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The Laboratorio dei Diritti Fondamentali (Fundamental Rights Laboratory – LDF) started its activities in Turin in 2011. The Laboratory carries out research on fundamental rights, with a special focus on their concrete protection in people's lives at different moments, in different places and in different circumstances. The Laboratory is concerned with "concrete and effective rights and not theoretical and illusory ones", according to the European Court of Human Rights. Through its research, the Laboratory seeks suitable and practicable solutions offered by experience or suggested by the interdisciplinary study of human rights.

The Fundamental Rights Laboratory operates within

LABORATORIO DEI DIRITTI FONDAMENTALI

Older People: Rights, needs, perspectives.

A sociological and juridical research

by
Valeria Cappellato
Bianca Gardella Tedeschi
Eugenia Mercuri

SOCIETA' EDITRICE IL MULINO

Translation by Sarah Cuminetti and Kyle Wohlmut

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Preface

The demographics of today's society are changing under the influence of a number of ongoing trends: the proportion of older people in the general population is rising, and inter-generational relationships are changing even within individual families. Economic factors weigh heavily, particularly in times of crisis, and the changing demographics of cities are also impacting society. The needs, expectations and rights of older people are evolving.

This research emerged in answer to certain specific needs: the need for a sociological analysis to identify aspects of the everyday life of older people, and the need for an overview of the various approaches that emerge from a comparative examination of the juridical scenario and certain instruments that are peculiar to the Italian system.

The outcomes of this research, presented in two parts in this volume, are fully in line with the inherent character of the research activity promoted by the Fundamental Rights Laboratory (LDF), which always examines the normative dimension against factual reality, encouraging research among jurists, sociologists and anthropologists. In this case, the focus was on the rights of older people as well as on the new needs and expectations that, in some ways, can be viewed as emerging rights in a nascent form and that seem destined to be progressively recognized as such by the law. A comparative law search for legal practices and innovations proves to be of particular importance, even in systems that are confronted with similar social issues but have not or not yet fully adopted new measures to address them.

In this two-part volume, the results of the comparative law research are accompanied by the results of field research conducted by the authors, two sociologists, in some areas of the city of Turin. Their analysis first delves into the very notion of being old and old age, and then catalogues the views and life experiences of a significant sample of the older population as well as numerous actors engaged in social and welfare support activities.

To Valeria Cappellato and Eugenia Mercuri, the two sociologists, and to Bianca Gardella Tedeschi, a jurist, the LDF expresses its heartfelt thanks. We are convinced of the usefulness of such research for those who are called upon to govern the population's ageing process in today's society in terms of providing appropriate regulatory interventions and the social policies to be adopted by local authorities and third sector bodies.

Vladimiro Zagrebelsky

Part one

The sociological analysis

by Valeria Cappellato and Eugenia Mercuri

Introduction

> The trouble is, old age is not interesting until one gets there,
> a foreign country with an unknown language
> to the young and even to the middle-aged.
>
> [Sarton 1982, 23]

The poet May Sarton (1912-1995) likens old age to a foreign country, an unexplored territory, of which nothing is known, and of which one does not want to know, until one finds oneself living in it. Those who have not yet entered the third and fourth ages of life find that country hard to imagine, and see it as remote, far off, "other". And yet, its reach has extended progressively and inexorably in recent decades, and so has the temptation to investigate what is happening within its borders, in an effort to get to know and recognize those who inhabit it.

This first part[1] of the volume stems from the desire to explore this foreign land, with the aim of bringing to light the most critical aspects related to its presumed "otherness" and to the recognition (or lack thereof) of the value and heterogeneity of those who populate it, particularly in terms of its potential for social exclusion of older people and the possible denial of their rights. Old age is often associated with characteristics that tend to have negative connotations, and which refer to functional and cognitive decline, loss of autonomy, and eventually death, the ultimate taboo. Moreover, the argument that the value of a person is linked to their productivity has also gained popularity, but this notion quickly leads to older people being relegated to a homogeneous category of "those no longer productive", pushing them to the margins of society, limiting their options for agency, and obscuring or dismissing their contributions to society. The research project we present in the first part of this volume is intended to explore exactly these tendencies. The work pursued the objective of looking at ageing in qualitative terms from two perspectives: that of the

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[1] Part One of the volume is the joint work of the authors. However, the introduction and chapters 1 and 4 are the work of Eugenia Mercuri, chapters 2, 3 and 5 of Valeria Cappellato, and chapter 6 and the conclusions of both.

services dealing with the older population on the one hand, and, on the other, that of those who have passed the threshold (the symbolic value of which will be addressed later) of 65 years of age and who thus find themselves living in the foreign country of old age in a fair state of health and self-sufficiency after leaving the active labor market. Specifically, after an initial exploratory focus group with older people, we collected semi-structured discursive interviews with 18 qualified witnesses, i.e., operators and contact persons of organizations and associations dealing with the older population in various capacities, and with 17 individuals over the age of 65 who are no longer involved in paid activities and who are self-sufficient[2]. The interviews were supplemented by a further corpus of empirical material consisting of 74 life history fact sheets collected by one of the organizations participating in the project, and a second round of interviews with nine qualified witnesses and six older persons, which were conducted in the wake of the first acute phase of the Covid-19 health emergency [3]. Lastly, this research was carried out over a limited territorial area, that of the city of Turin, a choice linked to the demographic and contextual characteristics that make Turin an interesting case study, which we will describe in more detail later.

The sociological analysis consists of three sections. The first presents an overview of ageing in contemporary times, with the aim of on the one hand providing the reader with some elements outlining the object of study and on the other identifying the perspectives on ageing in contemporary Western societies. Chapter 1 of this section is devoted to the description of ageing from the point of view of its demographic and social characteristics, with a comparative focus that starts at the European level and narrows down gradually, reaching the national dimension and finally zooming in on the city of Turin. In addition to demographics, this chapter summarizes the theories that have addressed the issue of ageing, and sets out the definitions required in order to better answer the question: to whom do we refer when we speak of older people? Chapter 2 is devoted to the policy level, with an analysis of whether and in what way public policy deals with older men and women, their needs and well-being, including whether, and if so how, we respond to the risks of exclusion and marginalization of older people today.

The second section presents and discusses the research results. It consists of three chapters, and focuses on the changes, both good and bad, that come with old age as identified by the respondents. In particular, chapter 3 begins with an analysis of the interviews with qualified witnesses with the aim of mapping the supply of services and investigating the logics and representations of ageing that service providers rely on in designing their interventions. In chapter 4, the focus shifts to the narration of experiencing old age, where the respondents discuss their lives as older people in Turin in the first decades of the Third Millennium. We asked them about their habits, how they experience their city and their community, what forms their networks take, but also what they think their place in society is, and how much this

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[2] Our interviewees are self-sufficient and therefore autonomous in carrying out activities of daily life; however, many have one or more illnesses or conditions that affect their daily lives but do not as yet constitute disability.

[3] Please refer to the Methodological Appendix for information on the research design and the process of collecting and analysing empirical material.

does or does not conform to the representations and narratives in which they find themselves immersed. Lastly, while chapter 4 offers a snapshot of the lives of the interviewees as they are today, chapter 5 adopts the life course approach to retrospectively reconstruct the life of older individuals in order to understand what critical events left marks on their life trajectories, affect the interactions between and within generations, and help us understand the transitions and changes that define what ageing has meant in the past and what it means now.

The third and final section, consisting of a single chapter, was conceived later than the original research project, in the face of an event of global proportions that characterized much of the year 2020: the Covid-19 pandemic. The health emergency, which was declared in Italy as we were entering the project's data collection phase, brought our work to a standstill, but at the same time raised new questions: about transformations in lives and practices, about representations and narratives on ageing in times of crisis, and about old and new needs and risks that emerge during an emergency. In chapter 6 we address these questions based on the responses received in a second round of interviews, which we conducted with some of the interviewees and respondents who made up our original sample of both qualified witnesses and people over 65 following the first acute phase of the emergency. We then conclude the first part of this volume with a reflection on the research's conclusions, picking up the various threads that make up this work, and an attempt to compose a tapestry that not only represents (at least in part) that "other" country we have attempted to explore, but also shows the paths to reach it, and to propose ways for others to enter it by crossing its borders, shed light on its darker corners, and learn the language of its inhabitants.

There are many people, scholars, operators and researchers to whom we are indebted. In particular, we would like to thank the older men and women who participated in this project for their generosity in telling their stories, as well as the organizations and associations operating in the city of Turin for their willingness to collaborate, as interviewees and as facilitators in finding people to involve in the study.

Our gratitude also goes to Nicoletta Bosco, Manuela Naldini and Manuela Olagnero for their valuable insights and critical comments. All responsibility for the opinions expressed and for any errors, flaws and imbalances in this report is the authors' only.

Lastly, we are grateful to LDF, the Fundamental Rights Laboratory, for their support, and in particular to Vladimiro Zagrebelsky and Bianca Gardella Tedeschi for their constant dialogue and patient reading.

Section One

This first section of the volume presents the results of research aimed at identifying the living conditions of older people[1] in the city of Turin. The interest in this topic stemmed from the growing focus on the progressive ageing of the population (at least in the Western world), a phenomenon that has seen an increasingly rapid increase over the past two decades, but which is the product of broader demographic trends, such as the gradual reduction in fertility and the improvement in health and hygiene conditions that has positively influenced life expectancy at birth [Eurostat 2019; Istat 2020b]. The ageing of the population brings with it some growing concerns, particularly with regard to the failure of public institutions to adapt to the transformations underway, principally in terms of social and family policies, which have struggled to meet the challenges and put measures in place that are proportional to the needs [Naldini and Saraceno 2011; Ferrera 2019], but also in other areas, such as housing and urban planning policies [Lodigiani 2012]. The subject certainly raises a number of issues, first and foremost concerning the definition of the target population.

This section aims to set the framework for our work in terms of social, demographic and political context, as well as from a theoretical point of view. Chapter 1 addresses ageing in a descriptive way and introduces the theoretical perspectives that will be useful to understand the demographic transformations underway.

Chapter 2 offers an overview of policies that aim to support ageing in its various aspects: from *active ageing* to non-self-sufficiency and long-term care, through measures against poverty for older people, with a focus on inequalities, age-based exclusion and discrimination.

The aim is to provide the tools that will help the reader contextualize and understand the empirical material that will be discussed in the following sections, devoted to the presentation of the results of the qualitative research on the condition of older people in Turin, which will be discussed in more detail later.

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[1] Henceforth, for the sake of brevity and in order not to make the reading more cumbersome, we use the generic term "older people" to indicate both men and women. Where significant gender differences are observed, specific reference will be made to the gender of the individual in question.

Chapter One

A portrait of older people

In order to address the issue of the living conditions of older people in contemporary society it is necessary, first of all, to identify ageing as a demographic, social and cultural phenomenon. This is what we intend to do in this chapter, which will focus on older people's socio-economic, housing and family conditions, which appear particularly relevant to understanding the needs of the older population and their risk of social exclusion.

The final part of this chapter will then explore some conceptual issues, presenting an overview of the subject of ageing: who it concerns, how to interpret it, and how it has been addressed in scientific and academic circles. We will start with a survey of the main theories about what it means to grow old and in particular about active ageing as the main paradigm of reference at both the policy level and the individual level; then we will provide an in-depth look at the life course perspective that we will adopt as a lens through which we will look critically at ageing as a process which, upon closer inspection, sets in well before the symbolic threshold of 65 years of age. In the course of the chapter we will also adopt, in a transversal manner, a gender perspective, attempting to recognize certain elements of ageing that are distinct between men and women, which will provide useful insights into the interpretation of the empirical material.

1.   *Demographic profiles*

The demographic data available in national and international statistical databases allow us to draw a picture of the ageing population in western countries. In presenting the data, we will use 65 years of age as the main reference point defining the beginning of old age, in keeping with the practice used in national and international statistical surveys; in the rest of the chapter, we will offer an in-depth look on the definition of old age and the problem related to its meaning and span.

At the national level, data collected periodically by Istat, the Italian National Institute of Statistics, show an ageing country expected to age even more as time goes on.

According to 2018 data, people over 65 years of age account for 22.8 per cent of

the total population, while the youngest, aged 0-14 years, account for 13.2 per cent. Projections for the coming years confirm that this trend will continue: in 2065 the percentage of those 65 and up will make up 33.3% of the total, while children under 14 will account for 11.9%. The working-age population (aged 15 to 64) is also set to shrink: while this demographic accounted for 64% of the total population in 2018, it is expected to drop to 54.8% in 2065. Figure 1.1 shows the trend of the proportion of the over-65s in the total population in Italy in a historical data set starting in 1960 and offers a predictive scenario up to 2060 (based on 2018 data): the almost continuous growth of older people in our country is evident, from just under 10% in 1960 to about 23% in 2018, a proportion that appears destined to grow further in the coming decades.

The increase in the members of the population over 65 is a fact that must be observed in conjunction with life expectancy, i.e., the age that an individual born in a given year can expect to reach.
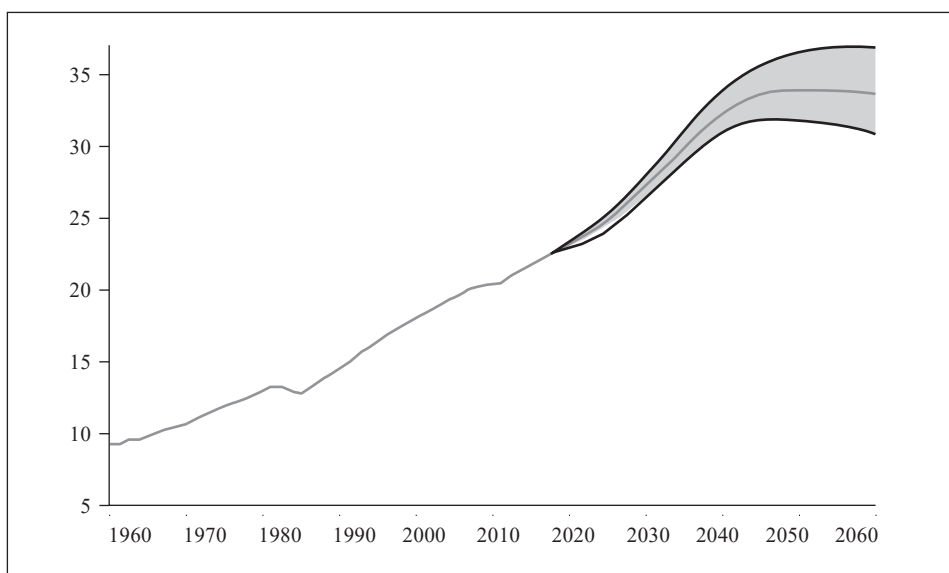
FIG. 1.1. Population aged 65 and older in Italy. Historical data 1960-2018 and forecasts to 2060, median scenario and 90 per cent confidence interval (percentage values).

Source: Istat [2020b, 13].

This figure has also been increasing and, according to current estimates, it is set to rise even further: while a man born in 2018 can expect to live to 80.9 years (85.2 for women), in 2065 life expectancy at birth is projected to be 86.1 years for men and 90.2 for women. Figure 1.2 compares the life expectancy of Italian women and men at birth and at age 65 in the year 2018 and in the year 2065: both are expected to increase, and the demographic "advantage" – at least in terms of expected life expectancy – of women over men is evident.

These data take on greater significance when observed through two important demographic indicators, namely the old-age index and the old-age dependency ratio.

The old-age index – that is, the ratio between the population over 65 and the youngest population group (0-14 years), today at 173.1%, will reach a peak of 280% in 2065. Similarly, the old-age dependency ratio, which indicates the ratio of over-65s compared to the active population (15-64 years), stands today at 37.5 per cent, and is expected to increase to 61 per cent in 2065. The growth of these two figures can only be due to the imbalance between the numerator, represented by the steadily increasing older population, and the denominator, i.e., the younger and active population, which are conversely decreasing.
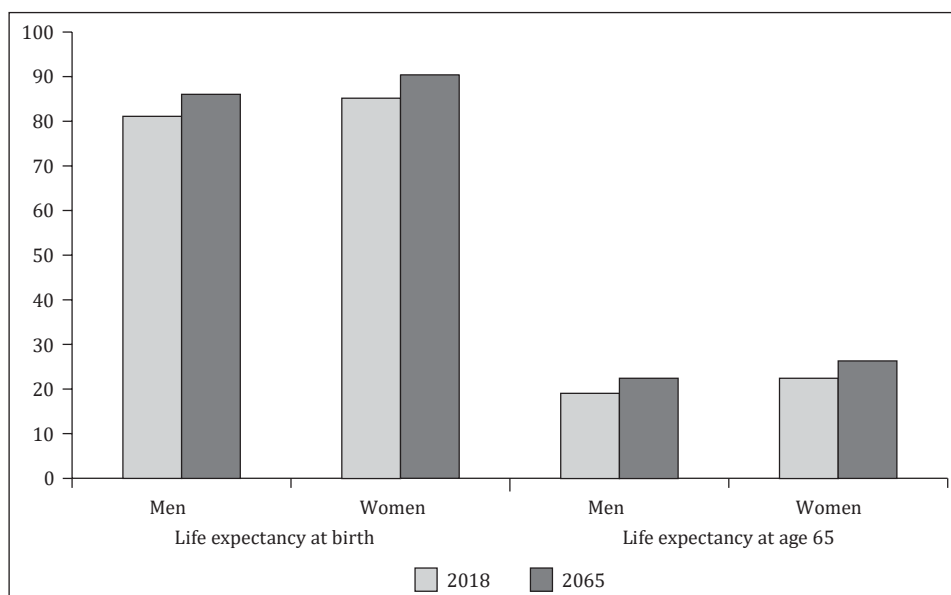
F<small>IG</small>. 1.2. Life expectancy at birth and at age 65 in Italy (year 2018 and projection 2065).

Source: Graph based on data from Istat database, extraction date 1 December 2020.

The average age of the population is, in turn, set to rise from 45.4 years in 2018 to 50.2 in 2065.

On a comparative level, according to 2019 Eurostat data, Italy represents a particularly interesting case, with the highest percentage of people over 65 (and over 75) among European countries, as figures 1.3 and 1.4 show.

The map shows the percentage of over-65s compared to the total population not only in individual countries but also, intra-nationally, of individual regions. Italy appears to be one of the very few countries where the over-65 population ranges between 15 and 20 per cent only in one region, Campania, while in five other regions (Piedmont, Liguria, Tuscany, Umbria and Friuli Venezia-Giulia) the percentage exceeds 25 per cent of the total number of residents. Figure 1.4 confirms what the map shows at a glance, namely that Italians are on average older than other Europeans: according to 2018 data, the percentages of both over-65s and over-75s are higher than the European average, by 3% and 2.5% respectively.
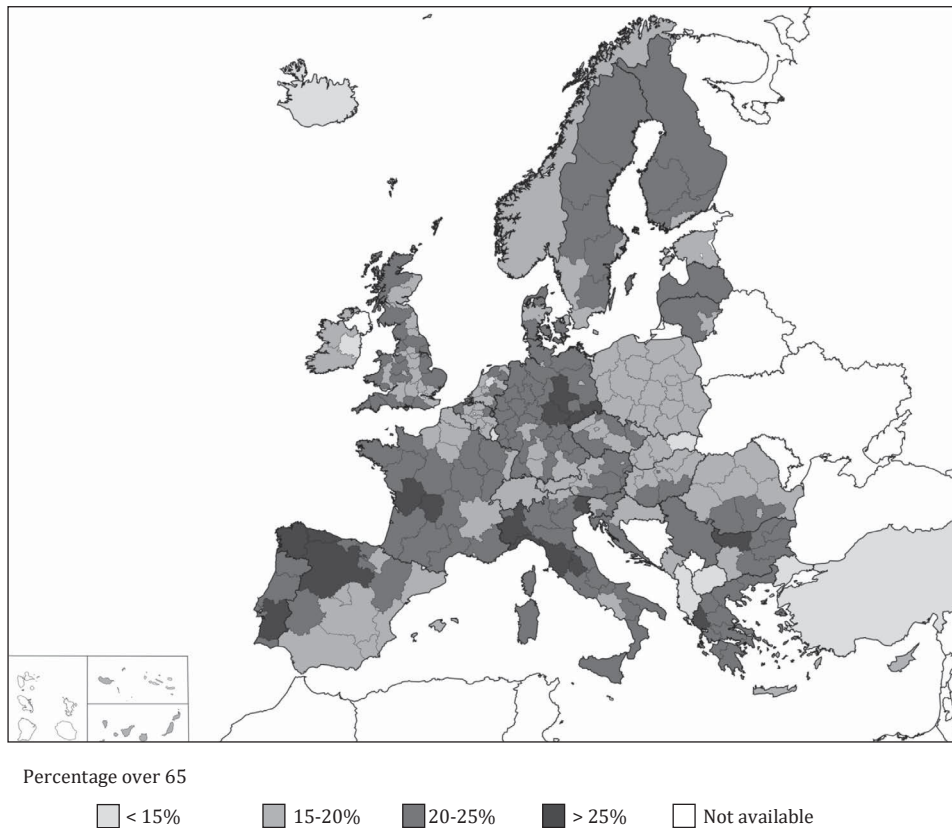
Fɪɢ. 1.3. Population over 65 in Europe.

Source: Graph based on Eurostat data (population data as of 1 January 2019; for EU 28 countries regional level NUTS 2), last extraction date 30 November 2020.

The demographic breakdown of the over-65 population clearly indicates that gender is a relevant differentiating factor. The local, national and international data show a different distribution of men and women over 65, with a greater proportion of the latter among the over-65s (and over-75s), as figures 1.5 and 1.6 show. The implications of the different ageing patterns between men and women raise a number of issues with regard to differences in their life courses, a point to which we will return.
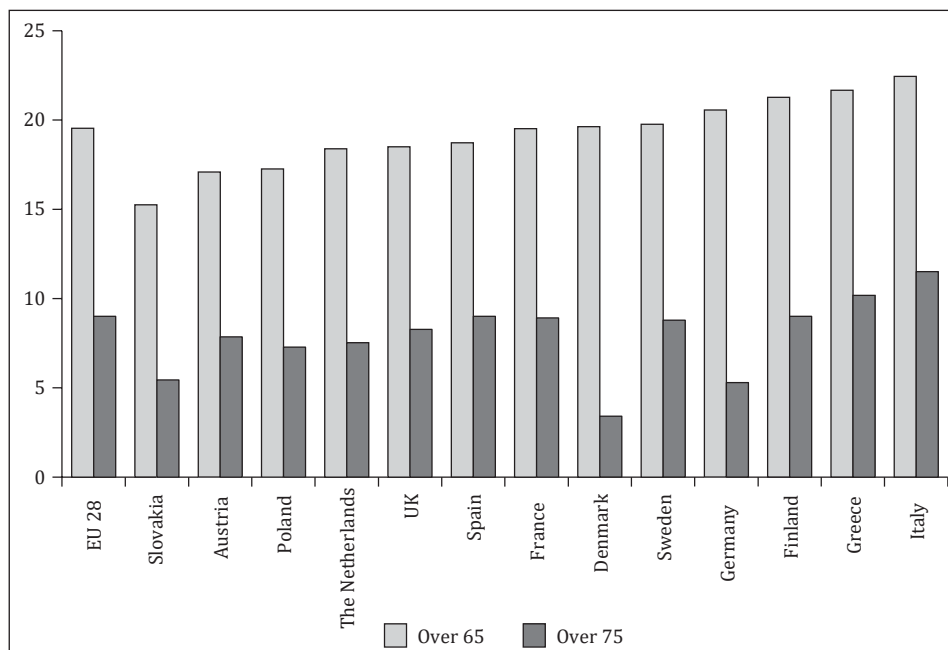
F<small>IG.</small> 1.4. Percentage of population over 65 and over 75 in some European countries, year 2018.

Source: Graph based on Eurostat data (EU-SILC), extraction date 26 June 2020.

1.1.   *Older people in Piedmont and in Turin*

If Italian national data and comparisons with other European countries paint the picture of a country that is ageing significantly, in the regional territory of Piedmont the phenomenon seems to take on even starker contours. In line with national data, the data on the resident population in Piedmont and in the Turin area indicate that a progressive ageing process is underway. In 2018, 25.5% of the total population in Piedmont was aged 65 and older, i.e., almost 3 percentage points more than the national average. Figure 1.7 shows the so-called "age pyramid", which provides a snapshot of the demographic situation in the region; it also illustrates the age distribution of men and women resident in Piedmont.
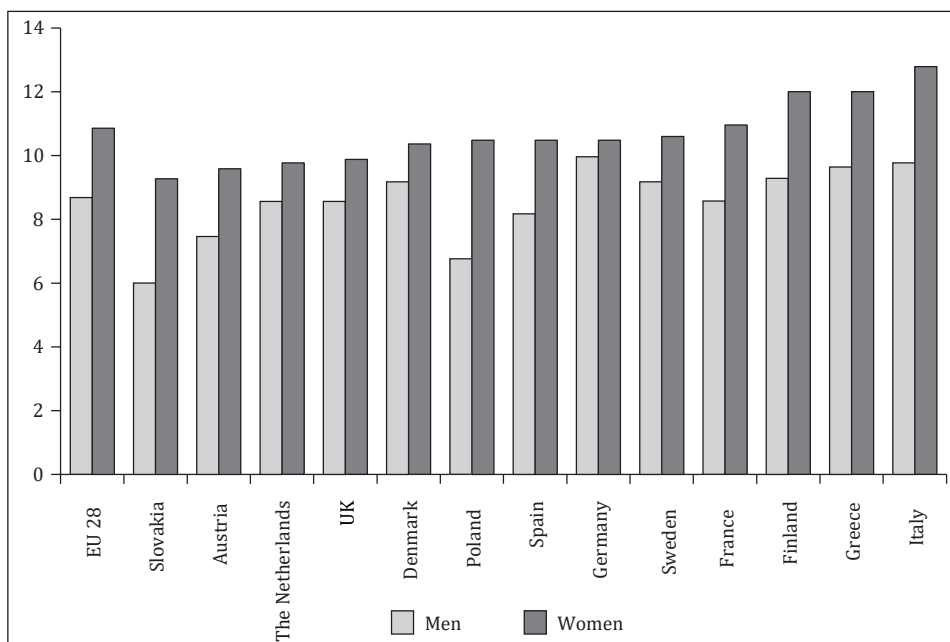
FIG. 1.5. Proportion of women and men over 65 in some European countries, percentage data, year 2018.

Source: Graph based on Eurostat data, extraction date 26 June 2020.
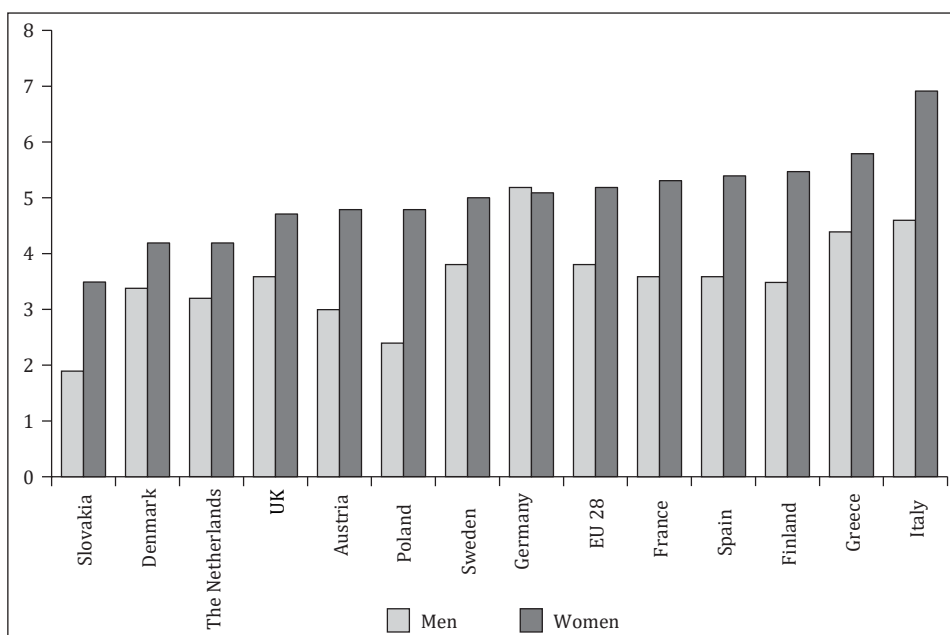
FIG. 1.6. Proportion of women and men over 75 in some European countries, percentage data, year 2018.

Source: Graph based on Eurostat data, extraction date 26 June 2020.

In spite of its name, rather than a pyramid shape the figure exhibits the rhomboidal pattern typical of contemporary western societies, which are characterized (as mentioned in section 1.1) by a sharp reduction in births, a shrinking young population and a gradual population shift towards middle and older ages. Here again, gender makes a difference: women appear to be more numerous in all age groups from the 50-54 bracket onwards, with a progressive widening of the gap between men and women.
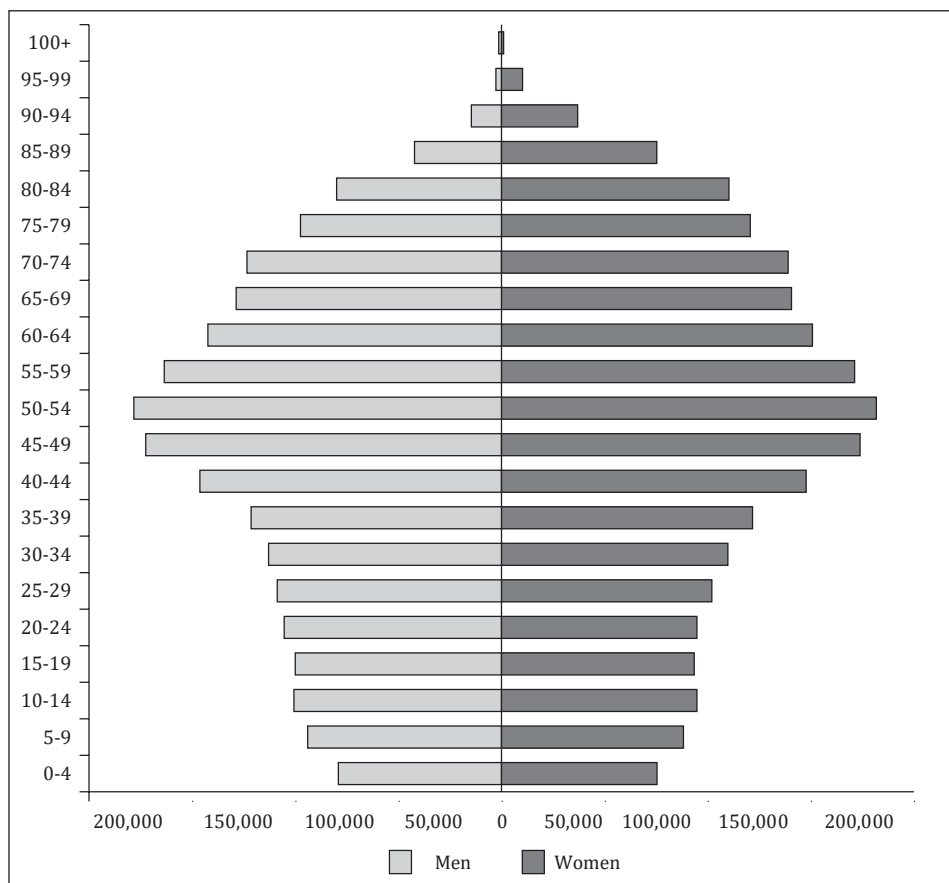
FIG. 1.7. Age pyramid, Piedmont Region, year 2019.

Source: Graph based on Demos data - Piedmont regional observatory, last extraction date 1 December 2020.
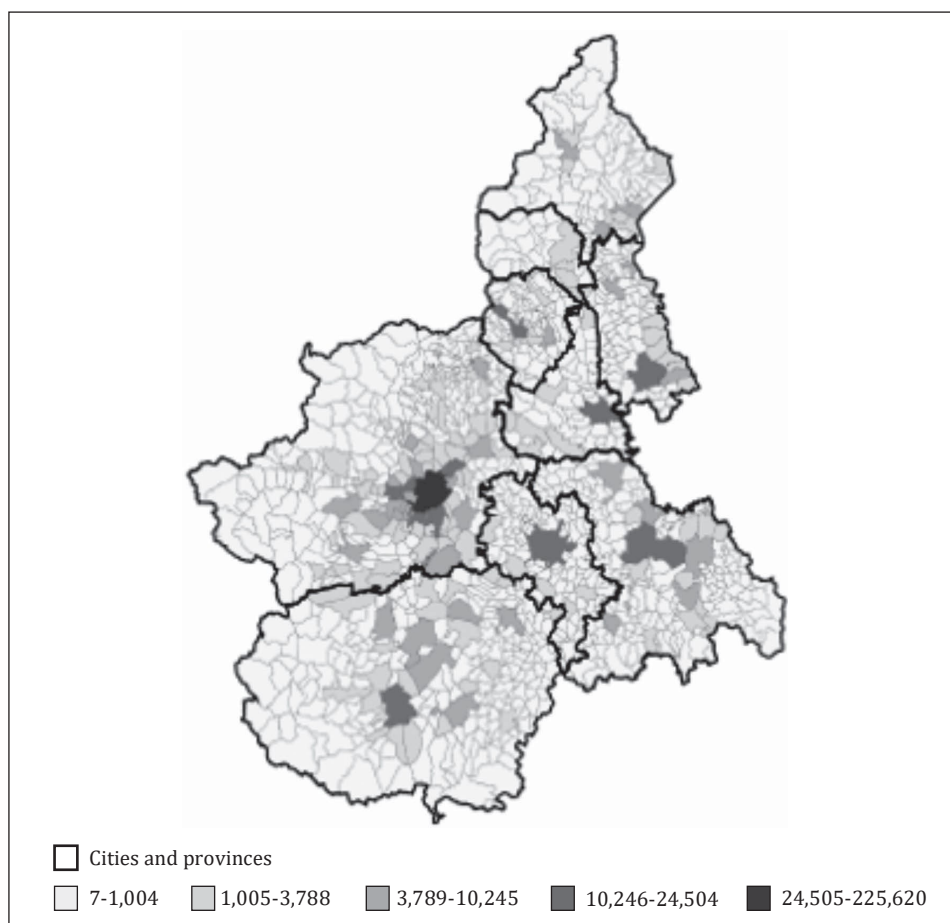
F<small>IG</small>. 1.8. Distribution of the over-65 population in the provinces of the Piedmont Region, absolute values, year 2018.

Source: Graph based on Demos data - Piedmont's territorial demographic observatory. Available for download at: https://www.regione.piemonte.it/web/sites/default/files/media/documenti/2020-09/ t17_08i_agg.2018.pdf.

Figure 1.8, on the other hand, zooms into the regional territory in greater detail, offering an overview of the territorial differences in the distribution of the over-65 population across the region.

As the figure clearly shows, in the Piedmont region it is in the city of Turin that the majority of people over 65 are found, at least in terms of density. The data on the resident population of Turin as of 31 December 2019 show a total of 872,361 inhabitants, of whom 25.9 per cent are over 65 years old and 9.3 per cent are over 80 years old. Among residents over the age of 65 years, 58.3% are women and 41.7 men; for the over 80s, the proportions are 63.2 and 36.8% respectively. The average age of the population in Turin is 47, a figure that rises to 48 for women and falls to 45 for men.

Further investigation of the area of Turin brings out significant differences in the distribution of the older population across the eight city districts. The map depicted

in figure 1.9 shows the percentage distribution of the population over 65 years of age in the city of Turin (each percentage is calculated over the total population for each district).

In the area of Turin, the older population is distributed unevenly: district 2 (Santa Rita - Mirafiori Nord - Mirafiori Sud) has the oldest population. This district is located in the south-west of the city, an area historically characterized by the presence of the first FIAT factories and therefore of greater appeal for immigrant labor from the south of the country since the 1960s.
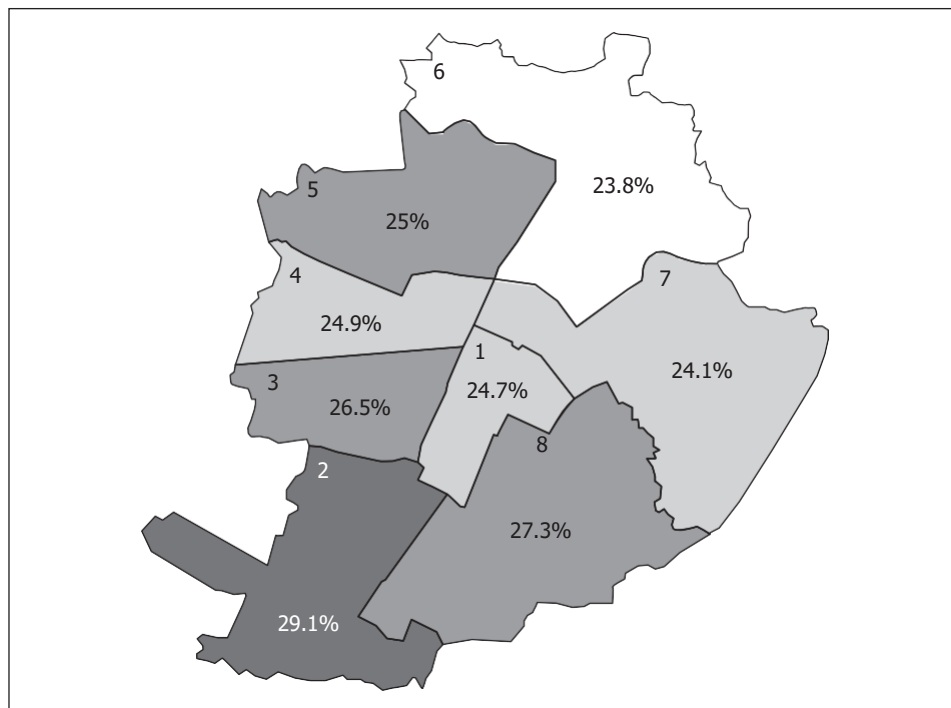
Fig. 1.9. Distribution of the over-65 population in the districts of the city of Turin, percentage values, year 2019

Source: Graph based on data from the civil registry of the city of Turin on a map available from the municipality of Turin Public Online Service, http://www.comune.torino.it/decentr/#uno.

