Expert meeting on the Future of Work in Asia:
Skills development strategies to promote employment-rich and equitable growth in the care economy

ITC ILO, 17 - 19 September 2018, Turin, Italy

Development of job opportunities in the caregiver services:
The case of Italy

P. Checcucci/R. Fefè
✓ Demographic evolution and Public Welfare resources
✓ Long Term Care and Disability
✓ Family caregiving and work-life balance
✓ The evolution of professions in the social sector
✓ Conclusions
✓ Demographic evolution and Public Welfare resources
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✓ Conclusions
In 2016 the population 64+ showed a healthy life expectancy of 3.6 years among men and 5.6 years among women.

In 2015, about 8,051,000 over the age of 65 have some kind of chronic disease or functional limitation which limit the ability to carry out daily tasks of life (do the cleaning, leave the house, take a bus, carry out housework, etc...)

74.8% of people between the ages of 65 and 74 had at least one chronic disease, and 47.9% said they had at least two chronic conditions (growing trend among over 75: 85.2% with at least one chronic disease, and 65.4% with two)

Demographic evolution and Public Welfare resources
Care needs, chronic disease and functional limitations

- Women tend to age in worse conditions than men
- Autonomy in daily life tends to reduce as people age; 25.9% of elderly people feel to count on a solid social support while the 58% of serious dependant elderly claim they need an help
- The most of the over 65 aged live in couple without children (43%) or alone (29%); with serious disease in daily life the main condition is living alone 46.6% (women 55%).
- There is also a trend that links dependancy with poor living conditions
- Even if, due to the pension system, older people is better protected than other generations by poverty risk, during the economic crysis families with dependent member and with care spending exceeding more than 20% the household income, were more exposed to poverty risk.

<table>
<thead>
<tr>
<th>People with serious</th>
<th>People with mild</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.v.</td>
<td>%</td>
<td>a.v.</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1019</td>
<td>33.0</td>
</tr>
<tr>
<td>Female</td>
<td>2066</td>
<td>67.0</td>
</tr>
<tr>
<td>AGE CLASS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-34</td>
<td>90</td>
<td>2,9</td>
</tr>
<tr>
<td>35-54</td>
<td>244</td>
<td>7,9</td>
</tr>
<tr>
<td>55-64</td>
<td>215</td>
<td>7,0</td>
</tr>
<tr>
<td>65-74</td>
<td>458</td>
<td>14,8</td>
</tr>
<tr>
<td>75-84</td>
<td>1117</td>
<td>36,2</td>
</tr>
<tr>
<td>aged 85 and over</td>
<td>963</td>
<td>31,2</td>
</tr>
<tr>
<td>EDUCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University or upper secondary school</td>
<td>355</td>
<td>11,5</td>
</tr>
<tr>
<td>Lower secondary school</td>
<td>591</td>
<td>19,1</td>
</tr>
<tr>
<td>Primary school or no title</td>
<td>2140</td>
<td>69,3</td>
</tr>
<tr>
<td>ECONOMIC RESOURCES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good conditions</td>
<td>1539</td>
<td>49,9</td>
</tr>
<tr>
<td>Poor conditions</td>
<td>1546</td>
<td>50,1</td>
</tr>
<tr>
<td>TOTALE</td>
<td>3086</td>
<td>100,0</td>
</tr>
</tbody>
</table>

Source: ISTAT, Social inclusion of people with functional limitations, disability or severe chronic disease, 2015
## Welfare public resources. Millions of Euros and %. Year 2018

<table>
<thead>
<tr>
<th></th>
<th>Support to family care</th>
<th>Disability</th>
<th>Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care services</strong></td>
<td>380.8</td>
<td>521.1</td>
<td>2,617.9</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>5,032.5</td>
<td>18,854</td>
<td>5,619</td>
</tr>
<tr>
<td><strong>Tax expenditures</strong></td>
<td>2,405</td>
<td>418.6</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,818.3</td>
<td>19,703.7</td>
<td>8,236.9</td>
</tr>
</tbody>
</table>

