

# Supporting relationships between caregivers, care workers, and older people: A case study of the *Sportello* at the *Centro di Solidarietà* in Reggio Emilia

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## *Abstract*

*In Italy, the primary caregivers for the older and/or disabled people are the families, often aided by foreign care workers. To support this kind of caregiving activities, some Regions and Local Authorities have introduced sportelli, services aimed at regulating the private care market. This study examines these services, focusing on the methods professionals use to strengthen relationships between caregivers, care workers, and the people in need of their assistance. The research employs a qualitative case study of the Sportello managed by the Centro di Solidarietà in Reggio Emilia (Italy). Observations were conducted on the daily activities of the professionals, particularly their interactions with caregivers and care workers. Additionally, 24 interviews were conducted with the professionals and a sample of caregivers and care workers. A thematic analysis was performed on the collected field notes and interview data. Intervention methods by the professionals were analysed through the lens of the Relational Social Work Paradigm (RSW), offering insights into how relationships are managed and improved. The findings provide recommendations to enhance the Sportello and similar services, while also proposing measures to improve the quality of care work.*

## *Keywords*

*Care work, Caregivers, Case study, Relational Social Work.*

## **Introduction**

According to the latest data from the Organisation for Economic Co-operation and Development, Italy is one of the countries with the oldest population in the world (Madama et al., 2019; OECD, 2021). With an old-age dependency ratio of 36.3, the share of older people (65+ years) compared to those of working age (20-64 years) is second

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only to Japan (OECD, 2021). Despite this and the alarming projections for future demographic trends, Long Term Care (LTC) policies for frail older people in Italy still struggle to be recognized as a relevant issue both in public debate and on the political agenda (Madama et al., 2019).

To better understand the current state of elderly care in Italy, it is useful to recall the definition of LTC and the structure of the interventions and services generally provided. The formula «Long Term Care» (LTC) refers to the various ways in which older people can be assisted and supported. It is defined by the European Commission as a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help for daily living activities and/or are in need of some permanent nursing care. In its broadest definition, LTC can be either formal or informal.

The former is usually provided by a qualified workforce and can be delivered in different settings, such as residential or semi-residential facilities; informal care, on the other hand, is provided by someone within the recipient's social network (e.g., a family member, friend, or neighbour), and the caregiver is not employed as a professional care worker (European Commission, 2021).

As is well known, the Italian welfare system is defined by various scholars as «familistic» (Ferrera, 1996; Saraceno & Keck, 2008). Even in Regions where the network of benefits and services is more developed, elderly care remains primarily the responsibility of families, who are required to assemble a care plan that often includes not only family caregivers but also domestic workers. For this reason, some scholars argue that there has been a shift from a family-based care model to one based on immigrant female workers in households (Bettio et al., 2006).

The research presented here focuses exclusively on care work carried out in the informal setting of the family. In Italy, this type of work is unique for several reasons. First of all, the privatisation of healthcare and care services has led to the consolidation of a system in which families rely on migrant women to care for the older and disabled people, making them the primary providers of care (Scrinzi, 2004; De Marchi & Sarti, 2010).

The second reason is the limited attention that policymakers give to care work, both because it involves migrant workers who are poorly protected and because it struggles to gain recognition for the skills and competencies involved in caregiving, which is often considered a natural inclination, especially for women (Van Hooren et al., 2018).

Lastly, domestic care work is distinctive because it is not solely based on wage compensation for care services; often, the agreement includes room and board provided by the family («live-in domestic care work»). So, the intimate nature of the home setting makes it even more difficult to regulate and oversee this sector, leading not only to a significant amount of undeclared work but also to a niche of irregular migrant labor (Van Hooren et al., 2018).

## Domestic Care Work in Italy

In Italy, there are approximately 16 million families (ISTAT, 2020). According to the National Observatory on Domestic Work (DOMINA, 2020), about 2 million of them employ a domestic worker. This kind of data suggests that domestic work is a vast sector that involves many people, both in Italy and at a global level, with significant differences across continents. It is therefore necessary to define it precisely.

In 2011, the International Labour Organization (ILO) Conference adopted the Convention on Decent Work for Domestic Workers (No. 189), which defines as «domestic worker» any person engaged in domestic work in an employment relationship. Unlike services provided in dedicated organisations, domestic work takes place within the home environment. Within the broader category of «domestic work», it is essential to distinguish «domestic care work», where the primary task involves assisting children, older people, and/or individuals with disabilities (Alemani, 2004; Ambrosini, 2013). To clarify what care activities entail, a definition aligned with international literature can be found in the ILO report, «Care Work and Care Jobs for the Future of Decent Work» (2018). This document defines care work as the set of activities and relationships aimed at meeting the physical, psychological, and emotional needs of individuals, especially children and frail adults, young and old. All these individuals have physical, psychological, cognitive, and emotional needs that require varying degrees of protection and support. Care activities can be broadly categorised into two types: direct care activities, which involve personal assistance (face-to-face), such as feeding a baby, helping an older person to take a bath, nursing a sick partner; indirect care activities, such as cleaning, cooking, doing the laundry, and other household tasks that do not involve direct personal care but are essential preconditions for caregiving (ILO, 2018). Both types of activities fall under domestic care work and often overlap in daily life, making them difficult to separate. These tasks impact both the person performing them and those who benefit from them (Marchetti & Triandafyllidou, 2015).