In district 2 the average age is 49, with 29.1 per cent of residents over 65 and 11.4 per cent over 80. At the opposite end of the spectrum, the youngest is district 6 (Barriera di Milano - Regio Parco - Barca - Bertolla - Falchera - Rebaudengo - Villaretto), in the north-west, an area characterized by more recent immigration (starting in the 1990s) and a more dynamic and faster turnover of residents. Here, the average age is 45, with 23.8 per cent of residents over 65 and 8.2 per cent over 80. We will return to the subject of demographic transformations and territorial distribution in the following chapters, with testimonies from older people living in Turin on their living conditions, which as we shall see have a strong "neighborhood" characterization.

2.   Health, family, economic and housing conditions

Beyond demographic proportions and distributions, a broader picture of the phenomenon of population ageing in Italy can be drawn according to the living conditions of older people. As regards health, Istat data [2020a; 2020b] provide a generally positive outlook for those aged 65 and older: life expectancy after age 65 is projected to increase by 7.5 years for men and 6.6 years for women, a figure that has been growing over the last 10 years for both. While this represents an important achievement, the gender disadvantage should be noted: women, who on average tend to live longer, face the prospect of living more years in poor health than men. We will see in the following pages how women's increased life expectancy is not matched by better quality of life and, on the contrary, numerous factors contribute to more critical health and socio-economic conditions for women than for men. Along with healthy life expectancy, another useful indicator is life expectancy with no limitations of activity, which for those aged 65 in 2018 was 10 years for men and 9.8 years for women. The threshold for the worsening of state of health seems, therefore, to settle around 75 years of age. In this sense, an Istat survey [2020a] of the over 75s shows that 42.3% suffer from three or more chronic diseases, and again, a breakdown of this data by gender reveals it to be slanted against women (48.1%, compared to 33.7% of men). For the over-80s, the percentage of older people suffering from multiple chronic conditions rises to 47%.

This figure has to be viewed in conjunction with the percentage of older people who claim to suffer from severe limitations in their daily activities (22% of the over-75s and 27.7% of the over-80s).

Figure 1.10 shows the percentage of women and men over 75 and over 80 reporting severe limitations.
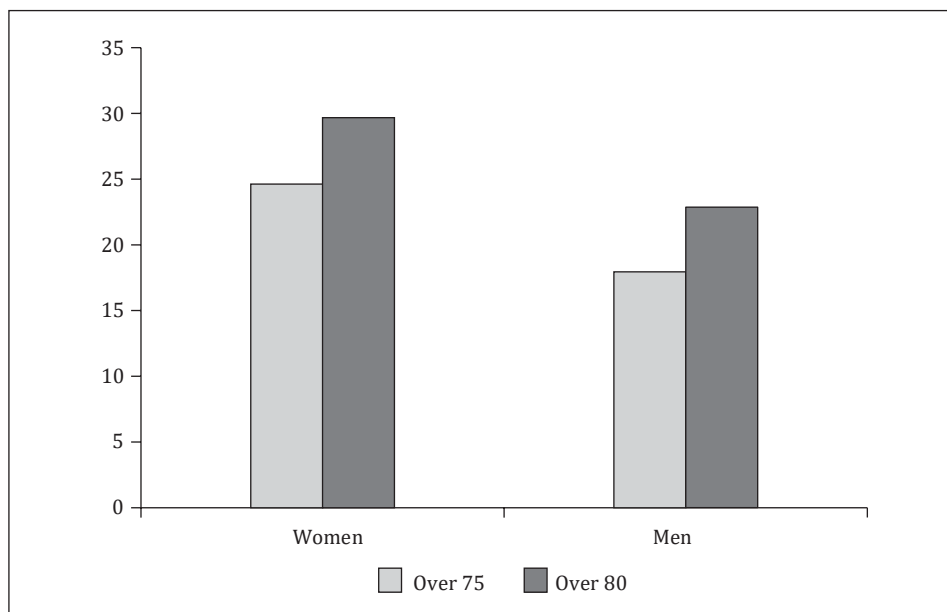
Fɪɢ. 1.10. Women and men over 75 and over 80 with severe limitations in daily activities, percentage data, year 2019.

Source: Graph based on Istat data [2020a, 2].

Once again, it is predominantly women, among both the over 75s and the over 80s, who report severe functional limitations in their daily activities. Istat [2020b] has devised the "older parent support index" to represent, in the face of the growth in the proportion of older persons suffering from chronic illnesses, the dependency between older people and their adult children. This corresponds to the number of persons over 85 years of age per 100 persons between 50 and 64 years of age. In Italy this ratio is 16%, that is to say that 16 out of 100 persons in that age group have a living parent in need of care[5]. Demographic changes inevitably also have an impact on households. In particular, the reduction in fertility, marital instability and migration, together with the increase in life expectancy from birth and the ageing of the population, have caused, especially since the second half of the last century, a reduction in the size of households and a growth in their number. This is particularly due to the increase of single-parent and single-person households, the latter consisting in many cases of older people living alone[6]. Data from the national surveys

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[5] It should be noted that it is often women who provide care for the very old (over 80s), mainly in the 55-64 and 65-74 age groups, who in turn have adult children and grandchildren of pre-school and school age: this is referred to as the "sandwich generation" [Saraceno and Naldini 2013], "squeezed" between the care needs of oldest-old parents and those of grandchildren.

[6] From the point of view of intergenerational relations, contemporary families are developing more and more in a "vertical" sense - the co-presence of several generations - than in a "horizontal" sense – that is, siblings (and cousins) [Saraceno and Naldini 2013; Istat 2020b].

on household structures show that in 2019, 50.8 per cent of childless couples are spouses in which the woman is over 65; in the same year, 47.3 per cent of all single individuals are over 65. This figure has a strong gender connotation: while single men are over 65 in 29.9% of all cases, for women the percentage rises to 60.3%. Figure 1.11 delves into the data on single-person households composed of men and women over 65: as is clear from the graph on the marital status of older women and men, widowhood is significantly more widespread among women, both compared to other reasons for living alone and to men. This is due, once again, to women's greater longevity and to the age gap at marriage between women and men, which is still significant in the marriage cohorts of the over 65s.

Above the age of 84, one-person households account for 57.4 per cent of this population, with an even wider gender gap: 45.5 per cent of older women live alone compared to 11.9 per cent of men of the same age [Istat 2020b]. This age threshold also applies to the observation of the phenomenon of "return to cohabitation" (*ri-coabitazione*, Saraceno and Naldini 2013): these are single older persons who, following the death of their spouse or due to reduced self-sufficiency, move in with their children. In the case of people aged 84 and older, this concerns 10% of the total [Istat 2020b].

In terms of economic conditions, two-thirds of people over 65 living alone receive a retirement pension [Istat 2020b] albeit, once again, with an important gender gap in income: in 2018, the median equivalized income of older women was 7 percentage points lower than that of men. This is due to a combination of factors linked to the life course of men and women: wage gaps in addition to lower and more discontinuous participation of women in the labor market, which lead to more requests by women for welfare services. We will return to these factors in the chapters on policies and the discussion of the empirical material.
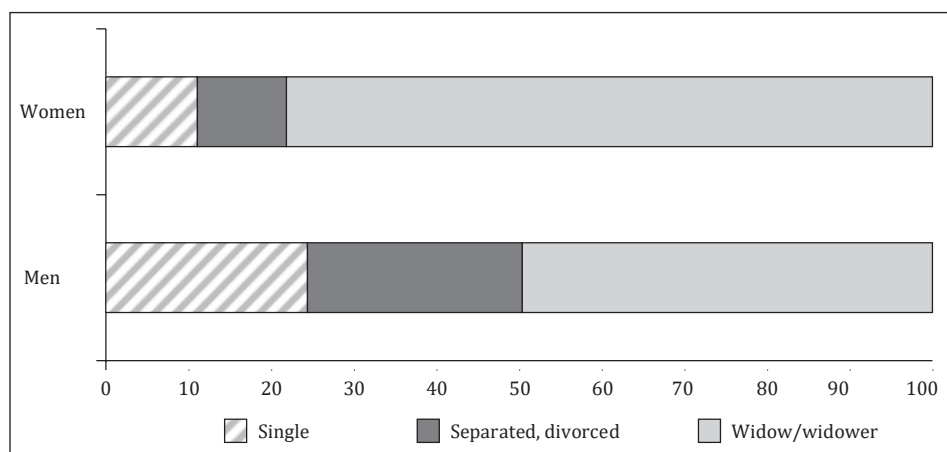
FIG. 1.11. Women and men over 65 by marital status, percentage values, year 2019.

Source: Graph based on Istat data, last extraction date 26 September 2020.

It should be noted, however, that the overall growth in the proportion of older people in Italy from the period before the economic crisis that began in 2008 to the present has been accompanied by a growth in their economic weight: the share of income attributable to older people has in fact grown by 6.4 percentage points, while that attributable to income earners under 45 has decreased by more than 11 percentage points. Table 1.1 provides a snapshot of the situation as of 2018[7] and the breakdown of average income, relative income and income share in the national total by age group.

Data on the risk of poverty and material deprivation offer a further tool for assessing the condition of older people in Italy[8]. The former refers to the share of the population whose equivalized income is below the poverty line, i.e. 60 per cent of the median equivalized income; severe material deprivation, on the other hand, represents the percentage of people living in households where at least four out of the following nine signs of material deprivation are present: being behind on the payment of bills, rent, mortgage payments or other loans; not being able to adequately heat the home; not being able to incur unexpected expenses of €800; not being able to afford an adequate meal at least once every two days; not being able to afford one week's holiday away from home in a year; not being able to afford certain material goods such as a color television, car, washing machine, telephone, etc. [Istat 2020b]. On these metrics, the situation of people over 65, as shown in Table 1.2, is actually better as compared to the population in the younger age groups, due to the effect of

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[7] The data in Table 1.1, taken from the Istat publication *Invecchiamento attivo e condizioni di vita degli anziani in Italia (Active ageing and living conditions of older people in Italy)* [2020b], come from the EU-SILC 2018 sample survey [*ibid.*, 103].

[8] We use the terms "risk of poverty" and "severe material deprivation" instead of the more common terms "relative poverty" and "absolute poverty" to conform with the Istat publication [2020b] from which the data are taken.

retirement income.

TAB. 1.1. *Population and income by age group, year 2018.*

Age group	Population	Average income (constant prices)	Relative income (base Italy=100)	Income share
Less than 35 years old	34.2	12,219	66.8	12.0
35-44 years	13.8	19,261	105.3	17.8
45-54 years	16.1	20,770	113.6	22.5
55-64 years	13.3	22,488	122.9	19.7
65 years or older	22.5	17,481	95.6	28.0
Italy	100	18,290	100	100

Source: Our calculations based on Istat data [2020b, Table 3.17, 103].

The presence of older people in the household also appears to be a protective factor for younger members: the risk of poverty is lower in households with one or more older people than in households where all members are under 65. On the one hand, therefore, the income situation of older people appears for the most part stable, and is in fact at the origin of the intergenerational transmission of resources (including, but not limited to economic support, which will be discussed in more detail in the following chapters); on the other, this signals the progressive impoverishment of the youngest, a process that is bound to have long-term consequences on the country as a whole [Istat 2020b].

As far as housing conditions are concerned, while the over-65s live in less healthy dwellings (read: dampness, which brings with it higher expenses for room maintenance), the majority of them reside in a house they own, one that is not overcrowded and is in good condition. According to the Istat survey on the over 75s [Istat 2020a], only 1.8% of the population in this age group experiences severe housing deprivation, compared to 5% of the total population. Table 1.3 summarizes some national data for the year 2018 on the housing conditions of the population broken down by age group.

Thus far we have provided some background and outlined some contextual conditions in the ageing processes. In the following paragraphs of this chapter, we will extend our gaze to address some broader theoretical and definitional issues.

TAB. 1.2. *Risk of poverty and severe material deprivation by age group and presence of older persons in the household, year 2018*

	Risk of poverty	Severe material deprivation
	Age group	
Less than 35 years old	24.8	9.4
35-44 years	20.4	8
45-54 years	19.8	8.7
55-64 years	17.7	8.9
65 years or older	15.3	7.2
Less than 35 years old	24.8	9.4
	Families with older members	
No older people	22.5	8.9
One older person	19.4	9.5
Two or more older people	10.9	5.5
Total	22.5	8.9

Source: Our calculations based on Istat data [2020b, Table 3.18, 107].

3.   *Variable thresholds. What it means to grow old*

Based on the demographic framework that adopts certain threshold values to define the distribution of the older population (over 65, over 75 and over 80), in this subsection we will show how these thresholds are the result of cultural and social constructions and how they therefore represent variable thresholds that must be defined and redefined in time and space. If, for example, Istat is cited as the source of reference, the following defining criteria emerge:
–   demographic (based on age);
–   economic (according to retirement age: 60-65-70 years);
–   biological (starting at the age at which psychophysical disabilities become most common: 70-75 years).
In other cases, the older population is instead divided into three segments:
–   youngest-old (those in the 65-74 age group);
–   middle-old (those aged between 75 and 84);
–   oldest-old (those over 85 years of age).

TAB. 1.3. Housing conditions by age group, year 2018

Age Group	Housing (%)		Crowding in the home (no. of persons per square metre)	Damaged, damp or poorly lit home (%)		
	Rental	Own		Damaged structures	Humidity	Insufficient light
Up to 35 years	39.3	60.7	3.0	8.2	9.6	4.5
35-44 years	33.5	66.5	3.2	8.1	8.1	4.2
45-54 years	20.9	79.1	3.0	7.8	9.2	3.2
55-64 years	16.3	83.7	2.5	8.4	10.5	3.4
65 years and over	10.1	89.9	1.9	8.1	11.1	2.6
Total	20.8	79.2	2.6	8.1	9.9	3.3

Source: Our calculations based on Istat data, last extraction date 26 September 2020.

Among demographers, Peter Laslett [1996] was the first to introduce the idea of a third age, a phase of life that is still active but no longer directly involved in the productive cycle of the labor market, as distinct from the fourth age that includes those in frailer and vulnerable states.

Several factors contribute to the process of ageing, and these can be traced back to the physical, psychological and social condition of individuals and more broadly to changes in society. With regard to the first factor, the reference here is not only to the possible transition from self-sufficiency to non-self-sufficiency and therefore to functional decline, but also to all those changes that accompany individuals in the transition from adulthood to old age. These include hair turning grey or white, the onset of menopause and andropause, different responses of the immune system and changes in the cardiovascular functions. Rowe and Kahn [1998] distinguished between three processes of physical ageing: optimal, which the authors consider "successful", characterized by minimal loss of physical function and a healthy, vigorous body; pathological, accompanied by co-morbidities and negative environmental influences; and "normal", which is also the most common one, falling between pathological and optimal.

Psychological ageing processes include alterations in personality, mental functioning and sense of self. Some changes are considered part of development in adults, some are the result of physiological changes in the way the brain works. As in the case of physical ageing, numerous studies have explored the complexities of these processes and possible ways to distinguish pathological ones (e.g., Alzheimer's disease) from those that can be considered non-pathological and yet involve changes.

The third factor to describe old age is the social condition of individuals. For most people, ageing is a gradual process, yet society uses age to assign roles, to place individuals in certain positions within the social structure, to classify, and as a basis

for resource allocation. Consider, for example, the rules on the minimum age for employment and retirement, which specify the age of entry and exit from the labor market, that are also relevant for their profound effects on all spheres of daily life including interactions and relationships.

Social ageing accounts for the ways in which society contributes to shaping meanings and experiences, expectations and implicit norms about how we should behave, live, and act according to our age. The concept of social ageing also refers to the ways in which these expectations influence the opportunities offered to older people later in life.

Lastly, beyond the social construction of ageing, it is societies themselves that are ageing. Demographic, structural, economic and cultural transformations at the macro level affect the ageing experiences of individuals and in turn, these very experiences contribute to redefining old age, the ways in which it is experienced, interpreted, and narrated, and the role that older people play in society. According to Amendola [2011], the figure of the older individual on the social scene today is absolutely new: socially strong because he or she owns money (some estimates indicate that older people own 70 per cent of the world's wealth) and because of how numerous the older group is (older people's vote is now decisive in all western democracies). However, it must be kept in mind that the degree of variability among older people is not only significant, but is also greater than in other age groups [Binstock and George 2006].

Overall, therefore, it seems clear that societal transformations have been accompanied by changes in the paradigms that describe the construct of ageing. In retracing them briefly, it is useful to start with the contributions of Cumming and Henry [1961] in the 1960s who, assuming an inevitable decline in the senile phase, described ageing as a process of *disengagement*. The authors believe that retirement from work roles represents for older people a phase that is free from labor market obligations and, at the same time, offers opportunities for society as retirement makes room for younger generations.

Later, Hochschild [1975] suggested considering the process of disengagement as a distinct dimension of ageing, where disengagement is conditioned by socio-economic and psychological factors, the result of a normative and social process, while ageing is determined by biological factors. According to Hochschild, a combination of factors associated with ageing (e.g., poor health, widowhood) and others associated with the nature of society and one's position in it make disengagement a "normative permission" [*ibid.*, 557]. Moreover, the disengagement theory conceals some relevant contributions that older people make to the community, for example, the commitment and activities carried out by older women who participate in care activities and in the production of well-being.

Hochschild is not the only critic of Cumming and Henry's positions, and since the 1970s numerous studies postulate activity as an essential element of quality of life [Lemon, Bengtson and Peterson 1972]. Unlike the disengagement theory, the *activity theory* places special emphasis on the possibility that the older population performs active roles in society, contributing to generating an overall sense of satisfaction with their existence.

Within this school of thought, the *continuity theory* takes shape, according to which people aspire to maintain continuity in their existence and find ways to adapt

to the changes associated with ageing, based on the idea that the individual's personality tends to remain unchanged during this process [Neugarten 1964; Atchley 1989]. These studies aim to show that individuals strive to preserve and maintain their activities, sense of self, relationships and ways of thinking. The premise is that changes - specifically those related to old age - can be integrated within the individual's history and, therefore, do not necessarily cause a biographical breaking point [Atchley 1989, 183]. From this continuity theory then emerges Ekerdt's *busy ethic* [1986], which is an extension of the work ethic whereby people legitimize retirement by keeping busy in the leisure time they have acquired, thus giving meaning and continuity to their existence and to the values they adhered to during the active phase in the labor market. According to Ekerdt, pensioners manage their free time with the same attitude they showed towards their occupation, and even if they are not constantly involved in activities and initiatives, they talk about them and build plans for the future, as they used to do when they were engaged in productive activities: these strategies build an existential continuity that allows them to maintain their sense of self and identity[9].

From these reflections, activity theory seems to hold the core concept at the basis of the idea of *successful ageing*, which contributed to the development of various theoretical perspectives, albeit variously articulated. An early definition offered by Havighurst [1961] identified successful ageing as the experience of joy, happiness and gratification in later life. Both disengagement theory and activity theory refer to it, although they differ in the goals and means identified to achieve success: the former through withdrawal from active life in society, the latter through engagement and participation [*ibid.*]

The first formal conceptualization of successful ageing, proposed by Neugarten [1972], focuses on individual satisfaction: success is thus closely linked to perceived quality of life, which is also an indicator that accounts for continuity in the personality characteristics of adult individuals and the degree of diversity in the ageing process. Later, Rowe and Kahn [1987; 1997; 1998] defined the factors of reference to identify successful ageing: a state of good health, a good level of physical and cognitive functioning, and active involvement in social activities. The two authors also argue that it is possible for many adults to age well by intervening on certain factors considered modifiable, which include health behaviors and social participation.

Demographic changes and increasing expectancies of a healthy life have contributed to the development of theories that focus on the opportunities of later life, including *productive ageing*, which promotes the active participation of older adults in the paid labor market and in numerous socially useful activities such as caring for family members (and especially grandchildren). The theories presented so far come mainly from the American context, which is characterized by a smaller growth in the older population, but also by values more focused on personal independence and individual success.

In the wake of such theoretical reflections, which have been influential throughout the Western world, since the 1990s the idea that ageing cannot be defined as a condition that necessarily requires support, but rather as a process that can also

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[9] In chapter 4 and chapter 6 we will see that the need to keep busy extends to activities that are not limited to domestic or care activities, but also include social, playful, recreational and cultural spaces, as the narratives of some of the older people interviewed also confirm.

develop along positive heterogeneous trajectories for which the individual, by taking an active role, also becomes responsible, has been spreading.

Since 2000, the World Health Organization (WHO) has also shown interest in the promotion of positive ageing processes, albeit in a more inclusive sense and thus different from activity theory in the narrow sense. The objective of the WHO through the promotion of active ageing is in fact to improve the quality of life and optimize the opportunities for health, social participation and security of older people [WHO 2002]. The three pillars underpinning the approach to active ageing outlined by the WHO are health, security and participation. It is this last aspect, participation, on which it seems most useful to dwell for our purposes. With the term *participation*, the WHO wanted to encompass both formal and informal work and voluntary activities that respond to needs, skills, preferences and opportunities for lifelong learning. Active ageing policies have, however, been criticized for their predominantly economic and productive perspective, which has resulted in regulations aimed at extending the working life phase rather than intervening on other forms of participation and the exercise of active citizenship [Foster and Walker 2015]. In particular, the issue of volunteering[10] in old age seems to have been neglected, perhaps because it has always been – at least in post-industrial western societies – one of the few formal roles available to older people after leaving the labor force.

The ideas of the WHO on active ageing are set to play a central role in the formulation of policies of the European Union, Italy and sub-national governments, and thus also in the territory under analysis. The healthy and active ageing paradigm proposed by the WHO emphasizes policies that enable older people to make the most of their potential and reduce dependence on family and State [WHO 2015a; Zaidi *et al.* 2016].

The proposed paradigms, which include *active ageing* [WHO 2002; Walker 2002] and *healthy ageing* [WHO 1990; 2015a], but also the aforementioned *successful ageing* [Rowe and Kahn 1987; 1997; Baltes and Baltes 1993] and *productive ageing* [Butler and Gleason 1985], focus on the meanings and ways of influencing the trajectories of successful ageing. While doing so, however, they also outline negative pathways that risk shaping narratives of failed ageing processes, narratives that act as social levelers, i.e., ignoring class, gender and ethnic differences (we will come back to these issues in chapters 3, 4, 5 and 6).

Furthermore, the active ageing approach does not take into account people's perceptions of how they also define themselves in relation to cultural and social differences. Lastly, it should be recalled (as the European Union warned in its 2012 documents on the promotion of active ageing (Decision 2011, no. 940)) that the older population is heterogeneous and the diversity within older generations or the "fourth age" is bound to increase: this is an aspect that must be taken into account.

It seems therefore necessary to find a lens capable of capturing the differences between individuals among older people, who have heterogeneous characteristics in

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[10] Formal volunteering can be defined as voluntary and unpaid activities undertaken within a structured organization, which is directed towards individuals or communities with whom there is no contract, obligation of friendship or family ties, and therefore excludes informal help and caregiving [Musick and Wilson 2008]. Volunteering is in line with the "busy ethic" that has shaped modern retirement [Ekerdt 1986] and the involvement promoted by activity theory [Havighurst 1961]. We will return to this point in chapter 3.

terms of class, gender, ethnicity and cultural and social resources, and come from different and unequal past histories. To this end, the life course perspective seems a useful approach to account for the complexity that accompanies ageing processes.

4.   How we grow old: the contribution of the life course theory

Given the potentially continuous nature of human development, old age must be understood in relation to what preceded it, making the life course a kind of "endogenous causal system", in the words of Mayer and Tuma [1990], to understand the present.

Five principles, which will be discussed in more detail in Chapter 5, are essential to understanding how life course analysis works [Elder *et al.* 2003; Saraceno 1986a; Naldini *et al.* 2012]. The first looks at how life develops and how long it lasts; the second highlights the importance of birth cohorts and the spatial contexts in which one is placed; the third postulates that events can have different meanings in determining one's trajectories in relation to when they occur, i.e., their timing and according to their synchronization and sequence; the fourth emphasizes the space of agency available to each person even within contexts that pose specific constraints and opportunities; the fifth, the principle of linked lives, emphasizes the relationship between the individual's life course and that of the people with whom he or she is in close relationship.

This perspective reflects on ageing as a process that takes shape throughout one's existence, recognizing the multiple factors that influence it. These include genetics, environmental and cultural factors, exposure to social risks and adverse events (e.g., poverty), conditions that can be reproduced from one generation to the next within the same family and that ultimately affect the process and outcomes in old age in terms of health, social and human capital, and the economic, material and cultural resources available.

The model proposed by Rowe and Kahn [1997] and, more generally, the theories of active and successful ageing, move away from the theories of disengagement to focus on the industriousness and participation of people as elements of society capable of contributing to its maintenance. One of the limitations of these theories, however, lies in viewing old age as a static phenomenon that fails to capture developmental processes and trajectories of continuity and change over time and space.

By contrast, the life course perspective offers the opportunity to explore ageing processes in order to observe the outcomes but also the factors that have produced them, opening up promising avenues of research into prevention and social protection policies. However much each individual's agency is acknowledged and valued, the constant reference to the importance of contexts (historical, cultural, social) in shaping the opportunities and constraints that individuals encounter along the life course mitigates the risk that the latter will be blamed for the outcomes and conditions in which they find themselves when they grow old.

The now substantial literature adopting this perspective [Naldini *et al.* 2012] has highlighted distinct models that can help explain the trajectories of individuals and identify factors that cannot be changed by exercising individual agency. Along with

the events that occur during a highly sensitive or critical period of development, the accumulation of disadvantages over time also has a permanent impact on experiences and different aspects of life. Precisely in order to emphasize the limits of individual agency, Settersten [2003] introduces the concept of *agency within structures*, which takes shape within a determined and binding context. The concept sets out to investigate the ways in which individuals set goals, undertake courses of action and construct meanings within the parameters imposed by social contexts (as well as whether and how, in some cases, individuals can alter these parameters through their own actions).

For example, if we look at studies on health [Wilkinson and Marmot 2003; Marmot 2005], we can observe that many different factors contribute to health inequalities in old age, including: social gradient, stress, early life, social exclusion, work, unemployment, social support, addictions, nutrition, transport.

The determinants of health are thus a set of factors that invoke distinct levels of analysis (macro, meso and micro), which can assemble variously, giving rise to extremely different configurations of health. These are not only dependent on the presence of a universally accessible, quality healthcare system, but are also the result of the interaction of individuals, men and women, in a physical and social environment and in a given socio-economic and cultural context. Cardano [2008] uses terms like "biographical differences carved in bodies" and "scars" quite deliberately, to convey the idea that life-long experiences are relevant in determining unequal health conditions in adulthood. While critically discussing individual agency and responsibility in shaping health trajectories, Cardano cites, among other examples, poor nutrition as an outcome attributable not so much to inadequate individual choices but, in many cases, to economic constraints. The chronic stress [Brunner and Marmot 1999] that accompanies the experience of poverty, for example, is coped with by resorting to strategies that are accessible in the social context in which one lives, and the tools accessible to people in situations of deprivation are things like alcohol, cigarettes and comfort food.

Unhealthy behaviors that in the long run can give rise to pathologies and affect life expectancy can thus be seen as the outcome of contextually defined constraints. The intention here is not to deny agency's prominent role, but to emphasize that it must be taken into account within the limits defined by the context, i.e., together with numerous other factors that the individual frequently cannot change.

The life course literature urges us to consider, in addition to the context, *how (*the characteristics of each individual and their support network) and *when* (what happens before and after) certain stressful events occur in order to understand their effects. Consider an event such as widowhood. While conventionally considered a trigger for vulnerability in several respects, as we will show in the chapters devoted to empirical analysis widowhood can have extremely dissimilar effects for men and women and can even represent closure, and to some extent the solution, to a previous chronic stress situation, for instance in the case of unsatisfactory, deteriorated or even violent marital relationships. Of course, it should be remembered that in addition to these elements, there are other important variables to take into account. Again with reference to widowhood, some studies report that it is older women who experience a greater sense of freedom and autonomy in the later period and choose not to "give up"; on the other hand, older men do not seem to have the same

opportunities and/or capacity to maintain or build new networks of relationships [Arber *et al.* 2003] and this may also affect the perception of one's quality of life and thus the meaning attributed to one's existence after the death of a spouse. Seemingly similar transitions can therefore have dissimilar social and subjective meanings.

The weight of events also depends on their duration. Being unemployed only temporarily or for a long period of time are conditions that certainly have very different meanings and effects. In this respect, the concept of *situation dependency* [Olagnero 2004, 127] postulates that those who stay for a relatively long time in a position have a relatively high probability of remaining there. Chronic conditions of deprivation or hardship also have significant effects on ageing as well as on the constraints and opportunities for active and successful ageing.

The principle of linked lives nevertheless urges us to consider the trajectory of individuals as closely connected to that of people in their close friendship and family circle. In the 1990s, research started to focus on the relationship between the individual and the family as well as on the family life course [Bengtson and Allen 1993; Micheli and Tulumello 1990; Leisering and Leibfried 1999; Olagnero 1999]. In his work *Children of the Great Depression,* Elder [1974] analyzed how the economic recession had variably affected the life courses of children who experienced it depending on the family context in which they found themselves (i.e., their parents' financial resources), their characteristics (i.e., age, cohort, gender) and their position within the family (i.e., birth order). The family life course focuses instead on individual family trajectories to explore how members are interconnected and how a family can be a vehicle of opportunities or constraints for its members.

Family structures themselves are subject to change over time, due to the interdependence between the changing characteristics of the historical and social context, and the timing and duration of individual experiences of entry and exit into different family statuses. These are transformations that produce different experiences depending on the cohorts of birth, marriage, and transition to parenthood. Although many of these changes are well-known, it seems appropriate to briefly dwell on them here. The most relevant are the reduction in the number of household members and the number of children, as well as the rise in the number of singles (not only among adults but also among older people); moreover, marital instability has increased and forms of intergenerational solidarity have changed. As a result of the increase in life expectancy and the reduction in the birth rate, there has been a gradual contraction of "horizontal" kinship (whereby there are fewer brothers, sisters and cousins) and a simultaneous "verticalization" (and ageing) of family relations (whereby several generations coexist for longer, and thus one can retain the status of child even when one becomes a parent or even grandparent). While on the one hand this may appear to be a process of rarefaction of parental networks, which Solinas [2004] calls a process of "de-parentalization", on the other hand strong ties of interdependence and solidarity between generations are produced and preserved, and are further strengthened as a result of the new care needs that have emerged with the entry of women into the labor market.

In particular, in Italy the approach to welfare has earned the country the label of "familist" or, more precisely, an unsupported or default familism [Saraceno and Keck 2011] in which the family bears the burden of care for their members without much support from the State. What this means is that inter-generational support is often

top down, so that grandparents take care of grandchildren and make up for the gaps that the welfare system has not yet provided for in terms of care for the youngest.

The coexistence of different generations over a longer life span has thus resulted in parents and their adult children being bound together by various forms of emotional support (affective solidarity) [Bengtson and Roberts 1991], shared activities (associative solidarity), and transfers of space, money and time (functional solidarity).

Lastly, structural conditions, including recent economic crises, have made it increasingly common for adult children (particularly in the case of job loss, after a separation/divorce, with dependent children in tow) to cohabit with their parents in the latter's home [Keene and Batson 2010; Tosi and Grundy 2018]. There is, therefore, an increase in the functional solidarity of older people towards their adult children in distress, but also the risk of a potentially lower level of well-being and a worsening of the quality of life for the former [Tosi and Albertini 2019], which again underscores the strength of the principle of linked lives.

If we combine the principle of linked lives with the theory of the accumulation of advantages over the life course, and then look at the family life course, it is possible to observe how privileges or disadvantages can become even more acute in the transition between generations [McGoldrick *et al.* 2008]. Returning to the example of parental financial support, if we consider a three-generation model, what is clear is that the amount and the nature of what parents can pass on to their children is conditioned by what they themselves have, in turn, received from their own parents [Steelman and Powell 1991].

However, what is transmitted from one generation to the next is not limited to the financial sphere, but includes the *life course capital* in general [O'Rand 2001, 146], the interdependent stock of different resources useful for all domains and spheres of existence, accumulated or dissipated to satisfy needs and desires. This capital is made up of: human capital, i.e. years of education and experience in the regular labor market; psychophysical capital, i.e. the degree of health and well-being; social capital, i.e. the relationships (including toxic and harmful ones) of individuals; personal capital, which defines the individual's skills and abilities to be a recipient and an actor in his or her environment; and cultural capital, i.e., the body of knowledge and values that educational agencies transmit to individuals[11]. All these elements must be taken into account when observing life courses and ageing processes without, of course, forgetting the relevance of contexts and structural factors at the macro and meso levels that influence individual paths.

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[11] Cultural capital, as defined by Bourdieu, does not simply consist of educational qualifications, but concerns the set of symbolic goods transmitted by the various *educational agencies* (first and foremost the family, but also school, cultural activities, and others). It determines the individual's overall cultural level and, at the same time, his or her chances of success in social competition. Today's older population includes people belonging to different cohorts and it is therefore possible that different educational qualifications can be regarded as similar if we reflect on the cultural capital they have. For example, individuals over 80 who completed middle school at the end of the Second World War represent a minority of the population, whereas this ratio changes if we look at those who obtained the same qualification years later, while assuming that their cultural capital is still very different. There are many reasons for this, including compulsory schooling and educational inflation.

Chapter Two

Policies for ageing

While living longer is in itself a positive development made possible by medical, scientific and technological advances, it has long been perceived by governments and policy makers as a problem rather than an opportunity, mainly because of its financial and healthcare implications. Older people in Western countries, as noted in the previous chapter, are not only increasing in number in absolute terms, i.e., they are more numerous than in the past, but also in a relative sense, i.e., they have a greater weight in terms of proportion of the total population. This translates into a generally older society. One of the upcoming challenges will therefore consist in managing, in a socially and economically sustainable manner, not only the increase of older people in society, but the imminent entry into old age of the "baby boomers" born in the 1960s, which will have a major impact on the age demographics of the population.

Over time, different approaches to "ageing well" have emerged, and different policies have been introduced to promote successful, productive and healthy ageing, as well as policies to support people in greater need. This chapter intends to identify the rationale that guided these policies, from active and successful ageing policies to long-term care policies for the most vulnerable, and then focus on inequality and discrimination which need special attention not only from scholars but also from policymakers.

1.   *Active ageing policies*

The perception that old age corresponds to a phase of life during which older people gradually free themselves from many of the commitments associated with employment and other responsibilities of adulthood has become paired with the need to encourage ways to maintain a healthy and active lifestyle for better ageing [Boudiny 2013].

Laslett [1991] once hypothesized that old age could represent a phase during which individuals freed from the commitments dictated by the labor market could invest the skills and competences they have acquired to benefit society, taking on responsibilities rather than devoting themselves exclusively to personal pleasure and

leisure.

To this end, one of the crucial elements was to be training and educational opportunities for individuals. In fact, the distinction between adults and older people has become more blurred, this in part due to the changing lifestyles and consumption patterns of the latter. Consider, for example, the increasing number of people of very different ages who wear T-shirts and jeans in their free time, a manner of dressing that was once considered inappropriate but which is now acceptable without incurring social sanctions [Twigg 2007].

In some cases, dismissing the idea that certain activities are inappropriate for older people and focusing instead on the individual lifestyle obscures not only the promotion of a culture of consumerism but also the relevance of social class. In this sense, Walker [2005] notes that participating in cultural events and activities depends on the resources available to people.

As anticipated in chapter 1, one of the models that has had a major influence on research and policy in recent decades is Rowe and Kahn's [1997] *successful ageing*, linked to ideal "anti-ageing" lifestyles to be adopted following retirement and policy agendas aimed at promoting them. The narratives built around successful ageing revolve around the notion of older people as individuals responsible for their own health conditions. In order to maintain good health, the model promotes an active lifestyle, characterized by independence and productivity even in old age, as well as participation and opportunities for meaningful activities to help improve the sense of well-being [Walker 2002]. The *activity theory* takes shape in a context of concern about the growing older population and thus about the costs that caring for functionally impaired conditions and dependence on services and welfare can bring. The powerful concept of successful ageing has been promoted by the media [Rozanova 2010] and has emerged as the dominant narrative when talking about old age, as antithesis to the concept of *disengagement*, which considers old age as a period of loss of the roles played in adulthood [Boudiny 2013].

One of the most influential definitions of active ageing was formulated by the World Health Organization and refers to a process aimed at optimizing opportunities for participation, health and security for older people [WHO 2002].

While the narratives of active and successful ageing offer new opportunities to look at old age, over time criticism has been expressed. This criticism can be categorized into four main areas: the predominant economic approach and interest that underpins the construction of the narrative; the promotion of oppressive ideals and a homogenizing view of old age; a dominant ideology of individualization of responsibility; and the promotion of an idea of healthism that is linked to the taboo of death.

The first area of criticism stems from the observation that in almost all countries the active ageing paradigm has been translated into predominantly economic and productive policies that prioritize the extension of working life over other possible policies [Foster and Walker 2015], neglecting cultural and social differences that give rise to different perceptions of how people define themselves and heterogeneous aspirations regarding the later phase of adult life. The European Union, attempted to remedy this reductionist simplification of complexity by, in its 2012 documents on the promotion of active ageing, urging institutions to acknowledge the internal diversity of the older generations, a diversity that is, moreover, bound to increase.

With regard to the second argument, the concept of successful ageing has the potential to be oppressive in that it constructs an ideal model to strive for which, in practice, is exclusionary due to the different disadvantages and advantages that accumulate over the life course and the unequal opportunities to age healthily [Holstein and Minkler 2003]. Active ageing is not indiscriminately possible for everyone and indeed, promoting such an approach risks amplifying inequalities and further excluding those already on the margins.

Third, models promoting successful ageing are based on the neoliberal economic ideology and, by focusing on individual responsibility for one's state of well-being, they tend to blame those who are unwilling or unable to conform to the ideal model of the active older individual [Rubinstein and de Medeiros 2015; Stephens 2017]. This creates two sets of potential problems: on the one hand, this conceals the context conditions affecting one's opportunities to maintain a good state of health; on the other, there is the risk that older people in need, for fear of being stigmatized, will refrain from requesting help and support. To be sure, older people construct their identity in relation to the dominant narratives [Gilbert and Powell 2005] that shape what it means to be old, but also to processes of negative labelling for those who do not conform to the model.

