

# Safer and healthier work at any age

## Country Inventory: Italy

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EU-OSHA would like to thank members of its focal point network for their valuable input

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## Table of Contents

Abbreviations .....	4
Introduction .....	5
1 General context .....	7
1.1 Facts & figures .....	7
1.2 Institutional structure for health and safety at work .....	13
1.3 Labour, OSH and antidiscrimination legislation.....	16
1.4 Pension system .....	18
2 Overview of policy, strategy and programmes in relation to the occupational health and safety of older workers .....	20
2.1 Initiatives from government/government-affiliated organisations .....	20
2.2 Initiatives from social partners .....	22
2.3 Initiatives from other organisations.....	22
3 Overview of policy, strategy and programmes in relation to the rehabilitation/return to work of workers .....	23
3.1 The national system for the rehabilitation/return to work of sick/injured workers.....	23
3.2 Specific initiatives .....	26
4 Conclusions .....	28
5 References and further information.....	30

## Tables

Table 1, Overview table of main indicators .....	7
Table 2, Self-perceived health among employed in different age groups, 2012.....	11
Table 3, Self-reported work-related health problems by workers in Italy and EU-27, by age group.....	12
Table 4, Most serious work-related health problem during the past 12 months .....	12

## Figures

Figure 1, Total population by age group and gender, 2010 and 2050 .....	9
Figure 2, Employment rates per broad age groups, trend 2000-2013 .....	10
Figure 3, the OSH infrastructure in Italy on an implementation level.....	15

## Abbreviations

ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
GP:	General practitioner
HR:	Human resources
ILO:	International Labour Organization
INAIL:	National Institute for Insurance against Accidents at Work
ISFOL:	Institute for the Development of Vocational Training of Workers
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
WHO:	World Health Organisation

## Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament<sup>12</sup>. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

### *Methodology*

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

**National expert workshops** took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;

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<sup>1</sup> Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: [http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29\\_02\\_2012-pbFXAL12056/](http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29_02_2012-pbFXAL12056/) (Accessed December 2014)

<sup>2</sup> The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

Finally, in order to validate the findings of the desk research, EU-OSHA's network of **focal points**<sup>3</sup> reviewed the country reports.

The present report describes policies and strategies in Italy, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

#### *Structure of the report*

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Italy, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

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<sup>3</sup> The focal points, present in all EU Member States and EEA countries, are nominated by their government to be EU-OSHA's official representative in their country and are typically the competent authority on health and safety at work in their country.

# 1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Italy with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Italy that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

## 1.1 Facts & figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Italy with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:<sup>4</sup>

- “Median age” is the age that divides a population into two groups that are numerically equivalent.
- The “old age dependency ratio” is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- “Old age pension” is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons.<sup>5</sup>
- “Healthy life years”, also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.<sup>6</sup>

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

**Table 1, Overview table of main indicators**

	Italy	EU-28
Median age 2013 (2060)	44 (49)	42 (46)
Share of population aged 55 to 64 years (2013)	12%***	13%
Share of population aged 65+ (2013)	21%***	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	33% (53%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	43% (+13 p.p.)	50% (+10 p.p.)
Official Retirement age <sup>7</sup>	62(f)/66(m)	
Effective retirement age (2012) <sup>8</sup>	60.5(f)/61.1(m)	60.9(f)/62.3(m)* <sup>9</sup>

<sup>4</sup> Definitions extracted from the Eurostat glossary (unless stated otherwise):

[http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Thematic\\_glossaries](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries) (Accessed December 2014)

<sup>5</sup> Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS)*, ESSPROS Manual and user guidelines, 2012, p. 58. Available at: <http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0> (Accessed December 2014)

<sup>6</sup> This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

<sup>7</sup> OECD, Pension at a glance 2013, country profile – Italy. Available at: <http://www.oecd.org/els/public-pensions/PAG2013-profile-Italy.pdf> (accessed December 2014). Figures refer to 2012. The retirement age will increase in Italy for both men and women, see section 1.4 on Pension system.

<sup>8</sup> Source: OECD estimates on the “average effective age of retirement versus the official age, 2007-2012”

<sup>9</sup> These figures refer to the EU-27

	Italy	EU-28
Share of pensioners (50-69) who quit working for health or disability reason (2012)	12.5%	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	16.1%	13.0%
Old-age pensions	10.6%	9.5%
Disability	0.2%	0.9%
Life expectancy at 65 years, in years (2011)		
	20.5	19.7
Women	22.2	21.3
Men	18.5	17.8
Healthy life years at the age of 65 ( and 50) (2011)		
		8.6 (17.7)
Women	7 (16.9***)	8.6 (17.9)
Men	8.1 (17.4***)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)		
	7.8% <sup>10</sup>	11% <sup>11</sup>
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012		
	6.1% (4.8%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012		
	22.5% (16.4%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)		
	50%	60% <sup>12</sup>
Women	57%	64%
Men	46%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 <sup>13</sup> (2010)		
	59%	71.4% <sup>14</sup>
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace <sup>15</sup> (2013)		
	34%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS).

\*figure refers to 2011; \*\* estimated figures only (by Eurostat); \*\*\* estimate for 2012

<sup>10</sup> Definition differs

<sup>11</sup> This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

<sup>12</sup> This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.

<sup>13</sup> Source: European Working Conditions Survey 2010

<sup>14</sup> This Figure refers to the EU-27

<sup>15</sup> Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Italy. Available at: [http://ec.europa.eu/public\\_opinion/flash/fl\\_398\\_fact\\_it\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_398_fact_it_en.pdf) (accessed December 2014).

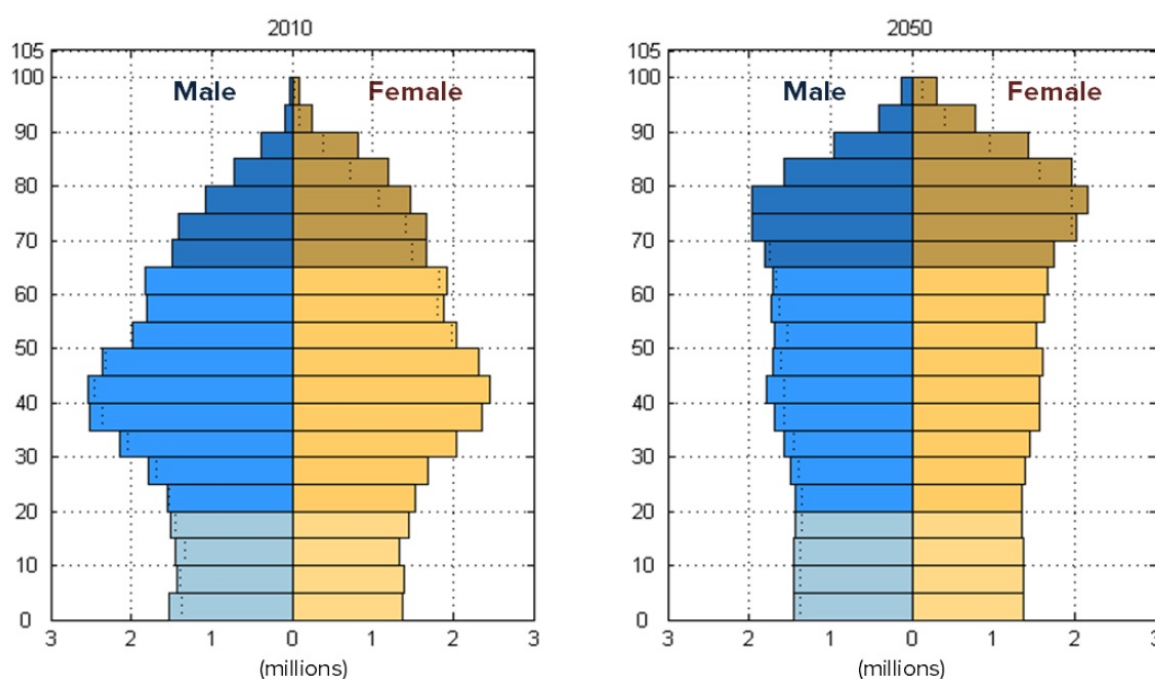


### Demographic developments

Italy's population has been continuously ageing since 1960. While the increase of the median age between 1960 and 1980 was still modest, it has been stronger since the 1980s reaching 44 years in 2013 (higher than the median age of the overall EU population in 2013 which was 42 years)<sup>16</sup>. This ageing is also reflected in the distribution of the population across the different age groups and their development between 1990 and 2013. The share of the oldest age group (65 years and above) has increased since 1990 from 15% to 21% in 2012 (EU-28: 18% in 2013). The group of 55 to 64-year-olds remained at 12% between 1990 and 2012 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group “65+” will almost double between 2013 and 2060, from 15% in 2013 to 30% of the total population in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase. This is also reflected in the old-age dependency ratio (see Table 1).

