CARES

Care Sector in Italy

National Report

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Cooperativa Labor

08.04.2025

Project full title

CARES - Caregivers Advancing Regulatory Environment and Skills

Project acronym

CARES

Project no. 2024-1-RO01-KA220-ADU-000251559

Deliverable title

A2.1 Benchmark report – care Sector in Italy

DOCUMENT CONTROL SHEET

AUTHOR(S)	Francesca Michelucci
REVIEWER(S)	Caludia Petrescu
DISSEMINATION LEVEL[1]	PU
START DATE OF PROJECT	03.11.2024
DURATION OF THE PROJECT	24 months
SUBMISSION DATE	08.04.2025
ORGANISATION NAME OF LEAD CONTRACTOR FOR THIS DELIVERABLE	Centrul pentru Legislatie Nonprofit

[1] This project has received funding from the European Union's Horizon Europe programme under Agreement No 2024-1-RO01-KA220-ADU-000251559

PU – Public (fully open, automatically posted online on the Project Result platforms);
SE – Sensitive (limited under the conditions of the Grant Agreement);
CO – EU classified : EU restricted, EU confidential, EU secret under Decision 2015/444

VERSIONING AND CONTRIBUTION HISTORY

VERSION	DATE	MODIFICATION REASON	MODIFIED BY
1.0	15.02.2025	First draft	Francesca Michelucci
1.0	08.04.2025	Final	Francesca Michelucci Claudia Petrescu

Table of contents

List of figures 6

List of abbreviations 6

Executive summary 7

Cares Project 8

National Context 9

- *Type of Social and Health care services* 12
- *Social and health care services providers* 13
- *Training programs dedicated to social and health care sector* 16

Training programmes for caregivers 18

References 24

List of figures

Figure 1. POPULATION OVER 65 IN ITALY 9

Figure 2. NUMBER OF HEALTHCARE PRFESSIONALS IN ITALY EMPLOYED IN THE NATIONAL HEALTH SERVICE 10

Figure 3. SOCIAL PROTECTION EXPENDITURE IN THE EUROPEAN UNION 11

Figure 4. RHF BEDS PER 1,000 RESIDENTS: NORTH-EAST VS. SOUTH (ITALY)..... 13

List of abbreviations

ADI	Integrated Home Care (Assistenza Domiciliare Integrata)
ANSA	National Press Agency
CARES	Caregivers Advancing Regulatory Environment and Skills
CFP	Vocational-Training Centers (Centro di Formazione Professionale)
CLNR	Center for Not-for-Profit Law (Centrul pentru Legislatie Nonprofit)
EU	European Union
GDP	Gross Domestic Product
HETFA	Hétfa Kutatóintézet Korlátolt Felelősségű Társaság
INPS	National Institute for Social Welfare (Istituto Nazionale di Previdenza Sociale)
ISTAT	National Institute of Statistics
NGO	Non-Governmental organisation
OSS	Social Technician (Operatore Socio-Sanitario)
RSA	Residencial Healthcare Facility
SSN	Healthcare National System
WSI	Welfare Society Institute (Gerovės visuomenės institutas)

Executive summary

In Italy, Social Care Sector, plays a crucial role in ensuring the well-being of the most vulnerable segments of the population. This system is structured through a combination of different forms of welfare, which work together to provide integrated support to citizens facing difficulties. The Italian model stands out for being a mixed welfare system, where contributions from various institutional and social sources converge.

One of the fundamental pillars of the Italian welfare system is public welfare, which includes services provided by the state and local administrations. Public social assistance policies aim to guarantee a minimum level of protection for the most vulnerable categories, such as the elderly, people with disabilities, children and families in difficulty. Through healthcare and social assistance structures, municipalities and regions provide home care, residential, and semi-residential services, as well as social inclusion programs and economic support.

Alongside this, occupational welfare refers to benefits guaranteed to employees through national collective agreements. Among the main corporate welfare tools are family leave, supplementary healthcare, meal vouchers, supplementary pension funds, and other measures that improve the quality of life for workers and their families. This type of welfare helps reduce the assistance burden on public institutions, offering workers an additional level of social protection.

Another essential component is private welfare and the Third Sector, which includes NGOs, social cooperatives and non-profit associations. These entities play a complementary role to public services, often compensating for structural deficiencies in the state system. Social cooperatives, for example, operate in the field of home assistance, labor inclusion for disadvantaged people, and the management of reception centres for children and adults in difficulty. Third Sector organizations are characterized by a strong local presence and the ability to offer personalized services based on the specific needs of local communities.

Finally, a distinctive element is that Italy has a Southern welfare mix model or a conservative one which the family play a crucial role in welfare delivery, meaning the strong role of the family in supporting vulnerable individuals. Unlike other European countries, where public services are more developed, in Italy, there is still a widespread tendency to delegate the care and assistance of the elderly, children, and people with disabilities to families. This phenomenon is particularly evident in southern regions, where the presence of social assistance services is less widespread compared to the North. Italian families, therefore, often assume a central role in ensuring the well-being of their members, with significant engagement from informal solidarity networks.

Cares Project

CARES - Caregivers Advancing Regulatory Environment and Skills proposes to enhance the well-being of employees working in the care sector by creating a supportive environment that values diversity and inclusion.