The fourth area of criticism concerns the ideology of *healthism* [Lupton 1995] as an individual responsibility and a product of practices such as diet, exercise and maintaining social relationships [Walker 2013]. This approach is pervaded by a moral imperative, which dictates that those in good health are also those who lead a virtuous existence, while those who find themselves living in poor conditions are, conversely, those who adopt wanton or irresponsible behavior. The moral question is accompanied by the avoidance of the functional decline of the body [Katz and Marshall 2003] and death. Thus, body disguises and youthfulness are pursued, prompting older people to consume (anti-wrinkle creams, physical activity, make-up, etc.) in order to conceal the signs of ageing that their bodies come to show.

In an attempt to outline an alternative model, some authors [Stephens 2017] reformulated the paradigm of successful active ageing based on Sen's [1987] capability approach with a focus on people's well-being (or quality of life or standard of living), values and aspirations rather than on the consumption of goods. What is relevant is the capabilities of individuals that are useful for functioning - in other words, what people can do and be because they are enabled to pursue what they have reason to believe is best for themselves [Sen 1993].

The capability approach focuses on inequalities (in terms of health, education, social and cultural capital) that can influence the process of transforming resources into well-being, and takes into account social and cultural diversities that guide heterogeneous values.

By shifting the focus from the individual to the contexts that can enable people to function and that support the highest degree of freedom, successful ageing is thus no longer an exclusively individual responsibility, with its moral imperatives and *a priori* defined standards, but a shared responsibility that takes subjectivities into account and reflects on individual definitions and perceptions, as well as an opportunity to rethink social and environmental contexts.

Recently, the WHO, in response to growing criticism against the active ageing paradigm and its limitations, which have become more evident over time, has

formulated policy strategies that attempt to overcome the economicist and productionist view, focusing instead on both capacitating contexts[12][WHO 2018] and functional capacities, defined as the interaction between individual capacities and relevant environmental characteristics [WHO 2015b; Beard *et al.* 2016]. What people can be and do in relation to what they are led to regard as desirable [Beard *et al.* 2016] is determined by the combination of these elements and becomes a central theme even in more recent WHO documents.

A number of contributions attempt to summarize and at the same time account for the different factors of active ageing [Walker 2009; Foster and Walker 2015] by identifying some basic principles that should underpin policies. The first principle postulates the importance of considering all meaningful activities that contribute to individual well-being, including volunteering on a par with paid work but also recreational activities, and the need to remove any age-related barriers to access [Boudiny 2013; Deeming 2009; Lloyd *et al.* 2013]. Secondly, policies should translate into prevention initiatives targeting all age groups in the ageing process throughout the life course. Thirdly, it is necessary to involve all older people, including the frail and dependent ones, since the exclusive focus on the young-old is likely to exclude the frail. Fourth, intergenerational solidarity should be a key feature of active ageing that implies equity between generations. Fifth, in promoting social protection rights, education and lifelong learning, a commitment is also needed to ensure opportunities to benefit from experience and, where possible, remain active not necessarily in the labor market, but also in other ways. Sixth, active ageing strategies should, through top-down policy actions, empower people by ensuring that they are able to exercise *voice and advocacy*, and this requires a commitment of resources to enable people to make use of their personal freedom to participate in activities. The seventh principle highlights the need to take into account cultural differences and the various ethnic groups having different preferences and ideas about the concept of active ageing, including in relation to the socio-economic conditions in which they find themselves. In its most articulated form, active ageing also looks at structural and economic issues which, as Foster and Walker [2015] suggest, should be interpreted as determinants because an individual's financial situation influences the ageing process [Boudiny 2013]. Longevity itself differs substantially in relation to socio-economic conditions and is unevenly distributed across space, both infra-nationally and between different

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[12] Particular reference is made here to the strategies outlined by the WHO to promote age-friendly cities. In 2005, the Age-Friendly Cities program was first introduced at the World Congress of the International Association of Gerontology and Geriatrics (IAGG) in Rio de Janeiro. The idea was then formalised by the WHO with the launch of the Global Age-Friendly Cities project to identify the main characteristics of an age-friendly city from the perspective of older people, caregivers and local service providers by directly involving them in focus groups held in more than thirty cities around the world. This initiative triggered a widespread reflection on the elements that make urban settings welcoming for all age groups of the population and older people in particular. The debate on age-friendly cities has built an agenda for rethinking how we live and manage our urban environments. Some of the questions raised are: do older people have a "right" to a share of urban space? How can cities best be used to benefit the lives of older people? Is the idea of "senior-friendly" care communities compatible with modern urbanization? The Global Network of Age-Friendly Cities and Communities, established at the urging of the WHO, is also called upon to address the problems that face urban environments more generally (and also affect the older population) such as increasing inequality, the impact of climate change, homelessness and the lack of affordable housing.

countries: in short, "death is not democratic" [Esping-Andersen 2009, 147]. Lastly, a flexible approach is recommended: the activities one is inclined to take part in change as one gets older, in part due to changes in health conditions and residual autonomy. Dedicated policies with an even longer tradition have been developed for dependent persons. Although this is not the specific subject of this volume, it nevertheless seems necessary to outline a brief overview of long-term care policies that have been implemented in Italy, which we do in the next section.

2. Policies for the non-self-sufficient and long-term care

An appropriate premise to this section concerns the definition of non-self-sufficiency. This concept is used to indicate the inability to provide for oneself, an individual's lack of autonomy and independence [Giarelli 2009; Ranci 2015]. However, this definition is not something obvious. Non-self-sufficiency is not synonymous with disability, nor does it perfectly overlap with disability. Difficulties in carrying out daily life activities and the consequent need for support in performing them represent the cross-cutting and common elements of the heterogeneous definitions formulated, mainly of a statistical nature. Non-self-sufficiency has been associated with terms such as vulnerability and frailty [see Giarelli 2009]; we will not dwell on the academic debate on the subject here, but what is of interest, as Giarelli reminds us [*ibid.*, 3536], is that:

The social construct of frailty [Kaufman 1994] as it emerges, insofar as it generates a public discourse shared by scholars, social and health workers and lay people alike, in addition to lacking precision in its definition, risks undermining the subject's residual potential for will, autonomy and independence, transforming him or her into no more than a receptacle for welfare benefits and social surveillance.

In other words, non-self-sufficiency does not necessarily equate to a total loss of autonomy and self-determination on the part of the individual, and in constructing policies aimed at this segment of the population it is, on the contrary, desirable to support and consolidate residual capacities wherever possible.

Da Roit [2017] proposes a distinction between three historical phases that outline different approaches, distinguishing certain sets of states, in the design and implementation of long-term care (henceforth LTC).

In the 1960s and 1970s, some countries set up early systems of services for older people, while others, including Italy, entrusted care responsibilities entirely to the families. The first group includes Northern European countries, where the idea of de-institutionalization corresponds to the construction of home and community-based services [Brodin 2005]. In the countries of continental and southern Europe, where the rate of institutionalization of older people is limited at the outset, there is a "false de-institutionalization": growing old in one's own living environment is possible, but without any support apart from family care [Deusdad *et al.* 2016, 148, in Da Roit 2017].

In the 1990s, the issue of ageing, as already mentioned in the previous pages, took center stage in relation to the problems of sustainability of public spending on pension and health policy costs. De-institutionalization no longer responds

exclusively to the (supposed) preferences of older people and the need for self-determination, but is a tool for containing public spending [Da Roit 2017], as home care is considered to be less expensive, all the more so if home care results in a delegation of care responsibilities to families. It should also be remembered that in Italy, the availability of public care services, both residential and home-based, is not only uneven across the national territory, but also, in general, historically very limited [Arlotti, Parma and Ranci 2020], which indicates that there has never in fact been any true institutionalization. Finally, there is room for the idea of giving the recipients of the interventions economic resources to spend in the services market, through the introduction of *cash-for-care* benefits (i.e., care allowances, financial contributions for dependent persons or their relatives) to support them financially in coping with the costs due to care activities. In Italy, their adoption has been promoted in various ways in different regions, sometimes with marked intra-regional variability. The measure is provided as a purely economic contribution or in an integrated manner with other services provided by the local authority. Allowances are granted as part of a process involving a multidimensional assessment, the drafting of an individualized care plan and subsequent monitoring. Although there is little research on the subject, the limited data available show that personalized care plans, if activated at all, are nuanced in content, formal in their objectives but inadequate in meeting actual needs [Lamura and Principi 2010, 76]. Another form of support, implemented in some Italian regions, is the health and welfare voucher (*voucher sociosanitario*), a voucher that can be used to purchase care services provided by professional caregivers. The goal is to bring to light the undeclared work of family carers, to qualify care work and to connect it as much as possible to the network of social and sociomedical services. The amount of these vouchers varies greatly in relation to the geographical area of residence, and their application is much more limited than allowances, which do not require hiring someone as a caregiver.

Theoretically (but only theoretically), financial transfers for care answer to the demand of the recipients to be able to choose between various services, thus turning users into consumers of care[13], and do not necessarily initiate a competitive process between providers; this is assumed to lead to cost containment and increased efficiency.

Since the late 2000s, engagement, personal autonomy and the community as the main source of support have taken center stage in the international public debate. The active and successful ageing paradigm itself is based on the participation and activation of older people. Thus, narratives that call on the community and families to take charge of the most vulnerable individuals have taken shape, and these recall the (neo)liberal and communitarian approach [Newman and Tonkens 2011]. This translates, in practice, to new thresholds to access services that are defined based on

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[13] This model is consistent with the philosophy of empowerment and self-management, which underlies the idea of the agency of those concerned (users and carers), presuposing their capacity for action [Folgheraiter 2000]. It is, however, possible to observe the risks and contradictions that may arise as a result of the uncritical assumption of the construct of the *expert patient* to whom actual care responsibilities are delegated. The *brokerage model*, for example, in which the dependent person can manage a certain level of expenditure allocated to him or her by deciding how to spend it in the care market, assumes that the person is also adequately informed before making decisions and is familiar with the full range of services and benefits to which he or she might have access and how they work.

the absence of family networks and personal and informal resources [Rostgaard and Szebehely 2012; Rostgaard 2014].

In Italy, the rhetoric that focuses on the role of communities and informal resources does not seem to contribute to the independence and autonomy of individuals, but rather results in a delegation of care responsibilities to family networks, with strong gender asymmetries [Naldini and Saraceno 2011], and improper responses to a lack of services. Moreover, LTC policies have received inconsistent attention in Italy over the past two decades. In 2006, the Prodi government introduced the 2007-2009 Non-self-sufficiency Fund, which was financed sporadically in alternate years, for divergent purposes and distributed to different beneficiaries (the elderly, but also a quota of disabled adults). In the 2005-2010 legislature, some regions set up a regional fund for non-self-sufficiency as an instrument for the overall redesign of continuing care policies. This marks the first time that the regions identified non-self-sufficiency as a new social risk, and as such, an autonomous welfare area with respect to health and social services, attributing to LTC a dignity and institutional visibility it had never had before [Network Non Autosufficienza 2010].

The implementation of LTC policies, however, was fragmented, within a "system of health systems" [Mapelli 2012] that was already showing its criticalities. Various appellations have been formulated to account for the different characteristics and unequal consequences of regional welfare systems [Bertin 2012; Bertin and Cipolla 2013], and regional policies aimed at dependent older people in particular: "weak universalism" [Pavolini 2004]; "shattered mirror" [Fargion 2012]; "patchwork Italy" [Costa 2011; 2013].

The regionally framed Italian model [Kazepov 2010], which sees the management and organizational functions of social policies concentrated in governments at the infra-national and local levels, is accompanied by the absence of inter-territorial coordination devices in a framework of fragmented and confused allocations of competences [Arlotti 2019] that produces territorial inequalities and improper allocation of resources with respect to existing needs [Arlotti and Aguilar-Hendrickson 2017]. The accompaniment allowance itself[14], which is one of the financial transfers that many older people benefit from, is disbursed unevenly across the territory. This suggests that the access criteria are applied heterogeneously in different regions, and probably also in the different health units and/or districts on which the geriatric assessment units and health commissions that are entrusted with the assessments on which the allocation of the allowance depend.

Inequalities in access to and use of LTC services are increasing and becoming exacerbated for other reasons as well. One factor is the allocation of economic resources. The most fortunate socio-economic groups can purchase private services on the market that the most disadvantaged cannot afford. LTC policies focused on monetary transfers are a powerful incentive for the use of informal care among lower social groups [Saraceno 2010; Riedel, Kraus and Mayer 2016; Albertini and Pavolini

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[14] The accompaniment allowance accounted for about 45% of estimated LTC expenditure in 2019 [MEF-RGS 2019]. The payment is independent of income and consists of a fixed, freely spendable sum (in 2020, the monthly amount was about 520 euros) to persons assessed as totally dependent, unable to walk without the permanent help of an accompanying person, or in need of continuous assistance in performing basic activities of daily life (hygiene, nutrition, etc.).

2017], as well as for the spread of unskilled support solutions [Simonazzi 2012]. Thus, informal care risks becoming a trap for the caregiver (generally a woman), since once the family member who guaranteed a meagre income thanks to the care allowance passes away, the caregiver is unlikely to be able to re-enter the regular labor market, and may embark on a path of potential vulnerability and impoverishment. By contrast, the provision of in-kind measures, i.e., public services, could mitigate social and gender inequalities by reducing the care burden of informal caregivers and ameliorate the trade-off between care and employment, creating more favorable options for caregivers (especially in low-income families) that could allow them to not interrupt their working careers [Arlotti, Parma and Ranci 2020]. However, there remains a strong allocative distortion of public financial resources in the provision of monetary transfers, to the detriment of the development of care services [*ibid*.]

The national Non-self-sufficiency Plan adopted in 2019 does not respond satisfactorily to these critical issues and does not deliver what it seems to promise in its name. It does not, in fact, provide national policy guidelines, but instead transfers resources for social interventions aimed at dependent individuals directly from the State to the municipalities. The plan concerns a small part of the dedicated municipal resources (accounting for 20%) and does not address the role of the National Health Service or the accompanying allowance. As such, it is not a starting point for a reform of LTC policies. The plan does, however, attempt to identify gradual and sustainable objectives for the development of interventions, accompanied by assessment indicators, and to progressively extend the target group beyond the very severely disabled. Reference is also made to the need to identify Essential Levels of Social Benefits for the dependent individual – one of the most interesting novelties of the Plan, because once these have been identified, they also become enforceable rights – and to the creation of a national instrument to classify disability and measure care needs. Regions can maintain the instruments currently in use, but they are required to report their data; this seems, at the very least, to indicate a willingness to chart a course towards nationwide recognition and mapping. Lastly, the call for regional plans consistent with the national plan suggests that the fragmented nature of the system and the resulting inequalities are now on the agenda and are being considered in the public debate.

After outlining the overall picture, we will now examine the guiding principles of policies for the non-self-sufficient at regional level. Piedmont is one of the hardest hit regions in terms of population ageing, but only a small number of the regional older population are cared for in social and healthcare residential facilities (in 2018, 2.3% of the total number of over-65s resident in Piedmont), in spite of the fact that the number of such facilities is higher here compared to other Italian regions. According to official reports, there is a clear preference for keeping older people living in their own home, family, and social context, through the provision of alternative services to facilities, even though the decision of the Regional Council Economic and Financial Planning and Definition of the Rules of the Piedmont Health System for Assistance to the Non-Self-sufficient Older People, approved in April 2015, provided for enhancing residential services through an increase in resources (about 15 million a year) and greater flexibility in the supply network. Attempts are being made to identify innovative models of support for the non-self-sufficient, such as the open health care residential facilities (RSA) mentioned in the Regional Council resolution approved on

16 May 2016, no. 34-3309, *Modulazione dell'offerta di interventi sanitari domiciliari a favore degli anziani non autosufficienti con progetto residenziale e definizione del percorso di attivazione e valutazione dell'Unità di Valutazione Geriatrica* (Adjusting home-based care for non-self-sufficient older people through a residential project and definition of the activation and assessment pathway of the Geriatric Assessment Unit). This involves the provision of various home-based healthcare services as part of a residential project, i.e., being cared for at home through guaranteed nursing home care that has been agreed with an approved facility offering such services.

Lastly, the National Chronicity Plan, agreed between the State and the Regions on 15 June 2016 and implemented by the Piedmont regional council with resolution 306-29185 of 10 July 2018, promotes personalized home-based services and provides for an increase in the activity of the community nurse, a figure that operates outside of residential facilities and, as noted in the previous pages, is placed in a rhetorical context that defines the community as the space of care.

3.   *Policies for older people against poverty and inequality*

Another important set of policies to support people as they age includes measures to combat poverty related to the risk of not having a livelihood after leaving the labor market. The forms of protection available for older people consist, first and foremost, of old-age pensions, which aim to guarantee a life-long income during the stage of life when they cannot carry out any paid activity [Ferrera 2019]. The Italian pension system is based on benefits of an insurance (or social security) nature, i.e., linked to the obligation to pay contributions to social security during one's working life; they are therefore reserved for retired workers (or their dependent family members), and calculated using a contribution system, whereby the amount of the benefit is based on how much was paid during the period of paid activity [Raitano 2019]. There are also measures of a welfare nature designed for those who have not paid contributions for pension purposes; these fall under the class of "social pensions" (means-tested benefits subject to the assessment of the beneficiary's state of need). In Italy, this is the case of the citizenship pension, which extends to older people the benefits of the citizenship income introduced in 2018 [Baldini, Mazzaferro and Toso 2019][15].

Pensions generally represent the first item of social protection expenditure in all OECD countries [OECD 2019]: in 2015, an average of 8 per cent of GDP was spent to finance old-age and survivors' pensions, which cover the risk of premature death, i.e., the risk of outliving a retired spouse or relative [Ferrera 2019]. In Italy, the share of benefit spending devoted to social security has always been the highest, with 66.3% in 2019; in the same year, 22.7% was devoted to healthcare, while only 11% was devoted to welfare benefits [Istat 2020c].

In Italy, pensioners (including beneficiaries of survivors' pensions), as we show in figure 2.1, account for about a quarter of the total population (25.3% of the male population and 26.6% of the female population).

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[15] In other European countries, particularly in the Scandinavian countries, there is an additional form of economic support for old people: the basic pension, which fulfils a social security function and is universal in character, meaning that it is neither linked to labour market participation nor tied to proof of means.
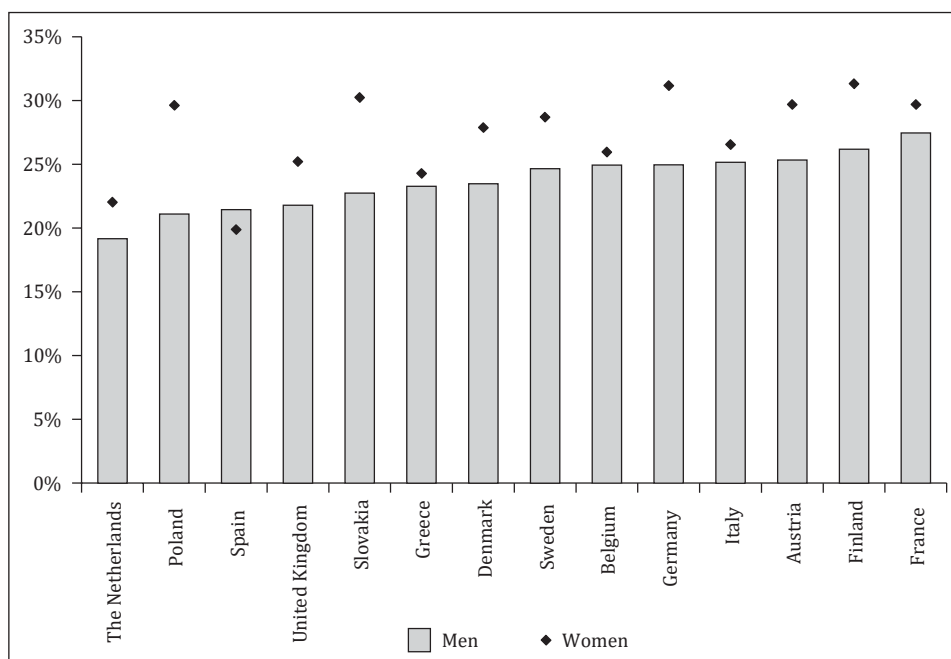
F\ıg. 2.1. Pensioners compared to total population, percentage data, year 2017.

Note: The percentage figure is obtained from the ratio of the absolute number of pension recipients (year 2017) compared to the total population as of 1 January 2018 in the countries considered.

Source: Graph based on Eurostat data, extraction date 29 September 2020.

Almost everywhere, women who receive a pension are more numerous than men, due to their greater longevity; as can be seen from figure 2.2, their discontinuous careers and their greater dependence on spouses' survivors' pensions due to lower labor market participation results in a significant gap in the amounts received by older men and women. The gap stands at 32% in Italy, which is higher than the EU average of 30.1%.

Although pensions are enjoyed almost everywhere in Europe by the entire population over the age of 65 [Eurostat 2019], the European average risk of poverty in old age, as shown by comparative data as of 2018 referring to the European Union (fig. 2.3), for people over this age threshold still stands at 16.1%, and at 15.3% in Italy. Here again, in all cases women appear to be at a disadvantage, as they are on average 3.9% more likely to be at risk of poverty than men.

On the one hand, therefore, people over 65 at risk of poverty in Italy are in general a smaller proportion than other age groups, as also mentioned in chapter 1; on the other hand, measures are not always effective.
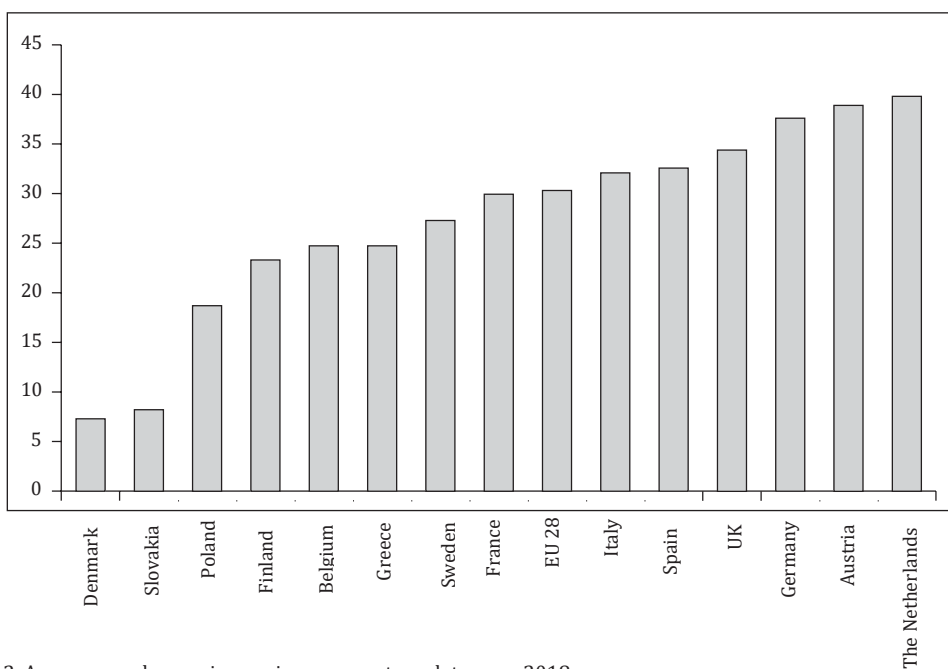
FIG. 2.2. Average gender gap in pensions, percentage data, year 2018.

Source: Graph based on Eurostat data (EU-SILC), extraction date 28 September 2020.
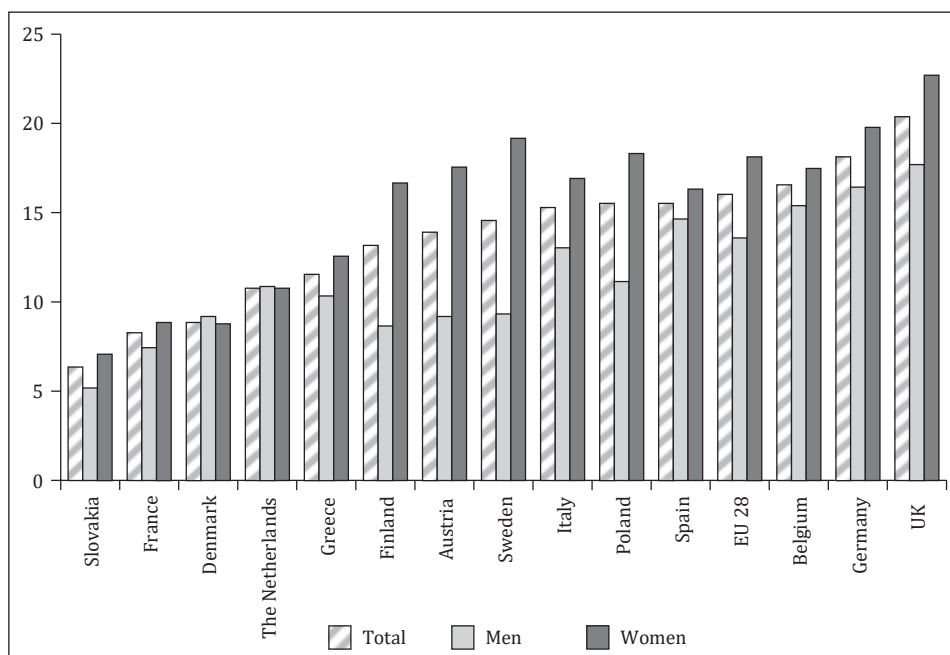
FIG. 2.3. People over 65 at risk of poverty in some European countries, percentage data, year 2018.

Source: Graph based on Eurostat data, extraction date 28 September 2020.

According to INPS (Italian National Social Security Institution) data, in 2019 the citizenship pension in Italy covered 140,073 households (159,687 people) at an average amount of €234.60 per month, and according to Eurostat 2018 data, monetary transfers to combat poverty for older people in Italy reduce the risk of poverty by only 3.4 per cent. The problematic aspects of the Italian pension and welfare system has been noted by numerous authors, and several reforms to address them have been undertaken over the last thirty years; these have significantly changed the social security system by raising the retirement age and modifying the way in which the amounts are calculated to adjust to life expectancy [Jessoula and Raitano 2020], as well as welfare contributions and their intersections (see, for example, the aforementioned citizenship pension) [Baldini, Mazzaferro and Toso 2019]. The focus has been on aspects where the system does not adequately respond to the actual needs of the ageing population for economic support. The Sacconi Reform of 2010, for example, provided for the automatic adjustment of the retirement age to the life expectancy estimates of the entire population. However, this seems to largely disregard the great differences that exist among those approaching retirement in terms of gender, health conditions, education and type of occupation [Ardito, Costa and Leombruni 2019]. In general, the fragmented and uncoordinated nature of the measures, as well as the difficulty of adapting the pension system to a labor market increasingly characterized by multiple forms of inequality [Jessoula and Raitano 2020], make the policies aimed at providing economic support for the ageing population in Italy ineffective. These inequalities are thus likely to grow and have worrying consequences for those who are going to be old in the near future, due to the increasing prevalence of precarious contracts and discontinuous careers.

4.   Factors of exclusion, inequality and ageism

The underlying theme running through all the data presented so far is that of inequalities, this not only in terms of the relative advantages or disadvantages of people over 65 compared to the rest of the population, but also as internal stratification with respect to the possibilities of social inclusion and access to resources. This phenomenon has received attention from many quarters. European institutions have invested heavily in the ageing population in recent decades. In a recent survey on the quality of life of older people [Eurofound 2019], interesting comparative data were collected on economic hardship, social exclusion, political participation, mental well-being and satisfaction with quality of life. These data not only show different levels of quality of life in different clusters of European countries characterized by different labor market structures and heterogeneous welfare systems, but also offer an initial delineation of the factors that the European Union takes into account: economic, social, civic and health.

The voluminous international literature on the subject allows for a conceptual analysis of exclusion in old age, which factors are most relevant to it, and how it manifests itself. In this regard, it is useful to cite the systematization carried out by Walsh et al. [2017]. Starting from the observation of the growing interest in social exclusion in the field of gerontology, the authors carried out a meta-analysis of 444 publications on the subject, identifying six conceptual frameworks that shared many common domains, namely: neighborhood and community; services, mobility and

recreation; social relations; financial and material resources; socio-cultural aspects; and civic participation (table 2.1).

The authors then reflected on the accumulation processes that characterize social exclusion throughout the life course, which is therefore greater in old age [Kneale 2012]. Exclusion mechanisms represent points of no return to precariousness, with fewer chances to escape it [Scharf 2015]. In some cases, older people are more susceptible to marginalization processes that occur later in their lives and more vulnerable to the impacts of such mechanisms [Walsh *et al.* 2017, 92]. The authors thus arrive at the following definition of exclusion in old age:

> *Old-age exclusion involves interchanges between multi-level risk factors, processes and outcomes. Varying in form and degree across the older adult life course, its complexity, impact and prevalence are amplified by old-age vulnerabilities, accumulated disadvantage for some groups, and constrained opportunities to ameliorate exclusion. Old-age exclusion leads to inequities in choice and control, resources and relationships, and power and rights in key domains of neighbourhood and community; services, amenities and mobility; material and financial resources; social relations; socio-cultural aspects of society; and civic participation. Old-age exclusion implicates states, societies, communities and individuals. [ibid., 93].*

TAB. 2.1. *Conceptual framework of social exclusion of older people*

	References					
Summary exclusion domains	Guberman and Lavoie [2004]	Scharf *et al.* [2005] Scharf and Bartlam [2008]	Barnes *et al.* [2006]; Kneale [2012]	Jehoel-Gijsbers and Vrooman [2008]	Feng [2003]	Walsh *et al.* [2012]
Material and financial resources	1. Economic exclusion	1. Exclusion from material resources	1. Exclusion from material resources/common consumer goods 2. Exclusion from financial products	1. Socio-economic exclusion: material deprivation	1. Economic situation	1. Income and financial resources
Services, amenities and mobility	2. Institutional exclusion (*e.g., decreased services*)	2. Exclusion from basic services	3. Exclusion from basic services 4. Local amenities	2. Socio-economic exclusion: social rights (e.g. exclusion from government provisions)	2. Social rights	2. Access to services. 3. Transport and mobility
Social relations	3. Exclusion from meaningful relations	3. Exclusion from social relations	5. Exclusion from social relationships	3. Socio-cultural exclusion: social integration (e.g. lack of social relations)	3. Social participation 4. Perception of loneliness 5. Social support 6. Social integration	4. Social connection and social resources
Civic participation	4. Socio-political exclusion	4. Exclusion from civic activities	6. Exclusion from civic activities and access to information			
Neighborhood and community	5. Territorial exclusion	5. Neighborhood exclusion	7. Neighborhood exclusion			5. Safety, security and crime
Socio-cultural aspects of society	6. Symbolic exclusion (e.g. negative representation of certain groups) 7. Identity reduction (e.g. reduction to a single identity such as age)		8. Exclusion from cultural activities	4. Socio-cultural exclusion_ normative integration (e.g. lack of integration with society's norms and values)		

Source: Walsh *et al.* [2017, 86].

The final model elaborated by Walsh et al., to which we will refer for the analysis of our empirical material, thus consists of six macro-dimensions, each of which encompasses different areas of marginalization. The first refers to the neighborhood and the district of residence, within which one distinguishes social and relational aspects, factors related to neighborhood services and living environment, socio-economic characteristics of the place of residence, socio-political governance structures, local policy and crime. The second encompasses services, mobility and leisure: from social and health services to transport, housing policy and digital access. The third relates to material and financial resources: this includes aspects such as poverty and material deprivation, as well as the characteristics of the labor market, income structure and pensions. The fourth concerns social relations, and takes into account opportunities for socializing, the quality of relationships, access to support networks and, conversely, the risk of loneliness and isolation[16]. In this respect, some comparative data on the frequency of contacts of the over-65s with family members and friends make it possible to assess at least one aspect of the risk of social exclusion in old age.

Changes in family structures and the increase of older people living alone are particularly important factors in relation to well-being and the possibilities of maintaining meaningful relationships. The 2015 data on the frequency of contacts with friends (fig. 2.4) show a certain socializing habit on the part of people aged 65-74, with an EU 28 average of 51.7% seeing friends at least once a week (that figure being 53.4% in Italy).

With regard to the frequency of contact with family members for the population of the same age group (fig. 2.5), the European average figure for persons who see other non-cohabiting family members every day or every week stands at 66.8%; again, for Italy the figure is significantly higher, 72.9%, with 30.9% of persons aged 65-74 seeing family members every day. These differences can be traced back to the living proximity between older people and their relatives, a distance that in Italy tends to be particularly short: among the over 75s, 51% live no more than one kilometer away from their nearest child [Istat 2020a].

Frequent contact with other people, especially family members, often conceals a

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[16] Within networks, different types of relationships and exchanges can take shape [Meo 1999]. *Social support* refers to the support that individuals receive - or perceive they may have available - in case of need. Social support has to do with various types of assistance provided in an effort to help the recipient cope more effectively with stressful events [Freund 1990] and in general with needs that affect the performance of daily life. *Companionship* represents a second type of social relationship that is quite different from social support. Rook [1987] defined companionship as social interaction that is characterised primarily by the pleasure derived from it, and in it identified the sharing of leisure and recreational time as well as relationships that are based on the pursuit of common interests. The third type of social relationship is called *weak social bonding* [Granovetter 1973], and refers to all those relationships in which the intimacy and frequency of interaction characteristic of family ties and close friendship relationships is lacking. Weak social ties thus include relationships with shopkeepers, with professionals, and formal social relations that take place in the context of formal organisations such as those with health professionals. The functions performed by weak social bonds are relevant to how older people cope with stress and why good relationships with doctors or health professionals are clearly associated with better health and well-being. Finally, mention should be made of negative interactions, or toxic bonds, whereby social encounters are unpleasant, characterised by disagreement, criticism, rejection and invasion of privacy [Rook 1987]. Excessive, inadequate, and ineffective help can be included under this broad concept.

supportive relationship that in many cases, and especially for women in the 55-64 and 65-74 age groups, moves downward towards family members of the younger generations (typically referring to the care of grandchildren), but also upward for women between 55 and 64, towards older parents (this is, after all, the so-called "sandwich generation") [Grundy and Henretta 2006; Eurostat 2019]. This relationship is not always biunivocal: in order to get a picture of the risk of social exclusion of older people, it is also useful to look at the percentage of people who state that they have no one in their circle whom they can ask for help (fig. 2.6) [Eurostat 2019].
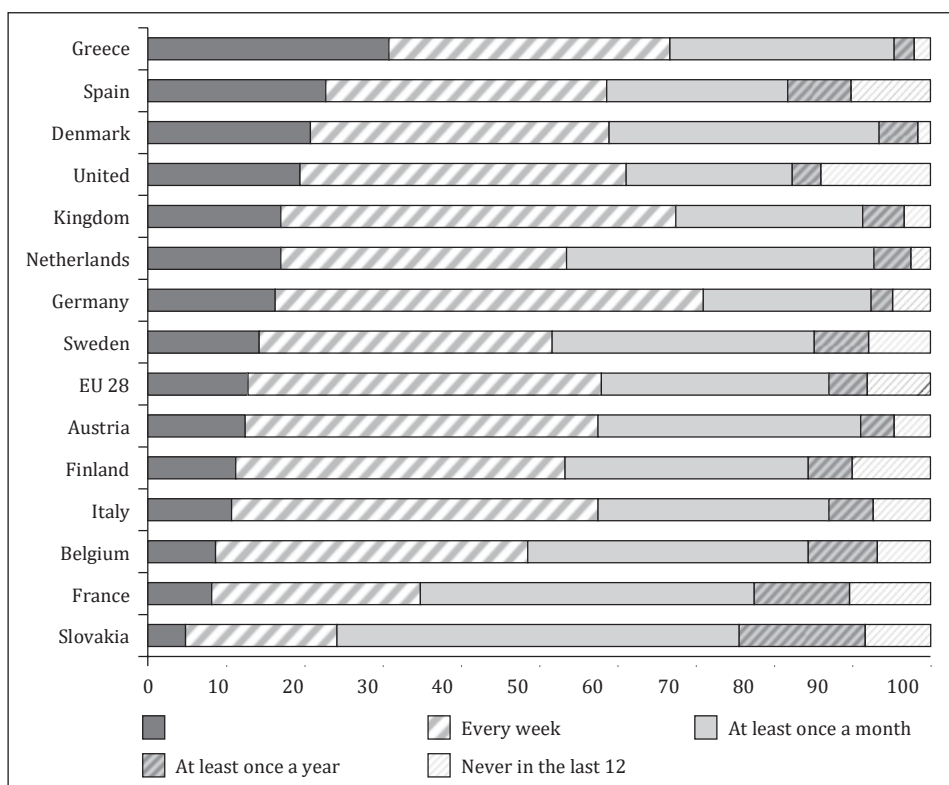
Fig. 2.4. Frequency of contact with friends in the population aged 65-74, 2015.

