

From baby to elderly people's boom. Social inclusion through meaningful ageing in the future Welfare¹

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Abstract

Zygmunt Bauman emphasized how, in a complex society, it is necessary «[...] to re-focus one's cognitive attention on the transformation of the human condition» (2003, 60), as only from this condition is it possible to understand whether people attribute particular meanings to certain experiences that are useful for wellbeing and can define new welfare paradigms. In this framework, it should also be considered how society, in an age structure in which the baby-boom generation is gradually reaching the top of the age pyramid, is, from a quantitative point of view, becoming older and older, both because of the «collapse» of the birth rate and because life expectancy is growing longer and longer. Therefore, the population ageing is one of the most relevant social phenomena and an increasingly difficult challenge for welfare policies. The World Health Organization estimates that by 2050 the elderly population worldwide will increase to double, reaching a share of 22% of the total population (WHO, 2021; OECD, 2021). In Italy, the over-65 population will be 35,9% of the entire population, with an average life expectancy of 82,5 years (79,5 for men and 85,6 for women) (ISS-Epicenter, 2021). Care needs will further transform and change, and similarly the risks of possible social exclusion will increase. In this context, it is worthy to mention that the most fragile individuals with the health pandemic caused by Coronavirus (SARS-CoV-2) have been the elderly. Their vulnerability has affected their well-being (WHO), causing both greater deterioration in general health conditions and their greater social isolation than other social groups. This essay aims to present, from a sociological aging framework, the project entitled SEE ME-Social inclusion through meaningful aging. The main goal is to improve the care quality and the social inclusion of the elderly people through an analysis of the educational needs and experiences of all social operators. A chance to reflect on caring relationships and on social

¹ The authors wrote together the contribution. Formally Daniela Grignoli wrote Introduction, paragraphs n. 1, 2, 3 and 6 and Mariangela D'Ambrosio wrote Conclusions, paragraphs n. 4, 5 and 7.

service's role considering aging as an «active process» (meaningful aging), on the elderly as a resourceful person, and on the «care» not only as a social service provide system but also and especially as a real inclusive tool.

Keywords

Meaningful ageing; social inclusion; social work; social service; Relational Social Work.

Introduction

Scientific literature agrees that the progressive ageing of the population is and will be in the near future one of the most relevant social phenomena.

In fact, in contemporary society the so-called *baby boom generation* is gradually reaching the top of the age pyramid and, in addition, the «collapse» of the birth rate and life expectancy becoming longer and longer have the effect of an ageing society.

Thus, the ageing of the population is also a challenge for the actions of Welfare, which is becoming weaker and weaker, because of the sudden and continuous transformation of care needs, as well as the increased risks of possible social exclusion.

In this context, it is important to note that the most fragile individuals were the elderly also in the pandemic context caused by Covid-19. Their vulnerability has affected their well-being (WHO, 1948), causing greater deterioration in general health and greater social isolation than other social groups.

In order to improve care quality and social inclusion for elderly, it is getting more and more important to be able to reflect on the phenomenon of «aging», including training analysis needs and workers experiences who daily take care of them using relationship and specific professional tools.

1. The elderly population. A quantitative glance

Data on population trends report that worldwide «by 2050 the proportion of elderly people will tend to double from 11% to 22%² of the total population It is scientifically proved: among the most challenging social phenomena of the 21st century there is ageing population» (National Institute of Health – Italy).

According to Eurostat (2022), Italy has the highest percentage of elderly people and, according to ISTAT data, 55,4 per cent of these if female live alone, while when they live as a couple (52,5 per cent), the partner plays the role of main carer (Eurostat, 2022).

² Link at document: [https://www.epicentro.iss.it/ben/2012/aprile/2#:~:text=In%20the%20last%2050%20years%20the%20wo men\)%20\(6\)](https://www.epicentro.iss.it/ben/2012/aprile/2#:~:text=In%20the%20last%2050%20years%20the%20wo men)%20(6).). For an even more general overview, see also: <https://www.istat.it/demografiadelleuropa/bloc-1c.html?lang=it>

In this context, it should be remembered that very often the elderly person presents difficulties in caring for their own person, manifesting problems in the Activities of daily living (ADL) (11,2%) or in the Instrumental activities of daily living (IADL) (30,3%).³ Moreover, autonomy decreases particularly for the over 75s (19,8%) (Eurostat, 2022). These are activities related to daily life such as taking life-saving medication, shopping, household chores, administering available financial resources and other usual daily activities.⁴

This loss of autonomy is made even more serious when the elderly person suffers from three or more chronic pathologies as is well underlined in the Report on Equitable and Sustainable Well-being, 2021 (ISTAT), which shows that almost half of the elderly population (47,8%) is in this situation, especially in the South of the country where the percentage is 55,2% (North: 44,1%; Centre: 45,2%).

In this context, the role of the family is crucial as the main caregiver: it not only provides economic support, a real social anchor, but also plays an all-round relational role.

