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Age-It and the promise of Positive Demography

Rethinking ageing with sustainable policies

Daniele Vignoli and Gustavo De Santis (Eds.)

ISBN: 978-88-32003-17-8

Editorial and graphic design project Caterina Livi Bacci

AGE-IT AND THE PROMISE OF POSITIVE DEMOGRAPHY. RETHINKING AGEING WITH SUSTAINABLE POLICIES

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Neodemos Associations 2025

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1. INTRODUCTION. BEYOND THE "DEMOGRAPHIC WINTER"

Daniele Vignoli and Gustavo De Santis

Population change is one of the defining stories of our time. Longer lives and smaller families are reshaping our societies in ways that no previous generation has experienced. These trends are often portrayed as a crisis—a "demographic winter" or an impending burden on future generations. Yet there is another way to see them. Population ageing is also a testament to human progress: we live longer, healthier, and safer lives than ever before. Demographic change is not merely a challenge to be managed, but also a success to be valued and an opportunity to be shaped.

This e-book is grounded in a positive demographic perspective—a viewpoint centred on change and adaptation, echoing key recommendations from the World Health Organization, the United Nations, and the European Commission. As emphasised by the Italian Association for Population Studies (AISP), positive demography does not mean overlooking the real challenges posed by population ageing, low fertility, or social inequality. Rather, it invites us to shift our gaze from fear and alarm towards understanding and action. It encourages us to view demographic transformation as a new phase in the history of our societies: not better or worse than before, but different, and rich in possibilities for renewal.

Italy stands at the forefront of this transition. It is among the oldest countries in the world, with one in four citizens aged 65 or over and one of the highest life expectancies globally. Fertility remains very low, and regional differences continue to shape demographic realities across the country. Yet Italy also provides an exceptional setting in which to explore the future of ageing societies. Its achievements in longevity, vibrant local welfare systems, and long tradition of family solidarity make it a "natural laboratory" for studying how to age well in an ageing society. The Italian case therefore offers lessons not only for Europe, but also for many countries now undergoing similar demographic shifts.

It is within this context that the *Age-It Research Programme – Ageing Well in an Ageing Society* was established. Supported by the National

Recovery and Resilience Plan and the Italian Ministry of University and Research, Age-It represents one of the largest and most ambitious research initiatives on ageing ever launched in Europe. With an investment exceeding €115 million and a broad interdisciplinary partnership, Age-It brings together experts in demography, medicine, biology, economics, psychology, engineering, and the social sciences. Its aim is not only to understand the causes and consequences of population ageing, but also to design practical, evidence-based solutions for individuals, families, and institutions.

Age-It is organised into ten thematic research centres, known as "Spokes", each devoted to a key challenge of ageing: from the demographic foundations of longevity, fertility, and migration, to the biology of ageing, the complexity of multimorbidity, and the sustainability of care systems. Other Spokes address the silver economy and the role of older adults in the workforce, the cultural and political dimensions of ageing societies, and the development of innovative technologies for health and inclusion. Cross-cutting initiatives also focus on education and lifelong learning, data management, and the transfer of research findings into public policy.

The central message of Age-It is clear: ageing should not be seen solely as a cost, but as a shared opportunity to promote well-being, equity, and sustainability. By building bridges between scientific research and policymaking, the programme seeks to foster a holistic vision of ageing one that combines social innovation with practical action. The challenge is not merely to adapt to demographic change, but to shape it, aligning demographic trends with the broader goals of sustainable development and intergenerational justice.

This e-book draws on Age-It's research agenda and presents a selection of the most pressing population challenges facing Italy and other ageing societies today. It explores the demography of ageing, including fertility (Ch. 2 and 3), longevity and health (Ch. 4), and migration dynamics (Ch. 5 and 6); the growing focus on frailty and resilience in later life, examining how to assess and mitigate vulnerability (Ch. 7); the demography of care, analysing how families, institutions, and communities can respond to this growing issue (Ch. 8); the silver economy, where older adults play active roles as workers, consumers, and innovators (Ch. 9); and the question of intergenerational justice, concerning fairness between younger and older generations (Ch. 10).

Each of these topics is discussed with particular attention to their policy implications. The goal is to translate demographic knowledge into actionable insights for a sustainable ageing agenda. This involves rethinking traditional indicators—such as the old-age dependency ratio—which too often convey an overly pessimistic picture, and instead developing measures that better capture improvements in health, education, and life expectancy. It also entails identifying strategies that combine adaptation—preparing for the realities of an ageing population—with mitigation—addressing the underlying drivers of demographic imbalance, such as persistently low fertility or unequal access to care.

The positive demography perspective promoted by Age-It thus offers a new way forward. It recognises that demographic change is not destiny, but a domain for policy action. Just as societies have successfully adapted to industrialisation, urbanisation, and globalisation, they can also adapt to population ageing. The key lies in foresight, inclusiveness, and a steadfast commitment to fairness across generations.

Ultimately, the story of ageing is the story of humanity's success—and its next great challenge. With the right policies and a shared vision, it can also become the story of our renewal. This e-book invites readers to engage with that challenge, exploring how a positive and sustainable approach to demographic change can help build societies that truly enable everyone to age well—today and tomorrow.

ACKNOWLEDGEMENTS

We acknowledge funding from the National Recovery and Resilience Plan, Next Generation EU, Project Age-It: "Ageing Well in an Ageing Society". The views and opinions expressed are only those of the authors and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the European Commission can be held responsible for them.

https://ageit.eu/wp/en/

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2. FERTILITY POLICIES IN ITALY. FROM SHORT-TERM INCENTIVES TO STRUCTURAL REFORMS

Daniele Vignoli, Raffaele Guetto and Elisa Brini

KEY POINTS

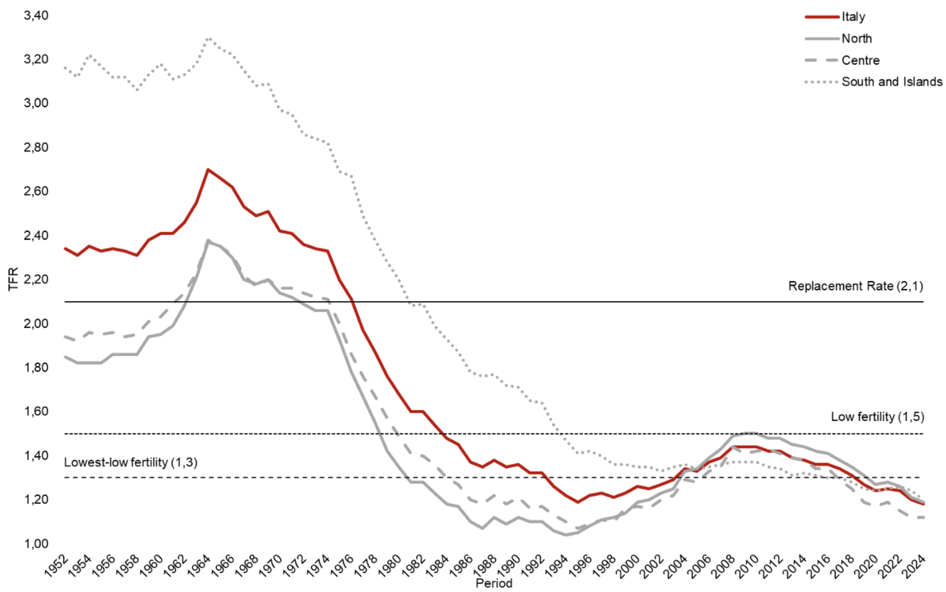
- Italy's persistently low fertility does not stem solely from changing preferences or cultural shifts, but mainly from structural economic, social, and institutional constraints that limit individuals' ability to realise their parenthood plans.
- Public support for parenthood in Italy remains limited: early childhood services are insufficient, paternity leave is poorly incentivised, and the regulatory framework does not promote young people's economic independence. Meanwhile, job insecurity, wage stagnation, and economic and housing uncertainty hinder the transition to adulthood.
- Pro-natalist policies, often consisting of fragmented measures such as one-off cash transfers, have shown only modest effectiveness in sustaining birth rates. To address the "demographic crisis" in a lasting way, a coherent package of structural reforms is needed—promoting youth autonomy, gender equality, the expansion of childcare services and parental leave, and the protection of reproductive health throughout the life course.
- Persistently low birth rates, one of the causes of population ageing, call for an integrated and multidimensional approach: structural reforms, more than spot bonuses, are needed to improve living conditions.

1. THE UNRESOLVED ISSUE OF LOW FERTILITY IN ITALY

Italian demographic dynamics are shaped by two interrelated trends: rising life expectancy and persistently low fertility. Together, these processes place Italy among the world's most rapidly ageing countries, with far-reaching consequences for economic and social sustainability. They contribute to a shrinking labour force, an increasing dependency ratio between older and younger generations, and mounting pressure on public spending—particularly in pensions and healthcare.

However, fertility decline in Italy is not a recent phenomenon. As shown in Figure 1, after peaking at 2.66 children per woman in 1964, the total fertility rate (TFR) began to fall in the 1970s, alongside processes of social and economic modernisation. A brief recovery in the early 2000s did not alter this long-term downward trajectory, which, according to recent ISTAT estimates, reached a historic low of 1.18 children per woman in 2024. This marks four consecutive decades of low fertility: since 1984, the TFR has consistently remained below 1.5. This trajectory places Italy among the European countries with the lowest fertility levels, well below replacement rate.

Figure 1. Trend in Total Fertility Rate in Italy, 1952-2024



Source: demo.istat, Total Fertility Rate [retrieved on Sept 12, 2025

Particularly worrying is the gap between desired and realised fertility—the so-called fertility gap. According to the ISTAT survey *Children and Young People: Behaviours, Attitudes and Future Projects* (October–December 2023), which explored key aspects of young people's everyday lives, 80% of respondents aged 11–19 who wish to become parents aspire to have at least two children. Yet among women born in 1973—those who have recently completed their reproductive careers—only 36% have had two or more children. Italy's fertility gap is among the widest in Europe, accompanied by high levels of involuntary childlessness.

Parenthood is also increasingly postponed. In 2024, the mean age at motherhood reached 32.6 years, with a growing share of mothers aged over 40. Delayed childbearing reduces the likelihood of having multiple children and increases the risk of infertility, as reflected in the rising use of assisted reproductive technologies, which now account for around 4% of all births.

The fertility gap reveals an unrealised reproductive potential and highlights the persistence of economic, social, and institutional constraints that hinder the fulfilment of parenthood aspirations. Despite more than four decades of low fertility, the "demographic crisis" has only recently entered the political agenda. Policy responses have so far been limited to short-term financial incentives or rhetorical appeals, failing to tackle the deeper structural barriers to family formation.

2. POLICY APPROACHES TO FERTILITY DECLINE

Two main models of intervention can be identified in the debate on fertility policies: the pronatalist approach and the structural approach.

- The *pronatalist approach* assumes that low fertility results from individual choices shaped by the weakening of traditional family norms and the rise of individualism. From this perspective, public action seeks to directly stimulate births through targeted financial incentives—such as bonuses, allowances, and tax breaks—as well as through symbolic recognition, often framed within rhetoric that emphasises traditional family models.
- The *structural approach*, by contrast, does not directly target reproductive behaviour. Instead, it seeks to address the broader socio-economic conditions that indirectly influence it. Policies inspired by this perspective aim to create a supportive environment for life-course transitions, combining family policy with interventions addressing labour market insecurity, housing instability, insufficient early childhood education and care (ECEC), and gender inequality.

Although analytically distinct, the two approaches are not mutually exclusive. The French experience demonstrates that pronatalist measures and structural interventions can be effectively integrated, helping to sustain fertility at levels relatively higher than in other European contexts.

3. STRUCTURAL DETERMINANTS OF FERTILITY

Since the 1990s, influenced by the OECD *Jobs Study* (1994) and the European Employment Strategy, many European countries—including Italy—have pursued labour market deregulation to reduce perceived rigidities and curb unemployment. These reforms led to the spread of temporary and flexible contracts, producing segmented labour markets divided between "insiders" and "outsiders". In Italy, deregulation fell disproportionately on new entrants, leaving the employment security of established workers largely intact. The result was a deepening dualism, characterised by fixed-term contracts, fragmented careers, and widespread income uncertainty. Young adults—the group most directly involved in reproductive decision-making—have been the most exposed to these dynamics.

Comparative research shows that in contexts where the regulatory gap between permanent and temporary employment has widened, the TFR has declined. This pattern, observable across age groups and institutional settings, underlines the systemic role of employment insecurity in shaping fertility behaviour.

At the micro level, strong evidence links unstable employment—temporary contracts or periods of unemployment—to delayed parenthood. Although the effect varies by gender, cohort, and region, it is particularly marked among women and in Southern Europe. In these settings, employment precarity constitutes a major structural disincentive to childbearing, one that increasingly weighs on younger generations.

In Italy too, the delaying effect of temporary employment on fertility is well documented. Individuals entering the labour market with a fixed-term contract are significantly less likely to become parents than those starting in permanent positions. Alderotti et al. (2024) further show that careers marked by instability and interruptions are associated with lower completed fertility. The strengthening of this relationship over time, especially among women, highlights how employment insecurity has become a pivotal factor in Italy's fertility decline.

4. THE ITALIAN FAMILY POLICY REGIME: EVOLUTION AND LIMITATIONS

In comparative perspective, Italy exemplifies a familistic welfare regime, where the state plays only a residual role in supporting parenthood, while the family remains the primary provider of care and resource redistribution.

Historically, Italian family policy has been characterised by low generosity, selective coverage, and significant fragmentation. The introduction of the *Universal Child Allowance* in 2022 represented an important step towards the universalisation of financial support for children. Yet the relatively modest benefit levels and strict income thresholds limit its potential impact on fertility behaviour.

Parental leave provisions are likewise inadequate to promote a more equitable division of care between mothers and fathers, especially in international comparison. While parental leave is formally transferable, the low replacement rate for optional months (30%) discourages fathers from taking it. Paternity leave, gradually extended from one day in 2012 to ten days in 2022, has achieved only partial uptake: between 2021 and 2025, around 60–65% of fathers used it, and only 28% for the full duration. This institutional design reinforces gendered care patterns and women's disproportionate exposure to the opportunity costs of motherhood.

Provision of early childhood education and care (ECEC) for children under three also remains limited. Despite some expansion, enrolment rates fall short of the European Commission's 2030 targets and exhibit strong regional disparities. In Southern Italy, where public provision is especially scarce, private providers have largely driven expansion, reproducing socio-economic inequalities in access and deepening the stratification of parenting opportunities.

5. EVIDENCE ON THE EFFECTIVENESS OF FAMILY POLICIES FOR FERTILITY

Research on the effectiveness of family policies in influencing fertility outcomes has expanded considerably, though findings remain mixed.

Early reviews (in the 2000s) suggested that family policies had generally modest and temporary effects, explaining only a small part of the cross-national variation in fertility across high-income countries. More recent studies, using quasi-experimental designs, provide a more positive picture. A systematic review by Bergsvik, Fauske, and Hart (2021) concludes that certain measures—especially parental leave and ECEC services—can produce substantial and lasting effects. By contrast, cash transfers such as birth bonuses tend to have modest and short-lived impacts.

For Italy, the evidence base is still limited, but emerging research offers valuable insights. Dimai (2023), examining the regional childcare subsidy in Friuli-Venezia Giulia, finds that access to affordable ECEC supports fertility. Similarly, Guetto, Alderotti, and Vignoli (2025), analysing the perceived impact of ECEC services, parental leave, and family allowances through a factorial survey experiment, show that not all measures are viewed as equally relevant to fertility outcomes. Full-time public ECEC provision is seen as more decisive than higher family allowances, while longer and more gender-equal parental leave is considered less influential.

A crucial insight from this study concerns the limited effectiveness of isolated interventions. Incremental adjustments to single policies appear insufficient to produce meaningful change. Only a coherent and simultaneous strengthening of multiple policy domains can substantially influence fertility. Yet broader socio-economic conditions still outweigh policy interventions: in a context of labour market instability, rising child-rearing costs, and declining real wages, the availability of dual earners and adequate household income remains a precondition for parenthood.

6. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

Which policies are needed to address Italy's persistently low fertility? The following policy recommendations aim to create a context in which individuals can have children if, and when, they wish to do so.

1. Italy's low fertility is the outcome of multidimensional barriers that call for a structural rethinking of family policy. Financial incentives alone are not sufficient. The key challenge is to build an overall environment that makes parenthood compatible with individual life plans.
2. Promoting work–family reconciliation within a framework of gender equality must be a central objective. This requires investment in policies that foster a more equitable distribution of care responsibilities between men and women, and the expansion of early childhood education and care (ECEC) services that are high-quality, widely available, and affordable.
3. Ensuring greater economic and housing stability for young people is a prerequisite, not a secondary goal. Employment stability and access to affordable housing are essential conditions for enabling young adults to leave the parental home and to reduce economic uncertainty—one of the main barriers to parenthood.

4. Policy coherence and continuity are crucial. Fragmented or intermittent measures risk undermining effectiveness and eroding citizens' trust in the state's ability to genuinely support families. Only an integrated, stable, and long-term approach can produce meaningful effects on fertility.

Ultimately, investing in a future that promotes youth autonomy, work–family balance, gender equality, and recognition of evolving family and demographic patterns is key to reversing the country's demographic trajectory. A clear signal of sustained public commitment to families—both current and prospective—through forward-looking and integrated measures is needed. Structural and coherent support can create an environment in which individuals are able to realise their reproductive aspirations.

In this sense, the paradigm of structural policy appears far more promising than the current reliance on pronatalist incentives.

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3. MEDICALLY ASSISTED REPRODUCTION IN ITALY

Alessandra Burgio, Cinzia Castagnaro, Daniele Vignoli and Agnese Vitali

KEY POINTS

- In recent decades, parenthood in Italy has progressively shifted to older ages, with the mean age at first birth approaching 32 years for mothers—the highest in Europe—and a growing incidence of births to mothers over 40. This postponement is influenced by cultural, social, and economic factors, but has the direct consequence of increasing age-related fertility problems.
- Medically assisted reproduction (MAR) is playing an increasingly central role in the path to parenthood. In Italy, in 2023, 3.9% of births were conceived through MAR techniques, reaching 6.4% for first births and exceeding 32% among women who have their first child after the age of 40.
- MAR is often sought after unsuccessful natural conception attempts, which contributes to raising the mean maternal age among women accessing these techniques (37.8 years compared with 32.3 years for natural conceptions).
- With its inclusion in the Essential Levels of Care from 2025, the role of MAR is expected to grow further. However, challenges remain in terms of accessibility, sustainability, and awareness of the biological limits of fertility.

1. MOTHERHOOD AT INCREASINGLY OLDER AGES

In recent decades, parenthood in Italy has been progressively delayed. The mean maternal age at first birth has nearly reached 32 years—the highest in Europe. At the same time, births to mothers in their forties have increased and are now among the most frequent in Europe (9% in Italy compared with 6% in the EU27).

The postponement of parenthood is linked to multiple factors, including longer education, labour market instability, economic difficulties, work–family reconciliation issues, and uncertainty about the future. However, delayed childbearing carries significant biological risks. Female fertility declines sharply after age 35, and the probability of conceiving naturally after 40 drops drastically. In this context, Medically Assisted Reproduction (MAR)—including techniques such as in vitro fertilisation, artificial insemination, and hormonal stimulation—represents for many couples the only feasible route to parenthood when natural conception proves unsuccessful.

2. ITALY IN THE INTERNATIONAL CONTEXT

Italy stands out internationally for two main reasons: one of the lowest fertility rates in the world (about 1.2 children per woman in 2023) and one of the highest mean maternal ages at childbirth (32.5 years across all birth orders). Maternal age is particularly high for first births, now approaching 32 years, and the contribution of fertility after age 40 has been rising, reaching 7.7% of total fertility in 2023. These features make Italy a distinctive case study.

In countries such as Denmark, Australia, and the United States—where the contribution of MAR to national fertility has been measured—it is already significant and steadily increasing. Italy, although entering this trajectory later due to initially restrictive legislation, now shows a rapid dynamic that is likely to continue.

3. THE STUDY: A FIRST NATIONAL ESTIMATE

In a recent study (Burgio et al 2025), we quantified, for the first time, the contribution of MAR to fertility in Italy. The analysis integrates data from multiple official sources, including the Istat register of live births among the resident population, Ministry of Health “Birth Assistance Certificates”, and Istat data on the resident female population of reproductive age.

This represents an innovative analysis, as the contribution of MAR to fertility had never been estimated in Italy. The study therefore provides crucial insights into the share of fertility levels attributable to MAR. The original article (Burgio et al 2025) referred to 2022. Here, we update the analysis to 2023 using the most recent available data.

4. MAIN RESULTS

In 2023, medically assisted reproduction (MAR) contributed 3.9% to total fertility. Although this share remains relatively low, its incidence on total fertility has nearly doubled over the past decade (Table 1). This growth reflects a structural transformation in reproductive pathways. The increase from 2.1% in 2013 to 3.9% in 2023 is not merely numerical; it signals a profound, yet subtle, shift in fertility dynamics.

Table 1 – Total fertility indicators with and without MAR by birth order (ages 15–59), 2013 and 2023

	Total		First order	
	2013	2023	2013	2023
TFR:				
total	1,389	1,206	0,696	0,598
without MAR	*1,359*	*1,159*	*0,672*	*0,560*
with MAR	*0,029*	*0,047*	*0,023*	*0,038*
MAR contribution to TFR (%):				
all ages	2,1	3,9	3,4	6,4
40 years and over	*8,6*	*17,2*	*16,7*	*32,1*
Mean maternal age at childbirth (years):				
total	31,5	32,5	30,6	31,8
without MAR	*31,3*	*32,3*	*30,4*	*31,4*
with MAR	*36,2*	*37,8*	*36,0*	*37,7*

Source: Istat, Ministry of Health.

For first births, the MAR share rises to 6.4%, nearly double the 2013 level (3.4%), highlighting MAR's central role in realising fertility intentions. Its relevance grows sharply with maternal age: among women aged 40 and over, 17.2% of total fertility rate is attributable to MAR, rising to 32.1% for women having their first child after 40. This underscores MAR as an increasingly critical pathway to parenthood at older ages.

The age profile of mothers using MAR is significantly higher than that of mothers conceiving naturally. For first births, women using MAR average nearly 38 years, compared with 31.4 years for natural conceptions—a difference of over six years.

MAR is primarily a medical intervention for infertility or subfertility. Except in rare cases of absolute sterility, couples usually attempt natural conception first, often for extended periods. This understandable delay naturally increases the age at which pregnancy is achieved through assisted techniques.

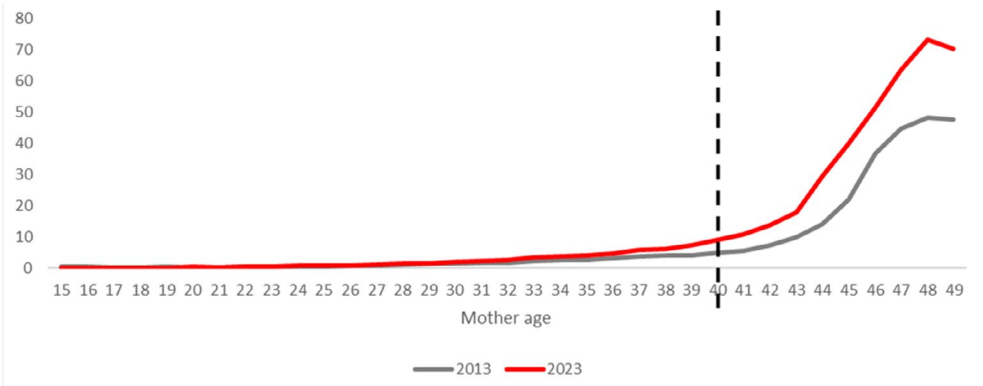
MAR is frequently undertaken at older ages, when the likelihood of spontaneous conception declines sharply. Age-related fertility challenges include declining ovarian reserve and oocyte quality, as well as other physiological conditions.

Additionally, the higher age of MAR users reflects increasingly complex life trajectories, where delayed motherhood is often linked to career decisions, employment instability, or the search for stable partnerships. MAR, therefore, is not only a clinical solution to infertility but also a reflection of social changes in the timing and pathways of parenthood.

The contribution of MAR to fertility continues to grow with maternal age, following patterns observed in 2013 but reaching higher levels, particularly after age 40 (Figure 1).

In 2023, one in six mothers over 40 relied on MAR for conception; among women aged 45–49, MAR accounts for over 50% of the average number of children.

Figure 1 – MAR contribution to fertility by maternal age (%) – 2013 and 2023



Source: Istat, Ministry of Health.

5. A HISTORY OF LAWS AND CHANGES

MAR in Italy is regulated by Law 40 of February 19, 2004 ("Rules on Medically Assisted Reproduction"). The original framework limited access to infertile heterosexual couples of reproductive age, either married or cohabiting. It also restricted each treatment cycle to a maximum of three embryos, all of which had to be transferred at once, and prohibited cryopreservation.

