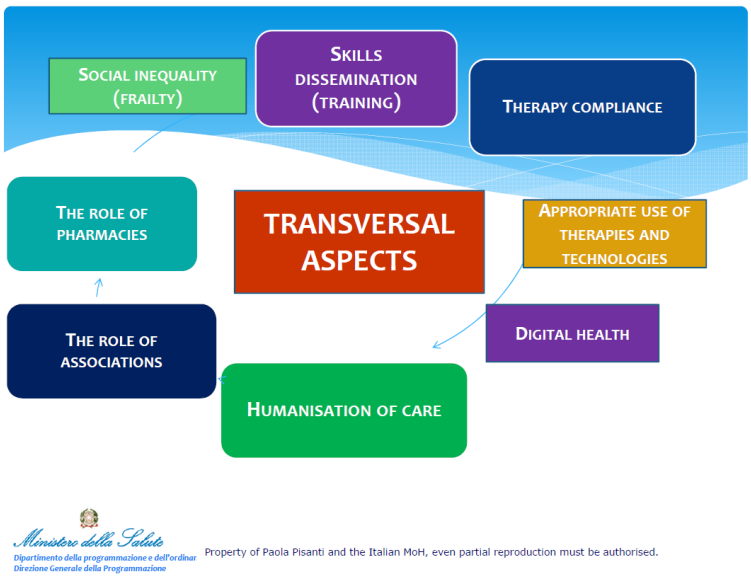


FIGURE 12: *TRANSVERSAL ASPECTS (© PAOLA PISANTI AND THE ITALIAN MOH)*

The Plan identifies a first list of chronic diseases. These pathologies have been identified through criteria such as epidemiological relevance, severity, disability, care and financial weight, difficulty in diagnosis and access to treatment.

- COPD and respiratory failure;
- Chronic renal diseases and renal failure;
- Rheumatoid arthritis (and chronic arthritis in childhood);
- Ulcerative recto colitis and Crohn disease;
- Chronic heart failure;
- Parkinson's Disease (and Parkinsonism)

The proposals originate from the examination of existing data and models, but above all from the "perceived knowledge" of the experts and from the "lived knowledge" of the patients and their representatives. Through a work model with the privileged witnesses of the professional world, the regions, and that of Patients and active Volunteers, shared with regional representatives.

The most vivid issues, the critical points and the potential solutions were highlighted.

An example:

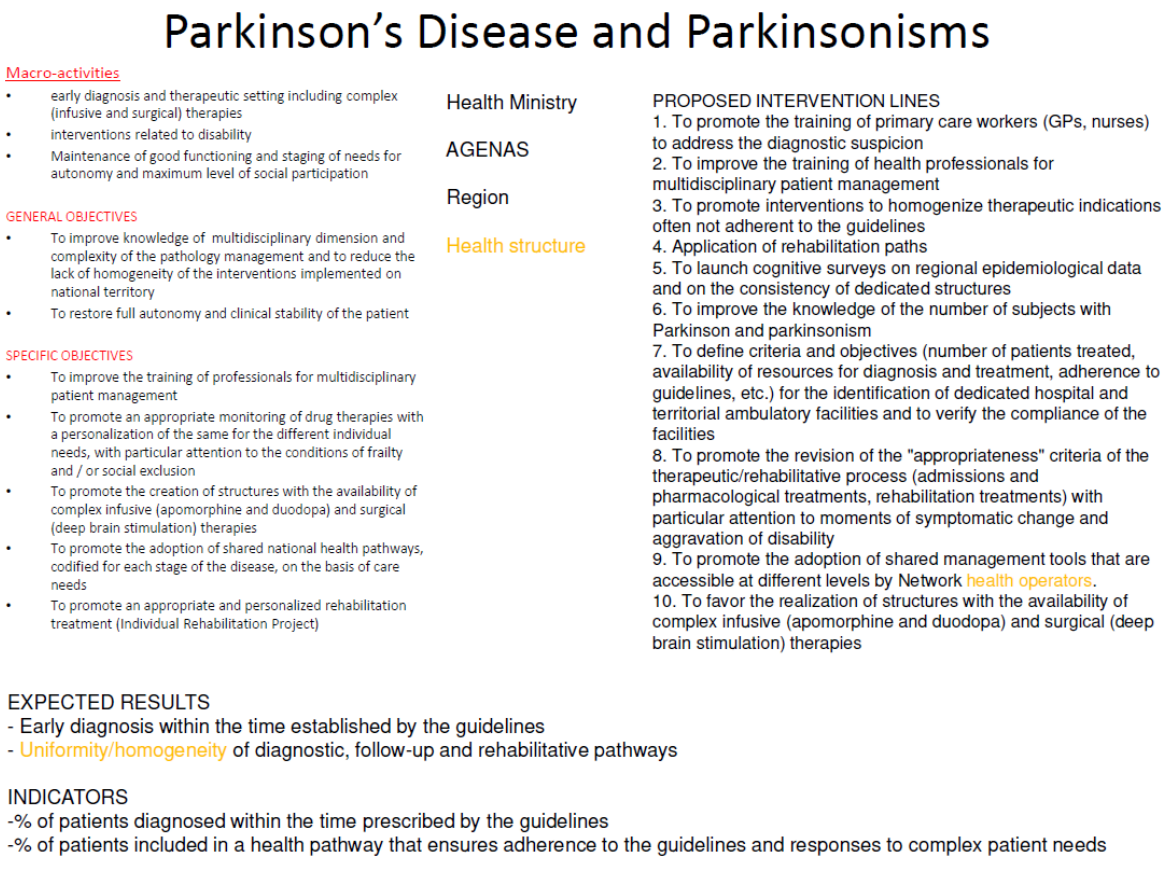


FIGURE 13: ***PARKINSON'S DISEASE AND PARKINSONISMS*** *(© PAOLA PISANTI AND THE ITALIAN MOH)*

Much will be played on the capacity of governance ("Cabina di Regia"- Directorate) and collaboration between central government and regions in the phases that characterize the concrete realization of the Plan.

- Coordinate and direct the implementation
- Monitor the realization of the results
- Spread good practices
- Evaluate innovative models (including remuneration systems)
- Propose, when necessary, the update of the Plan.

Need for rules and tools that accompany the transformation of the NHS from a model of vertical sylos to integrated and transversal paths (integrated care):

- evaluation systems (New Guarantee System see next slide)
- information systems (see next slide)
- remuneration systems for the performance of providers
- compensation of professionals
- elasticity / flexibility of the places where the treatment is provided
- accreditation and authorization systems
- telemedicine rules (accreditation, remuneration, definition of services)