2. From diversity to inclusion

To study the ageing of the population, one has to take into account of socio-economic expenses related to care, assistance and social security costs, but also how to prevent those forms of social exclusion and, at the same time, how to promote (active) social inclusion (Morrow-Howell et al., 2015) of the elderly, in view of the fact that as many as «46% of the elderly over 70, almost 1 in 2, feel marginalized by society».⁵

This is why social policies are oriented towards channels of social inclusion through, first of all, the promotion of relationships through family support, through an appropriate redistribution of available economic resources and through welfare measures (Ferrer, 2012). This triad contributes to the quality of life (WHO, 1994) of the elderly person which is largely determined by his or her ability to do so while maintaining autonomy and independence (WHO, 2002a, p. 13). Specifically, this means considering the elderly person as a person at the centre of a global, long-term interest (EU Charter of Fundamental Rights, art. 25).⁶

³ Link at document: <https://www.istat.it/it/files//2019/12/Disabilit%C3%A0-1.pdf>

⁴ Link at document: https://www.istat.it/it/files/2021/03/Istat-Audizione-Osservatorio-Disabilit%C3%A0_24-marzo-2021.pdf

⁵ Link at document: https://www.ansa.it/canale_salutebenessere/notizie/salute_65plus/assistenza/2018/02/05/un-over-70-su-due-si-sente-emarginato-dalla-societa_9f58817e-eb3c-4d7d-a614-d809b1ea0480.html

⁶ European Charter on the Rights and Responsibilities of Older Persons in Need of Long-Term Care and Assistance. Link at document: https://www.age-platform.eu/sites/default/files/European%20Charter_IT.pdf (p. 3).

3. The quality of life and the «search for meaning»⁷

People's quality of life changes in the long term and it is difficult to describe and explain the peculiarities of this «metamorphosis».

In this way, re-thinking about the quality of life means to redefine the practical meanings of well-being, i.e. with the production of resources, the distribution of opportunities and the reduction of risks.

Therefore, it means reflecting on the possibilities of satisfying material well-being, but perhaps, and to an even greater extent, it means reflecting on the possibility of fulfilling «subjective needs» whose satisfaction is completed in the process of building a relational environment of everyday life that is characterized by norms of reciprocity, social trust, a sense of belonging and inclusion.

Consequently, society can be reconstructed by following the idea of a community that knows how to «take care» of people in difficulty, through an increase in sociability aimed at setting in motion those mechanisms of inclusion geared both to the reduction of social hardships such as poverty and social exclusion and to the generation of re-humanized social bonds.

This means that the quality of social life should tend to reduce the malfunctioning of social inclusion mechanisms, producing a benefit in the lives of people living in the community. In this direction, some situations of social exclusion can contract to the point of near-collapse when the social environment nurtures the processes of building meaningful social relationships.

From this, a person's level of social inclusion and his/ her quality of life depend on the level of «success» of the process of socialization, which consequently diversifies the intensity and specificity of his/ her social strength.

In particular, this social strength depends above all on the individual's ability to activate and experience social relations.

For this reason, the individual, not always having the same relational possibility, enjoys of a social strength that can swing towards forms of social vulnerability.

This reduced relational possibility can occur for all individuals in society, but can be observed with greater evident in the elderly, who by their very «natural» (biological age) characteristic have a lower possibility of orientation towards others.

In this case, the elderly individual is more at risk of social exclusion than other social exclusion than other individuals, since the elderly person lives in a problematic relationship with the cultural system that orients them in everyday life. In fact, in a globalised society when the elderly person is confronted with unlimited socio-territorial borders their established expectations are shattered to the extent that they feel «lost». Elderly person

⁷ This paragraph constitutes a reworking of what the author, Daniela Grignoli, has already expressed in a paper she wrote in 2011 entitled *Poveri esclusi. Constraints and opportunities* published by Edizioni Scientifiche Italiane.

possesses a socially less and a social pauperism of his culture that these conditions can create a sense of emptiness, of bewilderment and of exclusion.

As a consequence, the elderly person not to feel disoriented is less willing to activate and experience social relations beyond his social boundaries, but this fear of his triggers a «dangerous relationship», to his less disposition of social relations corresponds to his greater exposure to loneliness. Based on this scenario, the elderly person experiences a socialization process as a «natural» failure.

In this context, in order for the socialization process to be a new model of success, an approach centered on the person's centered on the individual's ability to construct the life he/she prefers, recovering the social value of the same through the «search for meaning» of one's own existence and one's own time with its own historical and cultural profile.

This will make it possible to recognize the multiple forms of the life cycle by listening to them and behaving «as if all were equal regardless of their different social locations and relevance».

4. Elderly people and active ageing

This is a complex issue, interested by multiple approaches because it is dynamic. The idea of classical older age origin as «vetustas», as decay and passivity, has transformed in to a new approach. In particular, since the 1990s, the WHO has introduced the concept of «active ageing», an umbrella term understood as «that process of optimizing opportunities for health, participation and security in order to improve the quality of life of older people».⁸

From the definition emerges the desire to consider as active those people who continue to participate in the social, cultural, spiritual, economic, civic life of a community. This is in line with the concept of health as wellbeing (WHO) and with the identification of those factors that influence the mode of ageing (Kalache & Kickbusch, 1997).

There has been a crucial transition regarding health concept: from the medical model in terms of absence of disease only, there has been a shift to the holistic model, so-called bio-psycho-social model⁹ (WHO, 1947; 2002). An approach that underlines health as «a state of total physical, mental and social well-being».¹⁰

This is health multidimensional conception that takes into consideration the individual psychological, social and family dimensions with repercussions on the evolution of

⁸ Link at document: <https://www.epicentro.iss.it/passi-argento/dati/CorniceEuropea>; http://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1; http://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1

⁹ See also International Classification of Functioning, Disability and Health (ICF), which distinguishes four components: body functions and structures activity and participation, environmental factors. The ICF also incorporates the concept of personal factors in WHO, 2002a.