Over time, Constitutional Court rulings progressively relaxed these restrictions: in 2009, physicians were granted discretion over the number of eggs to inseminate, enabling embryo freezing; in 2014, the ban on heterologous MAR (with donated gametes) was struck down for cases of absolute infertility; in 2015, access was extended to fertile couples with transmissible genetic diseases, and pre-implantation genetic diagnosis was allowed.

MAR remains prohibited for single women and same-sex couples, and posthumous insemination is unlawful. The Ministry of Health issued new guidelines in March 2024, updating procedures and aligning Law 40 with Court rulings.

The National MAR Register, established in 2005 at the Istituto Superiore di Sanità, records all procedures performed in authorized centers. Data show strong growth: from 63,585 treatments in 2005 to 109,755 in 2022 (+73%) (last available data). Success rates (pregnancies per 100 transfers) doubled from 16.3% to 32.9%. The mean maternal age rose from 34 to 37, and the share of women over 40 increased from 21% to 34%. Meanwhile, the number of embryos transferred declined from 2.3 to 1.3 on average, reducing twin births from 23% to 6%.

6. A NEW SCENARIO FROM 2025

On December 31st , 2024, an important reform took effect: MAR was included in the Essential Levels of Care (LEA), the services the National Health Service must guarantee to all citizens. Homologous treatments (using the couple's own gametes) will now be free of charge, while heterologous treatments (with donated gametes) will cost around €1,500, varying by region. Access is guaranteed up to age 46.

This reform substantially lowers financial barriers and broadens access, regardless of economic status. However, it remains to be seen whether the health system can cope with rising demand, given that waiting lists in public centers are already long and uneven.

7. OPPORTUNITIES AND CHALLENGES

The expansion of MAR brings both opportunities and concerns. On one hand, it allows many to fulfill their desire for parenthood, reducing involuntary childlessness and widening possibilities at advanced ages. On the other hand, it could further postpone parenthood, reinforcing a cycle of delays.

A crucial issue is awareness. Many couples underestimate the biological limits of fertility. Medicine cannot fully compensate for age: success rates decline steeply after 40, and not all treatments succeed. MAR is not a guarantee, but an additional opportunity.

8. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

1. Medically assisted reproduction is no longer a marginal phenomenon, but a key element in understanding fertility in Italy. Without its contribution, the already low average number of children per woman would be even smaller. Looking ahead, it will be essential to monitor the impact of the new law and to invest in healthcare infrastructure capable of meeting growing demand.
2. At the same time, promoting greater awareness of fertility is crucial. MAR offers remarkable opportunities, but it cannot overcome biological limits. In a country where childbearing is increasingly postponed, the real challenge is not only to make treatments more accessible, but also to create social, economic, and cultural conditions that enable those who wish to become parents to do so at the most favourable stages of life.

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4. LONGEVITY, HEALTH, AND ACTIVE LIFE

Gustavo De Santis, Elisabetta Barbi, Vanna Boffo, Luigi Burroni, Chiara Comolli, Luisa Frova and Eleonora Trappolini

KEY POINTS

- The Italian population is ageing rapidly. However, the portion attributable to improved survival can be managed through an appropriate and automatic adjustment of all "threshold ages" marking transitions between life stages – not only the retirement age but also, for example, the age conventionally separating youth from adulthood.
- The most effective way to adjust these threshold ages in response to changing mortality is to maintain the constancy of life fractions at a level deemed appropriate by society. This can be achieved through simple calculations based on the current life tables, published annually by Istat.
- The postponement of workforce retirement is already underway, albeit probably at a pace that remains too slow.
- Remaining in the workforce at older ages can be fulfilling, but certain conditions must be met. In addition to improving work environments and adjusting roles, greater flexibility in working hours and increased use of part-time employment should be considered. However, the necessity of such changes does not yet appear to have been fully recognised by social partners.
- Preparation for retirement should begin well in advance. Both formal and informal training pathways that maximise individual potential and skills are feasible, yet they remain insufficiently widespread.
- Mortality rates are declining, but significant inequalities persist. Widowhood, for example, represents an additional risk factor. Likewise, low levels of education or residence in disadvantaged areas of the country – primarily in the South – also heighten mortality risks.

1. INTRODUCTION: WHO IS CONSIDERED ELDERLY?

The Italian population is ageing. One might say, just like the rest of the world – so a shared burden is a burden halved. Others might argue that, given the widespread nature of the process, little can be done, and resignation is the only option. Both perspectives hold some truth, but only partially. The phenomenon has multiple facets and far-reaching implications, not all of which are positive: it can, to some extent, be mitigated to reduce its impact, while at the same time, adaptation can be made as effective as possible. Let us proceed methodically.

To discuss ageing, it is first crucial to define who is considered elderly (referred to in this text as "senior" and denoted by the letter S). Later, we will also consider who qualifies as young (Y) and who as an adult (A). Even better would be to introduce at least one intermediate category, such as "mature adult," as it would often be useful to recognise a status of "half worker and half retiree" (or part-time in both conditions, if preferred). This is not excessively complex once a clear framework has been established. But let us begin with the definition of senior – namely, identifying a threshold age, denoted here as β, which distinguishes the elderly from adults and which, at least initially, can be considered the standard retirement age.

There are numerous possible criteria for determining this threshold. Typically, it is defined in a rather arbitrary manner based on years lived, with seniors often designated as those who have reached a given age – 65 being a common example. However, beyond the unavoidable arbitrariness of such a threshold, what makes this approach unconvincing is its temporal inconsistency when considering substance over form. If the aim is to compare across time as well as space, the standard assumption of ceteris paribus – that living to 65 today has the same significance as it did a century ago, or even just twenty years ago – is clearly untenable. People now live longer, in better health, with a greater residual life expectancy, higher educational attainment, improved support in cases of difficulty (e.g., mobility, vision, hearing), and, if employed, are generally engaged in less physically demanding jobs.

Rather than introducing too many variables – which would be difficult to control due to their heterogeneity – one might consider focusing on health conditions. Under this approach, an individual would only be classified as elderly when, beyond a certain age, their health status falls below a defined threshold. This idea is compelling and indeed applied in some contexts, yet it faces serious measurement challenges. Health is a broad concept, encompassing multiple dimensions – physical pain, psychological well-being, the ability to perform certain functions at a given level and within specific timeframes. It can be measured in various ways, with differing degrees of objectivity, and is also influenced by evolving expectations of what is considered "normal" to be able or unable to do at a given age.

To circumvent these obstacles, it may be simpler to focus on survival measures. Admittedly, this approach sacrifices the ability to assess the quality of life years, concentrating instead on their quantity. However, it offers greater precision and objectivity, as mortality risks and related indicators within a life table are now estimated with near-universal accuracy and minimal margins of error. Furthermore, available data suggest that health conditions tend to evolve in tandem with survival: individuals with an average of 20 years of life ahead are generally in better health than those with only 10 years remaining.

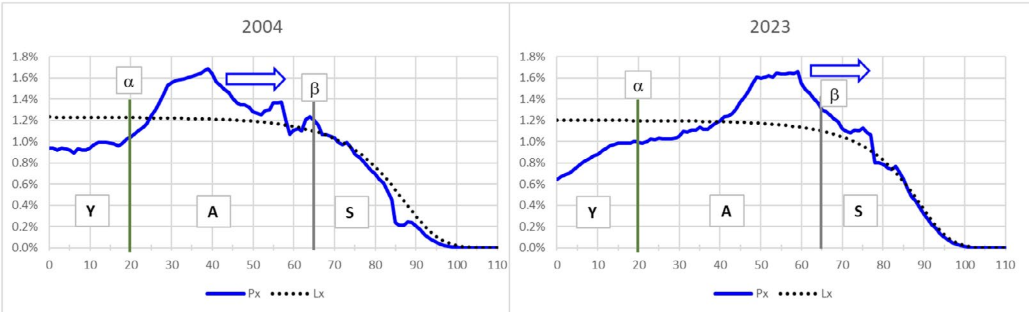
This approach, known as prospective age, is currently the most compelling to population scholars. The idea is simple: having selected a residual life expectancy threshold Z (e.g., 15 years), individuals are classified as elderly once their expected remaining lifespan falls below Z (15 years in this example). The difference from the previous criterion is substantial: if ageing is defined based on years already lived, improvements in survival lead to an ageing population. However, if it is defined based on years yet to live, the trend reverses, resulting in a *rejuvenation* effect. This is because the threshold age β, which separates adults from the elderly, shifts forward as e_0 (life expectancy at birth, or average lifespan) increases. As a result, the number of years spent as a senior remains relatively stable, while the time spent in other life stages – youth and adulthood – expands.

A more refined criterion, applicable to any threshold age, suggests maintaining life fractions constant at the level preferred by society. The calculation is straightforward: it simply requires using the L_x series (years lived) from the current life table or, if preferred, an average of the most recent mortality tables. The key advantage of this method is that it neutralises the impact of increased survival on population ageing.

2. SOME EXAMPLES

Between 2004 and 2023, the age pyramid of the Italian population has changed as illustrated in Figure 1 (solid line). The average age has risen from 42.5 to 46.6 years. If we set fixed threshold ages at α=20 and β=65 to distinguish the three groups – young, adult, and senior individuals (represented by vertical bars in Figure 1) – we observe that the old-age dependency index *OADI* (the ratio of seniors to adults, S/A) has increased from 31.5% to 41.6%, while the young-age dependency index (YADI=Y/A) has declined from 31.0% to 29.3% (Table 1). This reflects a significant ageing trend over a relatively short period – one that is likely to persist at a similar pace, if not accelerate, over the next 20 to 30 years (not shown here).

Figure 1. Age pyramids, actual and stationary populations, Italy, 2004 and 2023



Note: Arrows indicate the movement of the “crest of the wave” (the many born in the boom years of the 1960s) towards progressively higher ages as time goes by. Y, A, S = Young, Adults, Seniors; α, β = threshold age (fixed, in this figure).

Source: Istat

Table 1 illustrates how the same population proportions and corresponding structural indices change when calculated for the stationary population, represented by the dashed line in Figure 1. This stationary population is derived from the L_x series (years lived) of the mortality table, with indices marked by an asterisk. De Santis and Salinari (2023, 2024) proved that these asterisked values represent the long-term equilibrium towards which the actual population tends.

In practice, however, the convergence process is slow, and numerous other factors – such as fertility, migration, and changes in mortality – introduce variations, preventing the two curves (solid and dashed) from ever fully overlapping. The key point, however, is that these reference values (marked with an asterisk) indicate that if threshold ages remain fixed, the population will continue to age as survival improves – not only in the short term (as observed between 2004 and 2023) but also in the long run.

Table 1. Threshold ages, share of young people, adults and seniors and some age structure indices, Italy, 2004 and 2023

		Threshold ages			
			Prospective		Constant
		Fixed	β	αβ	Life shares
	(1)	(2)	(3)	(4)	(5)
Year	**2004**	**2023**	**2023**	**2023**	**2023**
e(0)	81.02	83.11	83.11	83.11	83.11
Alfa	20	20	20	22	20.4
Beta	65	65	66.5	66.5	66.3
Y	19.1%	17.1%	17.1%	19.1%	17.5%
A	61.5%	58.5%	60.5%	58.5%	59.9%
S	19.4%	24.3%	22.4%	22.4%	22.6%
*Y**	*24.6%*	*24.0%*	*24.0%*	*26.4%*	*24.6%*
*A**	*53.8%*	*52.9%*	*54.5%*	*52.1%*	*53.8%*
*S**	*21.7%*	*23.1%*	*21.5%*	*21.5%*	*21.7%*
OADI	31.5%	41.6%	37.1%	38.3%	37.8%
OADI*	*40.3%*	*43.7%*	*39.4%*	*41.2%*	*40.3%*
YADI	31.0%	29.3%	28.3%	32.7%	29.3%
YADI*	*45.7%*	*45.4%*	*44.0%*	*50.6%*	*45.7%*
			Average age		
Actual	42.5	46.6	46.6	46.6	46.6
Stationary	*41.8*	*42.6*	*42.6*	*42.6*	*42.6*

Note: Y=Young (initially 0-19 years); A=Adults (initially 20-64 years) and S=Seniors. OADI = Old-age dependency index = S/A. YADI = Young-age dependency index = Y/A. Values with an asterisk are calculated on the Lx (years lived) mortality table series of the period.

Aging measures in 2023, to be compared to those of 2004, in various scenarios:

col (2) keeping threshold ages constant (α=20 and β=65)

col (3): keeping α=20 but bringing β to 66.5 (age perspective consistent with β=65 in 2004)

col (4): bringing α to 22 and β to 66.5 (age perspective consistent with α=20 and β=65 in 2004)

col (5): bringing α to 20.4 and β to 66.3 (ages consistent with α=20 and β=65 in 2004 if the criterion of constancy of life shares is applied).

Source: HMD (www.mortality.org; 2004), Istat (2023) and own calculations.

If, however, the retirement age β is adjusted according to the prospective age criterion – keeping residual life expectancy at 65 constant at its 2004 level (19.64 years) – β must rise to approximately 66.5 years by 2023 (Table 1, column 3). This adjustment method, similar to that implemented in Italy under the Dini/Fornero pension reforms, helps stabilise the demographic structure and mitigates ageing: for instance, the old-age dependency index (*OADI*) increases to only 37.1% instead of 41.6%.

This approach, however, comes with both a cost and a bias. The cost is a significant increase in the retirement age – by about 1.5 years, compared to a rise in e_0 of approximately 2.1 years. The bias is that the population appears to become younger – or at least seems to. For example, the long-term old-age dependency index (*OADI**), which represents the value towards which the population is expected to converge, actually declines from 40.3% to 39.4%.

This bias arises from the implicit assumption that nearly all gains in life expectancy should be spent in the non-senior phase of life. The effect becomes even more pronounced if the prospective age criterion is also applied to α, the threshold separating young people from adults. In this case, α should increase from 20 to approximately 22 years (Table 1, column 4). Over time, this would expand the share of life spent in youth (G* rises from 24.6% to 26.4%), at the expense of both adulthood and old age.

By contrast, the changes in threshold ages appear more balanced, and the resulting demographic effects more reasonable, if the constancy of life shares criterion is adopted (Table 1, column 5). Assuming that the initial distribution represents an "ideal" balance – one worth preserving (a simplifying hypothesis in this example, but a crucial consideration in any practical application of these ideas) – the threshold ages increase only moderately (α from 20 to approximately 20.4 years, and β from 65 to about 66.3). As a result, all long-term values (marked with an asterisk) remain constant by design. However, the actual demographic indicators continue to evolve, signalling population ageing – not due to increased survival (which the constancy of life shares criterion completely neutralises), but rather as a consequence of five decades of low fertility, insufficiently offset by immigration.

The comparison between observed and asterisked values also highlights that, in 2023, the current ageing situation remained slightly better than the long-term equilibrium scenario – consistent with the "preferences" of the community (*G**=24.6% and *S**=21.7%), which, as noted, have been introduced here purely for illustrative purposes.

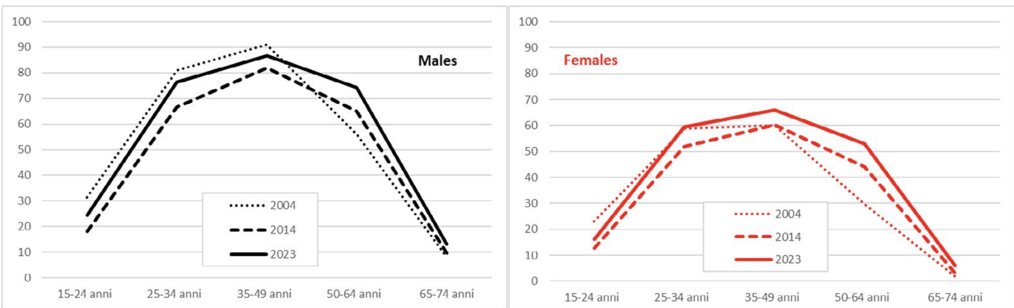
For instance, although the old-age dependency index (*OADI*) has increased compared to 2004 (when it stood at approximately 32%), it remains below 38% (Table 1, column 5), which is still lower than its corresponding equilibrium value (*OADI**=40.3%). However, as the age wave depicted in Figure 1 continues to shift further to the right, eventually crossing the β threshold – which itself gradually moves rightward under this adjustment criterion, unlike in Figure 1 – the ratio will soon deteriorate beyond the reference level, and by a non-negligible margin (not shown here).

3. THE POSTPONEMENT OF OLD AGE IS ALREADY UNDERWAY

Even if it is not openly acknowledged, and despite the fact that policymakers – often influenced by various interest groups – do not always fully grasp the gravity of the demographic situation, the progressive shift in threshold ages is already a reality. At times, political decisions appear inconsistent with this trend, such as when attempts are made to lower the retirement age.

Nevertheless, this shift is already embedded in social security legislation and is consequently reflected in employment rates at older ages – for instance, beyond 50 years of age. These rates are, in fact, rising, among both men and, even more markedly, women (Figure 2).

Figure 2. Male and female employment rates by age group. Italy, 2004-2013

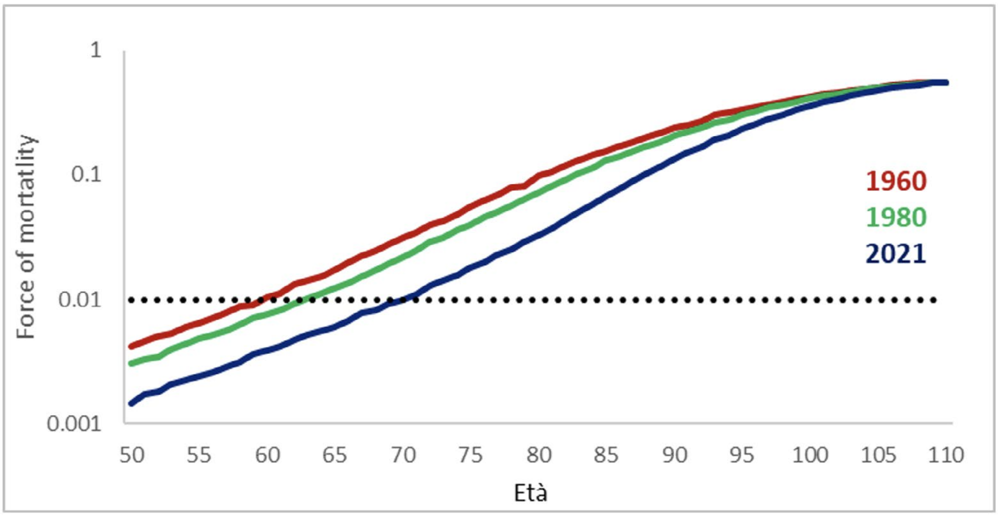


Source: Istat

This trend is also in line with mortality dynamics. For instance, considering the force of mortality among Italian women – that is, their instantaneous mortality rate – we obtain Figure 3, which shows that seventy-year-old women in 2021 had a prospective survival comparable to that of sixty-year-old women in 1960. In other words, being 70 years old today (in 2021) is equivalent, in terms of survival prospects, to being 60 years old in 1960.

Figure 3 also highlights the deceleration and levelling of mortality at the extremes of life, challenging the notion of a predictable limit to human lifespan. Instead, it suggests the possibility of further improvements in survival, even at advanced ages. Consequently, the number of individuals living to very old ages will continue to increase, making it crucial to plan for their specific needs in order to provide adequate care and, ultimately, to ensure a high quality of aging.

Figure 3 Force of mortality (logarithmic scale) for Italian women in the years 1960, 1980 and 2021.



Source: HMD (www.mortality.org) and own calculations.

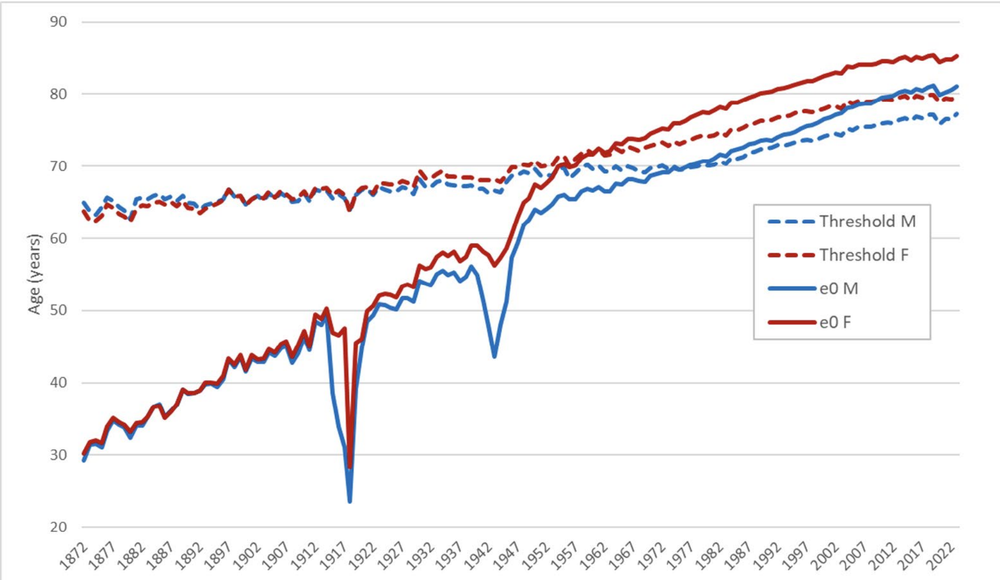
The levelling of mortality at extreme ages is mathematically consistent with the hypothesis that progress against mortality is achieved by reducing individual mortality rates, rather than by slowing the aging process itself. In other words, we are able to reach extreme ages because health conditions are improving, not because the aging process is slowing down. Given this, it seems advisable to redefine the concept of threshold ages, as discussed earlier.

If we consider the prospective age equivalent to 65 years of age in 1900 (using the same logic as in Table 1, column 3, but applied over a longer time span), we observe that it has risen to over 80 years for women and over 77 years for men (Figure 4). In other words, the 80-year-olds of 2023 are, in terms of prospective survival, equivalent to the 65-year-olds of 1900.

The same conclusions – regarding improved health conditions and the potential for postponing the onset of old age – are supported if we consider the prospective age equivalent to 65 years of age in 2009, with reference to health conditions (Figure 5).

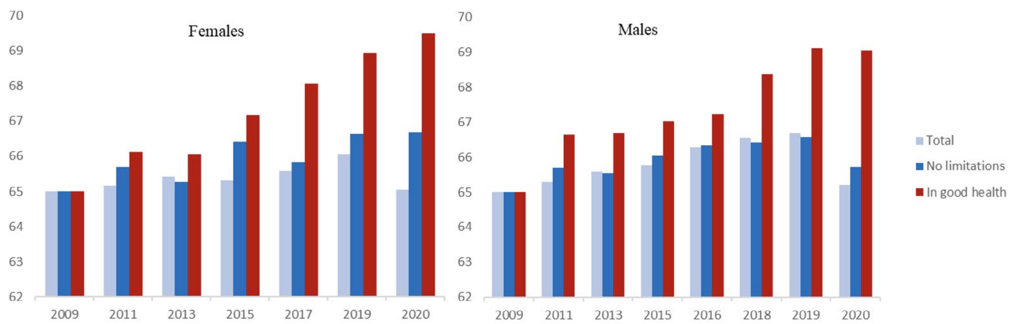
Until 2019, and prior to the negative impact of the COVID-19 pandemic in 2020, both men and women found themselves in health conditions comparable to those of 65-year-olds in 2009. Even in 2020, when using the indicator of the share of individuals reporting good health, the situation did not worsen for men, and in fact, it even improved for women.

Figure 4: Average life expectancy and old age threshold (prospective age equivalent to 65 years in 1900) by gender. Italy, 1950-2022



Source: Egidi (2023). Updates after 2020 kindly provided by the author herself

Figure 5. Old age thresholds (prospective age equivalent to 65 years in 2009): total, without functional limitations and in self-reported good health, by gender. Italy 2009-2020



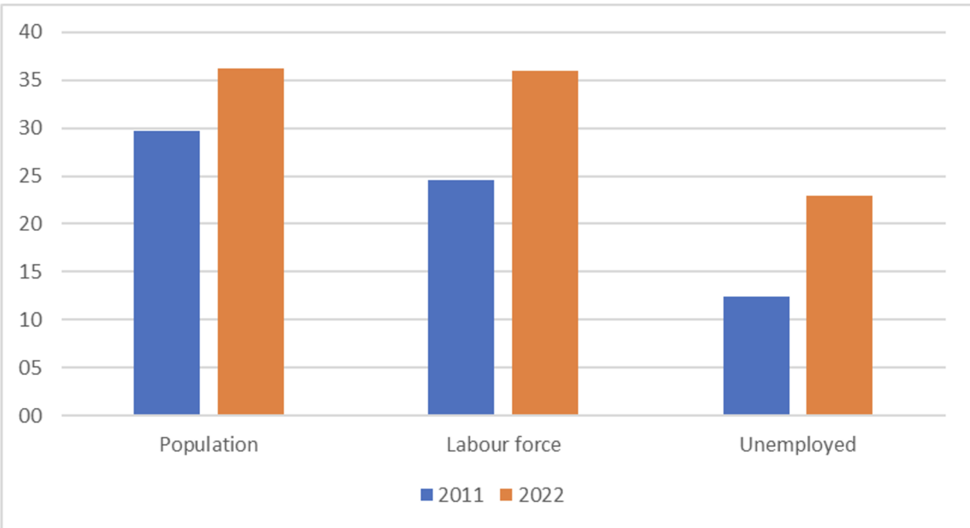
Source: Egidi (2023).

