EXECUTIVE
SUMMARY

Disability and poverty in Italian families

KEY HIGHLIGHTS

CBM'S FIRST REPORT ON DISABILITY IN ITALY

cbm

FONDAZIONE
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Introduction

The latest data from the World Health Organization tells us that there are 1.3 billion persons with disabilities worldwide, representing 16% of the global population. Moreover, in the Global Report on Health Equity for Persons with Disabilities, WHO estimates that around 142 million of these individuals have severe disabilities, and nearly 80% live in low – and middle – income countries.

These countries are characterised by a greater presence of barriers linked to the lack of infrastructure, difficulties in sourcing and distributing assistive devices, and less inclusive social systems. The data confirms **a link between poverty and disability**: a vicious cycle in which one feeds into the other.

CBM has been committed for over 110 years to **breaking this cycle** in Africa, Asia, and Latin America **through health, education, independent living, and emergency projects** that place persons with disabilities and their rights at the centre.

Since 2019, CBM Italia has also been working in our own country with initiatives aimed at promoting the inclusion of persons with disabilities and the full enjoyment of their **rights**, in line with the United Nations Convention, which inspires and underpins our work.

Poverty is also on the rise in Italy: according to the most recent Istat[1] data, 5.7 million people living in our country are in poverty, equivalent to 9.8% of the population. This poverty is not only economic but also a lack of health, education, services, opportunities, and relationships, making it a multidimensional concept of **social exclusion**. How this exclusion affects **persons with disabilities** living **in our country** is the **focus of this work**, which aims to address the lack of systematic research on the topic.

The study we present, carried out together with Fondazione Zancan, seeks to highlight and explore the connections between impoverishment and disability. It is a piece of **social research** that comes to life by **listening to persons with disabilities** and **their families**, from which new and unexpected **needs** have emerged.

This listening has revealed vulnerabilities, often invisible, but also resources and capabilities that these families can offer and which should be considered when outlining possible proposals to **promote real opportunities for inclusion**.

We hope this research can also serve as a **support tool** for other organisations to guide their services and activities, or as a starting point for further exploration of the relationship between impoverishment and disability.

Massimo Maggio
CEO, CBM Italia

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[1] ISTAT (*Istituto Nazionale di Statistica*) is the official statistical agency of Italy, responsible for collecting and analysing data on the country's economy, population, and society.

The report and persons with disabilities involved

In recent years, the incidence of absolute poverty in Italy has significantly increased.

According to Istat data, in **2022** it reached a **level** of over 5.6 million individuals (9.7% of the population) and 2.18 million households (8.3% of the total).

Statistically, it is well known that **households with persons with disabilities face a higher risk of poverty or social exclusion**. In 2022, 32.5% of people aged 16 and over with disabilities (with severe limitations in daily activities) were at risk of poverty or social exclusion, compared to 23.8% of the general population.

Academic literature has recognised that disability and poverty are mutually reinforcing conditions. In Italy too, it has been shown that persons with disabilities experience worse living conditions: greater material deprivation, higher unavoidable expenses, fewer employment and income opportunities. However, several aspects of the disability-poverty link have not been sufficiently explored, and Italy lacks ongoing statistical surveys on the relationship between poverty and disability.

This research was designed to contribute to knowledge by quantifying the extent of poverty among persons with disabilities and their families, and by exploring the connections between poverty and disability.

It engaged directly with nearly 300 persons with disabilities and their families (living across Italy, mostly aged between 14 and 55, and experiencing socio-economic hardship), families who faced these difficulties daily in their lives.
The "poverty" of these families was analysed in its multiple dimensions: not only income-related factors, but also social-relational aspects, housing, cultural, employment, and health disadvantage conditions.

All individuals/families were given a questionnaire on key socio-economic characteristics of the person with disabilities and their household, the help received or absent/inadequate, and their support networks. Among those who completed the questionnaire, 57 persons with disabilities/families agreed to participate in a qualitative follow-up, which explored the main needs of the person with disabilities and their household, the capacity of the existing support system to assist them, the connections between disability and poverty/socio-economic vulnerability, and the "resources" (skills, competencies, etc.) possessed by the individual and their family members.