Source: Graph based on Eurostat data, extraction date 1 October 2020.
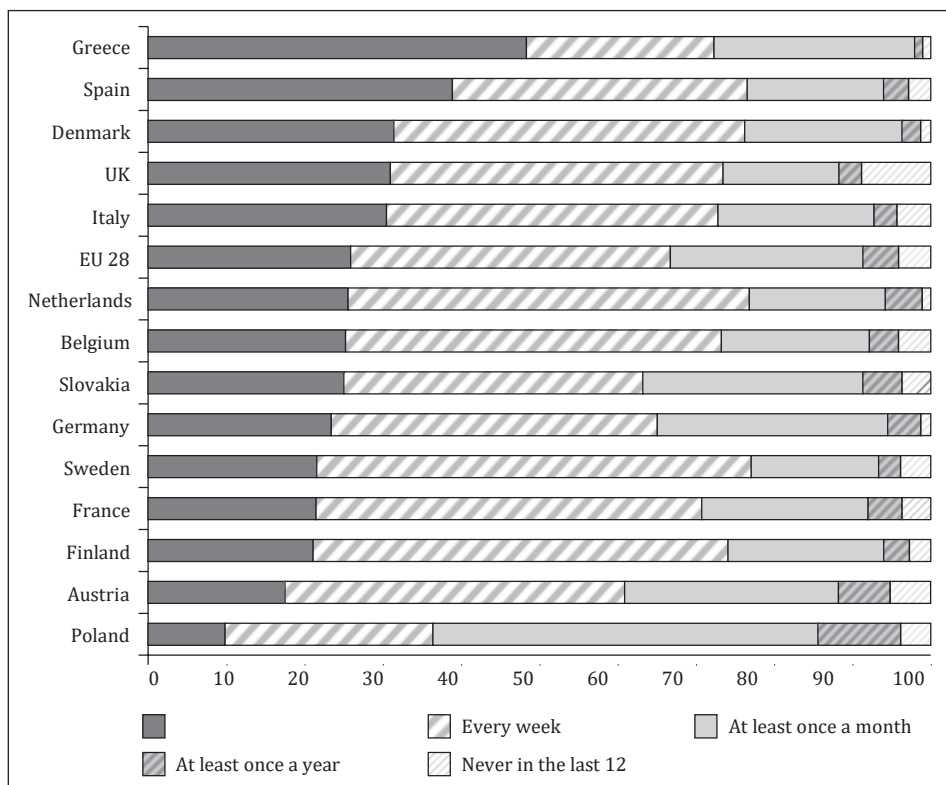
F<small>IG</small>. 2.5. Frequency of contact with family members of the population aged 65-74, 2015.

Source: Graph based on Eurostat data, extraction date 1 October 2020.

Lastly, the last two dimensions refer to socio-cultural aspects and civic participation. The latter, in turn, contains the areas of political and electoral participation, volunteering, community responsibility, and active citizenship. These are the areas where active ageing policies primarily focus on encouraging older people to participate in community life. In this respect, some comparative data bring to light significant differences between countries, as Figures 2.7 and 2.8 show.
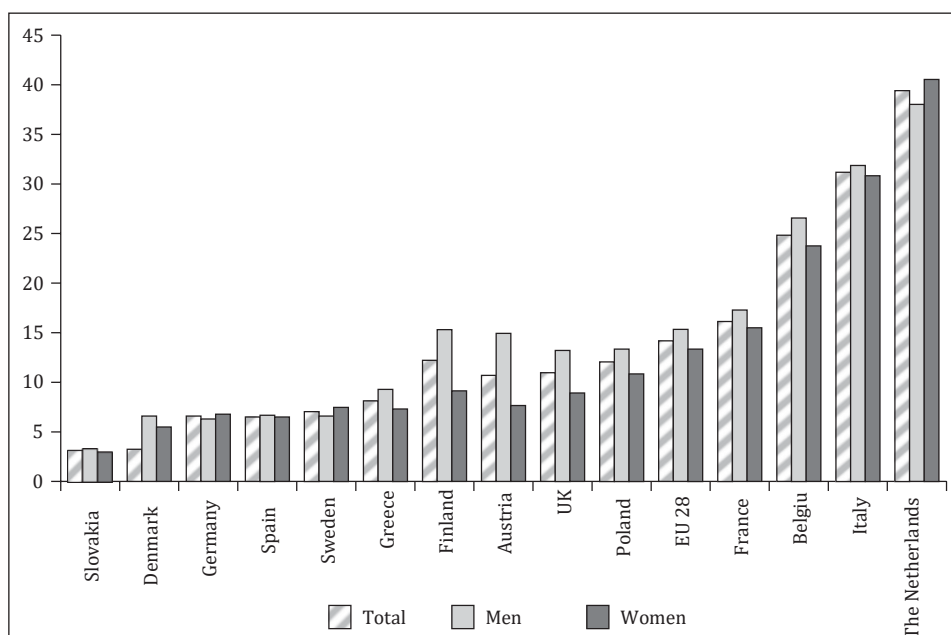
FIG. 2.6. Population over 65 who have no one to turn to for help, percentage data, year 2015.

Source: Graph based on Eurostat data, extraction date 1 October 2020.
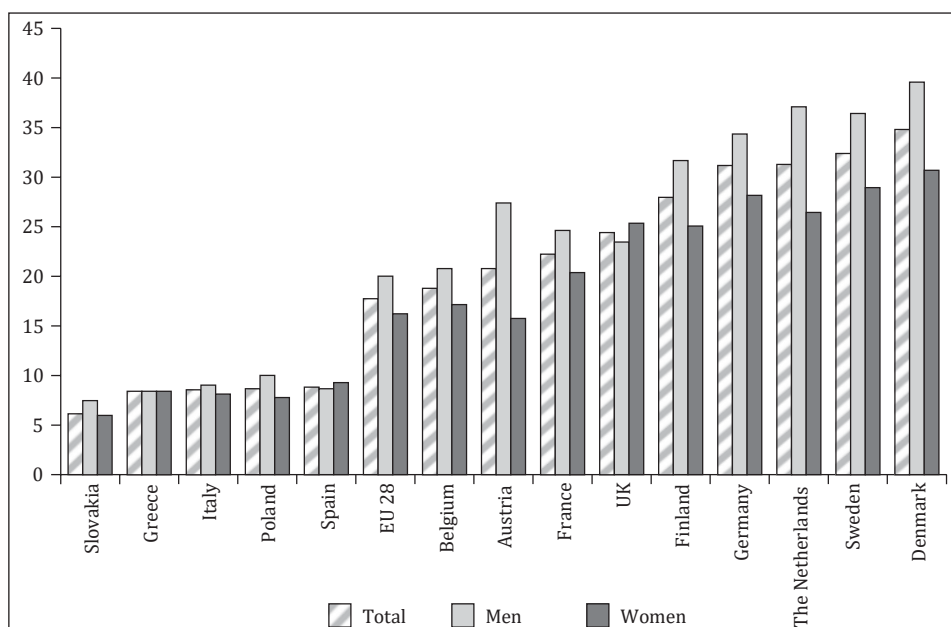
FIG. 2.7. Persons over 65 performing formal voluntary work, percentage data, year 2015.

Source: Graph based on Eurostat data, extraction date 1 October 2020.
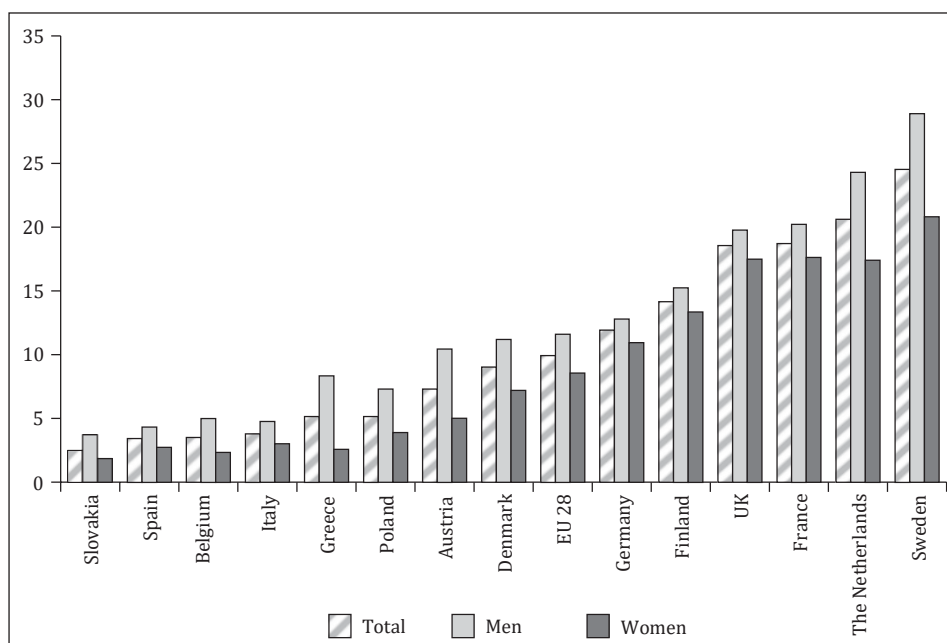
F_{IG}. 2.8. People over 65 involved in active citizenship.

Source: Graph based on Eurostat data, extraction date 1 October 2020.

Data on formal volunteering activities were collected in an ad hoc module on social and cultural participation and material deprivation within the EU survey on *Income and living conditions*; formal volunteering was defined as activities organized by associations, formal groups or organizations, including unpaid work for religious or charitable organizations. The data on active citizenship, shown in Figure 2.8, includes participation in activities related to political groups, associations or parties [Eurostat 2019][17].

As can be seen from both graphs, formal volunteering and active citizenship are more widespread among people over 65 in central and northern European countries, with men more actively involved in all but a very few exceptions; this is significantly less so in southern European countries, including Italy.

Lastly, socio-cultural aspects include identity and symbolic exclusion, including forms of discrimination on the basis of age and/or ageism. This last dimension carries with it some theoretical implications that it seems useful to address, because of the relevance they will assume in the analysis of the empirical material we are about to illustrate starting in the next chapter.

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[17] Although the definition of active citizenship proposed by Eurostat in its survey is limited to participation in groups and associations of a political nature, other authors [Ripamonti 2005; Marcaletti 2010] extend the concept to mean "a logic that affects the relationship between community and ageing" [Marcaletti 2010, 89], which includes other aspects ranging from the organisation of services to lifelong learning opportunities and social support networks, with a view to promoting and activating the older population. In this paper, we will refer to this broader and more complex meaning of the concept of active citizenship.

Ageing takes place within family and friendship networks and it is supported at the economic level by pensions and at the health and social level by services and institutions. Within their social and cultural contexts, individuals and institutions at different levels make explicit and implicit assumptions about older people (as a social group), how we age (as a developmental process) and what it means to be old (as a stage in the life course).

This often implies the construction of narratives on older people in general (rather that single individuals with their own peculiarities), on the process of ageing (instead of multiple pathways) and on old age as a uniform phase close to the end of life (disregarding the different and heterogeneous life situations of older persons), with the risk of undue and excessive simplifications. The consequence is that the complex connotations of older people, ageing and old age are reduced to a stereotyped construct called *ageism*, which is recognized at the micro level in individual behavior and at the macro level in the forms of regulation of organizations and cultural contexts. The definitions of ageism have changed over the years. The term was first used by Butler [1969, 243] to describe "the prejudice of one age group against another age group", thus viewing it as discrimination by those in the middle phase of life against younger and older people. The direction/bidirection of the discrimination is traced back to the fact that adults – that is, people in the age groups in the prime of active life – are responsible for the well-being of younger and older people, who are considered to be dependent. The idea that age may be a factor that delineates not only how one group addresses another, but also the "enemy within", was introduced by Levy [2001]. According to Levy, ageism influences behavioral, attitudinal and emotional components based on chronological age at the individual level: older people, having internalized negative messages about old age, construct a negative view of themselves and their peers [Levy 2001; Levy and Banaji 2004]. We will return to this concept in chapters 4 and 5 in order to understand how this translates into practice and how this narrative is experienced by older people themselves. With respect to the origins of this phenomenon, several hypotheses have been put forward: we will attempt here to summarize some of them referring to the micro level[18].

The first, known as *fear management theory*, postulates that older adults act as constant reminders of mortality and vulnerability and therefore, in an attempt to manage the anxiety their presence produces, people tend to distance themselves from them and adhere to their abstract or literal assumption of immortality [Greenberg *et al.* 1997].

Social identity theory, by contrast, argues that individuals act based on a construct of their own positive identity in relation to the reference group with which they identify, distinguishing themselves from other groups that they consider inferior [Ayalon and Tesch-Römer 2018].

A third hypothesis, the *stereotype content model*, suggests that groups of people are commonly classified in terms of emotion and competence. Older adults, for example, are perceived as empathetic but incompetent, arousing feelings of pity and compassion in others [Cuddy and Fiske 2002; Fiske *et al.* 2002].

According to a fourth approach, the *developmental* one, ageism takes shape

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[18] For a broader discussion of ageism and its origins, see Ayalon and Tesch-Römer [2018].

throughout the life course. Age is perceived as a universal category and negative attitudes towards older people seem equally widespread but vary according to the age of the children, social class and gender [Montepare and Zebrowitz 2002].

A fifth hypothesis, the *stereotype embodiment theory*, relates exposure to negative stereotypes of older adults and their internalization towards members of the same group, often implicitly. Longitudinal studies have identified this process, also noting negative effects on self-perception, ageing, health and cognitive function [Levy *et al.* 2002a; 2002b; 2012; Wurm and Benyamini 2014; Wurm *et al.* 2007]. Efforts to separate the ageing body from the "young spirit" are seen as attempts to accept old age and mortality, and are equated with the concepts of successful ageing or active ageing, which aim to differentiate pathological processes from the common processes of ageing (such as cognitive decline and slowing down). These paradigms can be seen as ways to contain certain negative stereotypes; however, they can also conversely shift the responsibility for the failure of those who do not conform to the model onto the individual [Liang and Luo 2012].

Ageism operates not only on an individual and micro level, but also on a macro, social and cultural level, in the representations and constructs of ageing that guide not only individual behavior but also institutions and policies. According to some authors, for instance, the emphasis on "successful" or "productive" ageing adopted by policy makers is ageist *per se,* as it argues that older people only have value to the extent that they conform to typical middle-age norms, whereby ageist stereotypes are simply transferred to those who are not "active" rather than being challenged [Calasanti and Slevin 2001, in Loe, Sherry and Chartier 2016]. In this first part of the volume, we refer to ageism as a construct in negative terms that takes shape both at the individual and at the societal levels. While ageism may be referable to all stages of life, we will only consider the spaces, mechanisms, forms and practices of possible exclusion of older people.

Section Two

As mentioned in the previous chapters, the framework of policies and measures for older people is also complex because it concerns a large and internally diverse population. Our intention is to explore the conditions of one segment of this population: people over 65, who have withdrawn from the labor market or are no longer active in it, who define themselves as self-sufficient or partially self-sufficient.

While there is a large body of international and national literature analyzing the condition of non-self-sufficient old people – including, among others, the contributions of *Network Non Autosufficienza* (Non-self-sufficiency Network), which has been monitoring the situation of this segment of the population in Italy for years - the conditions of the self-sufficient over-65s seem to have been less investigated. The next chapters of this second part are intended to contribute to the reflection on the needs and rights of individuals, whether self-sufficient or only partially self-sufficient, who have reached an advanced stage of life, starting from what emerged from a case study focused on a metropolitan area in Northern Italy: the city of Turin. This choice inevitably limits the field of analysis and does not take into account other contexts – like mountain areas, inland areas and smaller municipalities - that undoubtedly present specificities giving rise to different constraints and opportunities for those who inhabit them. However, by focusing on a circumscribed organizational field [Di Maggio and Powell 1983] we were able to observe it as a relatively articulated and shared system of implicit assumptions that confer identity and exert normative power, in our case with regard to the matter of ageing.

Chapter 3 dwells briefly on the most recent regulations adopted by the Piedmont Region on active ageing - which also provide a framework for the city of Turin's municipal policies. These will be viewed as "narratives" that provide information on relevant aspects that define the context, on the issues to which meaning is attributed and which require answers, and on the ways to define those answers [Bosco 2002; Schmidt 2008]. The normative analysis also allows for an observation of the institutional rhetoric accompanying active ageing policies. This will be followed by a description of some of the main actors in the area, the services they provide and the needs they have identified. Lastly, with the support of the narratives formulated by referents of the selected services, an attempt will be made to outline the supposedly circular relationship between the definition of active older recipients of policy

measures and the implementation of those measures on the ground.

Chapter 4 presents direct testimonies from older people interviewed in an attempt to capture, from their point of view, their own representations of being older, the factors that define their inclusion and/or exclusion from society, their needs and aspirations, but also the forms of discrimination they have suffered and the stereotypes they feel exist about them.

Chapter 5 reconstructs some life stories based on the testimonies collected by volunteers of a philanthropic organization in Turin. In the chapter, these materials are analyzed, together with the interviews, in order to identify some of the critical events that may contribute to determining important biographical transitions for individuals, breaking points, transformations in the roles and in the definition of their identity and, last but not least, a redefinition of strategies for the organization of daily life. In this chapter too, the aim is to highlight the mechanisms that may generate difficulties in accessing services and, more generally, the areas in which rights are perceived as being denied on the basis of age.

Chapter Three

Regional and local initiatives
and the construction of older identity

In line with the national trend, in Piedmont the population over 65 years of age has been growing in recent decades and in 2016 constituted a quarter of the residents, accompanied by a significant increase of the over-80s. Demographic transformations have urged regional and local governments to rethink the very structures of territorial social organization [Cibinel, Maino *et al.* 2017].

The regional measures for older people target both the non-self-sufficient - including the regulations for residential facilities and long-term care policies mentioned in the previous chapter - and the self-sufficient or partially self-sufficient - which include "light" home care interventions and initiatives intended promote their psycho-social wellbeing.

In May 2017, the Piedmont Region – operating through the Department for Social, Family and Housing Policies, the Department for Education and Labor, the Department for Productive Activities, Innovation and Research, and the Department for Youth Policies, Equal Opportunities, Civil Rights and Immigration - signed the policy act *WeCaRe - Welfare Cantiere Regionale. Social Innovation Strategy of the Piedmont Region*. The act was intended to implement the *Europe 2020 Strategy* at the regional level by supporting social innovation and responding more effectively to social needs. It consists of four main guidelines: 1. Experimentation of innovative territorial welfare actions; 2. Social innovation projects for the third sector; 3. Strengthening entrepreneurial activities that produce socially desirable effects; 4. Promotion of corporate welfare.

Therefore, the WeCaRe strategy was not conceived with older people as its exclusive target, but does include them. Numerous projects that concern older people have been financed in recent years, in particular with regard to the promotion of home-based services as well as regional, local and community actions aimed at this segment of the population. The central relevance of personal services is also evident when considering the breakdown by areas of activity of cooperative enterprises that mainly operate in this sector (social welfare, health and social housing, including housing cooperatives) [Bulsei 2018].

It is also worth noting that the actors entrusted with the implementation of territorial welfare explicitly include private sector and market actors. This indicates the region's orientation towards a model that seems to view "second welfare" in the

wake of Zamagni's *civil welfare* [Zamagni and Bruni 2015], given the centrality attributed to civil and community activation, in the pursuit of the *generative welfare* [Fondazione Zancan, 2014] that WeCaRe intends to promote[19].

In 2019, the Piedmont Region adopted Law no. 17, Promotion and Enhancement of Active Ageing, and set itself the goal of defining a sustainable model as a tool to promote participation in the social and cultural life of society. To this end, the Region devoted particular attention to supporting self-organization, volunteer work, active citizenship, and the development of social networks. The field of intervention covers different areas: family policy, lifelong learning, health prevention, the fight against discrimination, civic participation, participation in cultural and recreational activities, and management of communal land. The actors called upon to participate in the process are local authorities, ASLs (that is, local health authorities), residential facilities, educational and university institutions, training organizations, associations for the protection and representation of older people that promote and support self-organization, volunteer work, active citizenship and the sustainable development of social networks. As noted in the regional law itself, active ageing also includes the issue of "active citizenship" for older people [Ripamonti 2005; Gagliardi and Accorinti 2007], an area of co-responsibility in which citizens' rights and duties take shape along participatory processes aimed to define their needs and the most appropriate ways of responding to them [Gargiulo 2008].

In this chapter, the analysis of the interviews with some of the contact persons from public services and the third sector in the city of Turin[20] will be viewed against this regional framework. More specifically, the analysis will dwell on the risks that may arise when this paradigm is associated with interventions promoting generativity[21], reciprocity and activation of recipients in defining policies for older people. In other words, we will question the implicit assumptions that go along with this approach in designing the boundaries of inclusion/exclusion and access to services for older people.

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[19] The welfare models that inspire the WeCaRe strategy emphasise the active role of citizens and, in doing so, believe that they should be co-responsible for the processes that affect social policies. According to this vision, despite some differences shared by Zamagni and Fondazione Zancan, it is possible, however, that the delegation to citizens - and in particular to the frailest ones - and to families of the responsibilities of care and assistance is even more accentuated than in the more traditional welfare model that attributed a non-secondary role to the State. In particular, the term *generative* referred to by WeCaRe refers to the idea that the activation and co-responsibility of the citizens targeted by the interventions represents a form of generation/regeneration of resources for society. The conditionality of the interventions, therefore, which are only disbursed if the beneficiary proves worthy (e.g., the citizenship income is suspended if the recipient does not respect the pact stipulated in which he/she commits to training courses, an active job search or other activities identified along the way together with the appointed actors) is central. For an in-depth study of the welfare models proposed by Zamagni and T. Vecchiato of Fondazione Zancan, see Cataldi and Cappellato [2020].

[20] The data presented in this chapter come from discursive interviews with 18 qualified witnesses, operators and referents of organisations and associations dealing with the older population in the area of the city of Turin. Please refer to the Methodological Appendix for information on the research approach and the process of collecting and analysing empirical material.

[21] Please refer to footnote 19 for a reflection on the possible overlap of generativity, understood as the capacity to generate/regenerate resources for the community, with the conditionality paradigm by virtue of the logic underlying both concepts, i.e., assigning responsibility for one's condition to the individual.

1.   The actors on the ground: a mix of public and third sector

In this case study, we interviewed contact persons from the third sector and public administration, while private businesses were excluded in order to target areas outside the labor market. This is because the private sector has limited itself to the promotion of interventions for the older population either through corporate welfare policies (by providing interventions aimed at caring for the workers' families) or through diversity management actions for the inclusion of older workers within companies.

The respondents come from heterogeneous backgrounds, although they report that they are familiar with each other and follow what is being done by others. Formal agreements exist between individual operators to help shape the network strategy with the aim (unfortunately difficult to achieve in practice) of designing and implementing interventions in an inclusive and participatory manner that takes the various actors into account. A social worker explains:

> *We have formal collaboration agreements with what we call the "light" home care associations - AUSER*, the older people emergency service, and others... In this way, we have a general view of accompaniment and companionship, because volunteers do a lot to ensure that people are not alone, from individual to group visits. It's a very simple but intelligent approach... Some services are provided by volunteers, others by public services - we respond to different needs, and we should complement each other. We can't expect volunteer work to provide care, because it's not right, it's not in their scope of activity.* (Interview Witness no. 8)
> **Association for the self-management of services and solidarity*

The rationale that guides welfare pursues a recomposition of public and private resources to provide articulated care paths: from prevention to responding to the needs of the non-self-sufficient. However, the system has so far suffered from significant fragmentation, due to the lack of an organic and unified vision and the presence of numerous actors entrusted with different competences [Fosti and Notarnicola 2018]. The consensus among the various levels of local, national and supranational authority is that there is a need for greater integration between all actors at all policy stages, from design to implementation, deployment and evaluation, but this remains difficult to achieve. For the time being, rather than an integration of services, there seems to be a division of interventions or recipients according to set categorization criteria. Some tasks, including those of a predominantly health and care nature, fall with the public administration, while light home care, prevention and social promotion interventions fall with the third sector.

In practice, a more nuanced situation seems to be emerging, in which the third sector replaces the public sector even for health services, as noted by a respondent who runs an association the activities of which include postural and rehabilitation gymnastics courses available to older people for a controlled fee:

> *She comes here asking about gymnastics. Why? Because the physiatrist or the doctor told her, Look madam, if you don't move a bit you will be in a wheelchair in 2 years, so she gets scared [and turns to us] ...* (Interview Witness no. 6)

Another respondent talks about the gaps that the recent amalgamation of social services has created in some areas that are now manned by the social cooperative he runs:

> *What we perceive is that some areas of the city have been left unattended, hence for example the idea of opening a help-desk ... The objective of this help-desk is to try to bring situations of difficulty and frailty to light, to intercept them... and to try to bring them within more institutional boundaries, to explain to citizens that if they are in great, great difficulty they can and have the right to access social services, explaining them how to do so... (*Interview Witness no. 1)

In this case, the testimony outlines the function of supporting people but also accompanying them in accessing services provided by the public sector - not replacing the latter, but intercepting needs and then reporting them so that they can be taken care of by the social service where necessary. The same witness also refers to the competition taking shape between public and third sector actors, with the latter benefiting from the possibility of being more flexible in the provision of light home care services than the former:

> *Citizens pay 50 per cent of the cost of each intervention, so it often happens that citizens come to us and say, well, then, let's say that I still pay the same amount, but instead of relying on social service that has a whole series of frills and rigidities, I come here and we put together a plan. What would you give me? ...I have the advantage that I can negotiate directly with you... if you need me to take you shopping or to go to the doctor's for you, I can look at the doctor's hours and when the doctor's office is open on Thursday afternoons from 6 to 7, I go there on Thursday afternoons... This is something that is not negotiable with social services, which instead have this super-standardized way of working.* (Interview Witness no. 1)

Social cooperatives seem to be seizing the windows of opportunity that have opened up in the outsourcing and "marketisation" of services, while volunteer associations, on the contrary, are rather careful not to overlap or compete with the public sector:

> *We don't take over what is a job to be done by the cooperatives, the municipality or others. We provide additional assistance.* (Interview Witness no. 2)

On the contrary, a replacement and complementary function emerges on the part of these associations vis-à-vis the cooperatives and private actors providing residential services:

> *What do our volunteers do? They do what the nursing home with a monthly fee of 2,500-3000 euro does not do, which is a program of daily activities. That is, we are around older people who are... we see them and it's not true that an older person in a rest home is not alone and does not suffer from loneliness... and these guys, in groups of course, also go to rest homes to do what a rest home should do in addition to normal care, to have the opportunity for recreation.* (Interview Witness no. 2).

This function is also accompanied by that of monitoring and evaluating the adequacy of the service provided by the cooperative:

> *There is another very delicate thing... our presence in nursing and retirement homes also turns us into sentinels at the places where people are living, because I dare say that strangely - but then, it is not so strange - our presence changes the living conditions of those people [who reside there]* ... (Interview Witness no. 2)

In this case, a substitute function of the association in charge of monitoring what happens inside some of the residential facilities in the area seems to be emerging: a control role that should be held by the public actor (which however seems to delegate or at least not intervene along the process).

The emerging picture is one that is crowded with numerous actors moving according to heterogeneous logics, which entertain more or less formal relations with each other in an attempt, sometimes, to carve out – and even occupy – spaces less covered by public welfare, and sometimes to support it. Thus, different roles and relationships seem to emerge for third sector actors between those who are more oriented towards a logic of contracting-out and the "marketisation" of services on the one hand, and those who see themselves as civil and community welfare actors who aim to co-plan and co-produce interventions[22].

Decisions about what kind of services to provide also take shape within the different logics that underpin third sector actors as well as the heterogeneous conceptions of being old, ageing and citizenship of those over 65 and out of the labor market, as we will try to illustrate in the next section.

2.   *The services available*

As mentioned above, active ageing goes hand in hand with the promotion of active citizenship, which affects both the provision of services and the participative and co-responsible role of each person in the definition of services. From this point of view, the paradigm breaks down as a citizenship right-duty in the ageing society and as an area of promotion (in terms of activation) of the older population [Marcaletti 2010, 89].

According to Marcaletti [2010], the citizenship right-duty embraces the idea that the challenges resulting from demographic transformations must find answers in terms of efficiency and, in accordance with the logic of conditionality [Clasen and Clegg 2007; see Castel 2009], require pro-active, responsible, prevention-oriented behavior on the part of individuals, while recognizing the need for the system to also take on passive benefits [Marcaletti 2010, 90]. From this perspective, it is social policies themselves that define legitimate ageing – that is, what old age is, how services can be accessed, and what services are most appropriate [Estes, Biggs and

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[22] Although these divergent orientations reflect the heterogeneous mandates and objectives that distinguish social cooperatives and associations, the representation of one's own role as a third sector entity in the policy design and programming phase is not exclusively determined by one's own structural and regulatory framework, but rather has to do with the interpretation of the role of different actors within heterogeneous possible welfare scenarios.

Phillipson 2003] (see 4).

For now, with a view to describing the range of services available, we will proceed with an initial distinction between the services provided for the frailer older population in need of residential, home-based and economic support, and those aimed at individuals who have maintained a good state of health and enjoy an adequate income, oriented at developing community resources, social capital and the conditions for individuals to become and/or remain active (concerning the relevance of networks and relations in the process of successful ageing, see chapter 2).

The first group of interviewees includes contact persons for the organizations involved in the management of a residential facility for self-sufficient people, a day center for people suffering from Alzheimer's disease and a cooperative providing home care services respectively. These centers operate under both public and private agreements. Another interviewee is a social worker in charge of social services for older people. The managing body, as mandated, offers direct or indirect home care services (through affiliated cooperatives) that provide support for personal hygiene, housekeeping, support for daily life activities, shopping, buying medicines and accompanying people to medical appointments with the general practitioner, or support for the older person with economic transfers to cover the costs of care work *(cash for care)*.

The residential facility accommodates people over the age of 60 who are self-sufficient.

This is how the service contact person interviewed describes it:

> *A particular type of older people - in the sense that they have their own life - can come in, can go out, can say no to the activities proposed, which is something they tend to do very often and no one can force them... there are also older people who have very different life histories, in the sense that there are a small part of people who come here... privately... they pay the fees, decide that they no longer feel like staying at home and do not want to take in a person, and therefore decide to come here even though they still have some autonomy but they no longer feel like [living at home]... the majority of people, on the other hand, are placed here on the recommendation of the social services, another small part experiences a housing emergency, so they spend here maybe fifteen days, a month, six month ... it depends on how things go, but most people are sent here by the social services, with which we have an agreement, and so they pay a small sum or nothing, it depends on their economic situation. And they too have particular life histories, and this makes this facility a little peculiar in this sense.* (Interview Witness no. 12)

Clearly, the residential facility provides a living space for people who come from heterogeneous backgrounds, but who are united by the fact that they are over 65 years old and show no signs of functional impairment, and are therefore autonomous; but they are also different in their use and management of spaces and daily life. Precisely because the residents enjoy a good state of health, the respondent talks about projects and activities aimed at promoting sociability and physical activities without closing themselves off, and instead opening themselves up to the community.

One example is the option, for a limited number of older people who do not reside in the institution, to have lunch at the institution's canteen by paying a small financial contribution for each meal. This initiative allows those who do not feel like cooking

to have a hot meal, but it is also an opportunity for those who are placed in care as well as outsiders to meet. The sports activities that take place in the gymnasium are also attended by both residents and older people living at home in the neighborhood. This approach breaks away with the traditional model that is reminiscent of rigid "total institutions", and attempts to recognize subjectivities and to be permeable both inwards and outwards.

The residence houses on its premises an outpatient Alzheimer's center that accommodates 16 people, some for the whole week, others occasionally. Daily activities are structured into set schedules, and alternate between mandatory and optional activities for maintaining residual cognitive functions:

> *Every day, we hold a twenty-minute session where we go over calendar updates with them. We start with time orientation, this is until 10 o'clock, because it is an activity that lasts a while anyway, all together in the main hall; then from 10 to 11:15 there is the main activity of the morning, which changes depending on the day; after the main activity, those who want to follow me stay at the table with me to do some work. We have many energetic ladies who always want to do more, while others sit in the armchairs. I turn on the television for them too, because I can't expect them to sit behind me for eight hours and wait for lunch; we have lunch around noon, half past noon, and we have lunch until 2 o'clock, we chat, we give them a little more freedom, then at 2 o'clock we resume the other activities of the day, until 3, 3:15, when we all leave, some with transport and some waiting for family members to come and pick them up.* (Interview Witness no. 13)

In the area, some of the associations and lay or religious bodies surveyed are variously committed to tackling situations of difficulty through economic support in the event of extraordinary expenses or health problems that are not covered by the health system, in particular dental or eye problems, or support for the cost of co-payments for specialist visits, and light home care services to support daily life. Among these, one intervention requested by the recipients and offered by almost all third sector actors is "accompaniment", which mainly takes the form of a service to accompany the individual to a medical examination or to fill out paperwork and apply for documents in various offices, as one witness explains:

> *Then the need for accompaniments arose, and so we in the area, as well as other associations that already provide this service, started to do accompaniments for medical appointments, for shopping, for other needs. We provide about one thousand maybe 1,200 accompaniments a year; now, after many years, we are close to a total of about 20,000 accompaniments provided. But our purpose is not only to be taxi drivers, and at a competitive price at that because in the early years, this service was paid directly by the municipality, the municipality gave us a contribution for all the over-65s who asked for our service.* (Interview Witness no. 5)

These interventions are not limited to transporting the person who, if requested, can also be accompanied to a medical appointment or shopping. The need frequently arises from the older person's fear of forgetting or not understanding the information they are given. Not being alone in dealing with a caregiver or professional is therefore

important to increase one's sense of personal safety and control. The perception of exercising control over one's own existence is a central element that has also been related to self-esteem in the literature; stressful events and the feeling of not handling situations adequately seem, on the contrary, to have negative effects on the physical health status of older people because they erode the sense of self [Krause and Borawski-Clark 1994; Krause 2004].

The circumstances in which the presence of carers ready to support the autonomy of older people is important are manifold and, as one witness explains, it is necessary to devise original and differentiated solutions:

> There are chaperones who get on the bus. We don't drive the bus but the accompanying person stays on the bus because maybe there are older people [who need us] … (Interview Witness no. 2)

The rationale is to provide a referent in all living spaces, ensuring support for those who feel they may need it. It is precisely this being receptive to unexpressed needs[23] that several agencies see the risk, in light of the recent process of unification of municipal social services, of looser institutional support options, especially for older people. While the unification process responds to a managerial logic, the loss of proximity services may limit the possibility of access for those who are no longer autonomous in their movements and have no network of family or friends to rely on. A witness illustrates how they responded to these problems:

> We opened a series of contact desks around town with the aim of providing answers to a whole series of issues that are can be very general but also very specific, desks that go under the name of family contact desks, providing solutions for families. One of these desks is called "Silver Point" [and targets older people specifically]. (Interview Witness no. 1)

Alongside these initiatives to provide support and respond to needs, there are others concerning the prevention and promotion of well-being and quality of life. Two types of initiatives can be identified in this group: 1) training, information and awareness-raising on different topics; 2) promotion of sociability and recreational activities.

The first set of initiatives are carried out on a territorial basis and mainly involve older people living in the neighborhood or district where the meeting takes place. When observing these events, two elements seem to be of particular interest: the choice of which topics to address, and the speakers invited to discuss them. In terms of topics covered, health is the main area of interest in terms of proper nutrition, prevention of disease and health risks, and management of health problems. All interviewees reported having organized meetings that addressed the theme of health:

> In the last two years, we have held 8 conferences on the subject of the health of older people, with an attendance of 40 for each conference; these were held by a

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[23] We quote here the expression used by an interviewee who qualifies needs as *unexpressed* to describe the work they are doing in an attempt to bring out needs that not only go unanswered, but that are not expressed sufficiently clearly to be recognised as needs by public actors.

doctor, representatives of the Local Health Authority (ASL) of Turin, professionals in health prevention... (Interview Witness no. 11)

The topic is discussed from various points of view, and not limited to traditional medicine but also including alternative medicine, as one contact person of an association describes:

We held several meetings with herbalists and homeopaths for natural treatments, and then we held meetings with physiatrists for aspects, let's say on the treatment of bone diseases... (Interview Witness no. 5)

The objective being pursued, according to the respondents, is twofold: on the one hand, talking about health answers to an interest of the citizenry, and on the other hand, it is a tool to bring people closer to local authorities and associations and thus promote participation.

Health is a key theme with which we engage them. The health-themed meeting, or all the activities that are needed to get better anyway... these are attended [by many older people] *and by a lot of men too*... (Interview Witness no. 11)

The desire to acquire information and skills to maintain a state of good health also becomes the driving force to urge the recipients to undertake new activities and generally change their lifestyle by taking part, for example, in the numerous walking groups that have been organized over the past few years in the city. These kinds of initiatives fit within the paradigm proposed by successful ageing, defined as adaptive and active, in which individuals are able to control their existence and make the best choices for optimal outcomes [Pulkkinen and Caspi 2002]. As Rowe and Kahn [1998] argue, certain specific lifestyle and personality factors increase the likelihood of successful ageing and are a direct consequence of individual choices to avoid possible risk factors and adopt disease-preventing behaviors. In particular, Rowe and Kahn [1998] isolated two factors they considered decisive for optimal ageing: lifestyle and nutrition. In daily life, this translates into proper diet, exercise, interpersonal interaction, connection with others, involvement in activities that stimulate cognitive and mental abilities, and confidence in oneself and in the future. What seems to emerge from the words of the respondents is that they adhere to this paradigm in which activity and adaptability of older people are also stimulated through the provision of certain interventions.

Alongside initiatives aimed at informing and raising awareness, there are training initiatives that focus mainly on learning how to use new technologies. In this case, it is most often experienced volunteers who explain how new devices such as personal computers or mobile phones work - having been trained, they become trainers themselves.

Activities of particular interest include choosing the right speakers for awareness-raising meetings or familiarizing older people with technology. While the latter generally means young people with some basic skills in the use of media technology, informational meetings involve experts recognized for their professional role and occupation.

Last year, for example, we had a meeting on personal safety and a police inspector came in and gave them lots of information, useful tips on how to defend themselves either against attacks or people trying to break in, etc. (Interview Witness no. 5)

While the issue of safety (which, it should be noted, is explicitly included in the WHO document on active ageing) emerges from the interviewees' testimonies as being important for the older population, it is worth noting how central the choice of the speaker is, as the following excerpt shows:

But all this has to be done by bringing in specialists, because with older people, if the doctor comes in and is wearing a lab coat, then he or she commands respect and people listen very carefully. If a policeman comes in, you need a policeman dressed as a policeman... We have to stop relying on those who seem to know everything, because this is a return to the past. For poor families, there was one doctor who knew everything. For better off families, there was the dentist, the nutritionist, the family doctor... Even in communication, when you plan an initiative, you have to touch different keys to make music and not noise, you need specialists from different fields... if the specialist in that field speaks, people assume he or she is competent and listen in reverent silence... (Interview Witness no. 2)

Consequently, different social actors recognized as having in-depth knowledge with regard to a specific issue are called to speak at such meetings, not only because of the legitimacy of the expert, but also in recognition of the participants' role as individuals wishing to broaden their skills and become active citizens in their own right. In this scenario, from a cognitive point of view, experts formulate and disseminate images and concepts of the individual which are closely related to the successful ageing paradigm, while from a technical point of view, they instruct citizen-users on the best course of action to take in order to achieve their goal [Caselli 2020].