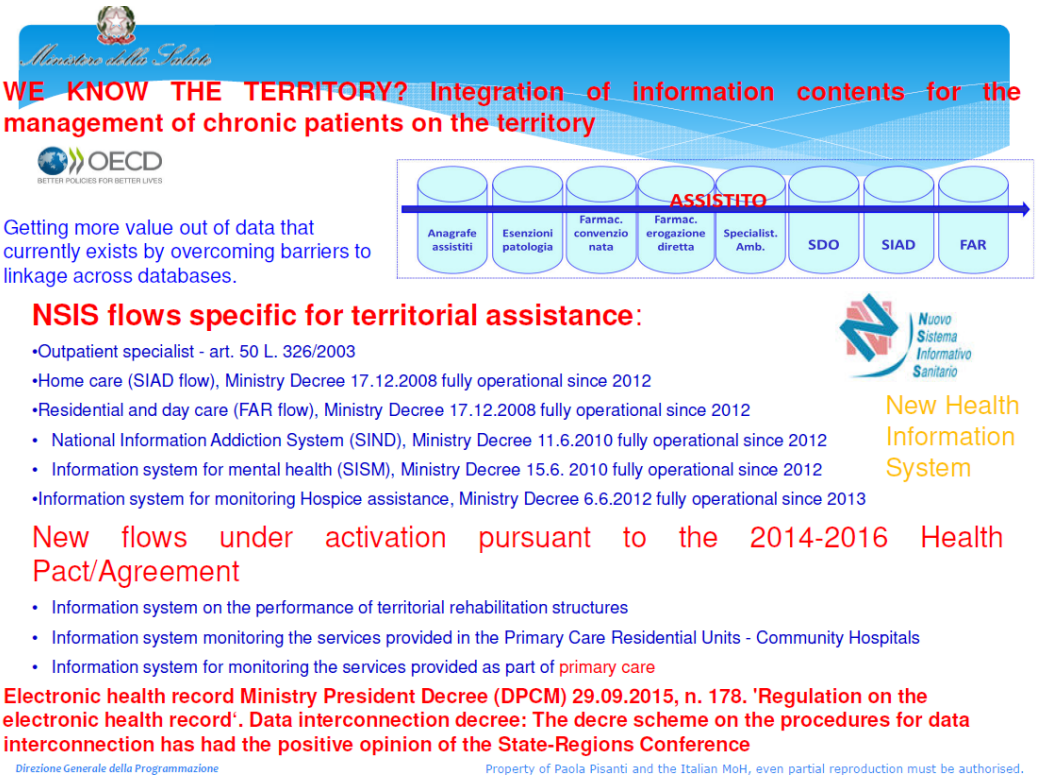


FIGURE 14: ***NEW HEALTH INFORMATION SYSTEM*** *(© PAOLA PISANTI AND THE ITALIAN MOH)*

3.3.4 Funding opportunities for implementation support

Healthy measures are funded by different actors:

- Heathy measures from non-profit organizations: voluntary work (within non-profit organizations for instance), donations, self-financing (sale of goods), public subsidies.
- Healthy measures from Social Action Centres: financial support by State, Department and municipalities, additional health care covers and insurances, donations.
- Majority of other healthy measures: Public institutions (State, Department and municipalities), social security system, health insurances and personal funding of end-users.

3.3.5 Example/s of good practice in implementation support

[See 3.3.1 Healthy measures and their target groups for different examples of good practice].

3.4 BUILT: Housing, public spaces, buildings and mobility

3.4.1 BUILT measures and their target groups

"It is urgent to deeply rethink the relationships of older people with the home and the neighbourhood context as it is on the characteristics of these relationships that the quality of life in the third and fourth age will be based in the future."

Promote in every field the right of older people to live in a civil and dignified way, adequate to the modern requests for comfort, usability and safety, regardless of the differences in gender, income, age, levels of physical and mental autonomy that characterize aging, it has become a priority for many European countries that have to respond to the global trend of population aging.

The housing problem is of decisive and priority importance within the policy of interventions aimed at promoting healthy and active aging, thus also preventing the need for assistance of older people. The current trend is aimed at favouring the stay of older people in their own home or in the family nucleus of origin, favouring the possibility of autonomous life through a variety of social, health and welfare interventions.

Currently, 14 million older people live in Italy, who are over 65 years of age. Of these, nearly 12 million live in their own homes, but they are certainly not recent homes. As many as 70% of these houses are over 50 years old, while in 20% of cases they are even older, and only 10% were built after 1992. This involves a series of structural problems related to the viability of the buildings. which, albeit in good condition, are equipped with old systems, out of standard in terms of safety and in which there are architectural barriers of all kinds, making safety interventions necessary.

Although the older Italian population is self-sufficient from a patrimonial point of view, being able to boast in most cases the ownership of the real estate at its disposal, the rampant poverty from the income point of view makes it difficult and often impossible to bear the huge costs that an intervention plan of this kind could involve. Not to mention the size of the houses, which in 37% of cases are too large for an older person to manage, and of the heating systems, which in 7% of cases are absent, while 19% of older people say they use appliances. individual, such as electric or gas stoves.

Unfortunately, the accessibility of buildings also appears to be reduced and lacking: in 76% of homes with the older there is no lift, which is of vital importance for an older person.

Adapting the existing housing stock can result in several actions:

- improve your home and your building, eliminating the main architectural barriers and making living spaces more usable (presence of unevenness, doors and gates that are too narrow, inaccessible bathtub, lack of elevator in the building, etc.)
- modify your accommodation, if too large, by creating autonomous and accessible housing units, to be shared with relatives, friends, assistance staff, in exchange for help
- renovate residential buildings (eg old retirement homes) and existing non-residential buildings (abandoned or underused buildings), to create more friendly residential solutions, also accessible to older people and people with different forms of frailty, equipped with adequate services.