¹⁰ Link at document: <https://apps.who.int/gb/gov/assets/constitution-en.pdf>

psycho-physical condition. There are, in other words, variables connected to the objective and subjective condition of the person that must be considered globally (aspects that are not only organic but also mental, social and spiritual-value aspects).

Then, ageing is not only related to the illness absence and possible disability but it is a social condition that allows social activities to be carried out fully, in a context that guarantees «protection, safety and adequate care when (*older people*) need assistance» (WHO, 1990). Health, Participation and Safety are the three keywords, then, for active ageing (WHO, 2002a).¹¹

The paradigm shift was evident in the transition from a needs-based approach in which the elderly were seen as passive subjects, recipients and mere users of care, to an approach based on rights and equal opportunities expressed through active social participation, in its various forms.

Therefore, a process of social inclusion of the elderly has begun, understood as the possibility of feeling part of a community, of expressing one's talents through activities (also by means of digital technologies)¹² that allow him to feel welcomed, involved, beyond any discrimination (Goffman, 2003) and social, cultural, economic barrier.

In fact, within the cultural frame of reference and considering gender (*cross-cutting determinants*), there are several social determinants at the basis of active ageing promoted by the WHO: economic, relational, behavioral, personal, physical, socio-welfare (access to services) factors (WHO, 2002a, p. 19).

Ageing must certainly be the condition to be active, but the focus must be turned to a further paradigm shift: it must be transformed into «meaningful» as a positive approach, based on new forms of caring relationships, that looks at elderly dreams and abilities and at their social needs, giving meaning back to the years.

5. The turning point of relational methodology applied to *ageing*. The Relational Social Work.

«Maintaining autonomy and independence as one grows older is a key goal for both individuals and policy makers. Moreover, ageing takes place within the context of others (friends, work associates, neighbours and family members). This is why interdependence as well as intergenerational solidarity (two-way giving and receiving between individuals as well as older and younger generations) are important factors of active ageing» (WHO, 2002b, p. 12).

¹¹ *Active ageing. A policy framework 2002*. Link at document: http://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf;jsessionid=94A8C695BD4C9E543D9A3B64E3AB53B8?sequence=1

¹² See the impact of digital technologies in the elderly population during Covid-19 in Zuddas, 2020.

Therefore, WHO reminds us how important is the relational aspect in the autonomy and emancipation dimension of elderly people; it is about relationships with significant others: family members (wider parental network), friends, neighbors', volunteers and associations. Also, from an intergenerational perspective. On these relationships, in the complex dimension analyzed so far, depends the well-being of the elderly, as well as their social inclusion. It is the construction of a new solidarity based on social investment strategies (Bourdieu, 1980) that can, over time, satisfy both tangible and intangible needs in proximity.

For professional social workers, these aspects are synthesized in the relational approach of social work, better defined as *Relational Social Work* (Folgheraiter, 2018) originating from the relational sociology of Professor Pierpaolo Donati. The theory principles can be applied to the ageing phenomenon.

First of all, elderly are thought as «individuals-in-relation, where the relationship is constitutive of the persons», in a dynamic exchange (Donati, 2013, p. 36) endowed with meaning (Donati, 2011). The elderly person is a «relational subject» (Donati, 2013): he is «both an individual subject and a collective (social) individual insofar as it concerns the role that the relationship to the other plays in defining and redefining one's identity, both personal (the identity that the Ego has of itself) and social (the identity that the Ego has for Others)» (Donati, 2013, p. 217).

In other words, he develops social-relational skills related to social identity (these include being with others and interacting in the group and with services; communicating and sharing one's ideas and experiences; collaborating; expressing oneself) that enable him to feel an active part of a social environment, in a positive manner. Moreover, such skills are, one of the protective factors for social isolation, feelings of loneliness (Bauman, 2000; De Leo & Trabucchi, 2019; Ferraresi, 2020; Cavalli et al., 2021), sadness and depression. In other words, the social role of the elderly is kept alive.

«We have a "relational social subject" when this *We* is configured as a relation (*We-relation*)» (Muzzetto, 1997).

In this sense, the social services role, the private social sector and associations (with family) is crucial:¹³ all these actors contribute the empowerment (as established, on the other hand, by the IFSW, 2014) of the elderly people, who must be stimulated and supported, in a multidimensional assessment of need, and encouraged to participate together with the family context of reference.

The Social Service itself draws attention to these aspects: «the relationship with the person, even in the presence of information asymmetry, is based on trust and is expressed through a transparent and cooperative professional behavior, aimed at valorizing all the resources present and the self-determination capacity of individuals (Preamble Code of Ethics for Social Workers, 2020, p. 7)».

¹³ See, in this regard, Talcott Parsons' transposition of the AGIL Scheme in Donati (Donati, 1998).

Sen's (1993; 1999) approach to capabilities, used also by Nussbaum (2011; 2012; 2014), is here recalled. Capabilities are «ways of acting, doing and being that typically constitute human life and distinguish it from other real or possible forms of life» (Nussbaum, 2012, p. 39). And, consistently, «the key concepts of the capability approach are easily connected to the core of social work and that it offers directions for almost every basic social work strategy» (den Braber, 2013, in Kjellberg 2022).

An essential link between Social Work, *Relational Social Work* and the skills approach: «social worker promotes opportunities for the improvement of the living conditions of individuals, families, groups, communities and their various social aggregations; she enhances their autonomy, subjectivity and capacity for taking responsibility, supporting them in the use of their own and society's resources, to prevent and deal with situations of need or hardship and to foster processes of inclusion».¹⁴

At the same time, they promote the elimination of categorizing and discriminating age-related behavior that may interfere with social care services and ethical principles in social care themselves as Kjellberg (2022) states: elderly population and elderly people, elderly subjects are all terms used in the article. However, it should be remembered that the elderly are not and do not represent a homogeneous group.

