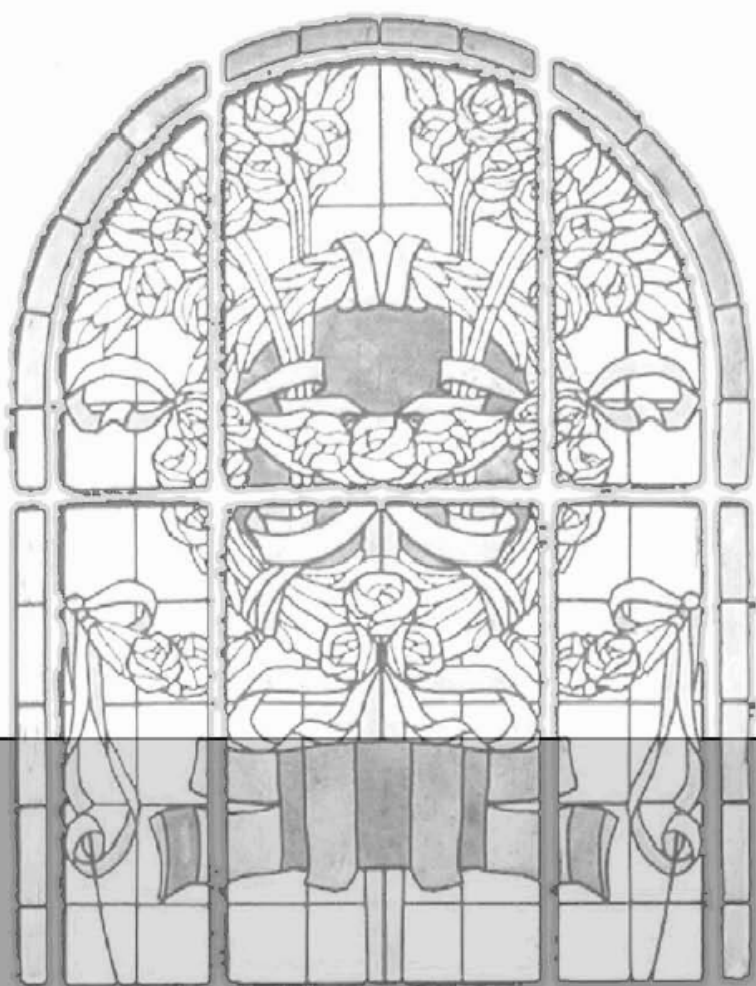


Analisi e studi

Documenti

Metodi



*Issue 21 - 2010*

**RURAL AREAS AND ACCESSIBILITY:  
TERRITORIAL ANALYSIS OF PUBLIC  
SERVICES IN CALABRIA**

S. Lucatelli and E.A. Peta



**Ministero dello Sviluppo Economico**  
**Dipartimento per lo Sviluppo e la Coesione Economica**  
**Unità di Valutazione degli Investimenti Pubblici**

**DPS**

The Public Investment Evaluation Unit (UVAL – *Unità di valutazione degli investimenti pubblici*) provides technical support to government bodies by preparing and disseminating methods for evaluating public investment programs and projects before, during and after the projects themselves, in part to optimize the use of EU Structural Funds. The unit is a part of the network of central and regional evaluation teams.

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## **Rural areas and accessibility: territorial analysis of public services in Calabria**

### *Abstract*

In recent years the capacity to improve the supply of basic services in rural areas emerged as one of the key factors in promoting socio-economic development and countering the problem of the depopulation of remote areas. Depopulation is a serious problem for the region of Calabria. The improvement of basic services for people as a preliminary factor in boosting development processes has become a crucial element of Italian regional development policy for 2007-2013 and new emphasis has been given to a number of targets to improve a range of services in the fields of education, healthcare and territorial environment (such as water and waste management). This study addresses the delivery and accessibility of a number of basic services for the most marginalised groups in rural areas. Starting from a detailed “needs” analysis (mainly, but not only, based on fieldwork), this work evaluates the capacity of the existing economic policy framework to guarantee the accessibility and the effective use of childcare services for young woman, educational services for young people and healthcare services for the elderly. The ultimate objective of the study is to find innovative public policy solutions that can guarantee an adequate supply of services in even the most remote areas.

## **Ruralità e perifericità: analisi territoriale dei servizi alla persona in Calabria**

### *Sommario*

Negli ultimi anni il miglioramento dei servizi socio-sanitari nelle aree rurali è emerso come uno dei fattori chiave per promuovere processi di sviluppo socioeconomico e per ridurre il fenomeno crescente dello spopolamento di molti territori interni del Mezzogiorno. La Calabria è una delle regioni maggiormente colpita da questo fenomeno. Il miglioramento dei servizi alla persona come fattore preliminare per l'innescare di processi di sviluppo ha assunto un ruolo rilevante nell'attuale periodo di programmazione 2007-2013, anche in considerazione della nuova enfasi data, nell'ambito della politica regionale, al raggiungimento di una serie di *target* nell'offerta dei servizi ai cittadini. La presente ricerca valutativa si concentra sull'offerta, l'accessibilità e la qualità di alcuni servizi di base in favore delle *coaches* più sensibili della popolazione (giovani e istruzione; donne e asili nido, anziani e servizi sanitari), ricostruendo la trama dei bisogni - attraverso un consistente lavoro di analisi *desk* e di campo - e la capacità dell'attuale assetto di politica economica di assicurarne e agevolarne l'accessibilità e la fruizione proprio nelle aree marginali. Obiettivo del lavoro è l'individuazione di soluzioni di politica economica capaci di assicurare un livello adeguato di servizi di base anche nelle aree rurali meno accessibili, in un'ottica di scambi tra città e campagna.

*The study was prepared by UVAL, in collaboration with the University of Calabria, and edited by Sabrina Lucatelli, a member of UVAL, and Elena Angela Peta, a consultant in public policy for rural areas.*

*The video "Dialoghi sul territorio - I servizi alla persona nelle aree interne della Calabria", attached to this publication was prepared by Filippo Tantillo.*

*The members of the working group that conducted the fieldwork in support of the evaluation of personal services in the rural areas of Calabria were Domenico Cersosimo, Sabrina Lucatelli, Elena Angela Peta and Filippo Tantillo.*

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*This document is a revised edition of "L'offerta dei servizi alla persona nelle aree interne della Calabria: ascolto del territorio e innovazione della policy" issued in a preliminary version in October 2009 by the Public Investment Evaluation Unit.*

*The data and the statistical analysis presented here are updated to the date the study was conducted.*

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## **I. The themes of the research: motivations and methodologies**

### **I.1 Care services in internal areas: the international debate and the case of Calabria**

The issue of access to services in rural areas lies at the centre of the international debate on rural development. The supply of adequate services to the population of such areas is acknowledged a fundamental role, as a prerequisite for any development strategy or intervention. The capacity to attract investment and retain population in these areas is closely linked to their aptitude to offer an adequate standard of living. If on the one hand is recognised the crucial role of public services for activate growth processes, on the other hand the lack of financial resources and the difficulties of organising service networks in remote areas impose new challenges for policy makers finding innovative responses for the development of this areas.<sup>1</sup>

In a some of the member states of the Organisation for Economic Cooperation and Development, this issue is associated with the challenge of organising services in the absence of user catchment areas or with the need to “recreated” them (Italy, France and Mexico), while in others it emerges as a serious and new issue of economic policy, to be tackled in order to address the more urgent issue of poverty in the most lagging areas (China and Mexico). In many European countries, the issue is associated with the phenomenon of depopulation in certain areas (Italy, Germany and Spain).

In the advanced economies, there is an increasing need to achieve a harmonious balance between rural and urban areas in order not only to protect the environment in these zones but also to leverage the contributions of the various social actors and, more generally, of the people that live and are active in these territories. The recent economic literature on these areas increasingly underscores the importance of service delivery capacity the production of environmental goods, the supply of an alternative dimension for urban populations or the provision of food products that forge a link with the territory and clean energy.

In the most remote and/or marginal areas, it would be helpful to forge a connection between local actors and those responsible for ordinary and regional policy, who design and programme strategies and priority interventions to promote and foster the socio-economic development of disadvantaged areas. The link between policy makers and the territory can mainly be created with the people and other actors that live (and do not intend to move) in rural areas.

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<sup>1</sup> See *OECD Rural Policy Conferences, “Innovative Service Delivery”*, Cologne, Germany 3 - 4 April, 2008.

In the 2000-2006 period, rural development strategy did not focus particularly on improving the quality of life in these areas, and the problem of population decline, which was cited, did not assume any special importance.<sup>2</sup> The issue re-emerged in a more prominent role in the 2007-2013 programming cycle, partly in consideration of the new emphasis given - within the National Strategic Framework (NSF) for regional policy - to achieving targets for public services in strategic areas (education, child and elderly care, waste management and integrated water services).<sup>3</sup> The goal is to promote an inclusive society and create the background conditions for development, identifying target population segments and territorial priorities: degraded areas in larger cities, interior and rural areas and small towns. The novelty of the “Service Objectives” system consists in setting binding targets for the final objectives of public policies to be achieved in terms of the supply of services to the public.

It is now widely acknowledged that depopulation of marginal areas poses considerable challenges for the organisation of an adequate network of public services: from maintaining – including through greater rationalisation – a comprehensive network of schools to ensuring a minimum level of healthcare services, creating a territorial health network – and one that is not excessively tilted towards the private sector – while rationalising hospitals and creating cultural opportunities for young people in particular. These issues are beginning to emerge in the more general debate in the light of the increasing worrisome development of the closure of entire villages or hamlets, especially in the most remote internal zones of the country.

Calabria is one of the southern Italian regions that has been hit the hardest by the problem of population decline. Until the 1950s, the region’s population was growing in line with the rest of Italy. The trend subsequently reversed, with positive growth rates in the 1970s and 1980s giving way to a contraction in the 1990s. This process was driven by decline inland’s areas of the region, where the population had begun a steady decline in the 1970s, with the slide steepening in the last two decades.

Since the start of the 1990s, the region has been sharply split between urban areas, with essentially stable populations, and rural areas, which are emptying, with rates of decline

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<sup>2</sup> The issue of population decline was essentially relegated to the role assigned by the Rural Development Regulation and was translated into a dedicated measure in the Regional Operational Programme (ROP) under the European Agricultural Guidance and Guarantee Fund (EAGGF).

<sup>3</sup> The Interministerial Committee for Economic Planning (CIPE), with its resolution no. 82 of 2007, appropriated €3 billion for the Fund for Under-Utilised Areas (FUA) to be allocated to the Service Objectives mechanism, which sets the bonuses for regions in the South that achieve the specified targets for improvements in essential personal services in the four thematic areas.



that have increased further in the last decade.<sup>4</sup> Those most affected have been the most remote internal areas. In the last thirty years, remote areas have seen their populations decline the most, while intermediate areas have registered slightly smaller contractions. The negative regional trend, however, is attributable to demographic developments in the urban areas, which offset rural population loss only until the 1980s.

Assessing the case of Calabria within the framework of the international debate is especially interesting for two main reasons: it is one of the regions with the largest wealth disparity in Europe, and the territory is predominantly rural with very small towns.<sup>5</sup> It is precisely the large number of small towns and the markedly rural makeup of the region – with a sharp polarisation of the urban population – that makes this study especially significant, particularly with a view to drawing lessons that can be used to develop innovative economic policy solutions.

An estimate of data on income levels in the various areas of the region (see Table I.1) reveals a considerable disparity between rural and urban areas.<sup>6</sup> As discussed in greater detail in the following section, the income disparities can be explained in the light of the demographic characteristics of the various areas, which show a highly rate of aging and a small working-age population, which continues to migrate.

**Table I.1 - Population and taxes in Calabria**

	Calabria	Urban area	Rural area	of which:		
				Peri-urban	Intermediate	Remote
Municipalities (no.)	409	51	358	122	123	113
Change in taxes (2004-2000)	-15,7	-16,6	-12,9	-7,6	-15,3	-19,2
Population 2000	2.018.722	1.057.303	961.419	377.206	318.793	265.420
Population 2001	2.009.623	1.055.365	954.258	375.658	315.555	263.045
Population 2004	2.009.268	1.063.395	945.873	375.751	311.383	258.739
Per capita taxes 2000	661	958	335	367	329	297
Per capita taxes 2001	568	817	293	337	277	248
Per capita taxes 2004	576	801	322	373	308	266

*Note:* The value of taxes is given as the sum of IRPEF (personal income tax), and IRPEG and IRES (corporate income tax and regional business tax) for the years concerned, in line with the data used in drafting the *OECD Rural Policy Review, Italian background report* (2008).

*Source:* UVAL based on ISTAT and Revenue Agency data.

<sup>4</sup> Between 1991 and 2001, rural areas lost 6 per cent of their population, while urban areas were virtually unchanged (an increase of 0.2 per cent).

<sup>5</sup> The average size of Calabrian towns is about 5,000 inhabitants, compared with 8,000 for the South as a whole and 7,200 for the national average.

<sup>6</sup> This study uses tax data for individuals and legal persons as the best proxy for income. Any assessment of such information must bear in mind the significance of irregular work in Italy, which in terms of labour units (ISTAT data for 2005) accounted for about 20 per cent in the southern regions and about 10 per cent in the Centre and North, with a particular concentration in agriculture and construction.

<sup>6</sup> The percentage of retired persons in Italy rose from 15.5 per cent in 1992 to about 20 per cent in 2006.

In addition to having lost inhabitants over the years, Calabria's rural areas also have a highly dispersed population, with a prevalence of municipalities with fewer than 5,000 inhabitants in particularly disadvantaged areas in a variety of respects (internal and mountain areas such as Pollino and Aspromonte; areas far from the coast with substantial accessibility difficulties, such as the Serre in the Vibo Valencia, Catanzaro and Basso and Alto Crotona areas). In both literature debate and common concern, the risk that a standard of living giving everyone equal opportunities in many of these small municipalities, especially the most remote, might not be sustainable is sharply felt.

This analysis focuses on the supply, accessibility and quality of basic services for the most marginalised segments of the population, surveying their needs (including interviews and other direct interaction at the territorial level) and the ability of current economic policy arrangements to meet those needs and facilitate access and use in the most remote areas of the region. Thus, this paper analyses models of supply for a number of basic services in the urban and rural areas of a region with unique characteristics in the Italian context. Starting with a map of rural and urban areas, we apply territorial socio-economic indicators to assess the volume, accessibility and quality of the supply of a series of services in rural areas, drilling down to the municipal level.

Beginning with the existing framework of economic policy instruments and the structure of programmes and instruments present in 2000-2006, the study evaluates potential innovations in economic policy action, examining the role that improved processes for listening to local populations could play in determining economic policy priorities, improving the design of both ordinary and additional policy and identifying the most appropriate interventions to tackle the organisational and cost issues associated with maintaining an adequate network of services for even the most remote areas.

## **I.2 A snapshot of Calabria: depopulation of inland areas**

Considering the territorial nature of our analysis, we developed a methodology to "interpret" the rural character of the region, adopting an interpretive approach that recognises the exchange of functions between rural and urban areas. This enabled to understand which types of rural area had the most significant shortfalls in supply, accessibility and quality of care services. In view of the special features of Italy's urban and rural areas and their alternation across the territory of the country, the Public Investment Evaluation Unit (UVAL) undertook an initiative to establish criteria for assigning municipalities to urban or rural areas on the basis of statistical methodologies

and techniques. Rural areas were further broken down into three types (peri-urban, intermediate and remote rural areas). This breakdown reformulates the OECD approach, operates at the municipal level and combines the demographic factor with an indicator of the territory's accessibility. As with other experiences in various OECD countries, accessibility is an important factor in characterising the different types of rural areas, enabling us to distinguish between peri-urban, intermediate and remote areas. This implies that the organisation and use of most care services is closely tied to the relationship between the city and the countryside, thus going beyond the (theoretical) dualism between urban and rural areas. The resulting picture of the territory emphasises the links between rural and urban areas.<sup>7</sup> Applying the DPS-UVAL territorial breakdown to Calabria, the region turns out to be composed of 51 urban municipalities and 358 rural municipalities, with the latter divided fairly equally among peri-urban, intermediate and remote areas (see section I.2).<sup>8</sup>

**Table I.2 - Rural municipalities in Calabria: time needed to reach nearest urban centre**

Type of rural area	Distance in minutes	Number of municipalities	% Area	% Population
<i>Peri-urban</i>	0 - 25	122	24,0	17,9
<i>Intermediate</i>	26 - 40	123	27,3	15,6
<i>Remote</i>	> 41	113	31,4	13,5
<b>Total</b>		<b>358</b>	<b>82,7</b>	<b>47,1</b>

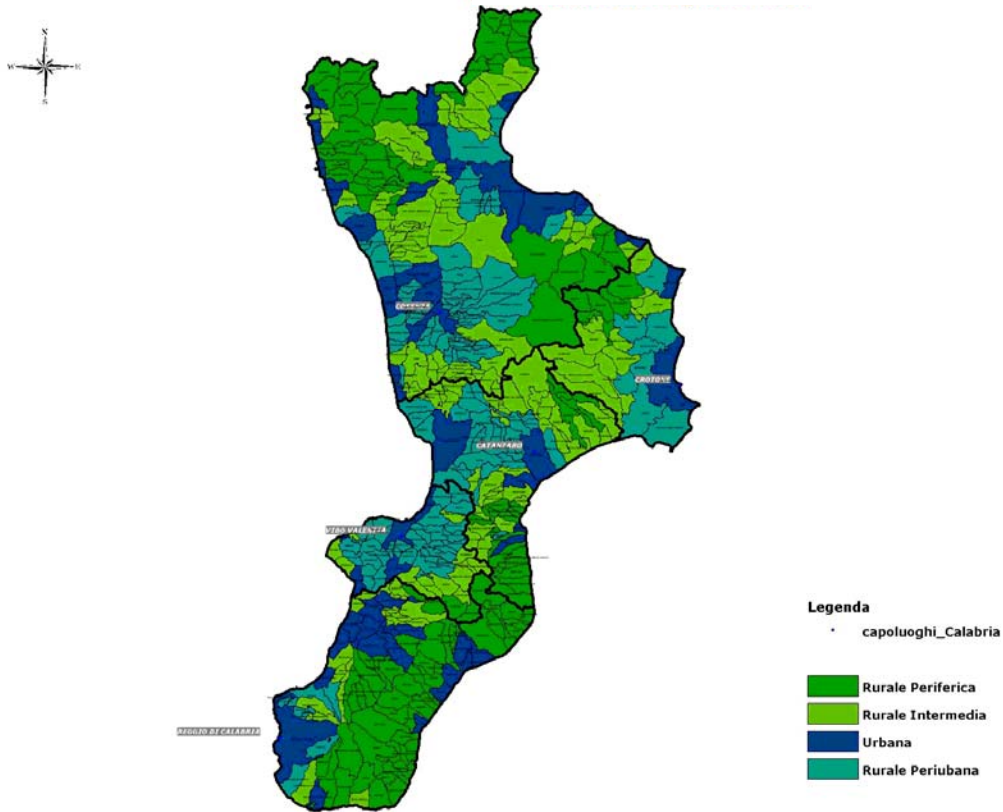
*Source:* UVAL based on DPS-UVAL territorial zoning methodology

Thus, about 47 per cent of the population is rural, living on a large majority of the regional territory (82.7 per cent), as shown in the following figure.

<sup>7</sup> To date, this methodology has been applied to a number of pilot cases at the regional level (Umbria and Calabria), but the Department for Development Policies (DPS) has undertaken a project to extend the approach to all Italian regions. For more detail, please see Appendix A.

<sup>8</sup> Although it is predominantly rural, 52 per cent of the population of Calabria lives in urban areas, which cover 17 per cent of the region's surface area. The weight of urban areas is significantly smaller in the zonal breakdown in the National Strategic Plan for rural development, both in terms of total population (20.2 per cent) and in total area (3.1 per cent).

Figure I.1 - Rural and urban areas in Calabria



Source: UVAL based on DPS-UVAL territorial zoning methodology

Depopulation has increased in recent years, primarily involving the most internal areas of Calabria, although the phenomenon has affected the entire region. Until the 1950s, the region's population was growing in line with the rest of Italy.<sup>9</sup> The trend subsequently reversed, with positive growth rates in the 1970s and 1980s giving way to a contraction in the 1990s. The tendency does not show signs of coming to a halt. As of 2005, the population of Calabria was continuing to decline (from 2,011,466 inhabitants in 2001 to 2,009,268 in 2005; ISTAT survey, *Demo in cifre*).

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<sup>9</sup> ISTAT, Census data from 1961 to 2001. According to the ISTAT's data from the 1901 and 1951 censuses, the percentage increase in Calabria's population amounted to 42 per cent and that in Italy's population came to 44 per cent, while the change in population between 1951 and 2001 was -2.9 per cent in Calabria, compared with an increase of 20 per cent in Italy.

**Table I.3 - Developments in the resident population (percentage change)**

	Calabria	Italy
1861-1881	11.00	30.60
1901-1936	23.10	28.60
1936-1951	15.30	12.10
1951-1961	0.05	6.50
1961-1971	-2.80	6.90
1971-1981	3.68	4.47
1981-1991	0.44	0.39
1991-2001	-2.84	0.38

Source: UVAL based on ISTAT census data from 1861 to 1971

The population of Calabria's rural areas declined from 1971 to 2001, displaying a split in the region between urban areas, whose populations rose or remained stable, and rural areas, which emptied out, with rates of decline that increased further in the last decade (see Table I.4).<sup>10</sup> An analysis of the population developments in the different types of rural areas shows that over the thirty-year period, the remote rural areas registered the largest population declines, losing 15 per cent of their inhabitants between 1971 and 2005. The population of intermediate rural areas also contracted, but to a smaller extent (-8.8 per cent), within a region that maintained its overall population and an Italy that expanded by 8.5 per cent (see Table I.4).

**Table I.4 - Calabria: developments in resident population by area (percentage change)**

	Calabria	Urban	Rural	of which:		
				Peri-urban	Intermediate	Remote
1971-1981	3,68	9,71	-1,74	1,63	-1,28	-6,21
1981-1991	0,44	2,11	-1,24	0,67	-0,18	-4,88
1991-2001	-2,84	0,21	-6,10	-3,08	-7,43	-8,25
2001-2005	-0,02	0,76	-0,88	0,02	-1,32	-1,64
<b>1971-2005</b>	<b>1,07</b>	<b>13,03</b>	<b>-9,68</b>	<b>-0,88</b>	<b>-10,12</b>	<b>-19,58</b>

Source: UVAL based on ISTAT census of the population and households, various years and DPS-UVAL territorial zoning methodology

In fact, although the birth rate has remained positive, people have tended to emigrate from the region, which has seen its population diminish by 2.8 per cent in the last ten years.<sup>11</sup> This trend is in line with average developments in the South, where the population has remained essentially unchanged thanks to the positive impact of the

<sup>10</sup> Between 1991 and 2001, rural areas lost 6 per cent of their population, while that of urban areas was virtually unchanged (a slight 0.2 per cent increase).

<sup>11</sup> The birth rate in Calabria is below the national average. However, birth rates have remained higher in rural areas, especially remote zones (8.5). Nevertheless, this has not been enough to counter the impact of migration: people are born in these areas but then systematically leave them.

birth rate, which has offset the effect of migration flows. In the last decade, however, the birth rate has declined and migration to the Centre-North has surged.<sup>12</sup>

Focusing on migration alone (see Table I.5), Calabrians do leave the cities, but above all they are abandoning rural areas, especially the most remote. The depopulation of remote areas is manifested in an average annual migration rate of -8.9 per cent for 1991-2001, a very high level compared with that for urban areas (-1.8 per cent) and the region as a whole (-3.8 per cent). And this phenomenon has also involved the youngest segment of the population, which declined across the entire region in the 1991-2005 period and, unlike developments in Italy as a whole, continued to contract in 2000-2005. This trend is seen in all areas of the region, but it has been driven by the less accessible areas. As discussed more extensively in Chapter III, current inward migration flows are only partially offsetting this trend.