To this end, some of the most important objectives to be pursued are:

1. to promote and support the legislative and institutional initiative to encourage the financing and implementation of targeted projects, also of an experimental nature, aimed at implementing integrated housing for older people and starting initiatives for the recovery and adaptation of the existing housing stock of older adults, for the elimination of architectural barriers and the improvement of safety and comfort conditions in homes and settlements;
2. promote planning agreements between state administrations of different sectors, public bodies and local institutions for the implementation of integrated programs of residences for older people, including through the use of publicly owned properties;
3. promote agreements and conventions with financial institutions, producers, sector operators, public institutions and interested associations, for the preparation of operational intervention tools for the purpose of adapting housing policies towards older adults, in particular for transparent management and enhancement of the assets of older people, whether made up of savings and / or the ownership of housing, with particular attention to the transfer of rent, exchanges and the transfer of bare ownership;
4. promote, directly and / or in collaboration with public and private entities, experimental housing programs for older people;
5. carry out studies and research, aimed at bringing out the living conditions of older people, experimenting and validating the necessary innovations in the typological field and technologies to support daily life in terms of Ambient Assisted Living, and disseminating the results of monitoring and verifications experimental;
6. ensure the dissemination of knowledge and technical-social information of sectoral and productive initiatives aimed at improving the living conditions of older adults, both in Italy and abroad, by promoting observers, editorial and IT information circuits

Another very important aspect is the construction of a system of services related to housing for older people that does not require large investments but the networking of good practices existing throughout the national territory (see in this regard initiatives such as Casa alla vela , the condominium of Zia Gessy, Hotel Alzheimer, etc.), ensuring the redefinition of responsibilities and the monitoring of the quality of the providers, as well as the integration of services that act on the planning of the aging of the single older person and his family.

In this sense, for older people today, some solutions can be represented by:

- adaptation of existing real estate assets
- initiation of experiences of cohabitation in the houses owned with relatives, friends, to make the house also a resource of income integration (subletting, exchange of services, home sharing)

For older people of tomorrow, however, it is desirable:

- new forms of living for active intergenerational aging; it is amply demonstrated, in fact, from Italian and European experiences, that policies that aim to ensure an active aging

of the older population translate into a very significant reduction in public spending on health and welfare services

3.5 BUSINESS: Business opportunities and planning

3.5.1 Silver economy market and potential areas for starting a SHAFE business

Over the last few years, the concept of silver economy has been emerging and, as defined in a European Commission document published on February 2015, it represents those economic opportunities coming from public and private spending related to the aging of population and, in particular, the specific needs of the population over 50 years old.

Indeed, if an aging society is a challenge for policy makers who need to improve the quality of life of older people, favouring their inclusion in society and their involvement in economic activities, through the development of innovative policies (life and work, job opportunities for the over 50 years old, lifelong learning and health prevention), it's also true that many opportunities arise thanks to the development of products and services to meet the needs of a population that is aging more and more. it can also translate into economic growth and new employment.

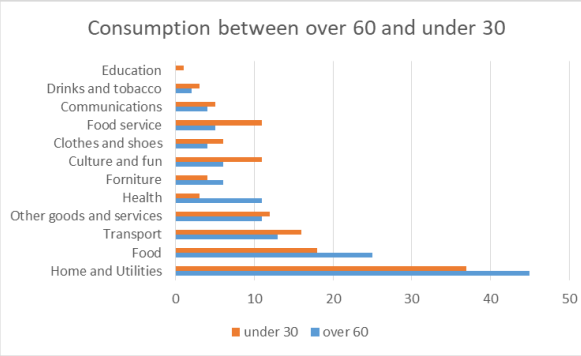
The new technologies, undoubtedly, have a central role in promoting the silver economy, as they allow the creation of new products and services but also to lower the costs associated with aging, improving the lives of older citizens and, at the all the time, helping to revive the economy.

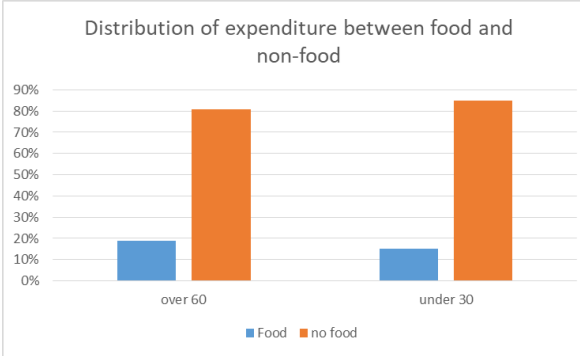
In particular, the scenarios that open up for eHealth, with remote patient monitoring, smart homes (smart and connected homes), driverless vehicles, up to robots that could replace nurses and caregivers.