The relational approach, here declined for the elderly population according to these complex meanings, looks at their needs, desires, abilities and talents where professional social work becomes a *trait d'union* with the community and the territory. It is work based on active and meaningful participation.

Respect and trust, reciprocity and empowerment (Folgheraiter, 2016), as key-concepts to *Relational Social Work*, embody the same deontology of the social profession foundation: care becomes «knowing how to be and knowing how to stay in the relationship» (Folgheraiter, 2007).¹⁵

6. The See-Me project *Social inclusion through meaningful ageing: a new relational and co-created experiment*

The theoretical framework described so far summarizes the inspiring principles of a European project,¹⁶ still in existence, aimed at getting to know elderly people as «bearers

¹⁴ See also Title II, art. 8: «The social worker recognizes the centrality and uniqueness of the person in every intervention; considers each individual also from the biological, psychological, social, cultural and spiritual point of view, in relation to his or her living and relationship context». Link at document: <https://cnoas.org/wp-content/uploads/2020/03/Il-nuovo-codice-deontologico-dellassistente-sociale.pdf>

¹⁵ Link at document: <https://www.erickson.it/it/mondo-erickson/articoli/lavoro-sociale/oltre-saper-fare-essere-fondamentale-nelle-cure/>

¹⁶ Project sponsored under the European SeeMe Consortium: Vrije Universiteit Brussel, University of Molise, University of Utrecht, Matia Gerontological Institute, Büro für berufliche Bildungsplanung

of needs» but also as assets of resources. The ultimate aim is to improve their quality of life by guaranteeing a quality of care useful for social inclusion through the training of professionals and caregivers.¹⁷

This project is named *See-Me. Social inclusion through meaningful ageing* (<https://see-me-project.eu/> within the Erasmus Plus Program, Strategic Action KA2 from 1 December 2020 to 31 August 2023) and «aims to improve the quality of care for older adults by contributing to the knowledge on the needs of older adults and by increasing the skills and competencies of different groups of caregivers to respond to those needs. The emphasis here is on caregivers' competencies to SEE care as something more than physical and medical care, SEE the older person behind the patient, SEE social and meaning needs, and SEE the positive talents and dreams of older adults, not only their needs».¹⁸

In general, SEE the potentials of older adults receiving care.

In fact, the aim is to train all professionals and social workers working in dedicated services, through an educational guidance methodology and counseling learning (Klein & Reutter, 2005), subject-oriented (Holzkamp, 1996a, 1996b), experiential and self-organized. Based on the acquisition of specific skills.

These include cultural competences aimed at developing awareness of stereotypes related to older people and being respectful towards older people from other backgrounds, with a focus on gender, social class and sexual orientation; communication competences (dialogue; observing and understanding explicit/implicit meanings),¹⁹ relational boundaries; self-care competences; empowerment competences (helping the person in an active way, focusing not only on the recognition of critical points but also on his/her abilities and talents, so as to calibrate an appropriate intervention); finally, intervention competences (also seeking personalized solutions) (Mezirow, 1991; Merriam & Caffarella, 1999).²⁰

¹⁷ Project references can be found at the links: <https://see-me-project.eu/>; <https://www2.unimol.it/blog/2022/03/14/unimol-e-il-progetto-social-inclusion-through-meaningful-ageing/>; <https://www2.unimol.it/blog/2022/05/03/progetto-social-inclusion-through-meaningful-ageing-allunimol-la-tre-giorni-di-formazione-con-i-partner-internazionali/>

¹⁸ Link at document: <https://see-me-project.eu/>

¹⁹ The Deontological Code of Social Workers (Italy), already from the Preamble in coherence with the provisions of the SEEME project, emphasizes that: «The profession strives to address the ambiguities and dilemmas inherent in its practice, including through reflective practices and decision-making processes oriented to ethical results. The Social Worker, therefore, in relation to developments in social phenomena and political culture, has a duty to keep abreast of developments in the ethical dimension of the profession». And again, in art. 14 of Title III: «Ethical dilemmas are inherent in the practice of the profession. The Social Worker identifies and addresses them by highlighting conflicting values and principles. The resulting professional choices are the synthesis of the evaluation of norms, scientific knowledge, and professional experience, and are nevertheless directed toward respect for freedom, self-determination, and achieving the least disadvantage to the persons involved. The professional orients his or her conduct to maximum transparency about the reasons for his or her choices and documents, motivating it, the decision-making process». Link at document: <https://cnoas.org/wp-content/uploads/2020/03/Il-nuovo-codice-deontologico-dellassistente-sociale.pdf>

²⁰ Link at document: https://see-me-project.eu/wp-content/uploads/2022/06/IO1_%20Summary%20European%20Research-%20Italian_V3.pdf

In order to validate the educational model proposed by SEE ME²¹ an online survey of 154 European caregivers (social workers included) and elderly care professionals was conducted across Europe. The survey focused on the content and the learning process for the training of specialists. Initial results showed how important it is for them to work on a daily basis through an action plan that allows them to compare themselves with other colleagues. At the same time, it is necessary to learn new activities and working strategies that focus on the care relationship.²²

In particular, the University of Molise, already an active partner in the project, also contributed by conducting a field survey (November/December 2021) through ad hoc interviews to which 59 professionals from the Molise Region, of whom 29 professional social workers, working in the sector, in various facilities and organizations in the region, responded.