The specific structure of domestic care work varies from country to country. In Italy, it is primarily carried out by individuals from non-European countries (49.6%), and, in line with unpaid care work trends, by women (82.2%). Compared to the past, two significant changes have emerged:

1. The decline of domestic care workers: families remain the primary providers of care, even in the home countries of domestic care workers. As many migrant women employed in the care sector have left their home countries, families have had to reorganise their caregiving practices. Some migrant women have returned home to care for their own parents, while others have brought their older relatives to Italy, reducing the workforce available to assist Italian older people, particularly in live-in care arrangements.
2. The increasing age of domestic care workers: a decade ago, most domestic care workers were between 30 and 49 years old (54.0%). Today, the largest group con-

sists of women over 50 (52.4%). Meanwhile, the proportion of younger workers (under 29) has dropped from 15% to 5% of the total.

In summary, discussions about domestic care workers in Italy often refer to older migrant women from ethnic minorities who come to Italy for work and are typically over 50 years old (Vianello, 2019). Another characteristic of domestic care work in Italy is the high prevalence of irregular employment. According to IRS estimates, only 45% of non-EU workers have a formal contract and a residence permit; 35% do not have a work contract but possess a valid residence permit; and the remaining 20% lack both a contract and a residence permit (Cibinel et al., 2017). The main reasons families resort to irregular employment include a lack of awareness, the need to reduce costs, the inherent precariousness of domestic care work (which often depends on the health conditions of older people), cultural and ethical value systems, and the absence of external support or intermediaries. As a result, the decision to hire a domestic care worker with or without a formal contract, as well as the organisation of tasks, is often managed informally. These arrangements are typically based on negotiations between the parties, shaped by their respective needs and interests. In some cases, the high level of deregulation in domestic care work is mitigated by informal social regulation among caregivers and workers, commonly referred to as word-of-mouth hiring (Marchetti, 2017).

These factors highlight the complexity of this sector, in which all involved parties experience some form of vulnerability. Workers may face legal, professional, and personal risks, particularly if they lack a valid residence permit. Caregivers, on the other hand, often bear sole responsibility for selecting and managing domestic care workers. Meanwhile, care recipients — who are frequently frail and in need of constant assistance — may have to rely on unqualified individuals working out of economic necessity rather than professional choice.

## **The Italian *sportelli* for Domestic Care Work: An Overview**

From this perspective, Italy's domestic care service centres (known as *sportelli* in Italian), which are the focus of this research, can play a crucial role. These *sportelli* were among the first services created to support domestic care work, initially operating informally within parishes and later evolving into more structured and formalised entities (Pasquinelli & Rusmini, 2016). Originally conceived as simple information points, they now guide citizens through the procedures for regularising domestic workers and serve as a long-term reference point for both parties, even after the employment contract has been signed.

These services, initially established to connect demand (families) with supply (domestic care workers), address the needs of both parties to varying degrees. They assist families (employers) in cases of worker illness, vacation, changes in caregiving needs, or

conflicts, while also supporting care workers by informing them about available services and providing training on legal matters, household management, and caregiving for dependent people (De Marchi & Sarti, 2010; Pasquinelli & Rusmini, 2013). For this reason, these *sportelli* play a crucial role in the professionalisation of domestic care work and often collaborate with municipal social services and other entities operating in this sector. In some cases, they effectively extend social services to populations that might otherwise struggle to access them, offering both emotional support and practical guidance for highly specific needs (Pasquinelli & Rusmini, 2016).

In Italy, the landscape of *sportelli* is diverse, as they are established at regional or local levels. In some districts all functions are provided by a single integrated service, which directly offers some services while coordinating with other public and private entities for additional support. Depending on their purpose, these domestic care service centres can be categorised into three models (Pasquinelli & Rusmini, 2013): «informational model», where professionals simply collect family requests and provide contact details for available workers; «matching mode», which facilitates the connection between demand and supply by assessing family needs and evaluating workers' skills; «integrated model», which is networked with local social and healthcare services and capable of providing long-term support.

Through the National Recovery and Resilience Plan (PNRR), the Italian government has allocated investments and resources to various sectors, including long-term care, introducing changes that may impact the organisation of *sportelli* at the local level. The establishment of «single points of access» (PUA) to social and healthcare services, as outlined in the PNRR, could help overcome the fragmentation of service access and needs assessment, providing families with comprehensive information on the full range of services, interventions, and support available to them. Beyond offering information, these access points could facilitate multidimensional assessments, provide personalised guidance, and direct users to the appropriate institutions and services (NNA, 2021). *Sportelli*, which manage needs assessments, assistance planning, service access facilitation, and training for domestic care workers, could be integrated into these new access points. Operating at the micro-social level, these welfare services support relationships between families and workers, helping to move beyond the individual nature of domestic care work by strengthening all aspects of caregiving. Their goal is to integrate formal (institutional) and informal (community-based) caregiving practices into a cohesive assistance plan.