The resident population has a large proportion of both young people and over-65s, to the detriment of those in working age. Calabria is in fact a relatively young region, with about 15.5 per cent of the population aged 0 to 14, compared with 14 per cent in Italy as a whole, despite the downward trend in the overall youth population, a development that also involves young adults (25-35 years of age<sup>13</sup>). This population group is distributed similarly in the various areas examined in the study, with no great differences emerging except for young people in intermediate rural areas (14.9 per cent). As regards the over-65s, however, the study shows that although the proportion of that age group in Calabria's population is below the national average (18 per cent in Calabria and 19 per cent in Italy), the cohort accounts for a larger percentage of the rural population, at about 20 per cent of residents. Remote areas have a higher senility ratio<sup>14</sup> than the national average and that for urban areas.<sup>15</sup> Finally, especially high dependency ratios in rural areas (54 per cent, compared with 47.3 in urban areas) indicate a high dependency of the inactive population on the active population<sup>16</sup> in the areas examined in this study. The developments examined above raise substantial challenges in terms of the organisation of an adequate network of care services.

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<sup>12</sup> See *Rapporto Svimez 2009, sull'Economia del mezzogiorno*, Il Mulino 2009.

<sup>13</sup> See Chapter IV.

<sup>14</sup> Number of elderly per child.

<sup>15</sup> In Italy, there are 3 elderly people for every child. The ratio is lower in Calabria, where the proportion is 2.7 per cent. Broken down by area, the ratio ranges from a low of 2.4 per cent in urban areas to a high of about 3 per cent in rural areas.

<sup>16</sup> Inactive population refers to persons aged 0 to 14 and over 65, while the active population comprises persons aged 15 to 64.

**Table I.5 - Demographic analysis of rural areas in Calabria**

	Italy	Calabria	Urban	Rural	<i>of which:</i>		
					<i>Peri-urban</i>	<i>Intermediate</i>	<i>Remote</i>
Municipalities (no.)	<b>8101</b>	<b>409</b>	<b>51</b>	<b>358</b>	<b>122</b>	<b>123</b>	<b>113</b>
Area (%)	-	100	17,3	82,7	24	27,3	31,4
Population density	189,1	133,4	404,5	76,6	103,9	76,8	55,6
Residential clusters	36580	1499	432	1067	470	324	273
Area (km2)/Residential clusters	8,2	10,1	6	11,7	7,7	12,7	17,3
Distribution of the population of Calabria by area	-	100	52,9	47,1	17,9	15,6	13,5
Population growth rate (1971-2005 average)	8,52	1,07	13,03	-9,68	-4,93	-9,47	-15,5
Natural population birth-death balance (1991-2001 average)	-0,28	1,96	2,95	-0,32	0,99	-0,43	-1,63
Migration rate (1991-2001 average)	0	-3,83	-1,84	-6,81	-3,62	-8,04	-8,91
Birth rate (2001)	7,81	6,9	6,21	7,67	7,17	7,59	8,49
Population > 65 years of age (% - 2005)	19,37	17,97	16,33	19,82	18,67	20,15	20,95
Population 15 - 64 years of age (% - 2005)	66,09	66,5	67,89	64,93	65,82	64,92	63,79
Population < 14 years of age (% - 2005)	14,05	15,53	15,78	15,25	15,51	14,93	15,26
Population < 6 years of age (% - 2005)	6,49	6,62	6,79	6,44	7,04	6,19	5,92
Population 0 - 3 years of age (% - 2005)	3,72	3,71	3,79	3,62	3,72	3,52	3,59
Foreign population (% - 2001)	2,34	0,9	1,08	0,69	0,74	0,61	0,73
Number of elderly per child ( 2005)	2,99	2,71	2,41	3,08	2,65	3,26	3,54
Aging ratio ( 2005)	1,38	1,16	1,03	1,3	1,2	1,35	1,37
Dependency ratio ( 2005)	50,57	50,38	47,3	54	51,93	54,04	56,77

*Source:* UVAL based on ISTAT census of the population and households, various years and DPS-UVAL territorial zoning methodology

In order to more effectively identify shortfalls in terms of the accessibility and use of basic services, while taking account of the differences associated with the different types of urban and rural areas, a field study was organised in order to survey local actors (see Appendix B). This enabled us to focalise on the main issues as perceived by the population, helping to define the objectives of the study.

### **I.3 Fieldwork and survey of local actors: an analysis of services for community and care**

The methodological approach adopted in this study supplemented desk research with careful fieldwork based on a guided survey of local views. Two main techniques of enquiry were adopted: interviews with selected actors and the organisation of local focus groups and listening groups. Meetings of focus groups and listening groups were organised in the main rural areas of Calabria (Aspromonte, the Serre of Vibo Valencia, Basso and Alto Crotona areas, and Pollino) and numerous locally-active actors were consulted: doctors, priests, teachers, social workers and volunteers. In two cases the study used direct surveys: the survey of childcare facilities and the survey of integrated home assistance services. Desk and field research were used synergistically, in order to identify the key issues on which to focus the analysis and develop policy recommendations. Using direct interviews with key actors, the focus groups and listening groups, we sought to highlight the difficulties of civic life in rural Calabria and the local population's perception of those difficulties. The ultimate goal was to understand whether there was a lack -

perceived or not - of care services in the rural areas of Calabria and the extent to which the “impossibility of living a life that guarantees minimum rights to the public” impacts the decision to leave certain areas, especially among young adults (see Table V.1). It is in fact among people aged 25-35 that the declining population trend is especially critical for Calabria compared with the rest of Italy, a decline that is driven by developments in the more interior areas of the region.

It is important to emphasise that over the course of the study, the desk research and the fieldwork influenced each other and were reciprocally functional. The territorial breakdown used with Calabrian towns and the associated socio-economic analysis guided the selection of the zones for the fieldwork and the issues to be addressed. In turn, our contact with local actors elicited the key issues to examine, thereby determining the choice of the evaluations reported in the thematic sections of this study. The study examined the main motivations prompting young people to abandon the region’s remote areas, the level of education they can achieve and/or the possibility of obtaining quality free time; the difficulties facing women in entering what is often an inadequate and irregular labour market, the problem of reconciling work and family life, and the challenges of guaranteeing minimum rights to disadvantaged groups, such as the elderly and the disabled (see Appendix B). The fieldwork helped identify the “needs” of all of the different actors in relation to the territory in which they live and the services they receive. The focus groups gathered information to:

- identify poor services from the point of view of those interviewed;
- disseminate information on specific examples of efficiency present in Calabria, seeking to foster the construction of a support and collaboration network among the various areas of the region;
- identify possible “alternative policy solutions” proposed directly by those interviewed.

A total of 9 focus groups and 6 listening groups were held, selecting the areas (see Table I.6) in a manner designed to ensure that no major regional area was overlooked and, at the same time, focusing on towns with a broad range of local actors. Initially, we did not contact persons with intermediation functions. Instead, we talked with: primary care physicians, psychologists and social assistants, pharmacists, non-profit groups, recreational associations, social services practitioners, priests, social cooperatives and primary education representatives (childcare centres, kindergartens, primary school and middle school). Contacts with institutional actors came at a second stage, holding



meetings with mayors, who in small towns have extensive knowledge of local needs and the organisation of social services.

**Table I.6 - Focus groups and listening groups**

AREA	Methodology		Interviewees						
	Number of focus groups	Number of listening groups	Clergy	Physicians	Social service practitioners/ Volunteers	Mayors/ local government officials	Women Families	Entrepreneurs	Educators/ Teachers
<b>URBAN</b>									
Castrovillari (CS)	2			X	X		XXX	X	XXX
Piana di Sibari (CS)		1						X	
Bosco di Bovalino (RC -)	1		X		X		XXX		X
<b>RURAL: PERI-URBAN</b>									
Fuscaldo (CS)	1		X		X		X		X
Feroleto Antico (CZ)		1					X	X	
San Nicola da Crissa (VV)	1		X		X	XXX	X	X	X
<b>RURAL: INTERMEDIATE</b>									
Carfizzi (KR)	1	1			X	X	X	X	X
S. Nicola dall'Alto (KR)	1		X	X		X	X		XXX
Cerchiaro di Calabria (CS)		1	X	X					
<b>RURAL: REMOTE</b>									
San Lorenzo Bellizzi (CS)	1		X	X	X		X	X	X
Nardodipace (VV)		1				X			X
Caulonia (RC - Locride)	1			X	X	X	X		X
Careri (RC - Locride)		1				XXX			

*Note:* "XXX" indicates the presence of more than one actor in the given focus group

*Source:* UVAL

Contributing to the especially original and innovative character of the fieldwork was the production of the research film "*Dialoghi sul territorio: i servizi sociali nelle aree interne della Calabria*" (Territorial dialogue: social services in rural Calabria), attached to this paper. The initiative experimented with audiovisual technology to present new approaches to involving the public and promote learning processes for decision makers. The film develops and tells the story of the portion of the study devoted to direct observation and the focus groups with the inhabitants of the areas involved in the study conducted between the summer and fall of 2007. The product was innovative both for the objectives it sets and the techniques used to make and distribute it. Although it stands on its own, the video maintains continuity with the study, of which it is an integral part.<sup>17</sup>

The fieldwork was conducted at an early stage of the process, making it possible to delineate the sub-objectives of the study and to improve evaluation questions. Listening to local actors, together with the initial findings of desk research, helped pinpoint the key issues of the study:

- the problem of young people, their free time, the importance of attracting quality human capital to rural areas, the importance of the compulsory education system, especially middle school;

<sup>17</sup> See Appendix B.1

- the high level of female non-participation in the labour market, the characteristics of the supply of childcare services in rural areas and the role that encouraging these services can play in enhancing the social inclusion of women;
- the challenges faced by the elderly in accessing primary healthcare services. The capacity of the health system to reach more remote areas and the important role of home care services (care workers and integrated home assistance services - ADI).

These key themes were also analysed here in the light of 2007-2013 regional policy, which as noted earlier assigns considerable importance to achieving minimum service levels in a number of sectoral areas, using the Service Objectives mechanism. The issue of young people was also addressed with an analysis of the compulsory education system in Calabria, with a special focus on the problems associated with middle schools (local availability, access and transport issues, the aging of teaching staff, the lack of continuity in teaching, and issues associated with the difficulty of forming classes and recourse to multi-age classes). As it is not possible to calculate the indicator envisaged by the Service Objectives to measure early school leaving for the various types of areas defined at the municipal level,<sup>18</sup> the study considered an indicator of school leaving that measures the percentage of students who left middle school (and were not transfers) in 2006-2007. As regards women, a direct study was conducted that enabled us to calculate the supply of childcare services in the rural and urban areas of Calabria.

For the elderly, the study evaluated the local health system – using a set of indicators already adopted at the international level to assess Italian health services<sup>19</sup> - identifying the main problems with accessing health services, including primary care, and analysing integrated home assistance services available at the regional level.<sup>20</sup>

The following examines a number of considerations that emerged during the local listening process and a number of conclusions that can be drawn from their analysis and interpretation.

A common element of all three themes was need for and the lack of quality human capital, especially in the remotest areas. This could be the resource on which efforts should focus

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<sup>18</sup> This indicator, which measures the proportion of early school leavers (percentage of the population aged 18-24 with educational attainment below secondary school diploma that is not participating in further education or training), cannot currently be estimated at the municipal level.

<sup>19</sup> See *OECD Rural Policy Review, Italian background report*.

<sup>20</sup> The direct survey was conducted to measure the actual supply of integrated home assistance services in rural areas but it did not gather adequate statistical data for use and publication.

in order to nurture the real potential of the areas and create the necessary development networks. This deficit has a number of aspects: shortages of qualified teachers, small towns with pharmacies but no pharmacists, a lack of people capable of offering “culture” to young people and an absence of policies to facilitate an influx of quality and innovative human capital.

The severe isolation of the most vulnerable, such as the elderly and the disabled, also appears as a phenomenon in all the themes addressed. Such isolation appears to hinder the full achievement of minimum rights for the various segments of the population. In the cases considered, these people face difficulties in getting to the closest hospital or medical specialist. Disabled children find it difficult to get to school. This isolation is worsened by the lack of services such as local public transport and advanced IT infrastructure. Overall, public transport services do not appear to meet the needs of the population, penalising the weakest segments of the population.

There is also a general lag in the availability of ADSL infrastructure (Asymmetric Digital Subscriber Line),<sup>21</sup> as well as in the possibility of using this infrastructure once it is available, leveraging, for example, Internet points available in municipal offices.

In analysing the individual themes with regard to women, the desk analysis found a low level of labour market participation. On the basis of the characteristics of the supply of childcare services in rural areas, the analysis examines the role that incentives for such services could play in enhancing the social inclusion of women. However, our direct dialogue with the local territory found a significant difference in perception of the issue and a female population that is much more integrated in the world of work than official statistics would suggest, bringing the major issue of irregular work to the fore.

The study of women and their world took account of the replacement role of women with regard to caring for children and the elderly, linked to the Mediterranean care model and the absence of a true welfare system. It also assessed the scale of the network of childcare services in the various areas of Calabria and the differences between the different types of territory, with a large role played by private providers, problems with the cost of services and monitoring their quality. A spatial evaluation of business incentive mechanisms (Legislative Decree 185/2000) was conducted, analysing the interventions provided for in Title II (“self-employment, micro-enterprises and franchising”) to test the response capacity of Calabrian women. The assessment found

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<sup>21</sup> The lack of ADSL is also a major problem for Calabrian enterprises, especially small and medium-sized firms, as business access to Internet in rural areas is an urgent issue.

an interesting desire for entrepreneurship, including among women living in the most internal areas of the region.

As regards the elderly, Calabria is a region with a polarised generational structure, with a large proportion of young people and the elderly, with a relatively small active population. The elderly account for 20 per cent of the population, the vast majority of which lives in the interior. These are people who have always lived in these areas (and are thus the trustees of their historical memory) or are returnees after many years as emigrants. The direct surveys found complaints about serious difficulties in coping with daily life, especially in the most remote areas. The steady emigration of the youngest, which more recently has also involved women, is undermining the traditional family network. And the most alarming impact of this process is precisely the care of the elderly, while childcare appears less affected thanks to the higher income of women compared with previous generations. The traditional generational pact is thus unravelling. The analysis, beginning with the existing healthcare network, tackles the more general issues of daily care, the new role played by immigrants (care workers), job opportunities linked to projects in the services sector and the search for innovative economic policy responses. More specifically, in cases where the available statistics were sufficient, we conducted an assessment of the region's integrated home care model. The first characteristic on which the study was based was the high degree of mobility associated with people moving to obtain medical care, with Calabria having one of the highest rates of healthcare emigration in Italy. Consideration was given to a slow process of rationalisation of the regions health service, which still has a large number of hospitals, albeit with a sharp disparity in the supply available in rural areas and that in urban areas, which reflects – and magnifies – the situation in the country as a whole. One concern is the very small number of hospitals with at least 250 beds, of which there are only a few for the region and none in rural areas. A major role is played by accredited private facilities, even in rural areas (with the exception of marginal zones). Even if slightly less concentrated in urban areas, the network of outpatient clinics does not appear to compensate for the difficulties faced by the elderly in accessing treatment, a problem that could be solved with simple policy measures (such as, for example, a minibus network organised through agreements among municipalities).

As regards younger people, the rural areas of Calabria still have a young population despite the worrying rate of decline in children in the most remote areas. These areas also have higher levels of illiteracy (especially among women) and lower average levels of educational attainment (the divergence comes at the higher levels of education, namely

secondary school diplomas and university degrees). Another source of concern, especially from the point of view of ensuring a minimum level of rights and equal opportunity, regards the level of youth unemployment, which is highest in the remote rural areas. Our dialogue with the territory revealed the importance of school, especially compulsory education, in the areas of Calabria and the age groups where education plays a crucial role in fostering social inclusion and entry into the labour market. This chapter assesses the following issues: the strength of the local school network and the level at which accessibility to school becomes an issue; the problem of the aging of teachers and the presence of quality human resources in the same areas; the network of services and small-scale infrastructure needed to create opportunities for afterschool interaction for young people. As regards the programming of 2000-2006 regional policy, the evaluation focuses on investment in Resource Centres and how the planning agreement between the Region and the Ministry of Education, Universities and Research (MIUR) was applied with specific reference to coverage of the most internal areas.

The findings of the analysis demonstrate that the network of primary schools still meets the needs of the population, while higher up the school system (middle school and secondary school) the supply of schools diminishes. This confirms the need to organise adequate school bus services, especially considering the substantial demographic dispersion in remote areas. The strength of the school network does not however solve the problem of a lack of access to opportunities for social and cultural interaction, underscored by the small percentage of rural towns that offer at least two services among libraries, sports centres, cinemas and theatres. With regard to issues associated more closely with human capital, the study found no significant territorial differences in the aging and mobility of teachers, which are problems that plague the entire national school system. It was not possible to calculate the indicator of early school leaving at the municipal level, but with the assistance of the MIUR, we developed an indicator of how many young people dropped out of middle school in the 2006-2007 school year. Comparing this figure against the total number of kids enrolled in the same year, we find that early school leaving is highest in the peri-urban rural areas. In the light of the issues raised here, the effort to develop the Resource Centres, given its role as a vehicle for educational experimentation aimed at motivating the most disadvantaged young people and promoting collaboration and reciprocal support among all the resources of a territory, appears especially significant. However, the evaluation found that the intervention of the Region and the Schools National Operational Programme (NOP) focused on urban areas and that middle schools were the least involved, partly owing to the design of the measures but in all likelihood also because of their lower planning capacity.

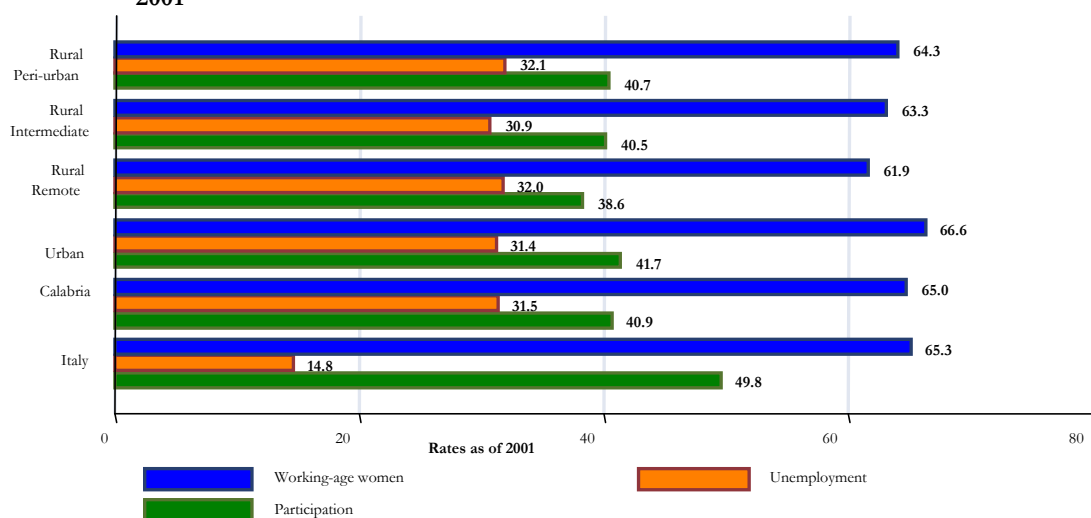
## II. Women inland of Calabria: reconciliation between employment and private life

### II.1 Women in the labour force

In Calabria, 47 per cent of women live in rural areas. The region features a high level of female unemployment, reaching as high as 32 per cent, whereas the average in Italy is 15 per cent. There are no particular variations in this rate based on the type of area concerned, although the rate of female unemployment is slightly higher in peri-urban and remote rural areas.

This disadvantage is particularly severe when looking at female unemployment among young people, where unemployment rates are more than double the national average. Many of the municipalities with the highest rates of unemployment among young women (greater than 75 per cent) are found in rural Calabria.

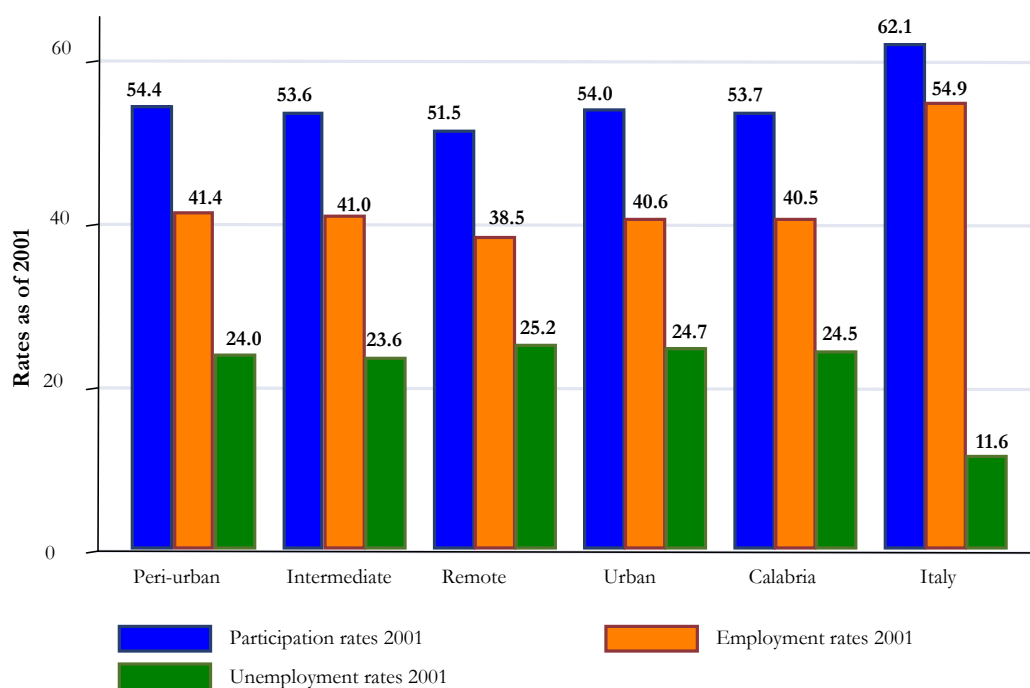
Figure II.1 - Working-age women, participation and unemployment rates by area of Calabria, 2001



Source: UVAL based on ISTAT data, 14<sup>th</sup> census, 2001

Indeed, employment remains the region's main social problem, without any particular variation from one area to another. The rate of employment in Calabria diverges considerably from the national average (at 40.5 per cent for Calabria and 55 per cent for Italy as a whole, see Figure II.2).

Figure II.2 - Participation and employment rates by area of Calabria, 2001



Source: UVAL based on ISTAT data, 14th census, 2001

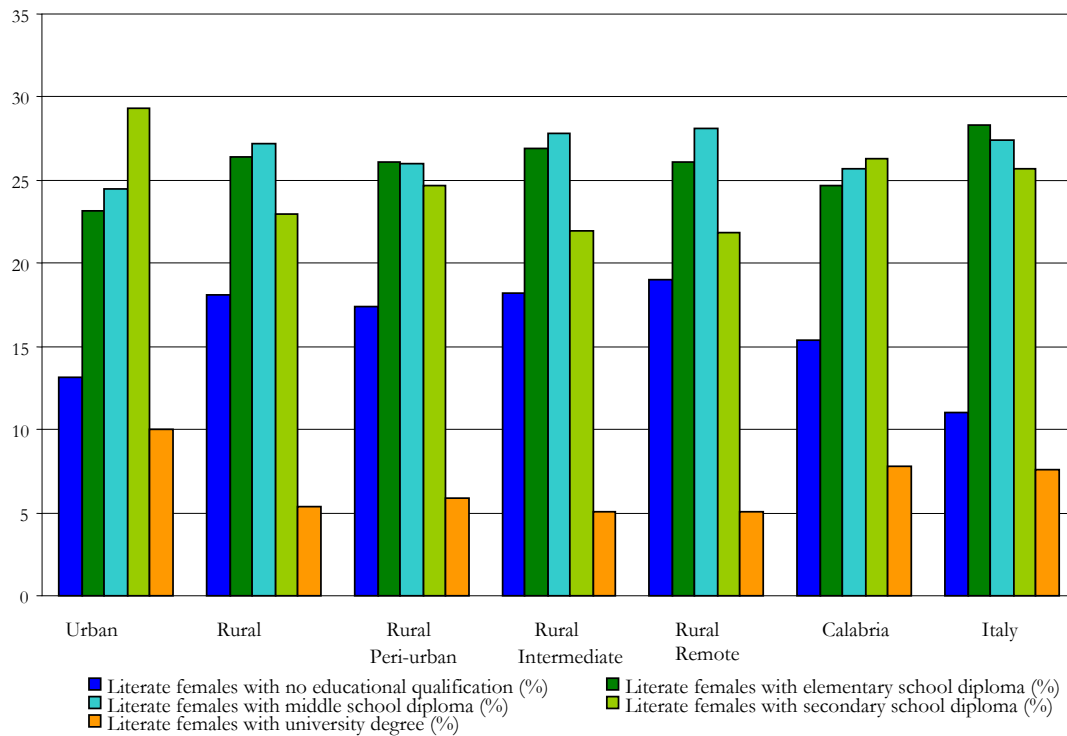
The difficulties women have entering the labour market must also be assessed on the basis of differences in education. There is a high rate of illiteracy among women in rural areas (particularly in the intermediate and remote rural areas) with significant differences in the levels of educational attainment. Compared with women living in cities, only half as many women in rural areas have university degrees (see Table II.1 and Figure II.3).