Figure 1, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Italy Country Implementation Profile<sup>17</sup>.

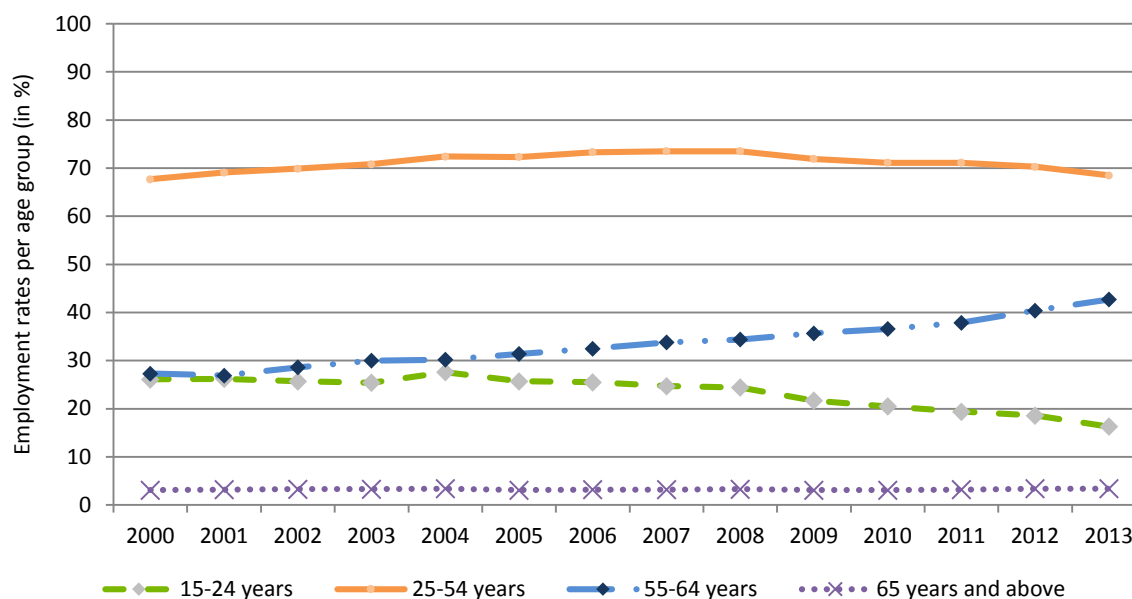
### Labour market participation

The employment rate among the Italian population between 55 and 64 years has constantly increased since 2002 and was at 43% in 2013. However, this is still quite a bit lower than the EU average employment rate of this age group, which was 50% in 2013. Furthermore, the employment rate of the oldest age group (65 years and above) in Italy has been around 1 to 2% lower than the EU average throughout the past decade. In 2012, it was 3.4%, compared to an EU average of 5%.

<sup>16</sup> Source: Eurostat population statistics 2013, structural indicators.

<sup>17</sup> International Conference on Population and Development Beyond 2014, Italy Country Implementation Profile. Available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

Figure 2, Employment rates per broad age groups, trend 2000-2013, residents in Italy, all nationalities



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa\_ergan]

### Working conditions

Based on the Fifth European Working Conditions Survey (5<sup>th</sup> EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,<sup>18</sup> the following conclusions can be drawn with regard to the working conditions of older workers<sup>19</sup> in Italy:

- In Italy, the exposure to *carry heavy loads* at work does not decrease significantly with age (31% of young workers, and 32% of older workers). The percentage of older workers in Italy carrying or moving heavy loads for at least a quarter of the time is the same as the EU average (32%)
- Older workers in Italy are slightly more exposed to *tiring or painful working positions* than at EU level: 21% of older Italian workers reported being in tiring or painful positions (almost) all of the time in 2010, while across the EU 16% of older workers reported the same.
- The share of older workers who reported having to *work at night* at least once a month was lower in Italy (11.4%) than across the EU (16%) in 2010. The share of older workers exposed to *shift work* in Italy is similar to the EU average (13% and 14% respectively).
- Satisfaction with *reconciliation between working and private time* among older workers in Italy has decreased by around 5% between 2005 and 2010. Furthermore, a lower share of Italian older workers think their working time fits well with their private life (76%), than the share among older workers EU-wide (85%).
- As in most other EU Member States, the number of people reporting *three or more external constraints on their work pace* (such as demands from people or production/performance targets) decreases with age in Italy: 34% of young workers report that at least three external factors determine their work pace against only 29% of older workers (which is similar to the EU-27 average of 27% of older workers).
- In Italy, a significantly lower share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 16% compared to 26% respectively.

<sup>18</sup> Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: <http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010> (Accessed December 2014)

<sup>19</sup> The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years

- In Italy, a lower share of older workers reported in 2010 that their *work did affect their health negatively* (24%) than across the EU (27%).
- *Satisfaction with working conditions* among older Italian workers has slightly decreased between 2005 and 2010 (by around 5%). In 2010, the share of older Italian workers who were satisfied with their working conditions was slightly lower (78%) than the EU average (84%).
- The share of older Italian workers who think they will be *able to do their current job at the age of 60* decreased between 2005 (75%) and 2010 (65%). Furthermore, this share was lower than the share among the older workers across the EU who thought the same in 2010 (71%).
- In Italy, 34% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Four percent of those that responded did not know whether their workplace had been adapted to older workers<sup>20</sup>.

### Health

In 2011, estimations showed that Italian men of the age of 65 years had a *life expectancy* of around 18.5 additional years<sup>21</sup> including 8.1 considered “*healthy life years*”, which is close to the EU average (life expectancy of 17.8 years including 8.6 “*healthy life years*”). Women of the age of 65 had a life expectancy of 22.2 additional years (21 years in the EU) but only 7 “*healthy life years*” compared to the 8,6 at EU level.

The *perceived health status* among employed persons in Italy worsens with age as demonstrated in Table 2 below.

**Table 2, Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status**

	16-44 years	45-54 years	55-64 years	65 years and above
<b>Employed</b>	2.4%	4.8%	6.1%	8.7%

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth\_silc\_01]

As shown in Table 3, the share of Italian workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was lower than the EU average for the same age group in 2007.<sup>22</sup>

<sup>20</sup> European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet for Italy. Available at: [http://ec.europa.eu/public\\_opinion/flash/fl\\_401\\_fact\\_it\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_401_fact_it_en.pdf) (accessed December 2014).

<sup>21</sup> Eurostat 2013 'Life expectancy by age and sex' [demo\_mlexpec]

<sup>22</sup> EU LFS ad-hoc module 2007 on accidents at work and work-related health problems “Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw\_pb1]”; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

**Table 3, Self-reported work-related health problems by workers in Italy and EU-27, by age group**

IT 25-34 yrs	5%
IT 35-44 yrs	7%
<b>IT 45-54 yrs</b>	<b>9%</b>
<b>IT 55-64 yrs</b>	<b>8%</b>
<b>Men</b>	<b>9%</b>
<b>Women</b>	<b>7%</b>
<b>EU-27* 55-64 yrs</b>	<b>11%</b>

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw\_pb1]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution<sup>23</sup>. \*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France. \*\* definition differs

The *most serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (Table 4).<sup>24</sup> However, compared to the EU average, the prevalence of pulmonary disorders was also high in Italy for all age groups. The prevalence of mental disorders as most serious work-related health problems is at its peak for the age group “45-54”, whereas cardiovascular disorders take up an increasing share with age, especially among men.

**Table 4, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases<sup>25</sup>**

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	<b>Total</b>	3.2	50.8	20.4	8.2
	<b>(EU-27*)</b>	(2.9)	(60.9)	(16.4)	(4.9)
	Women	3.2	45.3	22.3	9.3
	Men	3.2	54.5	19.1	7.5
45-54 yrs.	<b>Total</b>	4.6	49.8	23.2	6.7
	<b>(EU-27*)</b>	(6.2)	(61.3)	(13.5)	(4.7)
	Women	3.6	48.5	24.8	6.1
	Men	5.3	50.8	22.0	7.2

<sup>23</sup> See Eurostat Evaluation Report AHM 2007, p. 26, available at:

<http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

<sup>24</sup> EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw\_pb5]; the module distinguishes 8 different problems in total.