Italy is aging and, consequently, the demand generated by the older segment of the population increases. The expenditure of the over 65s in our country is worth 200 billion, almost a fifth of the entire amount of household consumption and in 2030 the share will be worth about 25% of the total and in 2050 about 30%.

The aging population trend shows a problem of sustainability of public spending in the long term. To be able to support an increasingly large and long-lived older population, an increase in the number of people active in the Italian labor market would be necessary.

The Italian over-65-year-old is a person who lives in a house he owns, has financial means and time available to help his family members economically (30% of cases), has a richer social life and attends more often friends, plays sports (14.4% between 65 and 74 years old), goes on vacation and dedicates more and more to volunteering. It generates a growing, diversified demand for goods and services, different from the one that the statistics show only a decade ago. In particular, the consumption of the over 60s is higher than under 30s in the food, home and health sectors.





GRAPH 15: *CONSUMPTION BETWEEEN >60 AND <30*

GRAPH 16: *DISTRIBUTION OF EXPENDITURE*

The financial situation varies according to the type of family but is much more solid for older people. Among the family types examined by the Bank of Italy, that of the over 65s shows the lowest levels of debt in all forms, from debts for the purchase and renovation of the house, to consumer credit and current account overdrafts up to professional debts.

Older people on health represent an attractive consumer segment for businesses. Several companies are re-calibrating their age-friendly products, goods or services.

3.5.2 Main regulations for starting a business

To start a new business activity is requested a certain skill in managing the bureaucratic aspects that are many in Italy, if you don't have the appropriate skills, it's recommended to hire a professional accountant.

The first step is to open a VAT number which is mandatory for all those who receive more than 5,000 euros a year, the request must be sent to Revenue that has also made software available to register the VAT number.

After having opened the VAT number, it's also necessary to register to National Insurance Institute and to have a Social Security.

Depending on the type of activity you want to carry out and the size of the business, you need to choose the shape of your company. In Italy there are several:

- *Sole proprietorship* we mean the simplest and least expensive legal form, its opening involves only the request for a VAT number. This is a type of business in which the only promoter and manager of the business is the entrepreneur.
- *S.N.C. (SME)* for the establishment of this company, a written document registered for the Business Office must be prepare. It must contain the details of the shareholders, the indication of the managing partners, the services due to the shareholders, the duration of the company and the methods of distributing profits and losses. All members are indefinitely and jointly liable for the corporate obligations.
- *S.a.s* is a company has two types of partners: general partners and limited partners; the first has more obligations and responsibilities than the second one.

- *S.R.L.* is a capital company and responds to corporate obligations with its own assets, within the limits of the shares paid by each shareholder; its minimum capital must be to 10.000 euros.
- S.P.A. Joint Stock Company it's a capital company with financial autonomy and is therefore liable for its debts with its assets. Shareholders do not manage the company but they have the right to divide the profits and they are not liable for the corporate obligations with their assets.

Partnerships or corporations, to be started, require a further step: the writing of the deed of incorporation and the statute, to be carried out to a notary.

In Italy to open a new business there is a new tool: Single Communication (SC). The Single Communication constitutes an important simplification and must be carried out and forwarded electronically. SC contains all the information relating to the new company, which will be sent to the various tax, social security and insurance bodies:

- Declaration of commencement of activity to the Municipality or the Chamber of Commerce
- Open a personal position on social security and insurance bodies
- Registration in the Business Register

Unlike the VAT number, which is free to open, the SC has a cost that varies between 400 and 600 euros.

To start a commercial business, it is necessary to have some health, hygiene, building and fire safety requirements. Most of these rules depend, for health and hygiene, on regional regulations and municipal ones for those relating to construction. The rules change from place to place.

These rules are very strict if they concern food-related activities.