The **272 persons with disabilities involved** in the study had the following characteristics: had an average age of 33 years; were predominantly male (62%); 9 out of 10 held Italian citizenship; 39% lived in three-person households; 45% had completed lower secondary education; nearly 6 out of 10 had a single type of disability (physical/motor, intellectual, sensory, or psychological); 62% had an intellectual disability; 8 out of 10 held a disability certificate under Law no. 104/1992[2], and of these, 86% had been recognised as having a severe condition; nearly 9 out of 10 had been recognised as having legal disability status[3], and 66% of these were classified as totally invalid; 34% (51% in the Centre-North and 21% in the South) had obtained disability certification for targeted employment placement, while 51% had never applied.

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[2] Law No. 104/1992 is Italy's main legal framework concerning the rights, support, and inclusion of persons with disabilities.

[3] Legal disability status in Italy refers to an official recognition by the state that a person has a physical or mental impairment which significantly limits their ability to carry out daily activities or work.

Support: what is there and what is lacking

Who cares for persons with disabilities

The **mother** is the most frequently mentioned caregiver: **in 6 out of 10 cases**, followed by the father (35%) and siblings (23%). In addition to family members, care is also provided by professionals (9%), family assistants (5%), or volunteers (5%).

In 37% of cases, there is only one caregiver responsible for the person with disabilities, and in nearly one in four (23%), this is the mother.

From the voices of families, the **impact on caregivers** emerges as **psychological** (mental burden, sense of isolation, etc.), physical (especially when the person with disabilities has complex needs or when the caregivers have their own vulnerabilities due to age or personal factors), and existential, particularly when caregiving duties lead to discouragement and, at times, personal, relational, or professional sacrifices.

9% of those involved in the study are supported by a family assistant.

Home care

In the past year, **just over 1 in 5 persons with disabilities received non-medical home care and support services provided by the local authority** (14% in the Centre-North and 27% in the South). These services are more frequently accessed by minors, those with a legal 100% disability status, those with at least three types of disability, and those experiencing material deprivation. Just over half receive support between 3 and 6 times per week. 22% contribute financially to the service. For 65% (78% in the Centre-North and 60% in the South), the support received is considered "fairly to very" adequate.

1 out of 10 people received medical home care services from the local health authority. These services are accessed, in particular, by younger individuals, those with physical/motor disabilities, and those with three or more types of disability. These services are entirely free of charge. More than half of the beneficiaries receive support between 3 and 6 times per week. For 56% of beneficiaries, the support received is considered "fairly" or "very" adequate.

Other social and socio-health support services

In the past twelve months: **44% attended a day centre, 17% received financial assistance, 16% benefited from employment support, 15% received assistive devices**, 12% accessed supplementary school support, 8% received the Citizenship Income[4].

Overall, **75% of these forms of support were considered "fairly" or "very" adequate**.

21% did not receive any public intervention other than home care in the past twelve months, and 49% received only one. Those living in materially deprived households and those not affiliated with disability support associations are more likely to receive financial transfers and employment support. Day centres are more frequently accessed by those not living in materially deprived households and those affiliated with associations.

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[4] Citizenship Income (*Reddito di Cittadinanza*) was a social welfare programme introduced in Italy in 2019 to combat poverty and promote social inclusion. Despite its name, it was not a universal basic income, but rather a financial support scheme for low-income households which was subject to specific requirements and calculations.

Who is not supported by public welfare?

At least 1 in 6 persons with disabilities involved in the study do not receive any support (home care, financial assistance, employment support, day centre, etc.) **from public bodies**. This situation particularly affects: adults (all minors receive at least one form of support), residents in the Centre-North, individuals with sensory disabilities, those who a legal disability status below 100%.