<sup>25</sup> More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: <http://ec.europa.eu/eurostat/web/lfs/data/database>

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
55-64 yrs.	<b>Total (EU-27*)</b>	8.5 (11.3)	50.0 (59.9)	13.0 (9.2)	9.1 (5.8)
	Women	5.5	56.9	13.1	8.8
	Men	10.4	45.6	12.9	9.3

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw\_pb5]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution<sup>26</sup>. \*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

### Definition

No official definition of the elderly population and the older labour force exists in Italy. Conventionally, the older labour force is composed of people aged either over 50, or between 55 and 64, while individuals over 65 (sometimes over 60 in the case of women) belong to the elderly general population. Most policy measures targeted at mature workers set a threshold at the age of 50<sup>27</sup>.

## 1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Italy.

### Overall structure

In Italy, the institutional system for occupational health and safety (OSH) comes under the Ministry of Labour and Social Policy<sup>28</sup> and the Ministry of Health<sup>29</sup>, in conjunction with the Regional Coordination Committees and the social partners. Their responsibilities include delivering advice for legislative developments, supervision, promoting health and assisting businesses.

- The **Ministry of Labour and Social Policy** (through its Division III) develops, implements and monitors OSH legislation. The Ministry also promotes safety and prevention culture and develops strategies to prevent occupational accidents and diseases. It also manages the Standing Advisory Commission on health and safety at work (see "social dialogue" below).
- The **Ministry of Health**, and in particular its Directorate-General for Prevention, is responsible for the quality of living and working environments and prevention of occupational diseases and accidents.

### Enforcement authorities

Inspection activities are carried out by various actors at different levels of implementation:

- The **Local Health Agencies** (ASL) have the primary responsibility for the supervision and control over compliance with regulations on health and safety at work in their territory. They act under the responsibility of the Regional Committees.
- The **Labour Inspectorate**, under the responsibility of the Ministry of Labour and Social Policy, is responsible for the inspection activity with regard to the implementation of legislation on health

<sup>26</sup> See Eurostat Evaluation Report AHM 2007, p. 26, available at:

<http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

<sup>27</sup> Ciccarone, G., *EEO Review: Employment policies to promote active ageing, Italy*, European Employment Observatory, 2012, p. 2

<sup>28</sup> Ministry of Labour and Social Policy website: <http://www.lavoro.gov.it/> (accessed October 2014)

<sup>29</sup> Ministry of Health website: <http://www.salute.gov.it/> (accessed October 2014)

and safety at work in specific matters, which relate in particular to the construction industry<sup>30</sup>. The inspection is carried out by the inspection services of the **Provincial Direction of Labour**. These territorial institutions are also encouraged to organise prevention and health promotion activities in workplaces, with specific reference to the Article 8 of the legislative decree 124/2004. These initiatives consist in the organisation of informative meetings on the most important issues in labour law, social legislation and health and safety at work, aimed to guarantee and ensure full compliance with labour and social security regulation.

- The **General Directorate for Prevention of the Ministry of Health** also acts on the prevention of occupational diseases and accidents and the prevention of exposure to chemical, physical and biological agents in the work environment.

#### *Social security system*

- The **National Institute for Social Security** (Istituto nazionale della previdenza sociale) (INPS)<sup>31</sup>, is the main social security organisation in Italy and insures almost all employees of the private sector and, since the adoption of Decree Law No. 201/2011<sup>32</sup>, also those of the public sector. Its main activity is to provide payment of various types of contributory (i.e. based on the contributions paid by the workers) and non-contributory pensions and benefits. Benefits include also income or family support measures (e.g. unemployment, disease, maternity, family allowances, etc.).
- The **National Institute for Insurance against Accidents at Work (INAIL)** is the Italian workers' compensation authority.<sup>33</sup> It is funded by the contributions of employers and provides protection to workers from damage resulting from work related accidents, death and occupational diseases. In particular, it provides temporary benefits, permanent pensions (in case of permanent disability) and death grants. In parallel to compensation, it pursues a plurality of objectives: to reduce injury occurrence; to provide insurance for all workers; to guarantee the reintegration of injured workers into social and working life. It also provides information and training, research, advice, assistance and support to enterprises in the field of safety and health at work, in a participatory manner with national authorities, other bodies and organisations operating in this field and with the Social Partners. The Institute carries out technical-scientific activities, research, experimentation, control, consultancy, assistance and higher training, in the field of OSH.
- The **National Health System** is also part of the social security system. It is funded through general tax revenue, and is managed at the regional level (by the local health units).

#### *Research institutes*

- The **National Health Institute (ISS)**<sup>34</sup> is the leading research institution for the protection of public health. It is a technical-scientific body of the National Health Service. The Institute conducts scientific research in a wide variety of fields, from cutting-edge molecular and genetic research to population-based studies of risk factors for disease and disability. Furthermore the Institute plans, implements and evaluates training activities in risk assessment and safety and health at workplaces.
- The **Institute for the Development of Vocational Training of Workers (ISFOL)**<sup>35</sup>, is a national research institute operating in the field of education, vocational training and labour policies as to contribute to the improvement of employment conditions, of human resources and social inclusion and to local development, within a European and international perspective. In such a framework ISFOL provides technical support to the Ministry of Labour, Health and Social Policies, the Regions, the Autonomous Provinces and local bodies.

<sup>30</sup> Articles 13 and 14 of legislative decree no. 81 of 9 April 2008.

<sup>31</sup> INPS website: <http://www.inps.it/portale/default.aspx>

<sup>32</sup> Converted into national Law No. 214/2011

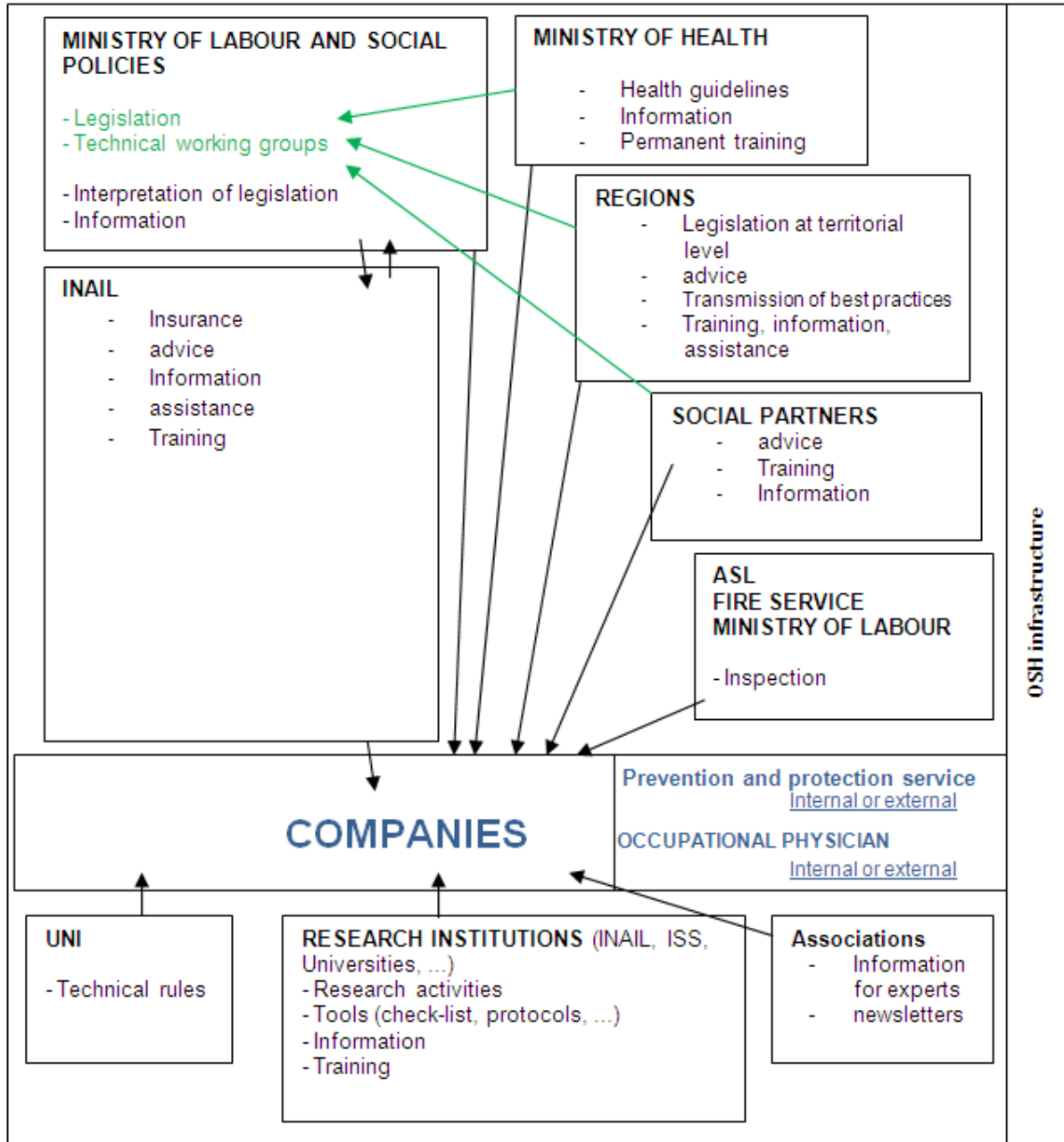
<sup>33</sup> INAIL website: [http://www.inail.it/internet\\_web/appmanager/internet/home](http://www.inail.it/internet_web/appmanager/internet/home) (accessed October 2014)

<sup>34</sup> ISS website: <http://www.iss.it/> (Accessed October 2014)

<sup>35</sup> ISFOL website: <http://www.isfol.it/> (Accessed October 2014)

- The **Prevention and Protection Unit of the National Research Centre (CNR)**<sup>36</sup> provides guidelines and advice to improve work environment and working conditions.