Table II.1 - Educational attainment, 2001

	Italy	Calabria	Urban area	Rural area	<i>of which:</i>		
					<i>Peri-urban</i>	<i>Intermediate</i>	<i>Remote</i>
Municipalities (no.)	8.101	409	51	358	122	123	113
Male population (%)	48,4	48,9	48,7	49,1	49,1	49,3	48,9
Female population (%)	51,6	51,1	51,3	50,9	50,9	50,7	51,1
Male illiteracy (%)	1,1	3,2	2,3	4,1	3,4	4,3	4,9
Female illiteracy (%)	1,8	6,2	4,6	8,1	7	8,7	8,9
Male literacy (%)	98,9	96,8	97,7	95,9	96,6	95,7	95,1
Female literacy (%)	98,2	93,8	95,4	91,9	93	91,3	91,1

Source: UVAL based on ISTAT data, 14th census, 2001

**Figure II.3 - Educational attainment of women in Calabria**



*Source:* UVAL based on ISTAT data, 14th census, 2001

In light of the serious difficulties in entering the job market, during the field study, a number of significant issues arose in relation to the importance of an appropriate set of public services for women in Calabria who live in rural areas. First of all, there is a problem of “perception”. The lack of jobs is seen, indisputably, as being the “true” problem for women, whereas we found different approaches (between men and women, between employed and unemployed women, between younger women and older women, or women returning after having worked in other parts of Italy or in other countries) in assessing the importance of having services such as nurseries. There is a general sense of “isolation” and significant difficulties in reconciling private and working lives, given, in part, the major presence of irregular work, which offers wage levels that do not enable women to afford the cost of outside services. Women play a significant role as substitutes for the absence of services for the care of children and the elderly, and family appears to compensate for these needs. Nonetheless, as discussed further in Chapter III, the study also found important generational dynamics as a result of which younger women are no longer able to play this substitution role.

It is also interesting to note that younger women recognize the importance of childcare services, which, beyond simply taking care of children, also involve the



broader realm of female socialization and the opportunity to break free from the isolation so frequently cited.

## **II.2 The nursery network, service privatization and rates**

The development strategy for 2007-2013 assigns a central role to the production and promotion of public services. One of the reasons for this was the findings of the evaluation of the experience from the previous policy period, which pointed to persistent difficulties in the supply of public services in areas of key importance for improving the quality of life for the community and encouraging businesses to invest.

The decision to include the issue of improving child-care services among the Service Objectives system described previously was based on the conviction that a greater ability to reconcile working and private lives can contribute to increasing employment rates (with possible relevant consequences for economic growth).<sup>22</sup> In this section, we focus on the strategic objective of improving childcare services in order to assess the status of the delivery of such services in the interior of Calabria, and to compare these results with that which emerged from the regional listening exercise and to obtain suggestions for economic policy in this extremely sensitive phase of implementing the Strategic Plans for the Service Objectives and the Regional Operational Programme being financed with ERDF funds.

In order to assess the network of childcare services in the Calabria region, with a particular emphasis on its distribution across the region, a direct study was conducted to measure the supply of services and their nature (public and/or private) and to gather information on the quality standards of these services (opening hours, number of caregivers, etc.).

The survey focused on the 2005-2006 school year and was based primarily on telephone interviews. The questions asked concerned the universe of service users, nursery capacity and the existence of waiting lists, as well as issues regarding service quality, such as hours of service availability, the number of caregivers, and the presence of facilities such as cafeterias, playgrounds and paediatric services (see methodological note in Annex C). The survey achieved a high response rate (82 per cent).

More specifically, the universe of nurseries in Calabria was found to comprise 135 traditional nurseries and 48 alternative facilities. Of the traditional centres, 32 were public and 103 were private, and of the latter, 34 were private facilities operating within preschools. The other 48 facilities are considered alternatives to traditional nurseries

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<sup>22</sup> See NSF, Section III.4, regarding essential services and measurable objectives.

(i.e. 13 “*sezioni primavera*” offering early entry<sup>23</sup> and 35 other, mainly private, daycare alternatives).

**Table II.2 - Survey of Calabrian childcare services: highlights**

Type	Number
Childcare services: sample universe	224
<b>Childcare services: respondents</b>	<b>183</b>
<i>of which:</i>	
<b>- Nurseries</b>	<b>135</b>
- Public	32
- Private	103
<b>- Supplemental childcare services</b>	<b>35</b>
- Public	1
- Private	34
<b>- Sezioni Primavera</b>	<b>13</b>
- Public	2
- Private	11

*Source:* UVAL based on direct survey, 2005-2006 school year

Of particular note is the very high proportion of private nurseries in the region (76.5 per cent) and nurseries that, although private, work within preschools, thereby taking advantage of economies of scale related to taking advantage of established facilities that guarantee a minimum user base. On the whole, most of these nurseries are of the traditional variety, with the proportion of alternative services (supplemental childcare services and *sezioni primavera*) is not particularly significant at about 26 per cent, which is in line with the Italian average.

In terms of the breakdown by area, the study found a high concentration in urban areas (77 per cent of all childcare services). The remaining 33 per cent are distributed fairly equally among the three types of rural area (with remote rural areas being slightly below the other two). However, just 18 per cent of the available capacity is located in rural areas, even though these areas account for about 46 per cent of all children between the ages of zero to two years old in the region (see Table II.3).

Children living in rural areas (46 per cent) have just 236 places available in public nurseries. It is the private sector, then, that provides the greater capacity both in urban

<sup>23</sup> The spread of *sezioni primavera* has been promoted by Law 53/2003, which established the possibility, within preschools, of accepting children turning three years old in the first few months of the year on the condition that the school had additional personnel and could ensure certain minimum quality standards. The goal of this law was to promote the enrolment of children in preschool; however, the possibility of enrolling children early had the unexpected effect of attracting a great many requests to enroll children younger than three years of age. In 2007, the success of these projects helped lead to the signing of an agreement between national, regional and local authorities in which the age of eligibility was lowered to two years of age for the *sezioni primavera* and additional quality standards were established.

and rural areas. A particularly interesting phenomenon is the substitution role that private nurseries appear to play in the most remote rural areas. In fact, unexpectedly, the percentage of daycare capacity provided by private facilities increases the more rural the area (unlike the findings of a similar study involving the region of Umbria<sup>24</sup>). In these areas, innovative services are practically inexistent, with the exception of certain privately managed supplemental services. However, analysing the recent phenomenon of the *sezioni primavera*, we do see a certain amount of dynamism. Out of the thirteen sections opened in 2005, three were in the least accessible rural areas.

The discrimination in this service with respect to rural areas can also be seen in the number of places available per 1,000 children. While the average for Calabria as a whole is 84 available places for every 1,000 children, this figure rises to 127 in urban areas and falls to 33 in rural areas. Comparing these figures with those of a recent study in the Umbria region, we see a smaller number of places available in Calabria, but in both of these regions the places available in rural areas are just one-fourth those of the urban areas.

**Table II.3 - Childcare services in Calabria: main characteristics by area**

	Calabria	Urban Area	Rural Area	of which:		
				Peri-urban	Intermediate	Remote
Municipalities	409	51	358	122	123	113
Children 0/2 years of age (%)	100	54,3	45,7	19,3	14,5	11,9
<b>Childcare services: respondents, of which:</b>	<b>183</b>	<b>141</b>	<b>42</b>	<b>15</b>	<b>16</b>	<b>11</b>
- Public	35	22	13	5	6	2
- Private	148	119	29	10	10	9
<b>Childcare services: respondents, of which:</b>						
- Nurseries	135	101	34	13	12	9
- Supplemental childcare services	35	30	5	2	2	1
- <i>Sezioni Primavera</i>	13	10	3	0	2	1
<b>Places available in childcare services, of which:</b>	<b>4.675</b>	<b>3.832</b>	<b>843</b>	<b>338</b>	<b>276</b>	<b>229</b>
- Public	1.023	787	236	132	77	27
- Private	3.652	3.045	607	206	199	202
Places available per 1,000 children, 0-2 years of age	84	127	33	31	34	35
Percentage of municipalities with at least one public nursery	11	52,9	5	6,6	4,9	3,5

Source: UVAL based on direct survey, 2005-2006 school year

Based on the study of nurseries, we see that in Calabria for the 2005-2006 school year there were 13 active *sezioni primavera*, 7 of which were private services within preschools. Most of the *sezioni primavera* are located in urban areas, with just two being in intermediate rural areas and one in an remote area. A total of 338 children took advantage of this service, most of whom (93 per cent) in private facilities. However, it should be noted that 30 children enrolled in the only *sezione primavera* in an remote area.

It is also important to note that, while the private-sector offering is dominant throughout the region, public childcare services are more significant in rural areas (at 28

<sup>24</sup> See *Health and Social Services in Rural Umbria*, Materiali UVAL no. 12, 2006.

per cent of total capacity as compared with 20 per cent in urban areas), and this is due to a solid presence in the peri-urban and intermediate areas, whereas the public sector is decidedly lacking in the more remote areas (11 per cent).

The prevalence of private nurseries in the region poses an important question in terms of the implications of this phenomenon in terms of costs for families that are forced to turn to these services due to the lack of adequate public facilities. Indeed, the analysis of rates shown below shows that those of the public nurseries are always lower than the rates of private facilities, both for the lowest rates and the highest. We also see that the daycare facilities based in preschools are particularly competitive in the rural areas. In Table II.4, we see that the highest rates are relatively low in the public nurseries in all of the rural areas (particularly in intermediate areas), with the exception of remote rural areas, where private nurseries based in preschools are the most competitive (in these areas, the existence of an established user base is crucial).

The rates charged by nurseries based in preschools, which tend to be lower the more remote they are, are at intermediate levels, and this is an indicator of the importance, from the point of view of financial viability, of being based in an existing school with an established user base so as to take advantage of economies of scale.

As confirmation of the problem of financial viability, there is the fact that in remote rural areas also public facilities are more expensive, whereas in intermediate and peri-urban areas, the public nurseries are especially competitive.<sup>25</sup>

The difference between the highest rate and the lowest rate in urban areas is similar for both private and public nurseries, whereas this differential is always larger for private facilities in rural areas, with especially high peaks. However, generally speaking, in rural areas there is a narrower difference between the lowest and highest rates, particularly for public nurseries and private facilities based in public preschools, and there is a higher percentage of free centres, all of which are signs of public policy which seeks to ensure greater equity.

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<sup>25</sup> In intermediate rural areas, about 67 per cent of public nurseries are free facilities. However, these figures should be interpreted with caution, given that, based on the analysis conducted, it is not possible to distinguish between the nurseries that are actually free of charge and those that are not able to provide information about rates.

**Table II.4 - Rates for nurseries in Calabria**

		Nurseries		Difference between highest and lowest rates	
		Lowest rates (no.)	Highest rates (€ per capita per month)		
<b>Urban Area</b>	Public	22	38	114	76
	Private, of which:	81	100	163	63
	- in preschools	38	71	133	62
<b>Rural Area, of which:</b>	Public	13	58	67	9
	Private, of which:	18	86	141	55
	- in preschools	11	50	63	13
<b>Peri-urban</b>	Public	5	66	81	15
	Private, of which:	6	106	143	37
	- in preschools	4	65	89	24
<b>Intermediate</b>	Public	6	27	31	4
	Private, of which:	8	81	149	68
	- in preschools	2	55	55	0
<b>Remote</b>	Public	2	130	140	10
	Private, of which:	4	69	123	54
	- in preschools	5	39	45	6

*Source:* UVAL based on direct survey, 2005-2006 school year

At the same time, the relatively small difference (albeit at a fairly high level) between the lowest and highest private-sector rates in rural areas and private sector rates in urban areas is a sign that there is a demand for daycare that is clearly not being met by the public sector.

Considering the significant proportion of private facilities in the region, in order to increase the coverage of childcare services adequate legislation is required, including modern mechanisms for regulating and accrediting existing services in the region.

The state of institutional progress, in terms of regional legislation governing childcare services in the light of the significant reforms introduced in Italy with Law 328/2000 (the framework act for the implementation of the integrated system of social interventions and services), reveals a highly diverse landscape.

Most of the regions in southern Italy have very old regulator frameworks, the only exceptions being Abruzzo and Puglia. As concerns the existence of actual systems for accrediting nurseries, despite the fact that the necessary rules have been enacted in most of the regions concerned (with the exception of Calabria and Sicily), there are significant delays in their application.

Many regions remain hung up at the authorization stage. There are also major delays in the organisation of observatories and data collection systems at the regional level.

**Table II.5 - The regulation of nurseries in the regions of southern Italy**

Region	Regional Law	Regulations governing authorisation and accreditation	Implementing Regulation	Accreditation System
Abruzzo	R.L. 76/ 2000	R.L. 2/ 2005	NO	YES
Basilicata	R.L. 6/ 1973	R.L. 4/2007	<i>n.a.</i>	YES
Calabria	R.L. 12/1973	None	NO	NO
Campania	R.L. 30/1984	Reg 18-12-2006	NO	NO
Molise	R.L. 18/1973	R.L. 1/ 2000	YES	YES
Puglia	R.L. 5 /2004	R.L. 19/2006	YES	YES
Sardinia	R.L. 17/ 1973	R.L. 23/2005	YES	NO
Sicily	R.L. 214/1979	R.L. 22/1986	NO	NO

Source: UVAL

We also attempted to establish the extent to which demand is being met by comparing the data for enrolments (including children on waiting lists) with the number of places available. It was decided to follow this procedure for public nurseries only, given the uncertainty about the reliability of the data regarding waiting lists for private facilities.<sup>26</sup> The figures show that demand for public facilities outstrips supply in both the urban and rural areas of the region and that the situation is particularly serious in the more remote areas (i.e. intermediate and remote rural areas). In order to deal with this excess demand, capacity in the less accessible rural areas would need to increase significantly (by 30 to 50 per cent). The major presence of private nurseries in the more remote areas is also due to this inability of the public sector to satisfy demand, which is particularly interesting when compared with the results of the territorial listening process, which, conversely, would appear to indicate – in the opinion of a number of those surveyed – that such services are not necessary. Therefore, the statistics would seem indicate demand for public facilities in the rural areas,<sup>27</sup> where the importance of private centres raises the issue of potential consequences in terms of service costs.

**Table II.6 - Demand for childcare services in Calabria by area**

	Calabria	Urban Area	Rural Area	of which:		
				Peri-urban	Intermediate	Remote
Number of children enrolled in childcare services, of which:	3,788	3,110	678	239	240	199
- Public (%)	25,1	23,6	32,2	43,5	36,3	13,6
- Private (%)	74,9	76,4	67,8	56,5	63,8	86,4
Unsatisfied demand for public childcare services	23,9	23,6	24,6	14,4	31,2	55,6
Children enrolled in public nurseries out of total children enrolled (%)	1,7	2,4	0,9	1	1,1	0,4

Note: The unmet demand for public nurseries has been calculated as follows: [(enrolments + waiting list) – capacity]/capacity

Source: UVAL based on direct survey, 2005-2006 school year

<sup>26</sup> There are no formal procedures for private nurseries for maintaining waiting lists. Nonetheless, this data was collected.

<sup>27</sup> There appears to be a greater preference for public nurseries over private ones in rural areas, hence 24 per cent of children are on waiting lists for public facilities (compared with 15 per cent for private centres).

Furthermore, the general coverage of this service in the region remains limited, as shown by the indicator for “weighted” enrolments in nurseries of the Service Objectives, which has been calculated based on the sample universe of this study and measures the number of children aged zero to three years actually enrolled in public nurseries and nurseries operating under agreements with the public system. In Calabria, this figure is around 2 per cent (6.8 per cent when also considering children enrolled in private nurseries), whereas the target to be achieved by 2013 is 12 per cent and the Italian average is just over 11 per cent. Here, too, we find a significant gap in rural areas compared with urban areas. While the figure is about 2.4 per cent for children enrolled in urban areas (see Table II.7), for rural areas the level is significantly lower at about 1 per cent (with the peri-urban and intermediate areas achieving slightly higher levels than remote rural areas, which posted the lowest percentage).

As regards the other Service Objectives indicator regarding childcare services, 6.4 per cent of municipalities in Calabria have at least one public nursery.<sup>28</sup> However, whereas urban areas are close to the target set by the Service Objectives, at nearly 28 per cent, the biggest gap concerns the region’s rural areas, where just 3.4 per cent of municipalities have at least one public nursery. Furthermore, this gap is found in all rural areas, but is greatest in remote areas. Indeed, there remains a marked difference in the availability of these services between urban and peri-urban areas. If the region intends to reach the target, a concerted effort (seeking adequate solutions) will be required in the innermost areas.

**Table II.7 - Childcare Service Objectives in Calabria: based on sample universe**

	Calabria	Urban Area	Rural Area	<i>of which:</i>		
				<i>Peri-urban</i>	<i>Intermediate</i>	<i>Remote</i>
<b>Indicator S.04 - Percentage of municipalities with childcare services (Target: 35%)</b>						
Public childcare services only	6,4	27,5	3,4	4,1	4,1	1,8
All childcare services	17,1	68,6	9,8	9,8	11,4	8
<b>Indicator S.05 - Percentage of children in childcare (Target: 12%)</b>						
Public childcare services only	1,7	2,4	0,9	1	1,1	0,4
All childcare services	6,8	10,3	2,7	2,2	3	3

*Source:* UVAL based on direct survey, 2005-2006 school year

One must also remember that the lack of nurseries in rural areas is also exacerbated by the morphology of these territories. Indeed, 90 per cent of rural municipalities have no nursery, and while a given urban nursery covers three residential nucleus, this figure rises to 25 in rural areas. The problem of access to childcare is particularly serious if we bear in mind the limited propensity to move children to nurseries located in bordering towns, and the not always abundant financial resources of women living in the most

<sup>28</sup> Compared with a target of 35 per cent by the end of 2013, considering both public nurseries and supplementary services

remote areas, who, as seen in the focus groups organised as part of this study, can face transportation problems due to the fact that families often have only one car, which is typically used by the father to go to work.<sup>29</sup>

Turning to the quality indicators, we see that the ability of a nursery to provide all-day service is of particular importance to working women (see Table II.8).<sup>30</sup> Only a small number of nurseries in the region are able to provide all-day service, mainly among private facilities. The number of public nurseries able to provide extended hours is extremely low, although it is slightly higher in rural areas. In the case of the more remote areas, only one in every five nurseries is able to provide this service. This performance is markedly worse than in other areas of Italy (in Umbria, the proportion reaches 86 per cent).

**Table II.8 - Indicators of childcare service quality in Calabria**

	Calabria	Urban Area	Rural Area	of which:		
				Peri-urban	Intermediate	Remote
<b>Municipalities (no.)</b>	<b>409</b>	<b>51</b>	<b>358</b>	<b>122</b>	<b>123</b>	<b>113</b>
Childcare services	183	141	42	15	16	11
Full-time childcare services (percentage) of which:	28,4	32,6	14,3	20	12,5	9,1
- Public	5,7	4,5	7,7	20	0	0
- Private	33,8	37,8	17,2	20	20	11,1
Caregivers per nursery (%)	3,2	3,3	2,8	2,6	2,8	2,9
Caregivers per 100 places available, of which:	12,5	12,2	13,8	11,5	16,3	14
- Public	11,5	9,5	18,2	10,6	20,8	48,1
- Private	12,7	12,9	12	12,1	14,6	9,4
Caregiver deficit under national regulations	25,2	26,9	17,4	30,8	2,2	16,2
Nurseries with on-site kitchen (%)	89,1	90,1	85,7	100	75	81,8
Nurseries with catered food service (%)	8,2	8,5	7,1	0	12,5	9,1

*Note:* The shortage of caregivers has been calculated in relation to the statutory standard of 1 caregiver for every 6 children enrolled. In order to compare these figures with those of other UVAL regional studies, and for Umbria in particular, this shortage was calculated based on a target of 1 caregiver for every 5 children enrolled. In this case, the figures are as follows: Calabria – 37.6 per cent; Urban – 39.1 per cent; Rural – 31.2 per cent; of which, Peri-urban – 42.3 per cent, Intermediate – 18.5 per cent, and remote – 30.1 per cent.

*Source:* UVAL based on direct survey, 2005-2006 school year

Another important quality indicator is the number of teachers caring for the children. Urban areas are far from achieving the standard of one teacher for every 5 children, whereas the situation is markedly better in the rural areas thanks to the better performance of public nurseries. Private nurseries, on the other hand, have a lack of caregivers in all areas. Paradoxically, in the remote areas public nurseries have too many

<sup>29</sup> It is important to note that, in the rural areas of the Calabria region, the problem of local public transportation was one of the most serious issues that emerged from the territorial surveys.

<sup>30</sup> The benchmark closing time was set at 4:30 p.m. According to the sample survey on birth rates in the ISTAT 2005 Annual Report, the short opening hours of nurseries is one of the main reasons that mothers in Calabria are reluctant to send their children to childcare. Indeed, 28 per cent of all mothers in the region do not enroll their children in nurseries due to the short opening hours, whereas 52 per cent do not do so because there are no nurseries in their town, and just 4.2 per cent cite a lack of available space as the reason. Finally, 13.3 per cent of all mothers said that the cost was too high.



caregivers, while the private facilities have a serious shortfall. These figures reflect a failure in the labour market, which translates into both the use of the public sector as a substitute for a valid social safety net and a disturbing deficiency to the detriment of one of the most important resources of a nursery: caregivers.

In order to meet the minimum quality standard of one teacher for every five children, all areas of the region should increase the number of caregivers, particularly in the urban and peri-urban areas (where there are many private nurseries and where the increase should be on the order of 40 per cent). An on-site cafeteria with a kitchen in which to prepare food for children can be found in about 90 per cent of the region's nurseries, although this is less common in intermediate areas.

### **II.3 Women and business incentives**

During the 2000-2006 programming period, incentive mechanisms were established to promote self-employment and stimulate renewed entrepreneurship in the production of goods and services, thereby increasing employment in the most disadvantaged areas of Italy. These incentives were introduced with Legislative Decree 185/2000<sup>31</sup> in particular. The decree sought to assist persons over the age of 18 who have been unemployed for at least 6 months and who live in the Objective 1 regions and in other areas in central and northern Italy “with significant imbalances between labour supply and demand”.

From 2003 to 2008, Legislative Decree 185/2000 stimulated more than 91,000 applications for new businesses (mainly for self-employed persons), and, despite the lack of gender-specific subsidies and being based on the principle of equal opportunity, the number of applications submitted by self-employed women was substantial. Indeed, there are now a total of 35,000 businesses run or owned by women.