The second type of initiatives mentioned above aims instead to promote sociality, which according to Rowe and Kahn's [1998] definition occurs through the development or maintenance of networks of relationships and interpersonal interactions and participation in activities that stimulate cognitive and mental abilities.

Again, the respondents show adherence to the proposed model and describe the many and varied recreational initiatives they organize in terms of activating older people, which sometimes take on paternalistic overtones. Social relationships are a fundamental part of many recreational activities and, particularly for older people, the acquisition of social contacts can be a primary goal to cope with the risk of isolation; nevertheless, the idea seems to emerge from some testimonies that the recreational aspect in itself is not enough to make an initiative meaningful:

In the last five years, we have always organized a cultural activity in conjunction with convivial moments, because we also try to stimulate them and keep their brains alive - it's not enough to simply keep the limbs alive and making sure the stomach digests well. It is also necessary to keep the brain alive. So in these convivial moments, in addition to music and entertainment, we have also included the presentation of a book... we also organized a group, together with the neighborhood, of about thirty people who go to museums, that is, we try to liven

things up as much as possible. And guess what, when older people are properly stimulated, they do respond, they sure do. (Interview Witness no. 5)

A large proportion of respondents believe that leisure activities need to be filled with content in order to acquire real value for the activation of those who are targeted. On the other hand, one respondent fears that these cultural occasions may alienate, rather than bring some citizens closer together, resulting in a covert selection mechanism for access that includes the more affluent and educated social classes.

Because the risk is that this kind of project becomes very much top level, that is only those already very active participate. (Interview Witness no. 4)

When defining an offer, it is also necessary to take into account two other elements concerning access thresholds. The first concerns the possibility of reaching the venue in terms of sustainable mobility and the absence of architectural barriers. The second concerns economic sustainability: many of the proposed activities are free of charge while some require cost-sharing, as one interviewee tells us:

We then reasoned with the group of active seniors who act as a sort of interface and said no, regardless of economic considerations, this activity is not accessible. The association will organize visits to places served by public transport, so that everyone can get there, where there are no architectural barriers. Then we always try to go when there are open-door museums, free admission days... but this is a bit of a risk, we try to ensure a social mix but in reality, it's a social mix that is in any case unbalanced towards people who have good mobility, who are in any case people... who are capable of being in a group, who also want to exchange views with others. (Interview Witness no. 4)

The perceived risk is that the centers and associations themselves could fail to include the frailest and those who come from life histories most marked by hardship and marginality. In other words, active ageing is a paradigm that values middle and upper-middle class people who reach the advanced stage of life in good health while it may unintentionally exclude and increase the stigma against those who cannot, do not want to or do not have the opportunities to adhere to this model. In this sense, Holstein and Minkler [2003] have critically discussed the assumption underlying successful ageing, namely that the individual enjoys autonomy and contexts that guarantee full access to resources equally for all. The authors, on the contrary, postulate that choices may not fall within the scope of individual action but rather are the result of what Sobel [1981] called "the set of ordered sequences of social experiences to which the individual is subject" [*ibid.*, 50]. As Bourdieu's perspective suggests, the symbolic meanings associated with successful ageing and lifestyle (i.e., assumptions about appropriate lifestyle choices that are designed to facilitate successful ageing) are part of a broader perspective that legitimizes an established class division, whereby the focus is on individuals and groups with a wider range of options from which the most appropriate lifestyles can be "chosen" [Hendricks and Hatch 2006, 310].

3.   Identifying existing needs

It has already been widely noted that not all older individuals are equal. One of the factors outlining conditions that may prove to be very different is available financial resources. In general, all respondents state that they intervene in various ways to combat poverty, but the situations of economic hardship are numerous and not all of them find a satisfactory response. A social worker says:

> *Poverty is a problem, it is definitely a problem... we see a fairly extreme segment of the population that has very few resources, of all kinds: personal, relational and economic.* (Interview Witness no. 8)

Because level of pension depends greatly on previous occupation and social class, older people are not equally covered by the pension system, but differences between men and women are also significant. While men are in most cases the recipients of old age or retirement pensions, a significant proportion of women receive social or survivors' pensions and, in general, these are invariably much lower: women receive amounts that are on average 80% of those received by men [Facchini 2007]. These differences are the result of differing work histories: full time and in the formal labor market for men, part time or in the informal labor market, with lower professional positions when not predominantly (especially in the older cohorts and among the less educated social strata) engaged in informal care work and housewives for women. Moreover, the latter are exposed to a greater and prolonged risk of widowhood later in life, precisely when functional capacities are most impaired, and with smaller pension benefits [*ibid*.]. Respondents also note a greater risk of falling into poverty for those who are alone, which is even greater among women:

> *We noticed that older couples with a minimum double pension survive; older singles with one minimum pension do not.* (Interview Witness no. 3)

> *If you are a woman it is even worse, because if you are a woman you have a pension that is certainly 30 to 40 per cent less than what your husband received, while when you were together with the two pensions, you lived with dignity; when your husband is not there, then there is a risk... the law does not allow a woman, even a man, but let's talk about the woman... if the woman is widowed - and there are more women who live longer and are widows - if you have 1050 euro net - which seems like a big amount - you have no right to get even a little bit of the survivor's pension, except in cases... we're talking about those who have had a very important job in the past and therefore have a very high pension... however... if this woman owns her own house it's one thing, but if she pays rent... because even here, we have to distinguish the rights and the possibility of living with dignity between those who receive the same pension and are home owners and those who are not.* (Interview Witness no. 2)

Being in a couple and having an extended family network is not necessarily a protective factor any more than having children is; in fact, there seems to be an increase among older people in the volume of debt to support the youngest members of the family network:

Why do some of these households turn to us? They could stand on their own. What are the triggers? First trigger: the need for extraordinary child support for grandchildren. Almost everyone provides ordinary support to children and grandchildren, and this is a complex thing, because in theory one has children and then they will support you when you get old, that's how it used to be! (Interview Witness no. 3)

The economic condition has direct repercussions on several aspects of life, from health to housing, which in their intertwining produce dramatic situations in which older people can fall into a spiral of poverty and distress, with increased risks of losing their homes and compromising their health.

A lot of older people are not responsible for not having enough money, for example with ATC*, there are very difficult situations, and what can these older people do, they don't buy medicines, they don't get treatment! If you have an eye problem, or if I have a circulatory problem, vein problem, etc., I have to pay for all my medicines myself! (Interview Witness no. 5)
*public housing

Against this general backdrop, numerous life stories emerge from the witnesses' accounts that are characterized by a constant condition of disadvantage that is the cause of the accumulation of inequalities which profoundly mark the later stages of life. One of the cases reported by the social worker concerns gambling:

For example, I have problems with gambling. At some point it will happen that I will no longer pay my rent, and my landlord - who has known me for 40 years, and may even love me because I am a good person - will at some point tell me, I have to get you out of here. And what can institutions do? They tell you to go to a facility for the self-sufficient, but one may not want to go there, and even the self-sufficient facility is not free anyway, it is paid for with most of someone's pension, right? So you tell yourself, but until yesterday... I only have a 600 euro pension, but that used to be enough, I may have spent it badly but it used to be enough, now you tell me, give me almost everything, you keep a share so you can't even buy cigarettes? We should find cheaper services to respond to people's needs but at the same time not distress them, [we should] personalize these services a little better... (Interview Witness no. 8)

The life course is relevant in a person's ageing (see 1.4). Those who have had a tougher time due to economic and employment instability, difficulties with gambling, homelessness or incarceration, and compulsive hoarders (of material possessions or animals): these are all situations cited by witnesses as frailties that have become more acute over time and have largely gone without adequate response. In addition, there is a risk that standardized interventions contribute to further limiting the autonomy and "capacities" [Sen 2001] of individuals.

Another relevant aspect contributing to the possibility of a satisfying quality of life, as evoked by the WHO in defining active and successful ageing, is the sense of safety and security. This brings us back to the theme of control over one's existence and autonomy as the ability and option to exercise conscious choices. Some of the

testimonies about private services bring out this aspect as particularly relevant. Managing payments and contracts with utility companies, but also dealing with banks and the post office are described as potentially risky circumstances for older people due to the possibility that they may become the victims of fraud or deception, or enter into contracts that are disadvantageous to them. Numerous testimonies talk about the difficulties older people face in this sense and the absence of services that could provide some protection or intervene preventively, before the situation is compromised. There is therefore a need for initiatives in this area that are not limited, as is currently the case, to the possibility of calling on professionals and experts when it is too late, but rather allow to accompany the management of all those decisions pertaining to the economic and financial spheres. The witnesses envision various and heterogeneous forms of intervention. One social worker, for example, told us:

> *There should be a dedicated financial service offered by banks to older people living alone... as far as I know, when banks are faced for example with somewhat strange situations, they report them to the Prosecutor's Office, but I don't know what kind of amounts... I mean, if an old woman comes to the bank repeatedly to withdraw 1,000 euro a day, of course it is her right to do so, but maybe you can ask questions... and then you find out that well, I took out a loan, and then yes, I took out another loan. You see, very poor individuals try to solve their problems in ways that make the problem worse, because a 10,000 euro loan is not that much in itself, but on a 600 euro a month pension it is terrible, really terrible.* (Interview Witness no. 8)

Indebtedness is a problem encountered by many witnesses as is the difficulty in intervening and bringing the issue to light precisely because it affects the sense of self: the older person who has been swindled or has mismanaged his or her money feels that he or she has not exercised control over his or her own existence.

A witness from a consumer rights association says:

> *There are those who start crying, they are the ones who don't want to tell their children because they feel embarrassed, and they begin to lose faith in themselves, in their security. When an older person is defrauded, there is not only the financial damage, but the greatest damage is the instability that is created in the person, they begin to think they are no longer able to manage their lives.* (Witness Interview no. 9)

This sets off a spiral of indebtedness accompanied by instability, the perception of no longer being able to manage one's own existence and the impossibility of talking about it with the family network for fear that children, in particular, will contribute to reinforcing a new frail and more risk-prone self-image. The balance between recognition of individual autonomy and support in decision-making processes is not obvious or easy to identify:

> *You can set a quota on the money, you tell them what it is for, this is to pay rent and to pay the bills, but then you give them the rest, and then they do what they want with it, because it's not that ... well, we can, you know, this can also be educational: if you allow me to do it, I'll go over the bills with you, we try to understand, then the older person saves something, right? Not the younger old, it is less so for them.*

(Interview Witness no. 8)

Also depriving the older population of autonomy and freedom are architectural barriers and a mobility that is not considered sustainable by many of the interviewed witnesses, especially those living on the outskirts of the city. Connections are described as unsatisfactory because there are few that link the suburbs to the city center and generally even fewer that run along stretches within the suburbs, even very large ones. Those who then have difficulty in getting around due to a slight functional impairment risk being excluded from activities in the neighborhood because of this disability. The associations that reach out to older people in this area encounter the same problem:

> *All of our activities are deliberately designed to get older people out of the house, to make them walk a bit, to get them to meet people... so those who don't have this possibility are totally cut off, and we try, because we receive phone calls, I would like to come but I don't have anyone to take me, I'm in a wheelchair. So those who are, as it were, healthy in the head but physically have mobility problems, we can't engage them... we find it difficult to engage those older people who are historically a bit marginalized from society, that is, who were already marginalized, who have always lived a bit on the margins.* (Interview Witness no. 4)

Here again we see the image of a pathway that leads the older person to specific difficulties in relation to the current situation and previous life course. Loneliness, for example, is one of the problematic conditions recurrently mentioned by interviewees, even if it does not seem to mean the same thing to everyone.

> *A distinction has to be made, because we have older people who are just lonely, and older people who have been lonely for a long time, i.e., who were already lonely when they were not yet old. So, of those two, the ones who struggle the most are the former, that is, the newly lonely because they are not used to it, and they combine the material problem with the psychological-relational problem: closure, fear towards others, people who used to lock their door now have a double lock put on because they are alone, people who used to go to mass every day with their husband or maybe leave a husband at home or send their husband to play bowls and then go to mass, they no longer go to mass because they are afraid of being followed... The issue of the newly lonely is one that also concerns the management of the existential condition, and it seems to me that there is a lack of support structures to manage this issue. Senior centers do not address this issue because the solution to the problem is not in being together with others, but to be reassured when they are alone, and that probably needs a different structure of services that 1. are not services you go to, but that bring someone to you; 2. are more advisory services than guidance services.* (Interview Witness no. 3)

Widowhood represents a break in the life course that, for women in particular, can open up a new way of envisioning one's life path. We will return to this topic in the next chapter, giving voice to the older interviewees; for now, we will suffice with reporting the words of one witness regarding the available options to deal with this situation:

> *Initially they ask me bureaucratic things, so anything about maybe getting some subsidy or the social worker doesn't listen to me, let's call her... and then it really ends up being a matter of finding someone who will listen, you know, please give me half an hour of your time...* (Interview Witness no. 12)

Listening is a central element, a demand perceived by the witnesses and certainly a response especially when a service cannot be offered [Cappellato 2017] as one interviewee put it:

> *Well, you try to listen ... you also try to... I don't want to say to select, but to understand the most urgent thing and the most important thing, because often these are also phone calls that are more for chatting than for doing.* (Interview Witness no. 5)

While assuming that listening and building a human relationship are central to providing help, the risk is that this becomes the refuge of volunteers and operators in the face of needs that are unlikely to be taken care of. Some respondents, if given the chance, construct interventions that reconcile relational and other needs, such as body care:

> *Also some services concerning... I don't know... pampering, you see... home hairdressing, home podiatrist, which are things that are a bit borderline in the sense that maybe you could go to the hairdresser's but there comes a time when you don't feel like it anymore and if the hairdresser comes to you, you are happier for a thousand reasons.* (Interview Witness no. 1)

More generally, associations that come into being with the specific aim of supporting active and successful ageing are very keen on promoting opportunities for the development of networks of relations and good neighborliness, as we will see in the next section.

4. Construction of older identity and definition of interventions

It should be clear that the witnesses interviewed belong to very different institutions, associations and organizations and are just as heterogeneous as the services they offer, although the choice to focus on those working with partially or fully self-sufficient older people outside the labor market has led to a selection with respect to the policies and numerous interventions targeting older people. In spite of this overall heterogeneity, based on the words of the interviewees it is possible to trace the profiles of the older people they address and the older person's identity they help to construct in the responses they provide. The following pages give an account of the narratives of the witnesses that outlines the population targeted by the interventions, as well as the older volunteers who contribute to the provision of services.

4.1. Who are older people: equal but different

The interviews present a varied picture of older people. No two individuals are alike, and it is therefore not possible to consider it a homogeneous and compact group. The distinguishing features can be traced back to attributes such as ethnicity, gender, age, economic situation, health condition, presence and characteristics of the family network, previous life experiences. This immediately brings us back to the idea that old age is to be considered as a point of arrival that takes shape from the intertwining of numerous factors along the life course, so speaking of older people as an ideal group type is inaccurate if one intends to focus on the denial of their rights and on the opportunities to activate and exercise one's citizenship. In doing so, numerous elements would be lost and would lead to structuring contexts that contribute to unequal constraints and possibilities for successful ageing.

One of the factors that both describes and influences the path concerns ethnicity. Witnesses report that there are still comparatively few older immigrants, but it is certainly a growing phenomenon to be taken into account because it raises specific questions with respect to the possibility of being active citizens and making their voices heard. A witness explains:

> *Yes, I am aware of the risks of protecting them to help ensure they keep living... I know of a woman I saw in a nursing home, this woman was a foreigner, from Maghreb I think, and she was alone all day, she didn't speak with anyone, because there is the language issue. This woman was not living on the street, she was being fed, cared for, etc. etc., but living 24 hours a day without anyone to talk to was the very picture of sadness, poor woman!* (Interview Witness no. 8)

Once again, we see the relevance of individual and family life courses, how they have been shaped by the transformations of the social and institutional contexts in which they have lived - and are living - to understand the current situation. This also seems important when turning our attention to age, which does not emerge as a crucial element per se, although many respondents distinguish between the young old and the very old and thus between the third and fourth age. Of great interest is the reflection of some on the cohort they belong to, which for older people who share a cultural model in which collective "progress" was strongly intertwined with individual advancement [Facchini and Rampazi 2006, 72], seems to translate into the ability to build bonds to cope with old age, as reported by one social worker:

> *She is an unmarried woman in her 90s and is very proud of the relationships she has developed in her apartment building. This woman was telling me that she went to work in the foundry and there was this story, the aftermath... the war, wasn't it? This woman is 90 years old and these people who went through the war and had to get together, even if they didn't want to get together, to rebuild Italy, and in fact they rebuilt a lot, because they still managed to live decently, maybe even to have savings and so on, they developed a set of skills that the younger ones, the 65-year-olds, the 67-year-olds, don't have.* (Interview Witness no. 8)

Even more than the cohort they belong to, gender is the variable that all witnesses cite as relevant: women are described as being more proactive, able to maintain and build close networks of relationships and to be active. The arguments in support of

this thesis are manifold and again originate in the life course of men and women, with additional differences among women, between those who live alone and those who are in a couple, as one witness noted thus:

> *Women are also more willing to get involved, to share... with men it is a bit more difficult. I see so many single women, widows, they are the ones who participate, I mean they are free, they come, they do. Those who are still married have to be back by noon, come hell or high water, because they have to prepare lunch. Or they come, the husband comes too but he doesn't do anything, he just sits in the corner, there in that armchair.* (Interview Witness no. 4)

Gender roles for these generations are still very clear-cut and distinct, and even later in life it is women who do most of the housework, who also take on the care and nurturing of husband as well as their grandchildren. It is precisely the loss of a spouse that marks a breaking point and a life transition. Many of the widows, as will also be discussed in the next chapter, experience the possibility of imagining a continuation of their existence free of certain constraints and thus redefining their identity and role. Widowhood can thus represent an opportunity to rethink oneself within a community, while for men the new condition highlights a number of practical problems in the management of daily life:

> *Widowers are a big problem in the sense that they experience great difficulties. For example, we introduced cooking classes mostly for them, because they would come to us and say well, my wife died, and my children live on the other side of town, I don't know how to do anything!* (Interview Witness no. 4)

Cooking, taking care of the home and self-care are all activities that are considered feminine, especially for the older generation, and when the wife passes away, it becomes clear that they lack many of the skills to accomplish them. However, witnesses do point out that regardless of gender, those who have always lived alone have acquired throughout their lives the necessary skills to manage their existence:

> *A distinction has to be made, because we have older people who have just become alone, and older people who have been on their own for a long time, i.e., who were already alone when they were not yet this old. So, of those two, those who struggle the most are the former, that is, the newly alone because they are not used to it, and they combine the material problem with the psychological-relational problem: closure, fear towards others...* (Interview Witness no. 3)

Maintaining relationships is also possible thanks to the rootedness of people within a territory and a community. The urban transformations that have swept through some of the city districts have highlighted very unequal situations in this respect. Some neighborhoods that have seen sweeping changes such as strong gentrification or dramatic growth in immigrant inhabitants and a drastic reduction of older residents, have contributed, according to some witnesses, to a loss of social capital for older people. Similarly, the recent reduction of small shops and local markets, now replaced by large supermarkets, has increased the sense of insecurity on the part of older people, who as a result prefer to isolate themselves in their homes,

whereas previously they went out daily to do their shopping or run small errands, maintaining relationships that, although loose, were considered pleasant and important for the sense of well-being they generated.

Also relevant alongside the skills to perform daily activities are relational skills, which are not limited to the ability to maintain and build friendship networks, but also to relate to third parties including health professionals and service providers.

> *Loneliness is certainly an aggravating element in old age, and women are better at dealing with it because women are the ones who are best able to keep contacts over time. We have these couples of old friends, the 89-year-old woman with the 82-year-old friend who come together to ask for things, they have already planned something, they ask if it's OK, etc., but in our experience, this only happens with women. It has never happened with men.* (Witness Interview no. 8).

While older women are capable of maintaining networks of relationships, organizing themselves and asking for help [Saraceno and Naldini 2013], older men are described as more closed, distrustful and having great difficulty in asking for support and assistance:

> *Let's say that the vast majority of older people who come for help are women, in most cases living alone, but also in the case of couples, it is the woman who comes to us. Why? Because first, they give you the impression that they are much more resourceful, and second, because they are better at managing the sense of frustration that coming for help entails. You know what lonely old men do? They call and ask us: "Do you need a volunteer?" but then when they do come, it is an endless problem, because they don't want to volunteer, they actually need support!* (Interview Witness no. 3)

In the face of all the difficulties listed and the many others that may arise along the path of ageing, the Italian family-based welfare system was built on a vision of the family network as the space and the answer to the various problems that may arise. Much to the contrary, in practice the witnesses recount that demographic changes, the extension of active life in the labor market together with the increased participation of women, the weakening of marriage in the generations of adult children and that group's increased exposure to the vulnerability generated by job insecurity has also profoundly changed the living conditions of individuals and the possibility for adults to take care of the needs of older people. If the previous family history is strong and characterized by good relationships, it can withstand critical events; but if the family climate was already unsatisfactory for the parties involved, relationships are unlikely to mend later in life.

> *We have more and more families, children, who can barely stand on their feet, also from an economic point of view, and then more and more of the children's families are splitting up, they separate, etc. etc.; they are in a situation where the past, which was certainly a bit difficult with the parents, makes it difficult to keep things together...* (Interview Witness no. 3)

In that situation, says one witness recalling an Italian proverb, "you're better off

alone than in bad company," because family relations can be toxic and dysfunctional[24] and can exacerbate the feeling of loneliness. It is precisely loneliness, defined as a subjective and unwelcome feeling of lack or loss of companionship [Gierveld 1998], that is one of the greatest dangers to the well-being of older people [Gierveld *et al.* 2006]. Loneliness is distinct from social isolation: while the latter reflects an objective social situation characterized by a lack of relationships [Dykstra 2009], the former is an indicator of the quality of a person's social interactions. As such, loneliness takes shape when social relationships are not accompanied by the desired degree of intimacy [Gierveld 1998].

4.2. *Are all volunteers young, and are beneficiaries always dependent older people?*

Alongside the more complex situations, there are many cases of well-being that are also described by the witnesses, particularly concerning young old people under 80, as an asset to the area. This part of the population may represent the target group of the different centers and associations, or contribute to the delivery of activities through the volunteer groups[25], which are mainly made up of older people. In both cases, these are people with incomes that allow them to lead a decent life, with a home, in good health and active.

However, what distinguishes users[26] from volunteers is the latter's propensity for "service", which appears to be the outcome of a previous history of civic participation. This is in line with what is postulated by continuity theory [Atchley 1971] which, in explaining patterns of volunteering, clearly shows the stability and continuation of such activity throughout the life course, or at least from middle age onwards. Having been a volunteer[27] in adulthood is a predictor of being a volunteer later in life

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[24] It should be borne in mind that in the absence of family networks or when the network is recognised as being severely compromised due to the disability of one's children or other evident problems, the older person in difficulty only has access to certain services, in particular those provided by social service agencies and those operating in partnership with the health system. However, there is no assessment of the quality of family relationships and the willingness of adult children to take care of their older parents. It may thus happen that older people in need and with a compromised family situation are nevertheless unable to access certain services.

[25] Civic engagement is a broad concept that has been variously defined, the term being usually associated with membership in volunteer associations and political participation. Volunteering with formal organisations has dominated discussions on civic engagement and attracted the attention of researchers [Martinson and Minkler 2006]. In this part of the book, we focus on formal volunteering defined as an activity undertaken by an individual who is not compelled to do it, unpaid, structured by an organisation and pursuing a specific goal to support community development [Cnaan, Handy and Wadsworth 1996]. Our operational definition excludes informal aid and assistance, two productive activities of great importance to families and communities. This exclusion is in line with the idea that volunteering consists of altruistic behaviour towards others to whom the volunteer is not bound by any contractual, familial or friendship obligations [Musick and Wilson 2008].

[26] The term "users" is used here to emphasise the active and proactive role of a section of the older population who attend community centres or activities offered by associations targeting this section of the population.

[27] In considering the social context, some researchers theorise that traits associated with higher rates of volunteering – continued labour force involvement, high socioeconomic status and educational attainment, good health, marriage and high religiosity – lead to both increased awareness of and access to volunteering opportunities [Zedlewski 2007].

[Chambré and Einolf 2008], as one witness explains:

> *We have always been volunteers. That is, the majority of our volunteers come from the experience of working together in the parish. That's where you get this frame of mind.* (Interview Witness no. 5)

However, tensions emerge between the group of volunteers and the group of service users: those belonging to the former perceive themselves, in the words of the interviewees, as *other* than the older people they serve and to whom the activities are dedicated.

> *We have been working a lot on overcoming the we/them divide, you see... the fact that someone is a user and someone is on the other side, at all levels. ... on the, shall we say, redefinition of roles, also because volunteers belonging to the Catholic voluntary sector are more used to thinking of themselves in terms of "I am giving something". Instead, we worked a lot on reversing this mindset. You give, but the other also gives, we are all giving. It is also a way to recover an active citizenship dimension for people who are seen more as welfare recipients. Because one of the issues is that, with these people [the recipients], among the many things that they are deprived of is also the possibility of being useful, therefore being given the possibility of being useful is... to help them regain a dimension that is certainly very important for all of us in terms of quality of life... but it's interesting what happens to the volunteers because they too are older people, they are... so it's very interesting, many of our volunteers are also 80 years old, so they themselves can only be called old too. It is much easier for each of us to see ourselves as the strong ones, it is more difficult to recognize our own frailties that you see reflected in others and to accept returning to a dimension of equality.* (Interview Witness no. 11)

What this witness said is of particular interest because it can be viewed as the construction of an identity of older people that is closely linked to the idea of dependence – economic, functional, from services, from family members, from other third parties – in which volunteers find it difficult to recognize themselves [Honneth 2004; Donatiello 2015] and to recognize the recipients as equals. What is at stake here is the evaluative dimension of recognition [Sparti 2000] which refers to the attribution of judgements, qualities or values.

The volunteers described here are defined by the active role they play while the recipient is passive, vulnerable, dependent and, as such, old. In practice, the latter do not necessarily take a passive role and are often promoters of initiatives and activities:

> *Not all old people are dormant, you see? In the sense that on Monday when I was doing painting, two not-so-seniors came up to me and asked can the dance class be reinstated? Then came a few phone calls to start the smartphone course again. They also did a photography course two years ago, it was very well attended.* (Interview Witness no. 5)

Nevertheless, a tension exists and some refer to it as an unresolved issue. Two witnesses dwell on this issue in particular, saying that they worked a lot on redefining

the identity and role of older people by working on two different fronts. While the previous excerpt shows the effort made to change the attitudes of the volunteers, one interviewee recounts how the association tried to intervene on the users' target group of the senior center in order to activate them:

> We also experimented a bit with the idea that the active older person could act as a companion, a volunteer companion, but no, it doesn't work, because the older person then, if they are well, they want to enjoy life a bit... and being with old people they look down on - you know, they see as 'losers' - they tell us, look... they already see themselves in the grave... We don't propose volunteering to older people anymore because they answer, ask me to volunteer with anyone but not with my peers. (Interview Witness no. 4)

Both reflections lead to a picture in which distancing strategies take shape that bring us back to what was said in the previous chapters about the processes of internalizing stereotypes and ageism. In order to intervene in these processes, the two entities have in turn devised different instruments that are of particular interest for the relationship that emerges between the idea of active and successful ageing and the interventions to be put in place. The agency that focused on overturning roles and the power relationship between volunteers and recipients changed the content of the service by focusing on the relational dimension and the recovery of the cognitive dimension of recognition [Sparti 2009] of the identities of the subjects one is dealing with. To this end, volunteers were trained to collect the life stories of the recipients through face-to-face interviews and they were accompanied along the way:

> They are doing a training course called Silver Care where the work being done is on the self, not so much on service but on how you behave in certain situations. The seniority factor emerged and above all the frailty factor emerged, because the frailty of the other person, the physical fatigue, the energy... even though they come from different cultural and economic backgrounds, everyone felt it... and I must say that realizing one's own frailty has become an enormous resource... because before that, people were not really seen and they were all people who, in the minds of the volunteers on a purely cognitive level, were those who were not interested in museums, were not interested in being together, were not interested in conferences. (Interview Witness no. 11)

The senior center acted in a different way, trying to work not so much on the recognition of the other as on the redefinition of practices and the involvement of different ages in the initiatives. This was done in order to mitigate the feeling of marginality of the older group in relation to the younger one in an attempt to build an active and positive image of the former and a recognition by the latter of the new positioning:

> Older people are a large pool of potential volunteers that we view as "on call". We have to organize the neighborhood party, is there anyone to help set up the chairs and tables, do reception, do admission service? That's great, this is also a type of volunteering that makes them feel very active, that makes them spend time with people of different ages, and that also allows the community to see that there are older people who arrange all the tables, who set everything up... we also try to slow

them down every now and then because we don't want this center to become [enslaved to] the concept of the performing older person, right? We are not interested in that; it is not our case. (Interview Witness no. 4)

As the witness points out, however, the risk that the paradigm of active and successful ageing takes the form of a performance that marginalizes those unable or unwilling to adhere to the model is always there[28]. As some critical scholars [Holstein and Minkler 2003] point out, active ageing can be exclusionary with respect to the functionally impaired older population, with respect to those with a frail economic situation or even for those who are over eighty and more likely to have fewer resources both physically and cognitively. Holstein [2006] and Ekerdt [1986] express their concern with coercive social expectations, which refer to the "busy ethic" built around the civic engagement of older adults, because they can result in forms of stigmatization towards those who are too sick, too poor or unable to join in and actively participate. Furthermore, not recognizing the differing abilities to perform certain activities significantly increases the likelihood of "feeling old", a state of mind that older adults tend to evaluate as a failure and which can therefore be considered the antithesis of active ageing [Townsend, Godfrey and Denby 2006]. Active ageing policies should on the contrary encourage people to accept these changes and integrate them into their lives.

It should be evident at this point that the identity and role of those at an advanced stage of life are closely linked not only to their previous life journey but also to the context and opportunities to be known and recognized that society and the services themselves create and construct.

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[28] Some qualitative research shows that many older people consider "ordinary" activities such as reading, solving crosswords and gardening – rather than "youthful" activities such as exercise and involvement in recreational or social initiatives – to be important indicators of their involvement [Boudiny 2013].

Chapter Four

People over 65 and their narratives of being old

Over time, heterogeneous meanings, often simplified into a series of stereotypes, have been produced around ageing. As these consolidated, they contributed to forming perspectives and preconceptions that are not necessarily close to the experience of people over 65. Sneed and Whitbourne [2005] identify six stereotypes related to ageing: the first has to do with their social life, perceived as poor, lacking close friendships and family ties. The second describes older people as more prone to mood disorders; the third maintains that older people are rigid and unable to accept the decline that comes with ageing. The fourth tends to standardize people over 65 into a generally homogeneous group. The fifth views older people as indiscriminately frail and non-self-sufficient, while the sixth and final one attributes cognitive and psychological deficits to them. As the authors point out, these "myths" are disproved by numerous studies on the older population [Cooley *et al.* 1998; Diehl, Coyle and Labouvie-Vief 1996; Nelson and Dannefer 1992; Whitbourne and Hulicka 1990]. Nevertheless, the popularity of such representations is not limited to the general imagination, but has also fueled theories of ageing, such as *disengagement theory*, according to which the contraction of older people's social networks is part of the process of preparation for death by those close to them as well [Sneed and Whitbourne 2005; Bengston and DeLiema 2016]. This theory has been progressively criticized as ageist, i.e., unjustifiably discriminatory on the basis of age [Loe, Sherry and Chartier 2016], and abandoned in favor of the perspective on active and successful ageing [Rowe and Kahn 1998]. The latter perspective, considered part of the more general frame of "positive gerontology" [Bengston and DeLiema 2016], emphasizes the actions that people should undertake to age in a healthy, safe and sustainable way by outlining the different ways in which older people can contribute to their own health, as well as to the well-being of their families, the community and society at large. As noted above, this perspective has been adopted at the global, then European and national/regional policy levels [WHO 2002; Walker and Maltby 2012]. Defined by the World Health Organization [WHO 2002] as "the process of optimizing opportunities for health, participation and security in order to improve the quality of life of ageing people" [*ibid*., 12], active ageing is presented as an ideal goal of individuals on the one hand and policymakers on the other.

In the intentions of its proponents, policies in support of active and successful ageing should therefore pursue the mitigation of the impact of the "cumulative disadvantages" that, throughout the life course, can contribute to poor ageing and living conditions in old age. Beyond public interventions, however, the conceptual

premises of successful ageing lie at the root of the normative cultural standards that permeate the whole of society and end up feeding ageist prejudices towards those who cannot (or do not want to) conform to these standards [Holstein and Minkler 2003]. Katz and Marshall [2003], for example, note how there is also a commercial interest in the concept of empowerment that often goes hand in hand with the promotion of healthy and wholesome habits, and which refers to the ability to maintain a youthful and socially acceptable appearance, thus risking equating successful ageing with the expenditure one can (or must) incur to avoid decline.

On the one hand, active and successful ageing appears, in fact, to be a kind of moral imperative for the person who intends to remain independent and participate even in old age. As such, it is supported by the institutions that promote policies geared towards pursuing this goal. On the other hand, however, the shift of the responsibility for one's own "correct" ageing, in large part, onto the individual risks losing sight of the less controllable aspects of existence, those that the life course perspective considers instead fundamental for understanding individual trajectories. This tension between structural aspects of society and individual actions has always run through the social sciences, and has led to numerous theoretical reflections on the concept of *agency* [Wight 1999]. This concept is generically interpreted as the "capacity to act" or plan one's future by taking an active, deliberate and intentional role in achieving that imagined future [Romaioli and Contarello 2019, 195]; as the capacity to exercise active control over one's existence, therefore, but also as the ability to resist adverse conditions.

Recognizing and supporting the agency of older people appears, therefore, to be a complex issue, which cannot, in any case, be separated from the effort to investigate and understand their daily challenges, their reflections on ageing and old age, and their relations with the social context. Interpreting positive ageing as "readiness" (i.e., openness and disposition to personal development) rather than as the result of previous healthy choices, Romaioli and Contarello [2019], for example, questions the concept of agency in old age by projecting it on the possibilities offered by the present rather than on a future to be built.

In this chapter we turn our attention to the narratives of people over 65[29], trying to understand, through their words, what it means to be and to grow old today, what are in their experience the characteristics of the third and fourth ages, and what are the constraints or opportunities inherent in the ageing process specifically within contemporary society. This will be done by adopting a synchronic perspective, thus attempting to create a snapshot of the lives of the people interviewed as they are today, without neglecting their retrospections or aspirations. In the next chapter, however, the narratives of older people will be analyzed diachronically, taking a more systematic and in-depth look at their life courses and the events that have helped shape the conditions in which they live today.

1.   The factors defining the differences between the over 65s

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[29] The data presented in this chapter come from 17 interviews with people over 65, no longer active in the labour market, self-sufficient or partially self-sufficient, resident in the area of the city of Turin. Please refer to the Methodological Appendix for information on the research design and the process of collecting and analysing empirical material.

As we have argued several times in the course of this work, age in itself does not constitute a sufficient standardizing parameter for the population over 65.

De Jong-Gierveld et al. [2003] put forward the concept of *differential ageing* in order to take into account not only the different physical and functional characteristics of older people, but also the heterogeneous limitations and opportunities with which they are confronted, and which may constitute grounds for exclusion [Walsh *et al.* 2017].

In terms of age and socio-demographic characteristics, the interviewees differ on several levels. Their ages range from 65 to 92, while with respect to gender the sample is unbalanced in favor of women (12 out of 17). As far as marital status is concerned, seven respondents (six of whom women) are widowed; six are married (three men and three women), two are separated (one man and one woman) and two women are single. Marital status is linked to family status, a characteristic that helps to define the social position of older people [de Jong-Gierveld *et al.* 2003]: in our sample, 10 people live alone, 6 with a spouse, and one respondent lives with her adult son who has returned to the family home after a separation. Educational qualifications are medium to medium-low; one respondent holds a primary school certificate, five a middle school certificate, and three a vocational qualification, but the sample over-represents (eight out of 17) high school graduates in the general population of Italian over-65s holding a high school diploma, according to national data[30]. Almost none of the interviewees are still working (the very few exceptions are paid casual employment), and all of them receive a pension, either for their own social security contributions or from surviving spouses. As has also been confirmed in the literature [de Jong-Gierveld *et al.* 2003; Bengston and DeLiema 2016; Calasanti and Slevin 2001], the women in our sample find themselves, in general, in a situation of greater economic vulnerability: either because, having left working life early (mostly coinciding with the birth of a child, only in one case for health reasons), they receive a reduced pension or because they mostly held informal employment in the informal labor market and survive only thanks to the survivor's pension (see chapter 5), which is more frequent among widows.

Health conditions are another important factor leading to divergent living conditions. Later on, we will discuss how health is a central theme in defining oneself, imagining the future and reflecting on dependence and autonomy; here we will limit ourselves to observing how a precarious state of health or a chronic illness has costs - in terms of physical limitations but also in economic terms - which are sometimes difficult to bear, as two interviewees suffering from diabetes confirm:

> *It's a mess, because if I didn't have any savings, if I didn't have some extra from my husband's disability, I wouldn't make it. I spend, sometimes I spend at least 250 to almost 400 euro a month and that's just on medicines. It's a fixed amount, from 250 euro upwards, depending on the month. And that's because I also do therapies that alternate every other month, one month one thing, the other thing the next.*

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[30] According to Istat data for 2019, the educational qualifications of the population aged 65 and over are distributed as follows: 49% primary school leaving certificate or no qualification; 24% middle school leaving certificate; 4% 2-3 year diploma (vocational qualification); 16% 4-5 year diploma (high school); 8% university degree and post-graduate degree.