Figure 3, The OSH infrastructure in Italy on an implementation level



Source: EU-OSHA, OSH WIKI “OSH system at national level – Italy”<sup>37</sup>

**Social dialogue**

The main forum for social dialogue on OSH is the **Advisory Panel on Health and Safety at Work** and the **Regional Committees of coordination**.

- The **Standing Advisory Committee on Health and Safety at Work** (*Commissione consultiva*)

<sup>36</sup> CNR website: <http://www.mi.cnr.it/servizi-di-area/servizio-prevenzione-e-protezione> (Accessed October 2014)

<sup>37</sup> EU-OSHA, OSH WIKI, “OSH system at national level – Italy”, as above.

*permanente per la salute e la sicurezza sul lavoro*)<sup>38</sup>, established by the Ministry of Labour and Social Policies<sup>39</sup>, is a tripartite body composed of:

- Nine members appointed by nine different ministries (Labour and Social Security, Health, Economic Development, Interior, Defence, Infrastructure, Transport, Agriculture, Food and Forestry and Social Solidarity);
- A member of the Presidency of the Council of Ministers;
- Ten representatives of the Regions and Autonomous Provinces of Trento and Bolzano;
- Twenty experts nominated by the most representative trade unions and employers organisation;
- Members of other public institutions that have expertise in the field.

Main areas of activity relate to the *implementation of legislation* on safety and health at the workplace, to the *elaboration of guidance documents* (e.g. standardised procedures for conducting the risk assessment, qualification of businesses and self-employed), and to the *promotion of a culture of prevention and good practices*.

- The **Regional Committees of coordination** (Comitati Regionali di coordinamento) are responsible for planning and providing guidelines for prevention and surveillance activities on their territory in compliance with national regulations. The Committees are chaired by the President of the regional council or a regional councillor. The members are representatives of various organisms and bodies involved in the implementation of policies concerning health and safety at work, such as: ASL (Local Health Units), ARPA (Regional Agency for Environment protection), Fire brigade Inspectorate, Regional agencies like INAIL, ANCI (National Association of Italian Municipalities), UPI (Union of Italian Provinces), Maritime health Authority, Port authorities. Moreover, four representatives from employers' organizations and four representatives from trade union organizations are included.<sup>40</sup>

Social partners are active in the implementation of legislations at national and regional level. Many agreements related to health and safety at work are made through collective bargaining, as stated in Legislative Decree n. 81 from 9 April 2008 on Occupational Health and Safety. Social partners also play an active role for the implementation of policies supporting employment. Recently, trade unions have addressed the issue of older workers essentially from an employment perspective, rather than from a health and safety point of view, because of the current economic climate. The document submitted in January 2012<sup>41</sup>, at the occasion of the labour market reform, suggests that trade unions are especially concerned with older workers affected by the crisis<sup>42</sup>.

It is interesting to note that in contrast to most OECD countries, trade union density<sup>43</sup> in Italy has experienced only a limited decrease between 1993 and 2006 (from 39.2% in 1993 to 33.2% in 2006) and has even started increasing again since 2006 to reach 36.9% in 2013 (compared to an average of 16.9% in OECD countries).<sup>44</sup>

### 1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain

<sup>38</sup> Advisory Panel on Health and Safety at Work webpage:

<http://www.lavoro.gov.it/sicurezzaalavoro/MS/CommissionePermanente/Pages/default.aspx> (accessed October 2014)

<sup>39</sup> Art. 6 of Legislative Decree 81/2008

<sup>40</sup> EU-OSHA, OSH WIKI, "OSH system at national level – Italy", as above.

<sup>41</sup> Joint document on the labour market reform, Cgil Cisl Uil, 17 January 2012, available at:

<http://www.cgil.it/news/Default.aspx?ID=18169> (Accessed October 2014)

<sup>42</sup> Eurofound, *Italy: The role of governments and social partners in keeping older workers in the labour market*, Università degli Studi di Milano, 2013. Available in English at <http://www.eurofound.europa.eu/eiro/studies/tn1210012s/it1210019g.htm> (Accessed October 2014)

<sup>43</sup> Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics*). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

<sup>44</sup> OECD (Online OECD Employment database: <http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union> (accessed October 2014)



any provisions in relation to older workers.

### **Occupational health and safety legislation**

- **Legislative Decree No 81/2008** (modified by Legislative Decree No 106/2009), on **Occupational Health and Safety**, is the main piece of legislation on the obligations of employers and employees in relation to health and safety at work. It reformed and codified the various provisions on occupational health and safety, previously fragmented in a number of different laws. In general, older workers are considered as any other group of workers. However, as per Art. 28, par. 1, of the Decree, the employer is responsible for assessing the risks for the safety and health of workers and subsequently accommodate their workplace in function of their needs, e.g. when choosing the work equipment, or when assessing chemicals and hazardous substances used. This assessment should take into account also those risks associated to particular categories of workers, including workers suffering from work-related stress and pregnant women and take into account “risks associated with age”, which covers both older and younger workers. Legislative Decree No. 81/2008 contains several provisions ensuring a better protection of older workers:
  - Art. 168 recommends that the handling of loads, and all physically-demanding tasks, should be assigned also considering *age-related criteria*. The maximum load for those under the age of 45 is indicated in the ISO 11228 (Parts 1, 2, 3) technical rule, mentioned in the Annex XXXIII of the Decree.
  - Art. 176 of legislative decree No. 81/2008 includes a special provision for workers over 50 regarding *medical examination* (e.g. biannual medical examination instead of every five years). Furthermore, Art. 41 states that workers have the right to ask for further medical examinations, in addition to those provided on a regular basis, in the event of an alteration of their health status or a medical condition affecting their performance. Their *work ability*, whether partial or total, should be also verified. The employer must assign the worker to another task that is more compatible with their health status, in the event of an inability to perform a specific task duly certified by the health authority. Importantly, Art. 41, paragraph 2 *e-ter*, provides health examinations prior the return to work, following an absence of more than sixty days for health reasons, in order to assess the fitness or unfitness for the relevant tasks.
- The Decree of the President of the Council of Ministers of 17 December 2007 for a "**Pact for the protection of health and prevention at the workplace**"<sup>45</sup> is an important step in the definition of principles underlying the structures that control and promote safety and health at the workplace in Italy. It is a non-binding pact between the national Government and the regional and local authorities, in order to define the most effective actions to be taken forward to achieve the objectives described.

### **Employment and labour legislation**

At the end of the 1990s, the Italian Government adopted a number of labour reforms aiming at introducing more flexibility in the labour market and employment contracts, with the main purpose of reducing unemployment. Along with other European countries, Italy adopted in this context, measures aiming at facilitating older workers' access to the labour market, mainly financial incentives for companies and flexible contracts:

- The 2003 **Biagi Law** (Law 30/2003<sup>46</sup>) fostered the involvement of private agencies in the provision of employment-related services, and introduced new flexible contractual typologies (i.e. staff leasing, job on call) and employment opportunities (like deregulation of part time work), not only in order to boost employment but also to protect the most vulnerable categories of workers. The law encouraged the *access of older workers into the labour market* by providing participating firms with economic incentives and the possibility to sign ‘discontinuous’ employment contracts or ‘job on call’ (*‘contratti intermittenti’*) for workers over 45 who had been excluded from the employment cycle, and other general incentive measures for employing those

<sup>45</sup> Available on ALTALEX website: <http://www.altalex.com/index.php?idnot=39683> (accessed October 2014)

<sup>46</sup> Amended by Legislative Decree 251/2004, Decree Law 35/2005 and Decree Law 112/2008

over 50 and other disadvantaged groups. Employed individuals over 50 would also benefit from incentives at the normative and economic level through the ‘*Contratto di inserimento lavorativo* – CIL’ (Work placement contract), which aimed to insert, or reinsert, workers in the labour market through individual projects. However, the more recent **Law 214/2011 (so called “Legge Fornero”)** repeals this type of contract, replacing it with tax reductions for employers who hire workers from some disadvantaged categories, such as women of any age and men over 50 who have been unemployed for at least twelve months. It also encourages employers to make further use of the “*contratto intermittente*” (job on call). One of the main objectives of the Legge Fornero law is that of favouring new employment opportunities and/or the income protection of workers over 50 who lost their job (article 1). The provisions of this law pursue the double objective of, on the one hand, favouring the entry of young people into the labour market, by accompanying older people to a gradual retirement (for instance turning full time contracts into part time contracts) and, on the other hand, encouraging the protection of older workers who are willing to re-enter the labour market after having lost their job.