Especially social workers emphasized the need to learn new professional methods that are strategic for working with older people and their families, in which not only care but also and above all attention to their abilities is central.

It is also fundamental that professional updating his skills to a paradigm shift in which older people are considered not only as bearers of needs but as unique subjects with positive talents and dreams. The acquisition of those complex but integrated professional skills allows, according to experts, to work on the potential of the third age, in collaboration (multidisciplinary and team work) and co-creation.

Indeed, work on potentiality is an expression of «generativity», the ability of the elderly to contribute to the next generation from different perspectives; of «ego-integrity» understood as deep and retrospective reflection on life; of «gero-transcendence», giving oneself new understandings of the self and relationships with others.²³

The knowledge produced by the research serves, on the other hand, as an impulse for the development of tailor-made training programmers geared towards the various professional groups, volunteers and care and welfare professionals, as well as social workers and policy-makers working in the third age sector.

The project, therefore, aims to propose the «meaningful ageing» approach as a new «humanism», an expression of social solidarity and a metaphor for social resilience, a paradigm of reference that has their potential and personal growth at the centre of its work with older people from a community and holistic perspective.

²¹ Link at document: <https://see-me-project.eu/wp-content/uploads/2022/06/The%20education%20for%20SEE%20ME%20Model.pdf>

²² Link at document: <https://see-me-project.eu/wp-content/uploads/2022/06/Results%20of%20European%20Stakeholder%20Survey%20Educational%20for%20SEE%20ME%20Model.pdf>; https://see-me-project.eu/wp-content/uploads/2022/06/IO2_%20Summary%20Education%20for%20SEE%20ME%20model%20&%20European%20Stakeholder%20Survey_Italian.pdf

²³ Link at document: https://see-me-project.eu/wp-content/uploads/2022/06/IO1_%20Summary%20European%20Research-%20Italian_V3.pdf

7. The welfare we want

According to the European Health Survey – EHIS (data referring to 2019 but published in June 2021),²⁴ there is a high demand for care in the population over 75, together with a «deterioration of functional abilities, lack of social support, need for support, unfavorable housing conditions, difficult economic conditions» (ISTAT, 2021).²⁵

An important share, about 1,2 million (out of 2,7 million who have severe difficulties with both mobility and co-morbidity with other pathologies) claims not to receive adequate or insufficient support (European Health Survey – EHIS, 2021, p. 2).

A phenomenon, that of ageing, which, as emphasized so far, needs to be attended to on several levels and where welfare and social policies (Grignoli & Barba, 2017, pp. 51-68) must intervene in stinging time.

In this sense, the European strategy for care for «patients» and care recipients²⁶ provides for quality, accessible and affordable care services throughout the European Union and increased support of social workers and family. Starting from early childhood to old age.

In the Italian context, it is worth noting the proposal of 50 Third Sector associations to introduce the National Care System for the Elderly in Italy, called the *Pact for a New Welfare on Non-Self-sufficiency (SNA)*²⁷ which, thanks to the funds of the PNRR (National Recovery and Resilience Plan), has the purpose of responding in an integrated manner to the needs of non-self-sufficient persons, of achieving close coordination between the State, the Regions and the Municipalities (respecting the competences), defining a single pathway for access to and use of social welfare and health services.²⁸

The Welfare system in which Italy finds itself, indeed, although it is devoted to integration (*Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali*, n. 328/00),²⁹ in reality it still retains fragmented services and interventions on a regional basis, in a difficulty of access and delivery.

The so-called «familist» Italian welfare system, in fact, delegates a great deal to families, which represent the first system of care and help for the elderly and others. Unfortunately, there is no recognition of the figure of the family caregiver and no real regulation for the figure of family assistants («carers») (data from Censis and Assindatcolf, July 2022) on the very topic of «family caregiver», report that 58,5% of families «do

²⁴ The study is conducted in all EU states and covers aspects of population health conditions and use of health services. As part of the EU Commission Regulation No. 255/2018. Link at document: <https://www.istat.it/it/archivio/167485>

²⁵ See also: <https://www.istat.it/it/archivio/258319>

²⁶ Link at document: https://italy.representation.ec.europa.eu/notizie-ed-eventi/notizie/una-strategia-europea-lassistenza-destinata-ai-prestatori-e-ai-beneficiari-di-assistenza-2022-09-07_it

²⁷ Link at document: <https://www.pattononautosufficienza.it/>

²⁸ Link at document: <https://www.pattononautosufficienza.it/wp-content/uploads/2022/03/Patto-Proposte-introduzione-SNA-testo-definitivo-AGGIORNATO-01.03.2022.pdf>

²⁹ Link at document «Atto di indirizzo e coordinamento in materia di prestazioni socio-sanitarie»: https://www.camera.it/temiap/temi17/dpcm14_febbraio_2001.pdf

not hesitate to discard the solution of RSAs (nursing homes), preferring as an alternative option the hiring of a caregiver» (4th Focus Censis-Assindatcolf, 2022, p. 5).³⁰

In addition, 53,4% of families surveyed, considered it a priority to lighten the caregivers' care burden through the intervention of outside professionals (4th Focus Censis-Assindatcolf, 2022, p. 12).