### *Research on Domestic Care Service Centres*

Despite being well-established and widely available across Italy, domestic care service centres have not been the subject of extensive research. Two systematic regional studies have been conducted — one in Emilia-Romagna and another in Friuli-Venezia

Giulia (Pasquinelli & Rusmini, 2013; Tomasin, 2014) — along with two case studies in Lombardy (Moscatelli, 2011) and Piedmont (Torrioni, 2015). The regional studies found that users primarily turn to these services for emotional support and informal guidance rather than job-matching services (Pasquinelli & Rusmini, 2013). Meanwhile, the case studies highlighted both strengths and limitations. Strengths include: empowering family caregivers by informing them about available services and benefits; enhancing the professionalisation of domestic care workers through training; supporting the creation of caregiving networks; promoting self-determination and co-planning among all parties involved; finally, improving relationships between caregivers and workers, recognising that the success of domestic care work depends on the well-being of both parties. Limitations include: limited capacity to address informal or undeclared work and challenges in providing adequate support to caregivers, particularly with regard to the bureaucratic procedures related to employment contracts.

These challenges underline the need for further research in this area. Specifically, analysing services like *sportelli*—which were established to support home care by fostering relationships between families and domestic care workers—can help identify best practices for ensuring the well-being of older individuals and assisting families. Focusing on these domestic care service centres means, on one hand, expanding the ability of the social and healthcare system to respond to caregiving needs and, on the other hand, strengthening local service networks to create a more comprehensive and effective support system.

## The Relational Social Work Paradigm

The Relational Social Work Paradigm (RSW) (Folgheraiter, 2002, 2011) is a social work framework based on the assumption that solutions to problems — meaning change and overcoming life difficulties — are rooted in social relationships. This paradigm has been adopted in the present research to reinterpret the relationship between those providing help (social workers/professionals) and those in need of help (families and domestic care workers) in order to identify insights that can support the professional practice of *sportelli* professionals. The Relational Approach challenges the traditional concept of a helping relationship as an intervention where a professional, through their expertise and knowledge, diagnoses the problem and seeks a solution. This method is rooted in the medical model, which is often adopted in social professions as well, assuming that difficulties should be addressed through specialised intervention. A social worker who adopts a relational perspective, instead, shifts from a logic of «cure» to one of «care» (Folgheraiter, 2011). This implies personal engagement through attention, encouragement, physical and emotional support, and a more balanced relationship between the helper and the person being helped (Folgheraiter, 2011). This «care» approach is not necessarily inherent in professional practice but depends on how social workers perceive and define

social problems. In social work, practitioners deal with life problems (Folgheraiter, 2002, 2011), which cannot be resolved through standardised procedures or protocols because solutions also depend on the agency of the people involved. According to the RSW approach, since solutions to social problems emerge from within them (Folgheraiter, 2007), it is not the social worker's role to seek the causes of dysfunctions, as a clinical expert would. Instead, the focus is on the agency of individuals affected by these difficulties and their willingness to address the problem (Folgheraiter, 2016).

Thus, the professional's role is not to directly solve the issue but to accompany and encourage individuals to reflect on possible strategies for change. This involves modifying behaviours that perpetuate suffering and distress, ultimately helping people to reorganise their life. From this perspective, overcoming difficulties is not solely the social worker's responsibility but a shared goal achieved through mutual support between the professional and the person, group, or community experiencing hardship.

As Donati (1991) highlights, this approach transforms the traditional role of social service users, as they are no longer seen as passive recipients of interventions but as active agents and co-producers of help (Folgheraiter, 2017). Furthermore, the social worker's partner is never an isolated individual but rather a network of various actors involved in the problem-solving process (Donati, 1991; Folgheraiter, 2017). This network consists of individuals who share a concern and are united by the desire to find ways to address it. The social worker, therefore, connects with and integrates into this network, which becomes an ally in identifying solutions to social problems. As a «relational guide», the relational professional brings together motivated individuals, encourages their interaction, and facilitates decision-making.

The work of domestic care service centres professionals also requires an understanding of the social context of older adults and a holistic view of the person within their environment to effectively assess their issues. To improve the well-being of older people, support caregivers, and assist domestic care workers, professionals must deeply understand the dynamic interactions between people and their surroundings. Therefore, the RSW paradigm, with its emphasis on network facilitation, agency, and empowerment — including for the most vulnerable individuals — can serve as a valuable approach in supporting domestic care work.

## Methodology

The research presented here aims to explore in depth the functioning of a domestic care service centre, the *Sportello Assistenti Familiari* at the *Centro di Solidarietà* in Reggio Emilia (CEIS). The objective is to examine how professionals support the relationship between caregivers, older individuals, and domestic care workers, alleviate their difficulties, and mitigate the negative impacts of domestic care work while enhancing its strengths,

as outlined previously. This research experience, conducted between September 2019 and July 2021, will be described in detail.