The project aims to promote the well-being and mental health of care sector workers, despite the challenges they face, such as shift work, physical fatigue, and job insecurity, especially prevalent in the informal care sector. The project focuses on addressing two main challenges:

- Integrating digital tools and sustainable practices to mitigate the impacts of climate change in the workplace.
- Prioritizing the well-being and mental health of care workers.

The specific objectives of the project are:

1. Empowering Caregivers: to empower both formal and informal caregivers by enhancing their skills, knowledge, and competencies.

2. Addressing Workforce Shortages and Burnout: to address the workforce shortages and burnout prevalent in the care sector.

3. Promoting Innovation: to promote innovation within the care sector by providing digital and green skills training as outlined in the European Care Strategy (2022-24).

CARES main results:

- •increasing the skills and competencies of caregivers through micro-learning modules and assessments.
- •share tips to reduce burnout by implementing strategies to support their well-being.
- •integrate digital tools into the care sector to improve efficiency and communication.
- •promote sustainable practices by implementing eco-friendly policies and practices in care facilities.

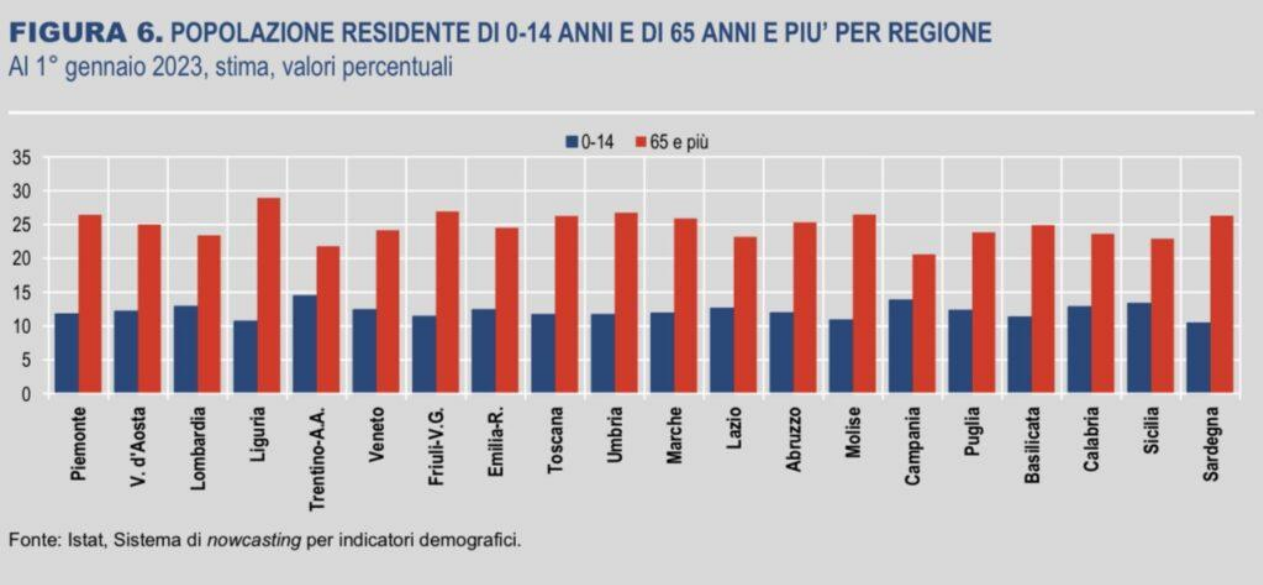
CARES project is divided in 4 work packages:

- •WP1: Project Management (Coordinated by CLNR)
- •WP2: Developing & Designing the Capacity Building Program & Online Platform (Coordinated by CLNR)
- •WP3: Pilot Training, Mentoring, and Self-Learning Program (Coordinated by WSI)
- •WP4: Dissemination Activities: From Action to Policy (Coordinated by HÉTFA)

National Context

From a demographic perspective, the Italian context presents significant challenges. In Italy, the percentage of the population over 65 years old is 22.8%, higher than the European average of 20.3% (ANSA, 2020). Regarding people with disabilities, 22.7% of Italians over 16 years old experience some form of disability, compared to the European average of 27% ("Disabilità e Discriminazioni nel 2024. L'Italia è un paese inclusivo?" Unicusano). These figures highlight the increasing demand for social and health services, particularly in a country where life expectancy continues to rise.