4. DIFFICULTIES

The lengthening of life expectancy and the improvement of health conditions suggest the potential for individuals to remain active for longer. However, they do not guarantee that this will be feasible, nor that the rate of adaptation will meet the necessary pace.

As shown in Figure 2, employment rates at mature ages (50 years and over) have been increasing in Italy between 2004 and 2023, even at very advanced ages (65-74 years), particularly among women. However, Figure 6 illustrates that a significant portion of the increase in workforce participation in these age groups (specifically between 2011 and 2022) has resulted in a corresponding rise in unemployment.

Figure 6. Ageing of the workforce and the unemployed in comparison to the population (Ratio of individuals aged 50+ on total aged 15-64, %). Italy, 2011 and 2022.

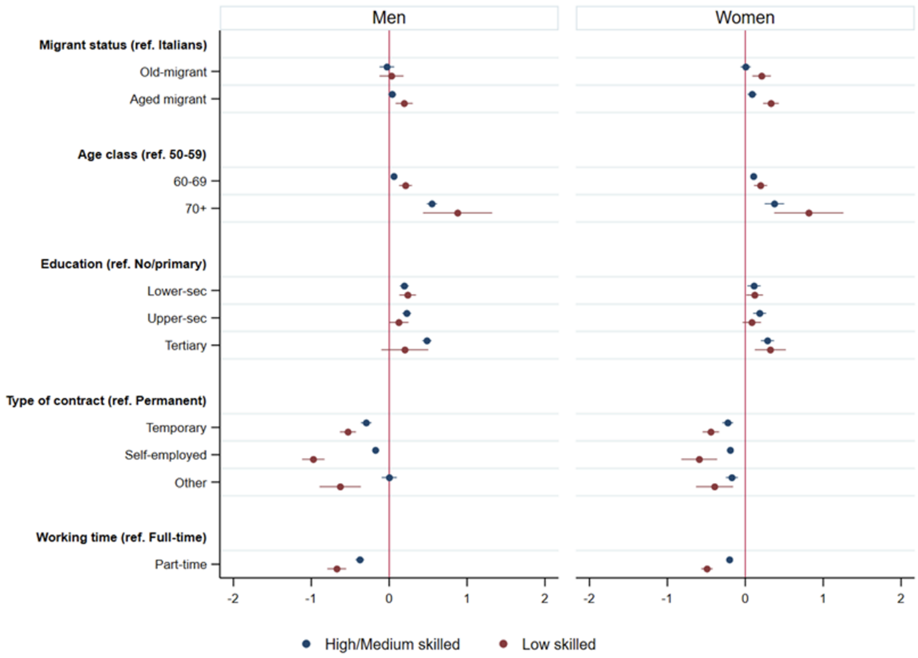


Source: Own calculations on Istat data: demo.istat.it and Labour Force surveys

It is not entirely clear how well the idea of staying at work longer is accepted among workers. Empirical evidence on this issue is ambiguous, largely due to the strong heterogeneity of individual cases. On one hand, there are those who enjoy their work and derive various forms of satisfaction from it (personal, professional, social, economic, etc.); on the other, there are many who, having reached a certain age, wish to stop working.

Figure 7 provides a first glimpse into the complexity of the situation: among employed individuals aged 50 and over, based on data from the Istat sample survey on the labour force conducted from 2014 to 2022, job satisfaction increases with age and level of education. However, it is lower among those with precarious employment contracts or those who are self-employed, compared to those with permanent contracts. Satisfaction is also lower among those who work part-time as opposed to full-time, for both men and women. These differences are particularly pronounced among individuals employed in low-skilled jobs.

Figure 7 – Determinants of job satisfaction among workers aged 50 and over



Note: The dependent variable is job satisfaction, expressed on a scale from 0 to 10. The graph highlights the coefficients of an OLS regression, separately for males and females, controlling, in addition to the variables indicated in the figure, for the type of family and the macro-area of residence.

Source: Own calculations on Labour Force Survey data (2014-2022).

A relatively underexplored aspect also emerges, at least in Italy: immigrants express greater satisfaction with their work compared to Italians, also aged 50 and over. This is true both for foreigners who arrived in Italy as adults (aged 40 or older) and, more notably, for those who arrived before the age of 40 and have spent at least 10 years in Italy. Studies conducted in other countries, where the presence of foreigners in the labour market is more established, suggest that this seemingly paradoxical finding can be attributed to lower expectations among immigrants (Perugini and Vladisavljević 2019) and their different value system when evaluating the costs and benefits of work (Kashefi 2011).

It is also important to note that, within the group of those who remain employed at relatively advanced ages, there may be self-selection at play. For instance, some individuals may decide to stay at work even though they could afford to retire. It is therefore not surprising that these individuals tend to have a positive attitude towards their work, as they have freely chosen to continue. However, there are also those who would like to retire but are unable to do so due to economic constraints. In these cases, remaining in work becomes an unpleasant – if not downright painful – experience.

These two examples, which can be expanded upon and further elaborated, illustrate the difficulty of evaluating the "penalty" or benefit of raising the retirement age – a path that, in light of the ongoing aging process (see, for example, Figure 1 and Table 1), seems inevitable.

5. THE ROLE OF THE SOCIAL PARTNERS

In the context of rapid aging, social partners have a pivotal role to play in two main ways. First, they must fully acknowledge that it is becoming increasingly difficult, if not impossible, to extend the working age, especially for certain types of activities. A proactive, rather than solely defensive, stance is needed, one that highlights the positive aspects of these changes – such as the opportunity for technological updates and the continued social relationships related to work. Second, social partners should aim to improve working conditions, especially for individuals over the age of 50, and work towards diminishing ageism. This could be achieved, for example, through better collective bargaining, tailored to the needs of workers over 50, with a focus on adequate job rotation, training, requalification courses, reduced workload, and flexible working hours, including strengthening part-time options.

This approach is aligned with the earlier idea: instead of thinking about a single retirement age β (e.g., 67 years), which would abruptly transition a worker into retirement, we could conceptualise two retirement ages near β (e.g., β' = 66 years and β" = 68 years). This would create a group of "mature workers" who would work part-time while receiving a pension. Moreover, a gradual remodulation could be implemented, allowing workers to choose their preferred transition. If the life shares criterion were applied, this group (M) could be treated similarly to other groups (G, A, and S – young, adult, and senior), thereby maintaining a stable population structure over time. From an individual perspective, this would facilitate a smoother, less traumatic transition to retirement, while from the standpoint of the production system, it would allow for a more orderly transfer of knowledge.

However, the attention of the social partners in collective bargaining has so far not been directed towards adopting a proactive approach. Instead, it has largely focused on issues related to social security and retirement age, with a defensive approach aimed at safeguarding the (perceived) interests of employees over 50, particularly in response to changes in social security rules. This approach is predominantly focused on protecting "acquired" pension rights.

In the course of this research, we examined whether and to what extent social partners have developed a particular age sensitivity in labor regulation, promoting measures to improve the quality of employment for workers over 50. This was done by analyzing the 25 most important and representative national collective labor agreements (known as CCNL), which cover 1.6 million companies and 14.9 million workers – representing 77.2% and 72.5% of the total, respectively. We focused on statements and provisions that specifically address aging and the needs of employees over 50, particularly in relation to working conditions (e.g., wages, allowances, benefits, working hours, overtime, and rest periods) and employment conditions (e.g., promotion, transfer, and dismissal).

The results are somewhat disappointing. With a few exceptions, the Italian social partners do not utilise collective bargaining, as seen in other countries, to help address the risks and opportunities associated with prolonged careers. Only 11 out of 25 collective agreements contain provisions related to age, and no sector agreement has proposed a comprehensive approach to regulate the consequences of the aging workforce. Furthermore, provisions specifically targeting older workers, such as those concerning training, flexible working hours, task adaptation, or workload reduction, are rare. Most clauses merely provide a conceptual framework for company agreements, guiding employers and social partners. The management of the consequences of workforce aging is generally left to the discretion of individual companies, thereby minimizing the potential impact of national and sectoral regulation.

6. WHAT TO DO WITH RETIREMENT YEARS

We do not live only by (and for) work, and the retirement phase holds significant importance in the life of modern Western societies. This phase has become much longer in recent times (well beyond 20 years for women). Even if, in the future, it were to stop growing and possibly even decrease slightly due to its unsustainable costs in an aging society, it will undoubtedly remain long and full of meaning. For instance, it is a time when grandparents – at least those in good health, who fortunately make up the majority – can lend a hand in managing their grandchildren, thus alleviating the care burden on their adult children (Moretti, Cisotto, and De Rose 2024).

Caring for grandchildren is just one of the elements that characterize active aging, which has been a focal point of attention at the international level for several years (ICAA 2019; UNECE 2019, 2021) and is also of growing interest in Italy (Boffo, 2022). The key findings of our analysis can be summarized as follows: we must prepare for old age and the years of retirement, starting from the final years of work. This preparation would be facilitated if these last years were spent in part-time work, or at least in less demanding work, as suggested earlier. Preparation can take place through both formal and informal educational paths, and it is crucial to leverage the skills acquired in the labor market. These skills can be further enhanced during retirement, leading to greater effectiveness and more satisfaction for those involved (Sala et al. 2020).

However, our preliminary investigations reveal that much remains to be done in this area. The culture of aging remains weak in the workforce, and insufficient efforts are being made, for example, in terms of innovation and digital transformation. At present, there is not enough involvement of relatively older workers in these activities. Continuous learning and training appear to be the most promising avenues to raise awareness and improve, in all respects, the transition to retirement and, naturally, the years that follow.

7. INEQUALITY IN THE FACE OF DEATH: WIDOWHOOD AND ITS EFFECTS

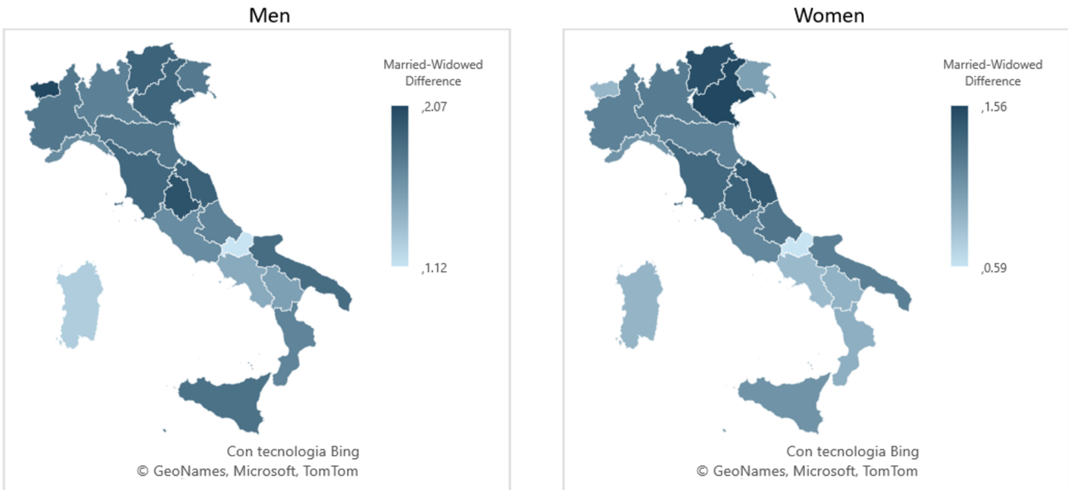
Among the many open issues, inequality in the face of death stands out. A particular case is the fragility caused by widowhood: all other factors being equal, the risk of death among widowers is higher than that of married individuals, by 10-40%. This risk increases significantly immediately after the loss of a spouse, but less dramatic consequences persist even in the following years (Boyle et al. 2011). This is due to a complex set of causes, including, in the medium to long term, a greater risk of loneliness, reduced emotional support, potential onset of depression and sleep disorders, and a tendency to neglect personal care, such as poorer nutrition and less frequent medical check-ups (Einio and Martikainen, 2019).

The mourning effect is not uniform across the population: it tends to be more pronounced when the initial risk of death is lower. Those who are younger, in good health, and from a privileged socioeconomic background generally experience a greater relative increase in the risk of death following widowhood. Men, however, are an exception, as they face a higher risk of death than women, both in the general population and as a consequence of widowhood.

Despite the relevance of this phenomenon – both in terms of the increased risk of death and its widespread nature (for example, in Italy, in 2023, there were nearly 4.4 million widows and widowers, 7.4% of the population) – scientific research has relatively neglected it. This gap is partly filled by this research, which focuses on recipients of old-age pensions in the INPS register (2014-2022). Our analysis found, for example, that the risk of death among widowers is 24% higher than among married men, and that among widows, it is 19% higher than among married women. This corresponds, according to 2019 survival data (pre-COVID-19), to a non-negligible loss in residual life expectancy upon reaching the 67th birthday: approximately 1.74 years for widowers, and approximately 1.22 years for widows. To provide context, in 2019, life expectancy at 67 (e67) was just under 18 years for men and just under 21 years for women.

The maps in Figure 8 illustrate the territorial inequality in the bereavement effect in Italy in terms of the life expectancy gap for men (left) and women (right). The married-widowed gap is minimal in Molise, about 13 and 7 months for men and women, respectively, and maximal in Trentino-Alto Adige, where the gap is nearly two years for men and about a year and a half for women.

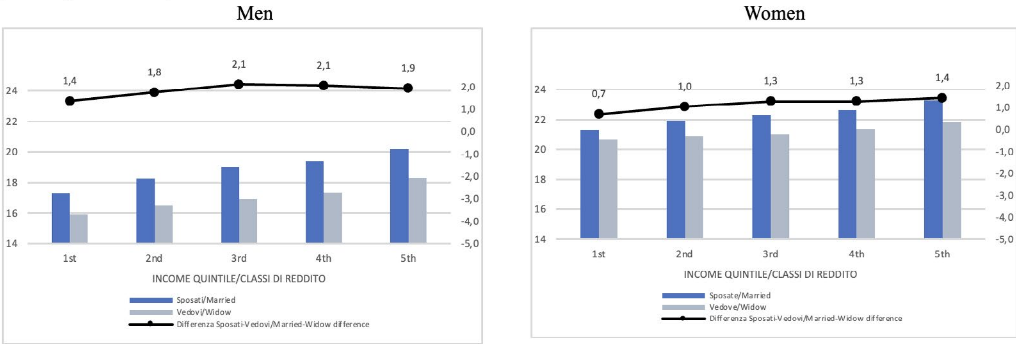
Figure 8: Life expectancy at 67 years, by region and gender. Difference between married and widowers/widows.



Fonte: Own calculations on INPS data.

This gap depends, among other factors, on the level of family income (the sum of both spouses' pension incomes; Figure 9). The largest difference is observed in the middle-income quintile, where widowers live, on average, 2.1 years less than their married counterparts. For women, the largest difference is found in the highest income bracket, where wealthy widows live on average 1.4 years less than wealthy married women.

Figure 9: Life expectancy at 67 years by family pension income quintiles (=sum of the incomes of both spouses). Married, widowed and difference between married the two.



Fonte: Own calculations on INPS data.

8. SOCIAL AND TERRITORIAL INEQUALITIES IN ELDERLY MORTALITY

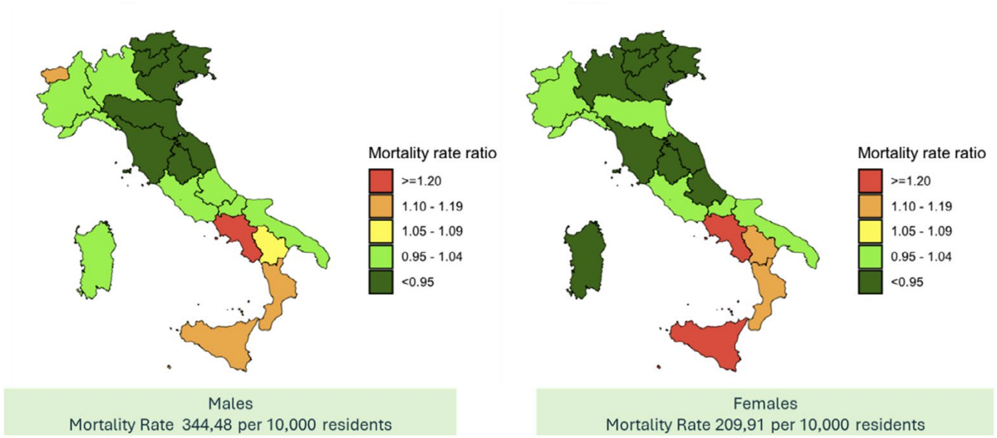
When we talk about differential mortality, we typically refer to territorial and socio-economic stratifications, or both. Educational level is likely the most frequently used variable as a proxy for socio-economic status because it is relatively easy to measure and strongly correlated with other social position indicators, such as employment status, income, and social class.

In Italy, as in other developed countries, survival is distributed unequally. These inequalities arise from causes and mechanisms that are partly understood, which may relate to health and non-health policies, but also to individual behaviors, lifestyles, and exposure to risk factors. Environmental factors and the local socio-economic context are also important, including aspects such as the availability of healthcare services, ease of communication, and more. However, it is well-known that an individual's socio-economic position is a crucial factor in determining life expectancy and in their ability to access healthcare services, even in contexts with universal health coverage (Davies et al., 2019).

For example, let us consider differential mortality in Italy in 2019, focusing on the population aged 70-84, using data from the new indicator system of the National Institute of Statistics (ISTAT, 2024). To avoid distortions due to the differing age structures, we will concentrate on the standardized mortality rate, or more precisely, the ratio between the regional standardized mortality rate and the national rate (RR). A ratio higher than 1 indicates that regional mortality is higher than the national standard (which, to give a sense of scale, is 344 and 210 per ten thousand for men and women, respectively).

Mortality is higher among men (not only in the 70-84 age group discussed here), but the geographical distribution of relative risks of death is similar for both sexes (Figure 10). In particular, the central and north-eastern regions of the country exhibit the lowest mortality, while southern regions – except for Molise, Puglia, and Sardinia – experience excess mortality, in some cases very high, such as in Campania, and for women, also in Sicily.

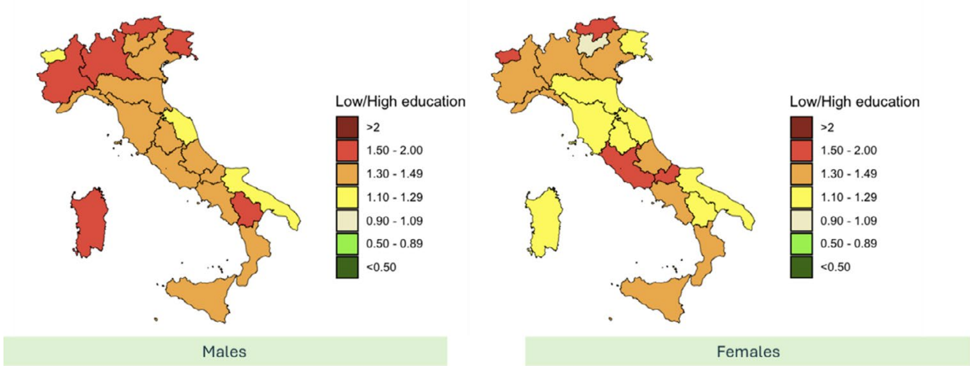
Figure 10 – Mortality between 70 and 84 years, by gender and region of residence (MRR, ratio of the regional standardized rate and the Italian average), 2019



Source: Own calculations on ISTAT data (2024).

In Figure 11, the geography of mortality inequalities by educational qualification can be observed, measured by the ratio of the standardized mortality rate between individuals with low and high educational qualifications. Here, "low" refers to having completed only elementary school, while "high" refers to having obtained a degree or higher qualification. It is evident that mortality inequalities are stronger among men than women, with an average RR of 1.42 for men and 1.32 for women.

Figure 11. Geography of mortality inequalities by educational level by gender, age group 70-84 years (MRR, standardized mortality rate ratio between low and high educational level; Italy, 2019).

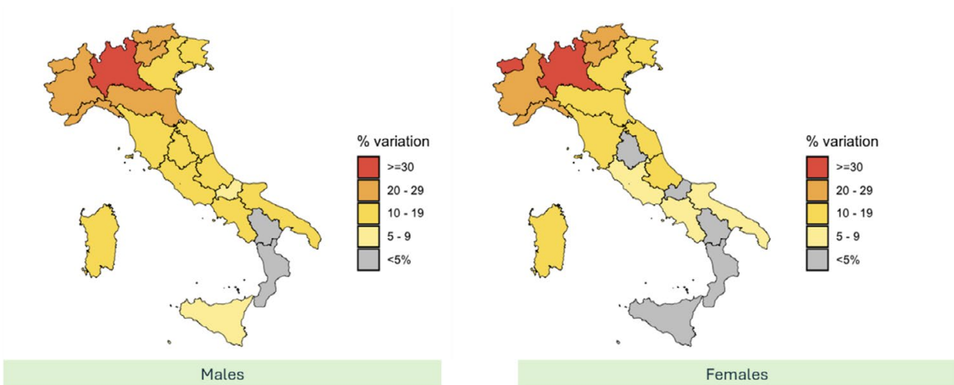


Source: Own calculations on ISTAT data (2024).

Among men, differential mortality is particularly pronounced in Basilicata, Sardinia, Piedmont, Lombardy, Bolzano, and Friuli-Venezia Giulia. For women, the greatest inequalities are observed in Lazio, Molise, Val d'Aosta, and Bolzano, while these inequalities are more contained in the other regions of central Italy, including Emilia-Romagna, Friuli-Venezia Giulia, Basilicata, Puglia, and Sardinia.

The COVID-19 pandemic has had a significant impact on the mortality of older people (Figure 12). In 2020, mortality among individuals aged 70-84 increased across almost all regions, especially in the central and northern parts of the country, where mortality rates were lower in 2019. Lombardy was the most affected region, both among men and women: the mortality rate here increased by more than 30%.

Figure 12 - Percentage change in standardized mortality rates in 2020 compared to 2019, by region and gender, age group 70-84 years.



Source: Own calculations on ISTAT data (2024).

The rise in mortality among older people in this group can be attributed in part to COVID-19-related deaths, but also to the strain on health systems, which made it difficult to provide adequate care for other conditions. This situation was further exacerbated by social isolation, which, although necessary to contain the spread of the virus, negatively impacted the mental and physical health of the entire population, with perhaps the most severe effects on the elderly.

9. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

1. The increase in average life expectancy, which is positive in itself, must, however, be distributed as evenly as possible across the population. In Italy, significant inequalities remain, particularly related to marital status, level of education, and geographical area.
2. It is essential to dynamize all socially relevant age thresholds, not only the retirement age (which remains the most relevant), ideally adopting the principle of the constancy of life shares.
3. The transition from the workforce for both men and women must therefore be prepared with appropriate and postponed training, more so than is currently happening.
4. To achieve this goal, a shift in mindset is required (for example, among social partners and workers themselves), as well as changes in the organization of work, ensuring a phase with skills and characteristics suited to "mature" workers.
5. The retirement phase is, and will remain, long. It can become a productive and even socially beneficial period if we prepare for it in advance and adequately.

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5. IMMIGRATION AND POPULATION AGEING IN ITALY

Anna Paterno, Valeria Di Comite, Thaís García-Pereiro, Rocco Mazza, Laura Terzera and Eustacchio R. Sivilla

KEY POINTS

- Immigration plays a crucial role in mitigating the ageing of Italy's population.
- The current legal framework regulating migration is excessively complex and fails to adequately support integration.
- Migration policies remain dominated by a security-oriented and emergency-driven logic, which treats migration as a temporary issue rather than a structural component of Italian society. Yet migration is an enduring phenomenon that must be addressed through policies fostering inclusion and social cohesion, also as a strategic response to Italy's demographic and socio-economic challenges.
- Achieving such a shift requires coordinated efforts between institutions and civil society, aimed at recognising and enhancing migrants' positive contribution to Italy's future....

1. RECENT EVOLUTION OF MIGRATION IN ITALY

Since the second half of the 1970s, Italy has undergone a profound transformation, shifting from a country of emigration to one of immigration. This change became more visible in the 1980s and reached its peak in the first decade of the 2000s. Data from Istat on registrations and cancellations of moves to and from abroad make it possible to trace migratory flows to Italy over the past twenty years, distinguishing between inflows and outflows, and to calculate net migration balances.