Source: IRS elaboration on Italian Budget Law 2018
✓ Demographic evolution and Public Welfare resources

✓ Long Term Care and Disability

✓ Family caregiving and work-life balance

✓ The evolution of professions in the social sector

✓ Conclusions
Long-term care is delivered by both public and accredited private providers of health and personal social care (private providers for-profit and not-for-profit have 65% of all institutional long-term care beds)

Distribution of LTC spending by age classes

Source: Ministry of Economy and Finance, Le tendenze di medio-lungo periodo del sistema pensionistico e socio-sanitario, Rapporto n. 19, 2018
Italian National Plan on Dementia (2014) – Strategy for the promotion and improvement of quality and pertinence of interventions and assistance on dementia

The Italian context:
- Projections estimate that cases of dementia could triplicate during next 30 years, due to ageing population
- Current offer of services is based on 500 “memory clinics”, which started their activity after 2000, within the national Project CRONOS, especially addressed to Alzheimer evaluation and treatment

The National Plan objectives:
- Objective 1 – health and social interventions and measures
- Objective 2 – Integrated network of services
- Objective 3 – Strategies and intervention for care pertinence
- Objective 4 – Awareness raising and stigma reduction for improving the quality of life

The main interventions aim at:
- updating services, enhancing excellence experiences and addressing a better integration between health and social services
- developing public health policies and measures to fight social stigma and aimed at empowering patients and their caregivers, starting from a correct and updated knowledge of the disease
### Students with disabilities. SY 2016/2017 (a.v., %)

<table>
<thead>
<tr>
<th></th>
<th>Students with disabilities</th>
<th>Students (total)</th>
<th>Students with disabilities (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery school</td>
<td>28.138</td>
<td>1.518.843</td>
<td>1,9</td>
</tr>
<tr>
<td>Primary school</td>
<td>90.845</td>
<td>2.792.414</td>
<td>3,3</td>
</tr>
<tr>
<td>Middle school</td>
<td>69.470</td>
<td>1.729.226</td>
<td>4,0</td>
</tr>
<tr>
<td>High school</td>
<td>65.913</td>
<td>2.664.967</td>
<td>2,5</td>
</tr>
<tr>
<td>total</td>
<td>254.366</td>
<td>8.705.450</td>
<td>2,9</td>
</tr>
</tbody>
</table>

### Students with disabilities. Type of disability. SY 2016/2017 (%)

<table>
<thead>
<tr>
<th></th>
<th>Visual impairments</th>
<th>Hearing impairments</th>
<th>Intellectual or Learning Disabilities</th>
<th>Physical disability</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery school</td>
<td>1,5</td>
<td>2,9</td>
<td>58,3</td>
<td>5,5</td>
<td>31,8</td>
</tr>
<tr>
<td>Primary school</td>
<td>1,3</td>
<td>2,2</td>
<td>70,7</td>
<td>2,8</td>
<td>23,0</td>
</tr>
<tr>
<td>Middle school</td>
<td>1,2</td>
<td>1,9</td>
<td>71,6</td>
<td>2,6</td>
<td>22,7</td>
</tr>
<tr>
<td>High school</td>
<td>1,9</td>
<td>2,8</td>
<td>64,2</td>
<td>4,2</td>
<td>26,9</td>
</tr>
<tr>
<td>total</td>
<td>1,5</td>
<td>2,4</td>
<td>67,9</td>
<td>3,4</td>
<td>24,8</td>
</tr>
</tbody>
</table>

Source: elaboration on data Ministry of Education, University and Research, Statistical Office
• Support teachers are learning facilitators and tutors, working with/in the classroom.