FIGURE 1. POPULATION OVER 65 IN ITALY

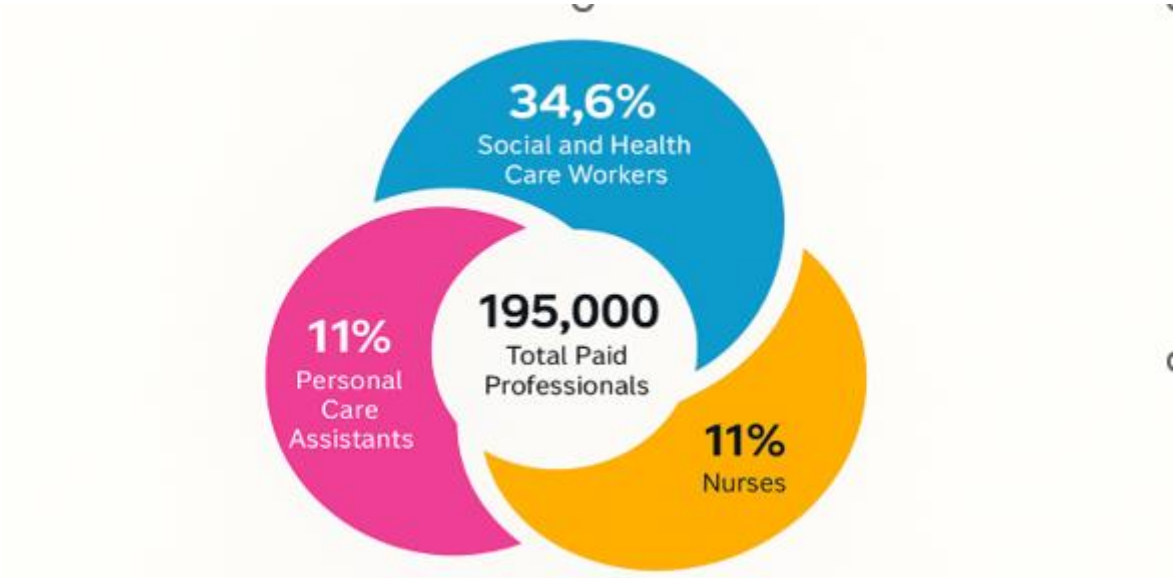


Source: Istat, Nowcasting system for demographic indicators https://www.egalite.org/en/italy-a-population-of-elderly-and-disabled-istat-report-2022/?utm_source

The number of social and healthcare workers employed in the sector is also a key indicator of the state of social assistance in Italy. As of January 1, 2023, 373,462 paid personnel were employed in residential social-assistance and socio-health facilities in Italy. Among the main professional figures, social and healthcare workers represented 35% of the workforce, while nurses and personal care assistants each constituted 11% (National Institute of Statistics [ISTAT], 2025).

In 2022, the staff of the National Health Service (SSN) amounted to 625,231 employees, of whom 72.3% (451,871) belonged to the healthcare sector. Within this group, nurses accounted for 59.3% (268,013 units), while doctors and dentists made up 22.5% (101,827 units). The remaining 18.2% included other healthcare professionals, such as social workers, analysts, statisticians, and sociologists (Ministry of Health, 2024).

FIGURE 2. NUMBER OF HEALTHCARE PRFESSIONALS IN ITALY EMPLOYED IN THE NATIONAL HEALTH SERVICE



Source: ISTAT (2023) Residential Healthcare facilities| 1° January 2022

Overall, the Social Care Sector in Italy represents a fundamental pillar for societal well-being but faces numerous challenges, including economic sustainability, a shortage of specialized personnel, and the need to reduce territorial disparities. Looking to the future, investing in innovation and service enhancement will be essential, with greater involvement from the public sector and the Third Sector to ensure more equitable and accessible assistance for all citizens.

At the regulatory level, the social assistance sector in Italy is governed by key laws that regulate service provision and the involvement of public and private actors. Legge 328/2000 introduced the integrated social services system, promoting greater collaboration between public entities and Third Sector organizations to ensure broader and more widespread service offerings. Decreto Legislativo 117/2017, known as the Third Sector Code, reformed the entire non-profit sector, defining criteria and rules for the operation of organizations engaged in social and healthcare assistance.