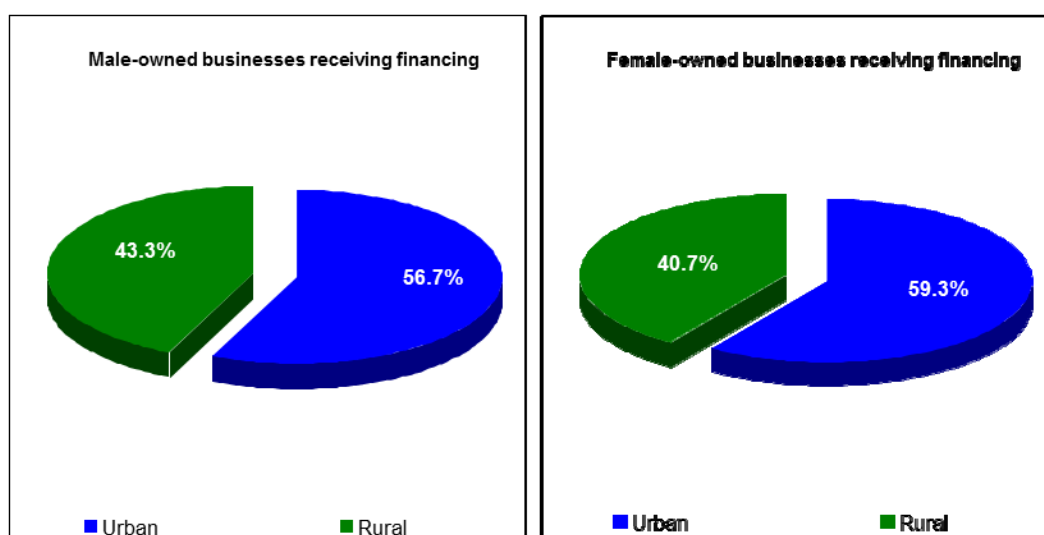
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<sup>31</sup> The decree was issued to broaden the range of action of the Legislative Decree 510/1996, which had established urgent measures regarding jobs of social utility, income support interventions and social security measures. It contained provisions for extraordinary measures to promote self-employment in the regions of southern Italy. The incentives granted to the beneficiaries of the decree include: a) grants and subsidised loans for investments; b) grants for business operations; c) technical assistance during the implementation phase of investments and/or when starting up a business; and d) professional training and development. Management of the incentives and other measures of the decree were entrusted to the national agency INVITALIA (which replaced Sviluppo Italia as of 24 July 2008) under an agreement signed with the former Ministry of Labour (pursuant to Decree Law 85/2008 regarding urgent measures to adapt government structures, the Ministry of Labour was replaced by the Ministry of Labour, Healthcare and Social Policy).

The data for 2003-2008 show that 41,346 business start-ups were funded, of which a fairly significant number (about 43 per cent) run by women.<sup>32</sup> About 93 per cent of the businesses that took advantage of this financing were located in southern Italy, and, of these, 16,496 were sole proprietorships owned by women, most of which located in Calabria, Campania, Puglia and Sicily. This confirms the evidence that a significant number of women in southern Italy aspire to running their own business.

Regarding the analysis of the situation in Calabria, it should be noted that the female population in this region is significant, and in line with the Italian average, and that, as discussed previously, there is an enormous problem of female unemployment, with joblessness rates that are much higher than the Italian average (see Section II.1).

**Figure II.4 - Businesses owned by women financed under Legislative Decree 185/2000 in urban and rural areas of Calabria**



Source: UVAL based on INVITALIA data

Observing the data for Calabria from 2003 to 2008, a total of 6,272 sole businesses were financed, fully 42 per cent of which were located in rural areas. Of these, 2,630 were run by women, which is particularly interesting given the high rate of unemployment among women. The segment of the population that benefited most from these incentives were women between the ages of 26 and 35 and, primarily (52 per cent), with a secondary-school education.<sup>33</sup> This is a significant number when considering that, in terms of

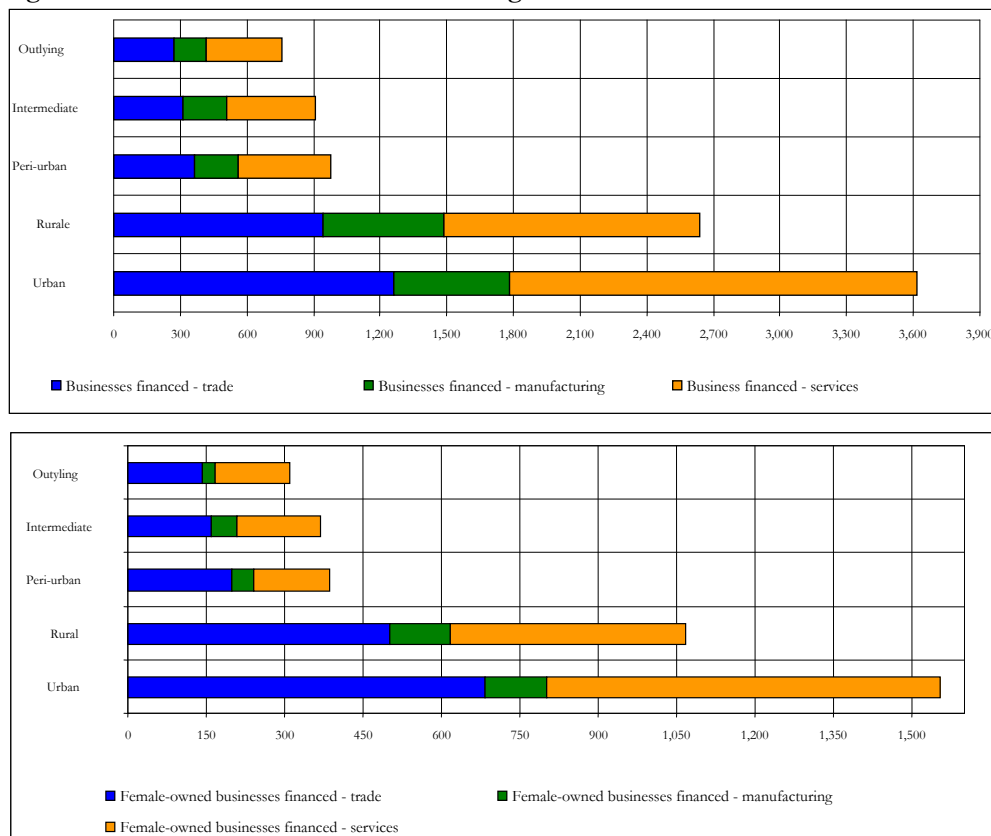
<sup>32</sup> This refers to the interventions called for under Title II regarding self-employment, micro-business and franchising.

<sup>33</sup> Out of all of the female business owners, only 21 per cent have degrees of higher education (university undergraduate degrees, masters degrees, or other post-graduate work).

diplomas earned, there is no great difference between urban and rural areas (so there is currently a potential user base in the interior areas of Calabria as well).

The data show that 41 per cent of these female-run businesses are located in rural areas, with the number of women benefiting from the incentives tends to decline as distance from the urban area increases. And in fact the remote areas have the lowest number of female-run businesses that received financed under the scheme (about 12 per cent).

**Figure II.5 - Businesses financed under Legislative Decree 185/2000**



Source: UVAL based on INVITALIA data

Of the total financing disbursed, service businesses benefited the most (receiving 48 per cent), with the fewest incentives going to the manufacturing segment (17 per cent), which reflects the characteristics of Calabria’s economy (which is particularly weak in the industrial sector). It is also interesting to note that the manufacturing businesses that received financing were mainly located in rural areas (51.2 per cent), with a particular concentration in intermediate areas, while for the other segments – namely “retail and wholesale trade” and “services” – the businesses launched with the help of the incentives were mainly located in urban areas (57 per cent and 61 per cent, respectively). Looking at the various types of rural area, the trade segment is the most prevalent in peri-urban areas,

where the segment accounts for about 52 per cent of the total. Based on the data, we are also able to identify 45 female-run businesses that provide childcare services.<sup>34</sup> This is a niche phenomenon, but an innovative one, which must be assessed in the light of the findings of the direct survey of this type of service.

A gender-sensitive entrepreneurship indicator, which was calculated as the ratio of the number of beneficiaries of the incentives to the total number of residents in the corresponding area, shows that there are fewer female business owners than male and that there is a slight difference – in terms of financed businesses – between the urban and rural areas (see Table II.9). The policy intervention examined here engendered a positive response even among women in the most remote areas, while once again the residents of peri-urban areas (both men and women) experienced the greatest difficulties.

**Table II.9 - Businesses financed under Legislative Decree 185/2000** (August 2003 – October 2008)

	Calabria	Urban Area	Rural Area	<i>of which:</i>		
				<i>Peri-urban</i>	<i>Intermediate</i>	<i>Remote</i>
<b>Municipalities (no.)</b>	<b>409</b>	<b>51</b>	<b>358</b>	<b>122</b>	<b>123</b>	<b>113</b>
Resident population (% -2005)		52,9	47,1	18,7	15,5	12,9
Population 18 - 45 years of age (no. - 2005)	816.114	442.928	373.186	152.606	122.129	98.451
Population 18 - 45 years of age (% - 2005)	100	54,3	45,7	18,7	15	12,1
Female population 18 - 45 years of age out of the total female population (% - 2005)	39,8	40,8	38,7	40,1	38,4	37,3
Male population 18 - 45 years of age out of the total male population (% - 2005)	41,4	42,5	40,2	41,2	40,1	38,9
Total businesses financed under Leg. Decree 185/2000, of which:						
- Female entrepreneurs	6.272	3.615	2.638	15,6	14,4	12,1
- Male entrepreneurs	2.630	1.554	1.066	14,7	14	11,8
Female businesses / female population (18 - 45) * 10000	3.642	2.061	1.572	16,2	14,7	12,2
Male businesses / male population (18 - 45) * 10000	64,2	69,7	57,1	50,6	60,7	62,8
	89,6	93,7	84,3	77,4	87,5	90,9

*Note:* The total figure for Calabria for businesses financed under Legislative Decree 185/2000 also includes 19 businesses for which it was not possible to specify the town in which the business is located or, consequently, to assign the businesses to the appropriate area category.

*Source:* UVAL based on INVITALIA data

The data show that there is a certain degree of dynamism in business start-ups in the rural areas of Calabria, which emerges when there are appropriate stimulus mechanisms. In the case of Legislative Decree 185/2000, the goals of the intervention were as follows: a specific target; average level of education (particularly in the rural areas); support and preparatory training, which was implemented in part through a process of coordination with the Centre and with universities.<sup>35</sup>

<sup>34</sup> Of these, 34 businesses operate in urban areas and 11 in rural areas.

<sup>35</sup> Under a reconciliation approach, INVITALIA sought to stimulate business start-ups among women in disadvantaged areas by way of system-wide efforts to promote the creation of new childcare services, so

When cross-referenced with the results of the nursery survey, which reveal dynamic territories in terms of demand as well, an analysis of the ability of rural Calabria to respond to business start-up stimulus mechanisms, such as the one promoted by Legislative Decree 185/2000, confirms the need to design innovative policies and to anticipate potential future scenarios in which families may no longer be able to perform the support role they have played thus far and in which an improvement in services for women could make it possible to close the employment gap and enable greater success for interventions aimed at stimulating new business start-ups.

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as to promote development among women having or working towards degrees in “weak” disciplines (e.g. psychology, education, etc.). This intervention was implemented together with the Office of the Prime Minister’s Department for Equal Opportunities and in collaboration with the seven regions of southern Italy (Basilicata, Calabria, Campania, Molise, Puglia, Sardinia, and Sicily) and with 15 universities. All call for applications was issued for women with a business idea in the field of child childcare services in order to provide them with orientation and training in business planning and start-ups. A total of 3,000 university graduates applied (800 of whom in Calabria alone). This response was significant when considering that the areas involved lack an entrepreneurial culture.

### **III. The elderly in the interior of Calabria: care and the healthcare network**

#### **III.1 The elderly and immigrants: results of the territorial listening process**

As briefly described in Chapter I above, the Calabria region has slightly lower level of aging than the Italian average. Nonetheless, an analysis by area shows that the elderly population (persons older than 65 years of age) is larger in rural areas, where the elderly account for about 20 per cent of the population (see Table I.5). The senility ratio (number of elderly per child) in Calabria is also lower than the national average, but increases significantly in the rural areas and in the remote areas in particular.

The greater proportion of elderly in rural areas is typical of southern Italy, which, despite having a lower proportion of elderly than the Italian average, is characterized by an older population in the various rural areas.<sup>36</sup> In this aspect, Calabria is in line with the rest of southern Italy, and the situation is made worse by a high dependency ratio (i.e. the ratio of the inactive elderly population to the total labour force), which is highest in the most remote rural areas.

However, an analysis of the composition of the population of Calabria clearly shows that there are no particular differences in gender or age determinants in the urban and rural areas (although we can see that the demographic pyramid in rural areas features a greater proportion of elderly). The situation changes when taking immigration into account as well (see Annex D).<sup>37</sup>

In fact, the small working-age population, the large proportion of elderly, and the chronically high levels of dependency are partially offset by immigration. However, immigration in the region is still markedly lower than the national average (with 1.7 per cent of the population represented by foreign immigrants, compared with 4.5 per cent for Italy as a whole). Nonetheless, it is interesting to note that there is no great difference between the foreign population in urban and rural areas (at 1.9 per cent and 1.4 per cent, respectively) and that remote areas have a foreign population that is in line with that of urban areas. Indeed, the highest number of immigrants per capita is found in a number of rural municipalities in the region.

Even more interesting is the age and gender structure of the immigrant population, which is quite young and has a large number of working-age women, precisely in these

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<sup>36</sup> See *OECD Rural Review, Italian background report*, pg 25.

<sup>37</sup> See Luisi D., *Immigrazione e offerta di servizi socio-assistenziali nelle aree rurali della Calabria*.

rural areas. These features are particularly significant in interpreting the need for care services as expressed during the territorial listening exercise conducted as part of this study, as well as in fully understanding the role that foreign care workers already play in providing (partial) solutions to the decline of the old model of family support (see Box B, “Immigrants and the elderly, living better together”).

The listening exercise pointed to a general need for daily care – and not necessarily medical care – for the elderly living in these areas. Even more than difficulties in accessing healthcare services (and specialist care in particular), those interviewed (the elderly as well as doctors and clergy) complained of the significant challenges they face in coping with even the most basic of daily needs (e.g. shopping, bureaucracy, mail, etc.). The general practitioner has emerged as the key figure with a role that goes well beyond just medical care to encompass many other functions, such as going to the pharmacy in order to buy pharmaceuticals for patients living alone in particularly remote areas. Thus, the family doctor becomes a sort of “sentry”, one who knows the true needs of the community that should be given greater importance in terms of policy solutions.

According to these doctors, isolation is the most pressing issue, particularly among women in the most remote areas (such as the Alto Crotona area) living in a dangerous state of abandonment.<sup>38</sup> The phenomenon of abandoned elderly is closely connected with the migration of young people out of these areas, a flow that is only partially offset by the inflow of immigrants. Indeed, the other key figure that emerged from the listening sessions is that of the (typically foreign) *badante* or care worker. In general, care workers are well integrated into the community (albeit with some exceptions), and doctors have noted that the average health of the elderly in the most remote rural areas has improved significantly since the rise in the recourse made to care workers. Conversely, there is a significant lack of social workers able to identify and monitor cases of abandonment that leave those affected at the lower boundaries of the standards embodying to have a dignified life.<sup>39</sup> Nonetheless, a number of those interviewed emphasised that the areas with the greatest rates of depopulation are at risk of being abandoned by care workers as well (the findings of our analysis seem to indicate that this is more a perception and fear

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<sup>38</sup> In Italy, the percentage of widowed elderly over the age of 70 who live in households with two or more generations (primarily with their children) is more than double the European average (2009, Sgritta G. B.) Nonetheless, the gravity of the situation for elderly women in these areas of Calabria points to the erosion of this family model in southern Italy, which could be connected with the absence of family members (often these are women without children or with children living abroad) and the lack of a source of income (they are without a pension), without which it is impossible to access organised and/or outsourced services.

<sup>39</sup> A number of physicians told us about elderly people who have been completely abandoned and who are no longer self-sufficient.

than an actual fact, given that the number of immigrants – working-age women - is very high in certain rural areas).

Those surveyed emphasised that the rationalisation of healthcare – which has not been adequately implemented in Calabria (see Section III.2) – with the reduction in the number of hospitals in favour of the creation of larger, high-quality hospital centres able to provide adequate services in the absence of a true network of healthcare services, threatens to impact the elderly the most. Indeed, outpatient clinics no longer appear to be adequately equipped, and are incapable of providing the basic services they once did. It is precisely this deterioration in the coverage of healthcare services in the interior areas of the region that emerged unanimously in the focus groups. The absence of even the most basic services means that patients are forced to go the nearest hospital, which is a problem in and of itself given that the public transport system is highly inadequate, particularly in the most remote areas.

Integrated home assistance services (ADI) are viewed as one possible solution to improving the living conditions of the elderly, particularly those with health problems, but there are a number of issues to be overcome related to the lack of organisation of such services in many of the towns visited. This issue is directly related to the levels of efficiency (or inefficiency in many cases) of the individual healthcare authorities and healthcare districts concerned. Some municipalities had integrated home assistance services, whereas others have organised small “ad hoc” projects for the daily care of the elderly.<sup>40</sup> Those interviewed pointed to the inability of certain pilot projects to develop into a true institutionalised system. An emblematic example of this phenomenon was the launch of ADI services in the area of Locride (Bosco di Bovalino), where the successful experiment conducted in 2003 was not able to take off and become an organised, ongoing service.

### **III.2 Territorial assessment of the regional healthcare network**

In order to properly evaluate the supply of healthcare services in rural areas, taking account of both spatial and quantitative aspects, a battery of indicators have been developed by UVAL with the help of Italy’s Ministry of Health.

The governance of healthcare services in Italy is organised into three levels of responsibility: national, regional and the local health authorities. Minimum healthcare

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<sup>40</sup> For example, the municipality of Carfizzi has organized home assistance services with an initiative that brings matches the demand for jobs on the part of immigrants and the need for care for the elderly.



standards and the territorial allocation of resources are established at the national level,<sup>41</sup> but each region has its own governance arrangements and organisation. The regions manage healthcare policy through their Regional Healthcare Plans, which are the primary mechanism by which they allocate resources to the various local health authorities within the region. These local health authorities are in turn responsible for organising and managing social and healthcare services at the local level.<sup>42</sup> All of the local health authorities serve a geographical area and operate through specific healthcare districts. These authorities and the various hospitals are responsible for the actual management and delivery of healthcare services at the local level.

In recent years, the need to control public spending<sup>43</sup> and the consequent need to rationalise the number of hospitals<sup>44</sup>, so as to ensure high-quality hospital care and other highly specialised centres, has accompanied the creation of a territorial network of services and the supply of local pre-hospital care services. The operational response was to create the healthcare districts and a territorial healthcare network composed of different types of actors depending on the region. This involves a range of healthcare delivery point, such as clinics, medical laboratories, family planning clinics, general practitioners, basic paediatricians, and home health services.

Generally speaking, Italy seeks to implement the principle of uniformity in healthcare services nationwide, which is pursued through a complex, multilevel governance system, with a corresponding variety of regional approaches. Numerous analyses have taken account of the differences between the various regions of Italy in assessing the supply of healthcare services, but there is currently no system for monitoring healthcare delivery that distinguishes between urban and rural areas.

In order to evaluate the healthcare system in the various areas of Calabria, we have analysed accessibility, distinguishing, within the framework of the national healthcare strategy, between hospitals and the territorial healthcare network (measured, in this case, on the basis of the number of outpatient clinics). In other territorial studies previously conducted by the Public Investment Evaluation Unit, quality indicators for the

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<sup>41</sup> By the Ministry of Health.

<sup>42</sup> The State-Regions Conference is the forum in which central government and regional governments address a range of matters, including healthcare.

<sup>43</sup> Healthcare absorbs a large part of a region's budget.

<sup>44</sup> This essentially involves reinterpreting the relationship between hospitals and the territory, enhancing and reorganizing local healthcare services and restricting hospital care to more acute pathologies.

healthcare system were also been calculated.<sup>45</sup> In the case of this analysis, as recommended by the experts at the Ministry of Health, hospitals with sufficient capacity to provide healthcare services that meet the minimum quality requirements have been considered as those with at least 250 beds.

In applying this study to the Calabria region, it is important to specify a number of points:

- efforts are under way to reorganise the territorial healthcare system,<sup>46</sup> which has resulted in a reduction in the number of local health authorities (from 11 to 8) and a reorganisation of the entire district structure;<sup>47</sup>
- the process of rationalising the healthcare system and reducing the number of hospitals is facing great difficulties, and there are still many small hospitals that present a great risk of failing to deliver the minimum service levels to the public;<sup>48</sup>
- the range of services provided in the region is extremely fragmented and unorganised, as there is no model for the reorganisation of services around local healthcare centres, such as the *Centri di Salute* in Umbria and the *Casa della Salute* in Tuscany;

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<sup>45</sup> See *Health and Social Services in Rural Umbria*, Materiali UVAL no. 12, 2006 and *Supply of essential services to citizens: comparing rural and urban areas in Calabria*, Italian presentation at the OECD workshop *Innovative service delivery: Meeting the Challenges of Rural Regions*, Cologne, 3-4 April 2008.

<sup>46</sup> The social-services/healthcare district should ensure the provision of a range of basic social and healthcare services, including home assistance, outpatient services, and residential and semi-residential care. The new district in Calabria is divided into territorial healthcare centres and multi-specialisation outpatient facilities that provide both first-level and specialist healthcare services. The territorial healthcare centres provide specialist outpatient and home examinations (and issue exemptions from copayments for chronic illnesses and the disabled, and care and other assistance for foreigners without valid residence permits).

<sup>47</sup> With Regional Law 9 of 11 May 2007, Calabria established the provincial healthcare authorities for the five provinces in place of the 11 existing local health authorities. However, they also divided the region into eight territories (with two territories each for the provinces of Catanzaro, Cosenza and Reggio Calabria), for which healthcare needs and solutions in terms of the territorial network of hospitals and services are measured.

<sup>47</sup> See the annual report of the Department for Development and Cohesion Policies regarding interventions in under-utilized areas (2007), *Disparità Territoriale e Offerta di Servizi Sanitari*. Updated figures have been used to verify that, again in 2003, Calabria is one of the Italian regions with the largest negative net migration flow, both in absolute number and as a percentage of the population, in terms of people leaving the region to access healthcare services in other regions (source: Agenzia Sanitaria per i Servizi Sanitari Regionali).

<sup>48</sup> The region's hospital system has been reorganised. The hospitals in Cosenza and Reggio Calabria have been retained, while in Catanzaro a teaching hospital has been established in order to the healthcare services, teaching and research activities of the university's school of medicine and surgery. Given such a complex territorial healthcare system, measurement of the services provided in urban and rural areas is quite difficult.

- the methodology applied here is mainly focused on the territorial distribution of services. The next step is to complete this methodology with a series of indicators that will make it possible to evaluate results in terms of the health of the public. These would include, for example, rates of infant mortality, numbers of caesarean births, and other measures that can be used to assess the effects of healthcare services on the health of people living in urban and rural areas.

The aspects evaluated require special care in interpreting the indicators, particularly in terms of the distribution of hospital services throughout the region. The presence of hospitals is not necessarily a positive indicator per se, given that, for example, Calabria has one of the highest rates of healthcare mobility despite the many hospitals in the region.<sup>49</sup>

With regard to hospital services, Calabria has 77 active hospitals (40 public and 37 accredited), which are mainly located in urban areas, with a greater concentration of accredited hospitals. In terms of number of beds in Calabria, just over 13 per cent are in rural areas, even though 52 per cent of the over-65 population lives in rural areas, and the situation is particularly critical in remote areas.<sup>50</sup> This divergence is particularly evident when we look at the per capita figures: whereas there are about 66 hospital beds for every 10,000 inhabitants in urban areas, in rural areas this falls to just over 11. This creates a serious problem of accessibility, which becomes clear when we look at the potential catchment area served by each hospital, which goes from 43 km<sup>2</sup> in urban areas to 700 km<sup>2</sup> in rural areas (and double that in the most remote areas). Here, too, Calabria reflects a more generalized problem of those Italian rural areas, whose development is lagging.