- The **Budget Law 2007** (Law 296/2006) introduced a specific measure targeted at older workers aiming at supporting the creation of new jobs and *reducing exits from the labour market*. This measure (called “the solidarity agreement between generations”) allows for the transformation of contracts of workers over 55 from full time to part-time while also bringing in at the same time part-time contracts for people under 25, or people less than 30 if they have a university degree. However it does not seem to be an official tool used by collective bargaining, but rather a staff management measure (i.e. a voluntary agreement between employer and individual worker) that is sometimes used by companies unilaterally and not systematically.
- Recently, the labour law was reformed with the adoption of the **Jobs Act**, which brings together several different laws and reforms various aspects of the labour law. More specifically for older workers, it is worth stressing the *relocation contract* (article 17, decree of 4 March 2015). According to this tool, each worker dismissed has the right to be personally assisted and tutored by the public or private employment services for the tailored search for a new job. The worker has the duty to be fully participative and active in the procedure and the employment service has to profile the worker according to his/her level of employability. Older workers are expected to be the main recipients of the tool as they have generally lower levels of employability.

### **Antidiscrimination legislation**

- A general **framework on antidiscrimination** with regard to older and disabled workers was set up only in 2003, when the Italian legislator transposed into Italian law the Community Directives no. 2000/78/CEE and 2000/43/EC through Legislative Decree no. 215/2003 and Legislative Decree no. 216/2003. These intervene respectively to protect the equal treatment of persons – regardless of racial or ethnic origin and to protect equal treatment in matters of employment and working conditions. The provisions of Article 15 on Workers' Statute were further expanded, adding to the origin of discrimination also factors of disability, sexual orientation, *age* or personal belief.
- Law n. 68/1999 “**Regulation for the right to work of persons with disabilities**” (and its implementing regulation DPR 10.10.2000 n. 333) aims to promote the inclusion and integration in the labour market of people with disabilities. The law requires private and public sector employers with more than 15 employees to employ a quota of disabled workers. Employers complying with the Law have access to financial incentives and technical support<sup>47</sup>. The law also covers people who reported more than 33% *disability* due to an accident at work or due to an occupational disease with a degree of disability.

## **1.4 Pension system**

The comprehensive pension reform adopted in December 2011, brought major changes including the immediate switch to the national-defined contribution (NDC) system which was applied to all workers on a pro-rata basis from January 2012 (rather than from the mid- 2020s), the increase in retirement age

<sup>47</sup> From INPS website: <http://www.inps.it/portale/default.aspx?itemdir=6249> (Accessed October 2014)

(again from January 2012) and the gender harmonisation of the public and private sector pension systems.

### **Retirement age (official and actual)**

In 2011, retirement ages were already set at 65 and 60 for men and women, respectively. The 2012 reform brought them to 66 for men (and for women in the public sector) which will also be the normal retirement age for all women by 2018. From 2021, no workers will be able to retire before age 67 and retirement age will go well beyond 67 after 2021<sup>48</sup>. According to the OECD, the effective retirement age in 2012 was 60.5 for women and 61.1 for men<sup>49</sup>.

### **Early retirement / partial retirement**

- Early retirement is quite widespread in Italy and therefore stricter limits to **early retirement** have been introduced (except for physically demanding jobs). Early retirement (with reduced benefits) is possible after accumulating 41 years of social contributions for women, or 42 years for men<sup>50</sup>.
- Under the current legislation, there is the possibility to **continue working after retirement** without restrictions. The ability to combine full pensions and labour income is valid both for those who receives a *retirement pension* and for those who received an *old-age pension*. This is mainly regulated by Law No. 388/2000 and Law No. 335/95 (respectively applicable to workers belonging to the earnings-related and mixed systems and to the contributions-based system). Workers entitled to an old-age pension or to a retirement pension with 40 years contribution are allowed to cumulate their pension and labour incomes with no constraints.

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<sup>48</sup> OECD, *Pensions at a Glance 2013: Retirement-Income Systems in OECD and G20 Countries*, 2013. Available at: <http://www.oecd.org/pensions/public-pensions/OECDPensionsAtAGlance2013.pdf> (Accessed October 2014)

<sup>49</sup> Source: OECD estimates on the "[average effective age of retirement versus the official age, 2007-2012](#)"

<sup>50</sup> EEO, *EEO Review: Employment policies to promote active ageing, Italy*, European Employment Observatory, 2012, p.3

## 2 Overview of policy, strategy and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Italy to address the issue of work sustainability and healthier working lives.

### 2.1 Initiatives from government/government-affiliated organisations

#### *Occupational health and safety*

The Ministry of Labour has published a document, approved on 29 May 2013, on the Standing Advisory Committee on Health and Safety at Work's proposals for a **National Strategy for the prevention of accidents at work and of occupational diseases**<sup>51</sup>. With this document, the Advisory Committee has sought to enhance the dissemination of the culture of health and safety at work, the promotion and dissemination of safe behaviours, improve monitoring activities and support the effectiveness of prevention activities. More specifically, the National Strategy aims to, inter-alia:

- Prepare and disseminate tools freely available online on governmental websites or dedicated websites to support firms, particularly with respect to small, medium and micro enterprises (good practices, guidelines, operating procedures, informative material).
- Carry out systematic informative campaigns on OHS both to the general public and targeted groups or economic sectors; to strengthen the information system with the aim of identifying regional needs differentiated by gender;
- Programme and plan actions for increasing the levels of safety in the workplace through the improvement of inspective services as well as information and assistance to workers and enterprises;

Both musculoskeletal and neoplasms disorders are considered priorities for supervisory action to encourage the reduction of occupational diseases. Nothing is mentioned on older workers, age management or work ability.

In order to achieve a coherent *planning of inspection activities* on the Italian territory, the Ministry Labour and Social Policies annually publishes a programming document. The "**Programming Document of the supervision activity for the year 2013**"<sup>52</sup> outlined specific targets for intervention, the modalities of technical surveillance and the promotion of prevention activities. It also defined the project for the quality, transparency and uniformity of the inspection system. Specific reference is made to inspections that verify the implementation of law 68/99 on the protection of workers with disabilities. Specific inspections with regard to the condition of older workers are not mentioned in the Plan.

#### *Active ageing*

The **2012 National Programme**<sup>53</sup> **promoting an active, vital and dignified ageing in a solidarity-based society** aims at promoting a new, more positive idea of old-age, volunteering and a range of other activities that *favour an active ageing*, and it encourages life-long learning projects, the transmission of knowledge from older to younger generations, education programmes on active and healthy life-styles and the solidarity between generations also through a sounder family support.

The programme encourages Regions and local authorities to set up programmes in order to fully

<sup>51</sup> Available on the website of the Ministry of Labour:

[http://www.lavoro.gov.it/SicurezzaLavoro/Documents/Documento\\_29\\_maggio\\_2013\\_Strategianazionale.pdf](http://www.lavoro.gov.it/SicurezzaLavoro/Documents/Documento_29_maggio_2013_Strategianazionale.pdf) (Accessed October 2014)

<sup>52</sup> Available at: <http://olympus.uniurb.it/images/stories/pdf/2013programma.vigilanza.pdf> (Accessed October 2014)

<sup>53</sup> Programma Nazionale di lavoro Per un invecchiamento attivo, vitale e dignitoso in una società solidale, available at: <http://www.invecchiamentoattivo.politicheperlafamiglia.it/wp-content/uploads/2012/02/Anno-invecchiamento-2012-Programma-nazionale-lavoro.pdf> (accessed October 2014)

implement the national strategy and exchange information and ideas. To this aim, the Presidency of the Council of Ministers created a web site for the European year of active ageing, together with a dedicated e-mail, where citizens and actors can submit events and initiatives at local, regional and national level and publish studies or research papers on related issues. In cooperation with the Ministry of Labour and Isfol, the national strategy envisages the *screening and monitoring of regional and local plans for an active ageing and the regular review of the implementation of such plans*, which will also take into account the comments of stakeholders and trade unions.