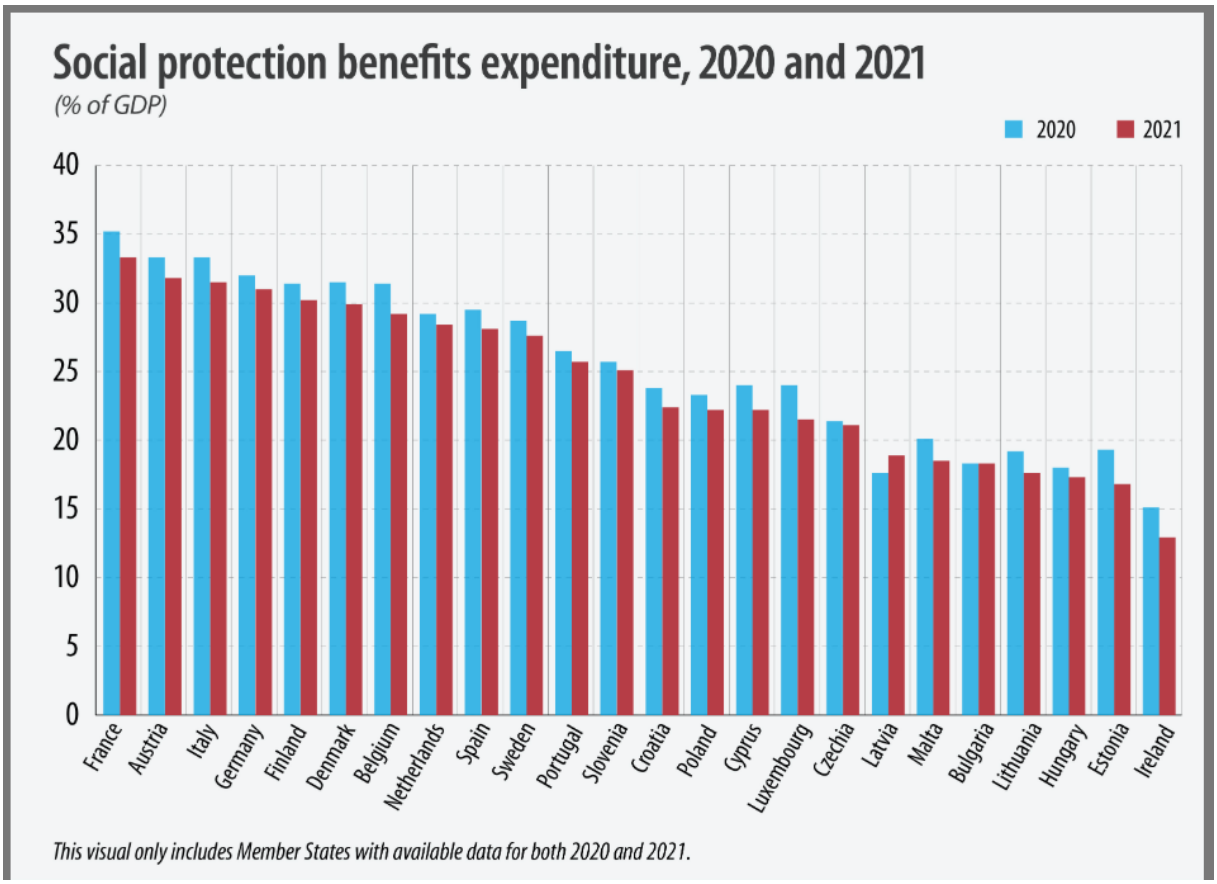
Beyond national regulations, regional and local laws also play a crucial role in governing access to services, regulating service delivery methods, and criteria for resource allocation. Territorial differences in social policies often stem from these local regulations, which can create inequalities in service access across different Italian regions.

Another fundamental aspect concerns public spending on welfare. The national budget allocated to social services is a significant part of state expenditure, yet Italy remains below the European average in terms of sector investment. In 2023, welfare (including healthcare, social policies, pensions, and education) accounted for the largest share of public spending,

totalling €662.7 billion (approximately 57.9% of total public expenditure). Pension spending absorbed half of the resources, equating to 50.9% of total social expenditure, followed by healthcare spending (20.9%), social policy spending (16.1%), and education spending (12.1%) (Rapporto 2024 del Think Tank "Welfare, Italia").

Comparison with other EU countries highlights the need for greater financial commitment to strengthen social assistance infrastructures and improve service accessibility for all vulnerable categories.

FIGURE 3. SOCIAL PROTECTION EXPENDITURE IN THE EUROPEAN UNION



Source: EUROSTAT, https://ec.europa.eu/eurostat/web/products-eurostat-news/

In Italy, the social assistance system offers a diverse range of services to meet the needs of different segments of the population. Among these, home care, residential facilities, day centres, and nurseries represent fundamental pillars in supporting the elderly, people with disabilities, children and families.

Home Care: Home care includes interventions and social services carried out at the user's home, aimed at improving the quality of life of people in conditions of physical and/or psychological fragility. In Italy, home care for the elderly has grown in recent years but remains below the European average. In 2022, 3.2% of those over 65 benefited from Integrated Home

Care (IHC), while 2.6% used residential services in RHF. For those over 75, these percentages rise to 5.3% and 4.6%, respectively (Tremolada, 2023).

Despite an increase in elderly individuals receiving home care, Italy has lower coverage than other European countries. For example, in Sweden, about 10% of the elderly receive home assistance, while in Denmark, the percentage is similar (Barbabella et al., 2019). Additionally, the intensity of care in Italy is relatively low, with less than 20 hours per year per user, insufficient to meet all the needs of the assisted individuals (Barbabella et al., 2019).

These data highlight a growing demand for home care services, especially following the pandemic emergency.

Type of Social and Health care services

Residential Facilities: As of January 1, 2023, Italy had 12,363 active socio-assistance and socio-health residential facilities, offering approximately 408,000 beds, equivalent to seven per 1,000 residents. However, there is a significant territorial divide: in the Northeast, there are 10 beds per 1,000 inhabitants, while in the South, this number drops to three. The residents of these facilities amount to 362,850, of whom about three-quarters are elderly. The personnel employed in these structures amount to nearly 337,000 workers, supplemented by almost 33,000 volunteers and just over 3,700 civil service operators (National Institute of Statistics [ISTAT], 2025).

Day Centers: In Italy, Day Centres (CD) play a crucial role in social-healthcare assistance, offering therapeutic and rehabilitative support to various population groups, including non-self-sufficient elderly individuals and people with cognitive disorders. According to available data, the mental health service network includes 742 semi-residential structures, including day centres (Ministry of Health, 2021). Additionally, specifically for dementia, there are 445 dedicated day centres (Italian National Institute of Health, 2023).