Moreover, if we consider a capacity of at least 250 beds as the standard for ensuring the delivery of minimum service quality, without creating highly specialised units for smaller hospital sizes, we see that the situation is extremely troubling for the entire region of Calabria, where just seven hospitals (9 per cent) meet this threshold, compared with 14

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<sup>49</sup> See note 53.

<sup>50</sup> An analysis of all of the urban and rural territories in Italy shows a lower level of discrimination at the national level (with rural areas accounting for 40 per cent of all hospital beds). However, this difference could also be due to the differing methods of spatial analysis used (which, in the case of the OECD *Background Report*, was the official method of the National Strategic Plan for rural development, which does not use accessibility indicators).

per cent for all of southern Italy, and every one of this handful of hospitals is located in an urban area (see Table III.1).<sup>51</sup>

**Table III.1 - Regional distribution of hospitals in Calabria (2006)**

	Italy	Calabria	Urban Area	Rural Area	of which:		
					Peri-urban	Intermediate	Remote
Residents > 65 years of age	11.379.341	361.072	173.624	187.448	67.288	63.196	56.964
Residents > 65 years of age (%)	-	100	48,1	51,9	18,6	17,5	15,8
Number of hospitals, of which:	1.503	77	60	17	6	8	3
- Public	945	40	29	11	3	5	3
- Accredited private	558	37	31	6	3	3	0
Area/No of hospitals	200,5	195,9	43,5	733,6	602,5	514,8	1.579,3
Ordinary hospital beds, of which:	240.377	8.143	7.054	1.089	488	457	144
- Public (no.)	191.483	4.847	4.228	619	183	292	144
- Accredited private (no.)	48.894	3.296	2.826	470	305	165	0
- Public (%)	79,7	59,5	59,9	56,8	37,5	63,9	100,0
- Accredited private (%)	20,3	40,5	40,1	43,2	62,5	36,1	0,0
Hospital beds per 10,000 inhabitants	40,7	40,8	66,3	11,7	13,1	14,9	5,7
Hospitals with at least 250 beds	299	7	7	0	0	0	0
Hospitals with at least 250 beds / total hospitals	19,9	9,1	11,7	0,0	0,0	0,0	0,0

Source: UVAL based on Ministry of Health data

The presence of outpatient clinics in the region able to provide clinical services and laboratory testing and diagnostics only partially compensates for this concentration of hospital services, and indeed 72 per cent of outpatient clinics are located in urban areas. It is therefore no surprise that access to outpatient clinics is also difficult.

The private sector also has a major presence in rural areas, as can be seen in the percentage of beds in accredited hospitals (especially in peri-urban areas). However, private hospitals are unable to remedy the serious deficiencies in the more remote areas (quite unlike the situation we saw with nurseries). In the case of outpatient clinics, the importance of the private sector is slightly lower, but still significant in all types of rural area (including the least accessible areas).

Finally, considering the special attention placed on the elderly in this study, we must also examine the system of group residences for the elderly and integrated home assistance services. These healthcare services for individuals over the age of 65 can be divided into three main types: hospitals (which should only be deemed appropriate for people with acute illnesses), residential care facilities, and home assistance.<sup>52</sup>

<sup>51</sup> "A great difference is evident between the Competitiveness Regions, where the number of such hospitals amounts to at least 26 per cent, and the Convergence Regions with 13 per cent. However, one notes that the difference between urban and rural areas persists throughout the country, albeit to a more limited extent in the Convergence Regions (with the lesser differential being attributable to the worse performance of the urban territories in the Convergence Regions)." Source: *Italian Background Report for the OECD report on rural Italy*.

<sup>52</sup> Despite the significant importance of the general practitioner, who emerged as a key figure in the listening exercise as well, it was not possible to conduct a territorial assessment of this service because data was only available at the local health authority level (see Table III.2).

**Table III.2 - The territorial healthcare network in Calabria: outpatient clinics and residential care facilities (2006)**

	Italy	Calabria	Urban Area	Rural Area	of which:		
					Peri-urban	Intermediate	Remote
Outpatient clinics (no.)	10,572	472	342	130	36	53	41
Outpatient clinics (%)	100	100	72,5	27,5	7,6	11,2	8,7
Area / no. of outpatient clinics	28,5	32,0	7,6	95,9	100,4	77,7	115,6
Outpatient clinics per 10,000 inhabitants	1,8	2,4	3,2	1,4	1,0	1,7	1,6
Residential care facilities for the elderly (RCAs), of which:	-	25	5	20	8	5	7
- Public, National Health System (no.)	-	2	1	1	0	1	0
- Accredited private (no.)	-	23	4	19	8	4	7
Beds in RCAs (no.)	-	921	287	634	236	205	193
Beds in RCAs per 10,000 inhabitants > 65 years of age	-	0,69	0,29	1,07	1,19	0,79	1,23

Source: UVAL based on data from the Ministry of Labour, Health and Social Policy

As is also the case in Umbria, there are few (residential and semi-residential) care facilities<sup>53</sup> for the elderly in Calabria (at just 25 in all). Thus, it is not a very common service, with just 0.7 beds for every 10,000 senior citizens, which appears to favour rural areas, where 70 per cent of these facilities are located and where the ratio rises to 1.2 beds per 10,000 senior citizens. It is also a service that is provided mainly by accredited private facilities.<sup>54</sup> As such, there is a tendency for families in the Calabria region to care for their elderly at home, as we have also seen in Umbria. However, this is also often combined with an inappropriate use of hospitals, with families placing their elderly in hospitals as soon as they show signs of disability (and sometimes even sooner).

<sup>53</sup> In Italy, there is no current definition for *Residenza Sanitaria Assistenziale* (RSA) or residential care facility. The term “RSA” often takes on different meanings, thereby causing evaluation difficulties. However, the Ministry of Labour, Health and Social Policy defines RSAs for the elderly as follows: “...an integrated set of interventions, procedures, and social and healthcare services provided to non-self-sufficient individuals, who cannot be cared for at home, within suitable ‘units’ that are accredited for such care. The service does not come in the form of a single act of assistance, but rather as a set of healthcare, residential and protective services provided over a 24-hour period.”

<sup>54</sup> This is a trend within the residential care system in southern Italy. From 1999 to 2006, the total number of public hospitals declined following the closure or merger of many facilities and the conversion of others into various types of nursing home. However, this process took place mainly in central and northern Italy, whereas the rationalisation of the hospital network in southern Italy has struggled to get going. At the same time, we have seen rapid expansion in residential facilities – especially accredited private facilities – particularly in southern Italy. (Source: DPS Annual Report, 2008).

### **BOX A - INTEGRATED HOME ASSISTANCE SERVICES**

*Integrated home assistance services (Assistenza Domiciliare Integrata – ADI) are conceived to provide support for totally or partially non-self-sufficient people. The system makes it possible to supply health and social services at home, avoiding hospitalisation. These services are provided within the framework of individual care plans, coordinated and monitored by the health centres.*

*More specifically, integrated home assistance services are intended to assist those with more complex social and medical needs, i.e. the disabled or the non-self-sufficient, or who, for medical reasons, are otherwise unable to access outpatient services. They are mainly provided to elderly patients and seek to maintain their family support system.*

*The request for integrated home assistance services is normally submitted by the patient's general practitioner, but they may also be requested by other parties directly. Applications for integrated home assistance services are evaluated and authorised by the health centres/districts concerned.*

*The patient's general practitioner is the physician responsible for the case and, in collaboration with other healthcare practitioners (e.g. nurses) and social workers, prepares the care program, which must include medical examinations, pharmaceuticals, and any other treatment requirements. These services can be particularly helpful in rural areas, and in remote rural areas in particular, where it can require a considerable amount of effort for individuals in need of constant social and medical assistance to travel to care centres.*

*Their importance in terms of economic policy has increased considerably in recent years in three different areas:*

*Social inclusion: the inadequacy of home care services can be a contributing factor in poverty and exclusion, given that it mainly concerns the elderly (about 85 per cent of the beneficiaries of integrated home assistance services are over the age of 65) and the low-income population;*

*Women in the labour force: the expansion of services for the elderly (together with childcare services) is considered a priority for reconciling the private and working lives of women;*

*Efficiency and appropriateness of healthcare: the rationalisation of the hospital network currently under way in all Italian regions is centred around the principle of the appropriateness of hospital stays, which implies reducing the central role of hospital care and delegate it to the local level by developing residential care facilities and home care services.*

*Source: DPS Annual Report, 2008*

In order to address this problem within the context of 2007-2013 regional policy, an Integrated Home Assistance Services (ADI) Objective was added. The nature of home assistance services has been evolving against the backdrop of the gradual reduction in hospital in-patient care and the allocation of greater resources to preventive care, with local authorities being delegated to provide home care services in more and more cases. Recourse is made to integrated home assistance services when it is felt, for organisational or social reasons, that they are more appropriate than hospital care, providing patients with a variety of healthcare and social services at home (see Box A). In 2001, home healthcare services were included among the essential levels of care (ELC) that must be guaranteed uniformly throughout the territory, with the coverage objective for the national target population (those over 65 years of age) set at 3.5 per cent.<sup>55</sup> Nationally, 2007 data show that the actual coverage level is very close to the

<sup>55</sup> Prime Minister's Decree of 29 November 2001, "Definizione dei Livelli Essenziali di Assistenza?". In 2008 (PM Decree of 23 April 2008), a new characterisation of the ADI standards was introduced. In addition to re-organising the key elements of ADI, it more clearly delineated the responsibilities of local health authorities (ASL) and municipalities. This decree was subsequently withdrawn due to lack of funding, but

target coverage level: 3.2 per cent of those over 65 received home care. However, the average masks considerable differences among the regions and the enormous gap between central-northern Italy and the South. The target population coverage rate in the South remains much lower than the 3.5 per cent target for determining ELCs and incorporated as a Service Objective to be achieved by 2013 under the 2007-2013 regional policies. In recent years, Calabria has reported a rate above the Southern average, with around 2.5-2.7 per cent of the elderly receiving ADI, although this figure is still well below the economic policy target.

This evaluation sought to analyse the performance of ADI services in the different local situations in Calabria. Accordingly, we conducted a direct survey, sending out questionnaires and following up on the responses with telephone interviews of all the directors of the various local health authorities (ASL). Unfortunately, only 3 ASLs (Catanzaro, Vibo Valentia and Reggio di Calabria) out of 11 responded to the questionnaire. The low response rate is probably related to a series of factors: on the one hand, the questions asked for municipal-level data that many ASLs did not possess and, on the other, the regional healthcare system is the middle of a sweeping rationalisation involving the consolidation of numerous health authorities. Moreover, the clear weakness of the regional health care system was on display, with great difficulties in monitoring and improving the range of services available at the local level (this is particularly significant in the case of innovative services such as ADI). As a result, it was decided to conduct a more thorough study of only the Catanzaro ASL, which actively collaborated in the study and in recent years has been an advocate for innovative projects that could represent useful best practices. The Catanzaro ASL provides ADI at a higher rate than the regional average (3.1 per cent compared with 2.7 per cent), with no particular differences between the various types of territories. A breakdown of the data by individual district (the city of Catanzaro, Catanzaro Lido and Lamezia Terme) reveals that coverage is lowest in Lamezia Terme, regardless of the type of area and is especially high in Catanzaro Lido (see Table III.3). This suggests that the difference in the capacity to serve the population is related to local management skills at the district level and not the type of area served (the latter, however, was a factor that emerged in the analysis of Umbria, where rural areas receive especially poor service).

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it remains an implicit point of reference for regions engaged in redefining the models for delivering ADI. (Source: 2008 DPS Report).

**Table III.3 - ADI in the former ASL 7 of Catanzaro**

	Total former ASL 7	Urban Area	Rural Area	of which:		
				Peri-urban	Intermediate	Remote
Number of municipalities, of which:	<b>58</b>	<b>4</b>	<b>54</b>	<b>11</b>	<b>24</b>	<b>19</b>
<i>in the Catanzaro district</i>	16	1	15	8	7	0
<i>in the Catanzaro Lido district</i>	14	1	13	2	7	4
<i>in the Lametia Terme district</i>	28	2	26	1	10	15
Population > 65 years of age (no.)	44.165	19.139	25.026	4.476	11.691	8.859
Population > 65 years of age (%)	100	43,3	56,7	10,1	26,5	20,1
Elderly receiving ADI	1.379	599	780	148	367	264
Percentage of elderly receiving ADI, of which:	3,1	3,1	3,1	3,3	3,1	3,0
<i>Catanzaro district</i>	3,1	3,1	3,1	3,1	3,1	0,0
<i>Catanzaro Lido district</i>	3,9	3,9	3,9	3,9	3,9	3,9
<i>Lametia Terme district</i>	2,7	2,7	2,7	2,7	2,7	2,7
General practitioners (no.)	<b>194</b>	<b>96</b>	<b>98</b>	<b>20</b>	<b>44</b>	<b>34</b>
Surplus of general practitioners beyond NHS requirement:	33	18	15	4	5	6
Basic paediatricians (no.)	<b>39</b>	<b>20</b>	<b>19</b>	<b>3</b>	<b>9</b>	<b>7</b>
Shortage of basic paediatricians below NHS requirements	-6,8	-2,4	-4,4	-1,6	-2,1	-0,7

*Notes:* The surplus/shortage of general practitioners and basic paediatricians is based on the difference between the actual number of general practitioners and basic paediatricians and the number required under the National Health System (NHS) rules. Respectively, these are 1 general practitioner for every 1,500 residents and 1 basic paediatrician for every 800 children.

*Source:* UVAL based on data from the district of Catanzaro and annual ISTAT surveys

An analysis at the ASL level shows how the different types of areas are served by general practitioners and basic paediatricians. If we compare the actual situation to the standard set out in applicable regulations, we find a surplus of general practitioners in both urban and rural areas and a slight deficit of basic paediatricians, particularly in rural areas. Certainly, the Catanzaro ASL is especially committed to delivering ADI services, which, while still available at a low rate, in any event outperforms the regional average. This is also demonstrated by the existence, in the Catanzaro Lido district, of particularly innovative projects, such as “Immigrants and the elderly, living better together”, which seeks to reconcile immigrants’ demand for regular jobs (as care workers) with the need of the elderly for care. The significance of this project lies in the wide use that the non-self-sufficient elderly and their families are making of individual home care services provided by foreign women. In Italy, including Calabria, there is enormous potential for developing home assistance services in which foreign (non-EU) care workers are a fundamental resource. Currently in Calabria, and elsewhere, the search for care workers is conducted solely by word of mouth among families and the care workers themselves, with all the limitations and risks that a completely informal system entails. It would therefore be advisable to develop initiatives that match supply and demand for home care services. From this perspective, it would make sense for municipalities and the ASLs to create an accreditation system for care workers, subject to completion of a special course, drawing upon the experience gained through this project. However, the results of this case study



cannot be extended to the rest of the region when it comes to ADI services and general practitioners and basic paediatricians.

### **BOX B - IMMIGRANTS AND THE ELDERLY, LIVING BETTER TOGETHER**

*In 2004, the second district of the former ASL 7 of the region of Calabria (Catanzaro Lido) introduced a home assistance project for the elderly called "Immigrants and the elderly, living better together", involving all immigrants living in the area. The purpose of the project was to develop a pilot practice designed to leverage the presence of immigrants as a real resource in meeting the social and care needs of the local population. This project was also co-financed by the Region, which was mainly used to pay the foreign care workers taking part. The district of Catanzaro Lido undertook this project with the goal of: providing work for non-EU citizens (up to 10) in an experimental home assistance programme for persons at risk of being institutionalised; promoting to come out of irregular work and expanding home care services; disseminating best practices on self-employment and protecting immigrant workers; and promoting close synergy between local public and private entities.*

*The most important stage was establishing the requirements for selecting participating care workers. In fact, all immigrants legally residing in Calabria, interested in and willing to work as home care workers were eligible. Following selection, a 70-hour training course was held to: develop and/or strengthen participants' knowledge and technical skills necessary for performing their work as home care workers; calling their attention to critical aspects of providing quality at-home care; and reinforcing and monitoring the motivation and reliability of course participants in working as home care workers. A variety of activities were undertaken during the course, including specific modules on:*

- *literacy in Italian and the Calabrian dialect, since they might often interact with elderly persons who speak only in local dialect. The vocabulary to be learned regarded handling domestic matters, typical local foods and ingredients, household tools and furnishings, personal needs, expressions and sayings;*
- *understanding cultural practices, culinary traditions and life-style habits of Calabria;*
- *instruction on: personal hygiene and housekeeping; administering medications; dealing with those other than the care recipient; models and tools for integrating their work with healthcare services*
- *explanation of employment contracts, worker rights and obligations (work schedule, duties, holidays, severance contributions, etc.);*
- *guidelines and techniques for effectively managing the mentally or physically infirm;*
- *encourage participants to consider creating a business. During this module, the legal and financial tools available to non-EU citizens for creating self-employment opportunities were explained.*

*At the end of their training, participants were tested on their understanding and served an internship. Thereafter, home care personnel were selected by the Social Services Unit. Individual home assistance and healthcare plans were provided for those receiving home care services.*

*The significance of this project lies in the wide use that the non-self-sufficient elderly and their families are making of individual home care services provided by foreign women. In Italy, including Calabria, there is enormous potential for developing home assistance services in which foreign (non-EU) care workers are a fundamental resource. Currently in Calabria, and elsewhere, the search for care workers is conducted solely by word of mouth among families and the care workers themselves, with all the limitations and risks that a completely informal system entails. It would therefore be advisable to develop initiatives that match supply and demand for home care services. From this perspective, it would make sense for municipalities and the ASLs to create an accreditation system for care workers, subject to completion of a special course, drawing upon the experience gained through this project.*

## **IV. Young people in Calabria: leisure time and compulsory schooling**

### **IV.1 Young people and educational attainment: results of the listening process**

One of the areas addressed under the Service Objectives system is education, which is covered by three indicators that measure the rate at which students drop out of school and the skill levels of 15-year-olds in Italian and mathematics. The analysis that follows offers a complete picture of the variation in these quantitative metrics within the region of Calabria. The analysis is also linked to the process of listening to the locals, who identified educational services as key to the quality of life in the more remote areas.

The 2013 target for Service Objectives Indicator S.01, “*percentage of the population in the 18-24 age group holding, at most, a lower secondary school qualification and not in further education or training*” is 10 per cent, a level consistent with the Lisbon strategy objective. The territorial approach used in this analysis (which involves using municipal-level data), means that we can only measure this situation using alternatives to the Service Objectives indicator. We therefore sought to understand the phenomenon of early school leaving by focusing on middle schools and teacher mobility. We were thus able to develop an indicator that takes into consideration young persons who drop out of middle school during the school year (see early school leaving indicator, Table IV.3).<sup>56</sup>

Calabria still has a relatively young population, with those between 0 and 14 years of age making up 15.5 per cent of the population compared with a national proportion of 14 per cent (ISTAT, 2005). Young people are distributed uniformly across the areas studied, with the exception of intermediate rural areas, where they make up 14.9 per cent of the population.

However, an analysis of demographic trends among the young over the last 15 years shows that there has been a considerable decline as age decreases (reflecting the declining birth rate). Two factors in particular stood out: the sharp decrease in the more youthful population (0-14 years), particularly in rural areas, which has implications for the sustainability of the compulsory education system, and the decline in the cohort of people aged 25-35 years, mainly in rural areas, and remote areas in particular.<sup>57</sup> This is certainly related to the lack of job opportunities in these areas (see Table IV.1).

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<sup>56</sup> As regards the other Service Objectives contained in the NSRF, we currently cannot measure the skills acquired by young people in rural and urban areas since the findings of the PISA survey cannot be used at the municipal level.

<sup>57</sup> It is interesting to note that this is the same age group that makes the greatest use of self-employment tools, analysed in Section II.3.

**Table IV.1 - Young people change in Calabria**

	Italy	Calabria	Urban Area	Rural Area	<i>of which:</i>		
					<i>Peri-urban</i>	<i>Intermediate</i>	<i>Remote</i>
<b>0-14 years of age</b>							
1991-2001	-7,4	-19,7	-17,7	-21,8	-19,5	-24,4	-22
1991-2005	-5,6	-25,1	-22,3	-28	-24,6	-31,2	-28,9
2001-2005	1,9	-6,7	-5,7	-7,9	-6,4	-9	-8,9
<b>15-24 years of age</b>							
1991-2001	-27,1	-19,8	-17,3	-22,5	-20,2	-23,8	-24,1
1991-2005	-30,4	-23,2	-20,8	-25,9	-24,2	-27,2	-26,6
2001-2005	-4,5	-4,3	-4,2	-4,4	-5	-4,5	-3,3
<b>25-35 years of age</b>							
1991-2001	1,4	-4,3	-0,2	-8,7	-4,8	-10,3	-12,4
1991-2005	-0,8	-6,2	-1	-11,8	-6,7	-13,9	-16,5
2001-2005	-2,1	-2	-0,8	-3,4	-2	-4	-4,7

*Source:* UVAL based on ISTAT census data, various years

As a whole, the population of the rural areas of Calabria is still relatively young. While the region's birth rate is slightly below the national average, it has remained fairly stable in rural areas, particularly remote areas (8.5). But this has not proven sufficient to counter the effects of emigration: children born in these areas usually leave due to the lack of employment opportunities and guaranteed public services.

With regard to educational attainment, Calabria has two faces. While 4.7 per cent of those 11 years of age and older do not possess any type of educational qualification, one of the highest such rates in Italy, the proportion of people with university (7.5 per cent) and secondary school (26.4 per cent) qualifications is in line with the national average. The number of persons considered illiterate or literate but without an educational qualification is among the highest in the country (see Table IV.2). The gap between urban and rural areas widens as the educational level increases.

**Table IV.2 - Educational levels in Calabria**

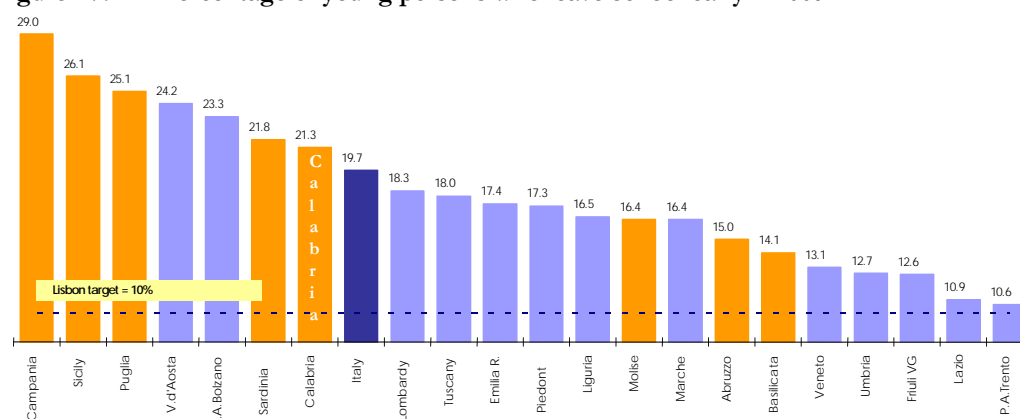
	Italy	Calabria	Urban Area	Rural Area	<i>of which:</i>		
					<i>Peri-urban</i>	<i>Intermediate</i>	<i>Remote</i>
Municipalities (no.)	8101	409	51	358	122	123	113
Population (% - 2001)	-	100	52,5	47,5	18	15,8	13,7
Illiterate (% - 2001)	1,5	4,7	3,5	6,2	5,2	6,5	6,9
Literate 2001 (% - year 2001), of which:	98,5	95,3	96,5	93,8	94,8	93,5	93,1
- No educational qualification (%)	9,8	13,89	11,8	15,6	15,6	16,4	17,1
- Elementary school diploma (%)	25,83	23,38	21,6	25,2	25,2	25,8	25,2
- Middle school diploma (%)	30,54	28,73	27,6	29,1	29,1	30,6	30,6
- Secondary school diploma (%)	26,21	26,46	29,5	24,6	24,6	22,3	22
- University degree (%)	7,62	7,54	9,6	5,6	5,6	4,9	5,1

*Source:* UVAL based on ISTAT's 14th census (2001)

The unemployment rate for young people in the various rural and urban municipalities in Calabria reveals two important facts: the highest levels of youth unemployment (i.e. greater than 75 per cent) are highly concentrated in intermediate and remote rural areas,

and mainly affect young women. Around 30 per cent of rural municipalities have a female youth unemployment rate of over 75 per cent, a situation that is particularly acute for peri-urban areas. These areas also lag seriously behind when it comes to offering childcare services (see Table II.3). Calabria reports a slightly higher rate of early school leaving than the country as a whole, but the lack of disaggregated statistical data makes it impossible to determine the figures for the various sub-regional areas.