### *Research Questions*

Studies on domestic care work in Italy primarily focus on the experiences and personal accounts of those directly involved — caregivers, care recipients, and workers (Catanzaro & Colombo, 2009; De Marchi & Sarti, 2010; Pasquinelli & Rusmini, 2013; Tognetti Bordogna, 2010, 2016; Tognetti Bordogna & Ornaghi, 2012; Vianello, 2016, 2019; Vianello et al., 2020). However, few studies have thoroughly examined domestic care service centres and, in particular, the professional work carried out by their staff.

The aim of this research is to explore the most effective professional methods adopted by professionals at the *Sportello Assistenti Familiari* in addressing the challenges of domestic care work and in fostering relationships between workers and families. The study considers the perspectives of all parties involved in the support process, based on the belief that incorporating multiple viewpoints is crucial for generating new knowledge (Ferguson, 2004).

This research seeks to answer the following questions: What methods and methodological approaches do CEIS professionals use to manage their relationships with caregivers, older individuals, and domestic care workers, and to support their interactions? What makes this Sportello valuable from a human and relational perspective? What challenges do caregivers and workers identify in the Sportello, and what changes do they hope to see?

### *A case study approach*

The research employs a case study methodology using qualitative techniques. The qualitative case study explores one (or more) cases over time through a detailed and in-depth data collection involving multiple sources of information (Stake, 1995). This type of research typically relies on natural sources of knowledge, such as the observation of interactions occurring within physical spaces (Hyett et al., 2014). The case under examination is the *Sportello Assistenti Familiari* at the *Centro di Solidarietà* in Reggio Emilia (CEIS). The objectives of the service in Reggio Emilia are based on the guidelines issued in 2007 by the Emilia-Romagna Region for the emergence and professionalization of the care work carried out by domestic care workers. In the guidelines, the main interventions foreseen for families are: services capable of providing information and directing families in relation to various issues; promotion of a structured system for matching labor supply and demand; assurance of integration with the network of social and health services, especially with home care services. Instead, the interventions to support domestic care



workers include: initiatives aimed at language learning; the development of self-help initiatives; tutoring activities carried out by professionals (such as nurses, social workers, etc.); development of flexible training focusing on self-training, mentoring, and periodic assessment in collaboration with social and health services — thus integrating family assistants into a meaningful network of relationships.

In accordance with regional regulations, the Sportello Assistenti Familiari in Reggio Emilia has the following objectives: assisting families in stabilising care arrangements they can no longer manage independently; selecting and training individuals for domestic care work; matching families with workers and ensuring long-term support; and providing counselling to caregivers and workers, including conflict mediation when necessary.

Data collection involved participant observation and semi-structured interviews. Participant observation lasted for five months (52 meetings were observed, amounting to 48 hours of observation from September 2020 to January 2021). The primary goal of participant observation was to gain a deeper understanding of the work culture, the different phases of the support process, the relational approaches adopted by professionals, and the tasks and functions performed for families and domestic care workers. Additionally, it aimed to analyse how professionals describe their daily activities and decision-making processes (Ferguson, 2004). The observation focused on the real and active participation in the daily work of the professionals, particularly during meetings with caregivers and domestic care workers. For this reason, the observation was overt, with the researcher's role openly declared and the objective of the study shared. As this research was conducted within an executive PhD program, there was a pre-existing relationship of trust and familiarity between the professionals and the researcher. Moreover, conducting the observation over five months allowed the professionals to gradually become accustomed to the research activity and to «let their guard down» regarding the defense of their professional image from the researcher's gaze (Cardano, 2011). The overt nature of the observation also gave the researcher the opportunity to reflect together with the staff on the interpretations developed, and to include their feedback and comments on the observed relationships (Amaturo, 2012). To record and track events and to obtain a descriptive account of what was observed that could be analyzed, detailed handwritten field notes were taken, in which observational data on the meetings were recorded (Stake, 1995; Ferguson, 2004). The decision was made not to define a rigid framework of elements to observe, but rather to immerse in the field with the aim of observing what emerged as relevant to the research. Subsequently, and partly in parallel with the observation (November 2020-February 2021), interviews were conducted. Semi-structured interviews were conducted with all parties involved in the Sportello Assistenti Familiari (professionals, caregivers, and domestic care workers) to explore how interventions were developed and their perceived significance. This approach allowed for multiple perspectives on the case study and helped validate the data collected through observation. In total, 24 interviews were conducted: one with the manager, two with professionals, and a sample of 10 car-

egivers and 11 domestic care workers. The interview guide for professionals focused on the development of interventions and their perceived significance, while the guide for caregivers and workers explored their experiences with the Sportello. The selection of the sample of domestic care workers and caregivers to observe and interview was carried out together with the manager of the Sportello, with the limitation that this may have led to a selection in which more critical opinions could be underrepresented. The pre-existing relationship between the researcher and the staff reduced the risk that professionals would feel monitored or judged in their work and enabled an open and collaborative relationship, including in the selection of situations to observe and people to interview. Nevertheless, detailed procedures were implemented to obtain participants' informed consent. For the interviews, the aim was to gather a heterogeneous sample to expand and enrich the range of information collected about individuals' experiences with the service.