Missing or insufficient support

The most frequently requested forms of support, either not received or received in insufficient measure compared to actual needs, concern **social and health care** (mentioned in 39% of cases) **and social assistance** (37%). Other areas include **mobility** (external travel, 25%), financial aid (24%), opportunities for **socialisation** (23%), and **employment** (mentioned in 1 out of 5 cases).

Individuals with less severe disabilities, those living in the Centre-North, and those in materially non-deprived households more often request support aimed at social inclusion (socialisation and employment). Conversely, those with more complex disabilities, those living in the South, and those in materially deprived households more frequently request social or health-related assistance.

Considering all requests made to public institutions, **nearly 9 out of 10 concern services and/or contributions aimed at accessing services**, while just over 1 in 10 relate to financial transfers or essential material goods.

The feeling of abandonment

From the study **a widespread sense of abandonment by duty bearers and institutions** emerges: the burden of care falls mainly on the family, which often does not feel adequately supported from outside. Families express the need for more services, better qualified, more flexible, and designed to support the family unit as a whole, particularly the caregivers who bear the primary responsibility for care.

The isolation felt by families may manifest as a lack of knowledge and awareness of available or accessible opportunities and services, especially those provided by institutions.

In some cases, a sense of resignation is observed in response to the many difficulties faced, driven by the perceived abandonment by institutions and the wider community, particularly when this has been experienced over many years, leading to a weakening of hope and growing fears for the future.

Living conditions

Economic Hardship

In nearly 9 out of 10 cases, the person with disabilities lives in a household experiencing **"subjective" economic hardship**, that is, they report, making use of their available resources, managing to make ends meet "with some difficulty", "with difficulty", or "with great difficulty".

Regarding objective economic hardship, **62% of persons with disabilities live in households that would be unable to cover an unexpected expense of €500 with their own resources**. This type of difficulty is more common in the South of Italy, among individuals with three or more coexisting types of disability, and in families with younger parents.

In nearly two out of three cases, persons with disabilities live in households that cannot afford a one-week annual holiday away from home.

This inability is more frequent among those with multiple disabilities, those living in the South, and those in families with low educational levels, younger parents (under 50), or other disabled members in the household.

Just over one in four people live in households that cannot afford to eat meat or fish at least every other day; 22% are unable to adequately heat their homes, especially among those living in the South, not affiliated with disability support associations, and in families with low educational levels and younger parents.

Payment arrears

One in four respondents reported **falling behind on rent payments in the 12 months prior to the survey; this rises to nearly 6 out of 10 among those living in rented accommodation. More than 4 out of 10 were in arrears in paying utility bills** (water, gas, electricity, etc.) in the previous year. This condition is more frequent among people with three or more types of disability and among those living in households with the following characteristics: are not part of disability support associations; have younger parents; have low educational levels among household members.

Material deprivation

43% of persons with disabilities live in households where there is material deprivation. This condition is more common among those living in the South, with younger parents, not affiliated with disability support associations, with per capita monthly incomes below €500, and with educational and/or employment disadvantages.

More than 1 in 4 persons with disabilities live in households facing severe material deprivation.

Difficulty accessing essential goods and services

In 1 out of 5 cases, the person with disabilities lives in a household that, in the past year, struggled to purchase enough food to sustain the family. In more than 1 out of 3 cases, there were difficulties affording clothing, and in nearly 1 out of 4, sustaning transport-related expenses.

Almost 1 in 3 persons with disabilities live in households that, over the past year, did not have enough money for medical examinations, medicines, or other healthcare expenses. This condition is more frequent among those living in materially deprived households and among individuals not affiliated with disability support associations.

Employment hardship

In 1 out of 8 cases, persons with disabilities live in households with "severe employment hardship", where all other adult, non-retired, household members are unemployed, inactive, or unable to work. This rate rises to more than 1 in 6 in Southern Italy. The lack of employment affects not only the household's financial resources but also the caregivers' opportunities for personal fulfilment, as they often dedicate their time to the person with disabilities and the rest of the family.