The health sector (represented by the local health authorities) and the social sector (represented by the municipalities), according to this proposal, must therefore collaborate and work in synergy on the ground and in the community, in a national system that works.³¹

The National Participatory and Multilevel Coordination of Policies on Active Ageing itself, promoted by the Government's Department for Family Policies,³² reports that there are obstacles to the realization of a national strategy on active ageing.

This is for several reasons: regional disparities; the relationship between work and *lifelong learning*; separation between prevention and care policies and interventions prepared in the area of health; and issues related to *long-term care* (Pregno, 2016).

A Welfare that, together with the professional Social Service (Pregno, 2016), must be an expression of relational work for social inclusion and this is only possible if meaningful ageing is promoted: if there is an interconnection between people and ecosystem, between the elderly and operators in the wider network it is, then, necessary to work precisely on the support of the latter in order to achieve a condition of wellbeing at community level, based on the elderly as a person and as an expression of relationships.³³

There are many objectives to be achieved as stated in the Ministerial Declaration on Ageing 2022, *A sustainable society for all ages: joining forces to ensure solidarity and equal opportunities throughout life*³⁴ and the welfare we would like to see should go in this direction defining policy proposals, calculating the cost-effectiveness of the public policies to be activated and taking into account the Essential Levels of Care (LEA – Livelli Essenziali di Assistenza) and the Essential Levels of Performance (LEPS – Livelli Essenziali di Prestazione);³⁵ strengthening social welfare services without wasting economic resources

³⁰ As part of the project *Family Welfare and the Social Value of Domestic Work in Italy*, Link at document: <https://assindatcolf.it/scarica-il-quarto-report-censis-assindatcolf/>

³¹ For further learning, see the analysis published in: <https://welforum.it/un-nuovo-welfare-per-la-non-autosufficienza-i-cambiamenti-che-desideriamo/>

³² The report and all documents produced by the project *National Participatory and Multilevel Coordination of Policies on Active Aging* can be found on the project website: <http://famiglia.governo.it/it/politiche-e-attivita/invecchiamento-attivo/progetto-di-coordinamento-nazionale>

³³ See also the One Health approach. The holistic One Health vision, that is, a health model based on the integration of different disciplines, is both ancient and current. It is based on the recognition that human health, animal health and ecosystem health are inextricably linked. Link at document: <https://www.iss.it/one-health> e https://www.t20italy.org/wp-content/uploads/2021/09/TF1_PB05_LM02.pdf.

³⁴ Link at document: <https://famiglia.governo.it/it/politiche-e-attivita/comunicazione/notizie/si-chiude-la-conferenza-ministeriale-sull-invecchiamento-di-roma-con-l-impegno-di-realizzare-politiche-per-la-solidarieta-e-le-pari-opportunita-durante-tutta-la-vita/>

³⁵ Link at document: <https://www.salute.gov.it/portale/lea/dettaglioContenutiLea.jsp?area=Lea&i>

and avoiding overlapping of specialists (as well as waiting lists for further specialist examinations and operations).³⁶

In line with what the WHO has established and with what has been experimented in the field, one should focus not only on ADI (Integrated Home Assistance), where the response is linked to the clinical need of the elderly, but on the Home Assistance Service (SAD), a social welfare need, providing residential care for those unstable and problematic patients.³⁷

It also strengthens cooperation with services (Ambiti Territoriali) and third sector associations in the territory in an effective and efficient network for the entire National Health Service. Home care and assisted living must be strengthened, recognizing and supporting the rights of caregivers, also changing the criteria for the allocation and use (as well as the very existence) of the accompanying allowance/assistance (Saraceno, 2021).³⁸

A possible avenue could be, in addition, the «recognition of forms of income that can at least in part reward the substitutive role with respect to the absence or lack of forms of welfare appropriate to the social relevance of caring for dependent or elderly persons (25,5%)» (4th Focus Censis-Assindatcolf, 2002, p. 13).

Digital technologies, in this sense, could do a lot (Grignoli & Boriati, 2019).

So much so that there is talk, among the many declinations of the theme, of *e-health*, telemedicine, technology-based home care, tele-surveillance/tele-assistance at home (techno-assistance), a single digital platform for social-health services across the country, and channels related to digital-mediated prevention and awareness.³⁹

Crucial, moreover, is the role of the social worker as a professional in the care relationship in its broadest dimension. As an expert, first and foremost, he or she must balance the need of the elderly person by initiating him or her into the service, actively listening to him or her and building a relationship of help and support with him or her. As provided by Law no. 328/2000 in art. 22, *Definition of the integrated system of interventions and social services*. Specifically, the following is provided: «a) the professional social service and social secretariat for information and counseling to the individual and family units; b) the emergency social intervention service for personal and family emergencies; c) home care; d) residential and semi-residential facilities for persons with social fragility; e) residential or daytime community reception centers».

Social workers with other, use the Multidimensional Assessment Unit, also known as the Geriatric Assessment Unit (UVG for the non-self-sufficient elderly). And also the Individualized Assistance Plan (PAI), a document that gathers all the elderly person's needs in a multidisciplinary way in order to plan care and define assistance.

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³⁶ Link at document: <https://www.lavoro.gov.it/priorita/Documents/Piano-Nazionale-degli-Interventi-e-dei-Servizi-Sociali-2021-2023.pdf>

³⁷ Link at document: http://www.quadernidellasalute.it/imgs/C_17_pubblicazioni_3094_allegato.pdf

³⁸ Link to the interview: <https://www.secondowelfare.it/innovacare/chiara-saraceno-rsa-lassistenza-domiciliare-non-unalternativa/>

³⁹ Link at document: https://www.salute.gov.it/imgs/C_17_pubblicazioni_2129_allegato.pdf

The social welfare service delivery system must be recalibrated, however, by orienting social work action (instituting the figure of the case manager for families) towards the greater dissemination of a culture that knows how to motivate all operators, enhancing the uniqueness and potential of the elderly people.