**Figure IV.1 - Percentage of young persons who leave school early\* - 2007**



*Note:* Population of persons aged 18 - 24 with at most a middle school certificate who have not completed a vocational training programme of at least 2 years recognised by the Region and are not in further education or training.

*Source:* UVAL-DPS based on ISTAT data, *Rilevazione delle forze di lavoro*, 2008 DPS Report

The only indicator that we could calculate to determine the rates of early school leaving for the various areas was the number of Calabrian young people who left middle school during the 2006-2007 academic year (excluding transfers). This indicator proved higher in rural areas, particularly peri-urban areas.

**Table IV.3 - Early school leaving and teacher turnover, 2006-2007 school year**

	Italy	Calabria	Urban Area	Rural Area	of which:		
					Peri-urban	Intermediate	Remote
Students who drop out of middle school (a)	2.791	178	74	104	70	18	16
Students enrolled in middle school (b)	1.731.529	66.756	38.055	28.701	11.618	9.647	7.436
School drop out rate (a) / (b)	0,2	0,3	0,2	0,4	0,6	0,2	0,2
School drop outs (% by area)	-	100	41,6	58,4	39,3	10,1	9,0
Number of teachers (A)	851.346	41.722	25.679	16.043	6.073	5.760	4.210
Number of requests for transfer (B)	112.089	9.400	5.721	3.679	1.473	1.331	875
Teacher turnover rate (B) / (A)	13,2	22,5	22,3	22,9	24,3	23,1	20,8

*Source:* UVAL based on Ministry of Education data

The desk analysis of this data and statistical indicators was performed while the field listening exercise was being conducted. We therefore focused on understanding the expectations of young people and what factors are needed to keep them from moving

away from their areas. Essentially, we tried to pin down the reasons for this hardship and identify the deficiencies perceived by this segment of the population. Perhaps because our discussions were conducted mainly with adults (teachers, parents, researchers), the most focus was on the issue of education.<sup>58</sup> We sought to understand whether or not these territories offer young people adequate educational opportunities and what difficulties they face in getting to school, particularly secondary schools. More specifically, we analysed the opportunities available to adolescents in their free time in the belief that this age group's lack of cultural interests and of adequate human capital to whom they can turn. This could pose a special risk, partly in view of the severe crime situation in many of the areas analysed. Overall, the most important issue that arose during these local discussions was the fact that residents of rural areas of Calabria do not seem to want infrastructure improvements (which if necessary should come in the form of the renovation of existing structures), but rather they express a pressing need for "quality human capital": educators, music teachers and other persons willing to spend their time with young people, including in the most disadvantaged areas.

Those interviewed emphasised the lack of quality opportunities available to fill the leisure time of young people. School is perceived by many of those interviewed as the most important institution in this respect. After-school programmes, such as theatre workshops, music classes and sports are viewed as being fundamentally important. Those interviewed are satisfied with the school network (in most of the areas visited, the elementary and middle schools were within reasonable bus service range), however particularly severe structural deficiencies in human capital and organisational issues were emphasised. The most important organisational problems cited were the lack of adequate bus service and the existence of mixed-level classes that were often poorly organised.

School bus service is often offered but users complained about the logistics and cuts in school bus aides (a critical issue in the case of children with disabilities). The timetables for service are inconvenient for users, a problem that could be eliminated by increasing the number of buses in service. Children using the existing bus service are often left to wait for extended periods of time outside school, frequently without adequate supervision, in all sorts of adverse weather conditions.

The other issue that came up is the existence, in the case of a reduced number of students enrolled, of mixed-level classes, even with children of vastly different ages (first and fifth

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<sup>58</sup> One issue that we noted was the tendency, even in research using direct survey methods, to look for intermediaries and the concern (and perhaps the inability) to find the right language for talking directly with young people.

grades at the elementary level, for example). Such classes are fairly common in rural areas in many European countries (as well as in schools conducted in foreign languages in cities), but these situations must be managed with appropriate organisational and educational preparation. All the issues raised reveal an inability (which will be examined in more detail in the conclusions of this study) to think in terms of user catchment areas and inter-municipal cooperation. However, the most common complaints centred on the lack of quality role models, starting with teachers. More specifically, people complained about the lack of a stable long-term teaching staff. Those interviewed emphasised the importance of ties between the school and the local community and the problem that these areas have in attracting adequate teachers.

## **IV.2 Assessment of schools and teaching staff**

Based upon the points that emerged during the fieldwork and the limitations imposed by the data available, this section of the evaluation seeks to highlight: the resiliency (at least in terms of presence) of the present school network, even in the most remote areas; facilities in terms of light infrastructure and cultural services (sports centres, libraries, etc.) and the existence (to be checked with desk analysis, if possible) of issues related to teaching staff in internal areas.

We measured the number of educational institutions in the various areas, focusing on elementary and middle schools. Starting from the assumption that Calabrian schools are mostly public,<sup>59</sup> elementary schools are found in all the region's urban municipalities. The level of coverage is slightly lower (98 per cent) in rural areas.<sup>60</sup> However, this does not mean that there are no problems in terms of the availability of educational services in various hamlets within individual municipalities (in rural Italy, and Calabria in particular, hamlets frequently gravitate around one or more municipalities). The fieldwork found that there are problems in organising school bus service between hamlets and the municipalities upon which they depend.

We observed that, as the level of schooling rises (elementary, middle, vocational, high school), the number of schools decreases. The network of middle schools in rural areas is slightly less comprehensive, with about 87 per cent of municipalities having this type

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<sup>59</sup> The available database contains public and accredited private schools. The study therefore does not encompass unaccredited private schools (including religious schools, which may play a significant role in the remotest areas).

<sup>60</sup> Specifically, only three peri-urban and three outlying municipalities do not have an elementary school.

of school (see Table IV.4), with intermediate areas reporting lower coverage rates.<sup>61</sup> The indicator for secondary schools was not calculated, but the results of the listening groups seem to indicate that the most severe accessibility problems regard this category. In this case, the issues do not regard school buses but rather local public transportation.

**Table IV.4 - The school network in Calabria**

	Calabria	Urban Area	Rural Area	of which:		
				Peri-urban	Intermediate	Remote
Municipalities (no.)	<b>409</b>	<b>51</b>	<b>358</b>	<b>122</b>	<b>123</b>	<b>113</b>
Children 5 - 11 years of age (no.)	144.936	78.123	66.813	27.539	21.466	17.808
Children 5 - 11 years of age (%)	100	53,9	46,1	19,0	14,8	12,3
Children 11 - 14 years of age (no.)	96.195	51.044	45.151	18.246	14.596	12.309
Children 11 - 14 years of age (%)	100	53,1	46,9	19,0	15,2	12,8
Elementary schools (no.)	1.026	400	626	228	209	189
Middle schools (no.)	451	127	324	112	108	104
Municipalities with an elementary school (%)	98,3	100	98,0	97,5	99,2	97,3
Municipalities with a middle school (%)	88,5	100	86,9	88,5	83,7	88,5
Municipalities with at least one library (%)	69,2	84,3	67,0	73,0	69,9	57,5
Municipalities with at least two services to fill free time (no.)	48	33	15	4	7	4
Municipalities with at least two services to fill free time (%)	100	68,8	31,3	8,3	14,6	8,3
Municipalities with at least two services to fill free time (%) by area)	12,0	64,7	4,5	3,3	5,7	4,4

Source: UVAL based on Ministry of Education data

On the other hand, the analysis performed for the OECD Rural Policy Review for Italy shows, looking at the ratio of the number of students enrolled to the reference population for the various areas, that there does not appear to be any significant commuting at the elementary and middle school levels (in Italy and in Calabria). This situation changes when it comes to high school, where the coverage for urban areas far exceeds 100 per cent, compared with that for rural areas, which report lower percentages, evidence of considerable commuting.<sup>62</sup>

The fact that the school network is extensive does not resolve the problem that arises from the lack of cultural and social opportunities to help young people mature adequately. In rural areas, numerous opportunities for young people to gather can play a fundamental role: after-school centres, libraries that organise cultural initiatives, sports centres, and so on. Within the context of this research, we developed an indicator (the “free-time indicator”) that measures the existence, at the municipal level, of at least two of the following services: libraries, theatres, cinemas and sports centres. The indicator reveals a considerable territorial disparity in the availability of such services: just 16 per

<sup>61</sup> This data must be assessed in the light of the fact that, while there is a population centre every 6 km in urban areas, these centres are less frequent in rural areas, and therefore the lack of schools creates problems of accessibility and the need for greater logistical organisation of the service.

<sup>62</sup> See Rural Policy Review: Italy, Questionnaire for the Integration of the Background Report of the OECD, available at:

[http://www.dps.tesoro.it/uval\\_eng/documenti/OECD\\_Background\\_report\\_Italy.pdf](http://www.dps.tesoro.it/uval_eng/documenti/OECD_Background_report_Italy.pdf)

cent of municipalities in rural areas have at least two of the above-mentioned structures. More specifically, only 51.1 per cent of rural municipalities have a library, while 88 per cent of urban areas have them (and the difference is even greater when it comes to sports centres). Moreover, as already found in the earlier analysis on the availability of healthcare services in Umbria, the existence of a structure does not necessarily mean that the service is actually delivered.<sup>63</sup> As we discovered then, many healthcare centres in rural areas cannot always guarantee delivery of basic services, and so further information must be gathered on the extent to which libraries in rural areas are effectively operating and what services they provide. In any case, the lack of such services means that economic policy solutions must be found that best exploit existing cultural facilities and that invest in their broadest possible uses.

At the same time, in many of these areas, the existence of after-school cultural and educational opportunities is closely connected with the availability of qualified human capital, either within schools (at the initiative of particularly active school principals) or in municipalities, where mayors and their ability to develop initiatives play a key role. With the expansion of school autonomy, for example, the decision to keep schools open and use them as institutions for forging ties between young people, families and the community depends entirely upon the initiative of principals. In this case, programmes such as the idea of funding resource centres within schools could prove to be extremely important (see Section IV.3).

The territorial listening process revealed that the quality of teaching staff is viewed as a key factor that can “make the difference”. The participants in the focus groups expressed their concern over the quality of teaching, particularly during the early years of compulsory schooling (especially in middle schools), although they were aware that this is a problem that affects the entire country. In rural areas, the greatest complaints were about the problem of teacher turnover, which affects the continuity of the entire learning cycle. This problem is perceived as a contributing factor to threatened school closures in small municipalities, connected not just to financial difficulties but also to the lack of resident children caused by the decline in the youth population noted earlier and by the explicit choice of parents who, seeking to ensure the best education for their children, prefer to enrol them in schools located in urban areas, where staff turnover is

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<sup>63</sup> Lucatelli, Savastano, Coccia “Materiali UVAL”, no. 12 “Health and Social Services in Rural Umbria” (2006).



lower.<sup>64</sup> Moreover, in Calabria the lack of students has sometimes led to the formation of multi-level classes<sup>65</sup> or micro-classes (for example, a class with just 3 students in the first year of middle school). Multi-level classes are often formed to avoid uprooting the school from the municipality and/or hamlet, so that children, the youngest especially, will not lose a sense of connection to their “hometown”.

The focus groups suggested that hiring local teachers could alleviate the problem of teacher turnover. However, it is also true that the quality of teaching was often associated with the “preparation” and the “vocation” of teachers, regardless of their age and community of origin. The role of the teacher is crucial in the academic and social development of young people. Having an “innovative” teaching staff could allow schools to offer extra-curricular and after-school activities, such as theatre, music lessons and other activities, creating a link with the academic programming provided during school hours.<sup>66</sup>

It was not easy to conduct the desk analysis needed to verify these phenomena due to the lack of municipal-level data.<sup>67</sup> On the other hand, the indicators on teaching staff demonstrate how problems tied to aging teaching staffs affect the entire region (as in the rest of Italy) and do not reveal any particular differences in this respect between the types of areas considered (in all of the areas studied, about 85 per cent of teachers are between 41 and 65 years of age).

As regards turnover, the ratio between teachers requesting transfers and all permanent teachers was calculated for 2006-2007. The figure shows that the regional percentage with considerably higher than the national average, and much higher in peri-urban areas (see Table IV.3).

In the light of the 2000-2006 programming and the analysis on a strictly evaluative level, further research was conducted into the experience of resource centres in combating early school leaving and hardships faced by young people. The investment was financed under the Calabria Regional Operational Programme (Calabria ROP) and the Schools National Operational Programme. We also analysed the Rural Development Plan (RDP)

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<sup>64</sup> Not all parents, however, have the option of enrolling their children in the closest urban municipalities, so their children attended schools in their municipalities of residence, even where there were micro-classes and/or multi-level classes.

<sup>65</sup> Sometimes unusual, such as in the case of combining a second grade and a fifth grade class.

<sup>66</sup> A common issue raised during the various meetings was the need for more learning support teachers for children with disabilities, who frequently receive less assistance than they need due to the lack of specialised staff.

<sup>67</sup> The data on the age of teachers and those of permanent teachers and substitute teachers is only available for the provincial level.

measure for improving the quality of life in rural areas, with a particular focus on projects that address the three main themes of this research (see Box C).

### **IV.3 2000-2006 regional policy: The role of Resource Centres in countering early school leaving**

Considering how the listening groups raised the issue of leisure time and the importance of creating quality cultural and social opportunities for young people in the rural areas of Calabria, this evaluative study addressed the issue of whether the ROP strategy has been followed in order to improve school services in internal areas. Specifically, the analysis focused on the funding of Resource Centres in the light of the role that these play in the 2000-2006 programming, i.e. serving as vehicles for academic experimentation in order to motivate the most disadvantaged young people, as well as foster cooperation and mutual support among all local actors.

As envisaged in the 2000-2006 Schools NOP (although they were also included in past programming), the Resource Centres develop projects to operate on several levels:<sup>68</sup>

- within individual schools, becoming a vehicle for academic experimentation<sup>69</sup> in order to motivate the most disadvantaged students, as well as offering for socialising, entertainment and learning, counselling, and vocational training for young persons, adults and women;
- through collaboration between schools, with activity programmed by a network of academic institutions with the school in which the centre is located acting as the lead institution;<sup>70</sup>
- through collaboration between schools and the community, promoting cooperation and mutual support between all local actors.

At the level of the local strategy forming the basis of 2000-2006 programming, the ROP states: *“it is important that programme implementation seeks to best reflect the needs expressed by the local area, building upon the strengths and attempting to take action even in the most isolated areas*

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<sup>68</sup> Measure no. 4 of the Schools NOP (4.2 – Resource Centres in the fight against early school leaving and social exclusion in remote and isolated areas).

<sup>69</sup> They offer the surrounding areas the chance to take advantage of advanced technologies, libraries (including media libraries), laboratories of all kinds, ample space for playing sports and other recreational activities.

<sup>70</sup> Action 3.2(b) of the European Social Fund (ESF) of the Schools NOP provides for the creation of a network with the Centres as lead institutions but involving other local institutions (at least 10).

(*internal and remote areas*)”<sup>71</sup>. This territorial focus is also found in the partnership agreement between the Region of Calabria and the Ministry of Education, Universities and Research, which provides for the substantive convergence between the educational objectives under Axis III (Human Resources) of the Calabria ROP and those of the Schools NOP. Under the agreement, Calabria will place special emphasis on areas identified as suffering “*from particular levels of poverty, social degradation and juvenile crime*”. They are also required to act in parallel in implementing the measures relating to Resource Centres (Measure no. 4 of the Schools NOP and Measure no. 3.6 of the Calabria ROP) considering the nature of this type of intervention (integrating education/training initiatives with local needs) and the need to ensure appropriate distribution of interventions throughout the territory, paying close attention to especially problematic areas.

The Region undertook to locate the Resource Centres in a range of internal areas that were not covered by the Ministry in the previous programming cycle, with the idea that the Ministry of Education would continue to operate primarily in urban areas,<sup>72</sup> giving priority to cities and provincial capitals. As regards initiatives more explicitly aimed at expanding the use of IT within schools, the Region was committed to supporting elementary and middle schools, while the Schools NOP was left with the task of completing ongoing programmes targeted at secondary schools.

This analysis focuses on the territorial distribution of Resource Centres funded between 2000 and 2006 by the two programmes (see Table IV.5), examines the levels of instruction involved and analyses the types of initiatives undertaken.

Two important facts emerge: funding largely went to Resource Centres connected with schools located in urban municipalities and preference in funding has gone to secondary schools. As to the first point, the Region of Calabria funded a series of Resource Centres located in the areas indicated in the partnership agreement with the Ministry of Education. However, the number of centres receiving funding was small (12 compared with 17 funded through the Schools NOP) and, even when the *ex ante* identification of territories was structured around the need for action in the most internal areas (for example, in the

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<sup>71</sup> See the 2000-2006 Regional Operating Programme, Axis III Human Resources, Strategies and Lines of Action, p. 152.

<sup>72</sup> The Region undertook to cover the Tyrrhenian side of the province of Reggio Calabria; the internal zone of the Ionian side of the province of Reggio Calabria; the traditionally Greek-speaking area on the Ionian side of Reggio Calabria; the internal area of the province of Croton; the Tyrrhenian side of the province of Cosenza (Paola); the Ionian side of the province of Cosenza (Rossano, Corigliano Calabro, Cassano); the internal area of Serre (province of Vibo Valentia); the pre-Sila area of the province of Catanzaro; and the Lamentino area.

case of internal areas on the Ionian side of the province of Reggio Calabria; the traditionally Greek-speaking area on the Ionian side of the province of Reggio Calabria; the internal area of Vibo Valentia and the pre-Sila area), programmes rarely covered these areas (except for Serra San Bruno), instead favouring cities and coastal areas. However, each Resource Centre was conceived to serve a catchment area (creating a network with all the surrounding schools). In the course of this evaluation, we were not able to verify whether they effectively filled this role.

This geographical configuration was probably a consequence of the fact that the implementation of programmes under both the Schools NOP and the Calabria ROP focused more on secondary schools. In some cases, elementary schools were excluded in the design of the measure (for example, in the case of Measure 3.6-d of the ROP, which concentrated on the connection between education and training and internships and therefore mainly focused on secondary schools). However, in other cases, the exclusion seems to be due more to the better planning skills of secondary schools, which showed that they were capable of participating in calls for applications and funding opportunities, and maybe even due to the failure to adequately inform and prepare other types of schools for participation.

**Table IV.5 - Resource Centres in Calabria** (Calabria ROP and Schools NOP 2000-2006)

Resource Centres in Calabria	Programmes		Type of school
	Schools NOP	Calabria ROP	
<b>URBAN</b>			
Istituto di Istruzione Superiore Liceo Scientifico* - <b>Amantea</b>	X	X	Secondary school
Istituto Tecnico Commerciale "L. Einaudi" - <b>Catanzaro</b>	X		Secondary school
Istituto Tecnico Commerciale "L. Palma" - <b>Corigliano Calabro</b>	X	X	Secondary school
Istituto Professionale di Stato per l'Industria e l'Artigianato "G. Marconi" - <b>Cosenza</b>	X		Secondary school
Istituto Professionale di Stato per i Servizi Commerciali e Turistici "S. Pertini" - <b>Crotone</b>	X		Secondary school
Istituto Secondario Superiore "E. Severi" - <b>Gioia Tauro</b>	X		Secondary school
Istituto Tecnico Nautico - <b>Pizzo Calabro</b>	X		Secondary school
Istituto Tecnico Industriale "A. Panella" - <b>Reggio Calabria</b>	X		Secondary school
Istituto di Istruzione Superiore "G. Malafarina" - <b>Soverato</b>	X	X	Secondary school
Istituto Professionale di Stato per i Servizi Alberghieri e della Ristorazione - <b>Soverato</b>	X		Secondary school
Istituto di Istruzione Secondaria "P. Galluppi" - <b>Tropea</b>	X	X	Secondary school
Istituto Tecnico Industriale "E. Fermi" - <b>Vibo Valentia</b>	X		Secondary school
Istituto Tecnico Commerciale "Pitagora" - <b>Castrovillari</b>		X	Secondary school
Istituto Tecnico Industriale "G. Gronchi" - <b>Lametia Terme</b>		X	Secondary school
Istituto di Istruzione Superiore "Familiari" - <b>Melito di Porto Salvo</b>		X	Secondary school
Istituto Tecnico Commerciale "Marconi" - <b>Siderno</b>		X	Secondary school
Istituto Tecnico Commerciale - <b>Taurianova</b>		X	Secondary school
<b>PERI-URBAN RURAL</b>			
Istituto Comprensivo Statale "A. Guachino" - <b>Celico</b>	X		Comprehensive school
Istituto Comprensivo - <b>Maierato</b>	X		Comprehensive school
Istituto di Istruzione Secondaria Superiore - <b>Cutro</b>		X	Secondary school
<b>INTERMEDIATE RURAL</b>			
Istituto Comprensivo "G. da Fiore" - <b>Carlopoli</b>	X		Comprehensive school
Istituto Secondario Superiore - <b>Cotronei</b>	X		Secondary school
Istituto di Istruzione Superiore "L. Einaudi" - <b>Serra San Bruno</b>		X	Secondary school
<b>REMOTE RURAL</b>			
Istituto Comprensivo Statale - <b>Verzino</b>	X		Comprehensive school
Liceo Scientifico Statale - <b>San Giovanni In Fiore</b>		X	Secondary school

Source: UVAl based on data from the Ministry of Education and the Region of Calabria

As of 31 August 2008, the Calabria ROP had committed €3.6 million (of which 94 per cent already paid) towards investment in Resource Centres. Of the total commitment, 84 per cent (a little more in the case of expenditure) went towards Resource Centres based in urban areas, while rural areas received only 15 per cent of total expenditure. This share was divided fairly evenly among the various types of rural area. In Calabria, the largest portion of the investment went towards upgrading school infrastructures for use as Resource Centres using European Regional Development Funds (ERDF), as well as integrated projects for preventing and reversing early school leaving using European Social Funds (ESF), programmes in support of work-learning initiatives (ESF) and pilot projects for academic, social and cultural inclusion within Resource Centres (ESF). It is striking how many of the Calabria ROP measures did not, in any way, reach rural areas (especially peri-urban areas).

The Resource Centres located in internal areas were allocated €552,924, with a lower rate of expenditure (88 per cent). Most of this investment went towards school infrastructures for Resource Centres and integrated projects for preventing early school leaving. These latter projects, due to their clear ability to reach a variety of areas, merit further study.