The Programme enumerates a number of initiatives and Ministerial working papers adopted in various areas (social policy, volunteering, inter-generational dialogue, etc.) in order to facilitate the achievement of national and European objectives.

The activities promoted include:

- Monitoring of regional and local initiatives for active ageing: The research carried out the selection and later classification and description of regional and local initiatives, implemented from 2007 and addressed to workers in their second half of career (over-45s)<sup>54</sup>. Examples of initiatives regard incentives to encourage old workers to remain in employment, training opportunities and promotion of health and wellbeing for older workers.
- Monitoring of European information campaigns on active ageing: this involved getting a feedback from the main information activities and campaigns in support to national programmes for active ageing in other European countries.
- Monitoring of employment services in EU member states: The research has examined different employment service systems for older workers in other EU Member States.
- Monitoring of the regional strategy of Madrid International Action Plan on Ageing (MIPAA)<sup>55</sup> in Italy.

## Employment

Up to the 1990s, the government adopted a number of measures – such as early retirement – to force older workers out of the labour market and to deal with the ageing of the workers. However, solutions of this kind are now regarded as misguided, marginalising older workers instead of providing them with adequate retraining. Italy is now trying to redesign the employment policies with a view to *promoting employability* for this age group, safeguarding their *OSH rights*, and *increasing employment rates* by postponing exit from employment for those aged over 50<sup>56</sup>.

The most recent **reform of the labour market** (law 92/2012) introduced:

- A *tax incentive* for companies employing over-50 workers who have lost their job for over 12 months: This means employers benefit a 50% tax reduction both with fixed-term contracts (the reduction lasts 12 months in this case), and open-ended contracts (the reduction lasts 18 months in this case)<sup>57</sup>. This is not something completely new, as a matter of fact, in 2010 the Finance Act already established similar incentives.
- The *restructuring of employment agencies activities* in order to create measures supporting over-50 workers: They provide a specific *placement service* (work agencies matching demand and supply and offering consultancy and training) designed for people struggling in the labour market. Besides, for some years now, employers' organisations and local institutions (especially Town halls) have developed many initiatives at local level, sometimes by joining their forces. These activities common objective is creating financed projects (sometimes by the European

<sup>54</sup> Eurofound, Presentation "Improving Working Conditions: Contribution to Active Ageing – The Case of ITALY", 2012. Available at: <http://www.eurofound.europa.eu/docs/events/2012/fssrome/italy.pdf> (Accessed October 2014)

<sup>55</sup> <http://undesadspd.org/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx>

<sup>56</sup> ADAPT Consortium, *ELDERS project – Elder Employees in Companies Experiencing Restructuring: Stress and Well-Being*, Final Report presented to the European Commission under the Community Programme for Employment and Social Solidarity – PROGRESS (2007-2013), Modena, 2009-2010. Available at: [http://adapt.it/archivio\\_bollettinoadapt/site/home/progetti/elders/documento10916.pdf](http://adapt.it/archivio_bollettinoadapt/site/home/progetti/elders/documento10916.pdf) (Accessed October 2104)

<sup>57</sup> Eurofound, *Italy: The role of governments and social partners in keeping older workers in the labour market*, 2012. Available at: <http://www.eurofound.europa.eu/eiro/studies/tn1210012s/it1210019q.htm> (Accessed October 2014)

Social Fund) for the reintegration of over-50 workers that lost their jobs<sup>58</sup>.

Although Italy does not have a formal policy promoting the transfer of experience between generations, some recent initiatives are bringing common responses to the unemployment of young and older workers:

- **Generation Handover** is a new employment formula that guarantees the placement of young people and at the same time the maintenance of mature workers within the same company. The mechanism is sponsored by the Ministry of Labour, with the Ministerial Decree 807/2012 and funded by the ESF within the Project 'Welfare to Work policies for re-introduction to work 2012 - 2014'<sup>59</sup>. The mechanism is based on a simple and effective formula which stimulates the employer to take on young people as trainees and / or for an open-ended contract, while offering a conversion of the contract - from full-time to part-time - to older workers of the same company. The older worker is encouraged to voluntarily accept the transformation of the contract because it will still guarantee (by a minimum of 12 months to a maximum of 36 months) the full payment of social security contributions despite working only half time.

## 2.2 Initiatives from social partners

No initiatives from the social partners have been identified.

## 2.3 Initiatives from other organisations

The **L'Incontro initiative** is a non-profit, social cooperative<sup>60</sup>. It recruits *older maintenance workers* from the region's local industries to work as instructors in protected job-centres. The workers had either recently retired or had taken early retirement: flexible work practices using part-time contracts and variable work shifts were thus adopted. The L'Incontro initiative began in 1992 and was first prompted by problems encountered in recruiting qualified health care staff. As a result, management, with the approval of the assembly members, began to recruit workers who have taken early retirement and recently retired older workers. It also introduced flexible work schedules, i.e. part-time contracts and daily and weekly work schedules that matched workers' needs.

The initiative had positive effects for the cooperative, in terms of better services, better employee relations and increased motivation. The new employees – former specialised line workers and team leaders from the mechanical, electrical, electronic and agricultural sectors – raised the overall level of professional skill and expertise in the workforce and allowed L'Incontro to expand its production lines. Older workers also benefited, by *extending their working lives* without the restrictions of a full-time or inflexible job

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<sup>58</sup> *Ibid.*

<sup>59</sup> Information available on Italia Lavoro website: <http://www.italialavoro.it/wps/portal/w2w> (Accessed October 2014)

<sup>60</sup> Eurofound, *L'Incontro Cooperative, Italy Job recruitment and flexible work practices*, 2009. Available at: <http://www.eurofound.europa.eu/areas/populationandsociety/cases/it004.htm#contentpage> (accessed October 2014)

### 3 Overview of policy, strategy and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Italy, rehabilitation or return-to-work services focus on two specific categories of people: those who have suffered from an occupational disease or injury and are under the responsibility of the INAIL and people with a recognised degree of disability who benefit from various mechanisms supporting the reintegration of people with disabilities into the labour market.

The following chapter first describes the institutional system in Italy for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

#### 3.1 The national system for the rehabilitation/return to work of sick/injured workers

##### *Legal and policy framework*

The legislation governing rehabilitation is based on the **consolidated law on compulsory insurance against accidents at work and occupational diseases** (Presidential Decree No. 1124/1965 as amended) and subsequent legislation and court decisions, including legislative Decree 38/2000 on **insurance for occupational injuries and diseases**. Besides the financial assistance (which covers the economic losses caused by the inability to work and the permanent damages), Decree 1124/1965 also includes provisions on health care assistance, aimed at facilitating the rehabilitation of working capacity and alleviating the consequences of the injury suffered. Art. 86 provides that the insurer (i.e. INAIL) provides the injured worker with all the necessary medical or surgical treatments even after the clinical recovery, as long as they are intended to fully rehabilitate the worker and facilitate his return to work. Importantly, Art. 178 states that INAIL also provides for the rehabilitation, re-education, qualification, requalification, vocational training and, generally, the practical and psychological assistance of those workers who, following an occupational accident, lose at least 4/5 of their working capacity (so called “grandi invalidi”). The aim is to help these workers make as much progress in recovery as possible.

Other relevant laws include:

- **Legislative Decree 81/2008** (as amended) is the main national legislative text regulating OSH issues (see Section 1.3). It essentially tells employers and workers what are their respective duties in relation to the prevention of accidents and diseases, the protection of physical and mental health in any working environment. It requires employers to accommodate the workplace on the basis of an assessment of the risks to workers and in function of their needs. In addition, Art. 41 provides health examinations prior the return to work, following an absence of more than sixty days for health reasons, in order to assess the fitness or unfitness for the relevant tasks.
- The **Framework Agreement concerning the support to workers who have suffered injuries or occupational diseases** was approved in February 2012 by the State-Regions Conference. The Agreement between INAIL, Regions and Autonomous Provinces sets a general framework under which local and national authorities, together with the INAIL, should adopt and implement cooperation agreements aimed at achieving a full synergy and coordination of services for the prevention of accidents at work and the rehabilitation and social reintegration of workers who suffered injuries or experienced diseases. On this basis, agreements and conventions have

already been signed between the INAIL and some Regions which, besides the abovementioned issues, provide the possibility to start scientific research and training programmes on prosthetic technological developments, social reintegration pathways, programmes promoting physical activity for people with disabilities, etc.