Q: And these are not covered by the health system?
A: No, because now they've all got into the habit that they give you supplements,
they don't give you any more reimbursable medicines, they give you supplements
instead, right? And they are all paying, all of them. (Gabriella, 73, Turin South)

The costs of some medicines are not covered by the health system and this is a problem, especially for those on lower incomes who are sometimes forced to choose what to give up among the different drugs recommended.

And they all give you, this nutritionist for example, I had gone to her mainly for an
intestinal dysbiosis problem related to diabetes and so on, but she came up with a
whole list of I don't know how many supplements I had to take. Which I did not
take, because I cannot afford it. Now I have to take hyaluronic acid, I'm trying to
find it on the internet somewhere for less. (Lucia, 71, Turin South)

One factor that seems particularly interesting among those leading to differences in everyday life for older people is housing. The literature on ageing and the risks of social exclusion indicates that the characteristics of where one lives, in terms of home, apartment block and neighborhood, are potentially a critical aspect for positive ageing [Walsh *et al.* 2017; Lodigiani 2012], including with a view to a progressive loss of functionality [Falasca 2018].

With one exception, the respondents live in their own homes, which is consistent with the data on the housing situation of people over 65 in Italy (89.9% live in their own homes according to Istat 2018 data). In many cases, in addition to the home where they reside, the participants in the study own other properties as well, often in the place of origin of their families (immigrants mostly from Veneto, Trentino and several regions of Southern Italy). The home is the subject of important reflections around one's ageing, which in some cases have resulted in a change of residence towards smaller dwellings, as in Roberta's case:

Thanks to my job [as a healthcare worker], I was aware of what old age entails in
the long run, and so I decided to leave a house of so many square meters to move to
a smaller one, more livable for us, more suitable for our lives. (Roberta, 65, Turin
South)

Other times their preference went towards areas that are better served or close to hospitals and pharmacies, or close to their children's homes. Aurelia explains:

Here I get off [tram] 4, I cross the street and I'm home, and everything's well-lit, not
like the other place... and then I thought, as the years go by I will always have to
take the car and come here... so just in case I don't drive anymore... here I go out, I
have the market, the supermarkets, the pharmacy - because one of the things that
I looked at was pharmacies, then there is the hospital. There is no out-of-hours
doctor yet but, I told myself, at worst there's a hospital nearby. That's also because
I don't want to be a burden to anyone, knowing that my son lives out of town, this
is OK and it helped my decision... the fact of having the comforts, the post office...
(Aurelia, 71 years old, Turin South)

Vittorio says that he and his wife decided to move back to the city after spending

several years in a small provincial town because of architectural barriers inside the house:

> *Problems may arise, which at the moment, especially with my wife, may take the form of mobility issues. I live on the second floor without a lift, and it may not be possible... I'm fine for now, but... it may turn out to be a problem for me too, so these two factors make me return to Turin... [we found a house] on a higher floor but there is a lift.* (Vittorio, 73, Turin North)

In other cases, despite the presence of barriers there is a resistance to the idea of leaving the house one has lived in for decades that points to the right to grow old at home and *ageing in place* [Lodigiani 2012; Falasca 2018], as in the case of Piera:

> *Ah! Don't ask me because [laughs] my son would have already killed me 30 times [laughs] because for 10 years he's been telling me "mom, just get out of here", also because there are stairs to climb, and all these things, I mean, I'm very old, but no way, I was 19 when I came here, I spent all my life here, I raised my family here, then my grandson came, then my grandson left... but I would hate to leave... if I have to, I'd like to find a smaller place, but still here.* (Piera, 83, Turin South)

If in some way the house represents an anchorage point, the interviewees' testimonies indicate that the building or the neighborhood are starting to become criticalities because solidarity and mutual support seem to have been lost, following the progressive ageing and the disappearance of historical residents. The latter have in fact been replaced by new tenants who do not seem to show any interest in rebuilding neighborhood networks, and sometimes they are actually a source of concern and are suspected of being involved in illicit activities, especially if they are immigrants.

The latter consideration calls for a broadening of the gaze to the neighborhood of residence, since important elements of difficulty in adapting to urban transformations and potential exclusion of older people emerge in the analysis of the use of public space, neighborhood services and mobility [Walsh *et al.* 2017].

The sample of respondents consists of two groups of residents in two macro-zones of the city: Turin North and Turin South. In chapter 1, we mentioned that the distribution of the population in the city has important spatial characteristics, with a greater presence of older people in the southern area. In our sample, 7 respondents reside in district 2, in the southern area of the city, the one with the highest rate of over 65 and over 80s and the highest average age Turin, while another 6 are residents of district 6, in the north, where the older population is the smallest in the city. Of the remaining three, one resides in district 7, in the north-east of the Turin area; the last two, a couple, were in the process of moving back to district 5 (adjacent to district 6, in the north-west of the city) at the time of the interview[31] after twenty years of residence in a municipality in the first urban ring of Turin.

The inhabitants of the southern part of the city, who in our sample live in the Mirafiori Sud and the Santa Rita districts, describe neighborhoods that have changed

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[31] Please refer to chapter 1 for a map of the constituencies of the city of Turin.

profoundly. This is true both in terms of population, which is ageing and becoming increasingly rarefied, and in terms of proximity services, both public and private, which are leaving the peripheral areas in favor of a progressive centralization in a few locations (as far as public services are concerned) or a shift towards other, demographically more dynamic areas. Some residents of Mirafiori Sud explained:

> *Unfortunately, this is a general trend, not only in Mirafiori Sud, because they are taking away all the services that used to be there: there was the registry office, we felt very good, there was bustle, there was movement, they have taken it away; there was the post office, now they have taken it away, and while I do not use this service very often, this is a significant cut, because it is always a meeting point for everyone, it is a place when you even quarrel, but it is a service. The shops have all closed down, but you look around the city and you see that in all cities and in different contexts, this is the way is it, right? They built this long blockhouse that was supposed to be, there was the office of the health authority, there was the vaccination office, and slowly, they were slowly taken away. The justification is that, on the one hand, sure, the neighborhood has aged, but on the other hand... I mean, really... this way, the neighborhood is simply dying! It is dying!* (Roberta, 65, Turin South)

What is described here is an impoverishment not only of services, but also of the social fabric.

There is a widespread feeling among those interviewed in the southern part of the city that the drastic reduction in small shops and neighborhood shops that they have recently witnessed, coupled with the growth of large shopping centers less close to their homes, also represents a worsening of their quality of life.

> *So much has changed in the small shop business, the shops are closing one by one, and that's why the district is quite a bit, it's dying... the big stores like Esselunga and so on, those are flourishing like few others, and now they say they're making another one here more or less near Esselunga, so that the small ones are all closing down, one at a time, and around here... just think that here in the area, there used to be five newsstands and in a short period of time, there's none any more! If I want to buy a newspaper, I either go to Esselunga or I go all the way to Piazza Bengasi because there's no more... I mean, it's changed in the sense that now there are only more people like me, old men! [laughs] It's quite a... population of old people. Youth... very little. But that is also because there is no attraction, there is nothing, except up to school age, they go to school, then they go to the schools around here, but... there is nothing here.* (Piera, 83 years old, Turin South)

The interviewees who, on the other hand, live in the northern area of the city, specifically in Barriera di Milano, describe a different neighborhood: livelier, although not necessarily better served, and at the same time, due to population turnover and the concentration of immigrants, perceived as less safe:

> *Now the Barriera district has become unlivable... all these immigrants, then there are some areas of Barriera, like piazza Foroni and so on, if you go there, there are dozens, dozens of these no-good immigrants, young people, leaning against the walls and then there are muggings – in short, you're afraid to walk around. In the*

evening we sometimes used to go to a pizzeria, but now if we do we go early, maybe at 7 o'clock, so we can then be home by 10 o'clock, because you are afraid, you don't know anymore... apart from age, which also means something, you are really afraid to go out after a certain hour... the shops have all disappeared, they have all disappeared, now if you look around, Chinese, Arabs, kebabs, all this stuff there, all the shops have closed, some survive, but fewer and fewer... (Giovanna, 82 years old, Turin North)

Overall, in this area of the city, the presence of neighborhood shops run by immigrants is not a positive element. The people interviewed assess the presence of services in the area based on the reduction of the small businesses they were used to and they also describe the sense of insecurity generated by moving around in an area that has changed profoundly.

Now it's been a few years since anything has worked, there are some areas that you better stay out of altogether... My sister lives on the Piazza Foroni side, but believe me when I say that even my sister, when it's four-thirty to five o'clock, she says go home because she's already scared. You get out the front door, and then someone's grabbing your gold chain, someone's grabbing your purse, you just can't live anymore. It's just, in those abandoned areas there's only people - bottles, drinking, eating, sitting on the ground, they don't care anymore, everything smells bad, they do their business right there in the street. Look, there's no regulations anymore, in fact even my sister says I see them from the balcony, many times she says I feel like throwing something at them but then she's afraid that maybe they will remember her, there are some areas that have changed, Turin has changed... from bad to worse! (Concetta, 72 years old, Turin North)

Among the majority of those interviewed, therefore, there is a perception of urban transformations for the worse, albeit in different directions: the inhabitants of Mirafiori complain of a depopulated neighborhood, increasingly poor services and the crumbling of community and solidarity networks. This is a typical feature of historically working-class neighborhoods: their functionality based on the isolation and self-sufficiency of the neighborhood makes its residents functionally dependent on the city center and when socio-economic conditions change, the neighborhood loses its younger inhabitants and the neighborhood services become impoverished [Mugnano and Palvarini 2012]. By contrast, for those who live in Barriera di Milano, the neighborhood has worsened due to a "new" population: the progressive concentration of immigrants in that area makes the urban environment unrecognizable in the eyes of long-term residents and brings with it a sense of insecurity.

A common trait of these testimonies is the resentment towards the progressive abandonment of the suburbs both by public institutions - which by moving or closing public service offices and neglecting the maintenance of certain spaces are failing in their task of serving the territory in a comprehensive manner – and by private individuals, and especially small business, which are suffocated by the expansion of large-scale distribution. The same services for older people discussed in chapter 3, and especially those with a more limited territorial scope (neighborhood or district), while appreciated, are perceived as largely insufficient to meet their needs for

support, sociability and recognition. However, the neighborhood remains the space in which the daily lives of the people interviewed take place, and they have habits that are unlikely to take them out of their home area. The exceptions are usually dictated by necessity: going to health services that are sometimes located far from home for those with chronic illnesses, or getting out of the city for those who have care obligations towards grandchildren living elsewhere; in some cases, it is friendship networks and social and cultural life that drive older people towards the city center or the municipalities of the Turin periphery. Respondents who own a car, especially those living in Mirafiori, largely prefer driving to move within the neighborhood or outside the city, while they take public transport to move towards the city center - another indication of the increasing inadequacy of public transport as one moves towards the suburbs. Residents of Barriera di Milano, on the other hand, are better served by public transport, but complain that the upkeep is inadequate and many of the passengers make them uncomfortable, which contributes to the sense of insecurity.

These narratives move away from the age-friendly city envisioned by the WHO [WHO 2015b; 2018]: that is, a city that recognizes older people's capabilities and resources, flexibly anticipates and responds to age-related needs and preferences, respects older people's lifestyle decisions and choices, reduces inequalities, protects those who are most vulnerable, and promotes older people's inclusion and contribution in every aspect of community life. At all levels - starting from place of living in the strictest sense (the home and the building) to the usability of neighborhood services and mobility, the people interviewed struggle to adapt to the transformations of a city that are going in directions they do not welcome and find instead difficult to accept, signaling a form of "individual backwardness" [Lawton 1998]. Additionally, the city's urban and social policies fail to respond to the needs of a changing resident population [Mugnano and Palvarini 2012], thus exacerbating the risk of exclusion and social isolation of older people living far from the center [Walsh *et al.* 2017].

2.   *Representations of ageing*

Looking at the characteristics of the contexts in which persons 65 years and older live is not enough to get a comprehensive picture of their living conditions. It is also necessary to consider how older people view ageing and what their representations of the ageing process are, on the one hand, and on the other, what narratives they are immersed in and whether they adapt to or resist them. The sociocultural aspects of social exclusion identified by Walsh et al. [2017] have to do precisely with the persistence of ageist prejudices and age-based discrimination, symbolic exclusion from narratives and identity exclusion. These are issues, as Holstein and Minkler [2003] point out, with important symbolic relevance that can be internalized by the individual even when this is detrimental to oneself. The general negative prejudice about ageing, for example, is certainly present in the words of our interviewees, as in the case of Roberta, who says:

But old age is not... going backward, old age is going forward. Then everything

becomes sad. (Roberta, 65, Turin South)

The representation of ageing is a complex issue, as the "deadlines", transitions and succession of ages and life course phases are increasingly overlapping, with shifting boundaries:

> *Older people are those who have reached a certain age, who have - let's say - left active life, but then one can also have an active life as an older person... right? So, what I said is not exactly right...* (Giorgio, 77, Turin South)

In fact, life courses have gradually undergone a process of "de-institutionalization" [Saraceno 1991; Settersten 2003], increasingly freeing themselves in their unfolding from the structural constraints imposed by social institutions (school, work, state) and contributing to increasing uncertainty and the difficulty of defining who older people are:

> *Older people are in part those who become so by nature and in part those who let themselves go and become so – I don't want to say by choice, because of the lack of instruments to live well in old age... so many let themselves be convinced that they can't do this, that they can't do that, they shut themselves off and become really dependent on the family... there's little to be done, it's natural that the older you get, the more aches and pains you get in your body and therefore there's no possibility to move or to walk, that's older people for me... for me a 90 year old who is still able to live by himself, to go out, to give his opinion... is not an older person.* (Michelina, 74 years old, Turin North)

Indeed, reflection on what it means to grow older in contemporary society opens up a discussion that moves from the micro level of individual experiences to the macro level of the structures, cultures and institutions that regulate social life [Loe, Sherry and Chartier 2016]. The public discourse on ageing and old age appears heterogeneous and at times contradictory, as one respondent noted:

> *If we look at what is communicated, even on TV and so on, it goes from one extreme to the other, from considering older people as a source of wisdom, and so on and so forth, and the nice grandfather... then, however, there is also old age that is seen in its most traumatic aspects, Alzheimer's, senile dementia, or... destitution, so there is a very broad spectrum in presenting the question of old age.* (Vittorio, 73, Turin North)

From many quarters, however, resentment is expressed towards a description of older people as a cost to the community because they are no longer productive:

> *Oh well... for the average person, let's say in the family, [an old person] is someone who has given a lot, to be respected, and this kind of thing, someone who cares about their family. In the overall society... it's a burden, because he or she is no longer productive. And they don't make anyone richer.* (Mario, 69, Turin South)

The perception, then, is that productivity is closely linked to activity in the labor

market; once out of this sphere, respondents refer to media descriptions of older persons being a financial burden:

> *[To be old today] is to feel useless. And to have given what you could and then no more, you are no longer needed, no more... you can feel that we are a bit of a burden, I don't know, even at times, in the various debates they have, right? "It's a country of old people", but we can't all just die! Uh, I don't know, either another Hitler comes and takes us out instead of the Jews, or... we're going to be here.* (Piera, 83, Turin South)

In general, in the perception of our interviewees the public discourse fails to capture the truly relevant aspects of their experiences, with the consequence that some have the feeling that the needs of older people are not being met, if not for commercial interest:

> *Italian society is more old than young people, I'd like to see how an 80-year-old person, who hasn't been to school... can manage her online account, but they want to cheat her then, poor thing, or it's taken for granted... the other day I don't know what she was asking, "ah no, ask your granddaughter to do it." But then, you have to have grandchildren... there is no real view of society, or true reality, absolutely. It all depends on what purpose they do it for, then they give one view - if the purpose is, say, for the old, "take many supplements and take many things, and you'll feel young", then the old people are all beautiful, they make you dance and so on, but if instead they want to sell more equipment to stay at home then you need this, you need that, because otherwise you cannot survive... it's a matter of selling the product for those who talk about older people...* (Michelina, 74 years old, Turin North)

The personal experiences that may contribute to forming such reflections on ageing in general have to do with the life course and the changes related, for example, to leaving the labor market, but also to incidents of discrimination or the perception of receiving differential, exclusionary or insulting treatment reflecting ageist stereotypes [Walsh *et al.* 2017; Loe, Sherry and Chartier 2016].

> *I've noticed that - and I'm also a bit curious about this - that if a young person goes [e.g., to the bank] it's one thing, if we old guys go, both male and female alike, in the same way, there's a different relationship! I don't know why they think that we are all a bit dumb because we are of a certain age, that we don't understand, that we don't grasp what they tell us fast enough, sometimes they are even annoyed.* (Piera, 83, Turin South)

According to some interviewees, forms of age discrimination take shape even in interactions with health professionals. Doctors, who consider themselves a specialist trained to save lives and not to accompany them on the path towards the end of existence, may view the older person who is treatable but not curable (because they are approaching the end of their life) as an inappropriate interloper [Gordon and Peruselli 2001].

> *[At the hospital] after the age of 70 they have a hard time dealing with you, because*

their protocols change, and there's little they can do, so you are now someone who in a few months, in a few years, will die, so what are they doing wasting time and money on you who will die in a few years? (Gabriella, 73 years old, Turin South)

In many cases, the mechanisms that contribute to forming negative representations of the ageing process are a synthesis of structural aspects. These include social segregation by age groups [Hagestad and Uhlenberg 2005], public narratives on the pension system which describe older people as a cost to the community [Ambrosi and Rosina 2009], and individual and interactional aspects, which in turn reflect ageist prejudices and also contribute to creating a vicious circle that results in exclusion. Lucia, for example, describes being old as follows:

Being shunned by everyone, being marginalized, that is what I am experiencing. And the older person ends up being angry and no longer a resource. But what if I know how to do something, and I want to teach you, then where, when? And above all, the young ask themselves: but why? Do you understand? Why do you have to ask me? When they go on the internet, or whatever, but then they don't really consider me, that is, I'm not a source of news or experiences that I can pass on to them, I can't teach them anything, I'm just a nuisance, just because I exist and just for the fact that, for example, they are now paying our contributions. But I myself have been paying for [older] generations… and only because someone says that we are a burden, and only because our life has lengthened, you understand how many occasions there are to feel useless... because when you no longer feel useful life is over, there's nothing to be done. (Lucia, 71, southern Turin)

Lucia's malaise, which reflects widespread views in our sample, has to do, therefore, with a reflection of the perception of the older person as "disengaged", because he or she is no longer active or productive, which in turn fuels in the older person a sense of uselessness that inhibits their generative capacity:

But in this older people could be, and instead become, lost big babies, and really at that point they are no longer of any use. They become a bad example, because I look around me and we older people do not give good examples to young people. And this is very sad, because when an older person can no longer set an example, it means that their life has been wasted, you see? But you don't have to set an example because you necessarily have to be an exceptional person, or what do I know, a source of wisdom or what, but because it is inevitable, it is life that leads you to set examples. There's no merit in this thing either, is there?... since we are so locked in our cages we no longer learn, you no longer give anything to the young, the young no longer give anything to you, and so then you are lonely, and you are a person who precludes herself the possibility of growing, because what can the old learn from the young? That life is to be lived to the last, and as someone said, "let's hope death takes me alive", right? Instead, we are the living dead, which is very bad, and what can we teach young people in this condition? Those who lose out the most in all this are the young. Why do they run away from us? Because we are not a good example, it's as simple as that. (Lucia, 71, Turin South)

Lucia's reflection supports what contributions based on intergroup theories [Stephan and Stephan 2017] postulate, namely that coexistence and participation in

a common space foster personal knowledge and avoid ageism [Hagestad and Uhlenberg 2005]. According to this perspective, positive intergenerational relationships, which require involvement beyond mere cohabitation, can reduce discriminatory attitudes. Intergenerational relations presuppose a double bond between people: one of an affective type, and one based on specific rules of interaction within the community. Some research shows that the affective bonds fostered by personal relationships are significantly correlated with the absence of ageist stereotypes [Jost *et al.* 2004].

In the intersection between these two levels, in the comparison between one's own experience and the available representations of old age in the public discourse, tensions and contradictions emerge which call to mind the contrast, at the theoretical level, between the paradigm of active and successful ageing and that of disengagement, a contrast which we will explore in more detail in the following section. Here, it is useful to emphasize once again how for some interviewees the theme of prevention, in the sense not only of health but also of caring for relationships and one's own cognitive capacities, is declined in terms of individual responsibility, in line with post-modern culture [Holstein and Minkler 2003; Katz and Marshall 2003].

> *So, they bombard you with prevention: prevention, prevention, but not prevention with drugs, prevention precisely with physical activity, with exercise.* (Roberta, 65, Turin South)

There is, in fact, another side to the reflections around ageing, which emphasizes individual responsibility in putting oneself in the best possible conditions for one's own old age, in line with the perspective of active and successful ageing.

As some of the interviewees say, taking an active role in prevention and an enterprising attitude, regardless of the context conditions, can make all the difference:

> *Health, thank God [laughs] is going quite well, I don't have any big problems yet, also because I think a bit of prevention is good for me, like I like walking a lot, and now I go swimming three times a week, I did the entire Camino de Santiago two years ago...* (Roberta, 65, Turin South)

Thus, narratives emerge that focus on the representation of the self as active and busy individuals, personally committed to maintaining good health through healthy practices. But being embedded in a network of relationships is also described by some as a condition that depends on individual will:

> *I say you can avoid loneliness if you want to, but you have to do something yourself, you don't have to wait for them to come, you have to try to do something, now there are so many things for older people, but you have to do something yourself, otherwise you are bound to be alone.* (Giovanna, 82, Turin North)

Thus emerges the internalization of the assumptions promoted by the active ageing paradigm to the point of underestimating the relevance of past life courses in shaping constraints, opportunities, habits in later life. As Aurelia says, everything

ultimately seems to come down to individual responsibility:

> *If one has the will to do, don't let them tell me that they are depressed, that they don't have the time, because it is true that time becomes short, but it enriches you... the classic housewife or whatever, they don't go out if they're not accompanied, they even go, I don't know, shopping, there must be two of them'... they need to be taken by the hand... [those who are left out are] those who want to be left out. There are quite a few women in the south who consider themselves old when they have reached retirement age and you can't change their mentality any more, you can't change it any more, you try, once, twice, three, ten times... some, many I must say, many I have convinced [to] come with me... maybe they come once... then they say "but I can't keep up with you"... the majority, yes, I have to be honest, the majority, who have only been mothers, with their husband who - I don't know... went to the basement, a stupid example: there are women I know who tell me, "listen, do you need an armchair, do you know anyone who needs one?". "Put it downstairs, put it in the basement...", "no, no, I'm not going to the basement..." "Is there a monster in the basement?" "No, no, but my husband went there, I don't go to the basement..." those people there, you can't change. They were certainly better housewives than me, mothers better than me and all that... but a life that is always the same, always... you try two or three times and then... you can pressure them a little bit, but not too much because it's not right... isn't that right?* (Aurelia, 71 years old, Turin South)

The topic of gender, and in particular the different ageing processes of men and women, is a cross-cutting one. The majority of our respondents are, in fact, convinced that women age "better" than men:

> *Maybe women live better than us men, because a woman is more used to being on her own, she's more, as we're more homey now, we don't go to work and so on, so she knows how to stay at home better than we do, I think that's the difference. And then the simple fact that there are more widows than widowers, I am one of the exceptions, unfortunately.* (Stefano, 92, Turin North)

These excerpts focus on the gender differences that cross life courses and also shape the way we age:

> *In my opinion yes, yes, it is a generational gender issue, among other things. It's precisely the difference between man and woman that at any age continues to exist, there's little to be done, and then in my opinion the man lives his life more stupidly in old age, his life... I don't know, he has less, he has fewer interests... they live a little bit off stupid things, football, bowls, the friend, the sports newspaper... A woman, instead, is either purely a housewife, and that's a choice, or otherwise I think the woman is more bizarre, let's say, more bizarre, if she wants, she can do whatever she wants. She has many more possibilities and capabilities.* (Gabriella, 73, Turin South)

> *The man in fact, generally speaking, has that problem, of retirement and the hole that this creates, while the woman certainly has a continuous activity, in the case of... in the case of my wife who was at home, she was a housewife and she continued to be one, there were no changes, the changes were more availability on my part, like help and all, but she experienced no changes, so there are certainly differences*

between man and woman. (Vittorio, 73 years old, Turin North)

It is a narrative partly rooted in gender essentialism [Piccone Stella and Saraceno 1996], partly in the characteristics of family roles, often even more rigidly segregated according to gender in the cohorts of those interviewed, which nonetheless glosses over how, as a result of the very socio-cultural aspects of the gender structure of society, older women are in general more at risk of poverty than men [Calasanti and Slevin 2001]. We refer to chapter 5 for a more systematic analysis of the relevance of gender in the life courses of older women and men. Here we observe that representations of ageing largely seem to revolve around two fundamental cores: one is based on the narrative of intergenerational conflict [Ambrosi and Rosina 2009] and describes older people as a financial burden to the community because they are no longer productive; and the other, which makes the loss of self-sufficiency coincide with the definition of "true" old age [Loe, Sherry and Chartier 2016]. The following paragraphs are devoted to an in-depth examination of these two narratives.

3.   Cost or resource: a question of participation and recognition

In the previous paragraphs we have seen not only how older people display different characteristics that differentiate them, but also how they navigate within cultural representations of old age that appear complex and discordant. One of the most problematic contradictions is between the representation of older people as a financial burden (and thus a cost) [Ambrosi and Rosina 2009] or as a resource [Walker and Maltby 2012]. As mentioned in the previous chapter, this tension is also evident in the way services interpret their mission to support ageing, which differs in its nature and objectives. In this section we investigate the experiences of respondents over 65 with respect to their positioning between two polar opposites: *disengagement* on the one hand and, on the other, active, successful and generative ageing based on the rhetoric of "giving back" to the community.

Many focus their attention on the transition from active life in the labor market to retirement, which is also described as the phase when one is no longer productive and is therefore perceived as a cost:

> *That is to say, the retired person himself is a burden, becomes a burden, to put it simply, a burden that does not produce and that must be taken care of.* (Mario, 69, Turin South)

Moreover, according to some, older people's inability to organize themselves into a body capable of manifesting public dissent relegates them to a secondary role, even though there is awareness that in actuality even as people age, they can continue to contribute to the community.

> *I don't know, look, I mean, we are waiting to die, because that is our thing. They take advantage of us, like pensions, right? Pensions, I don't know if you know, have never been indexed, the famous equalization, right? Because it started with the Monti government, but it stopped, why? Because there's no money for [it]. Let's not analyze our government, how it behaves, good or bad, more bad than good, anyway, but why? Because we don't bother, we will never take to the streets to*

protest, go smash shop windows, burn bins. Then basta ca pagu[32], the old Piedmontese saying, that's how we are seen, even though we are, let's say, a fairly important mainstay for young people - luckily that's not the case for me, but there are many older people who still provide for, many grandparents especially, who help their children to send their own kids to kindergarten, school, etc. So let's say older people are a mainstay of the national economy. (Stefano, 92, Turin North)

A bunch of dumbasses, there they are wasting our time - that's how we are viewed, especially by young people, and moreover now there is the visceral fight between youth and old people. Because we are the ones who stole their future. (Gabriella, 73, Turin South)

The interviewees respond to this narrative with a counter-narrative of redemption based on their desire to reclaim their own active role, as Aurelia effectively summarizes:

While this doesn't really happen to me directly, I feel that older people are treated like... they won't leave, you know? Then you hear somebody, it happened to me, saying "we work to pay their pensions ..." We worked for 40 years and we worked... let me tell you, we worked a lot, and in the meantime we raised the family, we volunteered, we did everything we could, we gave in simple terms, when we could we gave and I don't like to hear [this]... (Aurelia, 71 years old, Turin South)

Indeed, older people often represent a resource, both for their families and for the community. Intergenerational relationships within families are traditionally the ones that are most characterized by exchanges and transactions [Börsch-Supan *et al.* 2013]. This is particularly true between older parents and their children. Solidarity and help – in terms of economic support but also (and sometimes, above all) of care – represent an important form of support, widely reported as supplementing (if not replacing) welfare measures and social policies for families [Naldini and Saraceno 2011]. In Western countries in particular, economic transfers between generations are much more likely to flow downwards from parents to children than in the opposite direction [Attias-Donfut *et al.* 2005; Fritzell and Lennartsson 2005; Künemund *et al.* 2005; Lee *et al.* 1994; Daatland and Lowenstein 2005; Spilerman 2004]. Among those interviewed, only two single women do not have children, while the other 15 all have children, all of whom, barring a few exceptions, live in the same town or nearby, and they also often have grandchildren. This means, for many (especially many women), being involved in their care and sometimes providing financial support:

I have two children, four granddaughters, they keep me busy during the week because my daughter-in-law and my daughter ask me to pick up the kids, and I never say no, because I don't work... I also help my children a little bit, especially my daughter because unfortunately they are going through a very bad time (Roberta, 65 years old, Turin South)

We have also managed over the years to look after our children, to help them when

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[32] "As long as they pay", in Piedmontese dialect.

needed, and... for example, my daughter bought a house with a lot of help from us, she is gradually coming into her own, but since she has a job that does not earn her a pension, we are also providing for her, to create a fund that she can use later.
(Vittorio, 73 years old, Turin North)

The different mechanisms of offering and receiving help often reflect the characteristics of family forms [Albertini 2016]. In our sample, for example, older couples have more rarefied networks and are often in a position to offer more support; single, widowed or separated people have stronger support networks and offer help if they have children; single women without children are, once again, the most fragile, with poorer networks, both informal but especially family networks, as in the case of Lucia:

I have to pray to God, in my prayers, when I pray in the evening I say: Lord, grant me good health because if I don't take care of myself... in fact when they ask me "What do you do now?" I am my own carer, between doctor's appointments [laughs] and various things [laughs] Uh... anyway. Loneliness is an ugly beast.
(Lucia, 71, Turin South)

A safety net is often provided by informal networks of friends and acquaintances, which make up for the lack of support from the public sector so glaringly absent from all these narratives:

It depends on the help I need, because if there's a door that's squeaking, if there's something in the house that's not right, I turn more to my brother's friends, because my brother works so much, but all he has to do is call on the phone, or if it's other things, like a pipe that doesn't work properly, the water drain, there's a man I know who did some work at my mum's and we continue to maintain these relations, of course I pay him, while the others I pay back with a bottle'... [laughs] I always try to, it's not to quantify what they do for me, but it's a token of gratitude, isn't it, to tell them you have devoted your time to me, I don't say I have to pay you, because they wouldn't even charge, I know, but I repay them with a bottle, with a gesture.
(Roberta, 65, Turin South)

I live alone but honestly, I recently had surgery on my foot... it's true that I had to call a woman to help me, but in terms of company or tasks, pharmacy, doctors, I relied on my friends. (Michelina, 74, Turin North)

In the perspective of active and successful ageing, an important role is played by civic participation and active contribution to the well-being of the community [WHO 2002]. This message seems to have been received, implicitly or explicitly, by our interviewees: in fact, 10 out of 17 are involved in volunteer work, mainly with third sector associations, sports associations or the University of the Third Age; three have been active in politics and trade unions in the past, in some cases holding posts in the Pensioners' Union; only one respondent, Stefano, the oldest in the sample, a volunteer ambulance driver for the Green Cross for decades, states that he has discontinued all his voluntary work: not only because of age-related difficulties, but also and above all following the death of his wife, an event that marked an important "before and after".

There are few cases, however, in which volunteering is undertaken after retirement, in order to "fill the gap" of days no longer spent engaging in productive activity: often, on the other hand, those who are involved in voluntary work in old age are continuing a commitment that started much earlier:

> *I started in 2003 with the San Vincenzo Sisters of Charity in San Salvario. It was a really big commitment. Then I founded a volunteer association and then I was on the board, it was commitment upon* commitment... *Then can you imagine, I went to Cottolengo*, I opened the door and... "What are you doing here?" "What about you?" The person in charge of the volunteers is a woman I've known all my life, I knew she did volunteer work but I didn't know she was there... I looked around, I was there for a month or two... I never left and I'm happy... [before retiring] I used to do volunteer work in my spare time, on Sundays, I used to take time off, I always did it, I always did it, in the parish, here and there, when I had a bit of time I always gave it to others.* (Aurelia, 71, Turin South)
> **a charitable religious organization*
>
> *I have been in a large volunteer association for 48 years. The project I am running is related to older people, phone-assistance and phone-emergencies, and I have been... in one of Italy's largest voluntary associations for 48 years, we're 1,300 volunteers.* (Nunzio, 67, Turin South)

Active participation in society, in the form of volunteering in particular as a contribution to the well-being of the community, thus appears to be a form of protection against the risk of social exclusion in old age [Walsh et al. 2017]. Is it possible for these older adults, therefore, to imagine themselves as the recipients of important support?

4. *Dependence, autonomy and self-definition*

As has emerged from the analysis of the life experiences of older people presented so far, the self-representation of older individuals as citizens with rights and duties prevails in our sample, suggesting (albeit mostly implicitly) an alignment with the active ageing paradigm, especially in the sense of participation and generativity, but also in its aspects related to the prevention and mitigation of psychophysical decline:

> *As I said, perhaps I focus more on not being self-sufficient ... I tell you, if you have prepared yourself for old age, you may have opportunities, but if you have shut yourself off before then... even opportunities that could be there are discarded.* (Vittorio, 73 years old, Turin North)

Thinking about the ageing self often means reflecting on the position of older people in the society in which we live, what opportunities and limitations characterize them, and comparing this with one's own situation in order to imagine the future. A common reaction to the request to reflect on who older people are and what this definition means and entails is to distance oneself from the category, through a narrative that, between the lines, reassures the interlocutor that "there are those who are worse off", in the sense that they are less equipped to cope with change: "Older

people, especially when the husband dies, the wife is alone, she has never done anything..." (Giorgio, 77, Turin South)

Retirement represents a turning point for many, but it is portrayed not as entering a phase of disengagement, as disengagement theory would suggest, but rather as a phase of renewed commitment that finds an anchor in the active ageing paradigm:

> *Yes, certainly retirement is the first step. The first step was not there for me because from the day after I retired, I became very busy, there was always something to do, I left my job but continued to work in another way that I liked better. From that day on... I was doing all sorts of things from my small workshop, and... I did not have that problem there, but for many the leap into retirement is a leap into the void, they don't know how to fill their time.* (Vittorio, 73, Turin North)

It is a narrative that is often rooted in "keeping up with the times", especially with regard to technological transformations and the use of digital instruments. Few respondents in our sample declared that they have no electronic devices or do not know how to use a computer or smartphone; the majority said they know how to get by, often with the help of their children or special training courses. In Italy, the *grey digital divide* – that is, the relative disadvantage of older people in accessing and using new technologies compared to the overall population – seems to have narrowed in recent years, in parallel with the steady growth in computer use by 65 to 74-year-olds [Sala and Gaia 2019]. As already noted, the interviewees belong to different birth cohorts: this implies that they had different educational experiences (arriving at different levels of education and acquiring different school degrees) and work experiences (jobs that did or did not require digital skills when they participated in the labor market). This aspect cannot be investigated based on the data collected, but it reveals a further element of social differentiation in old age. Research on the use of new technologies shows how much more difficult it is for older people to learn how to use them; nevertheless, studies on interventions that could reduce differences in the acquisition of technological skills have found that, with appropriate education and training, older people can acquire the necessary skills to master new technologies [Jamieson and Rogers 2000; Kramer *et al.* 2004]. Despite age and stereotypes, there is evidence to suggest the flexibility and malleability of older adults in learning [Cutler 2006, in Binstock].