Nurseries: In Italy, the availability of nurseries and early childhood services has increased in recent years but remains below European standards. In 2022, the offer reached 30 places per 100 children under the age of three, approaching the European target of 33% (Con i Bambini, 2023). However, this progress is partly attributable to the demographic decline: from 2013 to 2022, the number of children under three years old decreased by 24% (Con i Bambini, 2023).

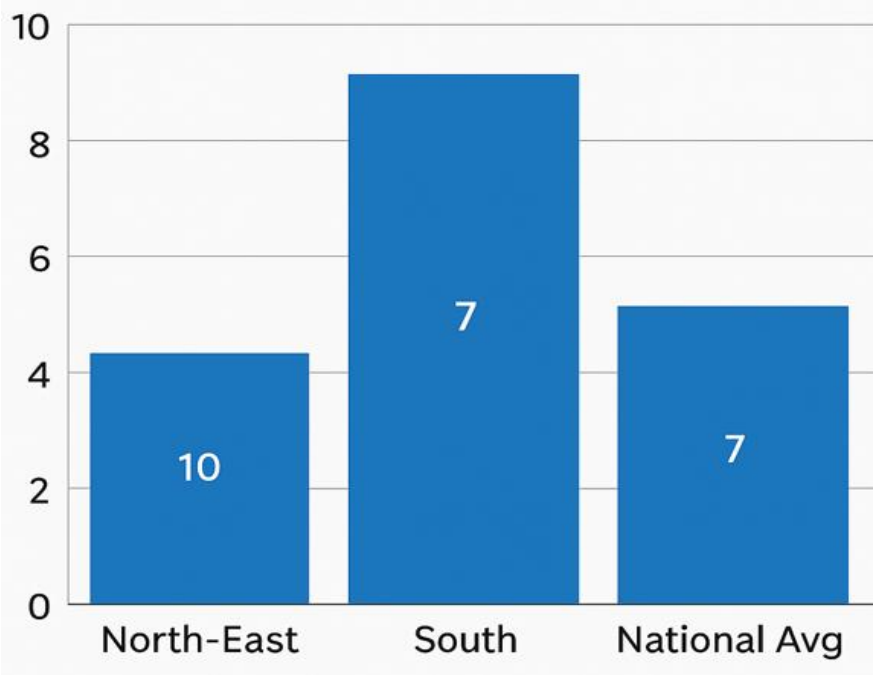
Significant territorial disparities persist. The Central-Northern regions tend to exceed the 33% target, while in the South and inner areas, the offer remains insufficient, with coverage rates below 20% (Openpolis, 2023). To address these deficiencies, the National Recovery and Resilience Plan (PNRR) has allocated €3.1 billion for the creation of new nursery places, with the goal of reaching 45.5% coverage by the end of 2025 (CPI Observatory, 2022). This investment aims to reduce territorial gaps, focusing resources on southern regions.

Despite efforts, access to services remains problematic: in 2021, 49.1% of nurseries had waiting lists, indicating a demand exceeding the available supply (ISTAT, 2023). This

phenomenon is particularly pronounced in the South, where over two-thirds of public facilities and almost half of private ones report waiting lists.

In conclusion, Italy's social assistance system offers a variety of essential services to support the most vulnerable segments of the population. However, territorial disparities persist in the provision and accessibility of these services, highlighting the need for targeted policies to ensure more equitable coverage nationwide.

FIGURE 4. RHF BEDS PER 1,000 RESIDENTS: NORTH-EAST VS. SOUTH (ITALY)



Source: ISTAT, 2023 – Data as of January 1st, 2022

Social and health care services providers

Social Cooperatives: Social cooperatives play a fundamental role in the management of Residential Healthcare Facilities (RSA). As of December 31, 2022, there were 24,159 social cooperatives registered in the national registry (Legacoop Bologna, n.d.). Of these, about 2,421 were affiliated with Legacoop Sociali, representing 10% of the total. It is important to note that, despite a slight decline in the overall number of non-profit institutions (-0.2% compared to 2021), the Social Cooperative sector recorded a 2.9% growth in the number of employees, indicating a trend towards professionalization and service expansion (COIN Onlus, n.d.).

Single-Parent Families: In Italy, single-parent families have increased significantly in recent years. According to data from the Permanent Population Census conducted by the National

Institute of Statistics (ISTAT), in 2021, there were over 3.8 million single-parent households, a 44% increase compared to about 2.65 million in 2011 (ISTAT, 2024). Of these, 77.6% were single mothers with children, while single fathers accounted for 22.4%.

At the European level, in 2020, the European Union recorded 195.4 million families, of which 29% had dependent children. Among these, 7.8 million were single-parent families, accounting for 4% of all families and 14% of families with children (Eurostat, 2021). In Italy, single-parent families represent about 15.8% of households with children, a percentage higher than the European average (Truenumbers, 2018).

It is important to note that the distribution of single-parent families varies significantly among European countries. For example, Sweden has the highest percentage, with 34% of families with children consisting of a single parent, followed by Denmark (29%) and Estonia (28%) (Eurostat, 2021). Italy, with its 15.8%, ranks below these countries but above the European average.

These data reflect a transformation in Italian family structures, with a decrease in couples with children and an increase in single-parent families, often due to separations, divorces, or individual parenting choices.