• Skills and knowledge: pedagogy, organization, legislation, communication, psychology, relationship management

• He/she designs the student’s individual educational plan, in collaboration with the other teachers, the family, the local health authorities and social services

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**Total number of teachers 2016/2017**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery school</td>
<td>97,781</td>
<td>11,4</td>
</tr>
<tr>
<td>Primary school</td>
<td>273,804</td>
<td>32,0</td>
</tr>
<tr>
<td>Middle school</td>
<td>194,688</td>
<td>22,8</td>
</tr>
<tr>
<td>High school</td>
<td>289,461</td>
<td>33,8</td>
</tr>
<tr>
<td>Total</td>
<td>855,734</td>
<td>100,0</td>
</tr>
</tbody>
</table>

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**Share of support teachers on total number of teachers (%)**

- 2001/2002: 8,6%
- 2002/2003: 9,1%
- 2003/2004: 10%
- 2004/2005: 10,6%
- 2005/2006: 10,7%
- 2006/2007: 10,6%
- 2007/2008: 10,8%
- 2008/2009: 11,2%
- 2009/2010: 12,1%
- 2010/2011: 12,8%
- 2011/2012: 13,2%
- 2012/2013: 14,4%
- 2013/2014: 15,1%
- 2014/2015: 15,1%
- 2015/2016: 16,3%
- 2016/2017: 16,3%

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**Students with disabilities per support teacher**

- 2001/2002: 1,88
- 2002/2003: 1,96
- 2003/2004: 2
- 2004/2005: 2,03
- 2005/2006: 2,09
- 2006/2007: 2,08
- 2007/2008: 2,03
- 2008/2009: 2
- 2009/2010: 1,9
- 2010/2011: 1,85
- 2011/2012: 1,85
- 2012/2013: 1,8
- 2013/2014: 1,8
- 2014/2015: 1,8
- 2015/2016: 1,8
- 2016/2017: 1,8
Disability – Self determination policies

Independent living
- Persons with disabilities 18-64
- Project duration 12 months, max Eur 80,000 (National funding)
- Personal budget and case management
- Personal assistant funding and training
- NGOs involvement
- Community welfare support

After us
- National funding of innovative projects for autonomous living solutions (also co-housing) and self-help groups
- Personal budget
- Awareness raising and empowerment programs for persons with disabilities
- Tax relief for insurance schemes, trusts, goods and assets devoted to independent living of single persons

Support administration
- A person designated by a Judge to assist, support and represent a person with disability in legal matters during daily life
- He/she must observe the person's needs and aims and keep him/her informed
- Regularly reports to the Judge
- Charged for at least 10 years
✓ Demographic evolution and Public Welfare resources
✓ Long Term Care and Disability
✓ Family caregiving and work-life balance
✓ The evolution of professions in the social sector
✓ Conclusions
Who and How many care givers are ?

- In 2010, more than **15 million people undertook care functions of some kind.**
**More than 3 million** (8.4% of the Italian population) took regular care of older adults.
- Considering also people who cares persons with problems due to aging, chronic diseases or disabilities, in **2015 the care givers population exceeded 8 million people** (8.5 milions providing assistance – 7.3 milions providing care mainly to family members).
- **Women and the older generations (25-44 and 55-64) play an important role both in the care of the youngest, as in that of older adults who are not self-sufficient.**

<table>
<thead>
<tr>
<th>Countries</th>
<th>15-64</th>
<th>65-74</th>
<th>75 e più</th>
<th>65 e più</th>
<th>Totale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>18,5</td>
<td>17,4</td>
<td>10,4</td>
<td>14,1</td>
<td>17,4</td>
</tr>
<tr>
<td></td>
<td>16,1</td>
<td>14,1</td>
<td>8,4</td>
<td>11,5</td>
<td>14,9</td>
</tr>
<tr>
<td>Female</td>
<td>21,3</td>
<td>18,9</td>
<td>10,0</td>
<td>14,5</td>
<td>19,5</td>
</tr>
<tr>
<td></td>
<td>17,9</td>
<td>15,7</td>
<td>8,2</td>
<td>12,0</td>
<td>16,4</td>
</tr>
<tr>
<td>Males</td>
<td>15,6</td>
<td>15,6</td>
<td>11,0</td>
<td>13,6</td>
<td>15,2</td>
</tr>
<tr>
<td></td>
<td>14,1</td>
<td>12,3</td>
<td>8,7</td>
<td>10,7</td>
<td>13,3</td>
</tr>
<tr>
<td>Eu 28</td>
<td>16,0</td>
<td>16,5</td>
<td>11,6</td>
<td>14,3</td>
<td>15,6</td>
</tr>
<tr>
<td></td>
<td>13,4</td>
<td>12,0</td>
<td>8,3</td>
<td>10,3</td>
<td>12,7</td>
</tr>
<tr>
<td>Females</td>
<td>18,8</td>
<td>17,9</td>
<td>11,1</td>
<td>14,6</td>
<td>17,8</td>
</tr>
<tr>
<td></td>
<td>15,5</td>
<td>12,8</td>
<td>7,7</td>
<td>10,3</td>
<td>14,3</td>
</tr>
<tr>
<td>Males</td>
<td>13,1</td>
<td>14,9</td>
<td>12,4</td>
<td>13,9</td>
<td>13,2</td>
</tr>
<tr>
<td></td>
<td>11,1</td>
<td>11,0</td>
<td>9,3</td>
<td>10,3</td>
<td>10,9</td>
</tr>
</tbody>
</table>