Educational hardship

In nearly half of the cases, there is significant "educational deprivation", meaning that all other adult household members (excluding the person with disabilities) have no qualifications beyond lower secondary education[5]. This situation is notably more frequent in households with: other family members suffering from long-term or chronic health conditions, other family members with disabilities, material deprivation (both severe and moderate), no affiliation with disability support associations.

Health

Just over half of persons with disabilities live in households where at least one other person suffers from chronic illness or long-term health problems. One-third live in households where at least one other member has a disability. Both conditions are more common among families with older parents, those not part of disability support associations, and those where all other members have low educational levels.

Housing conditions

While most people live in a house they own, **more than 4 out of 10 live in rented or sublet accommodation, a proportion twice as high as the national average**.
Renting is more common among persons with disabilities living in households affected by material deprivation, not affiliated with associations, with low educational levels among other members, and with parents under the age of 50 years old.

Opportunities for socialisation

In many cases, **persons with disabilities face difficulties accessing recreational and social opportunities due to the non-inclusive nature of their environment**. Family members, especially caregivers, also struggle to participate in social or recreational activities, primarily due to the burden of care.
The **combination of disability and economic hardship** can hinder access to services and opportunities, as families tend to concentrate their financial and emotional resources on supporting the person with disabilities, regardless of their level of economic difficulty. This has consequences for the overall quality of life of the household.
The family's **socioeconomic and sociocultural background** also appears to influence their ability to access services, navigate available opportunities, overcome bureaucratic barriers, and manage expectations regarding entitlements.

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[5] Equivalent to education till 13 years old.

Informal networks

When there is need

In times of need, **persons with disabilities and their families may turn to material and/or emotional support from relatives living outside the household** (55%), **volunteers** (41%), **and friends** (29%). The greater presence of volunteers compared to friends in the potentially available support networks may suggest a lack or limited depth of friendship networks for a significant portion of persons with disabilities and their families. **Nearly 1 in 4 persons with disabilities live in households that do not identify any informal support network they can rely on.** At the opposite end, 12.5% of respondents believe they can count, in case of need, on support from relatives, friends, and volunteers. **45% of persons with disabilities and their families are members of an association that provides support.** This is more common among those living in households not affected by material deprivation and where other household members have higher levels of education.

Received support

Almost 2 out of 3 people received at least one form of free support over the past 12 months from informal networks: 42% received companionship, comfort, or moral support; 35% benefited from transport; 22% received help with administrative or bureaucratic tasks; 21% received material goods.

Given support

44% live in households that have provided some form of free support to relatives not living in the same household, friends, acquaintances, or other people. The most common form of given support is relational (companionship, comfort, or moral support), provided by 34% of households. 13% gave material goods, 12% helped with domestic tasks, 10% provided financial support. 56% did not provide any form of support. This is more frequent among those living in households with low educational levels, persons with disabilities in households facing severe material deprivation, and those with three or more types of coexisting disabilities. One-third of persons/families both received and gave support, representing the most “included” individuals/families.

At risk of isolation

Families of persons with disabilities report a risk of relative isolation. Support networks are sometimes absent, insufficient, or limited to extended family and/or other families with disabled members. The burden of care, combined with the economic difficulties of the household, can reduce the ability to build and maintain support networks, limiting opportunities for social interaction.

Capabilities to be valued

Despite the needs and challenges faced, families also show a proactive side. All families draw on their own resources and capabilities to cope with the difficulties related to disability and economic hardship, mainly human, moral, and psychological resources. These are not only used internally but are also extended outward, offered to others in a generative way.

Towards a better future: key insights and directions

The study revealed numerous **insights**.
The most significant four have been highlighted as essential and closely interconnected, and could be considered as effective actions to tackle the issue of poverty, as related to disability.