- **Law 68/99 on the right to work of disabled people** (see Section 1.3) deals with the recruitment of people with disabilities but not with the reintegration of injured or disabled workers. It only applies to disabled workers having a disability of more than 33% certified by INAIL. It is interesting to note that employers complying with the Law in terms of quotas of employment of people with disabilities have access to financial incentives and technical support.
- **Law 190 of 23 December 2014** (article 1, paragraph 166) gives INAIL the expertise in the reintegration at work of persons with disabilities caused by work, through the implementation of projects that provide: retraining and upskilling; adaptations of work-stations; and the removal of architectural barriers in the company to allow the maintenance of the worker in the job or identification of a new position.

### **Main actors and steps in the rehabilitation process**

The **National Institute for Insurance against Accidents at Work (INAIL)** – see Section 1.2) is the public institute that manages the insurance against work-related accidents and occupational diseases. The INAIL compensates damages caused by work-related accidents and occupational diseases by providing financial compensations, healthcare and rehabilitation. INAIL is therefore also the responsible body for *rehabilitation and return-to-work activities* for workers who have suffered an occupational accident or disease. Decree No. 38, which has streamlined the overall role of the INAIL, entitles workers suffering from an *occupational disease or accident* to the maximum possible recovery of their work ability and to a rehabilitation programme aimed at encouraging reintegration into family, social and employment activities. INAIL assesses the worker's remaining work capacity and provides technical assistance and information and operation technology systems for the reintegration of the worker into social and working life. INAIL's work aims at the *recovery of autonomy* and the *development of psycho-physical capacities*, that would promote the quality of life, accessibility and would facilitate reintegration within the family, social and work habits. Psychological support is also provided to the injured workers and their families.

The “**taking in charge**” (“presa in carico”) activity is performed by a multidisciplinary team from INAIL. It includes the preparation, implementation and monitoring of a rehabilitation programme, led by multidisciplinary teams, who work together to create an *ad hoc* rehabilitation programme for the injured worker, covering prosthetics assistance, rehabilitation and reintegration into social relationships. These teams operate in the national and regional INAIL offices and usually include a medical director, a social assistant and an administrative officer, together with other consultants called on a case-by-case basis. The multidisciplinary teams offer the injured worker an integrated service of sanitary, rehabilitative, administrative and social nature, which takes into account the specific needs of the individual. The **Regulation for the granting of technical instruments and supporting actions for the physical and social rehabilitation of workers**<sup>61</sup> represents the main instrument for the implementation of ‘taking-in-charge’ activities. Inter alia, it provides the involvement of the worker's family in the rehabilitation process.

In relation to the social rehabilitation and the re-integration into work, the “Programme Report 2011-2013” acknowledges the *need for a more holistic approach* to the issue and the creation of an institutional network which facilitates the effective and full provision of the above services to the workers. It foresees that the involvement of social partners and consultancy local committees (Comitati Consultivi Provinciali) will help develop further and more effective actions aimed at the social and working rehabilitation of workers. No mention of the role of the employer is made anywhere in the relevant texts, but each Region implements different ‘taking-in-charge’ programmes, which may well provide for the involvement of the employers.

The **National Institute for Social Security (INPS)** – see Section 2) administers contributions and cash benefits to employees of the private and public sector in case of non-work-related sickness/health problem.

The INPS has adopted special conventions with affiliated thermal centres, where workers suffering from

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<sup>61</sup> INAIL Prosthetic Regulations 2011, available in English at the website: [http://www.superabile.it/web/en/INAIL\\_Prosthetic\\_Regulations\\_2011/INDEX\\_REGULATIONS/info373272293.html](http://www.superabile.it/web/en/INAIL_Prosthetic_Regulations_2011/INDEX_REGULATIONS/info373272293.html) (Accessed October 2014)



certain diseases (e.g. rheumatic diseases, disorders of the respiratory tract, sinusitis and otitis, vascular and gastrointestinal apparatus diseases, etc.)<sup>62</sup> can undergo specific treatments according to the pathology as identified in the medical certificate drawn up by their general practitioner. The treatments are free of charge, and aim to avoid, delay or remove the diagnosed invalidity. There are certain conditions to be fulfilled in order to benefit from these treatments, such as number of years of contribution to INPS.

The INPS provides support to a special category of citizens, the civilian disabled or invalids<sup>63</sup>, who are people who suffered a permanent reduction of at least one third of their ability to work, due to congenital physical or mental disabilities (also those that have a progressive chronic character). This support is mainly financial (disability pension – see below). In addition, these categories of people are entitled to an additional pension to pay the services of a person assisting them in their everyday life. The INPS also includes in the category of “civilian disabled” any worker over 65 who experience permanent difficulties in carrying out daily tasks and activities.<sup>64</sup>

#### *Return to the workplace after sickness absence*

Art. 41(2) of Legislative Decree No. 81/08 states that, as a result of absence for health reasons for a period exceeding 60 continuous days, it is mandatory to check the suitability to work – through a medical examination. Such an examination is carried out by the “competent doctor” (understood to mean an occupational physician). Following the visit, the “competent doctor” can express a negative opinion on the worker's suitability (temporary or partial) for the specific task. This opinion must be expressed in writing stating the time limits in the case of temporary disability and notified to the employer and the employee. Pursuant to Art. 42 of Legislative Decree No. 81/08, the employer is required to assign the employee, where possible, to an equivalent position or, if this is not possible, to lower level position while ensuring the original remuneration.

In principle there is no legal provision that prevents a worker from undertaking a paid activity while on sick leave, “provided it does not jeopardise or delay the recovery and the return-to- work”. After a period of long illness (e.g. cancer) *return to work in the form of part-time* may even be taken into consideration by the worker and the employer. The oncologist or the general practitioner can formulate the request and the final decision must be taken by agreement of the INPS and the occupational physician, as well as the employer. The total duration of part-time may vary. The part-time for health reasons allows continuing to receive daily sickness allowances in addition to the part-time salary<sup>65</sup>.

When returning to work after a long illness, the occupational physician may propose, if desired, a *medical monitoring through regular visits*. The occupational physician can direct the worker to a psychologist (in the case of cancer for example) to facilitate the return to work and help establishing a new professional project. If, after two medical examinations at the intervals of 15 days, the doctor believes that the work place is no longer appropriate, he/she may issue a judgment of unsuitability. This decision will be subject of consultation between the occupational physician and the worker.

The jurisprudence, as stated in the judgment of the Supreme Court of 12/14/99 N.10465, shares the view that the *permanent non-suitability allows withdrawal from the contract*. Dismissal is also allowed in the case of a partial non-suitability, provided that the employer proves that the worker cannot be moved to a lower level position. In this case, the former employee is then required to register as a job-seeker to its national office for employment.

### **Compensation system**

#### *Compensation system for sickness absence*

In case of illness, the employee receives an adequate compensation, established by law and by collective bargaining agreements.<sup>66</sup> The remuneration is paid by the employer, if the law or collective

<sup>62</sup> The exhaustive list is provided in an Annex of the Ministerial Decree (Ministry of Health) 15 December 1994

<sup>63</sup> Law 118/1971, article 2.

<sup>64</sup> Legislative Decree 509/1988, article 6.

<sup>65</sup> The part-time work is governed by Legislative Decree no. 61/2000, which has undergone significant changes with the entry into force of Legislative Decree no. 276/2003.

<sup>66</sup> Article 2110 of the Civil Code

bargaining provides so, or by the **illness benefit** paid by the INPS. The employee requires a medical certificate, which is issued by a general practitioner and sent directly to the INPS. The worker must then undergo medical examination and controls at their home, under the responsibility of the local health authorities (ASL).

The sick leave can last up to a maximum of 3 months or 6 months depending on the level of seniority (less than 10 years of service, more than 10 years of service respectively). The duration may be modified by individual collective agreements. The daily allowance illness benefit paid by the INPS is granted from the 4<sup>th</sup> day of illness and up to a maximum of 180 days in a calendar year. This cannot be less than 50% of the salary of the previous month.

In the event of work-related accident or occupational disease, the employer must pay 100% of the salary for the day on which the accident or the occupational disease occur, when the latter has caused absence from work. The employer must pay 60% of the salary for the next 3 days, with an additional treatment required by the sectoral employment contract. INAIL has to pay 60% of the daily salary by the 4<sup>th</sup> day following the day on which the accident or the occupational disease occurred until the 90<sup>th</sup> day. From the 91<sup>st</sup> day until clinical recovery, the payment bonus increases by 75%. The employee loses the right to INAIL payment bonus after three years and 150 days from the day on which the accident or the disease occurred.