In conclusion, Italy's social assistance system provides a variety of essential services for supporting the most vulnerable population groups. However, territorial disparities in service provision and accessibility persist, highlighting the need for targeted policies to ensure more equitable nationwide coverage.

Public Entities: Public entities such as Municipalities, the main providers of local social services which include home care, financial support, aid for families, children, people with disabilities and the elderly.

Local Health Authorities (ASL / ATS): Collaborate with municipalities for social and health services (e.g., disability, mental health, at-risk children) and offer integrated social-healthcare services.

Regions: Plan and finance social and healthcare services and Coordinate Regional Social Plans. INPS (National Institute for Social Security) Manages welfare benefits such as civil disability, social pensions, family support bonuses.

Prefectures / Police Headquarters

In specific situations (e.g., emergencies, human trafficking, asylum protection), they may coordinate social interventions.

Voluntary Associations, NGO's (Examples: Caritas, Italian Red Cross, AUSER, ANTEAS.) Provide social support, meal services, transport, companionship for the elderly, etc.

In Italy there are 4,5 million of people that are engaged in voluntary activities in 360.000 NGOs and Voluntary Associations with a substantial difference between Northern and Southern Italy, most of them are in the North however the number of volunteers is increasing even in the Southern part of the country. (Il Sole 24ore, 2025).

Foundations - Charities

Provide financial support or targeted services (e.g., Telethon Foundation, Cariplo Foundation).

Some manage shelters or social housing projects. These are entities with private legal personalities governed by the Civil Code and based on assets dedicated to a specific lawful and socially beneficial purpose. Foundations operate in a wide range of sectors, from social assistance to environmental protection, from the protection of rights to healthcare. However, most Italian foundations are active in the fields of Culture, Education, and Research. Foundations mainly operate through three intervention channels: direct activity, the provision of financial contributions to other entities—primarily through calls for proposals or grant applications—and a mixed mode that includes both of the above. Based on their nature, methods of intervention, operational scope, and defining characteristics, foundations can be classified into various types, among the latter, we can mention:

Community Foundations, established by a range of actors—institutions, economic players, or Third Sector organizations—aimed at collecting donations and enhancing them for the well-being of a specific local area. In some cases, they manage public assets of local importance, promoting and strengthening the Third Sector and civic engagement. Their main mission is to improve the quality of life in their reference communities by encouraging a culture of giving and philanthropic activity.

Family Foundations, established by one or more individuals related by family ties, with the aim of preserving and maintaining part of the family's assets, to be used also for social and charitable purposes.

Corporate Foundations, established by one or more Italian or foreign companies, whether public or private, to promote corporate social responsibility (CSR) policies of specific companies or corporate groups.

There are also other types of foundations, including Bank Foundations, which are closely tied to the local territories in which they operate. These were created from the separation of philanthropic and credit activities of certain publicly controlled Italian banks. Their sole purpose is to promote social good and foster economic development.

These foundations often manage publicly significant assets and projects in the social, healthcare, educational, and training sectors and provide funding to public and non-profit organizations. According to ISTAT data, updated in 2015, there are 6,451 active foundations in Italy, both private and public.

In terms of geographical distribution, the highest concentration is in Northern Italy, with a smaller but growing presence in Central and Southern Italy.

Entities with Protective Functions such as: Juvenile Courts / Guardians / Child Welfare Services that Focus on the protection of children in difficult family situations.

Anti-violence Centres / Shelters specialized for women victims of domestic abuse. They work in collaboration with social services and law enforcement.

Training programs dedicated to social and health care sector

Training programs in Social Care sector are essential for preparing qualified professionals capable of responding to the needs of individuals in vulnerable situations, such as the elderly, minors, people with disabilities, and those facing socio-economic difficulties. These training paths, offered by public, private, and Third Sector organizations, include both theoretical instruction and hands-on practical experience.

The topics covered range from psychology and communication to the organization of social services, emergency management, and social inclusion. The goal is to provide both technical and interpersonal skills to support effective, ethical, and person-centred interventions. Lifelong learning education is also a key element for keeping professionals up to date and fostering innovation in the services offered to the community.

In Italy, training programs dedicated to the social care sector play a vital role in equipping professionals with the skills needed to support vulnerable populations such as the elderly, individuals with disabilities, minors, and those facing social exclusion. These programmes are offered by a variety of institutions, including regional vocational training centres (Centri di Formazione Professionale - CFP), universities, accredited private institutions, and organizations from the Third Sector.

The curricula of these training paths are constantly evolving to address the complex and changing needs of both service users and care providers. Beyond traditional social work and caregiving competencies, modern programs are increasingly incorporating key cross-cutting themes such as:

• **Burnout Prevention and Well-being**: Modules focus on stress management, emotional resilience, and work-life balance to prevent professional exhaustion and promote psychological well-being among care workers.

• **Mental Health Awareness**: Training includes early recognition of mental health issues, trauma-informed care, and communication strategies to support clients facing psychological challenges.

• **Digital Skills**: Courses offer training on digital literacy, data protection, and the use of digital tools in social services—essential for navigating online platforms, managing records, and ensuring remote support when needed.