3.5.3 Support offers and stakeholders for starting a business

There are several support tools for those wishing to open a new business in Italy, these supports are offered both by private consultants and by public bodies. Contacting private consultants can be useful when the business to be opened is aimed at a small and specific market. In this case it is necessary to have specialized consultants who know the market well. There are numerous consultants that can be found on the web who offer their support consultancy to new startups and in particular on market surveys for the analysis of any competition.

Support for a new business derives for the most part from public bodies. Starting from the management activities for the development of entrepreneurship, we find various opportunities:

Support from the Chamber of Commerce

With regard to business creation and start-up, the Chamber System has for years been equipped with an "operating model", organized as a network and involving almost all the Chambers of Commerce. This model is aimed at aspiring and new entrepreneurs and entrepreneurs and provides a targeted and integrated offer of information, guidance, training, assistance, accompaniment and support activities. The service of the Chambers of Commerce is characterized above all by counter activities that focus especially on some basic information functions and contents, essential for the design and implementation of a business initiative, starting from the bureaucratic procedures necessary to set up, start and run a business.

The assistance extends to advice and indications for the choice of the most suitable legal form for the evaluation of the financing possibilities - both public and private - existing at regional, national and EU level, to accompaniment for access to bank credit.

Most of the branches make use of databases and information systems useful for knowledge of the area, the analysis of the competition, the identification of market opportunities and the development possibilities of the various initiatives.

Among the fundamental tools already implemented at national level there's a web platform which makes several tools available as info-points, courses, calls, projects and initiatives promoted and managed by Chambers of Commerce, Special Companies.

A Virtual Orientation Desk (VOD) was also created and developed, new interactive online tool, resident on the portal, based on the "social" dimension and 2.0 technologies, and accessible from PCs and other mobile communication devices (tablets and smartphones). The VOD also makes available now a special "Guide to opportunities to become an entrepreneur and entrepreneur".

In recent years, part of the actions aimed at creating new businesses have been made possible thanks to the agreement between Unioncamere (union of the Chambers of Commerce) and the Ministry of Economic Development. This agreement has led to an influx of additional resources, which, sometimes also supplemented by those deriving from co-financing by the Regions, have further favored a process of growth and development of new businesses.

Special Register of Innovative Companies

Another tool available by the government for new companies is the Special Register of Innovative Companies.

The Special Register of Innovative Companies was born with a law in 2012 and must have specific requirements (a majority of the share capital and voting rights in the ordinary meeting must be held by individuals, the company must be less than 5 years old, it cannot come from a consortium..) and the innovative startup must meet at least one of the following criteria:

- incur research and development expenses equal to or greater than 20% of the value of production

- employ highly qualified personnel for at least one third of their workforce
- be the owner of an industrial invention connected to the company's activity

A particular category of innovative startups are those with a social vocation, which operate in sectors of particular value for the community.

Innovative Companies, registred in the Special Registrer, enjoy particular tax benefits moreover they can also obtain interest-free financing to cover 80% of the expenses incurred, reaching 90% if the team is made up of young people, women who have returned from abroad.

For startups located in Region as Basilicata, Calabria, Campania, Puglia, Sardinia, Sicily and in the territory of the Aquilano Seismic Crater, only 80% of the subsidized loan received will be returned.

A tutoring program for startups established less than 12 months ago aimed at supporting the start-up phase, offering specialized services also useful for internationalization.

3.5.4 Available training concepts

In the prolonged phase of low economic growth that characterizes the Italian economy, the issue of innovative start-ups and the tools that can promote their birth and development is of particular importance. Italian incubators have an average size and are largely dependent on public contributions. These tools mainly offer logistic services and, less frequently, higher added value consulting and networking services. According to business assessments, incubators are a useful tool for the success of new business ventures.

In Italy, the birth of the first incubators took place in the 1980s on the initiative of the public sector, in order to promote entrepreneurship and economic development, especially in the economically most disadvantaged areas of the country. In particular, the Society for the Promotion and Entrepreneurial Development (SPI), with a public nature, has played an important role in the creation of the first business incubators called Business and Innovation Centers (BIC), based on the model proposed by the European Commission.

At the same time also the Science and Technology Parks (PST) have started to implement incubation paths in order to support the birth and development of innovative companies.