Between 2002 and 2011, the number of immigrants far exceeded that of emigrants, producing a positive net migration balance of more than 3.1 million people, with almost 3.75 million arrivals. This occurred despite the negative impact of the 2007 global financial crisis, which reduced labour-related migration flows. The COVID-19 pandemic, with its mobility restrictions and economic uncertainty, also affected arrivals. Nevertheless, even during the most critical periods, migration balances remained positive. From 2012 to 2023, Italy recorded an annual average of around 315,000 arrivals from abroad, with an average positive annual balance of about 167,000 people. Overall, between 2002 and 2023, there was an annual average of 360,000 immigrants compared with around 108,000 emigrants.

Over time, the nationality composition of immigrants has also changed. In 2002, nine nationalities accounted for 50% of the foreign population; by 2023, only six were needed: Romania (20.4%), Albania (7.9%), Morocco (7.8%), China (5.9%), Ukraine (5.2%) and Bangladesh (3.7%). Arrivals from Morocco, Albania and the Philippines have declined, while those from Romania, Ukraine and other Eastern European countries have increased. There has also been notable growth in arrivals from Pakistan and Bangladesh.

This evolution reflects changing motivations for migration. Whereas in the past, economic reasons and family reunification predominated, a growing share of entries today is linked to political, institutional and humanitarian crises. In 2023, data on new residence permits for non-EU citizens show that 39% were issued for family reunification (a rising share), 32.1% for asylum and international protection, 11.8% for work, and 11.8% for study. The remaining 8.8% fall under “other”.

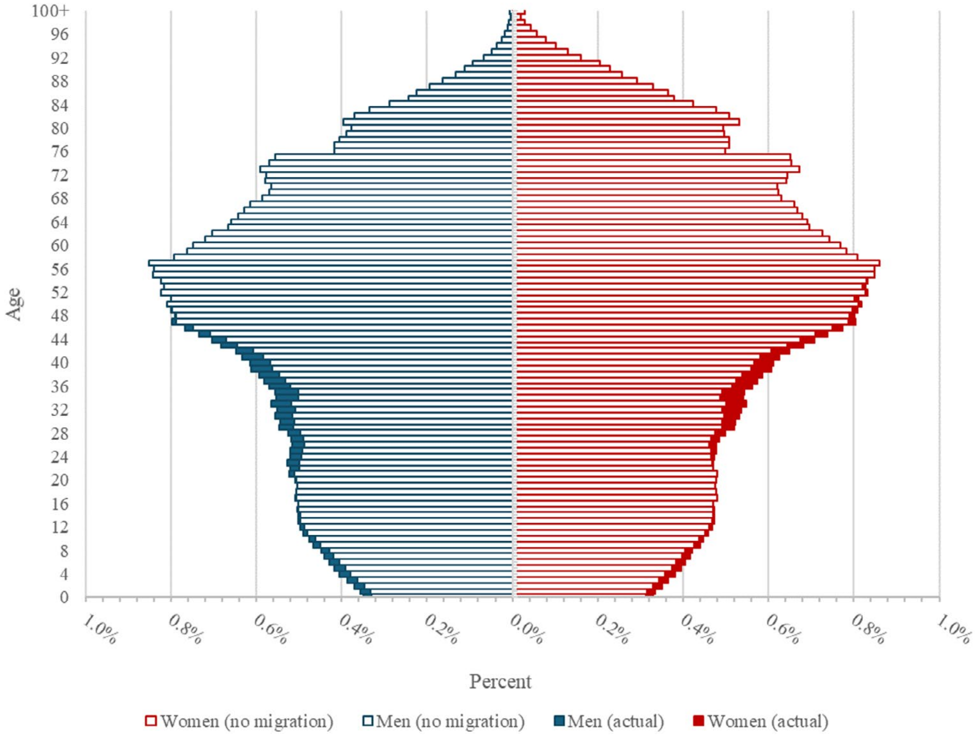
The age composition of migratory flows has remained relatively stable over time. Around 60% of immigrants are aged between 18 and 40 — the prime working and reproductive ages — and thus have demographic behaviours that directly affect family formation and fertility. Minors account for roughly 15–20% of arrivals, mainly through family reunification.

These dynamics have led to a substantial increase in the foreign resident population in Italy: from 1.3 million in 2002 to over 5.2 million in 2024. Adding an estimated 400,000 foreigners who are legally present but not registered as residents brings the total to 5.6 million. According to Eurostat, foreigners account for 8.9% of Italy’s population — a lower share than in other EU countries such as Luxembourg (51%), Sweden (20.1%), Austria (19.2%), Germany (14.5%), Spain (13.4%) and Portugal (9.8%). To these figures we must add the irregular foreign population, estimated at around 321,000 as of 1 January 2024 — equal to 5.6% of the total — a decrease of 137,000 compared with the previous year (Fondazione ISMU-ETS, 2025).

Beyond regular and irregular non-nationals, the population with a migration background also includes those who have acquired Italian citizenship (over 1.7 million between 2012 and 2023) and the children of mixed couples born in Italy, who automatically hold Italian citizenship (more than 570,000 over the same period).

The remarkable growth of the foreign resident population in Italy over the past two decades stems not only from direct inflows from abroad but also from the positive natural dynamics of the foreign population (births minus deaths). Between 2011 and 2023, there were over 870,000 births to foreign mothers and about 97,000 deaths, yielding a positive natural balance of more than 773,000. Over the same period, the natural balance among Italians was strongly negative, with a loss of over 3.2 million people. This clearly illustrates how immigration has helped to counteract demographic decline and rejuvenate Italy's age structure — a difference that becomes evident when comparing two age pyramids for 2022: the actual one, "modified" by the presence of foreigners, and the hypothetical one that would have existed in the absence of migration (Figure 1).

Figure 1 — Age structure of the actual population and estimated structure in the absence of migration, Italy, 2022.



Source: Authors' elaboration of Istat data.

Low fertility has characterised Italy since the end of the "baby boom" in the 1960s. From the 1980s onwards, the fertility rate has steadily remained below 1.5 children per woman—well below the 2.1 threshold required for generational replacement. This has led to progressively smaller birth cohorts and an increasingly older population. The phenomenon has been described as a "demographic trap": the pool of potential parents at time t is smaller than in previous generations, and when combined with persistently low fertility, this produces ever smaller cohorts of children (Mencarini & Vignoli, 2018).

In this context, immigration represents a crucial resource for slowing demographic ageing and sustaining the working-age population. Although it cannot, by itself, modify the context of Italy's structural low fertility, it acts as a balancing factor and a potential lever for rethinking demographic and social inclusion policies.

2. ITALIAN AND EUROPEAN UNION LAW ON THE TREATMENT OF FOREIGN NATIONALS

Italian law governing the treatment of foreign nationals is founded on Article 10, paragraph 2, of the Constitution, which states: "The legal status of foreigners is regulated by law in conformity with international norms and treaties." Domestic legislation must therefore comply both with the general principles of international law (Article 10, paragraph 1, Const.) and with the international treaties binding upon the Republic, including those on human rights.

EU law plays a particularly important role in this area and has recently undergone significant change. On 14 May 2024, the European Parliament and the Council adopted a package of measures—nine regulations and one directive—that together form the new EU Pact on Migration and Asylum.

Within the Italian legal system, the main reference is the Consolidated Act on Immigration (Testo Unico — T.U.), which has been amended on multiple occasions. The T.U. was first introduced by Law No. 40 of 6 March 1998 (the so-called Turco-Napolitano Law), providing a comprehensive framework for migration governance, and was substantially amended by Law No. 189 of 30 July 2002 (known as the Bossi-Fini Law). Under Article 1, paragraph 2, the T.U. does not apply to EU citizens, who are instead governed by the provisions of the Treaties establishing the Union and by Directive 2004/38/EC, implemented in Italy through Legislative Decree No. 30 of 6 February 2007.

Special provisions also apply to the right of asylum and to international, subsidiary or temporary protection. Here too, Italian legislation transposes and implements EU law, which in turn gives effect to the 1951 Geneva Convention.

The T.U. regulates various aspects of migration management, which can be grouped around three main pillars: the regulation of entry, the fight against irregular migration, and the promotion of integration for foreign nationals residing in Italy.

Pursuant to Article 3 of the T.U., every three years (or less frequently if necessary) the Prime Minister issues a programmatic document on immigration and foreign policy in Italy. This document serves several functions: beyond setting general criteria for entry flows (Article 3, paragraph 3), it aims to define "public interventions to promote family ties, social inclusion, and cultural integration of foreigners residing in Italy, while respecting diversity and cultural identities". It outlines the actions and measures that the Italian State—also in cooperation with other EU Member States, international organisations, EU institutions and non-governmental organisations—intends to undertake in the field of immigration, including through agreements with countries of origin. The document also sets out the economic and social measures concerning foreign nationals residing in Italy (where no statutory reserve applies). The last fully issued programmatic document dates back to the 2004–2006 period (D.P.R. 13 May 2005).

As regards entry flows, Decree-Law No. 20 of 10 March 2023 introduced an exceptional framework for the three-year period 2023–2025. The decree, triennial rather than annual, establishes the general criteria for defining entry flows, taking into account labour-market needs assessed by the Ministry of Labour and Social Policies. It also regulates aspects of integration that should, in principle, be addressed in the triennial programmatic document. Subsequently, D.P.C.M. of 27 September 2023 was issued to implement Decree-Law No. 20/2023, setting out the programming of legal entry flows of foreign workers into Italy for 2023–2025.

On 30 June 2025, the Council of Ministers approved, in preliminary examination, the D.P.C.M. concerning migration flows for the 2026–2028 triennium. The purpose of this measure is to facilitate the entry into Italy of workers essential to the national economic and production system and otherwise unavailable domestically. The idea is that by establishing a stable system of legal and controlled immigration, key channels of cooperation with countries of origin can be activated, thereby reducing both irregular entry and undeclared work, as well as curbing labour exploitation. The decree provides for 164,850 authorised entries for 2026 and a total of 497,550 authorised entries over the 2026–2028 period (230,550 for non-seasonal subordinate and self-employment, and 267,000 for seasonal work in agriculture and tourism). These quotas were determined taking into account the needs expressed by social partners and the actual applications for work authorisations submitted in previous years.

Integration policy for foreign nationals residing in national territory falls under the competence of Member States; however, the European Commission has developed a useful Action Plan for Integration and Inclusion 2021–2027. The treatment of long-term residents is currently governed by Directive 2003/109/EC of 25 November 2003 (transposed in Italy through Legislative Decree No. 3 of 8 January 2007), as subsequently amended by Directive 2011/51/EU (transposed by Legislative Decree No. 12 of 13 February 2014), extending its scope to beneficiaries of international protection.

2.1 How to become an Italian citizen

With regard to the acquisition of Italian citizenship, under current law (Law No. 91 of 5 February 1992, as recently amended by Decree-Law No. 36 of 28 March 2025, converted into Law No. 36 of 23 May 2025), the main criterion remains jus sanguinis: in principle, citizenship is transmitted by an Italian father or mother to their children, including those born abroad.

Citizenship may also be acquired ex jus soli by those born on Italian soil to unknown parents or to stateless persons, or when a child does not acquire the parents' nationality under the law of their country. Citizenship is equally granted to adopted children.

In addition, Italian citizenship may be obtained through marriage or, exceptionally, for special merits. Another route is naturalisation for foreign nationals legally residing in Italy who have lived there for a specified number of years, provided that they meet the legal requirements and are fully integrated into Italian society.

Following the failure to reach the quorum in the abrogative referendum held on 8–9 June 2025, the general rule requiring ten years of residence for adult foreigners remains in force. The required period is shorter in specific, strictly defined cases — four years for EU citizens, and five years for stateless persons and refugees.

3. REPLACEMENT MIGRATION

A population's age structure is determined by three main factors: fertility, mortality, and migration. In developed countries such as Italy, mortality has a limited effect on demographic dynamics due to its already low intensity. Consequently, in the medium term, increasing fertility and, in the short term, encouraging migration are the only effective means of slowing population ageing.

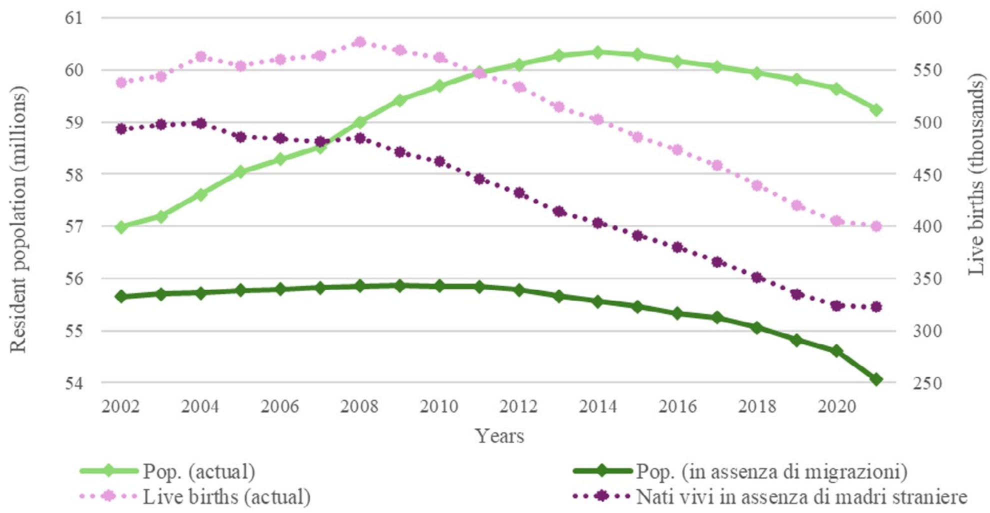
Italy, which has one of the lowest fertility levels in the world (Billari, 2008), finds itself in a particularly critical situation. The concept of replacement migration, first introduced in the 1990s and formalised in the United Nations report of 2001 (United Nations, 2001), has since become the focus of extensive debate and research. Positive net migration can significantly affect population composition and help mitigate the ageing process (Coleman, 2008; Sobotka, 2008).

However, given persistently low fertility, reversing demographic decline and the rising share of elderly people solely through migration would require unrealistically large inflows of immigrants. This, in turn, could generate challenges for social, labour market, and cultural integration (Billari & Dalla Zuanna, 2011; De Santis, 2011; Paterno, 2011; Gesano & Strozza, 2011). Nonetheless, migration remains a valuable mechanism to mitigate the effects of ageing and counteract stagnation in the natural demographic dynamics (Vignoli, Barbi & Paterno, 2024).

Like other Western countries, Italy faces a dual form of ageing: "from above", driven by the increase in the elderly population, and "from below", due to falling births and a shrinking youth base. According to Istat, in 2024 the population aged 65 and over reached 14.4 million—24.3% of the total. Projections suggest that this share could rise to 35% by 2050. At the same time, the natural balance has steadily deteriorated, from −19,000 in 2002 to −281,000 in 2024. Yet, during the same period, the total resident population grew markedly, largely due to international migration, which contributed more than two million additional residents.

To grasp the concrete impact of migration, it is useful once again to compare actual trends with the scenario that would have unfolded in the absence of immigration (Figure 2). In 2022, without migratory inflows, Italy's population would have fallen to about 54 million, compared with nearly 59 million actually recorded. This "surplus" is due not only to direct arrivals from abroad but also to the higher fertility of foreign women, which helped cushion the decline in births. Without immigration, births would have dropped by 177,000 instead of 142,000. Foreign women, on average, have more children than Italian women, and their presence has temporarily offset the progressive decline in potential Italian mothers linked to the “demographic trap” in place since the late 1970s (Mencarini & Vignoli, 2018).

Figure 2 — Total resident population (left axis) and number of live births (right axis), actual and estimated in the absence of migration, Italy, 2002–2022.



Source: Authors’ elaborations on Istat data.

Immigrants influence demographic dynamics not only through their numbers but also through behaviours that differ from those of natives, particularly in relation to fertility and internal mobility. In the 1990s, expectations were high regarding the contribution of foreign women to births in Italy. These expectations have been partly revised downwards in later years, yet, as noted earlier, the role of immigrants in sustaining births and mitigating demographic ageing and decline remains significant.

For this contribution to be truly effective and sustainable, however, it must be embedded within a coherent political and institutional framework, as part of a broader long-term strategy such as that advocated by the European Commission (2020). This entails not only managing new inflows, but also developing policies that promote the integration of foreigners already residing in the country, by removing the economic, social, legal, and cultural barriers that hinder their full participation in society. Measures should be articulated at both national and local levels, and should also target the so-called "second generations" — children of immigrants born or raised in Italy — who represent a vital resource for the future. It is likewise crucial to implement policies facilitating newcomers' entry into the labour market.

Finally, it is worth noting that the immigrant population itself is gradually ageing. This calls for welfare planning that addresses not only the needs of older Italians but also those of older immigrants, in order to ensure the long-term sustainability of social and healthcare services. The twin challenges of ageing and integration therefore demand a strategic and multidimensional approach, capable of responding to ongoing demographic transformations with effective, equitable, and forward-looking instruments.

4. FAMILY AND FERTILITY BEHAVIOUR OF IMMIGRANTS

Immigration has had a substantial impact not only on fertility in Italy but also on couple and family formation, closely linked to integration processes. Residence permits for family reasons increased in the early 2000s before stabilising, reflecting the growing rootedness of immigrant families.

Three prevalent migration patterns exist in Italy (Barbiano di Belgiojoso & Terzera, 2018; ISMU-ETS, 2025):

- Male pioneer migration, typical among Africans and Asians, in which the man migrates first and is later joined by his spouse, often married in the country of origin;
- Couple or family migration, common among Romanians and Albanians, in which the family arrives already formed;
- Female pioneer migration, frequent among women from Eastern Europe and Latin America.

The point at which a migration project becomes definitive affects the timing of family reunification. Other relevant factors include the types of couples formed — both homogamous (both foreign) and mixed (foreign–Italian) — and the reproductive behaviour of immigrant women.

The increase in immigrants has diversified the Italian marriage market, producing more mixed unions. In 2023, of 184,000 marriages, 16.2% involved at least one foreign partner (8.4% with a foreign bride, 3.2% with a foreign groom, and 4.6% with both partners foreign). In 2002, out of 270,000 marriages, 9.5% involved at least one foreign partner (5.8%

with the bride foreign, 1.7% with the groom foreign, and 5.8% with both). These figures do not include cohabiting unions, for which official data are unavailable.

From an interpretative perspective, exchange theory offers insight into mixed couples: foreign women may offer youth and higher educational attainment than the native partner in exchange for economic and legal stability and access to local social networks (Maffioli et al., 2014; Guetto & Azzolini, 2015).

Fertility among immigrant women has attracted increasing attention, particularly in the context of Italy's general decline in births. From 2002 to 2023, total births fell from over 490,000 to under 380,000, while the share of births with at least one foreign parent rose from 8.9% to 21.3%. Births with a foreign father increased from 0.6% to 2.5%; with a foreign mother from 2.1% to 5.3%; and with both parents foreign from 6.2% to 13.5%.

Although immigrant women continue to have, on average, higher fertility than Italian women, their fertility has steadily declined, primarily due to assimilation to local reproductive norms and economic uncertainty that increases labour market vulnerability. These factors produced a pro-cyclical response to the 2007–2008 economic crisis, with fertility falling as economic conditions worsened (García-Pereiro & Paterno, 2024).

To better understand the role of immigrant women in natural population change, one can decompose the general fertility rate (births per 1,000 women of reproductive age) by nationality. Between 2010 and 2019, the national fertility decline was driven mainly by decreases among Italian women. However, substantial regional differences exist (García-Pereiro & Paterno, 2022), allowing most Italian provinces to be grouped into three clusters:

1. Northern provinces, with a substantial immigrant presence and a significant contribution to containing fertility decline;
2. Central provinces, with a balance between native and immigrant contributions;
3. Southern and insular provinces, where fertility decline is almost entirely due to Italian women, reflecting the low presence of foreigners.

Differences in reproductive behaviour among immigrant women reflect cultural and demographic backgrounds, migration trajectories, and individual values and expectations (Impicciatore, Gabrielli & Paterno, 2020). Policies supporting family and reproductive processes should consider not only individuals but also their family units. Although family reunifications have increased, many immigrants still live far from relatives, due either to personal choice or bureaucratic hurdles. Simplifying reunification procedures and revising access conditions remains important.

Housing represents a critical challenge for migrant families, particularly in urban areas with high rents and residential segregation. Inclusive housing policies — such as expanding social housing, providing cost support, or incentivising affordable housing — could improve the quality of life for a population with one of the highest poverty rates in Italy. Urban planning should aim to foster mixed communities, preventing ghettoisation, while supporting local integration initiatives.

Work–family reconciliation is a priority for many migrant families with children, who often lack traditional family support networks, such as grandparents (Trappolini et al., 2024). Italy's intergenerational family-care system can disadvantage these families; therefore, policies expanding childcare services and providing cultural mediation to facilitate access to social services are needed (Vitiello, 2019).

Civic and political participation is another key area. Creating spaces for representation — consultative committees, local councils, and similar bodies — can actively involve immigrant communities in policy-making, ensuring greater inclusiveness and enabling interventions that better respond to their needs.

In summary, immigration has profoundly reshaped family composition and demographic dynamics in Italy. Its positive potential can be fully realised only through targeted policies promoting integration, family support, and the construction of a more cohesive and inclusive society.

5. GUIDELINES FOR POLICY-MAKERS AND ALL STAKEHOLDERS

1. The increasing incidence of migratory flows in Italy, and their impact on demographic and socio-economic dynamics, makes it urgent to adopt more effective policies than those implemented so far. It is essential to "open" the country's legal, social, and economic systems to regular migration and to the descendants of immigrants, in order to ensure the generational turnover necessary for the workforce and to meet the rising demand for care, including specialised care, stemming from population ageing.

2. A first step is to develop a clear and objective communication strategy capable of conveying to the public that regular immigration is not a temporary phenomenon, but a structural and necessary component for maintaining demographic balance and Italy's economic competitiveness. Strengthening data collection and dissemination is crucial, as Italy still exhibits shortcomings in this area. Improved data availability would not only allow more in-depth analysis but also enhance public awareness.
3. To promote regular migration, it is necessary to plan adequate entry flows, simplify procedures for issuing and renewing residence permits, and design targeted schemes for recruiting workers in specific sectors, such as healthcare and social services. Rapid recognition of foreign diplomas and professional qualifications is particularly important for skilled workers. Enhancing wages and working conditions, and promoting support programmes for migrants, can also help combat undeclared work and social marginalisation.
4. Equally important is promoting the integration of migrants and their families, including descendants, to ensure they can live in conditions that respect their dignity and nurture their well-being.. To ensure young migrants remain competitive in the labour market, adequate investments are needed alongside effective policies. Beyond attracting migrants with specific skills, measures must promote integration and uphold the principle of non-discrimination enshrined in EU and Italian law, both in employment and in access to social protection and assistance (Di Comite, 2024). Effective integration is not only a matter of social justice but also a strategic necessity for long-term national growth.
5. Labour migration should be managed in a harmonised way alongside asylum seekers and other forms of subsidiary or temporary protection. Migrants recognised as refugees should receive legal protections and appropriate integration measures. Attention must be paid to the risk of indirect discrimination — for example, measures targeting only certain categories of migrants. To mitigate such risks, the Constitutional Court, in its recent judgment No. 31 of 12 February 2025, indicated that a five-year period of residence in Italy constitutes a reasonable reference to "recompose the reasonable correlation with the requirement of territorial rootedness".

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6. EDUCATION, TRAINING, EMPLOYMENT, AND HEALTH OF IMMIGRANTS IN ITALY: CHALLENGES IN AN AGEING SOCIETY

Cinzia Conti, Patrizia Farina, Giuseppe Gabrielli, Rosa Gatti, Anna Paterno and Salvatore Strozza

KEY POINTS

- In Italy, a country facing population decline and ageing, the integration of immigrants—and especially of their descendants—represents a strategic lever for ensuring social and economic sustainability.
- Migration dynamics contribute to demographic balance, but they also pose significant challenges in terms of inclusion, equity, and social cohesion, particularly concerning the socio-economic and educational conditions of immigrant populations and those with a migratory background (Strozza, 2023).
- Efforts to promote integration and overcome both visible and invisible barriers should focus on four key areas: 1) school inclusion; 2) active social and political participation; 3) entry into the labour market; 4) promotion of physical and mental health.
- Italy's approach to integrating immigrants and their descendants presents both a challenge and an opportunity for growth and cohesion, achievable only by recognising and valuing the positive contributions of foreign arrivals.

1. TOWARDS AN INCLUSIVE SOCIETY: EDUCATION AND EMPLOYMENT OF YOUNG PEOPLE WITH A MIGRATORY BACKGROUND

Foreign immigration has made a substantial numerical contribution to the resident population, particularly among younger age groups in school and working ages, with significant effects on the country's overall demographic balance and productive potential. In the early 1980s, Italy had almost 17 million residents under 20 (just under 30% of the total population); forty years later, this number had fallen to 10.3 million (17.5%), a decrease of roughly 6.6 million. Without foreign immigration, the decline would have been even more pronounced, with an additional 2 million fewer young people (Strozza, 2025). Similarly, the reduction in the 20–49 age group was contained to about 2.3 million thanks to international migration, whereas without it the loss could have reached 5.6 million—a difference of 3.3 million.