Source: ISTAT 2015 – Data on 2010, II trimester
Considering the employment condition of caregivers, in the case of dependant adults the care is carried out by employed persons (54%), almost as much as by people who are inactive (40.7%).

Caregivers are mainly employed, but inactive people still play a relevant role in the care of children and adults (52.6% - 40.7%).

Even though family structures are more and more fragmented, the family still plays an important role in managing care.

Source: ISTAT 2015 – Data on 2010, II trimester
Gender specific trends in unpaid care work

Use of the time (% on 24 hours)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16,7</td>
<td>13,3</td>
<td>15,3</td>
</tr>
<tr>
<td>6,0</td>
<td>19,1</td>
<td>22,4</td>
</tr>
<tr>
<td>24,7</td>
<td>19,1</td>
<td>22,4</td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9,0</td>
<td>21,1</td>
<td>22,4</td>
</tr>
<tr>
<td>4,8</td>
<td>24,4</td>
<td>23,1</td>
</tr>
</tbody>
</table>

Asymmetry Index in unpaid care work (2014)

<table>
<thead>
<tr>
<th>Both employed partners</th>
<th>Employed man - Unemployed woman</th>
<th>Couple in other conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>44,20</td>
<td>65,40</td>
<td>65,00</td>
</tr>
<tr>
<td>75,20</td>
<td>78,30</td>
<td>78,20</td>
</tr>
<tr>
<td>54,30</td>
<td>65,20</td>
<td>63,80</td>
</tr>
</tbody>
</table>

During the time the employment rate of women raised the 52,5% (vs 85,8% men's), **but both employed and unemployed women still spend more time in unpaid care work than man.**

High incidence of women in part time and atypical work (32,7 W; 8,2% M); the **employment rate of women decreases with the increase of the number of children** (from 51,9 with 1 children to 43,8 with more than 3 children); the unemployment rate of women is still at 12,3% (10,2% men's u.r.) in a raising trend. The **inactivity** rate of women (43,7%) is twice the men's rate (25,2): even the gender balance is growing women are still the main caregiving providers.

Due to the crisis, unemployed fathers tend to dedicate more time to the care, so that the **asimmetry Index is reducing**, in particular when there are more than one children, in high qualified couples and in dual earners households.

**More than one million of inactive people** (24% of those with children under 15 or with other care responsibilities) would be willing to work if they could reduce the time involved in assistance and caregiving.


**Family caregiving and work-life balance**
The «rifamiliarization» process in caregiving

- From 96.8% to 97.5% of the cases, the care recipient is a relative.
- About 74% of caregivers are providing care directly without any services support.
- 54% of older caregivers and 69% of younger caregivers use working leaves to provide care.
(PLUS, 2016)

- Only 5.9% of families with an older member use a nurse service or ask for an informal or professional support in providing caring activities; the percentage raises the 28.3% when the member has serious difficulties in daily life activities.
- 6.6% of 65+ get help from an informal caregiver “Badante” (ISTAT, 2015)

- Decreasing trend in the use of family assistant (COLF) in regular domestic workers: from 1,012,988 in 2012 to 864,526 in 2017.
- Increasing trend in the use of informal carers (Badante) (INPS 2017)

What would make it easier to combine work with care tasks?