The selection of the caregiver started with identifying the family member who had been designated as the contact person during the initial meeting with the Sportello. Then, an effort was made to differentiate caregivers in terms of age (the oldest was 77, the youngest 53), gender (8 women and 2 men), relationship to the care recipient (5 mothers, 2 husbands, 1 mother-in-law, 1 aunt, 1 father), the type of care arrangement requested (9 live-in arrangements, 1 day-only), and the duration of involvement with the Sportello (from a minimum of 1 year to a maximum of 8 years). The manager was also asked to identify, where possible, non-linear and complex cases, including those in which multiple domestic care workers had succeeded one another. Regarding domestic care workers, the manager was asked to select individuals from the countries most represented at the Sportello (4 from Georgia, 2 Italians, 2 from Morocco, 1 from Ukraine, 1 from Nigeria, and 1 from Romania), with varying ages (the youngest was 32 and the oldest 75), gender (1 man was interviewed, as men represent less than 10% of the total workforce at the Sportello), and working arrangements (6 live-in, 5 hourly). The sample size was not predetermined; instead, the guiding criterion was theoretical saturation. Data collection was considered over once it was determined that additional interviews no longer provided new insights into the research topic (Amaturo, 2012). Thus, the information collected was considered sufficient and complete for the research objectives (Morse, 1995). The analysis of field notes recorded in the observation grid and interview transcripts was conducted using thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006). This involved examining the semantic content of the collected material and organising it into themes and sub-themes (Braun & Clarke, 2006; Amaturo, 2012).

### *Limitations and Ethics*

The study's findings are closely tied to the local context in which the research was commissioned and conducted. One limitation, inherent to qualitative research, is that its

results cannot be generalised, as they apply exclusively to the experience of the Sportello in Reggio Emilia. However, gaining an in-depth understanding of this specific service can still provide valuable insights for other contexts. Similar domestic care service centres, by recognising the differences with the Reggio Emilia experience, may nonetheless find meaningful reflections on their own practices and working methods. A second limitation concerns the selection of interviewees, which was carried out in collaboration with the manager. This process may have resulted in an underrepresentation of more critical perspectives. A third limitation arises from the use of different data collection methods: while some interviews were conducted face-to-face, others took place online due to pandemic-related restrictions. At the time, alternative data collection approaches were not feasible.

Data were collected and processed in a manner that ensured anonymity, and the research adhered to the *Code of Ethics* of the Catholic University, approved by Rectoral Decree No. 9350/2011. Each participant provided informed consent to take part in the study.

## Results

For the sake of brevity, we will highlight the most relevant strengths and critical aspects, as well as suggestions for domestic care service centre improvement gathered from observations and interviews with caregivers and domestic care workers.

### *The Importance of Listening and The Need to Expand and Diversify the Support Offered to Caregivers, Domestic Care Workers, and Care Recipients*

Interviews with caregivers and workers revealed that both groups perceive the Sportello professionals as attentive listeners who acknowledge their struggles and aspirations. Moreover, caregivers reported several needs they encountered in managing family caregiving and offered suggestions aimed at expanding the services provided by the Sportello. Many caregivers are aware that they need support to counteract loneliness, overcome insecurity by acquiring both caregiving and interpersonal skills, and express feelings of anxiety, anguish, anger, etc.

The suggestions they provide stem from this awareness and their life experiences — particularly from attempts to find support through informal channels such as family and friends or self-education via the internet and books, which were only partially helpful. The complexity of the caregiving situations some caregivers manage leads to a need for engagement with qualified professionals — especially for coping with grief, accepting illness, and managing guilt that may arise when caring for severely ill individuals.

Caregivers expressed a desire for opportunities beyond one-on-one meetings with Sportello staff, including longer sessions and group discussions with other family mem-

bers. Group support is seen as especially valuable for maintaining caregiving over time. Once technical issues have been resolved and the working relationship has stabilized, relational challenges may arise due to new family dynamics introduced by the live-in caregiver. Support groups with other caregivers can help combat the loneliness often experienced by those in caregiving roles.

In addition to group meetings, one caregiver suggested the value of training sessions on elderly pathologies. From her perspective, acquiring such knowledge would help her feel less uncertain when making decisions about managing illness and caregiving, and would also enhance her ability to assist the older person on a daily basis.

A major limitation caregivers noted regarding participation in such initiatives is the lack of time available for reflection, peer discussion, and training. Although they recognize the need, the demands of caregiving consume all their free time, leaving them without the opportunity or energy to take on additional commitments — even those aimed at their own well-being.

Finally, the need to broaden the scope of family caregiving, also highlighted by Sportello staff, was echoed by caregivers. Two family members interviewed identified unmet needs linked to their caregiving experiences. However, they did not view the development of solutions as the sole responsibility of the Sportello. The needs they expressed fall into two main areas: socialization for the older people, emphasizing the importance of local community spaces to maintain autonomy and social connections; alternatives to live-in care, particularly in cases involving highly complex and demanding assistance. The caregiver recognized that fewer workers are willing to accept 24/7 caregiving roles due to the high responsibility and complexity, suggesting a need for alternative care models.