At the 2020 permanent census, foreigners numbered almost 5.2 million, with a further 1.5 million "new Italians," together accounting for 11.2% of the resident population, excluding children of mixed couples who are Italian by birth. This collective thus comprises both immigrants and their descendants, who are increasingly born in Italy.

Currently, children and young people make up almost 22% of the foreign population—nearly five percentage points higher than among native-born Italians. Among under-20s, foreigners and new Italians together total more than 1.4 million (13.7% of residents in this age group); among young adults, they number just under 2.3 million (17.6% of 20–39-year-olds); there are also over 2.5 million adults (almost 11.6% of 40–64-year-olds), while the share of older people (65+) remains relatively small (fewer than 400,000, just 2.8% of this group, compared with 26% among Italians).

This demographic picture highlights, from the perspective of socially sustainable ageing, the need to focus on younger generations by strengthening their human capital and competitiveness in the labour market. Over 900,000 foreign pupils attended Italian schools in the 2022–2023 academic year (excluding new Italians), representing around 11% of all pupils. This marks an increase of nearly 5% compared with the previous year, a notable contrast to the decline in native Italian pupils (Figure 1).

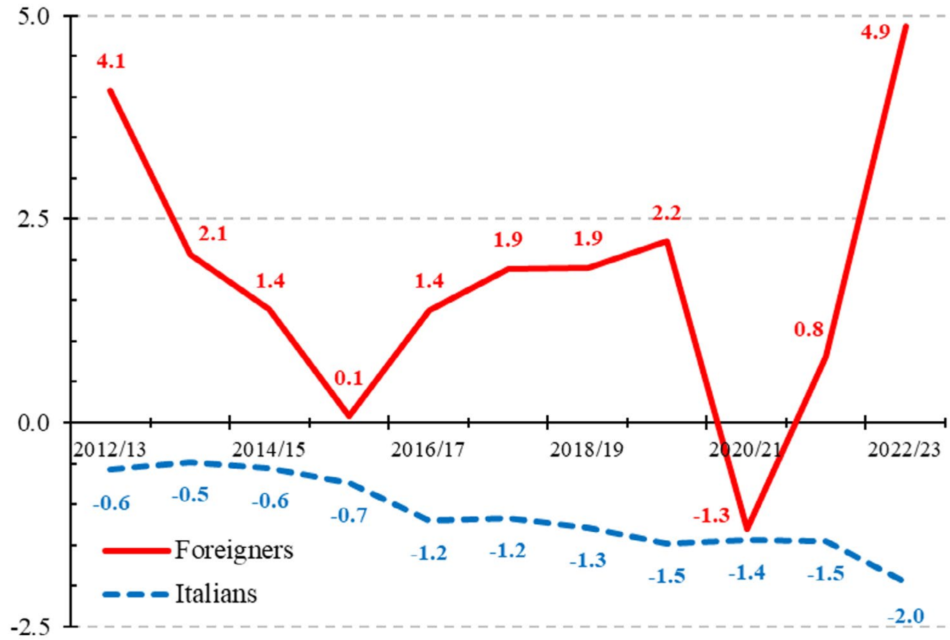
Despite the attention devoted for years by the Ministry of Education to this segment of the school population (see, for example, the Guidelines for the Reception and Integration of Foreign Pupils), disadvantages for foreign children and young people compared with their native peers persist. This gap is evident across three main indicators.

1. Educational attainment and school dropout: in the 2022–23 academic year, 25.2% of foreign pupils did not complete secondary education, compared with 18.4% among native students. Overall,

educational attainment declines markedly after the age of 14 and is significantly lower than that of native students, particularly for those who arrived in Italy during compulsory schooling.

2. Grade repetition: 26.4% of foreign pupils are over-age for their grade, compared with 7.9% of Italian pupils. In upper secondary schools, this figure reaches 48% among foreign students, compared with 16% among natives.
3. Choice of upper secondary school type: Foreign pupils are often guided—sometimes by teachers—towards vocational and technical schools, while being underrepresented in academic lycées, accounting for only 5.5% of total enrolments and just 1.8% in classical lycées.

Figure 1. Percentage change compared with the previous academic year in school enrolments, by citizenship (Italian and non-Italian). Italy, academic years 2012/2013 – 2022/2023



Source: Ministry of Education and Merit – Statistics Office, 2025

Additional signals of disadvantage include lower average grades, higher risks of academic failure, and reduced access to tertiary education. These trends highlight the need for continuous monitoring, analysis of the causes of educational disadvantage, and the adoption and evaluation of strategies aimed at reducing these gaps.

Disparities can be further amplified under specific circumstances. Using data from ISTAT's 2021 survey Children and Adolescents: Behaviours, Attitudes and Future Plans, it was possible to study the links between students' personal and family characteristics and the perceived effects of remote learning on academic performance during the COVID-19 pandemic. Results showed that the academic performance of foreign students—as well as students from low-income families—was particularly affected by remote learning (Buonomo et al., 2024). Parents of these students faced greater difficulties supporting distance learning due to limited linguistic and digital skills and inadequate access to IT devices (PCs, tablets, etc.). This underscores the importance of policies involving not only children and young people but also their parents, through initiatives such as language and digital literacy courses. In other words, the integration of first-generation immigrants is fundamental for the full inclusion of the second generation (children born in Italy to immigrant parents) and the so-called "decimals" (children arriving as minors during preschool or school age).

The completion of secondary education and access to tertiary education is increasingly important as the number of second-generation young adults grows. Analyses of the role of school aspirations during secondary education in subsequent university enrolment in Italy confirm the complexity of the transition to adulthood for young people with a migratory background. While aspiration to continue studying positively influences university attendance, the proportion of foreign students who achieve this aspiration remains significantly lower than among Italian peers (Buonomo et al., 2023a). It is therefore crucial to support the aspirations of young people so that they translate into achievable pathways rather than downward trajectories leading to marginalisation.

Regarding labour market entry, analyses of second-generation immigrants aged 18–29 in Italy, based on the ISTAT 2021 Labour Force Survey module on foreigners, show that second-generation individuals are more likely than "decimal" generations to be excluded from the labour market, partly due to their young age and the ongoing transition from education to employment. However, among those employed, second-generation youths tend to occupy more qualified positions aligned with their education compared with other groups (Buonomo et al., 2023b). These young people thus appear to converge more closely with the educational and occupational trajectories of their Italian peers. Particular attention is needed for children arriving during preschool or school age, who often face difficulties completing studies and entering low-skilled or subordinate positions in the labour market. For these children and young adults, initial reception in the Italian school system is crucial, requiring adequate measures for rapid language acquisition and placement at the appropriate stage of their educational pathway. Faster access to citizenship could further ease labour market integration and promote broader participation in society.

In terms of civic participation, analysis of the role of ethnic identity and perceived discrimination on political engagement among different migrant generations, based on ISTAT data (Social Condition and Integration of Foreign Citizens, 2011–2012), indicates that neither first-generation nor decimal generations suffer negative effects from maintaining a minority ethnic identity, provided it is accompanied by the acquisition of national identity. Moreover, perceived discrimination acts as a catalyst for political engagement: as perceived discrimination increases, political participation rises for both generations (Buonomo et al., forthcoming). These findings underscore the urgency of measures to counter discrimination and promote the social and political participation of young people with a migratory background.

In line with the 2021–2027 European Commission Action Plan on Integration and Inclusion (European Commission, 2020), Italy is called upon to implement more inclusive educational policies, aiming to ensure access for migrant children and those with a migratory background to high-quality education from early childhood; to train teachers for the challenges of multicultural and multilingual classrooms; to create multi-stakeholder learning communities involving schools, social services, and parents; to simplify the recognition of qualifications obtained in non-EU countries; and to promote language and civic education from arrival and throughout the integration process.

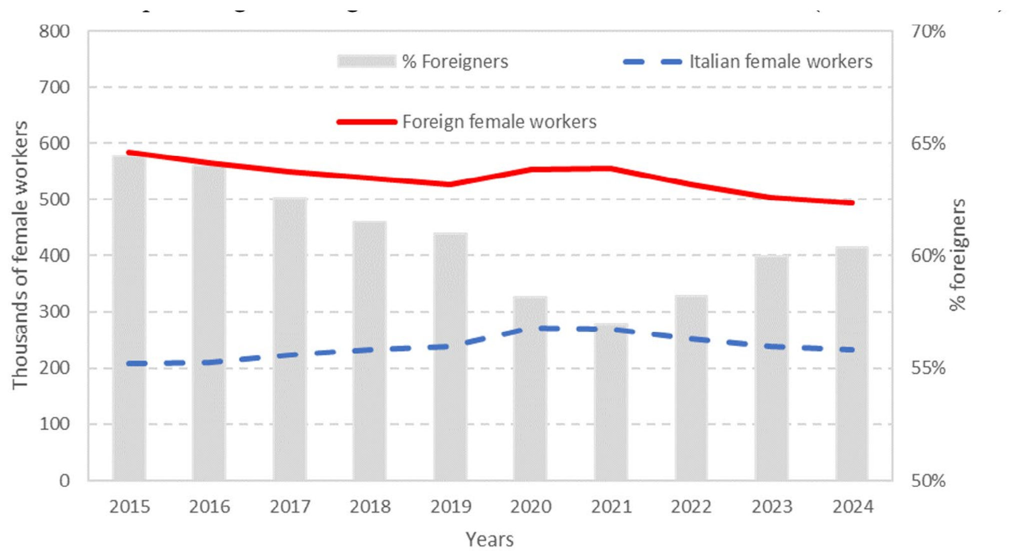
Finally, research reinforces the importance of acquiring Italian citizenship for young people born to immigrant parents, as a crucial step both legally and in terms of identity. In this context, reforming the citizenship law (Law No. 91 of 1992)—long advocated by civil society, pro-immigrant associations, and second-generation youth—is central: formal recognition of citizenship must reflect the substantive belonging of those born and/or raised in Italy. Removing obstacles to the full inclusion of children of immigrants means combating discrimination, recognising their belonging to the country, and valuing their multiple identities. As stated in the Constitution, it is necessary to "remove economic and social barriers which, limiting the freedom and equality of citizens, prevent the full development of the human person." These recommendations align closely with the objectives of the United Nations 2030 Agenda, guiding public action towards a more equitable, inclusive, and sustainable society.

2. THE ROLE OF IMMIGRANTS IN THE ELDERLY CARE SECTOR

In recent decades, the centrality of foreign workers in the labour market has become increasingly evident, not only due to their crucial role in performing specific tasks, but also because of their compensatory effect, consistent with the theory of replacement migrations (Grant, 2001). Population ageing in European countries, combined with the growing participation of women in the labour market, has led to a steady increase in demand for care, domestic assistance, and support services, particularly for older adults and especially those with illnesses, chronic conditions, or disabilities. This transformation has had significant implications for Italy, one of the oldest countries in the world, with limited welfare resources in this area. To meet the rising demand for care workers, the immigrant population has been and continues to be a vital resource.

Data from the National Social Security Institute (INPS) on domestic and care workers in Italy (Figure 2) show that, despite a decrease in the number of foreign women employed in domestic services—from 583,820 to 560,336 between 2015 and 2024, with a non-linear trend—they still constitute the main component of the workforce in this sector (60%). It is worth noting that only 233,181 Italian women were employed in this sector in 2024 (INPS, 2025). The sector remains highly segregated, with serious implications for the quality of life of those working in it.

Figure 2. Italian and foreign domestic workers. Italy, 2015–2024. Absolute values (in thousands) and percentage of foreign women of the total domestic workforce (men and women).



Source: INPS – Observatory on Domestic Workers, 2025

Employment in domestic and personal care services—like other sectors that rely heavily on foreign labour (e.g. agriculture, manufacturing and low-technology industries, commerce, catering and tourism)—is characterised by precarious employment conditions, low pay, poor working environments, limited protection, scarce opportunities for professional advancement, and high turnover rates (Reyneri and Fullin, 2011). In particular, domestic and care work is often carried out in the informal economy, under vulnerable conditions, with little or no social security or insurance coverage, and with a tendency towards the social isolation of workers.

Ethnic penalisation further exacerbates the vulnerability of immigrant workers in domestic and care services compared with their Italian counterparts, exposing them to higher risks of exploitation and poor working conditions. Many experience situations of underemployment or “brain waste”, with a clear mismatch between their educational attainment and occupational level (Buonomo, Gabrielli and Strozza, 2020). Another relevant issue is perceived underemployment, referring to those who are unable to work as many hours as they would wish due to the irregular and unstable nature of their jobs.

Using data from the 2021 ad hoc module of the Italian Labour Force Survey, Gabrielli et al. (2023) analysed several working (overeducation, underemployment, and part-time work) and living (isolation) conditions among foreign women employed in personal and domestic care services, in order to assess how disadvantaged they are compared both to Italian women and to immigrant women working in other sectors. The results reveal a specific socio-demographic profile. These workers tend to be older than those employed in other sectors, to have higher educational levels than their Italian counterparts, and to be more frequently separated/divorced or widowed. They are concentrated mainly in North-Eastern Italy, often lack Italian citizenship, and are typically born in Eastern Europe (Romania, Ukraine, and Moldova), Latin America (Peru), or the Philippines.

The analysis shows that these workers—especially foreign women—continue to experience difficult employment conditions. They are more likely to work part-time, to be overqualified for their jobs, and to perceive their work as unrewarding. Ethnic penalisation clearly emerges in the comparison between Italian and foreign workers, particularly in terms of overeducation, isolation, and job dissatisfaction. This represents a paradox, given both the growing social importance and the increasing numbers of immigrants employed in domestic and care sectors.

These findings call for stronger public action to establish minimum standards and concrete measures ensuring fair treatment of workers by employers. However, integration must also be promoted in cultural, social, and political dimensions, in order to foster wellbeing and social cohesion. Policies should therefore aim to mitigate the negative effects of segregation and social isolation. Recognising and valorising immigrants' human capital would enable them to access jobs matching their skills, while strengthening their social capital would help them overcome isolation and participate actively in the country's social and political life (Gatti, 2025).

Another issue of particular relevance is that of "caring for those who care", which requires placing caregivers themselves at the centre of the welfare system. This calls for a rethinking of welfare as a whole, and particularly of what has been described as the "triangle of care" linking older people, caregivers, and family members (Hajer and Artero, 2022).

3. IMMIGRANTS' HEALTH CONDITIONS

One of the key aspects in studying the health of migrant populations concerns the stages of the settlement process. The literature consistently notes that, upon arrival in destination countries, migrants tend to display better health than the native population—a phenomenon known as the "healthy migrant effect". This is attributed to a process of self-selection and social selection that favours the mobility of relatively young and healthy individuals, not affected by chronic or disabling diseases (Feliciano, 2020).

However, recent changes in migration dynamics have contributed to weakening this advantage. The growing importance of family reunification and asylum-related flows—often involving older individuals or people not selected on health grounds—combined with deteriorating living conditions along migration routes, especially the Balkan and Mediterranean corridors, has led to the arrival of populations whose health is already compromised or vulnerable even in the early stages of settlement in Italy.

As migrants age, their health tends to deteriorate due to the so-called "exhausted migrant effect", which stems from poor living conditions, limited employment opportunities, delayed or missing access to healthcare services, and the absence of social support networks. Recent studies show that the settlement context and integration difficulties may negatively affect migrants' health regardless of their length of stay (Barbiano di Belgiojoso et al., 2024).

The decline in physical and psychological wellbeing is more pronounced among women, who often face the double burden of unpaid domestic and caregiving work and paid employment outside the home. Those whose lives are more confined to the domestic sphere are hindered by linguistic barriers and limited familiarity with urban environments, which make access to healthcare even more difficult. Marginalisation and social exclusion also affect sexual and reproductive health, compounded by institutional shortcomings, such as the lack of services adequately equipped to meet the needs of a multi-ethnic clientele (Istituto Superiore di Sanità, 2022).

In terms of health profiles linked to risk factors, first-generation migrants appear to be relatively protected compared with the native population. They are generally less likely to have a diet poor in fruit and vegetables, or to consume alcohol and tobacco—especially women and migrants from specific regions. Yet, as time spent in the host country increases, there is a progressive convergence towards less healthy lifestyles, a pattern that also affects the second generation.

Migration experience also impacts mental health. Beyond the psychological consequences of traumatic journeys and personal histories, the absence of family and social networks, economic marginalisation, and acculturation stress can lead to anxiety and depression (García-Pereiro et al., 2024). The perception of discrimination within the health system further aggravates health inequalities and reinforces existing barriers to inclusion.

From a legal standpoint, regular migrants have full access to the National Health Service (NHS) on the same basis as Italian citizens. Irregular migrants can also receive care through specific NHS facilities once registered as “temporarily present foreigners”. The law guarantees them access to essential and urgent medical services without the risk of being reported to the authorities.

Nevertheless, current health policies are still unable to adequately address the specific health needs of this population. Linguistic, cultural, and economic barriers continue to limit healthcare access, with long-term repercussions on health outcomes. In particular, communication difficulties with medical staff, treatment costs, and the limited availability of services—both in terms of opening hours and cultural competence—reduce the actual use of healthcare (Mendola and Busetta, 2021).

These limitations are even more evident for older migrants, who often lack family or friendship networks that could compensate for the deficiencies of a welfare system—such as Italy's—where home-based care is largely delegated to families. Discrimination and stigma based on ethnicity, migration status, or religion also negatively affect individuals' ability or willingness to approach healthcare services.

Health equity can only be achieved through inclusive policies that are attentive to diversity and tailored to the needs of vulnerable groups. This requires a collaborative approach involving policymakers, health and social workers, third-sector organisations, and migrant associations. More adequate services would require not only the expansion of cultural mediation but also better language training for professionals and greater diversity within healthcare teams. From a preventive perspective, the direct involvement of target groups in health education campaigns would help promote healthy lifestyles and awareness among migrant populations.

Finally, it is essential to adapt health monitoring and data collection systems to capture the transformations of a mobile and diverse population (Barbiano di Belgiojoso et al., 2024). An emblematic case is the "salmon effect"—the tendency of some migrants to return to their country of origin in old age or when facing serious illness. This dynamic can lead to artificially lower mortality rates compared with the native population (Razum, 2006), and in the absence of complementary data, may result in an overestimation of migrants' actual health conditions.

4. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

1. As a result of population ageing, Italy is now—and will increasingly be in the coming decades—facing crucial challenges. These concern not only the need to curb the emigration of young Italians and foreigners, but also the urgency of designing and implementing inclusive and forward-looking integration policies. It is therefore necessary to pursue strategies that, on the one hand, make the country attractive and competitive in relation to regular migration flows from abroad, and, on the other, encourage the long-term settlement of young people—both native and non-native, Italian and foreign—through pathways of social, economic, and cultural inclusion.
2. An essential aspect to consider is the promotion of concrete actions ensuring that migrants and their families, including their

descendants born or raised in Italy, can lead a dignified life and be fully included—on an equal footing—in the social and political community. To this end, action is needed in four strategic areas: educational inclusion; social and political participation; labour market integration; and health and access to services.

3. In the field of education, it is crucial to strengthen the linguistic, digital, and civic competences of young people of migrant origin, to support their school and university pathways, and to promote inclusive learning environments capable of enhancing human capital while actively involving teachers, families, and local communities.
4. With regard to social and political participation, it is important to facilitate access to housing and parenting support services, to foster civic and political engagement through mechanisms of consultation and representation, and to promote volunteering as a means of inclusion and active citizenship.
5. In the labour market, it is necessary to tackle ethnic discrimination and occupational vulnerability, simplify the recognition of qualifications and skills acquired abroad, combat informal employment, and support migrant entrepreneurship, integrating it within local development programmes.
6. Finally, in the area of health and access to services, priority should be given to ensuring equitable access to healthcare, providing culturally competent services, and removing economic (such as treatment costs) and informational barriers. Efforts should also be made to promote inclusive access through health education campaigns and to make available disaggregated data from health monitoring and service access systems.

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7. BEYOND LONGEVITY. MEASURING FRAILTY TO INFORM HEALTH POLICY AND PRACTICE

Giovanna Boccuzzo, Margherita Silan, Maurizio Nicolaio, Annalisa Donno and Enrico Bovo

KEY POINTS

- The increase in longevity is one of the greatest achievements of modern societies, but the additional years are not always lived in good health.
- The issue is not solely medical: it concerns healthcare systems, families, and the sustainability of social services.
- The concept of "frailty" has become essential in explaining the vulnerability of older people to adverse events such as falls, hospitalisations, loss of autonomy, and mortality.
- Recognising and measuring frailty is crucial for public health and for planning preventive interventions.

1. INTRODUCTION

The increase in life expectancy is one of the greatest achievements of modern societies. However, the so-called 'longevity paradox', described by Fries in 1980 and, more recently, by Garmany and colleagues, shows that the additional years are not always lived in good health. In Italy, life expectancy at birth rose from 79.6 years in 2000 to 83.4 years in 2019. Naghavi and the Global Burden of Disease group have calculated that healthy life expectancy (HALE) increased from 68.5 years (95% CI: 65.2–71.3) in 2000 to 70.9 years (67.4–73.8) in 2021, confirming that longer lives do not necessarily translate into years lived in full independence.

The issue is not purely medical: it concerns health systems, families, and the sustainability of social services. Over the last two decades, the concept of 'frailty' has become central to explaining why some older people, even without serious disease, are more vulnerable to adverse events such as falls, hospital admissions, loss of autonomy, and mortality. Recognising and measuring frailty is crucial for public health and for the planning of preventive interventions.

2. FROM LONGEVITY TO FRAILTY: EVOLUTION OF A CONCEPT

The notion of frailty has its roots in demographic studies of mortality. As early as 1979, Vaupel and colleagues introduced the idea that individuals of the same age might have different levels of 'robustness', affecting their risk of death. In the 2000s, the work of Linda P. Fried became a landmark in frailty research, defining it as a clinical phenotype characterised by five physical signs: unintentional weight loss, weakness, slowness, low physical activity and exhaustion. In parallel, other researchers, including Arnold Mitnitski, proposed the 'cumulative deficits' paradigm, viewing frailty as the result of the accumulation of dozens of clinical, functional and cognitive deficits. A few years later, Robbert Gobbens and the research group at Tilburg University developed a bio-psycho-social approach, emphasising that psychological and social factors (such as isolation, depression, lack of support) also contribute to vulnerability.

Each of these paradigms offers a slightly different perspective on frailty, yet they converge in seeing it as a reduced capacity to withstand stress and to regain equilibrium (homeostasis), and as a condition that increases the risk of adverse health events.

Table 1 – Comparison of frailty paradigms

Paradigm	Definition	Main instrument	Strengths and limitations
Biomedical	Decline in physiological reserves	Fried Phenotype (Fried et al., 2001)	Easy to apply in clinical settings; overlooks social factors
Accumulation of deficits	Sum of clinical and functional deficits	Frailty Index (Mitnitski et al., 2001)	Flexible and predictive; requires extensive data
Bio-psycho-social	Loss across physical, cognitive and social domains	Tilburg Frailty Indicator (Gobbens et al., 2010)	Holistic; complex to implement at scale

3. FRAILTY, MULTIMORBIDITY AND DISABILITY ARE NOT THE SAME THING

Frailty, multimorbidity, and disability are three interrelated but distinct conditions, and it is essential to distinguish them in order to plan effective interventions.

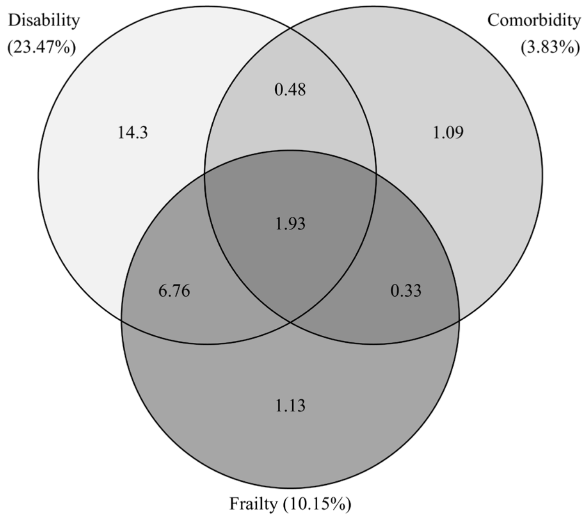
- Frailty refers to a reduced physiological and functional reserve, which makes the organism more vulnerable to even modest stressors (infections, falls, surgical procedures). It can also be present in people who appear healthy and autonomous.

- Multimorbidity refers to the presence of two or more chronic conditions (for example, diabetes, heart disease, COPD). It is common in older people but does not automatically imply frailty.
- Disability concerns difficulty or inability to perform basic activities of daily living (moving about, washing, dressing) or instrumental activities (shopping, managing money).

Our research has shown that these three conditions only partially overlap in the population aged 65 and over in the Province of Padua in 2018. The relationship between these concepts is complex: frailty and comorbidity can be both predictors and outcomes of each other, and both contribute to disability.