Furthermore, at the end of the nineties, university incubators began to spread also in Italy: these institutions usually offer services similar to those of BICs and PSTs, but are more oriented towards the transfer of scientific and technological knowledge from the academic world.

A fourth type of entities present in our country, developed above all in the 2000s, is constituted by private incubators. These are entities specialized mainly in the Internet sector and which in some cases also play the role of venture capitalists.

Naturally, start-up accelerators were also born alongside incubators. The startup accelerator usually lasts from 1 to 6 months and can include strategic, operational, organizational and

business development consultancy useful to provide a boost to the startup itself. These consultations are carried out by professionals in the field: mentors, tutors, industry experts and entrepreneurs.

Mainly the startup accelerator consultancy is used to understand how the innovative startup can be effectively placed on the market or, if already present on the market, understand how to speed up its growth. In addition to consulting, startup accelerators can offer physical spaces in which to perform work and promote networking activities with other businesses in order to grow faster. The business accelerator can be free or paid and in addition to the services mentioned, it can also include financial investment in the startup.

But what is the difference between an incubator and a business accelerator?

First difference concerns the period in which the program enters the life of the startup. The incubators begin to influence the company already in the first stage of its development, when there is only the idea and a team of founders. Accelerators, on the other hand, require greater certainty regarding other performance indicators or future potential.

Another difference concerns the target duration: incubators are programs designed to operate in a much longer period (even years) than the 1-6 months usually provided by accelerators.

A startup accelerator does not always include the sharing of offices, while this aspect is typical for incubators, which offer the possibility of staying in close contact with other startups, also stimulating the various relationships that allow to facilitate the development of new projects or ideas.

According to the data reported by Social Innovation Monitor (SIM) in January 2020, 197 entities operate in Italy divided between incubators and accelerators.

The number of incubators and accelerators grew by 15% in just one year, also as a result of the greater focus on the startup world and the consequent growth in the number of startups and investors interested in investing in this type of company.

Most of the accelerators and incubators are mainly present in the areas of northern Italy, which hosts 60% of the total. The region hosting most of them is Lombardy, the absolute leader with 26% of the total between accelerators and incubators. In second place we find Emilia Romagna with 10.6% and on the third step of the podium is Tuscany with 8.8% of the total. The area in which the presence of accelerators and incubators is lower is that of Southern Italy, although in the last year the number of incubation and acceleration programs has increased by 21%.

Most of these incubators and accelerators (62.4%) are private in nature, 22.4% are of hybrid origin, while about 15.2% are public.

To be admitted to incubators or accelerators, certain requirements must be respected, which are specified by the entity in question based on one's financial resources and time.

The main factor that is evaluated by the incubators is the team: in the embryonic stage of the startup, the idea is worth relatively little compared to the "hunger", determination and completeness of the team's skills.

Getting admitted to an accelerator is more difficult, accelerators are interested in real data that can hint at the potential of a startup. For this reason, it is very important to have already launched a smoke test or even better an MVP (Minimum Viable Product) and to have the first results in terms of email list of potential customers or first sales. The smoke test is a methodology for validating a business idea.

3.5.5 Example/s of good training practice

Public Participation Network (PPN) (2017 Nationwide)

Objectives

The PPN is a new framework for public engagement and participation established by the Government of Ireland. From a local government perspective, it is vital that all public groups have an opportunity to engage with the council and benefit the local community at large. But this can be difficult to implement in a fair,

FILO

FILO is the integrated platform of opportunities for students, job seekers, entrepreneurs and those who aspire to become one.

The platform was born from Unioncamere (union of Chambers of Commerce) in 2012 and has two keywords.

- I orient myself
- I do business

FILO makes available to users and operators - in a single access point - the offer of the chamber system relating to:

- information, guidance and technical assistance desks
- prints, IT and digital tools (guides and manuals, software and databases, etc.)
- courses, seminars and workshops, master courses and training
- tenders for financial and credit
- projects and initiatives
- services and tools for the promotion of entrepreneurship.

SelfiEmployment

Within this platform there is the service “SelfiEmployment” a national initiative to support and support self-employment and self-entrepreneurship, through targeted training and accompaniment to business start-ups.

The initiative “SelfiEmployment” is aimed at young people who do not study, do not work and are not currently engaged in education and training.