![Graph showing flexible working hours, regular working hours, distance from place of work, care services availability, lower cost for care services, and other factors.]

What factors would make it easier to combine work with care tasks?

- Flexible working hours
- Regular working hours
- Distance from place of work
- Care services availability
- Lower cost for care services
- Other

Age class 18-29, Age class 30-39, Age class 40-49, Age class 50-64, Age class 65-74

Family caregiving and work-life balance
✓ Demographic evolution and Public Welfare resources
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✓ Conclusions
The qualification of Care function

Social attitudes and care cultures

Unpaid care work ---- Paid Care Work

Changing in care demand for services

Families and caregivers

Family assistants (Badante) (Colf)

Qualified professions in health and social services

Social mandate on care function: From cure to Care

• What tasks / what skills?
• Migrants; Regular/Irregular Employment
• Gray job and fuzzy qualification process
• Changing in use of thecnologies/rules/organizational model of services
• Changing skill needs

The evolution of professions in the social sector

Norms and laws that institute services and professions

Public spending and private investments
The informal domestic & care work

• In 2017 the National Institute of Social Security (INPS) accounted about 864,000 domestic workers with regular contract. More than 73% were foreigners and the 88.3% were women (INPS).

• About 39,478 (43%) had regular contracts with the families as personal assistant (badante). The main profile is foreign woman working as badante (72%). It is estimated 1 million “informal” domestic workers undeclared.

• Prevalence of low salaries (from 3,000 to 10,000 euro per year)

• Household spending in private solutions is estimated around 9.352 billion euro; around 29% on the family income.

Assistant’s tasks:

• A) to live in the same home of assisted people; to work 16 hours a day to offer a multi-faceted care (to keep company, giving nursing care, house cleaning, cooking, less frequently doing the shopping or paying bills)

• B) After the economic crisis there is a raising trend in time work

(Pasquinelli and Rusmini, 2013-2018)

Informal workers as a surrogate of the traditional role of women, assimilated into a family component without a clear difference between internal and external aid

“SHORT CIRCUIT of the REPLACEMENT FUNCTION”*, when the professional action chosen to deal with the problem is not technical, but is in lieu of emotional acting outs which characterize the culture of the family as client.

*Paniccia, 2012
The “care” professions’ training in Italy

LTC services to dependent people provided by the National Health Service

Social component of LTC provided by municipalities

<table>
<thead>
<tr>
<th>Healthcare professions</th>
<th>Social Professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, Diagnosis, Treatment</td>
<td>Care and relational dimension of health and coexistence demand</td>
</tr>
<tr>
<td>✓ Physicians and their specialisations</td>
<td>✓ Social workers</td>
</tr>
<tr>
<td>✓ Technicians</td>
<td>✓ Professional educators</td>
</tr>
<tr>
<td>✓ Healthcare assistants, nursing professionals</td>
<td>✓ Psychologists and Sociologists</td>
</tr>
<tr>
<td>✓ Technicians of social integrations</td>
<td>✓ Technicians of social integrations</td>
</tr>
<tr>
<td>✓ Nursing associate professionals (qualified professionals in healthcare)</td>
<td>✓ Personal Care Workers (Family and personal assistants)</td>
</tr>
</tbody>
</table>

Lack of definition in job profiles due to the changing asset of organisational models

The evolution of professions in the social sector
Employed people in health, healthcare and social services are about the 8.5% of the total employment in Italy.

**High gender segmentation and pay gaps:** lower wages than in other technological sectors; more than 88% of social professions is performed by women (in particular within qualified professionals, family assistant and domestic workers, but also between educators, social workers, teachers). During the crisis the public spending cuts in public administration (education, health services) have lead to a wage drop.

**High presence of foreigners:** in 2010 they were about the 46% of total social workers; in 2017 foreigners were the 77.6% of domestic workers (family assistant and personal caregivers).

**High rate of irregular employment** in particular when services is provided directly to families (47.6% in 2015, 0.2 percentage points more of 2014; the total irregular employment rate is 15.9%).