It is Welfare, in its expression of social service networks that must contribute to the regeneration of the entire person-worker relationship together with the families, with a view to *long term care* (WHO, 1994; 2000) and in a context of widespread responsibility (Cesareo, 2017).

A Welfare that is heterogeneous at an institutional and organizational level, deals precisely with *long term care* (LTC).

«The disorder in the institutional chain and in the archipelago of services leads to significant inequalities in access to services. Only the most competent families with the best social networks manage to navigate and can recompose the entire archipelago of services, while the most deprived and lonely are unable to access a system that is too confused and dispersed (CSS,2020, p. 32)».⁴⁰

Conclusions

In the light of what has been briefly analyzed, it is the social approach connected to the «meaningful ageing» that should guide the social inclusion of the elderly in the welfare we want. A dimension that is not utopian but pragmatic that intercepts the elderly as talented and full of potential, with the needs (from a bio-psycho-social perspective) and with the activation and empowerment relational network (Folgheraiter, 2011) and social welfare.

In this context, it is important work with social workers starting from their training needs, from their willingness to acquire specific knowledge and skills; elements that translate, in cascade, into a better organized system of taking charge, of managing integrated services. As demonstrated by the current SEEME experimentation.

Social workers state that it is challenging to think about new methodological approaches that complement works tools already in their context in order to arrive at a more impactful and practical professional relationship. For example, thinking about a specific tool kit that social workers can use in residential and semi-residential facilities, with others professions, which can also be used by other colleagues in social work in the public sector.

This is true for elderly population need that are changing and will change more and more. Among these are the relational needs on which their overall well-being depends. Social workers professional relationship must, in this project, be an element of community:

⁴⁰ Ministero della Salute, Consiglio Superiore di Sanità-CSS, (2020), *Invecchiamento della popolazione e sostenibilità del SSN*, http://www.quadernidellasalute.it/imgs/C_17_pubblicazioni_3094_allegato.pdf, cit. p. 29

if they know better elderly needs, their aspirations and talents they can imagine new possibilities for care and empowerment. In a positive connection for their families and society as well.

This theme is a crucial issue today, recalling WHO's guidelines (2002): «the process of optimizing opportunities for health, participation and safety to improve the quality of life of people as they age». This original experiment intercepts, aspects related to the social work profession and the relationship with new knowledge and skills in the field of active and significant aging.

The Welfare system, the Professional Social Work and the National Service, should collaborate, in coherence, (re)defining and implementing standard activities to be proposed to citizens in a truly inclusive key, respecting social participation and access to social assistance.

References

- Bauman, Z. (2000). *La solitudine del cittadino globale*. Milano: Feltrinelli.
- Bourdieu, P. (1980). Le Capital Social Notes Provisoires. *Actes de la Recherche en Sciences Sociales*, 31, 2-3.
- Cavalli, S., Cereghetti, S., Pusterla, E. R. G., & Zaccaria, D. (2021). Isolamento sociale e solitudine nell'anzianità. *Iride, Rivista di economia, sanità e sociale del DEASS*, 11, 11-13.
- Cesareo, V. (2017). Per un welfare responsabile. In V. Cesareo (Ed.), *Welfare responsabile* (pp. 3-29). Milano: Vita e Pensiero.
- Cumming E., & Henry W. (1961). *Growing Old: The Process of Disengagement*. Basic Books, New York.
- De Leo, D., & Trabucchi, M. (2019). *Maledetta solitudine. Cause ed effetti di un'esperienza difficile da tollerare*. Milano: San Paolo Edizioni.
- Den Braber, C. (2013). The introduction of the capability approach in social work across a neoliberal Europe. *Journal of Social Intervention: Theory and Practice*, 22(4), 61-77.
- Donati, P. (1998). *Lezioni di sociologia. Le categorie fondamentali per la comprensione della società*. Padova: Cedam.
- Donati, P. (2011). *Sociologia della riflessività, Come si entra nel dopo-moderno*. Bologna: Il Mulino.
- Donati, P. (2013). *Sociologia relazionale. Come cambia la società*. Brescia: Ed. La Scuola.
- EUROSTAT. (2022). *Population structure and ageing*. Retrieved April 15, 2023 from https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing
- Ferraresi, M. (2020). *Solitudine. Il male oscuro delle società occidentali*. Torino: Einaudi.
- Ferrera, M. (2012). *Le politiche sociali*. Bologna: Il Mulino.
- Folgheraiter, F. (2007). Relational Social Work: Principles and Practices. *Social Policy and Society*, 6(2), 265-274.
- Folgheraiter, F. (2011). *Fondamenti di Metodologia Relazionale. La logica sociale dell'aiuto*. Trento: Erickson.
- Folgheraiter, F. (2016), «Lavoro sociale relazionale» [lemma]. In *Lessico della sociologia relazionale* (pp. 152-157). Bologna: Il Mulino.
- Folgheraiter, F. (2018). *Manifesto del Metodo Relational Social Work*. Trento: Erickson.
- Gallino, L. (1978). *Dizionario di sociologia*. Torino: UTET.
- Goffman, E. (2003). *Stigma. L'identità negata*. Verona: Ombre Corte.
- Grignoli, D., & Barba D. (2017). *Welfare Rights e Community Care. Rischi e opportunità del vivere sociale*. Napoli: Edizioni Scientifiche Italiane.