Figure 1 illustrates these interrelationships by showing, in a Venn diagram, the prevalence of the three phenomena, considering as frail the top 10% of the population according to the Frailty Index (FI) proposed in the article. Comorbidity, defined as a Charlson Comorbidity Index score equal to or greater than 1, concerns 3.8% of the population, while disability was found in 23.5% of the total population.

Figure 1 – Venn diagram of the prevalence of frailty, disability and comorbidity. People aged 65 years and over, province of Padua, 2018



Source: adapted from Silan et al. (2025).

In Figure 1 we can observe that only 1.93% of the population simultaneously exhibits all three conditions, identifying a high-risk group that requires intensive, multidisciplinary clinical attention. A further 6.76% show an overlap between frailty and disability. By contrast, only 0.33% of individuals present a combination of comorbidity and frailty without disability, indicating that when these two conditions coexist they are often also associated with functional limitations. Finally, only one tenth of frail individuals have neither comorbidity nor disability.

From a public health perspective, this implies that preventive measures should focus on individuals who are frail but still autonomous, because at this stage it is possible to slow down functional decline.

4. IS FRAILTY REVERSIBLE?

Whereas multimorbidity and disability, by definition, are not reversible (aside from very specific cases), frailty is a state of vulnerability with potential for improvement, especially in people who do not already present multimorbidity and/or disability. In recent years, this topic has attracted considerable research interest in geriatrics, with comprehensive literature reviews aimed at quantifying rates of reversibility, the conditions, and the interventions that allow a return to stability.

In an ongoing study at the University of Padua analysing all SHARE survey cohorts, we calculated transition probabilities among the different states of frailty, starting from status at the first wave in 2004 and after 3, 7, 9, 11, 13, 16, and 18 years. The study uses a frailty measure based on the Fried phenotype adapted to SHARE data, classifying individuals as non-frail, pre-frail (1 or 2 vulnerability criteria out of 5), and frail (3 or more).

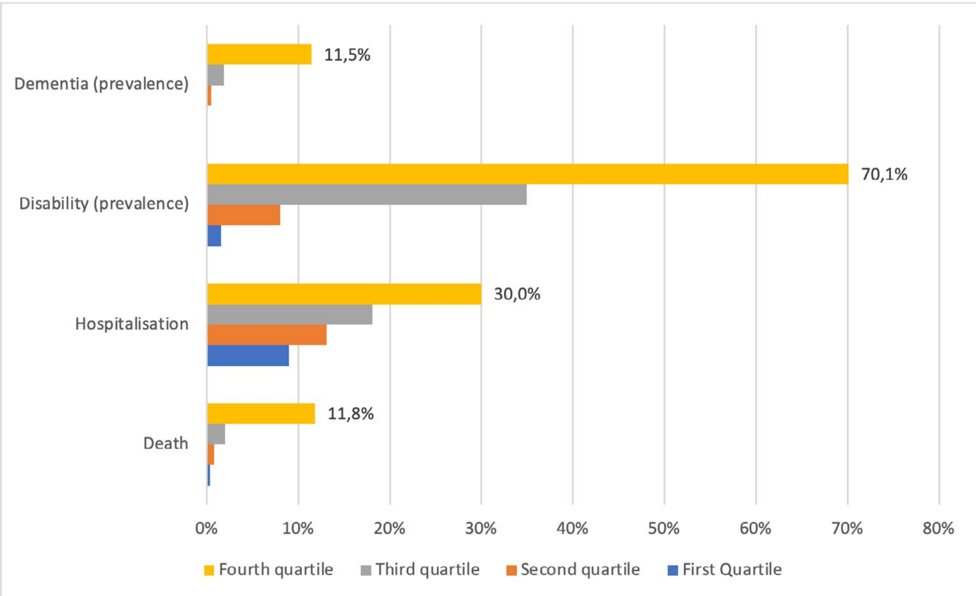
Overall, the probabilities of moving to a better frailty state (i.e., from frail to pre-frail, or from pre-frail to non-frail) range from 0.25 to 0.35 in women and from 0.30 to 0.40 in men. These are substantial values, which, however, drop sharply when looking at recovery from frail to non-frail. In this case, the probabilities are low: between 0.04 and 0.08 for women and between 0.06 and 0.18 for men. The clear message is that interventions must be timely if we are to increase the chances of exiting a state of vulnerability.

The literature shows that frailty can be reversed through targeted interventions aimed primarily at avoiding unplanned hospital admissions, polypharmacy, and falls; see, among others, the recent study by Serra-Prat and colleagues.

5. MEASURING FRAILTY FOR PUBLIC HEALTH

Traditional tools (the Fried phenotype, the Tilburg Frailty Indicator) are used mainly in clinical epidemiology and are less feasible for public health. They require tests or questionnaires to be administered to individuals and are thus useful for small studies or clinical assessments, or applicable using data from sample surveys (e.g., SHARE). For this reason, especially in recent years, approaches based on administrative data have been developed, producing Electronic Frailty Indices (eFIs) capable of stratifying the population and guiding health policies.

Figure 2 – Prevalence of mortality, disability, dementia and hospitalisation among individuals classified by frailty index quartiles. Population aged 65 years and over in the province of Padua in 2018



Source: adapted from Silan et al. (2025).

The research group at the University of Padua has developed a parsimonious frailty index designed to predict multiple adverse health outcomes (mortality, hospitalisation, emergency department (ED) attendance with high priority, hip fracture, onset of disability, and onset of dementia) using just eight variables available in administrative data: age; disability (used for adverse outcomes except disability itself); number of hospital admissions; mental disorders; neurological diseases; heart failure; renal failure; and cancer under active treatment. The index shows good predictive ability, measured by AUC, for adverse outcomes: 0.855 for mortality, 0.806 for ED attendance with high priority, 0.665 for hospitalisation, 0.763 for hip fracture, 0.749 for onset of disability, and 0.805 for onset of dementia. Figure 2 shows that the top quartile, corresponding to the most frail, concentrates the bulk of hospitalisations, of those with disability or dementia, and of deaths.

The index has been successfully validated in the Piedmont Region and has been translated into an easy-to-use application, which is currently being tested.

6. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

1. The concept of frailty is assuming an increasingly important role in public health, as its application allows the identification of the most vulnerable individuals, at higher risk of adverse events, hospital admissions, and loss of autonomy. Understanding the levels of frailty within the population makes it possible to direct resources and plan more effective interventions, with benefits both for patients and for the sustainability of the healthcare system.
2. Acting in a timely manner is essential. In so-called "young older adults", the focus should be on preventing frailty through measures that promote healthy lifestyles, physical activity, proper nutrition, reduction of polypharmacy, and social support. In people who are already frail or disabled, it becomes a priority to ensure continuity of care, strengthening home care, integrated community services, and support for caregivers.
3. A key issue is the reduction of avoidable hospital admissions, related to chronic conditions that can be prevented or appropriately managed in the community. Limiting these admissions not only helps contain costs and reduce pressure on hospitals, but also prevents older people from facing the risk of complications, loss of autonomy, and a decline in quality of life.
4. To enable such targeted strategies, it is crucial to have accessible and up-to-date health data. Currently, the use of this information for proactive purposes is limited by regulatory constraints, but recent European initiatives on the Health Data Space could provide solutions for using data safely and in compliance with privacy regulations, to the benefit of research, health planning, and the care of the most frail individuals.

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8. CARING FOR THE CARERS. THE CHALLENGES OF INFORMAL CAREGIVING IN AN AGEING SOCIETY

Francesca Zanasi, Eva Bei, Rebecca Graziosi and Carlo Lallo

KEY POINTS

- Informal caregivers—family members, friends, or neighbours providing support without formal recognition—are an indispensable yet often invisible resource; data to understand the phenomenon remain fragmented.
- Not all older adults experience ageing under the same conditions, and those from disadvantaged socioeconomic backgrounds or minority identity groups face greater barriers to accessing care and services, with consequences that also affect their caregivers.
- The available data on this phenomenon are limited, insufficiently detailed, and derived from sources that are not integrated.
- Public policies supporting caregivers in Italy are generally inadequate: fragmented, unevenly distributed across the country, and poorly aligned with European standards.

1. INTRODUCTION

Italy is experiencing a profound demographic transformation and is now among the oldest countries worldwide. The combination of rising longevity and persistently low fertility is altering the intergenerational balance and reshaping both the demand for and provision of care. Italians are living longer, yet not necessarily healthier lives: at age 65, healthy life expectancy is approximately nine years—below the European average.

Concurrently, the proportion of women without children is increasing, thereby reducing the availability of family support networks and placing additional pressure on the long-term care (LTC) system. Families are consequently confronted with growing care responsibilities, often in the absence of adequate public support. Between 2003 and 2016, the use of paid home assistance increased substantially, while access to public care services remained stable at around 10%.

Within this context, informal care continues to play a pivotal role, despite mounting economic and social pressures. Informal caregivers—typically family members, friends, or neighbours—provide essential support, yet they remain largely unrecognised as a cornerstone of the Italian care system. Their situation underscores three key challenges:

1. the absence of systematic data to accurately characterise their demographics and needs;
2. social inequalities in access to services, which disadvantage the most vulnerable older adults and caregivers;
3. the lack of coherent, structured public policies to support them effectively.

Addressing these challenges is critical to developing a care system that is equitable, sustainable, and genuinely inclusive.

2. ANALYSING THE AGEING SOCIETY: NEW TOOLS FOR NEW THINKING

Population ageing is profoundly transforming Italian society, reshaping demographic balances, care needs, and systems of mutual support. To design effective policies, more sophisticated analytical tools are required: many existing indicators and surveys were developed for a different societal context and now exhibit clear limitations.

Information on the demand for and provision of elder care in Italy is dispersed across multiple surveys and databases, which researchers can rarely integrate due to technical and legal constraints. In particular, health data are often disconnected from information on disability, living conditions, and access to health and social care services. Consequently, it is difficult to align demand and supply effectively or to construct a comprehensive understanding of dependency consistent with current conceptual frameworks.

It is therefore essential that ISTAT, Parliament, and the Government collaborate to overcome the fragmentation of official statistics and the barriers that prevent the scientific community—including universities, research institutes, and the National Research Council—from linking datasets that, only when integrated, can provide the information necessary to guide this demographic transition.

Ideally, Italy should develop a new survey—or enable the linkage of administrative data—to permit joint analysis of:

1. demographic and geographic characteristics (gender, age, marital status, place of residence);
2. socioeconomic conditions (education, employment or past occupation, financial well-being, lifestyle);
3. perceived and objective health status;
4. functional health (ADL [1], IADL[2] , and GALI[3] indicators);
5. access to and utilisation of health services (public and private), including distance and satisfaction;
6. access to and utilisation of formal care services (public and private), including distance and satisfaction;
7. informal help exchanges, which remain largely family-based but are evolving—distinguishing between co-resident and non-co-resident support, type of relationship (spouse, child, grandchild, sibling, neighbour, friend), proximity, and satisfaction.

A further challenge concerns the granularity of information available for research and policymaking. Italy is poised to experience an unprecedented territorial redistribution of its population. While migration towards large urban centres has long been observed, overall population decline will now lead to widespread depopulation in rural and peripheral areas. Consequently, the balance between care demand and supply will vary markedly across local contexts.

Yet data at the municipal level remain scarce. Sample surveys typically provide estimates only down to the regional level, while census and administrative sources, although detailed, cannot be linked with survey data. Researchers therefore lack the tools to capture these emerging territorial disparities. Some local indicators of imbalance between care demand and supply have been developed (Lallo, Del Balso, Tomassini, 2024), but their accuracy is limited, as they rely primarily on demographic structure, education, population density,

1 Activities of daily living.
2 Instrumental activities of daily living.
3 Global activity limitation indicator.

and municipality type rather than on detailed information about care provision.

3. SOCIAL INEQUALITY AND DIVERSITY IN CAREGIVING

3.1 Socioeconomic status as a line of stratification in access and provision of care

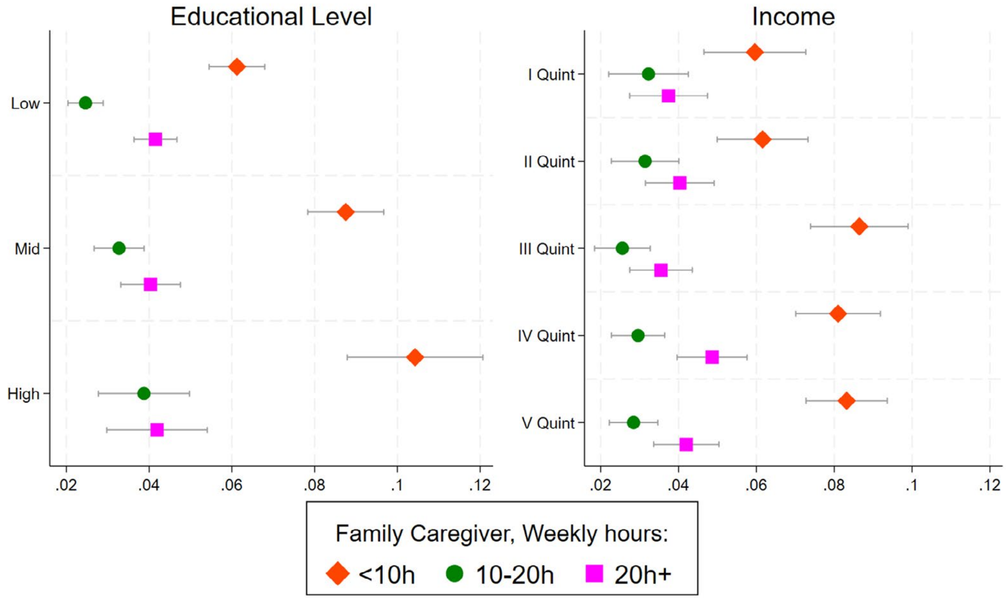
Informal care among older adults is distributed very unevenly. In Italy, in 2007, the Gini index calculated on the amount of informal care provided or received by people aged 50 and over exceeded 0.6, whereas the Gini index for household income was just above 0.3 (Albertini and Prandini, 2021). To fully understand inequalities in later life, it is therefore essential to examine the relationship between socioeconomic status (SES) and informal care.

From a social stratification perspective, key resources include education, income, and wealth. Higher levels of education provide cognitive and relational skills that facilitate navigation of care systems and are associated with greater life expectancy. Income and wealth, however, capture different dimensions of economic resources: income reflects immediate purchasing power, whereas wealth represents long-term financial stability. Income can be more readily used to purchase care services, while wealth—often tied to property—may be less liquid and, in means-tested welfare systems, can even restrict access to public benefits.

Research indicates that older adults with higher education are more likely to use paid services, and that income is positively associated with the use of formal (public or private) care. On the caregiving side, socioeconomic inequalities influence both the likelihood and intensity of providing care. In particular, highly educated individuals are more likely to provide low-intensity care (<10 hours per week; see Figure 1). This may be because those with greater financial resources can outsource more demanding tasks and focus on lighter activities, such as grocery shopping or household chores. Moreover, more educated caregivers are often more familiar with knowledge-based forms of assistance, resulting in occasional but skilled support. Finally, because the highly educated tend to live longer, they may be caring for parents who are themselves in relatively good health, requiring only limited assistance.

Together, these findings underscore how older adults with greater resources can rely on both public and private support networks—through purchased services and family assistance—without compromising their own well-being. By contrast, older adults from disadvantaged backgrounds depend primarily on public support, which in Italy remains insufficient, as discussed in the following section.

Figure 1. Probability of providing care with different intensities to a family member, by educational level and income. Italian female population aged 50 years or more.



Notes: Results from a multinomial logistic regression model, estimated separately by gender, on a sample of 22,286 individuals (11,961 women) aged 50 and over, with no co-resident parents and/or children with disabilities. The dependent variable includes the following categories: 0) no care provided, or care provided to a non-family member; 1) care provided to a family member for less than 10 hours per week; 2) care provided to a family member for 10–20 hours per week; 3) care provided to a family member for 20 or more hours per week. The variable was constructed based on the question: "Do you provide care or assistance, at least once a week, to one or more people with problems due to ageing, chronic illness, or infirmity?" The control variables included in the model are: respondent's age, macro-region of residence, employment status, household composition, and country of birth (Italy or abroad).

Source: Authors' calculations based on the European Health Interview Survey (2019). 95% confidence intervals.

3.2 The challenge of inclusive care : the case of LGBTQAI+ older adults

Policies promoting healthy ageing must acknowledge the diversity of needs within the older population and adopt an inclusive approach to long-term care (WHO, 2015). Older people belonging to minority groups often face barriers to accessing LTC facilities, including fear of discrimination, lack of trust in institutions, and communication difficulties with staff (Scott et al., 2022). Among LGBTQAI+ older adults, key priorities include overcoming isolation, maintaining social networks, and reducing the risk of poverty (Kneale et al., 2021; Valenti et al., 2020).

Training for both formal and informal caregivers is essential to ensure equitable and high-quality care. According to Rosati et al. (2021), promoting the inclusion of LGBTQAI+ older people requires three main actions:

1. Developing systems to assess caregivers' competencies, measuring their knowledge and awareness of ageing and sexual diversity;
2. Promoting awareness campaigns among professionals and the wider public to challenge stereotypes and foster a culture of respect for diversity;
3. Organising training and visibility initiatives—such as workshops, educational materials, and discussion forums—to make issues of LGBTQAI+ ageing visible and central to care practices.

Such interventions, in line with the recommendations of Caceres et al. (2020) and Buczak-Stec et al. (2023), strengthen caregivers' relational skills and enhance the overall quality of care services.

4. FROM RECOGNITION TO SUPPORT: BRIDGING THE POLICY GAPS FOR CAREGIVERS

Across Europe, countries have adopted diverse policy mixes to support informal caregivers, yet substantial cross-national disparities persist. Nordic and Continental welfare systems combine generous paid leave schemes, financial transfers, and extensive formal care networks integrated with well-established training and support programmes. By contrast, Southern European countries—including Italy—and most Eastern European states rely primarily on means-tested benefits, more restrictive leave entitlements limited to severe disability, and minimal formal services. In these contexts, training and support are largely delegated to non-profit organisations.

In Italy, recent policy developments have been driven largely by bottom-up pressure from caregiver associations seeking to fill the gaps left by limited formal care provision. Since 2014, ten out of twenty regions have enacted laws recognising informal caregivers, though with wide variation.

Some offer tangible forms of support—such as vouchers, allowances, respite services, or caregiver registries—while others provide only symbolic recognition. Funding mechanisms also differ: many initiatives remain experimental or project-based, characterised by unstable budgets and varying timelines across regions.

Definitions of caregiver range from restrictive (limited to family members) to more inclusive (based on emotional or social ties), shaping access to services. Heterogeneous eligibility criteria and administrative practices—such as waiting times and application procedures—further contribute to unequal support depending on one's place of residence. Despite legislative progress, significant territorial inequalities persist in the protection of informal caregivers.

At the national level, progress has been slower. The 2018 Budget Law introduced a formal definition of the family caregiver and created a national fund (€20–25 million per year) to finance respite and home care services–resources that remain modest compared with an estimated 7–8 million caregivers. Legislative Decree 29/2024 expanded these measures to include training, participation in care planning, re-employment support, and advocacy. However, several issues remain unresolved: unclear rights for non-cohabiting or non-relative caregivers, benefits not necessarily linked to actual care provision, and limited reconciliation measures restricted to severe disability—all compounded by regional disparities.

To meet caregivers' needs, Italian policies currently provide four main forms of support: financial benefits, paid leave, respite services, and psychological assistance.

4.1 FINANCIAL SUPPORT

The main financial benefit is the *indennità di accompagnamento* (attendance allowance), introduced in 1980 a universal monthly payment of around €525 for citizens with full disability and dependency. Although not specifically designed for caregivers, it is often used to compensate their work or to hire private care assistants. Some regions such as Lombardy, Tuscany, and Friuli Venezia Giulia offer additional vouchers or allowances for caregivers of severely disabled individuals. Emilia-Romagna formally recognises family caregivers and provides direct financial contributions. Nevertheless, the overall level of support remains limited relative to potential demand.

4.2 Paid leave and caregiving leave

Work–care reconciliation is mainly regulated by Law 104/1992 and Legislative Decree 151/2001. Employed caregivers are entitled to up to three paid days of leave per month and up to two years of extraordinary paid leave to assist relatives with severe disabilities. Early retirement is also possible after at least six months of caregiving. However, these benefits apply only to caregivers of severely disabled persons, excluding many who care for dependent older adults not formally recognised as such. Access is further constrained by bureaucratic barriers and limited information about available benefits.

4.3 Respite care and relief services

Respite services display sharp regional disparities and lack national standards. In the Centre–North, regions such as Emilia-Romagna, Lombardy, Veneto, and Piedmont have developed more structured systems, including caregiver registries, "open" nursing homes, multipurpose residential centres, and vouchers for home care. These facilities provide temporary stays, palliative care, rehabilitation, and Alzheimer's support. In contrast, in Southern regions, structured services are scarce, and families shoulder almost the entire burden of care. Service availability largely depends on local resources and political priorities, in the absence of national coordination.

4.4 Training and psychological support

Public training and psychological support for caregivers remain limited and uneven, with local health authorities and municipalities offering services only sporadically. The non-profit sector plays a crucial compensatory role, providing practical courses, self-help groups, and counselling—particularly on dementia care and safe caregiving practices. While these initiatives are essential, they suffer from limited coverage and unequal territorial access. The absence of a national programme leaves the system fragmented and inequitable.

5. CONCLUDING REMARKS

Informal caregivers represent a hidden yet indispensable pillar of the Italian welfare system. It is estimated that around 60% of older adults with long-term care needs rely exclusively on informal assistance—clear evidence of the structural importance of unpaid care and its social and economic costs. Caregivers perform an essential function, but at a considerable price in terms of mental well-being, physical health, and financial stability. Their situation is a reminder that the care system cannot rest solely on the invisible labour of families.

Two key priorities emerge for easing this burden. First, the information gap that continues to hinder understanding of the phenomenon must be closed. Without accurate, integrated data, effective policy design is impossible. ISTAT, Parliament, and the Government should commit to facilitating the integration of administrative and survey data—such as population registers, health services, and national insurance archives—for research purposes, under transparent and secure procedures that balance privacy protection with the right to scientific inquiry and public information.

Second, tackling inequality in care requires addressing both socioeconomic and identity-based dimensions. Socioeconomic status remains a central axis of stratification, shaping individuals' ability to receive or provide care. Education, income, and wealth influence access to public and private services, as well as the type and intensity of informal support. Those with greater resources can combine paid and family assistance, delegating more demanding tasks, while the less advantaged must rely on informal networks or insufficient public provision. In this way, caregiving both reflects and reproduces lifelong inequalities, transmitting the effects of social stratification across generations.

At the same time, ensuring truly inclusive care services means equipping both formal and informal caregivers to meet the diverse needs of older adults, in all their identities and living conditions. Training should strengthen cultural competence, sensitivity to minority experiences, and awareness of socioeconomic disparities. Only an integrated approach—combining social justice with cultural inclusion—can foster a long-term care (LTC) system that upholds well-being and dignity for all.

Moreover, public policies must be reinforced to support caregivers, overcoming current fragmentation and providing concrete instruments for financial, psychological, and social assistance. Future legislation should adopt a broader and more inclusive definition of caregiver, recognising emotional as well as family ties and removing cohabitation requirements. It should also introduce greater flexibility to respond to evolving care needs and formally acknowledge professional caregivers as secondary caregivers, in line with the EU Work–Life Balance Directive.

Recent reforms risk concentrating benefits on cohabiting caregivers, thereby excluding many others. To mitigate such selective effects, it would be strategic to define essential levels of support nationwide, including minimum standards for respite services (both home-based and residential), dedicated helpdesks, psychological counselling, training programmes, and pension credits for caregiving periods. At the same time, a national monitoring system—featuring shared indicators and comparable data—should be established to harmonise access and benefits, thereby supporting a model of active family support consistent with the European Care Strategy.

Ultimately, only an approach that combines knowledge, inclusion, and policy innovation can deliver lasting solutions. Caring for the carers means caring for society as a whole: recognising their contribution, supporting their well-being, and building a future in which the burden of care is no longer borne by a few, but shared as a collective responsibility.

6. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

Approximately 60% of older adults with long-term care needs rely exclusively on informal assistance. Informal caregivers therefore perform an essential role, often at a considerable cost to their psychological well-being, physical health, and financial stability.

The first step towards effective intervention in this field is understanding the phenomenon: more timely, accurate, and detailed information is required, achievable only through the integration of multiple data sources.

Care services, both formal and informal, should be made more inclusive, paying particular attention to minority groups (e.g., LGBTQAI+ individuals) and the most vulnerable, including those disadvantaged in terms of identity or socioeconomic status.

Future legislation should aim for a broader and more inclusive definition of caregiver, removing cohabitation requirements and recognising emotional bonds as well as family ties. It should also ensure greater flexibility to respond to evolving care needs and formally acknowledge professional caregivers as secondary caregivers, in line with the EU Work–Life Balance Directive.