> *Yes, yes, I have a computer, I have my mobile phone, here with the mobile phone I control everything, bills... and when I have to do something I use the computer which is bigger, it's better than the mobile phone. I've never had [problems using] a computer, but many others do, many don't even know what a computer is. So, let's say, for example, that I have to pay a bill, so if once I don't have time to go to the post office to pay the bill, I get on the computer and I pay it there.* (Mario, 69 years old, Turin South)

> *Well, that's part of the modernity of things, I think. Even I now have the bank here on my mobile phone, thirty years ago I would never have thought to click here and see... but even we old people have to keep up to date in my opinion.* (Antonia, 69, Turin North)

The commitment shown by many of those interviewed in wanting to adapt to the transformations of sociality and relations with services brought about by new technologies points once again to a disavowal of the disengagement hypothesis in favor of an alignment with the active ageing paradigm, that seems even more stringent when dealing with the issue of the future, which brings with it important and sometimes painful reflections on autonomy and dependence [Holstein and Minkler 2003]. The status of being older seems, in fact, to be linked not so much to age as to other characteristics, such as health and self-sufficiency [Loe, Sherry and Chartier 2016]:

> *The phases are those related to health, autonomy. As long as you are autonomous... you shrug your shoulders and keep going on. When you have to deal with disability, some disabling factors, that's when the older person no longer feels useful, no longer feels autonomous, it's the end of the world.* (Lucia, 71, Turin South)

> *Who are older people... those who want to feel old, in my opinion. Because then, it is logical old people have to do things suitable to their age, they cannot say "I go to the swimming pool and do a hundred laps like I did before", no... you have to be content with what your body allows you to do, but in my opinion [it's] your head... maybe that's because I live with a lot of young people and so it is nice to live, I don't know... I like young people... even old people are not that... I mean, I'm old now, but when I'm with my grandchildren I don't feel old, I feel different because for example the first one is 18 years old, I've played football with him... the one who's 10 years old, poor thing, me playing football... my meniscus is broken and the knee starts acting up, my back hurts, but I do other things with him, maybe we play ping-pong, we play tennis, just for the hell of it... and so I'm not saying, Dear me, I'm getting old! It's logical, but in my opinion every year has its own beauty, I am convinced of this, and those who feel really old because they have had serious problems... I always say, one day it will be our turn, but thank goodness it's our turn and not the young people's turn because when a younger person dies... it's logical that I would like to live forever because I would like to see my grandchildren settle down, my grandchildren... in fact, every now and then they tell me "Grandma, would you like to become a great-grandmother?" and I say yes, I'd like to, but take your time, you're young. It's not that I see old age in a negative way, on the contrary... I've already told my husband I should, I don't know, not walk, I want those mopeds, to be able to walk, I don't want to stay locked up in the house, but even that is an individual thing.* (Antonia, 69, Turin North)

It is precisely this interpretation of ageing that makes those among our interviewees who are in a worse state of health feel that it is more difficult to accept the status of "old" and attribute a more negative meaning to it, such as Gabriella, who is diabetic and has a certified disability, and Silvia, who is 48% disabled due to serious spinal problems:

> *See, I don't feel old, but your limits don't depend on you, they don't even depend on what you think, they depend on your health. There's little you can do, if you don't have health you can have all the good will, all the great ideas you want, if you don't have health you can't do anything, because even if you are old, you can have many opportunities in terms of getting engaged, in terms of how you spend your free time,*

anything, I don't know, travel, acquaintances, but... It depends on the moment. If you tell me that I'm old, I actually don't feel old at all, sometimes I stupidly say I'm 72, because until three days ago I was 72, so that's what it was for me. But in fact, I am stuck at the age of 18, I swear, my head has the same vitality I had when I was 18, that's my head. But then it is true that my body is not keeping up, in fact I say darn it, that's where the years are! When my shoulder hurts, when my legs hurt, when my back hurts, if I have to bend down I can't bend down, if I have to do... the years are there, but not in my head, my head is still at 18, I was crazy like that at 18, and nowadays I feel the same way. Then my body holds me back, it forces me to stand still and then I adapt, because I realize that's how it is, unfortunately that's what age means. And even when you're in the right mood, you also get depressed at times, it just happens, I don't know how often it happens to others, luckily for me it happens on average maybe once a year, I feel like saying oh my God, I'm getting old, I'm going to die soon, when, where, why, and why do I have to die, who decided that I should! I mean, I get angry, I get upset, because it's something I can't stand, this idea that someone else decides for me when I have to die! This is something I cannot accept. And so for me old age also means this, it means that the decline begins, whether you like it or not, it just sets in... I am really in denial, because the doctors tell me "[Gabriella], make it a little easier on yourself, at least use a stick..." but it makes me freak out! I still cannot accept it. (Gabriella, 73, Turin South)

Well, some say it's nice, I say it's not. It's heavy because of my health, I mean just for my health, my health is deserting me, I always feel things like that, I get worse year after year, yes, new aches and pains arrive, the last one was just an arthrosis attack, arthritis in my hands that I couldn't move, it lasted a month and a half, I couldn't even dress myself, I had to have help. And these are things, these are things that never happened to me before, and these pains, the vertebral collapse, a bit of incontinence, those too, they're all things... the eyes, well, because that's how it is, every year I have to have my eyes checked because otherwise, I have to put in drops, take pills, otherwise I'll go blind, and all these things, so don't tell me that old age is a good thing; I say, the first person I hear saying that, I'm going to bite him. Actually, they used to say it on TV, so I say, be grateful you're on TV because if you were around here, I would bite you hard, no matter what! (Silvia, 75, Turin North)

In the previous section we mentioned the importance of support networks during the ageing process and the dynamics within those networks that define the directions taken by solidarity and support. In this regard, it could be observed that the description of "real" old age as non-self-sufficiency is accompanied by the fear that, by losing one's autonomy, one is becoming a burden on others, especially on one's family.

It is a fear shared by both those who can count on support networks and those who can't; it is the latter, however (that is, those interviewees who have fewer possibilities of receiving help and who expect these possibilities to further diminish in the future) who plan their future by assuming non-self-sufficiency. This is the case with Michelina: unmarried, with no children, most of her family network is located in another region, so she relies instead on a very close network of friends made up of peers who are sometimes even older than her. This is how Michelina imagines her future:

> *[In five years I see myself] in a nursing home ... I don't have this morbid attachment to things, I need them, I use them, the day I can't use them, I won't need them any more; so why should I care about staying at home just to look around and see my things, I'd rather look around and see the doctor's face, and then the nurse's face, and also, let's say, the face of the cleaning lady mopping the floor, maybe see several faces in the same day...* (Michelina, 74 years old, Turin North)

The possibility of making plans for a future in which one imagines oneself to be non-self-sufficient can be interpreted as a form of exercising autonomy and control over oneself, thus as a form of agency [Romaioli and Contarello 2019]; however, there are important factors that contribute to determining the conditions in which one reaches (or does not reach) an imagined future, which have to do with the course of life and the events that have followed and characterized its transitions. In the next chapter we will explore these issues in an attempt to shed light on the events that represented biographical ruptures or relevant turning points in shaping the path of ageing and the possibility of planning for the future.

Chapter Five

Life histories, events and inequalities

The previous chapters have highlighted how misleading it is to speak of older people as an internally homogeneous group. Age constitutes an important stratification principle that underlies all other forms of stratification; in every society there are a series of age strata and an associated set of statuses and roles [Saraceno 1986a; Riley 1986]. Age intersects and combines with other types of stratification (based on class, gender, ethnicity, etc.) contributing to increasing heterogeneity in conditions and lifestyles even within the same cohort. It is precisely on the basis of this assumption that Dannefer [1988] questions the reasons and causes that produce these differences, and in doing so he invokes the *life course approach*, a perspective that looks at sequences of events, biographical transitions, individual roles and experiences in order to understand the occurrence of certain situations at a specific stage of existence.

The life course perspective provides a framework for studying phenomena at the intersection of individual paths, social change, developmental trajectories and change [Elder, Johnson and Crosnoe 2003, 10]. In this way, interactions and crossings can be identified between the micro individual level and the macro level defined by historical, cultural, political, economic and social contexts.

To understand the life course approach, it is essential to briefly outline the five principles that underpin it:

1. *Lifespan development*. The principle states that one can only understand the choices and behavior of individuals by taking past experiences into account; the life course is therefore to be understood as a process that needs to be studied as a whole.

2. *Agency*. Along their life course, people make choices within a certain range of possibilities. In other words, one cannot fully understand individual behavior without taking into account the scope, effectiveness and direction of one's life plans. Within this framework, Elster [1979] noted that on the one hand, the context acts on individuals by defining opportunities and constraints, and on the other hand individuals, through their daily actions, contribute to reproducing and at the same time modifying the context within which they act.

3. *Cohorts and spatial contexts*. A set of persons born at approximately the same time and in the same environmental context constitutes a cohort. Due to social changes over time and the heterogeneity of places, each birth cohort has a unique set

of constraints and opportunities that shape their life course.

    4.   *Timeliness/synchronization*. The influence of individual experiences and historical facts on the life course depends to a large extent on the specific moment at which a particular transition or combination or sequence of states occurs. Particular attention is paid to different temporal dimensions: the time of life and thus chronological age as an approximate indicator of stages in the ageing process; historical time determined by the cohort to which one belongs; social time, i.e., the social norming and definition of age and transitions in individual biographies (e.g., school age, working age, etc.). [Elder 1975, in Saraceno 1986a, 9-10]

    5.   *Linked lives*. Life courses are interdependent, and the family life course emerges as particularly salient. The transitions of some family members (such as leaving home, the birth of a child, and the like) also have immediate consequences on others in terms of bonds of dependence and interdependence between individuals and between generations in the family. In the words of Donati and Naldini [in Naldini, Solera and Torrioni 2012, 149]:

> *Lives are interdependent, both because we share the same network of relations and because the events, decisions and transitions of an individual also affect the lives of the people with whom we are connected. This is particularly true in the family, where individuals are reciprocally connected, not only on the basis of emotional and kinship ties, or on the basis of symbolic and economic principles of intergenerational transmission, but because in everyday life, in addition to having a common living space, a network of exchanges and help is created.*

The principles outlining the life course paradigm refer to numerous elements that contribute to the heterogeneity of the conditions of older people in terms of health, economic situation, social capital, resources and skills. The different set-ups that are shaped by different process compositions also define unequal possibilities of access to services, housing, civic and social participation and, ultimately, successful ageing. In the following paragraphs we will describe some life trajectories that highlight the process of accumulation of advantages or disadvantages, but also the variability introduced by events in those trajectories, in order to explain some inequalities in later life but also to support the idea that trajectories are paths with open outcomes that cannot be taken for granted [Olagnero 2012]. This is done by drawing on the interviews conducted with witnesses and older people and on 74 fact sheets collected by a third sector organization, summarizing the life stories of as many older people[33].

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[33] This material was collected by the volunteers, who are also old, of the organisation that conceived the idea of collecting the life stories of the beneficiaries in an attempt to embark on a collective reflection with the participants. The project required each volunteer to conduct individual interviews with the beneficiaries for the purpose of collecting their life stories and enhance their residual skills. The process aimed to reduce the gap between those who are still active and those who are frailer. On the one hand, volunteers who perceived themselves as "other" than the recipients were urged to rethink their own role, their own definition of themselves and that of the person they were supporting; on the other hand, recipients of the interventions were given the opportunity to tell their stories and focus on the skills they had accumulated over the course of their lives and still possessed.
Please refer to the Methodological Appendix for information on the research design and the process of collecting and analysing empirical material.

1.   The aspects of inequality

It has been noted that age is a relevant stratification principle, but also that other types of stratification can be intersected which, in combination with the former, shape different ageing processes. But what are the circumstances under which individuals belonging to the same birth cohort, or to adjacent cohorts, become not only divergent but also unequal (or more unequal) with advancing age?

A central factor is gender. Both men and women (as well as more complex gender identities) get old and life course experiences are strongly linked to their gender. The working careers of old women and men were most likely very different, and this has well-known effects on the economic resources available to them. Moreover, the longer life expectancy among women and the fact that they generally married older men increases the likelihood that they will be the ones to experience widowhood, sometimes for extended periods of time. Not surprisingly, therefore, men and women attach different social meanings to age and ageing, and are subject to different expectations and evaluations [Settersten and Hagestad 2015], as already noted in chapter 4.

Social class and ethnicity [Ferraro *et al.* 2017] are two other relevant factors that influence the ageing process. In particular, studies looking at health inequalities have highlighted the processual link between characteristics of individuals, social determinants, stressful events [Pearlin *et al.* 2005; Cardano 2008] experienced throughout the course of existence and health outcomes later in life.

The greater heterogeneity in the life course of older people compared to younger groups, with reference to different aspects defining the condition and quality of life (e.g., health, income, assets) [Settersten 2006], raises an important question: is it a reflection of individual differences or social inequalities [Dannefer and Settersten 2010]? As for the former, the experiences of those belonging to the same birth cohort culminate, over time, in profiles that are probably as unique as their fingerprints [Settersten 2017]. But according to some scholars, inequality also tends to increase with age due to social stratification and exclusion, which unfold along a process of accumulation of advantages and disadvantages [Dannefer 2003; Ferraro *et al.* 2017]. There are also numerous contributions showing that the interaction between employment, family and welfare system produces heterogeneity and inequalities in life paths, which then crystallize in later life [O'Rand 2009; Dannefer 2003].

By adopting a life course perspective, the intention here is to highlight some of the stressful events that older people identify when retracing their biography and the strategies adopted to cope with them, albeit with different outcomes.

2.   A brief overview of the variety of life courses in old age

In this paragraph, the material collected by the organization that supports older people in difficulty will be used in an attempt to outline some of the events that represent a biographical rupture [Pearlin 1982] in the existences of individuals, thus calling for the redefinition of one's identity, one's role in society but also within the family and in other close relationships through a modification of one's personal and professional career. The cohort consists of people who are in a condition of economic

hardship and/or vulnerability, and who also, in most cases, suffer from some functional impairment that limits self-sufficiency, or from disabling diseases.

Out of more than 200 individuals, 89 are over 65 years old, but the data allow the reconstruction of life courses for only 74. Of these 74 individuals, 53 are women and 21 are men, 13 live in ATC homes and all have turned to the organization for financial help or support: they can therefore be considered a frail section of the population, also in consideration of the fact that slightly more than half (36) report being in a compromised state of health. As for their marital status, 19 are single or unmarried, 3 are still married and the remaining 52 are separated or widowed (41 women and 11 men). Twenty-two women and 4 men state that they do not have any relationships other than with family networks which, for the subjects who have them, are considered as one of the first points of reference even if the relationship is described as sporadic or loose, as is often the case. This is a rather large number that paints a picture of frailty associated with scarce resources in terms of social capital. On the other hand, those who report being able to rely on supportive, helpful and affectionate relationships cite both friendship (9 women and 7 men) and good relations with neighbors (14 women and 2 men). Associations and intermediate actors such as the church and community centers represent a social space for a non-negligible minority (5 women and 4 men), as do public places (e.g., gardens) or bars (3 cases).

The data reported are not to be considered representative of the frailest older population as a whole, since those who participated in the initiative represent part of a selected population segment: they are a vulnerable group that is taken care of by one of the many institutions in the city and the cases are few in number. Nevertheless, the data provide a snapshot of the articulation and heterogeneity of the situations in which the frail old may find themselves and also offer a fairly varied picture of the stressful events that they report as relevant in defining the turning points in their biographies and the narratives of the possible links between past and present that then helped to define their current conditions.

Among the stressful events mentioned is return migration, which is generally associated with the loss of a job in the country of migration or the occurrence of a severe economic crisis, such as the one in 2003 in Argentina that pushed one of the interviewees to leave what she had considered her home for years to return to Italy in a condition of absolute poverty. The failure of a self-owned business is another event that is mentioned by several people (13) due to its permanent effects on the life course, but having had a discontinuous, precarious career path characterized by a succession of low-skilled, low-wage manual jobs also seems to point to future economic instability. Especially for women, a marriage that ended in early widowhood or separation can mark the onset of increasing vulnerability that also exposes children to poverty. As we pointed out in chapters 1, 3 and 4, this is not the case for everyone: when the relationship with their spouse was violent or unsatisfactory, some women describe the loss of or separation from their husband as a positive event that improved their quality of life. By contrast, the illness or death of children represents, for all those who have experienced it, a negative event that has repercussions not only in terms of the grief linked to the loss or illness, but also in terms of a worsening of the parent's health, the erosion of social capital and the risk of economic instability for the household.

So far we have briefly described the events and combinations of states that were mentioned by the people residing in the facility that launched the *Raccontami* Project, who were asked to illustrate their life stories. From a life course perspective, however, this is not enough to understand the scope of the project. To this end, it is necessary to take a step forward with the narratives of those who, either personally or in a supporting role, have experienced or closely observed the effects of such displacement in the medium and long term, and this is what we are going to do in the following pages.

3.   Life courses: from preambles to landing points

The events that can crack and bend life trajectories are manifold, as are the combinations between events and the responses to them. In this section, we will analyze the interviews conducted with older persons and service providers, focusing on the narration of critical events, coping strategies implemented and outcomes in terms of accumulation of advantages or disadvantages.

3.1.   The origins

It should be noted once again that the people we will be discussing belong to different cohorts.

The interviews concern older people straddling what Facchini and Rampazi [2006] call the *hinge generation*[34] and the *generation of reflected precariousness*. The former is made up of people who have acquired at least basic literacy, who hardly ever started work before the age of 14 going into semi-skilled positions in the industrial and tertiary sectors, and who, often following a childhood in poverty, found employment stability in a contractually protected labor market providing social security guarantees.

Numerous testimonies concern a path of upward social mobility, in many cases also linked to migration, principally internal and mainly from the South to the North of Italy.

> *I came to Turin in stages, because my mom was Russian and she met my dad in Berlin when that part was liberated, so… then my dad was repatriated, my mom later managed to come to Italy, and she joined my dad in the south [of Italy]. My mother said that the south was worse than the concentration camp, because she had two children who were constantly crying because she didn't even have a morsel of bread to give them, whereas in the concentration camp she only had to provide for herself. This misery pushed my father, like many other migrants, to move to the north [of Italy] and my mother then joined him. She moved north to be with him and then he got sick with tuberculosis, and he didn't work for a long time, and my mother was struggling, you know, cleaning, whatever she could do, until they hired*

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[34] With respect to Facchini and Rampazi's [2006] definition, the boundaries between generations are reinterpreted here by including in the hinge generation the older people who were born immediately after the war and who experienced migration, mainly from Southern Italy to the North.

her at the factory... I went to school when I was in Cerignola, I went to middle school in Cerignola, and then I took my first bookkeeping course, which I didn't like but it was the only thing there was to do. I was a real dummy at math, so I left. Then we came here, I went to work for two years in the factory, then I quit my job and started to tour Italy as a singer in vaudeville shows. (Lucia, 71, Turin South)

Several stories portray childhood as a difficult time due to the poverty of the families of origin. For those living in the South, the difficulty of finding a job was one of the decisive factors leading to internal migration. This indicates that the principle of the influence of the historical as well as the geographical context on life courses with regard to being born and spending one's childhood in a place lacking opportunities can represent both a limitation and an opportunity by opening up new avenues, thus supporting the concept of "agency within structures" [Settersten 2006] referred to in Chapter 1. In particular, it can be noted here that Turin was the destination of the most significant internal immigration flow in Italy and the city population nearly doubled in just thirty years, from 700,000 in 1945 to over 1,200,000 in 1974. Cerignola, the town in the province of Foggia mentioned by the interviewee, is in fact the Italian town that made the single greatest contribution to the migratory movement towards Turin.

The stories of geographical mobility are not limited to the one above and are in fact varied, although one important element recurs: for many of those interviewed, Turin represented the possibility of accessing a stable permanent job, often linked to the car manufacturer FIAT and its satellite industries.

I went to school up to the seventh grade, then I came here from Sicily and continued with the 150 hours*, which was a big win for the unions... to get my middle school certificate... I've worked, let's say, almost all the jobs available. At the age of eight, I was already going to school and then in the afternoon I was an apprentice at a blacksmith's to learn the trade, that was in Sicily, not here. Then I worked at the post office, still down in Sicily, then down there I was a bricklayer for 15 years, but then since I was not getting paid there, I came here to be a bricklayer in Turin, in '75, for another year. Then I was called by the factory, and I decided to give up being a bricklayer even though I was earning a bit more, and go there instead because there was a secure salary. (Mario, 69, Turin South)
*an experimental scheme finalised in collective agreements introducing paid educational leave (150 hours) for workers education courses in several sectors in Italy

The stories told by the interviewees also paint a picture of different school and educational choices that illustrate the relevance of the principle of linked lives from the life course theory, whereby an individual's biography is closely connected to that of his or her closest ties and, in the specific case reported below, to that of siblings.

We were 7 brothers and sisters, we were 7 children. The one who was 3 years older than me, when he saw that I was into studying, he told me: "As long as I'm here, you keep studying, there are no problems", because what my father was doing wasn't enough, so the oldest son had to work, and the first son went to work when he was 7 years old too, not just me. I was working, I was learning a trade, I wasn't being paid, I was just doing it to learn a trade, but he was being paid at 7 years old to

support [the family]. This brother of mine who was a bit older than me said, "As long as I am here, you keep studying, there is no problem". But then he had a motorbike accident, he died, and I had to replace him and work in his place to support the other children. So it was the family chain, the women, my sisters... down there [women] didn't use to work, only the men worked... (Mario, 69, Turin South)

Mario's account allows us to focus on another relevant element: gender differences. Some of the men and women interviewed report different opportunities in access to education and the labor market according to their gender, conditions that not only shaped their paths but that give rise to the aforementioned inequalities in income and health in later life. Nevertheless, some of the female interviewees embarked on working careers, in some cases in the face of problems that redefined roles within the household, as Gabriella tells us: when she lost her father, she was forced to rethink her career path, which is further evidence of the strength of the principle of linked lives.

Yes, I have been working since I was 16. Actually, I used to work down there too, I used to work from 8 to noon, I closed at noon, and I used to work for a few lire…… and then we came here and I've always worked. I was a warehouse worker, because having an eighth-grade education in '63 was like going to university, wasn't it? The level of schooling, the preparation was great, and they made me a warehouse worker. Then my father died and I had to adapt a bit, I was left with the burden of the family because I was the oldest child, my mother was an invalid, so I had to look for something more substantial, I went to work in a factory, I was a factory worker, but I earned good money as a metalworker. (Gabriella, 73, southern Turin)

Among the interviewees, some differences can be noted between the older generation and the generation of reflected precariousness: the latter are more educated, with a later entry into the labor market; they have lived a good part of their lives in comfortable homes, and have generally paid more attention to body care [Facchini 2016], but they are also the generations that first experienced more widespread separations and divorces and had fewer children [Strauss and Howe 1991; Saraceno and Naldini 2013; Todesco 2009]. These are people who have had more stable career paths, but are more prone to discontinuities in the emotional and intimate sphere. We will discuss this and the interdependencies between career paths and family life courses in the following pages.

3.2. *Professional and family career*

The interviewees lived their youth and adulthood in a period of economic growth, the expansion of the welfare state, and the increase of work and its guarantees. This expansion, however, took place according to precise gender and family patterns: it was first and foremost the male breadwinner who was protected while women, taking for granted the inviolability and indissolubility of marriage, were predominantly engaged in unpaid domestic and care work [Naldini and Saraceno 2011].

This pattern is also found in the interviews, in which most of the women who are

(or have been) married report having had discontinuous, occasional or non-regular working careers. This once again highlights the principle of linked lives in determining the women's career path as closely connected to that of their spouse. One interviewee explains it like this:

> *My husband used to travel, he's a former Enel* employee but now he's retired, and for his type of work he travelled a lot... he was an expert in a certain type of cable that... I don't know, a particular one, submarine cables or things like that, and so he had a particular specialization for which he was quite in demand. And I was often alone with two young daughters. At one point I was put on temporary redundancy, then they phoned me to say, "We're sending you to Chivasso." "Wait, how am I going to do that? It's not like I can move around much," I said, I didn't have my own means of transport... so let's say I stopped working out of necessity... maybe if I had toughed it out a bit more, I would have continued.* (Valeria, 73, Turin North)
> **Italian multinational manufacturer and distributor of electricity and gas*

Another important connection that emerged from the interviews, in addition to the one between an individual's choices and those of her spouse, is the intergenerational connection. For example, as Silvia's words reveal, care work, considered to be an eminently female task, becomes an object of negotiation between mother and grandmother:

> *I stopped working because at the time, when I got pregnant... at some point they called me, they said "Look, you either come back or you resign, it's your choice". And so... I talked with my mother, my mother was still working at that time, and I said, "One of us will have to stay home with the baby", and she said "No, no, you stay home, I won't watch that baby, he's too much of a handful for me!" And so, well, that's how I ended up staying at home.* (Silvia, 75, Turin North)

Marriage and the birth of a child represent events that have strongly affected women's working careers:

> *When I was 14 years old, I went to work in a factory, I worked at the chocolate factory, but then I got married, I had my son soon after, I also had my father-in-law at home, so I stayed at home because I was a housewife, but while I was a housewife I did a bit of dressmaking, I was a cashier in a butcher's shop, I was an ironer for many years at my friend's shop here, I did three thousand jobs, you see, that's how it is.*
> *Q: Do you have a pension now?*
> *A: No! I have my husband's, the reversible one. No, because no one [paid my social security for me], apart from those five years at the chocolate shop, but those were good for nothing, that was a present to INPS.* (Piera, 83, Turin South)

In some cases, those who left stable employment then took the path of casual and/or informal employment, which had lifelong repercussions in terms of frailty.

As Piera explained, after interrupting her working career in the regular labor market to take care of her children and her father-in-law, she never re-entered the regular labor market so, after the death of her spouse, her only income is now limited

to the survivor's pension.

This is a widespread career path in which women, now older, are more exposed than men to the risk of falling into poverty.

For some women, therefore, marriage represented a barrier to entering the labor market, as did the illness of a family member. In Concetta's words, the two elements overlap, outlining an obstacle course along which she had to juggle various hurdles to overcome difficulties:

> I looked for work, but wherever I went they always asked: How long have you been married? When I told them how long I had been married, they all said no! Then my husband started to get sick, right away, and then I couldn't take a permanent job, but not because I didn't want to, just because I couldn't, I had to look after him... they even asked me... they said, "look, if you want to come to work, I'll take you right away". And I said "well, sure, if you can take care of my husband for me..." so I had to adjust. (Concetta, 72, Turin North)

What has been said so far highlights two relevant issues: the working careers of those who are now in the later stages of life are important in defining their current economic and health conditions, especially for those who have done heavy work; gender differences leave deep marks on the opportunities to enter and remain in the labor market, but also the inequality of access to the pension system, which has not recognized the value of domestic and care work performed by women throughout their lives.

More generally, the increase in economic precariousness among older people [Gilleard and Higgs 2019] can be traced back to an increasing differentiation between previous positions held in their working age, which have exposed the more mature (and will expose future generations even more) to greater risks of pathways to frailty. Gilleard and Higgs [*ibid*.] go so far as to hypothesize a further widening of inequalities in wealth, income and/or spending power that could lead to a polarization between pensioners and those excluded from the pension system due to the growth of poorly protected employment paths. In Italy, the current picture shows women, even those with an equal level of education, at a continuing disadvantage vis-à-vis men in terms of work and wages, and the same is true for immigrants, who are systematically placed at the lowest levels of the professional ladder even if they are qualified. In the absence of reforms and a renewed welfare system, inequalities for older people are bound to worsen [Saraceno 2020].

3.3. Discontinuity of personal careers

We have seen that, particularly for women, work careers are intertwined with personal careers and that the principle of linked lives can help explain the life course of individuals. The object of the analysis of this section will be personal careers, including in relation to the interdependencies with professional careers and other aspects of life.

The generations of the people interviewed are those who first experienced separation and divorce, events that are part of a complex family-work-social security system [Saraceno 1990] strongly marked by relations of interdependence, which is

nevertheless asymmetrical, both in terms of recognition and of social guarantees.

In this context, for women marriage represented a more viable way of accessing economic resources and social security than paid work, but by the same token it put them in a "potentially perilous relation with these resources: exposed to the risks connected not only with their husbands' individual and social capacities, but also with their own bond with their spouse" [Saraceno 1991, 436]. Death, illness, divorce, abandonment or failure to work left women deprived of their own rights and guarantees. The women interviewed indicated separation as a change that profoundly affected their current economic condition. Women with work histories that are fragmented and/or outside the regular labor market are not adequately protected, while men cite the obligation to pay alimony to an ex-wife as a factor that significantly reduced their pension and entailed a considerable deterioration in their quality of life. This also leads to behaviors aimed at reducing expenses, such as moving to smaller, cheaper houses:

> *Now I live alone. I was married for thirty years then he left with a younger woman, as it happens... I live alone, I found a new place, but then again, after thirty years of marriage... it was not easy... I moved to a different house because... I had to cut all ties. And then, the house was very big, it was a small villa, suitable for a family, so the maintenance it required was...* (Aurelia, 71, Turin South)

Marital instability and widowhood, events that many of the interviewees had to face, change the social status of those involved by ushering them into a new phase of their existence. The effects are not limited to the economic and psychological spheres, but also extend to the social sphere where social position, role and expectations are transformed. What also changes is the individual's perception of themselves and how they fit into the social network system [Arosio 2019].

As the literature shows, the interviewees also report an impoverishment of the network of relationships in which they were embedded [Bennet *et al.* 2005], including parental ones, as recounted by an interviewee with reference to her husband's relatives, who disappeared soon after his death:

> *Relatives, I don't have any, they've disappeared... since my husband died... I'm an only child... since my husband died, you know... and so I am on my own... I have two or three friends, I am on my own, I have to make it on my own, out of necessity...* (Domenica, 69 years old, Turin North)

Widowhood, however, can also be an opportunity to rethink one's existence, especially if it comes after years of a spouse's illness and the burden of important and onerous care work. The death of a husband thus represents an opportunity for a woman to regain her own space, spend time for herself and cultivate new friendships[35]:

> *When he passed away my life was, my home had been the hospital, so I enjoyed my home possibly even more afterwards, enjoyed in a certain sense, it was bad in another sense because he wasn't there... but I rolled up my sleeves and moved on, I*

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[35] For a more detailed discussion, see Olagnero [2008].

never lost heart, no, I never lost heart, on the contrary, when I saw something that brought me down a little, I told myself Concetta, get off that chair and walk... Just go! So I always pulled myself together, and then slowly I started going to gymnastics, I made new friends, I'm someone who makes friends easily, I made many friends. (Concetta, 72, Turin North)

For some women, as for Concetta, the new conditions provide a greater degree of freedom, time and space to expand their network of relations, which studies show to be relevant even in adulthood for its positive effect in terms of quality of life and the support this can offer in case of need. Men, as interviews with service workers also confirm, appear to be frailer and with more limited relational resources and skills, as they have not developed such skills outside the workplace during their lives, and they are therefore more exposed to the risk of isolation and loneliness.

At 70 years old you don't improvise, I mean, if you haven't trained, I mean, if you haven't been someone who for your whole life in some way also chatted with your neighbor, took an interest in the life of the neighborhood, participated in something, it's difficult for you at 70 years old because you have a greater need for sharing, collaboration, friendship, social networks... (Interview Witness no. 4).

It is not only interpersonal skills that need to be expanded, but also certain skills that are necessary for performing daily activities. Reverting to the traditional division of domestic tasks within the couple, men complained that they were not prepared for widowhood and found themselves ill-equipped to deal with activities concerning housekeeping and domestic hygiene that had always been delegated to their wives; on the contrary, widows had to acquire new skills to manage the household and expenses. One of the interviewees said:

Yes, yes, I had to emerge from that cradle [laughs] that I lived in before. Well, I used to be entrusted to someone, I was cradled by my husband, because anyway... "you do it, you do it, yes, of course, there's [the electricity bill], it's fine, it's ok", I delegated everything, I delegated every single thing. Even if I drove, I never used to fill up the car, because "yes, sure, you go get gas, Arturo we need to fill up the tank, Arturo we need to do this", and he did it quietly. When he passed away, 15 days later I went to pick up my friend's daughter, I told her, "show me how to use the ATM card because I don't know how to do it, I can't do it", but it's not true, it's not that I could not... (Roberta, 65 years old, Turin South)

A service worker for older people describes the difficulties in managing daily life related to male widowhood as follows:

Well, widowed men are a big problem in the sense that they are in great difficulty... so for example we organize cooking classes, we hold cooking classes for people who have a disease so they have to follow a diet, but also classes for people who live alone in general [laughs]. And there, many men showed up... (Interview Witness no. 4).

The greater vulnerability of widowers compared to widows is still debated, but some studies support this hypothesis, believing that widowers have fewer resources

in terms of relationships and also find it more difficult than widows to take care of themselves, their food and health; they are also more likely to remarry because of this [Stroebe *et al.* 2001; Lee and Bakk 2001]. However, it should be remembered that women are more vulnerable economically because of what has already been noted above about gender differentials in pensions.

3.4. Unexpected events: a look at intergenerationality

One of the roles attributed to families as institutions is the protection of their members from the risks of economic and social exclusion associated with the various stages of the life course.

Individuals have precise expectations regarding obligations and rights to moral, economic and care assistance within the family [Finch 1989; Albertini and Kohli 2013]. One of the outcomes of these norms guiding individuals is the intergenerational transmission of social standing, but also of inequalities. In this section we focus on the unsettling events that affected the children of the interviewees in order to outline the effects these had on the lives of older people and their adult children and on the forms of relations between the generations. We refer here to Gilligan et al. [2018], who developed a perspective that takes into account both the principle of linked lives and the theory of the accumulation of disadvantages to help explain how inequalities reproduce and amplify from one generation to the next within the same family. The testimonies of the interviewees seem to confirm the hypothesis of Bengtson and Kuypers [1971; see also Albertini 2016], which states that those in the generational position of grandparent or parent are more involved in relationships with subsequent generations (children and/or grandchildren) because they view them as a sort of inheritance. This means that parents are inclined to transfer resources to the younger ones, as many of those interviewed reported:

> *My son is a tradesman, now it's really difficult with these huge taxes... and I help him... once it was the children who helped their parents, now it's the parents...* (Giovanna, 82, Turin North)

The widespread perception is, as Giovanna notes, that economic transfers in the past were aimed at supporting older people, while now it is the middle generation (adult children) who are more vulnerable due to the contextual conditions, economic crises and the current labor market that offer less protection to workers and more precarious conditions.

> *I see my daughter's situation in this way, I have not experienced wealth myself – I don't mean wealth, but financial stability, and now when I see my daughter struggling so much I help her, because I don't... think it's fair to let her live like this, pinching pennies. Her husband, unfortunately, he had a mechanic's workshop that given the hard times had to close, he had to go work as an employee and then things got worse... So I am a mother who helps her children.* (Roberta, 65 years old, Turin South)

There are two elements that emerge from Roberta's words: firstly, a reminder of

the parental role and the obligation to care for children even when they are adults and have formed a new family; secondly, the conditions that allowed previous cohorts to experience economic security now seem to have vanished. The financial problems of adult children may arise from conditions determined by the context or by a break-up of a relationship which, particularly for daughters, is associated with being a single parent caring for dependent young children. In coping with these difficulties, the support of the older generation seems to be critical where it is available, but this may be accompanied by the risk, for that older generation, of eroding the necessary savings when events occur that require extraordinary resources to meet unforeseen expenses for housing, for specialist medical consultations not covered by the health system, and for care and treatment (see Chapter 3).

Inequalities are exacerbated by the processes of accumulation of disadvantages: for example, those who have had to cope with a series of stressful events during their life course and who have lived a life of economic poverty, as the literature shows, are more likely in old age to report poorer health and a low quality of life. This, in turn, entails not only that the individual cannot be of help to their children and grandchildren, but that their increased care needs risk becoming an additional burden in terms of finances and care.

In this section of the chapter we have attempted to show the powerful relevance of the principle of linked lives in understanding the intra-generational factors of inequalities that make an individual's life closely linked to the lives of the people who are part of their closest network [Elder 1994; Macmillan and Copher 2005]. This seems even more true in a family-oriented welfare system such as the Italian one, which delegates a large part of care, protection and support activities to families and informal capital.

4. *The future: "I'm worried, but I don't want to deal with it"*

The awareness that lives are interdependent, especially at the intergenerational level, is widespread among the interviewees, and emerges even more clearly when they are asked about their future. These people enjoy a good state of health, although there is a shared concern about losing their autonomy and having to ask their children for help; but this is a sensitive subject that, at least initially, is deliberately avoided. When asked to formulate a reflection on their near future, the initial answers point to a lack of planning and vision for a future that appears uncertain. Those who have children, however, seem to have come to terms with the issue more explicitly and report that they have in fact already expressed fears, and even wishes, regarding the management of the eventual phase of non-self-sufficiency. Men seem to be more inclined to imagine having a family caregiver at home, while women envision a residential care facility because of the possibility to maintain social relations and to engage in recreational and cultural activities even at a later stage of life:

> *I told my son, I said, after my husband's experience at the Cottolengo - which I must say was very good... I said, if I really had to become... if I am no longer autonomous, put me in a place like that, but I hope that won't happen, but still. I've noticed that if you're in a place like that, now I'm talking about that experience there, even your life in there... of course, if you've lost your mind, then you've lost your mind, but if*

you're OK then you have a life in there too because they organize a lot of hands-on activities, films, documentaries, then there's the nun who comes over every morning... when my husband was there, the nun read them the newspaper, then she talked with the patients, so you see, they try to keep them active. If you're alone, you're alone... my mother had a carer at home... then the carer would leave to do the shopping at 8 and come back at 11, my mother would make the beds, do everything, and I say isn't that what the carer's for? I'd rather not, but I don't think about it that much... (Giovanna, 82 years old, Turin North)

The most widespread fear concerns the loss of autonomy, partly because of the workload of care and assistance that this would entail for the children, and partly because of what it means in terms of redefining oneself and one's identity.

Trying to be well for as long as possible so as not to bother my children. That's all. I would hope to go to sleep one night and never wake up again, that's it. Because... I see so many who are in wheelchairs, they are incapacitated, you have to be watched, to be cleaned up... I don't wish that for me, honestly, but I don't know. I always tell my son, "put me in a facility, so you'll be fine." (Piera, 83, Turin South)

Those who, unlike Piera, do not have a solid and supportive family network do not find services that can replace them in this function and, as Lucia says, the worry of dying in total solitude arises, made stronger by a society that presents such an event as a taboo that cannot be talked about, making it impossible to prepare or build forms of sharing for the management of one's own death.

If, like me, you don't have a family to rely on... I could die at home and months could go by before anyone notices that I'm gone, you see. That's it... and the future... I don't see it! Living without a future is a lot... or rather, I see death, sure. I live with the fear of dying, and dying without anyone around. This is my fear. I live with my fears, which I can't always share, because woe betide me if I talk about death. (Lucia, 71, Turin South)

The active ageing paradigm, which seems to dominate the common narrative emerging from the interviewees around being old, risks constructing rigid boundaries between a successful ageing process and a personal as well as a collective failure. "Being well for as long as possible" becomes an imperative, and those who experience functional decline feel they are excluded, on the margins, urged to step aside.

My hope is that I don't become so decrepit that I can no longer look after myself. We old people, apart from the suffering that comes from being excluded, our terror is death, but even worse our possible dependency, no longer being autonomous. A happy older person is an autonomous older person, because strangely enough – but then again, not strangely at all – the more unhappy you are, the more dependent you are, whereas the happier you are, the more you are included in something, the more independent you are, and you are able to look after yourself, not only yourself but also others. I mean, I wish I could be useful to you, to myself too of course, but not so you come and clean my windows, simply to feel alive. (Lucia, 71, Turin South)

Autonomy and dependence are thus the two core factors that also describe the quality of life and the possibility of being happy. When the future is perceived as a path of inexorable decline, some interviewees say they activate mechanisms of denial and removal in which they try to live for the day and make no plans:

> *I do not see my future. I don't see it. Now I think, as I said before, that I'm at the end of a cycle, I'm surviving as long as I can, as long as God wills... But I really don't think about it, I don't think about it because while when I was young I thought I had goals to reach, etc. etc. Now, thinking about what I was saying before, that one is at the end of a cycle, I don't plan anything anymore, I live for the day in the hope that it will go well, and I hope to live well without needing others... otherwise it becomes an agony... hopefully I won't get there* (Mario, 69 years old, Turin South)

Previous experiences and dialogue with a network of peers also help to outline the propensity to plan and develop a project. The age at which one's parents or closest relatives died represents the goal to aspire to or be concerned about. More generally, the stressful events experienced during the course of one's life are also significant for the possibility of formulating scenarios. An example can be found in Giovanna's words, as cited above, which attribute a positive value to the experience she had with her husband who was hospitalized in a residential facility, and a negative one, that she associates to loneliness, to the choice made by her mother to spend the last years of her life at home with a carer. Gabriella's fears about the future are also based on her own experience:

> *I am a little bit worried, but I don't want to deal with it. I am worried but I don't want to deal with it. I take it one day at a time. Because I never know what tomorrow brings, what can happen tomorrow. I had, I went through the bad experience of my husband dying in his sleep, so I go to bed and say OK, I'm here tonight, let's see if I'll be here in the morning.* (Gabriella, 73, Turin South)

According to Romaioli and Contarello [2019], it is possible to interpret this attitude as a form of agency which, by being "open" to what the present has to offer instead of making plans for the future, allows one to adopt a strategic stance that expresses self-determination through inactivity.