#### *Compensation system for disability or reduced capacity to work*

The **disability pension** is an economic service, delivered on demand, in favour of workers for whom an absolute and permanent inability to perform any work is assessed. The conditions to perceive a disability pension include:

- absolute and permanent inability to perform any work due to illness or physical or mental defect;
- at least 260 weeks (five years of contributions and insurance) of which 156 (three years of contribution and insurance) in the five years preceding the date of submission of the application

Italy is among the OECD countries that are mostly focused on compensation-oriented disability policies rather than focusing on reintegration into society and the labour market (along with Greece, Portugal and Ireland in the EU).<sup>67</sup>

## 3.2 Specific initiatives

### **Rehabilitation centres**

As mentioned in Section 3.1, rehabilitation services to people suffering from an occupational injury or disease are delivered by INAIL. This is done through 11 physio-kinesitherapy clinics located throughout the territory as well as at the Centre for Rehabilitation of Volterra and at the Centre for Prosthetics Vigorso Budrio.

#### *Centre for rehabilitation of Volterra*

The centre for rehabilitation of Volterra delivers **musculoskeletal rehabilitation services**. The Centre is certified ISO 9001-2008 and holds institutional accreditation by the Region of Tuscany. Its organisational and functional model is aimed at the “taking-in-charge” (see above) of the workers immediately after the injury or in the post-acute phase of the injury as well as when clinically stabilised. The main objective of the centre is to respond quickly to the needs of the injured workers intervening with high-quality personalised rehabilitation treatments. The team of the Centre consists of rehabilitation physician, physiotherapist, nurse, psychologist professionals.

#### *INAIL Prosthesis Centre*

The INAIL Prosthesis Centre is an ISO 9001-2008 certified company. It applies the most up to date technical knowledge in the field of orthopaedics. It is the unique centre in Italy where the **functional and psycho-social conditions** of the injured worker is reconstructed, for the complete reintegration into the world of work, the family and the society. With the Presidential Decree 782/84, the Prosthesis Centre

<sup>67</sup> OECD, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010, p86.

functions have been further defined. It is called "Centre for testing and application of prostheses and orthopaedic devices" and essentially operates on three fronts:

- Search for new technologies for the production;
- Production and supply of prostheses and orthopaedic devices;
- Rehabilitation and training in the use of the prosthesis;
- Psycho-social service, carried out by specific multidisciplinary team.

The Prosthesis Centre can be accessed by disabled people, people suffering from congenital and/or traumatic disorders, pluri-amputated and spinal cord injuries.

### ***Services to people with disability***

The disabled worker, with a degree of disability greater than 33% determined by INAIL, can subscribe to the placement of disabled workers under Law 68/99. INAIL provides training programmes not only for unemployed disabled people with disability greater than 33%, but also in favour of injured workers who were maintained in their job, regardless of the degree of disability, ensuring that the injured workers do not lose their jobs.

#### *SuperAbile*

In 2000, INAIL set up SuperAbile, an **online service of information, guidance and advice on disability issues**. SuperAbile is one of INAIL services available to injured workers and persons with disabilities to work. The service consists in an "Integrated Contact Centre" composed of a call centre that offers free of charge information services and advice on disability issues in multiple languages and a specialised website accompanied by a monthly magazine available online. The services are accessible to different types of disability (sensory, motor and cognitive) and are provided according to the principle of "peer counselling". This consists of employing operators and experts with disabilities, thereby creating opportunities for re-employment of disadvantaged people. SuperAbile works with the network of all social and institutional actors.

## 4 Conclusions

### General context

#### Facts and figures

- Italy's population has been continuously ageing since 1960 and its *median age* in 2012 was two years older than the median age of the EU overall population (44 compared to 42). The ageing of the Italian population is predicted to continue and the old-age dependency ratio will increase from 33% in 2012 to 53% in 2060 (which is not that much more than the EU average of 50% in 2060).
- Both *life expectancy* and the estimated "*healthy life years*" at the age of 65 in Italy were similar to those at EU level in 2011, except the number of health life years for women at the age of 65, which is more than one year shorter in Italy than in the EU (7 compared to 8.6).
- In Italy, the proportion of workers over the age of 50, in the *labour market*, is low in comparison to the EU overall (40% compared to 49% respectively), despite having increased constantly since 2002. The current economic crisis has affected most of them at all levels, from managers to low-skilled workers.
- Italian workers reported a slightly worse situation than on EU average in several aspects of *working conditions* (tiring positions, work at night, work life balance, on-the-job training). In addition, satisfaction with working conditions and expectation to be able to do the same job at 60 both decreased since 2005. Surprisingly, a higher share of older workers reported in 2010 that their work did not affect their health negatively (73%) than across the EU (65%).
- Retirement age is set at 66 years but effective retirement age is still quite low for both men and women. Consequently, over the past decade early retirement possibilities have been restricted while the possibility to continue working after retirement has been extended, including by combining old-age pension and work revenues.

#### Legal and institutional framework

Adaptation of the workplace to the needs of the older workforce or to people with limited work ability is provided for in the OSH and anti-discrimination legal framework insofar as it transposes the requirements of the EU OSH and antidiscrimination legislation. Some additional age-specific dispositions regarding handling of loads and medical examinations are included in the Italian OSH legislation.

From an institutional point of view, the National Institute for Insurance against Accidents at Work (INAIL) plays an important role in the prevention of accidents and diseases, the maintaining of work ability and the rehabilitation of those who have suffered from an occupational accident or disease. Social dialogue is very strong in Italy – with a long-lasting above-average trade union density, and social partners have recently focused on the issue of the employment rate of older workers but have not yet addressed the question of their working conditions.

#### OSH and older workers

At national level, initiatives in support of workers aged 50+ are generally fragmented and limited to certain areas (regions, provinces, towns), whereas key issues like lifelong learning are addressed through national measures.

In general, policies specifically targeting older workers are intended to reduce unemployment in the context of the economic crisis<sup>68</sup>. Although the reform of the pension system shows a clear political will to extend working lives, employment policies encouraging workers to stay longer in employment are still rare and not integrated into a coherent policy framework. The Italian Government has however introduced active labour market policies aiming at reducing unemployment of workers over 50, such as subsidies for recruiting older workers and flexible contractual arrangements. Italy is one of the countries

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<sup>68</sup> Eurofound. *Italy: The role of governments and social partners in keeping older workers in the labour market*, as above.

that have most actively relied on part-time contracts and flexible work arrangements, such as on call jobs, to reduce unemployment. Recently, employment policies tend to link the unemployment of young and older workers.

The debate on active ageing has recently focused the attention on lifelong learning. Measures to encourage vocational training are not however specifically directed at older workers, and in general, have low participation rates<sup>69</sup>. Italy has not yet a formal policy on career management, and employment policies have introduced few motivation mechanisms for staying longer in employment.

In addition, the improvement of working conditions and health at work is not part of measures related to older workers.

### ***Rehabilitation/return-to-work***

In general, rehabilitation or return-to-work services in Italy focus on two specific categories of people: those who have suffered from an occupational disease or injury and are under the responsibility of the INAIL and people with a recognised degree of disability who benefit from various mechanisms supporting the reintegration of people with disabilities into the labour market.

People who have suffered from non-work-related health problems can benefit from rehabilitation services (mostly focused on the medical treatment) offered by the national social security organisation, the INPS.

The OSH and accident insurance legislation lays down the various obligations of the INAIL, INPS, employer, occupational physician and worker in the return process and includes provisions related to the accommodation of the workplace, the reclassification of workers declared unable to take up their former position and the possibility to combine part-time work and sickness allowances.

However, no legal or policy framework focuses yet on the coordination of these various actors in order to offer a holistic approach to the rehabilitation process of workers who have suffered a health problem (whether occupational or not). INAIL's "taking-in-charge" activities with multidisciplinary teams comprising health professionals, social experts and work experts are going into that direction but for the moment are focused only on those suffering from occupational health problems.

### ***General conclusions***

Italy, strongly affected by the 2008 economic crisis, has been focusing over the past few years on increasing the employment rate of all age groups, with a particular focus on younger workers. Workers over 55 have therefore also benefitted from more flexible employment policies, including flexible contractual arrangements and economic incentives. The issues of the working conditions of the older workforce and, more generally, of the need for sustainable working conditions throughout the working life have not yet been considered, except for certain innovative activities of the INAIL to encourage the return to work of workers with a health problem.

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<sup>69</sup> *Ibid.*

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