It is necessary to introduce essential levels of support dedicated to caregivers, establishing minimum standards for, for example, temporary home and residential respite, dedicated helpdesks, psychological support, training programmes, and pension protections.

A national monitoring system with shared indicators and comparable data should be established to assess implementation and guide the allocation of resources, thereby ensuring more uniform access and services across the country.

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9. THE SILVER ECONOMY IN ITALY

Claudio Lucifora, Nicole Di Natale and Marco Piotti

KEY POINTS

- Population ageing should not be seen solely as a cost, but also as a resource and an opportunity.
- The Silver Economy is a complex economic system that addresses the needs of the senior population and spans multiple sectors. It is a field with significant potential, often underestimated, and the European Commission anticipates strong growth in the coming years.
- Private wealth held by the senior population is substantial but often underutilised. While the potential is considerable, it remains largely untapped

1. INTRODUCTION

Demographic projections from major statistical institutes increasingly indicate that the global population will age rapidly in the coming decades. While these trends are not new, the so-called 'demographic transition' - the set of changes affecting population composition - has only recently become a central topic in public debate. So far, attention has largely focused on the challenges posed by ageing, such as the sustainability of welfare systems, rising healthcare costs, and managing non-self-sufficiency, which place burdens on both families and society. However, ageing is often perceived primarily as a cost, overlooking the opportunities offered by a longer-living and more experienced population.

Addressing the demographic transition requires a cultural shift. Ageing should not be seen solely as a cost, but as a resource and an opportunity. The senior population plays a vital role in society and the economy: many continue to work or run businesses; all are consumers and savers; and a significant proportion holds substantial accumulated wealth. Economists have defined this constellation of activities, which respond to the needs and preferences of senior citizens, as the 'Silver Economy'.

The Silver Economy is not confined to a single social group or to individual sectors such as health, tourism, or leisure. Rather, it represents a cross-cutting economy spanning multiple domains: consumption and nutrition, savings, finance and insurance, housing, innovative technologies (including gerontechnology), healthcare (particularly e-health), sports, communications, leisure, and travel. It is a sector of enormous, often underestimated potential. The European Commission anticipates strong growth in the coming years, projecting EU public spending on healthcare and elderly care to exceed €1.6 trillion and €1.2 trillion respectively by 2025 (European Commission, 2024).

Moreover, the private wealth held by the senior population is frequently underutilised, representing an untapped opportunity. Considering both public resources and those mobilisable through markets linked to the senior population, the total economic potential could exceed €2.5 trillion, with an estimated workforce of more than 37 million. Some analysts suggest that, if the Silver Economy were a nation, it would rank as the world's third-largest economy after the United States and China.

In summary, the challenge of the Silver Economy lies in transforming the critical issues and costs associated with one of the world's oldest populations into opportunities for development and well-being. This Policy Brief explores and analyses this dimension, highlighting how the Silver Economy can drive future economic and social growth.

2. SILVER ECONOMY: A TAXONOMY OF RESOURCES AND NEEDS

In scientific and institutional analyses, the Silver Economy is understood as a complex economic system addressing the needs of the ageing population and encompassing multiple productive sectors. According to the European Commission, it includes "the economic opportunities arising from public and private expenditure related to the ageing population and the specific needs of people over 50". The threshold of 50 years reflects an approach that considers the entire ageing process rather than focusing solely on stages characterised by frailty or functional limitations. This contrasts with other definitions, which identify senior individuals as those aged 65 and over, moving beyond the traditional concept of old age rigidly tied to chronological age.

Viewing ageing as an opportunity is reflected in public policies that encourage investment in technological innovation to promote active and healthy ageing. Such policies not only support good health but also foster independence among senior individuals, creating a virtuous cycle that stimulates consumption, savings, and lifestyle choices. They also underpin the development of markets and sectors linked to the Silver Economy.

The Silver Economy spans several dimensions, encompassing public and private contributions as well as social dynamics:

- Public sector: Provides essential support to senior members of society through welfare measures, healthcare and social care services, and pensions. Its role is significant both in terms of the number of beneficiaries and the financial resources involved, both of which are rising.
- Private sector: Supplies goods and services within a quasi-market framework, often regulated or subsidised by public interventions. It also drives innovation, developing products and services for senior individuals, including through start-ups and assistive technologies.
- Social dynamics: Includes the contributions of non-profit organisations, foundations, social cooperatives, and volunteers, which are essential for addressing the needs of senior people.

Table 1 provides a classification of public and private resources for the 50+ population, along with a mapping of their needs, consumption preferences, and labour market conditions.

Resources	
Public	***Private***
– Pension income	– Senior-oriented products
– Health and social care services	– Financial and insurance services
– Welfare	– Assistive technologies
– Mobility	– Co-housing
– Income from work/capital	– Corporate welfare

To support the Silver Economy, the European Commission has launched initiatives such as the Active Ageing Index, which monitors key indicators including labour market participation, autonomy, and health. However, limiting the analysis to market consumption risks overlooking the economic contribution of non-market services, such as volunteering and caregiving.

Key policies for the Silver Economy include:

- Measures to improve housing autonomy, such as co-housing schemes;
- Promotion of off-season tourism through dedicated incentives;
- Development of sustainable long-term care systems;
- Investments in technological innovation to support active ageing;
- Addressing cultural and social challenges.

A crucial cultural issue is ageism—prejudice based on age—which restricts employment and social opportunities for senior workers. This often manifests in the workplace, limiting training, career advancement, and active participation. Combating ageism is essential for fostering social inclusion and enhancing the contribution of the senior population.

In conclusion, the Silver Economy represents both a challenge and an opportunity: it can transform the costs and critical aspects of ageing into drivers of economic growth and social well-being. Fully harnessing this potential requires an integrated approach, combining public policy, technological innovation, and a cultural shift in perceptions of ageing.

3. CONSUMPTION, SAVINGS, AND FINANCIAL WEALTH OF THE SILVER POPULATION

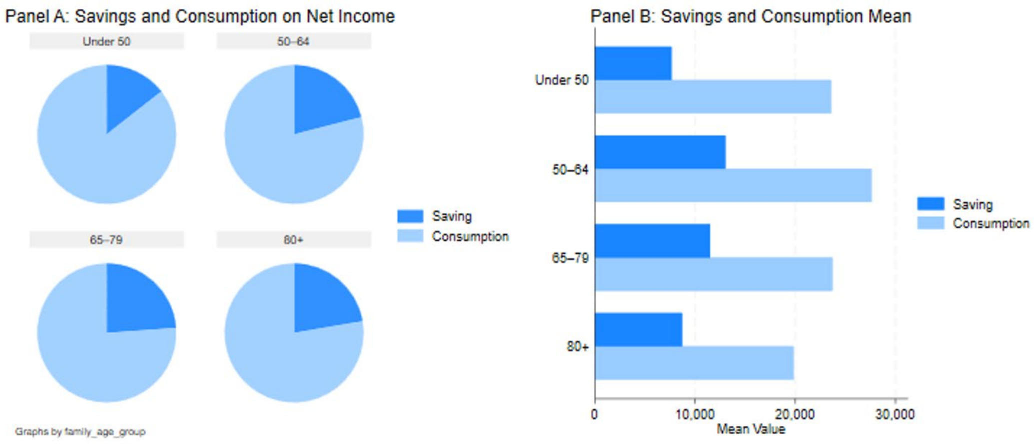
Population ageing in Italy is reshaping patterns of consumption, saving, and wealth accumulation. The needs of the silver population are increasingly diverse, encompassing health, social participation, access to care services, tourism, and cultural activities. Yet the main sources of income for this group remain largely pension benefits, which vary considerably by gender, age, and prior career trajectory.

3.1 Consumption and savings

Analysing the consumption and saving patterns of the silver population is essential not only to understand their economic behaviour but also to assess their impact on aggregate demand and the sustainability of the economic and welfare system. Consumption choices reflect income constraints and longevity expectations, as well as preferences that evolve with age, health, household composition, and the availability of local services.

Figure 1 (Panel A) shows that the proportion of income allocated to consumption decreases slightly with age, while relative savings peak among those aged 65–79, exceeding 20% of disposable income. Even individuals aged 80 and over maintain a substantial saving share, indicating precautionary behaviour linked to health uncertainties and intergenerational wealth transfer intentions. Panel B confirms that economic capacity peaks between ages 50 and 64, reflecting the phase of highest productivity and wealth accumulation. Although spending and saving gradually decline in the 65–79 and 80+ groups, they remain at considerable levels, highlighting significant potential demand for goods and services tailored to the needs of the senior population.

Figure 1. Savings and consumption by age group

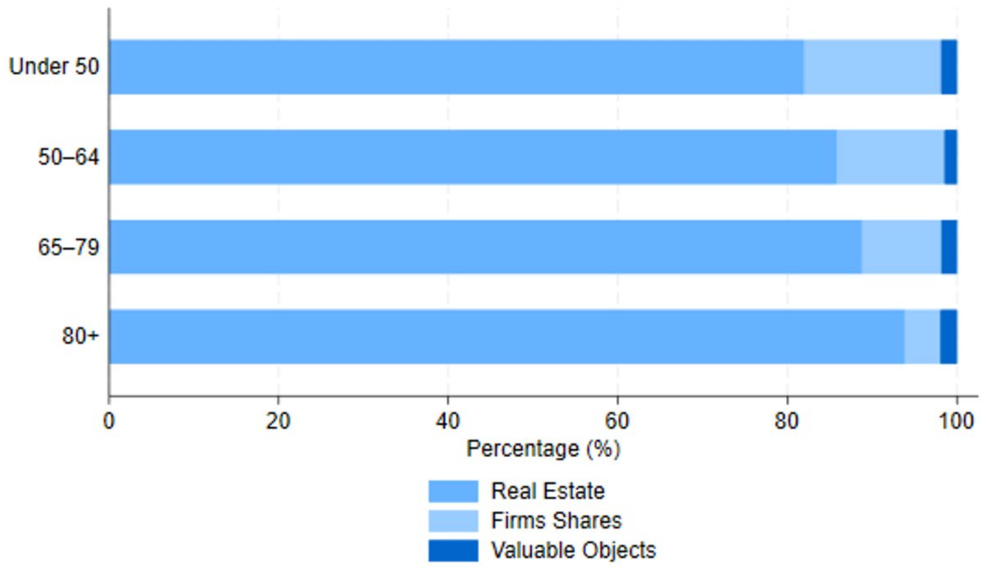


Source: Bank of Italy - The Survey on Household Income and Wealth 2022

3.2 Wealth and assets

The wealth of the silver population is largely concentrated in real estate, which constitutes a key component of household economic security. Figure 2 illustrates that the share of real estate in total wealth rises with age, exceeding 90% among those aged 80 and over.

Figure 2: Real assets by age group



Source: Bank of Italy - The Survey on Household Income and Wealth 2022

Home ownership is particularly widespread among senior households, with around 80% of those aged over 65 living in owner-occupied accommodation, and 28% owning one or more additional properties beyond their primary residence. This pattern reflects a long-term process of wealth accumulation. This substantial asset base positions the silver population as a key driver of spending on goods and services, with an estimated contribution to gross domestic product of €655 billion in 2023, equivalent to 31.46% of Italy's GDP.

4. MACROECONOMIC IMPLICATIONS OF AGEING

The demographic transformations anticipated over the coming decades are set to profoundly reshape patterns of consumption and saving. According to ISTAT projections, by 2050 nearly 38% of households will consist of single or elderly individuals, whereas couples with children will account for just 25% of households. In this context, one in three people over 50 will live alone, managing their own income and accumulated wealth.

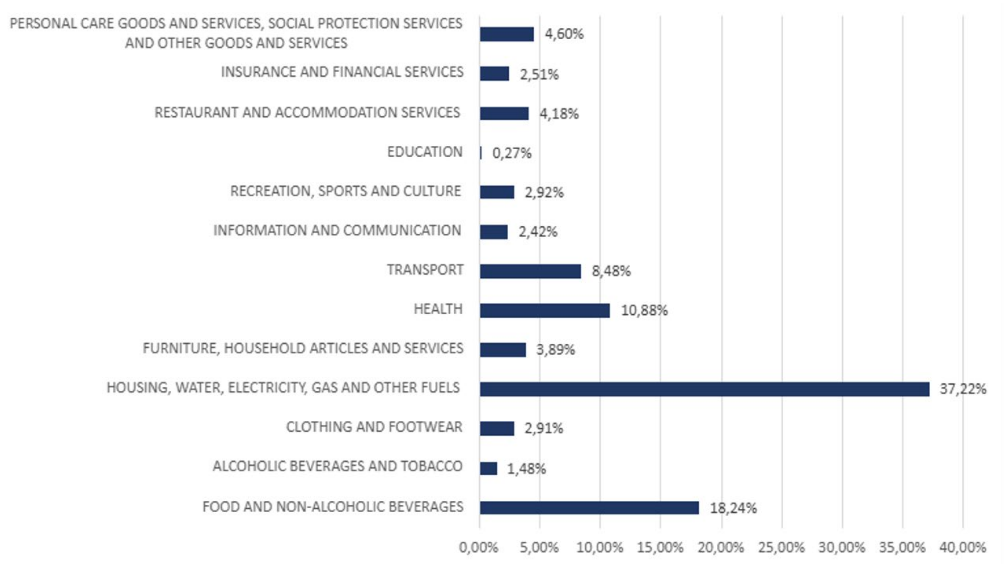
In 2023, ISTAT estimates that the 'silver population'—people aged over 50—numbered 28 million, representing around 47% of the total population. Of these, 23.7% were aged 65 and over (approximately 14.1 million), more than half of whom were women. The Bank of Italy's 2022 Survey on Household Income and Wealth indicates that the average wealth of this age group is around €330,000. Extrapolating to the entire population over 50, total wealth is estimated at €9.23 trillion, or roughly 53% of national wealth. This wealth is distributed as follows: €1,898 billion (20.56%) in financial assets, such as deposits, government bonds, and other securities, and €7,565 billion (84.94%) in real estate, business holdings, and valuable goods.

Senior adults hold the highest average real estate value of any age group, reflecting substantial long-term investment: approximately 80% of those over 65 live in owner-occupied housing, and 28% own one or more additional properties. Their estimated annual net disposable income, including earnings from financial and real estate assets or business shares but net of contributions and taxes, is around €1,068 billion. Given the solidity of their assets, the silver population represents a major driver of spending on goods and services, thereby making a significant contribution to GDP. Based on ISTAT data (Household Expenditure Survey) and spending models, the gross contribution of people over 50 to Italy's GDP in 2023 is estimated at €655 billion, equivalent to 31.46% of GDP. This gross estimate includes both private spending and public components, such as transfers and healthcare and social care expenditure provided by the National Health Service (SSN).

The net value, excluding healthcare expenditure borne by the SSN, is approximately €615 billion. Expenditure by the silver population is concentrated in a few key categories. As illustrated in Figure 3, housing and utilities account for 37% of spending, food for 18.24%, health for 10.88%, and transport for 8.48%. Other categories include recreation, sport, and culture (2.9%), clothing (2.9%), furniture (3.9%), and various services, such as personal care, insurance, and dining. This consumption structure challenges the stereotype that the Silver Economy is predominantly health-focused, revealing instead a diversified economic fabric. The adjusted GDP attributable to these sectors is estimated at around €566 billion.

Spending by the over-50 population also supports employment and labour income for approximately 9.5 million workers, calculated as the ratio between GDP generated and value added per worker in the relevant sectors. Looking ahead, as the elderly population continues to grow, their share of consumption and economic influence is expected to rise further.

Figure 3. Expenditure composition of the over-50 population



Source: Istat. Survey on Italian household expenditure (2023)

Analysis of spending patterns allows us to identify the economic sectors most strongly supported by the silver population, including food, housing, health, transport, recreation, and financial services. The GDP generated by these sectors is estimated at approximately €566 billion, with a substantial impact on employment. Expenditure by individuals over 50 sustains around 9.5 million jobs, primarily distributed across these key sectors.

Looking ahead, as the elderly population continues to grow, their share of consumption is set to rise, representing a strategic opportunity for economic development and innovation. Realising this potential fully requires targeted policies that stimulate demand, enhance access to services, and promote the inclusion of the silver population in economic life.

5. A STRATEGY FOR THE SILVER ECONOMY

Over the past fifteen years, Italy's policy framework on ageing has evolved within a system in which the State retains a central role in defining essential benefits, while the Regions and Autonomous Provinces have been able to intervene in complementary areas, such as education, health, innovation, and local welfare. However, in many regions, laws enacted on active ageing have often lacked resources and operational tools, remaining largely declarative. While this structure provides flexibility, it has resulted in considerable heterogeneity in the design and implementation of measures, with marked territorial differences. A key limitation has been the fragmentation of initiatives and the absence of a broader, integrated policy framework.

Population ageing, often framed as a problem or a cost, can instead become a lever for innovation, social cohesion, and sustainable growth. Achieving this requires moving beyond fragmented approaches and isolated sectoral policies, and adopting an integrated strategy that connects health, labour, education, and social security, supported by monitoring tools capable of capturing currently invisible or underestimated dimensions, such as informal caregiving, social isolation, cognitive health, and critical life-course transitions. Coordination of such an integrated policy could be entrusted to a dedicated institution for longevity and active ageing, responsible for policy design, implementation, and analysis.

The Silver Economy represents both a significant challenge and a unique opportunity for Italy. Harnessing its potential requires policies grounded in up-to-date data and capable of capturing often-overlooked dimensions, including informal caregiving, social isolation, cognitive health, and life transitions. To leverage ageing as a resource, a comprehensive strategy should be formulated around the following key points:

- Reframe the narrative on ageing: move beyond the notion of decline and recognise ageing as a dynamic process of contribution, adaptation, and participation.
- Align access to services with functional needs: avoid rigid thresholds based solely on chronological age, acknowledging the diversity of individual conditions.
- Promote senior employment and generational renewal: implement public incentives, digital retraining programmes, dedicated job placement services, and corporate age management strategies.
- Combat ageism and strengthen inclusion: develop national awareness campaigns, certification schemes for inclusive companies, and diversity management programmes that emphasise the generational dimension.
- Support social participation, health, and care: invest in telemedicine, home care, community networks, and technologies for active ageing, leveraging the synergistic contributions of public, private, and third-sector actors.
- Recognise family care as a public responsibility: integrate it into welfare systems and support the "sandwich generation," which currently bears an unsustainable and largely unacknowledged burden.
- Reduce the pension gender gap: provide contribution credits for caregiving periods, accessible care services, and flexible career models to ensure economic equity for senior women.
- Leverage silver consumption and wealth: support innovative housing solutions, digital education, and tailored products and services to drive sustainable growth and innovation.
- Coordinate cross-sector policies: ensure coherence and continuity across health, education, labour, and pension policies throughout the life course.
- Improve measurement and monitoring of life transitions: develop more effective indicators for informal care, functional status, social well-being, and intergenerational cohesion.

With this objective, ten policy proposals are set out below, building on the key points outlined above to create a coherent set of integrated interventions encompassing the labour market and pensions, health and long-term care, anti-discrimination measures, the promotion of a new narrative on ageing, and initiatives to support and incentivise research and development in sectors and products targeting the silver market.

6. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

1. Reframing the narrative on ageing. Ageing should not be viewed as an inevitable decline but as a dynamic process of adaptation, participation, and social contribution. At the same time, it is urgent to recognize that chronological age can no longer be the sole criterion for access to services, care, and rights. Age often diverges from functional capacity, autonomy, and everyday capabilities. Policies based on more precise indicators and personalised measures, capable of capturing diverse experiences, would be not only fairer but also more effective in allocating public resources.
2. The challenge of senior employment. Increasing labour market participation among senior workers requires strategies that value experience while ensuring generational renewal. In the public sector, fiscal and social security incentives for companies hiring or retaining employees over 50, alongside retraining and digital upskilling programmes, are essential to support continued employment and reintegration. Strengthening active labour policies and job placement services specifically for unemployed or inactive seniors can reduce unemployment duration and inactivity. In the private sector, companies should reorganise work to better include senior employees through age management practices, including flexible schedules, intergenerational mentoring, and skills-transfer mechanisms. Well-implemented practices can turn the retention of senior employees until retirement (and beyond) into a competitive advantage, while mentoring younger workers preserves institutional knowledge.
3. Combating age discrimination. Ageism remains a critical barrier despite the growing weight of senior workers. Public policies should promote national awareness campaigns and introduce certifications for companies adopting age-inclusive practices. Businesses can strengthen diversity management by explicitly considering generational dimensions and providing managerial training to overcome cognitive biases related to senior performance and adaptability. Measuring workplace climate and using internal

monitoring tools can foster more inclusive work environments.

4. Integration of social and healthcare interventions. Prevention programmes and lifestyle improvements can enhance the quality of ageing, in line with the Active and Healthy Ageing framework promoted by the WHO. Active participation and maintaining meaningful social relationships are primary protective factors for physical and mental health. Investing in home care, telemedicine, and community networks preserves autonomy, reduces reliance on residential care, and combats social isolation. The private sector—through corporate welfare, health-focused benefits, and partnerships with the third sector—can amplify the impact of public policies. Technologies for active ageing represent a strategic area for economic and social innovation.
5. Long-term care. Family care remains a central issue. The so-called "sandwich generation," mainly women aged 40–60, carries a large part of the care burden for children, elderly parents, and sometimes grandchildren, often without adequate public support. Considering care as a purely private and unlimited family responsibility is unsustainable and inequitable. Informal caregiving must be recognised and integrated into welfare systems as a shared societal responsibility to mitigate negative effects on health, gender equality, and economic security.
6. Pension sustainability and the gender gap. Closely related is the issue of the pension gender gap, reflecting inequalities accumulated over a lifetime. Contribution credits for caregiving periods, incentives for women to return to the labour market, widespread care services, and flexible career models are essential tools to correct this imbalance. Companies can also contribute through work-life balance-oriented corporate welfare and caregiver leave, helping to reduce the "pension glass ceiling" affecting senior women.
7. Development of the silver market. The silver population is a central economic actor, with spending concentrated in key sectors such as food, health, housing, and finance. Harnessing this demand requires investments in digitalisation, innovative housing solutions such as cohousing and smart homes, and tailored products and services accessible even to those with limited digital skills. Private offerings, from slow tourism to inclusive finance, can leverage this market as a driver of sustainable development and innovation.

8. A new intergenerational social pact. These challenges and opportunities point to the need for a new intergenerational social pact. The current model—based on stable employment, nuclear families, and age-based rights—no longer reflects contemporary life realities. Governance must balance solidarity and fairness, recognising that all generations contribute in different ways—through paid work, caregiving, volunteering, and active citizenship—and that collective well-being emerges from this interconnection. Two priorities are decisive: (i) coordinating cross-sector policies to overcome fragmentation that limits effectiveness, and (ii) developing and monitoring indicators to better measure life transitions, social well-being, functional status, and intergenerational cohesion.
9. Policy integration. While national and regional policies can significantly guide longevity strategies, overlaps between national and local interventions, lack of coordination between public and private actors, urban–rural disparities, and inter-sector fragmentation within the silver economy often make public action and market functioning inefficient or ineffective. Only by adopting this broad, integrated vision can ageing be transformed from a perceived challenge into a driver of fair, innovative, and sustainable development in Italy.
10. Creation of a national institution for ageing. The dispersion and overlap of intervention areas among actors reflects a lack of policy coordination. Most European and non-European countries have established either a Ministry of Longevity or a National Institute on Ageing. The decade-long experience of these countries provides a global reference point for the governance of longevity-oriented policies.

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10. THE INTERGENERATIONAL JUSTICE INDEX. A VIEW ON AGE EQUITY IN EUROPE

Vincenzo Galasso, Anna Elisabetta Galeotti, Asya Bellia, Enrico Biale, Carlo Burelli, Davide Pala, Cristóbal Ruiz-Tagle Coloma, Laura Santi Amantini and Gloria Zuccarelli

KEYPOINTS

- The intergenerational justice index (IJI) measures inequalities between younger and older people across 19 European countries along four dimensions: economic equity, access to services, relational equality, and political equality.
- The results reveal a Europe in only apparent balance: older generations enjoy greater economic security and political influence, while younger people are stronger in social relationships and access to digital services.
- Italy stands out as an emblematic case — strongly pro-elderly in terms of economic equity, yet more favourable to the young in access to services and social life.
- Age inequalities are not a zero-sum game: supporting younger generations strengthens the sustainability of welfare systems and democracy without weakening protection for the elderly.
- Integrated policies combining youth employment, housing, healthcare, and political representation are needed to rebalance opportunities across generations and reinforce social solidarity.

1. INTRODUCTION

Europe is undergoing an unprecedented demographic transformation. The steady increase in life expectancy, combined with persistently low birth rates, is profoundly reshaping the structure of European populations — and with it, the social contract that governs relations between generations. An ever-growing share of older people, together with a shrinking working-age population, raises crucial questions about the economic, social, and political sustainability of our democracies.