- Grignoli, D., & Boriati, D. (2019). Anziani, assistenti digitali e nuove politiche sociali. *Autonomie locali e servizi sociali*, 2, 207-220.
- Grignoli, D., & Mancini A. (2011). *Poveri Anziani. Vincoli e opportunità*. Napoli: Edizioni Scientifiche Italiane.
- Holzkamp, K. (1996a). Lernen. Subjektwissenschaftliche Grundlegung. *Forum Kritische Psychologie*, 36, 113-131.
- Holzkamp, K. (1996b). Wider den Lehr-Lern-Kurzschluß. In R. Arnold, *Lebendiges Lernen* (pp. 21-30). Baltmannsweiler: Schneider Verlag.
- International Federation of Social Workers/International Association of Schools of Social Work – IFSW. (2014). *The global definition of social work*. Retrieved April 15, 2023 from <http://ifsw.org/get-involved/global-definition-of-social-work/>.
- ISTAT (2021), *Gli anziani e la loro domanda sociale e sanitaria*. Retrieved April 15, 2023, https://www.istat.it/it/files/2021/06/rapporto_commissione_anziani.pdf
- Kalache, A., & Kickbusch, I. (1997). A global strategy for healthy ageing. *World Health*, 50(4), 4-5.
- Kjellberg, I., & Jansson, B. (2022). The capability approach in social work research: A scoping review of research addressing practical social work. *International Social Work*, 65(2), 224-239.
- Klein, R., & Reutter, G. (2005). *Die Lernberatungskonzeption Grundlagen und Praxis*. Baltmannsweiler: Schneider Verlag.
- Merriam, S. B., & Caffarella, R. S. (1999). *Learning in Adulthood: A Comprehensive Guide*. San Francisco, CA: Jossey-Bass.
- Mezirow, J. (1991), *Fostering Critical Reflection In Adulthood*. San Francisco, CA: Jossey-Bass Publishers.
- Morrow-Howell, N., Gonzales, E., Matz-Costa, C., & Greenfield, E. A. (2015). *Increasing productive engagement in later life* [Grand Challenges for Social Work Initiative Working Paper No. 8]. Cleveland, OH: American Academy of Social Work and Social Welfare.
- Mutton, Z. (2020). *Isolamento e inclusione sociali delle persone anziane: processi e possibilità di convivenza urbana* [tesi master di I livello]. Padova: Università degli Studi di Padova.
- Muzzetto, L. (1997), La We-relation come fondamento della intersoggettività. In P. Donati (2013), *Sociologia della relazione*. Bologna: Il Mulino.
- Nussbaum, M. C. (2011). *Creating capabilities: The human development approach*. Cambridge, MA: Harvard University Press.
- Nussbaum, M. C. (2014). *Approccio alle capacità e sfide educative*. Milano: FrancoAngeli.
- Nussbaum, M. C. (2014). *Creare capacità. Come liberarsi dalla dittatura del Pil*. Bologna: Il Mulino.
- Park, R. E. (1928). Human Migration and the Marginal Man. *American Journal of Sociology*, 33, 881-893.
- Pregno C. (2016). *Servizio sociale e anziani*. Roma: Carocci.
- Saraceno, (2021). *Il Welfare. Tra vecchie e nuove disuguaglianze*. Bologna: Il Mulino.
- Sen, A. (1993). Capability and well-being. In M. Nussbaum & A. Sen (Eds.), *The quality of life*. Oxford: Clarendon Press.
- Sen, A. (1999). The possibility of social choice. *American Economic Review*, 89(3), 349-378.
- Sennet, R. (2018). *Costruire e abitare. Etica per la città*. Milano: Feltrinelli.
- Villa, F. (2000). *Le dimensioni del servizio sociale*. Milano: Vita e Pensiero.
- World Health Organisation – WHO. (1994). Statement developed by WHO Quality of Life Working Group. In *WHO Health Promotion Glossary*. Geneva: WHO.
- World Health Organisation – WHO. (1948). *Constitution of the World Health Organization*. Geneva: WHO. Retrieved April 15, 2023 from <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>
- World Health Organisation – WHO. (1990). *Environmental Health Criteria 101: Methylmercury*. Geneva: WHO.
- World Health Organisation – WHO. (2000). *Home-Based and Long-term Care, Report of a WHO Study Group* [Technical Report Series, n. 898]. Geneva: WHO.
- World Health Organisation – WHO. (2002a). *ICF: classificazione internazionale del funzionamento, delle disabilità e della salute*. Trento: Erickson.
- World Health Organisation – WHO. (2002b). *Active Ageing. A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly*. Geneva: WHO.

- World Health Organisation – WHO. (2017a). *Global strategy and action plan on ageing and health*. Geneva: WHO.
- World Health Organisation – WHO. (2017b). *Guidelines on Integrated Care for Older People (ICOPE)*. Geneva: WHO.
- Zuddas, P. (2020). Covid-19 e digital divide: Tecnologie digitali e diritti sociali alla prova dell'emergenza sanitaria. *Osservatorio Costituzionale*, 3, 285-307.

Grignoli, D., & D'Ambrosio, M. (2023). From baby to elderly people's boom. Social inclusion through meaningful ageing in the future Welfare. *Relational Social Work*, 7(1), 153-169, doi: 10.14605/RSW712309.



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