The following subjects can access the SelfiEmployment services:

- they are aged between 18 and 29 years
- they are not benefiting from any active policy measures

How does it work

Young people enrolled in the Youth Guarantee program can access a self-assessment procedure of entrepreneurial attitudes, through a special online test.

Once the test has been passed, the name will be forwarded to the Chambers of Commerce of the provinces of interest (max. 2), ie where you want to attend the training and accompaniment course for business creation.

The duration of the course is 80 hours divided as follows:

- 60 hours of basic training in groups (also remotely via live streaming)
- 20 hours specialized phase of accompaniment and technical assistance at a personalized level

Young people who complete the course - and have therefore drawn up the business plan - will be able to apply for funding from the "SELFIEmployment Fund" under the supervision of the Ministry of Labor and Social Policies.

4 Recommendations for training packages

4.1 Needs of the end-users and role of facilitators

Their main needs are related to housing (insulation, heating system, house adjustments) and ICT devices for ageing better (like stairs lift), to transportation (to access basic services like supermarket or pharmacy) and to home care services (ready-cooked dishes delivery or house cleaning services for instance).

Targets	Issues	FILE NAME Hands-on SHAFE training packages
Informal caregivers	Huge personal time management issues	Information/ hard and soft skills/ support
Non-profit organizations	Human resources issues	Soft skills /**network**/ protocols / shared processes
Public Services	Human resources, integrated services issues	Soft skills /**network**/ protocols / shared processes
Community	Lack of solidarity	Information / Community based lifestyle (support, solidarity, etc.)
Aged people	Isolation	Involvement in informal and formal community activities

TABLE 2: *Hands-on SHAFE target groups, issues and recommendations for training packages*

An interesting work of raising awareness about ageing could be done for all kinds of entrepreneurs (not only SHAFE-oriented entrepreneurs) and young people.

4.2 Strategies to attract and address potential SHAFE facilitators

Just few points of reflection:

- Good and targeted communication
- Identification of the economic and social impact of SHAFE's activities
- Be fast, practical and use engaging / participatory methodologies (ICT included)
- Develop / promote job opportunities for young, old and vulnerable people

4.3 Appropriate training contents and methods

Just few points collected by people interviewed:

- Contents: hard/technical BUT much more soft skills (leadership, followership, change management, creativity, empathy, critical though, etc.)
- Methods: training activities have to address intellect and emotions. It is important to alternate lectures and experiential and co-creation workshops

4.4 Strategies to sustain the training outcomes

In order to sustain the training outcomes, it seems to be a necessity to work with local and structured networks in the realm of SHAFE in order to implement and/or foster effectively

Hands-on SHAFE training packages. Networks with an important territorial anchorage, whose activities are identified, well- known and effective.

Furthermore, the training modules have to meet the specific needs identified on the territory in order to be used by facilitators but also for a better involvement of influential stakeholders. The more the contents of the training packages meet the gaps identified on the territory, the more SHAFE stakeholders will be prompted to promote and eventually fund the organization and the development (at a larger scale e.g.) of the training.

As it has been said previously, numerous potential facilitators (especially non-profit organizations) deal with time, financial and human resources issues. Involving them in Hands-on SHAFE training modules can hardly be done without incentives (financial but not only).

5 Quotes of experts and stakeholders

> Older adults want to play active and meaningful roles in their lives, including as part of a social network, a neighbourhood, and a community. Service providers and policy makers must consider that a lack of meaning (or sense of purpose) can become problematic as people age.

> The most important considerations for creating and implementing interventions that may help older adults satisfy their social needs are: 1) promoting active involvement; 2) showing respect; 3) stimulating social contacts; and 4) sharing knowledge.

> To promote active involvement, stakeholders suggested engaging older adults in leisure activities and volunteer work. Older adults want to stay active and contribute to society in a reciprocal manner (meaning that they want to exchange their services and skills with others for the mutual benefit of the neighbourhood or community).

> Showing greater respect to older adults can be done in several ways: acknowledging and putting to use the talents and skills of older adults; creating intergenerational initiatives; and allowing older adults to stay active and independent for as long as possible.

> To stimulate social contacts, neighbourhood initiatives can be developed. Social meeting places, such as pubs and churches can help to foster the development of close and peripheral relationships.

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