1

Breaking down "walls" that are isolating

These are **"relational walls"**, referring to informal and community networks that are often weak or limited to interactions with other families of persons with disabilities. They are also **"institutional walls"**, reflecting the insufficient support provided by public institutions, both in terms of quantity and the quality/adequacy of available services. And they are **"socio-environmental walls"**, where the context where people are living is often not enabling and, at times, even hindering, culturally, due to widespread lack of awareness and attention to the needs of persons with disabilities, and due to the persistence of stigma, especially in more disadvantaged areas. Isolation is sometimes linked to a **lack of knowledge** and, therefore, **awareness of rights and opportunities**. Conditions of relational isolation, lack of public support, limited knowledge, and difficulty accessing goods, services, relationships, and opportunities (employment, social, healthcare, etc.), as well as the need for guidance and support (bureaucratic, informational, etc.), are more frequent among families facing socio-cultural and socio-economic disadvantage. To break down the various "walls" that isolate families, particularly those in disadvantaged socio-economic and socio-cultural conditions, it is essential to **strengthen the culture of inclusion** among institutional actors and within the community. It is also crucial to promote broader and deeper **awareness of the needs and resources** of persons with disabilities and their families, both at institutional and community levels, and to increase understanding of **enforceable rights and accessible opportunities**.

2

Investing in services that promote humanity

A dual need clearly emerges. First, to prioritise and make more accessible **support in the form of services rather than financial contributions**. Services, when delivered in ways that truly focus on the individual, offer added value through their human and relational dimension, which makes them more effective than the mere provision of money or goods. Families are seeking "glimpses of humanity", which are often overshadowed in the current service system by bureaucratic and standardised approaches. The second need concerns forms of support that **respond not only to the needs of the person with disabilities** (in terms of care, mobility, socialisation, education/employment), **but also to the needs of family members and caregivers**, including psychological support, relief from the burden of care, guidance on available opportunities (including employment and social), and assistance with planning for the "after us"[6]. There is a widespread **call for humanising interventions and overcoming the standardisation of responses**, which are often based solely on clinical assessments. Instead, a more inclusive approach is needed-one that ensures a holistic care model for both the individual and the family, addressing their social, relational, and occupational needs.

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[6] "After Us" refers to a set of policies and support measures in Italy designed to ensure long-term care, autonomy, and social inclusion for people with severe disabilities after their primary caregivers, typically parents or close family members, are no longer able to provide support.

3

Recognising and valuing each person's abilities

The study shows that, despite the challenges they face, **persons with disabilities and their families demonstrate the ability to generate benefits for others**, at least in relational terms. These abilities, if nurtured, can help break down social barriers, particularly for those excluded from relationship networks.

To this end, at the local level, services and communities can adopt participatory tools and approaches aimed at **identifying the resources of families with disabled members, highlighting their value, and promoting them through targeted communication and sharing within relevant community and institutional networks.**

Such actions would have positive cultural and practical impacts, contributing to the gradual overcoming of social stigma that "institutionalises people within their own homes" and the related forms of discrimination against persons with disabilities and their families. They would also **strengthen opportunities for social and even employment inclusion**.

4

Promoting inclusive opportunities for life and work

Several families expressed concerns about the future, particularly regarding what will happen when parents, siblings, or other relatives are no longer able to care for the person with disabilities. This is the issue of **"during and after us"**, which affects all families, especially those facing greater socio-economic and cultural hardship. The "during and after us" **must be built gradually over time**, with careful attention to **facilitating transitions from living within the family to other living arrangements**. This requires **investment, particularly in the relational and employment dimensions**.

Alongside relationships, **employment** emerges as a key area for promoting and empowering persons with disabilities and their families. For caregivers, the burden of care can be a barrier to employment, with consequences for the household's economic and existential wellbeing.

Families also highlight the **enabling role that the workplace can play for both persons with disabilities and their caregivers**. For the latter, it is essential to promote policies that support the balance of work and care responsibilities, recognising the potential benefits in terms of employment and income.

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The full research report “Disability and Poverty in Italian Families” is available at cbmitalia.org

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