**Table IV.6 - The Resource Centres of the Calabria ROP 2000-2006** (net funding commitment)

			Total by measure (€)	Total by measure (%)	Urban Area (€)	Urban Area (%)	Rural Area (€)	Rural Area (%)	of which:		
									Peri-urban (%)	Intermediate (%)	Remote (%)
<b>Prevention of early school leaving and training (ESF)</b>	Integrated projects to counter early school leaving	3.6 B (ESF)	704.583	19,3	565.727	80,3	138.855	19,7	42,5	49,2	8,3
	Pilot projects for academic, social and cultural inclusion within Resource Centres	3.6 C (ESF)	624.281	17,1	587.701	94,1	36.580	5,9	0	0	100
	Work-related learning and internships at part of course work	3.6 D (ESF)	747.419	20,4	643.686	86,1	103.733	13,9	100	0	0
	Development of vocational training in sectors of specific regional interest	3.6 E (ESF)	321.276	8,8	223.200	69,5	98.075	30,5	0	63,2	36,8
<b>Secondary school and university training (ESF)</b>	Training	3.7 (ESF)	193.155	5,3	193.155	100	0	0,0	0	0	0
<b>Upgrading school infrastructures and technologies (ERDF)</b>	School facilities for Resource Centres	3.15 A (ERDF)	961.583	26,3	823.366	85,6	138.217	14,4	0	40,3	59,7
	Upgrading technological equipment	3.15 B (ERDF)	37.464	1,0	0	0,0	37.464	100	0	100	0
	Environmental education laboratories	3.15 C (ERDF)	69.600	1,9	69.600	100	0	0	0	0	0
<b>Total Calabria ROP measures</b>			<b>3.659.361</b>	<b>100</b>	<b>3.106.436</b>	<b>84,9</b>	<b>552.924</b>	<b>15,1</b>	<b>29,4</b>	<b>40,4</b>	<b>30,1</b>

Source: UVAL based on Monit data at 31 August 2008

By contrast, at the end of January 2009, under the Schools NOP €17.4 million had been committed for Resource Centres in Calabria, 88 per cent of which is concentrated in urban areas. This concentration is consistent with the partnership agreement, but such a high amount of resources should prompt us to consider verifying, through targeted analysis, whether the role of Resource Centres as point of reference for neighbouring

schools has actually been implemented.<sup>73</sup> This would also involve assessing the impact of the presence of a Centre on surrounding areas. Most of the investment went towards improving the educational system and infrastructures to promote academic inclusion and social integration. Only the continuing education measure saw a higher proportion spent in rural areas, and given how it is funded (teaching basic skills to adults and offering night courses), it cannot be classified within the intervention for the education of young people analysed here.

**Table IV.7 - The Resource Centres of the Schools NOP 2000–2006**

	Measure 1 Improving the educational system (ESF)	Measure 2 New technologies and enhancing teaching methods (ERDF)	Measure 3 Preventing school abandonment (ESF)	Measure 4 Infrastructures for academic inclusion and social integration (ERDF)	Measure 5 Secondary education (ESF)	Measure 6 Continuing education (ESF)	Measure 7 Education - entry of women into the labour force (ESF)	Measure 8 Technical assistance, monitoring, control and evaluation (ESF)	Total Schools NOP measures
Urban Area (€)	5.718.142	1.408.509	3.245.995	2.633.594	646.440	497.679	638.659	635.807	15.424.824
Rural Area (€)	279.761	141.797	786.608	584.606	0	210.501	8.635	0	2.011.908
<b>Urban Area (%)</b>	<b>95,3</b>	<b>90,9</b>	<b>80,5</b>	<b>81,8</b>	<b>100</b>	<b>70,3</b>	<b>98,7</b>	<b>100</b>	<b>88,5</b>
<b>Rural Area (%), of which:</b>	<b>4,7</b>	<b>9,1</b>	<b>19,5</b>	<b>18,2</b>	<b>0</b>	<b>29,7</b>	<b>1,3</b>	<b>0</b>	<b>11,5</b>
- Peri-urban (%)	0	12,7	63,3	33,9	0	12,5	0	0	36,8
- Intermediate (%)	100	74,6	36,7	43,9	0	62,3	100	0	53,2
- Remote (%)	0	12,7	0	22,2	0	25,2	0	0	10,0
<b>Total by measure (€)</b>	<b>5.997.902</b>	<b>1.550.306</b>	<b>4.032.604</b>	<b>3.218.200</b>	<b>646.440</b>	<b>708.179</b>	<b>647.294</b>	<b>635.807</b>	<b>17.436.732</b>
<b>Total by measure (%)</b>	<b>34,4</b>	<b>8,9</b>	<b>23,1</b>	<b>18,5</b>	<b>3,7</b>	<b>4,1</b>	<b>3,7</b>	<b>3,6</b>	<b>100</b>

Source: UVAL based on Ministry of Education data (MONIT-IGRUE at January 2009)

To obtain a clearer idea of what the existence of a Resource Centre involves in the internal areas and the changes that these generate, a direct survey of the coordinators of Centres located in rural areas would be required. However, in the light of the findings of this study, if the intervention on behalf of Calabrian schools is to actually reach the most remote areas, it is necessary to re-establish the relationship with middle schools, which are still present across the territory and are still considered by those interviewed to play a central role in delivering services for young people.<sup>74</sup> This calls for a major effort prior to the publication of calls for applications, with the direct involvement at the local level of the competent regional officials. Integrating infrastructure initiatives (necessary, but by itself not sufficient) and human capital programmes is also important to avoid ending up with schools that, as we discovered during the focus groups, have acquired computer equipment with programme funding but are unable to use it since they lack computer-literate teachers. Finally, interventions in favour of a given school must not be considered in isolation. Rather, they must seek to foster the role of such

<sup>73</sup> Considering the overall philosophy of the national education programme and the particular needs of the internal areas, it would be advisable to conduct an assessment to verify the role that the Resource Centres funded by the Schools NOP play in the remotest areas of the various regions of southern Italy.

<sup>74</sup> As early as 2005, an objective of the Schools NOP was to involve new actors in the territory.

schools as hubs linking other institutions. In short, the issue of the availability of services in remote areas must be addressed as a “district” matter.

**BOX C - INTERVENTIONS UNDER THE 2000–2006 RURAL DEVELOPMENT PROGRAMME (RSP) ON BEHALF OF RURAL POPULATIONS**

*In the ROP, just under €10 million was committed to Measure 4.11, devoted to the leveraging of natural and territorial resources as well as the cultural and social resources of rural areas. As of March 2009, just over 26 per cent had been spent. The interesting feature of this measure is that it encompasses various types of intervention ranging from procurement (school buses, buses for transporting the elderly, recreational and cultural equipment), to services (essential services, emergency medical services, transportation for the disabled and the elderly and recreational services) and infrastructure (from upgrading cultural structures and facilities for craft industry, the construction of sports and tourism facilities)\*.*

*Territorial analysis demonstrates that, although 17 per cent of the interventions cannot be attributed to a specific territory, most of the projects related to rural areas (74 per cent of the amounts appropriated and a slightly lower proportion of actual payments). Out of a total of €7.4 million invested in rural areas, around €1.3 million was spent. Most of the spending regarded infrastructure (80 per cent) and procurement (17 per cent), while only 3 per cent was spent on services. Infrastructure spending went towards the upgrading and completion of multi-purpose and sporting centres. However, a significant portion of these interventions also involved tourism and landscape resources (for example, the construction of picnic areas).*

*It is interesting to note that the percentage invested in services, while low and involving the largest lags in expenditure, is higher in remote areas. An analysis of the expenditure commitments shows that a number of interventions addressing problems covered by this study (classified under procurement and services) have not yet been completed. These include purchasing shuttles for transporting the elderly to receive medical care and/or transporting the disabled in rural areas, services for the most vulnerable segments of society and initial medical care services. From an evaluation standpoint, the considerable delays affecting this measure and its bias towards infrastructure programmes is particularly worrying in light of the needs found by the study.*

**Interventions undertaken with Measure 4.11 of the 2000 – 2006 RSP**

2000 - 2006 RSP	Calabria	Not Classifiable	Urban Area	Rural Area	of which:		
					Peri-urban by area (%)	Intermediate by area (%)	Remote by area (%)
Public commitments, of which:	9.933.133	1.726.413	808.465	7.398.255	3.262.719	2.188.822	1.946.714
- Procurement (%)	16,2	30,0	29,4	11,6	7,5	22,3	6,5
- Services (%)	14,5	54,8	12,4	5,3	1,5	6,9	9,8
- Infrastructures (%)	69,3	15,2	58,2	83,1	91,0	70,8	83,7
Public payments	1.882.894	404.594	201.162	1.277.138	730.428	298.664	248.047
Progress made	19,0	23,4	24,9	17,3	22,4	13,6	12,7

Source: UVAL based on data from the monitoring of Community and national rural development programming – Region of Calabria

\* The monitoring data were analysed using a method similar to that used by UVAL to update the CSF Evaluation, adding “Procurement” alongside Services and Infrastructure.

## V. Conclusions

There is a strongly felt need for economic policies that are closely connected to the local territory, policies that take up the challenges and respond to the ever more pressing demand for services, a need also expressed by the populations of those areas farthest from the major urban centres. In order for policy-makers to respond adequately, it is necessary to implement processes to listen directly to territories and develop innovative approaches to identifying the issues and problems as perceived by those who live and work in cities and rural areas, in major population centres and small towns.

This study devoted considerable attention to views of those living in the various areas of Calabria, with the goal of understanding the determinants that must be impacted to slow – at least to some extent – the depopulation of many small municipalities in this region and to promote initiatives for those who elect to stay. In order to enable even the most remote territories to fully manifest their value, their natural and cultural heritage, as well as satisfy the minimum needs of those who live there, inter-municipal cooperation and district formation must be enhanced, thereby strengthening relations between neighbouring towns with the support of higher levels of governance. Given Calabria's demographics, this means strengthening ties between cities and the countryside, but above all it means creating networks of small and medium-sized municipalities.

This greater emphasis on listening to the territory must lend support to and in turn be supported by reinforcing the current system of participation in associations. Our research found that many associations exist, for the most part of which it was not possible to assess the effective quality. Moreover, we found a complete lack of policy mechanisms capable of listening to their voice. There is also a latent mistrust of institutions, which policy-makers and the institutions themselves, whether state or regional, must address by forging a network of “local sentries” to understand the needs and propose services for meeting them. This role is currently filled by doctors, priests and volunteer associations, who have very weak ties to institutions but certainly represent a relationship that should be enhanced.

To improve the supply of services in the remotest areas, the territory must regain its voice and policies must be developed on the basis of a careful analytical understanding of needs and possible solutions. In the present national and international debate, social inclusion is a key prerequisite for development policies (consider the Service Objectives mechanism in the NSRF and the debate occurring on the future of cohesion policy at the EU level<sup>75</sup>).

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<sup>75</sup> See *An agenda for a reformed cohesion policy*, Report of the European Commission edited by Fabrizio Barca, available at: [ec.europa.eu/regional\\_policy/archive/policy/future/barca\\_en.htm](http://ec.europa.eu/regional_policy/archive/policy/future/barca_en.htm)



Within the context of rural development, these issues are growing in importance (consider, for example, the new challenges arising from the return flow of unemployed in the Chinese countryside and the new investments to improve services network in China, and European rural development policy, while recognising their importance, invests very little in this type of intervention. In the case of measures for the rural development of Calabria during the 2000-2006 cycle, with specific reference to developing the natural and social assets of rural areas, while the interventions were concentrated in rural areas, problems arose in implementing them, with preference given to infrastructure interventions. In contrast to the findings of our analysis, preference is still given to infrastructure programmes that, while sometimes useful, ignore the considerable need that these territories have for injections of human capital. Looking only at the 2000-2006 cycle interventions, regional policy did not sufficiently emphasise improving social inclusion in rural areas. Even where explicit reference to rural territories was made in the strategy, in fact – as we found in the examination of the issue of education – intervention was still biased towards urban centres and was a long way from achieving an objective that is particularly important to young people in these areas: middle schools. An analysis of the characteristics of the 2000-2006 territorial integrated projects (not discussed in this paper) found that policy-makers were capable of listening to a territory's demands but there were a serious deficiencies in implementing responses.

As more specifically regards the three issues addressed in this study, our analysis underscored a serious problem of female unemployment, particularly among young women and those residing in the remoter areas of the region. In relation to the difficulty faced by women in entering the labour force, the data on the availability of nurseries reveal a significant weakness in the network of childcare services in Calabria. The level of such services falls well below the economic policy objectives set for the South, dominated by the substantial presence of private service providers (even in the most internal areas) and characterised by sharp territorial disparities, with a concentration of services in urban areas and significant differences in fees charged by private and public nurseries. Given the scarcity of public facilities, in order to be competitive, particularly in the most marginal areas of Calabria, private nurseries must have the support of a reservoir of existing users, namely preschools. At the same time, the analysis of rates and the extent to which demand is met reveals the existence of surplus demand for public structures, which private operators seek to meet in their absence, albeit with inadequate levels of service quality.

The significant presence of private nurseries operating within public preschools in intermediate and remote rural areas should therefore be taken as a sign of entrepreneurial energy that should be tapped and regulated through accreditation systems, something the region currently lacks. A territorial assessment of certain interventions incorporating incentives to encourage self-employment and entrepreneurship revealed a significant response on the part of young women living in rural areas, areas that in fact have a sizable pool of young, female secondary school graduates. However, the analysis confirms that, while perceptions of this phenomenon vary, young Calabrian women still play an important role in substituting for an adequate network of services for children and the elderly.

As regards the elderly, the region's aging rates are below the nation average, although they rise the more peripheral the area is. The problem of providing daily care to the elderly is a serious one and there is a general feeling of isolation, which threatens to become especially severe for elderly women living alone. Certain persons in crucial positions can act as "need sentries", such as general practitioners and, in recent years, hired care workers. However, even though immigrants to this region are distributed uniformly among the various rural areas and young immigrant women make up the majority of hired care workers, low immigration levels and the inability to adequately leverage these human resources pose a serious economic policy issue in addressing on many levels the matter of the elderly living in the most marginal areas. Despite this known demographic issue, the region lacks a serious social assistance network and a territorial organisation of healthcare services.

One factor lowering the quality of life of many elderly in these areas is the inadequate hospital network, which is incapable of guaranteeing minimum quality services and is heavily concentrated in urban areas. Local out-patient clinics are only partially able to compensate for the grave disparities between rural and urban areas. Lack of access to basic services, whether specialist visits or even primary services such as blood tests is a real problem for the elderly who do not have the support of a family member.

Finally, as regards young people, the listening process revealed the need for quality options for spending leisure time, with middle schools being seen as capable of offering this. Teachers and other human capital are seen as key factors in ensuring that schools effectively form and promote social inclusion. However, the school network is under pressure for two reasons: the sharp decline in the population of young people, a particularly serious situation in the most internal areas, which has implications for the continued existence of compulsory schooling, and the tendency of parents to enrol their children in the closest urban municipalities (which are seen as capable of offering better

quality service). Our analysis also showed that service coverage declines as the level of schooling rises, and that the problem of access to schools and adequate school bus service exists as early as the elementary school level. However, the existence of a good school network does not fully answer the problem of the lack of quality options for filling students' free time after school. There is a lack of libraries, theatres, cinemas and sport centres in all the region's rural areas. Finally, teachers tend to be older in all the areas considered and there is a high transfer rate, particularly in peri-urban areas.

The critical problems that were uncovered during the course of the study point to a need to modify and rethink economic policy actions in the internal areas of Calabria. In certain cases, in fact, we found serious discrimination and the absence of minimal services, such as the lack of school bus service with aides for the disabled; the predominance of private childcare services charging higher fees; the difficulties that young people in the most peripheral areas face in getting to secondary high schools and the risks related to the high turnover of teachers; problems that the most elderly have in accessing healthcare services; the large presence of private hospitals (which, however, does not reduce the disparities faced by the internal areas). These matters are all the more serious in the light of the profound transformation of the traditional family network. Working-age women (especially young women) are emigrating at a higher rate than in the past and, when they do stay, are frequently employed without adequate protection and therefore have difficulty accessing organised support services. It is precisely this issue of the elderly (more so than children) that reveals the current weakness of the traditional generational pact.

Any innovative policy should therefore focus on the following elements:

- taking a participatory approach in the supply of services, with the involvement of new players; raising the awareness of potential users and soliciting their direct contribution to the search for possible solutions;
- identifying solutions that are differentiated by territory. Our fieldwork demonstrated the considerable territorial variety of the availability of human capital and planning capabilities. In some areas, self-organisation and accreditation of local solutions could be used, while in other areas different approaches are clearly required. The solution is not necessarily to give more to those who have less, but to offer different things in different ways, guaranteeing the achievement of common minimum standards that can be measured and evaluated further up the governance chain;

- districting of services, especially education, where we found that local populations are not sufficiently flexible when it comes to commuting and cultural sharing. The study found a preference for sending children to local micro-schools of even questionable quality, rather than promoting enrolment in good schools in surrounding municipalities. Therefore, incentives for inter-municipal cooperation and the districting of educational services must be provided through, for example, effective zone-level plans or organising calls for participation in schemes involving joint inter-municipal actions;
- conducting careful territorial analyses of interventions to be financed and investment in the development of planning skills and the institutionalisation of positive pilot project experiences. Central and regional government should help local territories to identify a small number of clear key projects to monitor throughout their implementation. It is not enough merely to understand that the elderly have a problem in reaching the closest hospital: solutions must be found (for example, investment in territorial centres offering such services and micro-bus systems managed at the provincial and/or regional level to ensure a minimum pool of users) and should be constantly monitored.

In addition, in small territories, attention must be devoted to ensuring the dissemination of information that is free from manipulation by special interests, whether commercial, political or economic. Local debate and dialogue should always be based on verifiable information generated by analysis, research and assessments. This means extending evaluation capabilities to an ever-broader number of citizens, with the understanding that this strengthens cohesion and the ability to make decisions and take part in local planning. It also means giving substance to projects and improving their chances of success.

As things stand today, in most projects for the creation of new social and healthcare services with greater local responsibility, the planning and implementation stages are not viewed as a learning process. The lack of a real, participatory and informed discussion is not just a defect in democracy, but is also a sign of a lower chance of success for these projects.

Finally, a number of issues emerged that could be resolved with a light-handed but targeted policy, for example, by making small changes in current economy policy tools: a better use of zonal plans in the territorial supply of services; clearer priorities for services under the Rural Development Programmes (without the risk of seeing these measures concluded to the detriment of more traditional investment programmes); the awareness that achieving service objectives (at least those relating to nurseries) requires

the development of targeted solutions for the internal areas; the inclusion of tools and mechanisms, within the framework of regional policy, to promote the districting of service provision through associations and cooperation between municipalities.

Thus, what is needed is a policy that can trigger significant changes with small interventions (buses for schools, cleaning and daily care services for the elderly, shuttles for transporting elderly persons to the closest clinics, mobile libraries). These are fields of action in which the distinction between ordinary and additional policy is very fuzzy: the higher costs of delivering services and the need to maintain contact with the closest urban centres (as aggregates of persons and services) mean that, in these areas, interventions that seem ordinary justify the “additionality” of the solution. This “specificity of action” should also be preserved within the framework of EU regulations.

After all, the territorial analysis clearly shows that the three types of areas identified (peri-urban, intermediate and remote), when faced with the same needs for care services, have different possible solutions. The emergence of a particularly problematic peri-urban area could also offer new opportunities for coordinating regional policy (traditionally more oriented towards intervention in urban areas) and rural development policy, which by contrast is typically capable of reaching even the remotest areas of the territory.

Conversely, other issues require a territorial focus in ordinary policies. For example, the construction of an effective and efficient local healthcare services network, involving the closing of sub-par hospitals and implementing solutions that really bring healthcare services closer to the people, even in the most disadvantaged areas (models for this could be the *casa della salute* approach in Tuscany and certain solutions adopted in Umbria). Major ordinary policy decisions (such as how many and which schools to retain; what methods to apply in recruiting teachers and which actions should be undertaken to eliminate excessive teacher turnover) must take account of the particular needs of the more remote areas and the ever more urgent need for districting mechanisms and the creation of catchment areas of users. Similarly, innovative immigration policy is required, one capable of leveraging the invaluable capital represented by young female immigrants who have chosen to live in the most internal areas of the territory. Regional policy can certainly play a crucial role in addressing these challenges by contributing an understanding of the territories in ordinary mechanisms and in building an adequate supply of public services. Regional policy can act as a lever, but it cannot replace the decision-making and implementation processes of ordinary policy, which must be adequately incentivised and monitored by the Region and central government. For

example, the establishment at the central level, in collaboration with the Regions, of rural-proofing mechanisms to monitor and evaluate (including *ex ante*) the impact of policies on territories could help to move the country along this path (see OECD *Rural Policy Review of Italy*).

## **Annex A The DPS–UVAL methodology for territorial classification**

The DPS-UVAL methodology used to classify Italian municipal territories, distinguishing urban and rural areas, is based on the following statistical parameters that allow us to define the degree of ruralness:

- resident population density (fewer than 150 residents per km<sup>2</sup>);
- altitude (lower than or equal to 500 m) for urban municipalities;
- population (more than 5,000 residents) for urban municipalities;
- accessibility indicator (by road and by rail), i.e. time needed to reach the closest urban hub from a rural municipality.

The methodology is applied in two distinct phases. In the first phase, municipalities are classified as rural based on population density. Then the other two parameters (altitude and population) are applied to urban municipalities identified as such based on population density, which means that some of the municipalities will be transferred to the rural category.

By applying these parameters, the 409 municipalities of Calabria were divided into 51 urban and 358 rural municipalities.

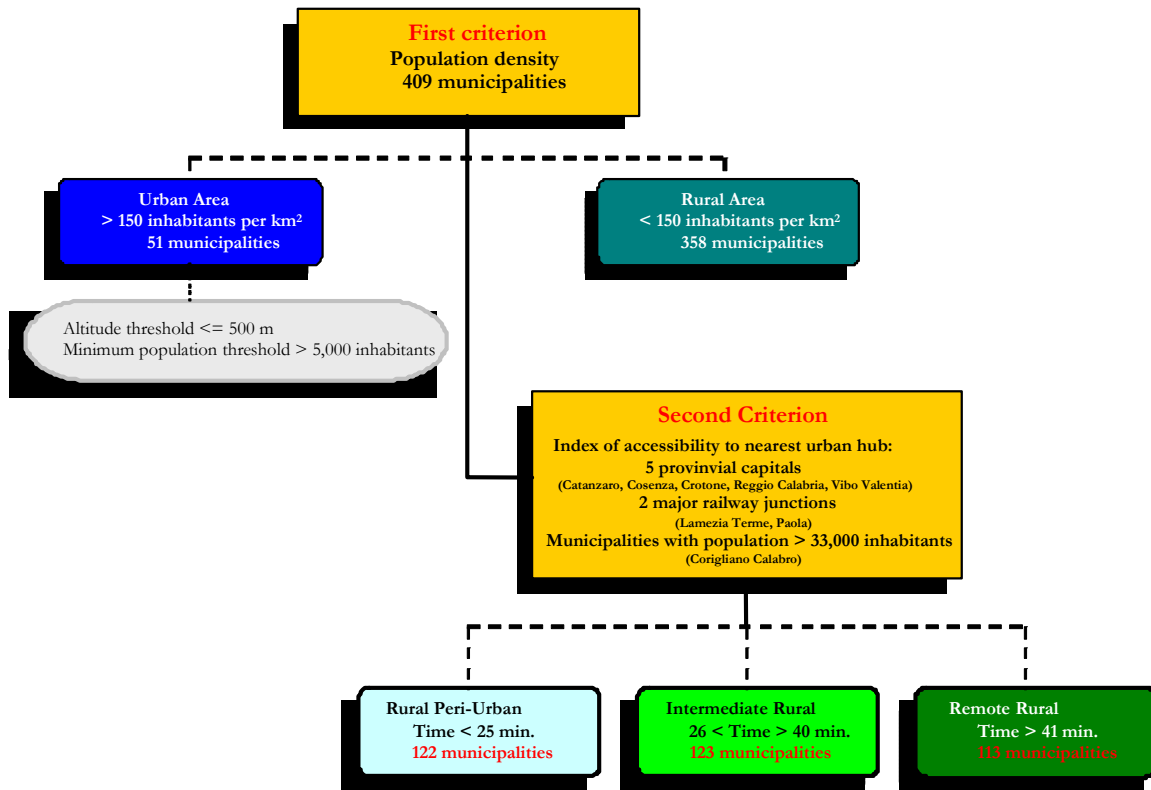
During the second phase, the major urban hubs were identified before calculating the accessibility indicator (by road and by rail). They include, in addition to the 5 provincial capitals (Catanzaro, Cosenza, Reggio di Calabria, Crotona and Vibo Valentia), two major railway junctions (Lamezia Terme and Paola) and municipalities with populations over 33,000 residents (Corigliano Calabro).