• **Sustainability Skills**: Participants are introduced to sustainable practices in caregiving and community work, including environmental awareness, resource-efficient practices, and green social innovation.

• **Soft Skills Development**: Emphasis is placed on empathy, communication, conflict resolution, teamwork, and cultural sensitivity—core competencies for building trust-based relationships with individuals and communities.

These programmes often combine classroom learning with on-the-job training or internships, ensuring a strong connection between theory and practice. Furthermore, continuous professional development is encouraged through short courses, seminars, and certifications aimed at updating skills in line with EU recommendations and national standards.

By integrating well-being, mental health, digital transformation, and sustainability into social care training, Italy is fostering a new generation of social professionals who are not only technically competent but also resilient, inclusive, and future-ready.

Furthermore, the demand for professional and family caregivers has grown steadily due to demographic changes and increasing care needs among the elderly and people with disabilities. To ensure quality assistance, a wide range of training programmes for caregivers are offered across the country by public institutions, regional vocational training centres, private accredited organizations, health authorities, and non-profit associations.

These programmes are designed to provide both technical and relational skills, preparing caregivers to deliver safe, respectful, and person-centred care. Depending on the level of specialization, training can range from basic short-term courses to more structured professional certifications and they are provided by:

- Regional and Municipal Training Centres (CFP)
- Health and Social Care Vocational Schools (OSS pathways)
- Accredited NGOs and Third Sector Organizations
- Local Health Authorities (ASL) and Hospitals
- Private Training Institutes recognized by the regions

Listed below there are key components of the curriculum related to training programmes for caregivers:

Basic Care Techniques: Hygiene, mobility assistance, feeding, medication support under supervision.

Health and Safety: Prevention of infections, emergency response, safe handling of patients.

Psychosocial Support: Communication skills, empathy, relationship building, and active listening.

Dementia and Alzheimer's Care: Specialized modules on managing cognitive decline and behavioural challenges.

Family and Home Care Dynamics: Coordinating with families, respecting cultural differences, and maintaining dignity.

Legal and Ethical Aspects: Rights of care recipients, caregiver responsibilities, privacy, and consent.

Digital Skills: Introduction to digital tools for scheduling, health monitoring apps, and electronic documentation.

Emotional Well-being and Burnout Prevention: Stress management techniques and mental health support for caregivers.

Upon completion, many programmes provide a certificate of attendance or professional qualification recognized at the regional or national level, such as the OSS (Operatore Socio-Sanitario) qualification, which enables work in public and private care settings.

To keep pace with evolving care needs, many providers offer ongoing training modules for upskilling, including workshops on palliative care, nutrition, assistive technologies, and sustainable practices in home care.

This integrated approach ensures that caregivers are not only trained in daily assistance tasks but are also empowered with emotional intelligence, resilience, and up-to-date knowledge—making a tangible difference in the lives of those they support.

In Italy, the social care sector has seen the introduction of numerous innovative training programs aimed at enhancing the skills of operators and responding to the emerging needs of society. Here is an overview of five significant initiatives

Training programmes for caregivers

In the field of social health care, the quality and effectiveness of training programs are critical to ensuring that professionals are equipped to meet complex and diverse needs. The practices highlighted here represent a set of best practices that not only align with current standards of excellence but also introduce meaningful innovations that enhance both learning and service delivery. They prioritize person-centred care, promote interprofessional collaboration, and emphasize continuous development—core pillars of effective social health care. What sets these practices apart is their innovative nature. They often integrate new technologies, such as digital learning platforms, and apply modern pedagogical strategies like experiential learning and reflective practice. These innovations help create more engaging, relevant, and responsive training experiences that prepare professionals for real-world challenges. By embedding innovation within foundational principles, these practices ensure that training in social health care services is not only current but also forward-looking—fostering a workforce that is both competent and compassionate.

Name of the training	**Prevenzione primaria del burn-out nei contesti di lavoro assistenziali e socio-sanitari**
Name of the training provider	Agenzia DBSI
Website	https://www.agenziadbsi.it/courses/prevenzione-primaria-del-burn-out-nei-contesti-di-lavoro-assistenziali-e-socio-sanitari/
Country	Italy
Region	Lombardia
Start Date	
Sector of activity concerned	Burnout Prevention
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	Social care sector workers risking Burnout. This training program is designed for healthcare and social workers at risk of burnout. The training focuses on: • Burnout prevention • Early recognition of emotional and behavioral reactions • Strategies for primary and secondary prevention
Course structure • please describe how is it structured (modules, microcredential), number of hours	The training consists of: • Risk factor mapping • Critical analysis of operational methods • Informative and classroom training sessions • Guided focus-group discussions • Experiential sessions for case analysis and sharing experiences Total Duration: 30 hours
Curricula – please describe the topics of the training	• Burnout prevention • Early recognition of emotional and behavioral reactions • Strategies for primary and secondary prevention
How this Good Practice could be used/ transferred **(500 words max)**	Integration into corporate training plans: Social and healthcare organizations can make this training mandatory to prevent burnout among staff. Monitoring employee well-being: Implement periodic stress assessment tools and adopt preventive strategies. Psychological support for staff: Establish peer support and supervision groups to share experiences and develop stress management techniques.esperienze e sviluppare tecniche di gestione dello stress.