The suggestions from domestic care workers mainly concern the need for solutions to the fatigue and stress associated with continuous caregiving work with increasingly older individuals. One interviewed worker emphasized the importance of expanding training, not limiting it to the pre-employment phase. She proposed a form of ongoing training, which she now sees as essential while working. Initially, she underestimated the value of training, considering it unnecessary for domestic work. Only after gaining hands-on experience did she realize the need for continuous skill development. Regarding the content of training, this worker suggested focusing on topics like empathy and the act of caregiving itself, to «see themselves in the people they care for» (Care worker, int. 4), making the work less emotionally and physically draining.

Another domestic care worker emphasized the importance of leisure time as a way to cope with the psychological burden of caregiving. Beyond job-focused group meetings, recreational activities supported by the Sportello could help relieve stress. Lastly, a male worker made a more general recommendation — not specifically aimed at the Sportello — calling for the creation of similar services elsewhere to support job seekers in caregiving roles in other regions.

### *A Point of Reference for Families and Workers*

Caregivers expressed the need for guidance — not necessarily in terms of services but in terms of information, orientation, and emotional support. They highlighted the lack of continuous engagement from local social services and the need for assistance in structuring caregiving activities at home. Many caregivers manage care needs independently, relying on word of mouth, which can be challenging. The Sportello has therefore been a valuable support system in reducing stress and confusion.

Domestic care workers also consider the Sportello a point of reference not only for employment but for other forms of assistance. Their accounts reveal that they have received help with matters such as obtaining or renewing residence permits and family reunification procedures. The long-standing presence of the Sportello and its low staff turnover have contributed to building strong, long-lasting relationships.

### *Support for Continuity of Care*

The Sportello monitors work arrangements primarily through individual or phone consultations as needed. Occasionally, joint meetings with caregivers and workers are held to discuss care plans. Research on domestic care service centres has shown that the well-being of those involved in caregiving depends on the quality of their relationships and the clarity of the framework within which these relationships develop. The experience of the service indicates that work arrangements often fail due to a lack of recognition of care workers' efforts, poor communication between caregivers and workers, and vague or informal agreements that are later disregarded. Monitoring and mediation efforts can provide opportunities for discussion and negotiation, helping to redefine initial agreements and ensure continuity of care.

For the caregivers interviewed, monitoring is seen as crucial for understanding how caregiving arrangements evolve, both in terms of care quality and interpersonal dynamics. At times, positive relationships between workers and care recipients may mask issues in the caregiving itself. For this reason, caregivers believe systematic monitoring is essential. One caregiver questioned whether, in the absence of others such as home nurses or family members who could provide supervision, Sportello staff are truly able to conduct thorough oversight. In many caregivers' experiences, monitoring by staff was mainly conducted by phone and primarily during the initial phase, when more serious issues had not yet emerged. Some caregivers attributed the lack of thorough, attentive monitoring to the heavy workloads of the Sportello professionals, which they observed directly. This high workload leads to delayed responses, interruptions, and lack of attention during interviews or phone calls, leaving caregivers feeling like a burden to the service. One interviewee suggested that the level of support a caregiver receives from the

Sportello often depends on the caregiver's own persistence: more tenacious individuals are more likely to get help, while less assertive ones risk being left on their own. Based on these concerns, some caregivers proposed a more structured and timely monitoring process, including home visits. Home monitoring could help the service better understand the situation in the household, more quickly identify problems, determine how to address them, and relieve caregivers of some of the heavy responsibilities of managing care. Finally, home visits might also foster greater involvement from all those engaged in the caregiving process, including the care recipient and cohabitants. It is often difficult for care recipients — many of whom are older people — to attend in-person meetings at the Sportello or stay focused for the duration of an interview.

### *The Timing of the Sportello vs. the Urgency of Caregivers and Domestic Care Workers*

Among the caregivers interviewed, some reported understanding the process proposed by the Sportello and were therefore aware of the time required for the selection and introduction of a domestic care worker. However, in most cases, families have urgent care needs, so when they turn to the Sportello, they hope to find a solution quickly. This mismatch between the timing of families and that of the service can generate anxiety and concern among caregivers. Moreover, caregivers perceive the heavy workload of the professionals at the service, which reduces the time available for families and can negatively affect the quality of the relationship between those involved in the care process. As a result, caregivers sometimes conduct a parallel research of workers through word of mouth. This occurs especially when the families' needs are completely incompatible with the service's timeline due to the urgency and complexity of the care required.

For domestic care workers, the most critical time is the waiting period before finding a job. Some of the interviewed workers are aware that this waiting time also depends on the job preferences they expressed during the interview with the Sportello staff: the more restrictions they set, the longer the potential wait for a job. One worker explained that many people she knows do not turn to the Sportello precisely because the wait time is considered excessive. This expectation of finding an immediate solution to their employment needs does not align with what the service can offer. The interviewed domestic care worker showed a clear understanding that the waiting period is linked to the necessary assessments that staff must carry out before deciding whom to assign to available positions. The promptness of the Sportello's assistance is therefore dependent on gaining sufficient knowledge of the domestic care worker — a process that takes time and involves interviews, training sessions, and group meetings. The need for immediate employment means that, in some cases, domestic care workers seek jobs through other channels, such as word of mouth or different organizations.