Longevity is a major achievement, yet it also generates new inequalities: young adults face increasingly unstable labour markets, barriers to home ownership, financial insecurity, and a growing risk of political exclusion. Older people, although supported by pensions and well-established social rights, often experience isolation, deteriorating mental health, and difficulties in accessing healthcare services.

These tensions go beyond public budgets and touch upon the deeper issue of intergenerational justice, understood as the fair distribution of resources, opportunities, and political voice among coexisting age groups. Ensuring that every generation can live with dignity at each stage of life means not only correcting material inequalities but also guaranteeing equal social recognition and democratic participation.

To meet this challenge, it is essential to develop empirical tools capable of systematically and comparably measuring generational divides. The intergenerational justice index (IJI) was created for this purpose. Developed within the *Age-It – Ageing Well in an Ageing Society* project, the index provides a multidimensional measure of fairness between younger and older people and can be applied in various contexts — in this case, across nineteen European Union countries.

Unlike traditional approaches based on birth cohorts, the IJI adopts a cross-sectional perspective, comparing the current situation of young adults (ages 25–34) with that of older adults (ages 55–64 for labour-market indicators, 65+ for other domains). This methodological choice makes it possible to identify existing imbalances in real time and to offer useful guidance for policymakers.

The index encompasses four fundamental dimensions of social justice: economic equity, access to essential services, relational equality, and political equality. Together, these provide a comprehensive view of intergenerational fairness that integrates material, social, and institutional factors.

The aim of this paper is to provide an analytical summary of the 2025 intergenerational justice index Report, focusing on the key findings representing its four dimensions and the overall composite index. The paper is structured as follows: Section 2 outlines the methodological foundations of the index; Section 3 describes the data and indicators used; Section 4 presents comparative results across EU countries; and

Section 5 discusses the main policy implications.

Taken together, these elements provide a coherent picture of intergenerational inequalities in Europe and offer an empirical basis for steering welfare policies towards greater intergenerational justice.

2. METHODOLOGY

2.1 Theoretical foundations and general approach

The construction of the intergenerational justice index (IJI) is based on a clear normative principle: a society can be considered just only if all generations, at every stage of life, have sufficient resources and opportunities to live with dignity and to participate fully in social and political life. From this perspective, intergenerational equity is not understood as perfect equality, but as the adequacy of age-specific resources and opportunities — a balance that recognises different needs at different stages of the life cycle.

The IJI adopts a synchronic perspective, focusing on currently coexisting age groups (young adults and older people) rather than on birth cohorts. This methodological choice rests on two main reasons.

First, available data do not allow for a full reconstruction of resource and benefit flows over the entire lifetime of different cohorts. Second, the synchronic perspective is more relevant for public policy analysis, as it allows for the assessment of existing inequalities and the possibility of addressing them in the short term.

2.2 Dimensions of intergenerational justice

The index is structured around four dimensions, corresponding to the main areas where disparities between generations arise:

1. Economic equity, reflecting the distribution of material resources, job stability, and financial resilience;
2. Access to essential services, measuring the ability to benefit from key public goods such as healthcare, safety, environmental quality, and digital infrastructure;
3. Relational equality, assessing the degree of social integration, respect, and freedom from age-based discrimination;
4. Political equality, considering democratic participation, institutional representation, and the attention given to generational issues in

party platforms.

These dimensions represent the four pillars of intergenerational justice — economic, social, relational, and political — and were selected to capture the full range of factors that determine life quality and equality of status between generations.

The IJI is built on two levels of aggregation:

- The first level combines elementary indicators (e.g. poverty, unemployment, or political participation) into a composite index for each of the four dimensions.
- The second aggregates the four dimensions into an overall index of intergenerational justice.

In this report, results are presented using equal weighting for all indicators. The 2025 intergenerational justice index Report also explores alternative aggregation criteria, which, however, produce broadly similar outcomes.

2.3 Interpretation of results

All indicators follow a "more is better" rule:

- Positive values indicate outcomes favouring older people;
- Negative values indicate outcomes favouring younger people.

Results are normalised relative to the average of the 19 European countries analysed (the EU-19 benchmark), in order to highlight internal disparities within each country rather than overall differences between countries.

This design allows for an intuitive and comparable interpretation:

- Positive index values denote a generally better condition for older generations;
- Negative values indicate a more favourable condition for younger generations.

In summary, the methodology of the intergenerational justice index combines analytical rigour with normative clarity, offering an integrated framework for assessing whether — and to what extent — European societies ensure equal access to resources, services, social recognition, and political voice across generations, all of which are essential to the sustainability of the social contract between ages.

3. DATA AND INDICATORS

3.1 Data sources

The intergenerational justice index (IJI) is based on a set of harmonised European datasets that ensure comparability, reliability, and periodic updates. The two main sources are:

- EU-SILC (European Union Statistics on Income and Living Conditions): provides detailed information on income, poverty, employment, housing conditions, and access to services. It constitutes the main data source for the dimensions of economic equity and access to essential services.
- ESS (European Social Survey): collects biennial data on the attitudes, values, and behaviours of European citizens, including trust, political participation, social relations, and mental well-being. It is the primary source for the dimensions of relational and political equality.

For the political dimension, the analysis was enriched with two additional institutional sources:

- The Manifesto Project, which codes and analyses the electoral programmes of political parties in European countries, allowing the assessment of the salience of generational issues in political agendas;
- The WARP Project (Weighted Age Representation in Parliaments), which provides harmonised data on the age distribution of members of national parliaments, enabling the estimation of age representation in institutions.

The reference year for the analysis is 2023, chosen to maximise the temporal overlap between EU-SILC and ESS. The sample includes 19 European Union countries: Austria, Belgium, Croatia, Cyprus, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, and Sweden.

All data were harmonised and normalised with respect to the EU-19 benchmark, in order to measure internal differences within each country rather than structural disparities between countries.

3.2 Indicators for each dimension

Economic equity

This dimension concerns the distribution of material resources and opportunities for economic independence. It includes six sub-indicators:

1. Risk of poverty;
2. Unemployment;
3. Share of permanent contracts;
4. Wage differential (ages 25–34 vs 55–64);
5. Housing overcrowding;
6. Ability to face unexpected expenses.

These indicators capture the main barriers to the economic autonomy of young people and reflect structural differences in labour markets and wealth distribution.

Access to essential services and public goods

This dimension measures the ability of individuals of different ages to access key services essential for well-being and security. The five indicators are:

1. Unmet healthcare needs (for economic or organisational reasons);
2. Non-pension social transfers as a share of disposable income;
3. Exposure to pollution, dirt, and noise;
4. Perceived crime, violence, or vandalism;
5. Access to a home internet connection.

These elements reflect the capacity of welfare systems to ensure that all generations enjoy a minimum level of safety, health, and digital inclusion.

Relational equality

This dimension focuses on the social and psychological aspects of intergenerational justice, considering participation in social life, the quality of support networks, and experiences of discrimination. The selected indicators are five:

1. Frequency of leisure activities;
2. Frequency of social contacts;
3. Availability of close relationships (at least three trusted people);
4. Perceived age-related discrimination;
5. Mental well-being (risk of depression).

This dimension captures the relational condition of generations, showing whether age differences translate into exclusion or isolation.

Political equality

This dimension examines the distribution of power and political influence across age groups, including both individual and institutional indicators. The seven indicators are:

1. Perceived voice in politics;
2. Perceived ability to influence decisions;
3. Voter turnout;
4. Party affiliation or closeness;
5. Interest in politics;
6. Salience of generational issues in party platforms;
7. Age representation in parliaments (Age Representation Index, ARI).

This dimension makes it possible to assess whether democratic institutions ensure an effective equality of voice between younger and older citizens — both in terms of individual participation and institutional representation.

4. RESULTS

The comparative analysis of the nineteen European countries included in the sample reveals a complex and nuanced picture of intergenerational justice. No country appears fully favourable either to the young or to the old: the apparent overall balance conceals significant internal disparities among the different dimensions of the index.

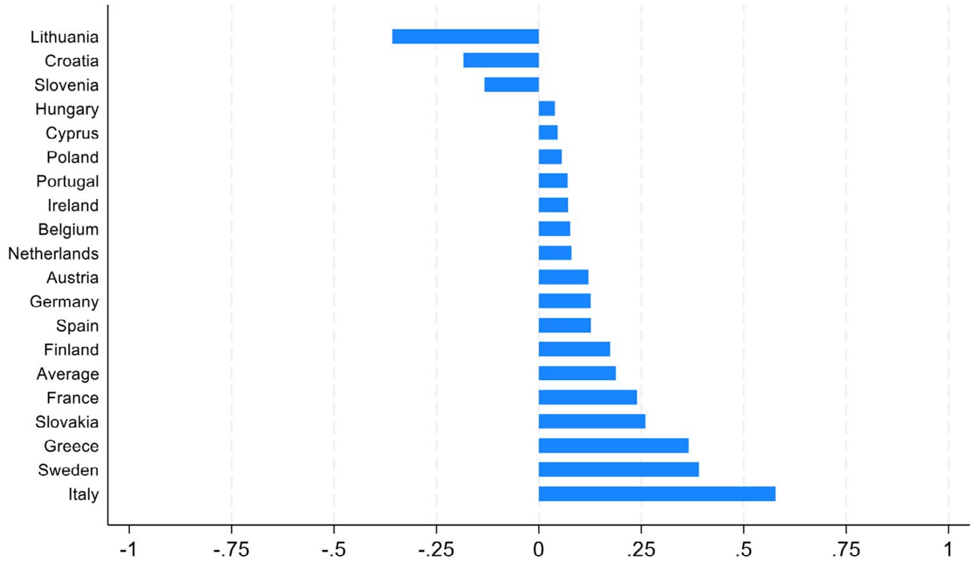
4.1 Economic equity

The economic dimension clearly shows a structural advantage for older generations in most European countries (Figure 1). Adults aged 55–64 and those aged 65 and over tend to benefit from more stable contracts, higher incomes, and greater financial security, whereas young adults (ages 25–34) face higher unemployment, contractual precariousness, and housing overcrowding.

These disparities are especially pronounced in Southern Europe — Italy, Greece, Spain, and Portugal — where labour-market entry barriers and high housing costs delay youth autonomy. In contrast, in Northern Europe (Sweden, Finland, Denmark), the economic gap between age groups is narrower, thanks to active labour policies and a more inclusive welfare system.

Overall, economic equity is the dimension most skewed in favour of older generations, revealing an incomplete transmission of economic opportunities across age groups.

Figure 1 – Economic equity: differences by age group, EU-19, 2023



Note: A normalised index in which negative (positive) values indicate an advantage (disadvantage) for young adults (25–34) relative to older adults (55–64 for labour-market indicators, 65+ for others).

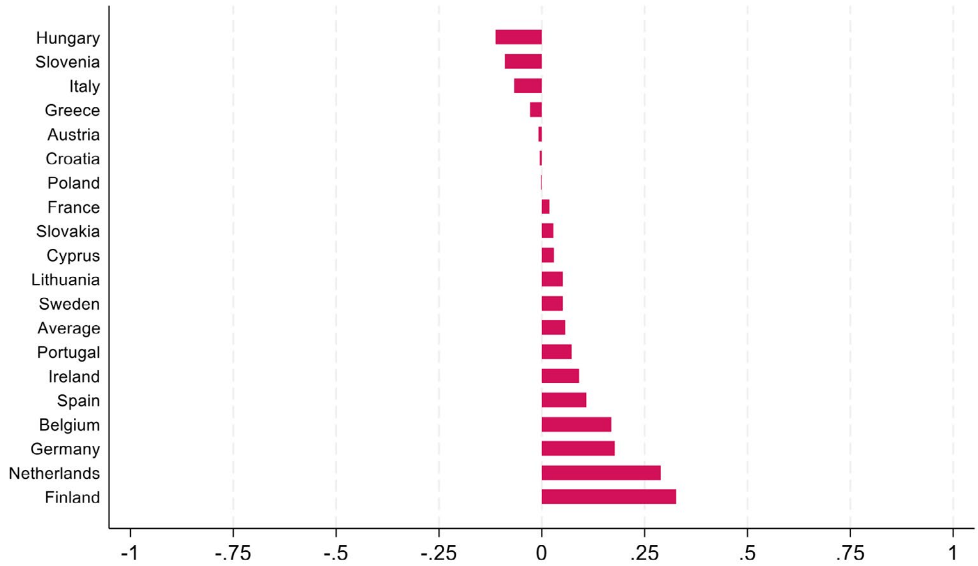
4.2 Access to essential services and public goods

The second dimension presents a more nuanced picture. Older people more frequently report unmet healthcare needs, especially in Mediterranean countries and Belgium, indicating persistent barriers to care even within universal health systems. However, older adults tend to live in safer and healthier environments, in neighbourhoods less exposed to crime and pollution, while younger people — though enjoying near-universal digital connectivity — are more likely to live in denser, less secure urban areas.

In the Nordic countries and some Eastern European ones (Hungary, Slovakia), access to services appears more balanced: young people receive more substantial non-pension social transfers and report fewer obstacles to healthcare access.

In short, access to services emerges as a hybrid dimension: young people enjoy better digital access and more targeted transfers, whereas older adults remain advantaged in terms of environmental quality and safety.

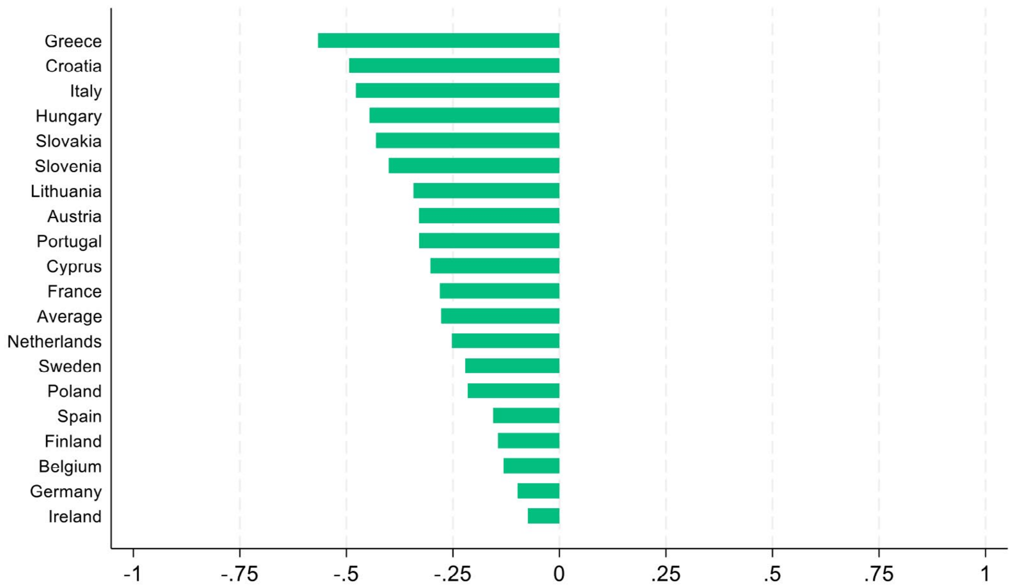
Figure 2 – Access to services: differences by age group, EU-19, 2023



Note: A normalised index in which negative (positive) values indicate an advantage (disadvantage) for young adults (25–34) relative to older adults.

4.3 Relational equality

Figure 3 – Relational equality: differences by age group, EU-19, 2023



Note: A normalised index in which negative (positive) values indicate an advantage (disadvantage) for young adults (25–34) relative to older adults.

Relational equality — understood as social participation, breadth of support networks, freedom from discrimination, and mental well-being — clearly favours the young. In all countries analysed, people aged 25–34 participate more frequently in leisure activities, meet friends and relatives more often, and maintain broader social networks.

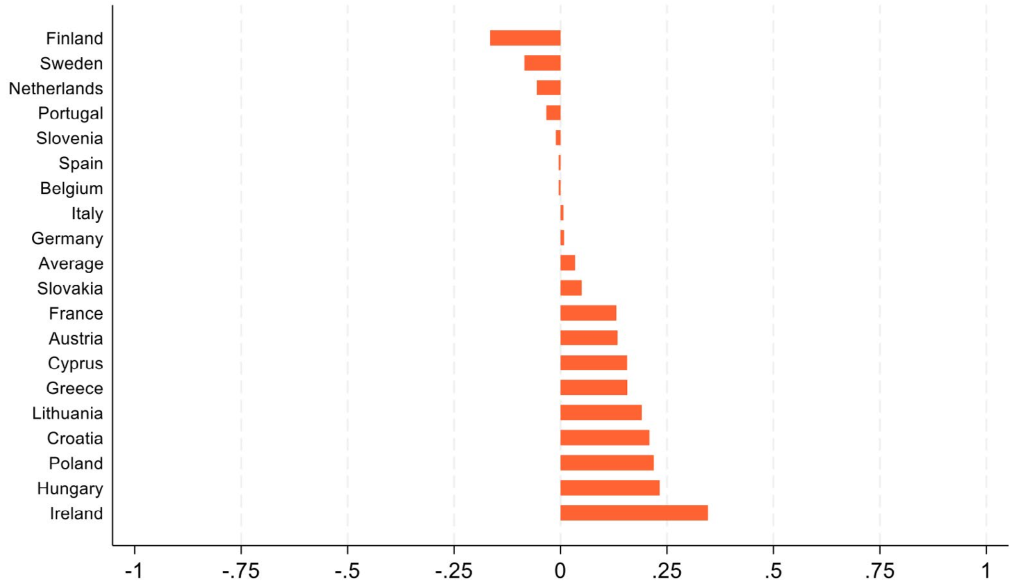
At the same time, young people more frequently report age-related discrimination, especially in Slovakia, Finland, and France, where stereotypes of immaturity or unreliability persist. Older people, by contrast, experience higher levels of social isolation and psychological distress, particularly in Central and Southern Europe.

This dimension highlights an inverse generational asymmetry: while older generations dominate the economic and political spheres, the young are advantaged in social relationships and everyday quality of life.

4.4 Political equality

The political dimension reveals the clearest gap in favor of older generations. Across all European countries, older cohorts exhibit higher voter turnout, stronger party identification, and greater interest in politics (Figure 4).

Figure 4 – Political equality: differences by age group, EU-19, 2023



Note: A normalised index in which negative (positive) values indicate an advantage (disadvantage) for young adults (25–34) relative to older adults.

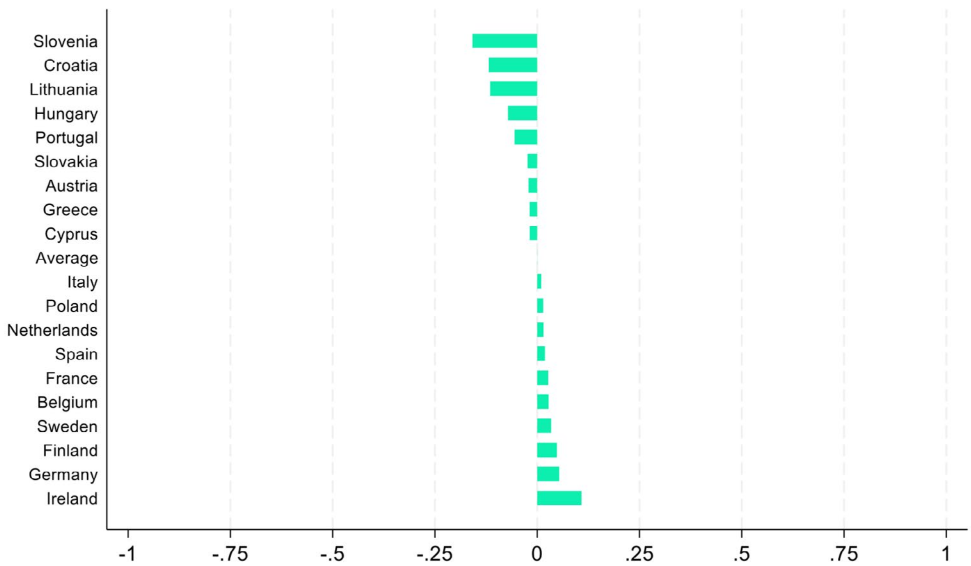
At the institutional level, national parliaments remain over-represented by politicians over 50, while youth-related issues receive less attention in party manifestos. Countries such as Ireland, Poland, and Germany display high attention to older people's needs in party programs; by contrast, Italy and Lithuania show a relatively greater salience of youth-related topics.

In summary, political representation and institutional influence remain heavily skewed toward older generations, with potential consequences for policy priorities and democratic sustainability.

4.5 Overall intergenerational justice index

The composite index, which aggregates the four dimensions, suggests an apparent balance between young and older people across Europe on average (Figure 5). Yet this balance is often misleading, as it conceals compensations between domains: pro-elderly advantages in the economy and politics are offset by pro-youth advantages in social relations and access to services.

Figure 5 – Aggregate index: overall scores by age group, EU-19, 2023



Note: A normalised index in which negative (positive) values indicate an advantage (disadvantage) for young adults (25–34) relative to older adults.

Distinct country clusters emerge:

- Pro-elderly group (Ireland, Germany, France): marked by strong economic and political protection of older generations;

- Pro-youth group (Slovenia, Croatia, Lithuania): where social participation and service access compensate for economic inequalities;
- Intermediate group (Italy, Spain, Greece): where economic and political gaps favouring the elderly are partially offset by richer, more dynamic youth social networks.

In the Italian case, the picture is particularly interesting: Italy appears strongly pro-elderly in economic equity, but more balanced — or even pro-youth — in relational equality and service access.

4.6 Interpretive summary

Overall, the results highlight a dual inequality:

- Young people are disadvantaged in economic and political spheres;
- Older people are disadvantaged in relational and health domains.

This “cross-compensation” model reflects the complexity of intergenerational justice in contemporary European societies, where advantages and disadvantages are distributed along lines of age and institutional structure.

The 2025 Index figures show that intergenerational justice cannot be viewed as a zero-sum relationship, but rather as a dynamic configuration of trade-offs and complementarities across ages, policies, and dimensions of well-being.

5. GUIDELINES FOR POLICYMAKERS AND STAKEHOLDERS

The results of the intergenerational justice index reveal a multidimensional imbalance between younger and older generations in Europe. Economic and political disparities intersect with differences in social ties and access to services, outlining a system in which each generation exhibits both advantages and vulnerabilities.

For policymakers, this calls for strategies capable of rebalancing resources and opportunities across ages without undermining the overall sustainability of the welfare state.

5.1 Policies for young people: autonomy, employment, and representation

Young adults are particularly disadvantaged in economic equity and political influence. Addressing these imbalances requires targeted interventions in three key areas:

- Labour Market and Job Security. It is necessary to reduce labour market dualism — the divide between protected and precarious workers — by promoting stable contracts and continuous training investments. Tax and social contribution incentives for hiring young people, together with "guaranteed transition" mechanisms between education and work, can facilitate stable labour market entry.
- Access to Housing and Financial Resilience. The difficulty young people face in achieving residential independence is a structural constraint on full social citizenship. Programmes for affordable housing, public guarantees on mortgages, and supported co-housing schemes can help reduce intergenerational wealth asymmetry.
- Political Representation and Democratic Participation. The underrepresentation of young people in parliaments and parties limits their influence on public priorities. Mechanisms such as age quotas, youth consultative councils, and lowering the minimum age for eligibility to office could improve generational balance in the political sphere.

Taken together, these measures not only strengthen individual autonomy but also reinforce the democratic legitimacy of institutions often perceived as increasingly distant from emerging generations.

5.2 Policies for older people: access to services and social integration

Although older people are advantaged in economic and political terms, they face growing disadvantages in the health and social domains. Intergenerational justice requires that support for the young should not entail a retreat in protection for the elderly, but rather a requalification of welfare systems.

- Healthcare and Long-Term Care. Improving access to healthcare and long-term care services is a priority, particularly by reducing waiting times and economic barriers. Integration between health and social services, alongside investments in telemedicine and home-based care, can support autonomy in later life.
- Social Inclusion and Mental Health. Indicators of isolation and psychological distress among older adults highlight the need for community-level interventions: local social centres, intergenerational programmes, and urban policies that promote social interaction. Intergenerational volunteer initiatives can play a crucial role in rebuilding networks of trust and belonging.

- Sustainable Welfare. Pensions must remain a pillar of security, but they should not absorb a disproportionate share of public resources. A selective rebalancing — for instance, linking retirement age to life expectancy or strengthening internal redistributive mechanisms — is essential to preserve long-term sustainability.

5.3 Toward a new balance for European welfare

Evidence from the Index demonstrates that intergenerational justice is not a zero-sum game: policies that expand opportunities for the young can, in the medium term, enhance the security and dignity of older people — and vice versa.

A fair and sustainable system should pursue three complementary objectives:

- Prevent cumulative disadvantages. Investing in the early stages of life — education, health, employment — is the most effective form of intergenerational insurance.
- Promote mutual solidarity. Social bonds and reciprocal recognition across age groups reduce distributive conflicts and strengthen democratic cohesion.
- Integrate public policies. Employment, welfare, health, and political participation must be treated as interdependent levers of intergenerational justice.

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