Thus, for all 358 previously classified rural municipalities we calculated separate indicators for accessibility by road and by rail. In calculating the indicator for accessibility by road, we considered the travelling time (in minutes) needed to reach each urban hub in Calabria, assigning to each municipality an index equal to the shortest time. The calculation of the indicator for accessibility by rail was broken down into two, separate components: travel time by road needed to reach the closest railway station and the average time to travel by train from the railway station to the closest urban hub.

The overall accessibility indicator (road and rail) for all 358 rural municipalities therefore summarises these indices, taking the lower value.

Using the accessibility indicator, rural municipalities were categorised as Peri-urban, Intermediate and Remote based on thresholds connected to travelling time (equal to 25

and 40 minutes, respectively).





## **Annex B Fieldwork**

Fieldwork conducted to aid the analysis presented here was performed using two statistical techniques to collect information: focus groups (and/or listening groups depending on the number of persons involved) and directed interviews with key actors. Video recordings were also made throughout the fieldwork.

### **Focus groups**

The interviewees were selected from persons most at risk in terms of accessibility, the use of basic services and the high unemployment levels: young people, women and the elderly.<sup>76</sup> These segments of the population was then supplemented with other important local actors, such as doctors, priests, business persons and social workers. The goal of the meetings was to identify the needs of these persons in relation to their territory of residence.

A number of key issues were investigated in greater depth for each of the three groups of persons identified (young people, women and the elderly). For women, we examined whether or not they face hardship and isolation and whether the improvement in certain “basic services” (nurseries, quality schools and accessible healthcare services) was perceived as a possible solution for overcoming this hardship. Specifically, we sought to understand whether and to what extent greater and better use of these services could help women participate the labour force and/or emerge from the underground economy, or even whether they perceived work as a right, as well as the issue of reconciling work and family responsibilities. If women find it difficult to undertake a career because jobs are scarce, why then are female employment statistics not much better even in peri-urban areas, where there are greater work opportunities?

In the case of young people, the focus was on identifying solutions to stem emigration and the options adolescents have in spending their free time.

As regards the elderly, who over the years have witnessed the depopulation of the territories in which they live and experienced the attendant changes, the goal was to identify the major difficulties they face in daily life and to what extent their decision to remain in their hometowns is linked to the existence of family ties rather than the emergence of new actors capable of replacing these ties, such as foreign home care workers.

Although these were the main topics themes during the discussions, focus group

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<sup>76</sup> Immigrants were only considered indirectly.

participants were also given the chance to freely express their views on “what services would you like to see improved”, asking them to make a classification based on urgency, existence and/or absence of services, present and desired levels of quality as well as the accessibility and usability of such services.<sup>77</sup> The information gathered in rural areas (peri-urban, intermediate and remote) can be summarised as follows:

Young people:

- greatest hardships (why are they leaving the region?);
- social facilities (existence, accessibility, costs of facilities for music, festivals, cinemas), sports facilities (for example, swimming pools);
- options for afterschool classes and cultural activities;
- libraries and opportunities to participate in cultural association initiatives;
- internet access;
- work;

Women:

- social condition of women and families;
- time dedicated to caring for the elderly and the disabled;
- accessibility of healthcare services;
- possibility of giving birth in adequately sanitary conditions (avoiding caesarean sections) and receiving preventive care (breast cancer);
- access to nurseries, both to be able to work and as a place for socialisation between mothers and children;
- access to places delivering a range of services (shopping centres, libraries, cultural centres);
- existence of nurseries and elementary schools;
- existence or lack of school bus services to connect hamlets located furthest from the school;
- access to basic paediatricians.

The elderly:

- in-home and/or family-provided care (particularly by female family members or paid foreign care workers);

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<sup>77</sup> For example, it is not enough to know whether the town had an elementary school: it is also important to learn whether parents are satisfied with the teachers, if they have complaints about teacher turnover, if the curriculum is taught effectively, if afterschool classes are available, etc.

- access to primary healthcare services (specialist analyses, blood testing, measuring blood pressure);
- solutions for dealing with chronic conditions that require ongoing care (diabetes; asthma);
- existence of recreational centres for the elderly;
- access to telemedicine programmes and/or transport to the closest territorial healthcare centre/hospital.

Each focus group was led by a coordinator who moderated the discussion and prepared minutes of each meeting. The entire research group participated, as did between six and ten interviewees from different social classes. Each meeting lasted at most two hours, ensuring that all the participants had the chance to freely express their views.

The meetings were conducted informally and flexibly, with the research group intervening only to stimulate discussion and to guide it back towards the issues being studied whenever the discussion veered off topic.

To summarise, after a brief explanation of the study and the working group, all the participants (women, elderly, young people) were asked:

1. whether there really is a real problem with the supply of services;
2. where a problem exists, what are the most important services in terms of presence, quality, access and cost;
3. in analysing the services with respect to the type of territory in which those interviewed live, what is the perception of the quality and quantity of the services (if they are able to compare them with those of other regions of Italy);
4. what are the major problems to be solved (by priority), for example, having limited resources, what is the problem to be solved immediately, soon, later?
5. what, in view of their experience and/or how they operate, are practical, even if partial, solutions.

## **Annex B.1 The video “Dialoghi sul territorio”: from participatory evaluation to communication**

The video “*Dialoghi sul territorio: i servizi sociali nelle aree interne della Calabria*” (“Territorial dialogue: social services in rural Calabria”), which was produced in two versions – a complete version in Italian and a shortened version subtitled in English – is a communication tool developed to target to two different audiences: a local-territorial one (the “horizontal target”) and an institutional one (the “vertical target”).

In the first case, our intent is to reach a wide range of Calabrians in order to stimulate an open local debate on issues pertaining to social services in rural areas of the region. In this case, the video works to expand the informed audience and to promote an effective (from an economic standpoint) and a more participatory (from a political and social standpoint) synthesis in developing and implementing healthcare and social projects for Calabrians.

The second target audience for the film consists of local, regional, national and European institutions. The film gives a voice to the needs of the territory, needs that usually struggle to find a channel of communication to formal decision-making fora. In many cases, especially in rural areas, these problems are also perceived by local government officials. As in the territories themselves, it is also difficult to express one’s voice at the various levels of government. However, it seems that the demand for information that can be used in programming and a more balanced evaluation is growing strongly in Italy in light of the experience of the 2000-2006 cycle. The video experiments with providing a partial response to this demand, presenting itself as a communication tool that is much more usable than those traditionally used to “inform” these processes.

Below we lay out three specific objectives we pursued in producing the video. First, we sought to reinforce people’s capacity to develop organised demand for services. We were struck by the weakness in the demand expressed, the inability of citizens to address in an organised manner certain needs elsewhere considered primary, due both to the lack of specific skills and to the fragmentation of the territories and the needs themselves. The video was therefore designed to encourage the formation of a new local community, one that is less fragmented, more aware of its limitations and opportunities, more capable of interacting with decision-making fora as a capacity building tool.

At the same time, we seek to provide regional and national structures with verifiable information that can be used in developing policies. We offer three or four of the most

important issues found during our “listening to the territory” exercise and focus group encounters, as well as the results of the study overall, for the collective consideration of an audience made up mainly of administrators, qualified observers, evaluators and decision makers. Our goal is to delineate and foster discussion about the issues that arose during our research, ranging from services for young people, particularly education, to childcare services and services that enable women reconcile the family/career dilemma, to the network for providing daily assistance and healthcare to the elderly and persons with disabilities, enhancing their visibility. Among other things, these are issues that, during the implementation of regional programming documents, represent themes around which interventions for rural areas can be reorganised in order to make them more effective.

Finally, this is a test of a “transparent” public communication tool by setting out a methodology for gathering information and a method of analysis, and, above all, by communicating the objectives to be pursued, which in the case of the public operator involves the production of new public spaces (tangible, intangible, goods, services). In addition, by shining a light on the difficulties encountered in deploying public action, it focuses on credibly communicating the successes achieved, something that currently appears to be very difficult for government to accomplish. We sought to break out of the circle of segmenting and fragmenting information by attempting to “de-fragment a picture”, enabling dialogue, in order to clearly reveal the real alternatives and to guide the choices towards targets that are within the range of the material and human resources available. Given the foregoing, the approach to distributing, accessing and using the video becomes particularly important. While Italy and other countries occasionally produce audiovisual works that pursue similar aims, very rarely is an attempt made to develop a plan for their dissemination and the collection of reactions to them, reactions that are instrumental to stimulating a more participatory evaluation. In our case, in addition to organising a series of seminars and workshops, the video is available free of charge through online streaming. More specifically, in keeping with this initiative’s experimental nature, distribution via Internet is of extreme interest when it comes to encouraging participatory evaluation: using the tools available on the web, we can check at any time the number of people who are watching the video, the sites on which it is mentioned and blog posts referring to it. In short, it gives us additional tools for evaluating its impact.

## Annex B.2 List of persons interviewed<sup>78</sup>

### Services for assisting the entry of women into the labour force

#### *Regional government:*

<b>Antonino Bonura</b>	Director of Social and Family Policies Sector, Region of Calabria
<b>Caserta Vincenzo</b>	Director of Social Services Department – Regional social assistance plan (Measure 5.2 ROP), Region of Calabria
<b>Cesare Nisticò</b>	Department Director of the Social Policies Sector, Region of Calabria
<b>Mario Cristiano</b>	Head of the Regional Social Assistance Plan (Measure 5.2 ROP), Region of Calabria
<b>Anna Maria Ciaccio</b>	Head of the Social Policies – childhood and adolescence policies (Nurseries) department, Region of Calabria
<b>Giuseppe Arnone</b>	Official with the Social Policies Sector – Regional Social Assistance Plan (Measure 5.2 ROP), Region of Calabria
<b>Stefania Gareri</b>	Member of the regional task force formed by the Department for Rights and Equal Opportunity, Region of Calabria

#### *Experts:*

<b>Cosimo Cuomo</b>	Technical director of the <i>FIELD</i> Foundation, “Emergence and Development” Area, Expert on the Underground Economy (women)
<b>Beatrice Pernarella</b>	Front Office Supervisor – Employment Policies Support Department – INVITALIA S.p.a.
<b>Oronzo Marcosano</b>	Official of INVITALIA S.p.a.
<b>Giuseppe Nola</b>	Chairman of Capo Verde <i>SpA</i> , controlled by the <i>OSAS</i> cooperative, Piana di Sibari
<b>Francesca Filippa</b>	Head of the “A navetta” Textile Laboratory – Antichi Telai Feroletani

### The elderly and availability of healthcare services

#### *Central government:*

<b>Silvia Arcà</b>	Director of Office II – Directorate General of healthcare planning, essential assistance levels and system ethical principles (LEA), Ministry of Labour, Health and Social Policies
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<sup>78</sup> The list of people who participated in the meetings gives their position and department at the time the fieldwork was conducted (2007).

**Lucia Lispi** Director of Office VI - Directorate General of healthcare planning, essential assistance levels and ethical principles of the system, Ministry of Labour, Health and Social Policies

**Cristina Tamburini** Director of Office II – Directorate General of information systems, Ministry of Labour, Health and Social Policies

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## Annex C Calabria: direct survey of nurseries and regulatory framework

### Annex C.1 The nurseries universe

While conducting the evaluative study of the availability of healthcare and social services in Calabria, we undertook a study of nurseries in order to reconstruct a picture of the availability of childcare services in the various areas of the region, taking into account a number of qualitative aspects as well. The study can be broken down into two phases:

- conducting a census of nurseries and sizing of the reference universe;
- preparing the questionnaire and telephone survey.

The Internet was used to construct the sample of persons to be interviewed: search engines (Google and Virgilio), online yellow and white pages, websites focusing on the topic and the territory (*www.asilinido.biz* and *www.quicalabria.it*), municipal websites and websites of individual offices. We contacted municipal governments directly to obtain information concerning their territories that was not otherwise accessible. Data from the regional census under way were also included.

The study covered public and private nurseries<sup>79</sup> and supplemental services, including *primavera* sections (preschool early transition programme). We conducted telephone interviews of school heads, whom we asked to complete a survey for the 2005-2006 academic year containing the following information:

- number of places available;
- number of children enrolled;
- number of applications received and any waiting lists;
- number of teachers and whether there is paediatric support;
- hours during which service is provided;
- whether food service and outdoor play areas are available.

We made 296 telephone calls to a sample of 224 nurseries, of which 183 were interviewed, for a response rate of 82 per cent.

The universe comprises 135 nurseries and 48 alternative care structures (including *primavera* sections).

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<sup>79</sup> The survey also covered private nurseries operating within public preschools.

## Annex C.2 The applicable regulatory framework

The applicable regulatory framework for the governance<sup>80</sup> of childcare services in the region of Calabria is relatively inadequate. Recognized by Law 1044/1971 as a public interest service, the regulations for nurseries for children under 3 years of age in Calabria are set out in a single act (Regional Law 12/1973, “Rules governing nurseries”) that regulates the services provided by public entities. It sets out a series of general provisions and minimum requirements for the structures, their management and delivery of services. Based on this legislation, essential qualitative standards have been established to which public service providers must adhere.

**Table C.1 - Main qualitative standards pursuant to Regional Law 12/1973 “municipal nursery services”**

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<b>Facilities:</b>
<ul style="list-style-type: none"><li>• Areas where nurseries are to be built must be open and sunny, far from sources of pollution and industrial discharges, far from intense traffic, and preferably in wooded or park areas</li><li>• Nurseries must also have indoor and outdoor play areas and equipment</li><li>• Total number of places must normally be between 25 and 60</li></ul>
<b>Area:</b>
<ul style="list-style-type: none"><li>• Total usable area of at least 4.50 m<sup>2</sup> per child (infants)</li><li>• Total usable area of at least 7.90 m<sup>2</sup> per child (toddlers)</li><li>• Total usable common area for infants and toddlers of at least 0.60 m<sup>2</sup> per child</li><li>• Total usable area for general and complementary services of at least 1.90 m<sup>2</sup> per child</li></ul>
<b>Staff:</b>
<ul style="list-style-type: none"><li>• 1 caregiver every 4 infants</li><li>• 1 caregiver every 8 toddlers</li><li>• 1 employee for every 15 children (for services including food preparation, cleaning and laundry)</li><li>• 1 cook</li></ul>

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*Source:* UVAL

Subsequently, regional legislation mainly addressed the management of funds provided by central government (for example, Law 285/1997 and the 2002 and 2003 Finance Acts), with many nurseries in the region established thanks to these funds. Regional Law 23/2003, implementing Law 328/2000, regulated the creation of the integrated system of social interventions and services and allotted duties to the municipalities concerning based on responsibility for the administrative functions relating to social interventions carried out at the local level; programming, design and development of the local social services network; delivery of services and financial support; as well as the responsibility for authorising,

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<sup>80</sup> Article 193, paragraph 1, of Law 296/2006 (the 2007 Finance Act) provides for “an agreement under the aegis of the Unified Conference for an extraordinary intervention plan for the development of the territorial system of social and educational system” (nurseries, supplemental services, innovative services at the work place, with families and residential complexes) in order to achieve, by 2010, the target set at the Lisbon European Council. In order to pursue the objectives of the plan, the legislation appropriates €100 million per year for 2007, 2008 and 2009 (for a total of €300 million).

accrediting and monitoring private structures that provide social services. Finally, Regional Law 1/2004 recognised the role and contribution made by non-profit organisations, cooperatives, associations, and institutions that promote social aims, and all other third sector entities. In fact, Article 5 of the Regional Law affirms the Region's interest in promoting and supporting the adoption of innovative programmes by private social associations and organisations to encourage mutual aid among households (home daycare), to expand the space dedicated to nursery services through agreements with service industry operators and, in general, to provide technical and infrastructure support for creating recreational and educational activities for children. In recent years, the participation of the non-profit sector in offering early childcare services has been growing. Most of the nurseries in the region are privately operated, and in fact small municipalities frequently award contracts to social cooperatives to manage this service.

**BOX D - CHILDCARE SERVICES**

**- Nurseries and micro-nurseries**

*Public-interest educational and social services open to all children between 3 and 36 months of age. Focus on education, socialisation and the harmonic development of children. Operate at least 5 days a week for at least 6 hours per day (full time not to exceed 10 hours per day) and provide food service and nap time.*

**- Supplemental childcare services**

*Educational, recreational and social aggregation services open to children, who may be accompanied by an adult (parents, other relatives, etc.). The analysis included private structures in this category, including baby-parking services, broken down into:*

**- Centres for children**

*Basically similar to nurseries except that they are open for no more than 5 hours per day. Food service and rest areas are available.*

**- Children and family centres**

*For children accompanied by an adult (parent or other parental figure). They help in the socialisation of children and adults. Attendance cannot exceed 3 hours per day.*

**- Educational services and interventions within a family setting**

*A service for small groups of children under 3 years of age provided by specialised caregivers in a private home.*

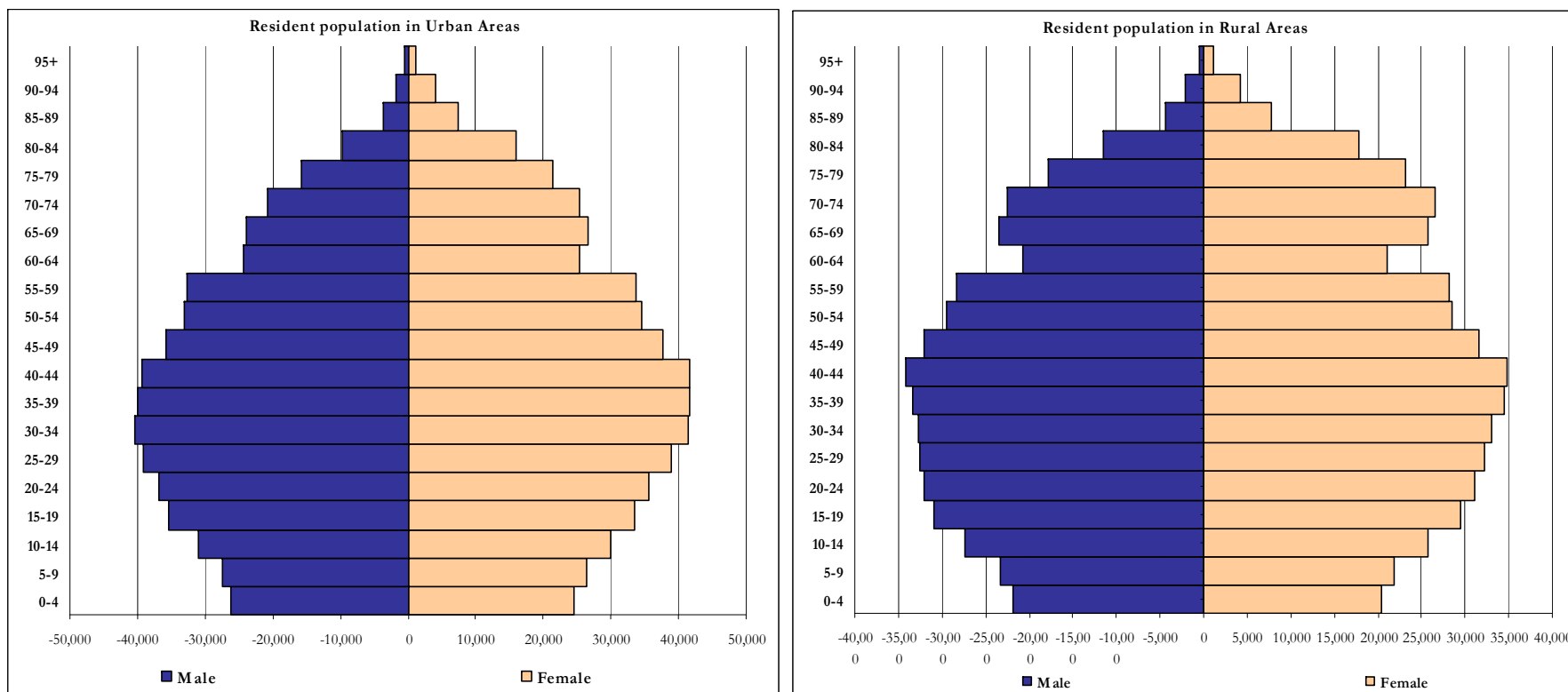
**- Experimental programmes**

*These include play areas, recreational centres, combined nursery-preschool classes, parental support services and company (or intercompany) in-house nurseries.*



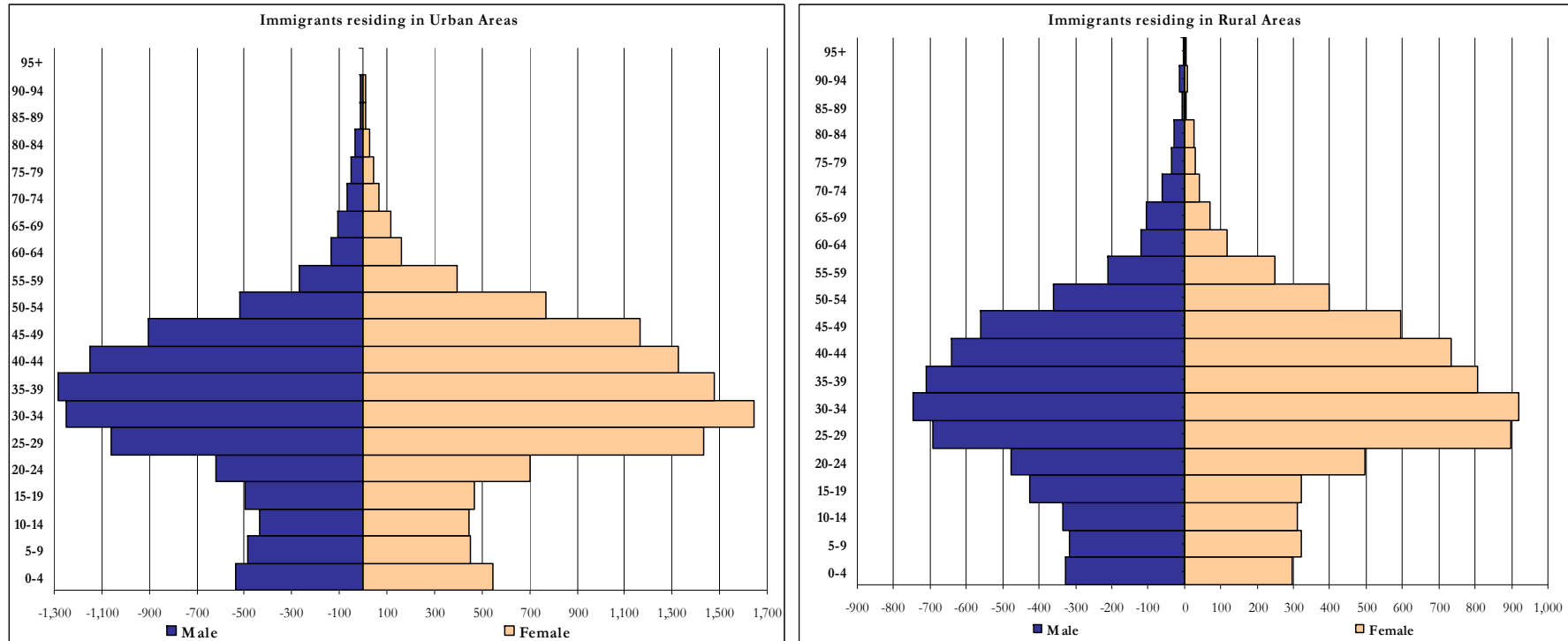
## Annex D - Resident population and immigrants by age group

Table D.1 - Rural and urban areas in Calabria: resident population by age group



Source: UVAL based on ISTAT data, annual surveys of resident population (2006)

Table D.2 - Rural and urban areas of Calabria: resident immigrant population by age group



Source: UVAL based on ISTAT data, annual surveys of resident immigrant population (2006)

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