## *Promoting Legality*

A clear and well-defined framework is essential for healthy working relationships in domestic care work. Despite regulations under the National Collective Labor Agreement (CCNL), informal employment remains common. While the professionals strictly require formal employment from day one, caregivers report struggling to address contractual matters immediately due to their heavy workload. For domestic care workers, however, legal employment is a key motivator to maintain ties with the service, as it provides protection and ensures fair labor conditions. In addition, the Sportello provides free and mandatory training consisting of two-to-three-hour seminars held approximately once a month. Training covers four main areas: healthcare, relationships, professional responsibilities, and employment contracts. Workers appreciate these sessions, finding them useful for mentally preparing for the job and preventing misunderstandings and conflicts.

## **Methodological Considerations on the Work of the Professionals**

In the following paragraph, the methods adopted by the Sportello professionals in their interventions with families and domestic care workers will be re-examined in light of the theoretical framework provided by the Relational Social Work Paradigm.

## *Assessing the Agency*

In the work practices described by the professionals and in the accounts of the experiences of caregivers and workers, it emerges that the development of a care plan with the family and a work plan with the workers does not follow standardized procedures set by the service. Instead, it promotes spaces for dialogue and discussion with both parties. The assessment of the situation is not solely focused on the needs of families and workers, but also evaluates what they are doing or are willing to do to address their issues — their agency assessment. Through this assessment, professionals can guide families and workers toward greater awareness of their situation, fostering a more collaborative relationship. In this way, both parties can help professionals understand which pathways and solutions are best suited to their problems and share responsibility for the help process, according to the principle of reciprocity, becoming more engaged even in follow-up and monitoring activities over time.

This type of support reflects an approach based on open and reflective helping (Raineri, 2013) and the principle of empowerment (Folgheraiter, 2016), which are central to Relational Approach. In some interviews, caregivers and domestic care workers expressed

appreciation for being involved in defining their plans with the service, as this allowed them to feel like active participants and see their skills and experiences recognized in shaping the interventions.

## *Networking*

According to the RSW Paradigm, when engaging in networking, the professional takes on a dual role: on the one hand, they support individuals by offering their expertise and experience; on the other, they act as a relational guide, nurturing relationships and communication among those involved in the care network, facilitating discussions, mediating conflicts, safeguarding the shared goals, and verifying the direction that was taken (Folgheraiter, 2011). In this light, even though professionals of the Sportello are not trained social workers and have not formally studied the Relational Approach, their work practices often align with the functions and competencies of a relational guide. This is not consistent in every case, but there are instances where professionals expand the network beyond caregivers and workers to include informal figures (e.g., family members, friends) or formal ones (e.g., GPs, social workers).

Professionals also tend to involve cohabitants of the older or disabled person, recognizing their potential contribution to decision-making, especially as such decisions may deeply affect their lives. The direct involvement of the people in need tends to happen only when they are capable of actively participating in identifying solutions that affect them. When other service providers are involved, the professionals' role is more about facilitating indirect contacts and exchanges than organizing in-person network meetings at the Sportello, though this does occur in more complex care scenarios. Thus, networking is not systematic, but when it does take place, those involved are chosen based on an assessment of their agency — that is, their interest and capacity to contribute to addressing the shared issue.

Thanks to their continuous dialogue with many caregivers and workers, the Sportello professionals are also able to detect recurring situations and issues. From these observations, they once promoted and facilitated mutual support groups for workers. Although these were later discontinued, they wish to restart and strengthen them.

These groups, created to offer help and support, were formed around shared struggles — both personal, such as migration-related stress and separation from children, and professional, such as experiences of discrimination or grief after the death of a person cared for. Facilitating mutual support groups is another key competence of a relational guide.

Through shared discussions of common problems, members can build mutual support and peer-to-peer learning that respects autonomy and generates practical strategies for managing personal or professional challenges — strategies not imposed by profes-



sionals but born from within the group (Folgheraiter 2016). This practice can also impact broader aspects of life, such as reducing the isolation experienced by many domestic care workers due to the nature of their work or their migration experience, and expanding their social network for support and socialization.

### *Professional Style*

Finally, through observation of the Sportello and interviews with professionals, caregivers, and workers, insights were gained into the attitudes and strategies employed by professionals, especially during first interviews, assessments, mediation, and follow-up meetings.

Both observations and testimonies highlight professionals efforts to adopt an active listening approach — nonjudgmental, appreciative of different perspectives, and attuned to the strengths found in participants' stories. They consistently provided clear and detailed information about all aspects of home-based care work, often surprising participants with the depth of their knowledge.

Professionals often used clarifying questions and paraphrasing both to deepen their understanding of the person's account and to ensure they fully grasped what was being shared — allowing them to reintroduce useful themes for the meeting's purpose. This aligns with caregiver and workers feedback, who reported feeling free and encouraged to express their viewpoints. Many said they felt heard and that their opinions were factored into the development of the care and work plans.

This professional style aligns with that of practitioners using a Relational Approach. Techniques like paraphrasing help avoid steering people toward predefined solutions, and the open, listening-based attitude allows professionals to guide the support process in close connection with the people's expressed needs and capacities (Folgheraiter, 2011).