### Employment composition by age, sex, working condition (mean 2014-2016)

- **Employment condition:**
  - Independent work: 97%
  - Dependent work: 2%

- **Age Class:***
  - <40: 35%
  - ≥40: 69%

- **Gender:**
  - Female: 83%
  - Male: 16%

**Source:** ISTAT, Sistema informativo sulle professioni, 2014-2016
• In 2016-2020, the health and personal care sector will greatly contribute to employment in the coming years, with an average annual rate of 3.8% (Excelsior 2018), boosted both by replacement and the expansion of demand.

• In 2020 estimations forecast the major contribution among graduates from doctors and paramedics (31,000) and teachers (almost 19,000). Due to population ageing, the demand for health specialists will grow by 60%, that for qualified professions in health and social services by 34%, and for health technicians by 14%.

BUT

• There could be a mismatch between high skilled technical and health professions and the demand for relational skills from families, due to changing demand from dependant adults.

• Due to the old age of healthcare professionals and to budget restrictions in the public sector, there will probably be labour shortages.

_INAPP Audition on the Skill demand expressed by employers (2016-2018)_

<table>
<thead>
<tr>
<th>Social Professions + Nurses, home care workers, educators</th>
<th>Healthcare professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and relational dimension of health and coexistence demand</td>
<td>Prevention, Diagnosis, Treatment</td>
</tr>
<tr>
<td>✓ Not only «assistance and individual control»</td>
<td>✓ Use of big data and high-tech machines</td>
</tr>
<tr>
<td>✓ Tackling charge of relations insthead of individuals</td>
<td>✓ Organisational competences</td>
</tr>
<tr>
<td>✓ Transversal and social relational skills (analyse complex situations, problem solving, negotiating contextual objectives and work setting)</td>
<td>✓ Interprofessional team work</td>
</tr>
<tr>
<td>✓ Customer orientation</td>
<td>✓ Customer orientation and psychosocial skills</td>
</tr>
<tr>
<td>✓ Psyco-social competences</td>
<td></td>
</tr>
</tbody>
</table>
The ageing of care professionals

Average age of workers in selected Public sectors. 2011

Source: ARAN, 2013

Age of Physicians in the NHS. 2013 (%)

Source: ANAAO, Assomed, 2013

The evolution of professions in the social sector
✓ Demographic evolution and Public Welfare resources
✓ Long Term Care and Disability
✓ Family caregiving and work-life balance
✓ The evolution of professions in the social sector
✓ Conclusions
Conclusions

Main trends

- Population ageing and family changes transformed the reproduction of Italian society
- Efforts to adapt welfare systems often resulted in the provision of cash benefits instead of care services
- Public resources and care professions markedly concentrated on older population cohorts, with the exception of Education and (partially) the Health system
- Initial overcoming of the medical model in favour of the adoption of a bio-psico-social model of care (especially disability)
- Multidimensional evaluation of individual situation and individual tailoring of care (disability, older people, poverty)

Challenges

- Family overload of care responsibilities
- Both family care givers and care professionals and workers are ageing at a fast pace (risk of labour shortages)
- Formal recognition of the Caregiver function in service planning and managing
- Gender imbalances in the distribution of family care
- Gender segregation in some professional sectors
- Institutional fragmentation of Public care organizations (National, regional, local)
Bridging the gap

The evolution of professions and policies in the care sector

- Medicalization of health and aging
- Aging is an individual issue is something to “cure”:
- Tension between isolating the illness/patient and returning him to the social health system once healthy again
- Access to the public services only in emergency condition
- Compensatory approach: the goal of the home care service is to guarantee the survival needs
- Care Policies aimed to correct deficits

- Health and aging are a relational issue of the life course
- The environment might represent a resource for the care process
- From technical/diagnostic approach at care in a clinical context to a transformative approach of social coexistence
- Integrative functions and skills with a focus on the family & individual/context demand
- Active care paradigm – co-creation and co-implementation of public services
- Transformative care policies and skills aimed to develop contextual and relational resources
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