Name of the training	**Gestione degli aspetti emotivi e prevenzione del burnout**
Name of the training provider	IFOA
Website	https://www.ifoa.it/corsi/ca-sicurezza-corso-il-lavoro-di-cura-gestione-degli-aspetti-emotivi-e-prevenzione-del-burnout/
Country	Italy
Region	Emilia - Romagna
Start Date	2025
Sector of activity concerned	Burnout Prevention
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	This training program is aimed at professionals working in the personal care sector, particularly in healthcare and social assistance. The training focuses on: • Identifying the causes of burnout • Developing communication and relational skills • Stress management and well-being promotion
Course structure • please describe how is it structured (modules, microcredential), number of hours	he training consists of: • 21 hours of instruction via videoconference • Integrated teaching methodologies, combining theoretical content with practical examples • Sessions on change management • Techniques for effective communication • Strategies for workload monitoring
Curricula – please describe the topics of the training	• Causes of burnout • Development of communication and relational skills • Stress management and well-being promotion
How this Good Practice could be used/ transferred **(500 words max)**	Continuous training for social care workers: Integrate this course into mandatory refresher programs to improve emotional awareness. Encouraging self-care practices: Promote relaxation and stress management techniques as part of the daily work routine. Creating peer support networks: Implement discussion groups for sharing experiences and practical solutions

Name of the training	**Corso di Operatore Socio Assistenziale (OSA)**
Name of the training provider	Deaform
Website	https://www.deaform.com/corsi-di-formazione/osa/
Country	Italy
Region	Campania
Start Date	2025
Sector of activity concerned	Burnout Prevention
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	Social care sector assistants Personal care and assistance Health support Family support for the assisted individual Promotion of psychological and relational well-being
Course structure • please describe how is it structured (modules, microcredential), number of hours	The training consists of: • 300 hours of training • 210 hours of distance learning • 90 hours of practical training in a laboratory setting • Comprehensive curriculum covering fundamental care needs
Curricula – please describe the topics of the training	• Personal care and assistance • Relational skills development • Management of the living environment of the assisted individual
How this Good Practice could be used/ transferred **(500 words max)**	Standardization of competencies: Establish this course as a minimum requirement for professionals in the sector, ensuring uniform and high-quality training. On-the-job training: Combine theoretical instruction with mandatory internships in care facilities. Use of innovative teaching methodologies: Incorporate digital tools, simulations, and case studies to enhance learning.

Name of the training	**Burnout e stress lavoro correlato nelle professioni sanitarie**
Name of the training provider	Agenzia MyEAP
Website	https://shop.eapfedarcom.it/prodotto/burnout-e-stress-lavoro-correlato-nelle-professioni-sanitarie/
Country	Italy
Region	Nationwide
Start Date	2022
Sector of activity concerned	Burnout Prevention
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	Healthcare professionals across all disciplines. The training focuses on: • Work-related stress factors • Burnout evolution • Prevention and intervention strategies
Course structure • please describe how is it structured (modules, microcredential), number of hours	3-hour Online Distance Learning (FAD) course Three modules covering: • Work-related stress factors • Moderating factors between stress and burnout • Prevention and intervention strategies • Theoretical lessons and assessment through quizzes
Curricula – please describe the topics of the training	• Causes of work-related stress • Burnout progression • Intervention and prevention techniques
How this Good Practice could be used/ transferred **(500 words max)**	Implementation of a burnout prevention plan: Adopt strategies to reduce workplace risk factors and improve the balance between professional and personal life. Engagement of management: Train sector leaders to promote a culture of organizational well-being. Course impact assessment: Regularly evaluate program effectiveness through surveys and stress level analysis within teams.

Name of the training	**Rafforzamento dei servizi sociali e prevenzione del fenomeno del burn-out tra gli operatori sociali**
Name of the training provider	Sirio Società Cooperativa Sociale
Website	https://www.sirio.coop/progetti-welfare-daccesso/rafforzamento-dei-servizi-sociali-e-prevenzione-del-fenomeno-del-burn-out-tra-gli-operatori-sociali/
Country	Italy
Region	
Start Date	2023
Sector of activity concerned	Burnout Prevention
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	healthcare professionals across all disciplines. The training focuses on: • Burnout prevention • Promotion of psychological and physical well-being • Enhancement of the quality of social service delivery
Course structure • please describe how is it structured (modules, microcredential), number of hours	Group, individual, and organizational professional supervision for multidisciplinary teams • Case study discussions • Experience sharing and feedback from expert supervisors
Curricula – please describe the topics of the training	• Burnout prevention • Promotion of psychological and physical well-being • Improvement of the quality of social services
How this Good Practice could be used/ transferred **(500 words max)**	Supervision and mentorship: Establish a mentoring system between experienced and new professionals to promote integration and mutual support. Development of corporate welfare policies: Include initiatives for employee well-being, such as paid leave for training and stress management activities. Evaluation of effectiveness: Collect data on the benefits of these practices and continuously improve training programs.

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DIRECȚIA GENERALĂ DE ASISTENȚĂ SOCIALĂ ȘI PROTECȚIA COPILULUI

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Co-funded by the European Union

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