Additionally, domestic care workers valued the advocacy role played by professionals during mediation with caregivers. This practice was used, with workers' consent, to communicate health concerns, dietary needs, religious requirements, and other daily-life issues that might affect the care relationship once work began.

By acting as advocates, professionals ensured that the workers' needs and concerns were voiced and respected — especially important as many workers are women from ethnic minorities in vulnerable economic and social positions. These women may struggle to express themselves in Italian — not just due to language barriers but also due to cultural unfamiliarity with self-disclosure, particularly around sensitive topics.

This professional advocacy practice enables workers to communicate their preferences and concerns directly or through professionals, helping to prevent workplace problems and enabling the co-creation of a care and work agreement that is understood and accepted by all parties involved.

## Discussion and Conclusion

In conclusion, the research findings have identified some recommendations for improving the Reggio Emilia Sportello, which could also be leveraged and capitalised on by similar services.

### *Promoting Domestic Care Service Centre*

The demand for listening and support among caregivers and domestic care workers underscores the importance of establishing *sportelli* that are integrated within social and healthcare networks, ensuring long-term assistance.

In the case of the Sportello, this has proven challenging due to the absence of territorial support structures that, in collaboration with the Sportello, could oversee domestic care work. This gap increases the workload for professionals, places additional responsibilities on families, and exacerbates the isolation of those in need. Therefore, it is crucial to further integrate domestic care service centres into the broader welfare system. Strengthening this network would expand the social and healthcare system's capacity, especially since *sportelli* often serve populations that do not actively seek welfare services.

### *Supporting Families, particularly Caregivers*

To sustain domestic care work, reinforcing the increasingly fragile family system is essential. One approach involves engaging both professional contributors — such as social workers and general practitioners — and personal supporters, including family members, neighbours, friends, and volunteers, in shaping the care plan. Facilitating discussions to foster new, supportive relationships could also be beneficial.

Additionally, the Sportello could therefore strengthen the organisation of caregiver meetings, not solely for the purpose of acquiring information or skills but as open spaces for shared reflection on common challenges. Literature suggests that such groups can mitigate caregiver difficulties (Triandafyllidou & Marchetti, 2015; Fosti et al., 2021) and support Sportello activities.

Self-help groups can reduce social isolation and loneliness (Vianello, 2019), facilitate self-assessment of work progress, aid conflict resolution, and encourage problem-solving through collective reflection.

These groups may promote reciprocity and shared responsibility between professionals and families, encouraging families to actively participate in monitoring cases rather than delegating all responsibilities to the service.

### *Continuous Training for Domestic Care Workers*

Given the significance of training, it is recommended that the Sportello promotes ongoing training opportunities for domestic care workers, as many value the chance to meet and exchange experiences in a group setting. The content of these training sessions could be co-developed by professionals and workers.

For instance, one interviewee suggested training on empathy, reinforcing what other studies have also identified: the need to strengthen domestic care workers' listening and communication skills to enhance well-being, job satisfaction, and the quality of care (Ambrosini, 2013; Torrioni, 2015).

### *Training for Professionals*

Despite their extensive experience at the Sportello, the manager and two professionals have not received formal training or professional supervision. To enhance service organisation, targeted training on key topics relevant to the CEIS service is recommended. These topics could also benefit similar services and may include: relational approaches in social work, particularly in networking efforts; best practices for conducting and facilitating meetings, including privacy considerations related to meeting settings; intercultural competencies to address explicit and implicit biases that ethnic minority workers may face in interactions with families. Self-reflection on professional approaches, helping professionals assess how their own cultural perspectives may unconsciously influence assessments and intervention strategies. Such training could lay the groundwork for ongoing professional supervision, ensuring continuous development and quality improvement.

### *Towards More Ethical and Qualified Care*

Finally, the Sportello should maintain a dual focus on both workers and care recipients. Specifically, it has become a key point of reference for domestic care workers, offering them an informal yet accessible space for listening, training, mutual support, and assistance in various aspects of domestic work. These include often-overlooked needs such as language learning, skill development, health, and leisure activities (Näre, 2013). To further strengthen the service's impact, more opportunities should be created for care recipients to express their perspectives. During interviews, caregivers emphasised the importance of socialisation and meeting spaces for older adults, helping them maintain social connections and exchange information despite their vulnerabilities. Such initiatives could also ease the burden on live-in care workers, as they would be able to accompany their care recipients to shared spaces where care responsibilities — particularly in rela-

tional aspects — are distributed among multiple workers. However, fostering socialisation among individuals with severe illnesses and high care needs presents logistical challenges (Pasquinelli & Rusmini, 2013) that require careful planning and innovative solutions.

In conclusion, this research has explored an understudied area, shedding light on the functioning of the CEIS Sportello through the perspectives of professionals, caregivers, and domestic care workers. This comprehensive approach has provided a detailed and holistic understanding of the service.

The findings highlight the need for further research on domestic care service centres. Given Italy's demographic trends and the challenges faced by its welfare system, expanding knowledge in this field could help identify best practices to support families and promote the well-being of older adults.

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