The most common reaction to the request to think forward to the next five years is, however, denial: it is a set of denial mechanisms that lead us to try and push away from ourselves events that may appear too painful or for which resolution seems beyond our reach [Cohen 2002]. It is not just a matter of individual psychological mechanisms, but a set of reactions that can reflect the characteristics of the context and, in this specific case, are influenced by how communication about the ageing process takes shape.

The body acts as a mediator of the relationship between the subject's personal identity and their social identity [Giarelli 2009, 20], and the perspective of the functional decline of one's body linked to ageing is thus dismissed because it does not conform to the model and narratives around active and successful ageing focused on the image of a healthy and performing body.

Only a minority of the testimonies provide a different narrative when the interviewees say that they learned, from peers and direct contact with older people,

the importance of preparing for ageing.

Roberta, who worked for several years in a nursing home, says she reflected on the limitations and opportunities offered by facilities for older people and also took some precautions. One of the questions that arise when leaving one's home to move to a facility concerns the need to rethink not only one's autonomy, but also the space one inhabits. If at home one has more space and the possibility of choosing how best to occupy it, when living in a room shared with another person one is forced to give up almost all the objects that were part of everyday existence. These objects are fundamental because they have accompanied individuals for a long time and are loaded with meaning, and also tell a lot about the identity of the person who owns them and is forced to abandon them to an uncertain fate. Roberta explains that she is trying to put her things in order over time in an attempt to preserve what is most important to her:

> *I see my future observing that of other people [laughs], observing the future of others. Up to a certain age you can stay at home, up to a certain age you can manage to live by yourself, up to a certain age if nothing happens, because that too, you can handle your daily life, make mistakes and all that, but you're alone at home. Then of course, if I had listened to my daughter I would have moved in with her after her father passed, but I said no, each in her own home, because I want my space, and you want and you are entitled to have yours. But when I'm older... I'll have to make do. I think that for me, having worked in the nursing home has been good for me, it has really helped me to grow old – I won't say well, but to grow old looking to the future, right? Because I did a big clean-up in the house, twice, first when I came here, and again afterwards, even now sometimes I say "is it time to do it again? No? This can go, do I need it? No? Gone". I don't say, "Do I need it? No, but I want to keep it because of the memories..." No! Because when I went to this nursing home and I saw the rooms of these women that I was assisting, with a wardrobe, a cupboard, a bedside table, there was no dresser, as they say they let people bring their things to the nursing home because most people don't have much, just that wardrobe that the ASL gives you, and so I said to myself, of course these women here now have this, but who knows what they had at home, who knows what they had to handle at home! And then in these facilities for old people, their age is hard to tell, you see a person sitting in a wheelchair, you look at them a bit, there's one more wrinkled, one less wrinkled, then you go and read their age, they're 90 years old. I say, holy moly, they don't look their age at all! They don't look their age because they're in good health, don't they? And I thought, these people here had their own house before, I'm not saying their children because they still do, their grandchildren, but where did they put all their stuff? Who handled it? There they have four summer sets, four winter sets, tracksuits, a jumper, a shirt, a shawl... underwear, and that's it! And so, mindful of this, I told myself: you have to do this...*
> (Roberta, 65, Turin South)

Roberta is therefore preparing for a drastic change in her existence, but there are also those who ponder how to make adjustments to maintain some continuity with the past. Giorgio, for example, is a Red Cross volunteer who is about to leave the Red Cross because he feels he can no longer cope with the pace and burden of working as an ambulance driver. In accordance with the continuity theory (see chapters 1 and 2), the interviewee is thinking about how to continue volunteering by resorting to coping

and adaptation strategies to deal with possible constraints and functional limitations: thus the idea of serving with associations offering less physically demanding support and assistance, in which he can be actively involved, takes shape:

> *I also started thinking about the fact that at some point the Red Cross driving license would be downgraded ... it would be downgraded and so, not being able to volunteer with the Red Cross any more and having to fill my days, I thought I'd go elsewhere... I can start early, familiarize myself with it and so on, and then when it happens that I have to leave the Red Cross, well ... I'll go there to volunteer.* (Giorgio, 77 years old, Turin South)

Giorgio is not fleeing ageing, but rather seemingly coming to come to terms with it; he imagines possible scenarios and then negotiates the terms of his own existence and the practices that give it meaning.

Section Three

The research presented in this first part of this volume started in the autumn of 2019 and, in the early months of 2020, found itself faced with an unforeseen hurdle: the outbreak of the global Covid-19 pandemic, a severe, acute respiratory syndrome caused by the SARS-CoV-2 coronavirus. According to official WHO sources, the epidemic originated in Wuhan, China; it then quickly spread first to Europe (with Italy being one of the very first countries where cases were reported) and then to the rest of the world, rapidly turning into a global pandemic. To cope with the health emergency, that in Italy officially started in early March 2020, the government decided to shut down many businesses and all recreational and cultural activities, urging the population to limit social contacts and to resort to various measures to contain the spreading of the virus. In this scenario, the interviews could no longer be conducted in person and, given the emergency situation, the option to resort instead to telephone or digital communication was discarded, in the belief that the content would probably be distorted by the perception of the contingent situation: the interviews conducted during the emergency would not be comparable with those conducted prior to it. We therefore decided against completing the initially planned interviews, that were originally to involve 30 respondents.

At the same time, however, public discourse focused on the over-65s as a population group that was particularly at risk of complications and death due to Covid-19. This led to a special focus the condition of the over-65s, their specific needs and (we assumed) a different perception of their situation by older people themselves. Thus, new questions arose concerning, on the one hand, the needs emerging from the pandemic and the responses provided by public services for older people; and, on the other hand, the consequences on the everyday life and sense of self of older people, who were the recipients of such narratives (as well as their consequent responses). We therefore decided to proceed with an initially unplanned round of interviews with some of the people who had made up our original sample, both qualified witnesses and self-sufficient persons over 65, which were conducted by telephone[36].

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[36] Please refer to the Methodological Appendix for information on the research design and the process of collecting and analysing empirical material.

In May 2020, we therefore resumed contact with a number of qualified witnesses, interviewing 9 of them (8 referents of third sector organizations and associations, one professional from the social services); these telephone interviews were supplemented in June and July by a further 6 to include four women and two men over 65 who were part of our original sample. Despite the small number of participants, the strategy made it possible to enrich the analysis with perspectives that broaden the view of the condition of being old in the wake of a circumstance that has propelled it to the center stage of public debate.

It should also be noted that the situation is constantly evolving. As we write[37], we are once again witnessing a rapid upswing in COVID-19 cases in Italy as well as across Europe, raising concern for the resilience of the health system (as well as, of course, for the health conditions of citizens) and the launch of further containment measures that once again call for distancing, limiting opportunities for meetings and socializing.

[37] This contribution was written in November 2020.

Chapter Six

The health emergency

For the reasons mentioned above, this chapter sets itself a necessarily exploratory objective: it is an attempt to pick up the threads of what has been said in the previous chapters, first of all concerning the representations of ageing and the risks of social exclusion, in order to highlight the onset of certain processes and possible outcomes generated by the health emergency (and the social, economic and cultural crisis) that has seen older people take center stage. This is because they are, regrettably, the group most affected by Covid-19[38] [Daoust 2020; Meisner *et al.* 2020; Wister and Speechley 2020]; they are exposed to dangerous (and harmful) underestimations of the risks of contagion among non-self-sufficient residents of residential facilities [Werner *et al.* 2020; Gori and Trabucchi 2020]; they are portrayed indiscriminately as frail, vulnerable subjects to be protected [Pentaris *et al.* 2020; Previtali *et al.* 2020].

In the following paragraphs we offer a reconstruction of the main themes that have been addressed in the literature on ageing during the Covid-19 emergency, and then move on to the discussion of the interviewees' testimonies with the aim of delving into some of the issues that have emerged from the analysis of the empirical materials: the redefinition of everyday life and practices, emerging needs and necessities, and the weaknesses of both the services for older people and older people themselves as they are called upon to respond to a totally unforeseen situation. We conclude by asking ourselves how much of what has emerged, with respect to ageing in a phase of extreme uncertainty, is "new" and how much is an amplification of

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[38] Istat (July 2020) estimated that in Italy the largest excess mortality was found among men aged 70-79 and 80-89, for whom cumulative deaths from 1 January to 30 April 2020 increased by more than 52% compared to the average for the period 2015-2019; this was followed by the age group 90 and over, with an increase of 48%. For younger men (50-59 years) the excess mortality is 26%. For women, the increase is smaller in all age groups; in January-April it was 42% higher than the average for the years 2015-2019 for the age group 90 and over, which is the most affected. This is followed by the 80-89 age group, with a 35% increase, and the 70-79 age group (31%). For younger women (50-59 years), deaths increased by 12%. Older people were the hardest hit by the first wave of the pandemic, with almost 85% of deaths occurring among people over 70, and over 56% among those over 80. They are therefore the frailest, even though they have seen both their health and quality of life improve over the years. Among the over-80s today, about one in four say their life is hard or very hard compared to one in three in 2009 and about 36% in 2000 (Istat, July 2020).

already known dynamics that the health emergency has brought to light or exacerbated.

1. The construct of older individuals as subjects at risk

Over the past few months, there have been numerous publications on the subject of the impact of the Covid-19 epidemic on the older population, due to the higher incidence among older people of complications and deaths due to the new syndrome, as documented by official statistics. The focus of attention was directed in particular at two issues: firstly, at the side effects of social distancing[39] and/or isolation on the physical and mental health of older people, as a result of the recommendation to leave home as little as possible and minimize interpersonal contacts; secondly, at the risks of ageism inherent to bringing together people past a certain age threshold (which, moreover, varies according to context [Previtali *et al.* 2020]) in the homogeneous category of "population at risk". According to some scholars, forced isolation and the interruption of interactions have exacerbated feelings of loneliness, especially for those who have limited access to digital communication platforms (such as older people) [Pentaris *et al.* 2020; Ayalon *et al.* 2020]. This malaise manifested itself, in terms of mental health, with a noticeable increase in requests for psychological support from lonely older people who expressed negative thoughts and suicidal tendencies [Pentaris *et al.* 2020; Wister and Speechley 2020; Tyrrell and Williams 2020]. On the physical side, health risks have increased due to forced sedentariness and changes in eating habits due to, among other factors, limited access to fresh produce for those who can shop less frequently or receive food parcels [Meisner *et al.* 2020]. Additionally, several reports point to the risk of older people being excluded from intensive care and treatment in response to a Covid-19 infection under conditions of great stress on the healthcare system, where it could be preferable – as was the case in Italy during the acute phase [Monahan *et al.* 2020] – to favor patients with a higher life expectancy [Previtali *et al.* 2020] or more likely to overcome the critical condition through intensive care[40]. Even if age is not, strictly speaking, a threshold for eligibility to treatment, this may still be indirectly the case insofar as it

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[39] The term "social distancing" has been widely used in public discourse and by policymakers, although the World Health Organisation (WHO) has stated that the concept of *physical* distancing would be preferable. Social distancing may generate misunderstandings and prompt people to stop communicating with each other, whereas it is important to preserve as much as possible the feeling of "being part of community" even as we maintain physical distance from each other. If physical distance is measured in metres or centimetres, social distance is a measure of distance across social boundaries. In the words of Corposanto [2020], social distance is a measure of the closeness or intimacy that an individual or group feels towards another individual or group within a social network, which includes the level of trust and the degree of perceived similarity. It seems clear, therefore, that the rules imposed by the lockdown are not intended to promote social, but rather physical distancing.

[40] The expression can be found (in Italian) in the document entitled *Decisioni per le cure intensive in caso di sproporzione tra necessità assistenziali e risorse disponibili in corso di pandemia da Covid-19* ("Decisions for intensive care in the event of a disproportion between care needs and available resources during a Covid-19 pandemic"), published by Istituto Superiore di Sanità - Sistema nazionale linee guida and available at the following link: https://snlg.iss.it/wp-content/uploads/2020/11/Documento-SIAARTISIMLA-18-novembre_clean.pdf.

affects the patient's ability to benefit from intensive care. According to some scholars, this risk of exclusion is attributable to ageist stereotypes, which view older people as a homogeneous group, indistinctly frailer, no longer productive and therefore liable to be excluded from society, and in extreme cases, acceptable victims of the pandemic [Monahan *et al.* 2020]. In this regard, it is worth noting that the narrative about older people being more prone to infection and more exposed to the risk of death in the event of infection has one additional downside, in that the young are, conversely, considered less vulnerable and less at risk of infection and complications. This narrative, according to some, fuels a form of intergenerational conflict [Wister and Speechley 2020; Previtali *et al.* 2020; Ayalon *et al.* 2020], which in the North American context in particular has expressed itself on social media in a markedly ageist manner, attributing to the Covid-19 pandemic the moniker "Boomer Remover" (a reference to the virus eliminating people belonging to the baby boomer generation, born between 1946 and 1964) [Monahan *et al.* 2020]. This is, once again, the effect of a representation of older people as a cost to the community (in this case to the health system), which is based on a stereotypical definition of old age marked by frailty and dependency [Tyrrell and Williams 2020]. This depiction does not take into account the contributions that older people make to their communities of reference, starting with their families, in which they often take on caring roles, in some cases retaining them even during health emergencies [Pentaris *et al.* 2020]. In fact, as Ayalon and colleagues [2020] point out, while this intergenerational conflict is part of the public discourse and is therefore expressed at the collective level, it is less frequent at the interpersonal, neighborhood and family levels. At these levels the negative effects of social categorization on the basis of age seem to be diminished, in favor of the expression of solidarity across generations (this also in an ascendant direction, that is, not only from older to younger generations but also from younger to older) through the provision of care and support by family members, neighbors and volunteers of varying ages.

Proposals for action coming from scholars who have addressed the issue go in different directions: from advocating greater investment in health systems and a more comprehensive long-term care system [Werner *et al.* 2020], to a drive to bridge the digital divide so as to facilitate the dissemination of information and the maintenance of social networks under conditions of interrupted interpersonal contact [Pentaris *et al.* 2020; Ayalon *et al.* 2020], to promoting the expression of intergenerational solidarity including at the collective level to overcome stereotypes and prejudices [Ayalon *et al.* 2020]. As will be seen, the testimonies from both qualified witnesses and older people seem to go precisely in this direction.

In the following paragraphs, the testimonies collected will address the experiences that characterized the period of the health emergency and lockdown[41] from the point of view of older people as well as of those who care for them in various capacities. The interviews were aimed at bringing out the transformations in the practices of service operators and individuals, and thus at understanding how the former reorganized themselves to identify and respond to needs and how the daily routines of older people changed in an attempt to adapt to the new rules. The

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[41] We refer here to the first lockdown, which began in Italy on 11 March 2020 and ended on 16 May of the same year.

questions formulated can be grouped into two sets. The first centers on the representations and narratives around ageing that characterized the months of the first wave of the health emergency; these aimed to identify the elements of continuity or discontinuity with what was discussed in the pages preceding this chapter, with a particular focus on the risks of exclusion, the complex cultural constructs around old age and the pitfalls of discrimination and ageism. The second set concerns the transformations induced by the pandemic in the routines of older people and in the organization of the work of associations.

2. *Redefining everyday life*

The health emergency and lockdown brought about a rethinking of habits and practices, both for services (which have had to reinvent themselves in order to guarantee the continuity of interventions, albeit in a different form, without putting recipients, operators and volunteers at risk) and for citizens, who experienced major limitations on personal freedoms.

Qualified witnesses illustrate different forms of reorganization of activities depending on the nature and mission of the entity or the service to be provided. The distinction, made at the institutional and regulatory levels, between "essential" and "non-essential" services, also guided the actors of the third and social sectors, mostly independently from individual association given the lack of guidelines and coordination from above. All services deemed essential– (i.e., intended to support those who would otherwise have suffered material deprivation) were not interrupted but adjusted to the emergency context. In the case of social services, the impossibility of meeting the recipients in person led to a revision of procedures, cutting down bureaucracy so that, for example, home care services for non-self-sufficient persons could be guaranteed without requiring their signature, as the procedure requires, but accepting instead a telephone agreement using simplified forms. Or, as explained by a contact person of a third sector cooperative that provides, among many other services, a home care service, adopting safety protocols as quickly as possible to protect operators and users so that they could continue their activities:

> *The initial phase, when the virus exploded, was the most complicated for reasons that are now clear. First of all, there was complete ignorance of what was going on and therefore a serious difficulty in understanding the extent of the risk, with social workers who were rightly very concerned for their health, and we as cooperative managers were also very worried about being able to put in place all the measures that would make the operators safe. Since ours is an essential service, it was never interrupted, so there was an initial phase in which we tried to figure out what [personal safety] equipment would be useful and necessary, and then we faced the subsequent difficulty of finding it. In those first weeks, it was practically impossible to find any such equipment – masks, caps, shoe covers – so first of all we had to check what we had in storage in order to plan quotas for what was available while at the same time we looked for suppliers...* (Interview Witness no. 1, May 2020)

The witness's words highlight the uncertainty that was particularly evident during the initial phase of the first wave, the one that in Italy can be placed between

March and the first half of April, during which the essential services encountered numerous difficulties in finding safety equipment. In light of the scarcity of safety equipment[42], the cooperative's workers adopted different behaviors that in some cases depended on their family status, fearing that they in turn would become vehicles of contagion for their loved ones:

> *The staff continued to operate with a great deal of concern, but then some experienced even greater difficulties because a member of their own family was particularly vulnerable and they wanted to protect them, so there were times when we had more than twenty colleagues on sick leave to protect themselves and their families.* (Interview Witness no. 1, May 2020)

Therefore, it was not only the beneficiaries of the home services who were concerned, but also the service operators providing care and assistance, because they themselves were part of networks that included frail individuals, like an older or disabled person. The witness then explains that, once the personal protection equipment was available, the situation normalized, although at the time of the interview (at the end of May, when the lockdown had ended) some problems persisted:

> *The phase we are now in is one of restart but there are many question marks. Despite the fact that the situation seems less worrying than a few months ago, the social services are not responding, home visits are not taking place, the UVGs* have not yet resumed their activity, and therefore new interventions are not starting. One of the risks now is that the home care service will not start in full and this leads to the issue of sustainability for our cooperative.* (Interview Witness no. 1, May 2020).
> **evaluation units for assistance to non-self-sufficient older persons*

The difficulty for social services to resume home care services is confirmed by the social worker who was interviewed in June, when the lockdown had ended:

> *We have not yet been able to activate... Those who cannot take care of their house, do the shopping, at this moment we have not yet identified a procedure on how to work safely etc... for some we have started distributing meals at home, simplifying the procedure a lot* (Interview Witness no. 8, June 2020).

In addition to operational practices, working practices also had to change in favor of remote coordination between operators and telephone contact with users. Most notably, social services – although considered essential – redefined the provision of home care:

> *We did a lot of remote working, which was most unusual for us due to the very nature of our work. And yet, we had to figure out how to turn in-person activities*

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[42] The issue of labour exploitation in the third sector is not the subject of this chapter, but it is worth recalling that the conditions of third sector workers provided little protection to begin with. The pandemic seems, however, to have contributed to exposing workers to additional risk factors. For a more detailed discussion, see Busso and Lanunziata [2016].

into remote ones. The process was also very quick, because by mid-March we had reorganized. We also extended remote working to categories of operators like public social and health workers who had never done it before... initially I worked hard to try to understand what could be done remotely... If you have always accompanied people to do their shopping, to the post office... it's not really a transition... Most people appreciated this effort on the part of the operators who, even though they could no longer visit them and help them, called them to find out how they were doing. We also tried to transform procedural aspects that involved their physical presence, we turned it into a phone call... (Interview Witness no. 8, June 2020).

Institutions and associations providing "non-essential" services, mainly of a recreational, cultural or sporting nature, also suspended their in-person activities, including accompaniments, which stopped during the lockdown as a direct consequence of government regulations prohibiting individuals from leaving their home except for reasons of necessity, and ordering the closure of most commercial activities.

Faced with the suspension of in-person services, these third sector organizations adopted two main strategies to ensure the continuity of their social promotion mission: the first was to migrate to other channels that would allow them to maintain contact with their users. With a view to preserving ties and social networks, some witnesses explain that communication technologies came to their aid by providing spaces and tools to keep interaction channels open at a time when interpersonal contacts were severely reduced. In this sense, through the distribution of newsletters, weekly or bi-weekly phone calls to all recipients, and by moving certain group activities to the instant messaging app WhatsApp, these associations offered remote support, which responded to a need they perceived as pressing: that of being reassured about the situation and about the existence and maintenance of social connections. This reorganization of activities entailed, for some witnesses, a rethinking of the relationship between those who offer the service and those who receive it, in the positive sense of a rediscovery of the human relationship and the recognition of the value of the other. In spite of the prevailing positive narrative about the opportunities that new media have introduced, we cannot overlook the digital divide that intersects with structural inequalities, i.e., the different conditions in terms of access to and the strategic resources required for the use of digital media. In other words, there is a mutually reinforcing relationship between inequalities of class, ethnicity, age and gender, and the use of digital media [Selva 2020]. The use of digital media tends to deepen social stratification and segmentation [van Dijk 2020], and here too it is likely to have only benefited the better educated older individuals and left those who were already economically, culturally and socially disadvantaged on the margins.

The second strategy deployed by the actors involved in the survey was to consolidate existing synergies, to coordinate with other bodies and associations in the area, both public (such as social services and civil protection) and third sector, thus activating a broad response network to the requests of citizens in difficulty. Alongside more formal networks, efforts were also made to intercept and, in some cases, support grassroots volunteering initiatives that formed spontaneously, in neighborhoods and districts during the lockdown phase. Some witnesses also

describe a parallel activity intended to disseminate information and share useful contacts. This was the case of a day center for self-sufficient older people, for example, which started collecting and disseminating, by means of a newsletter sent out by e-mail and via WhatsApp, information from official sources (Ministry of Health, City of Turin, Civil Protection, city hospitals) on the rules to follow to limit infection and providing contacts of voluntary associations available in the area. The reorganization of operational and working practices took place, in all instances, under conditions of poor coordination at the institutional level, which was slow to provide indications regarding the closure of the offices of associations that offered recreational spaces, and which also failed, as reported by some, to assume direct responsibilities and burdens.

The narratives delivered by older people offer a picture that is partly in line with the one outlined by the interviews with qualified witnesses, but with significant differences. Daily routines changed, especially for those who were engaged in volunteer work with a view to participate and pursue active ageing. Two interviewees, Aurelia and Nunzio, demonstrate two extremes of the transformations that took place in the daily life of over-65 volunteers active in the city. Aurelia, who was involved with several associations providing non-essential services that were suspended during the lockdown, had to discontinue her participation. For her, rethinking her routine meant rethinking her place in society, from being a support provider to becoming the object of her neighbors' attentions, and she adopted strategies to resist this role reversal by investing in self-production, making, among other things, cloth masks for personal protection. For those who were involved as volunteers in organizations providing essential services, the health emergency brought with it a more onerous and stressful commitment, as well as a health risk. This is the case of Nunzio, who is 67 years old and has been a volunteer in a rescue and assistance association for 48 years. Nunzio was involved in the activities of the Piedmont Region's crisis unit and he worked on several fronts: transport with emergency vehicles, coordination of the citizen support service, with the delivery of food parcels and medicines to people's homes, and support for soup kitchens which, thanks to the collaboration with a number of restaurants in Turin, distributed up to 400 meals a day to those in need. For Nunzio, his choice entailed continuity and the risk related to his age only partially affected his behavior to avoid infection.

For other respondents with chronic illnesses, the recommendation not to leave home (and especially the suspension of all non-urgent medical examinations and clinical appointments to avoid overburdening the health care system) was perceived as protection from Covid-19 but, at the same time, it was also an exposure to other health risks [Meisner *et al.* 2020; Monahan *et al.* 2020]. For example, Gabriella, a diabetic and cancer patient, had to deal with the suspension and postponement to a later date of her scheduled check-ups to monitor an already precarious state of health, as well as all other treatments with the exception of chemotherapy. The sudden lack of direct personal contact was exhausting for all, while for some it was also disorienting, particularly for those who live alone. It is in fact the need for sociality and reassurance that represented one of the most pressing needs for the older people we interviewed[43].

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[43] We feel it is worth mentioning that none of the older people in the original sample experience severe

To cope with this hardship, everyone brought creative energies to bear, like Lucia, who resumed composing on her guitar. Communication and digital skills also proved fundamental in compensating for the impossibility of meeting others in person by offering the possibility of cultivating interpersonal relationships in other forms: replacing, for example, the usual appointment at the café with daily phone calls, as in the case of Giorgio, or creating new habits, such as the group video call to have coffee "together" every afternoon for Gabriella and her friends and relatives. In the following, we will look in more detail at the needs that emerged from the stories and the responses that were put in place.

3. Emerging needs

In line with the overall objective of this work, which was to deepen our understanding of the needs of the older population, we asked ourselves what needs had emerged during the emergency and lockdown period, when the population was required to not leave their homes except for urgent and unavoidable needs. The older people that we interviewed did not express material needs – difficulties in carrying out daily activities, shopping, going to the pharmacy, paying bills – for which they all relied on existing support networks, firstly their families and secondly the community. Rather, their needs were in the areas of sociability, information and reassurance about the Covid-19 virus and how it is transmitted.

All of the interviewees also reported that they tried to nurture social relationships, and they spoke of the importance of offering mutual support and understanding, albeit within a general atmosphere of concern for the resilience not so much of their own networks, but of the wider social fabric:

> *The pandemic has worsened people's character, it's not true as they said at the beginning... that it would improve the world. No, people have worsened, a little out of anger, a little because they can't cope, for so many reasons, they have really worsened, character-wise, mentally, morally.* (Gabriella, 73, July 2020)

Those interviewed not long after the end of the first wave of the virus outbreak expressed concern about the country's health situation, but also confusion and uncertainty, fueled by often discordant and contradictory information. Their words seem to point to a state of general bewilderment that brought with it, for some, a sense of discouragement, helplessness and fear that made it difficult to project their view forward:

> *I didn't imagine my future before, let alone now... maybe what I felt before has been*

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economic hardship or material deprivation. The small number of people interviewed during the health emergency makes it impossible to make empirically grounded reflections on the consequences of the pandemic from the point of view of the socio-economic situation of older people. However, it must be emphasised that the prolonged state of health emergency will have (and in part already has) significant negative effects on the economic and social system. It can be assumed that older people, especially in a country like Italy where material support between generations often moves from older to younger, will be strongly affected by the economic and material consequences of the current crisis and its impact on the labour market.

> *accentuated, the bitterness of living in a society like this, which I no longer like, which I no longer share.* (Lucia, 71, June 2020)

On the theme of sociality, human contact and moral support, many efforts were put in place by the service providers, especially those that were already engaged in stimulating social interaction before the emergency and had to interrupt their ordinary activities, but also those providing essential services, such as social services and third sector cooperatives and associations active in areas like home care.

From the point of view of material needs, the witnesses refer to an important mobilization of resources aimed at responding to the risk of deprivation linked to the interruption of many productive activities and isolation. Across the municipal territory, social services and third sector associations formed (or, more often, consolidated) synergies and collaborations to ensure home delivery of meals, food and medicines, as comprehensively as possible and taking advantage of the presence of numerous nodes within the network (social services, civil protection, third sector organizations, voluntary associations and newly-formed neighborhood solidarity groups), which made it possible to organize responses to needs reported from different sources. However, it is necessary to highlight some issues that have remained in the shadows. The section of the older population that lives on a minimum pension and had put in place a number of strategies to save and contain expenses, found themselves in trouble during the lockdown for several reasons. A contact person of a third sector service explains:

> *The needs were initially related to food and medicine, then certainly there were economic issues because some of our beneficiaries do not live in comfortable situations. Not because they lost their pensions, but because everything became much more expensive, because they couldn't go out, and they reported this as a major hurdle. They couldn't afford to buy groceries... partly because they couldn't buy groceries themselves [because they weren't going out] and partly because the prices became unaffordable, because you had to pay to get groceries delivered.* (Interview Witness no. 11, May 2020)

In other words, those who were still self-sufficient, albeit in an already precarious financial condition, managed to meet their basic needs with their own resources. The transformations brought about by the new safety provisions, the call for isolation and the consequent inability to go to the usual places for cheap shopping have also substantially changed the condition of these older people, who were rendered unable to access essential goods independently. As a result, new conditions of relative poverty emerged that were previously unknown, and some older people, who had previously managed to get by on a limited budget, had to turn to social services to ensure their survival. Moreover, free home shopping delivery was not evenly distributed throughout the city[44]. The social worker explains:

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[44] The situation has gradually changed and over time, more and more shops have started to offer free home delivery. Nevertheless, it should be noted that products sold at small shops or shopping centres are on average more expensive than those sold at the market, also considering that older people living alone do not generally maintain a large stock of food and therefore do not benefit from bulk discounts.

I noticed a very good level of organization in some districts. For example, one of the indications we could give people was "you have money to do your shopping but you don't want to go out? I'll tell you which shop closest to your home delivers to your door". But in the northern area we found only two small shops. A commercial reality that... even according to the Confesercenti* website, there were a lot of shops in the center and very few in the suburbs. And then of course, older people love the market, where you can buy for less... (Interview Witness no. 8, June 2020).
*one of the largest Italian federations of small and medium enterprises

This testimony introduces a further element that has resulted in unequal opportunities for older people. If the shops located in the city center have exhibited a greater capacity and speed in responding to the new constraints, in the suburbs the presence of fewer corner shops, as noted in Chapter 4, became glaringly evident, with significant problematic implications, such as the greater difficulty of responding to the new needs of older people and, more generally, of the population living in the neighborhood.

According to most if not all witnesses, however, the lack of responses to the needs for reassurance and support arising from forced isolation among older people was perceived as widespread. The following excerpts, taken from interviews with qualified witnesses from both types of services, point precisely to the importance of recognizing these needs among older people and to the importance of reassurance and supporting human connections:

[Our aim was] to make sure older people did not feel lonely and abandoned at a time when loneliness was everywhere... (Interview Witness no. 2, June 2020).

A great need for interpersonal relations, both on the part of older people living alone and those who did not live alone... [reveals] the general frailty of ordinary relations... the need for ordinary relations to be strengthened in qualitative, not quantitative terms (Interview Witness no. 3, May 2020).

During the emergency, people were not asking for emergency services only, they were asking for help in coping with the disruption of their everyday life... (Interview Witness no. 4, June 2020).

On the other hand, and as the last interview excerpt above highlights, material needs did exist, and the services were not always able to respond to them adequately.

In part, as some witnesses pointed out, this was due to the persistent digital divide, both in terms of skills that only a small portion of older people possess and in terms of access to connectivity. As a result, activities and information circulating on digital platforms further excluded those who were already on the margins, while "the telephone channel was *the* channel" (Interview Witness no. 4, June 2020). In some cases, the shortage of operators and the difficulty in coordinating with public services led to a rethinking of home care depending on which needs seemed to be most pressing without increasing the workload on the operators: for example, bringing groceries to the home of an older person with reduced mobility became more urgent than providing the usual personal care service.

Ultimately, despite a major effort to respond to the needs arising from the state of

emergency, service users saw their support activities reduced according to a hierarchy of needs to be met according to a "zero-sum" approach rather than a cumulative one. As one witness, a contact person of a cooperative providing care services, also confirms, those who relied on home care services continued to do so even during the lockdown only when they could not meet their needs independently, i.e., by relying on their own networks.

> *Many families also told us that since they were at home in lockdown, they suspended the service. At the most crucial times, families preferred not to have outsiders in their parents' homes, with a significant reduction in the number of cases.* (Interview Witness no. 1, May 2020).

Similarly, the social worker confirms the significant involvement of families in taking care of older people to protect them:

> *A very interesting thing happened here, many families phoned us to say that they no longer wanted home care for their relative because it was too dangerous. You see, the family carer goes to one person for 2 hours and then spends 2 hours somewhere else, and then takes public transport, and so they told us this is a concern. So they moved in with their mum or dad and were less worried.* (Interview Witness no. 8, June 2020).

Indeed, many witnesses reported that in numerous cases family members of older persons receiving home care intervened to suspend the service, in favor of taking a leading role as caregivers, in order to reduce possible exposure to infection. However, this brought with it further difficulties: on the one hand, the risk of creating or exacerbating tensions in family relationships due to the formation of new habits of giving and receiving care; on the other hand, pushing care workers even further into marginalization, especially when employed in the informal labor market, increasing their chances of setting themselves on a path towards poverty. The social worker recalls that the State intervened to protect family carers rather late, and then only for those who had regular contracts for a minimum of 10 hours per week:

> *Now, the measure known as "Decreto Rilancio" (Relaunch Decree) refers to family carers and provides for a 500 euro allowance for the months of April and May for non-live-in family carers who have a contract of more than 10 hours per week. So, at some point they must have realized that this was an issue. This measure is probably more symbolic than economic, because it's not like 1,000 euro in two months... yes, maybe it allows you to pay rent, maybe... but the most important thing is that they realized this was an issue and that they recognized that these people have helped the country in a fundamental way. I am glad that someone realized that some jobs, which are poorly paid and undervalued, are nevertheless crucial...* (Interview Witness no. 8, June 2020).

According to some interviewees, this is a major sign that public institutions neglected the needs for care and assistance of the frailest groups, and this neglect was further exacerbated by the health emergency and the measures imposed by the lockdown, while public institutions appeared indifferent to the conditions of the caregivers. These are issues that have long been absent from the public debate and

even with the health emergency they have not been sufficiently addressed, since there is evidently a clear preference for a focus on the critical issues arising from residential care.

4. *Discovering your own frailty: between narrative and representation*

In a time of health emergency, narratives on frailty call into question different levels and take heterogeneous forms in different spheres. Health risks represent only one of the pieces that make up a complex mosaic; indeed, the analysis of the interviews brought to light the fact that the most serious weaknesses lie with the resilience of institutions, the value of care work, the sense of self and the representations of one's own role.

According to qualified witnesses, the pandemic has highlighted problems that were already manifest and predate the emergency: first and foremost, the fragmentation of services at the local level and the lack of coordination, with the related difficulty (or simply slowness) on the part of institutions to take responsibility for decisions concerning the functioning of the services themselves. This shortcoming has been addressed through autonomous bottom-up initiatives, at the level of individual organizations and associations, as noted by a witness working in the northern part of the city: "They kept telling us that older people are vulnerable, they have to stay at home, but nobody told us to close down" (Interview Witness no. 6, June 2020).

Another important issue is the contribution of volunteers. As one witness recalls, and as we have noted in chapter 3 of this volume, their contribution is fundamental and, according to one interviewee, makes up for the shortcomings of the public sector:

> *If the third sector were to stop operating even for one day, Italy would shut down, is that clear? ... AUSER alone has 50,000 volunteers in Italy... But in terms of public services, Turin probably has no more than 50 social workers or so* (Interview Witness no. 2, June 2020).

On the other hand, many of the volunteers working for the organizations involved are over 65 years old and fall into the category that was defined as at-risk during the emergency: this led to a significant reduction of older volunteers, who were understandably concerned about their health, which in some cases has put the associations to which they belong under strain. At the same time, however, the fact of sharing of the same health risk as the beneficiaries of the services has, in some cases, promoted a rethinking of relations towards less asymmetry, in line with pathways that began before the pandemic. By fostering direct communication between volunteers and recipients, assigning the former the task of reassuring and cultivating relationships, one charity, for example, enabled its volunteers to come to the following realization:

> *...chatting with these people is not that tiring or disqualifying... [the volunteers worked] really hard on inclusion...* (Interview Witness no. 11, May 2020)

Recognizing the value of the other, which goes beyond the active/passive

narrative, is an important theme that emerges in the testimonies of the interviewees. For example, during the lockdown period, Aurelia (a volunteer for various associations) witnessed a complete reversal from a self-representation centered on civic participation, activation and giving back to the territory towards an external representation that instead relegated her to a protected category, a recipient of attention and care. In her own words:

> I found myself, from one day to the next... I found out that I was old [laughs]. I aged within a week... I found myself living the life of an old person. (Aurelia, 71, July 2020).

Aurelia explains that she first realized she was an older woman when the context changed and consequently her life changed, too. The redefinition of her role was influenced not so much by the public discourse and the representation of older people as subjects at risk, but rather by her relationships: her neighborhood, which consists of a dense network of exchanges and mutual support, which offered to take care of her daily chores; and, even more significantly, her son, who, while motivated by the best intentions (as Aurelia acknowledges), engaged in constant surveillance and contributed to nurturing in her a sense of estrangement and fear, originating from finding herself the object of other people's concerns, and no longer the creator, vice versa, of their well-being. By contrast, Nunzio, strongly anchored in his role as a volunteer, distanced himself from frail "others" and experienced an exacerbated "us/them" opposition, in which "them" - older people - are the recipients of services: "Well, we finally noticed them too! Maybe we should have noticed them earlier [laughs]" (Nunzio, 67, July 2020).

In general, it seems fair to say that the health emergency has brought to light more clearly the complexities and tensions existing in the representations of ageing, and in particular the opposition between active and passive, between care givers and care recipients. The interviews with older people indicate a widespread resistance to the representation centered on frailty [Daoust 2020] which, however, coexists with the apprehension caused by confused and uncertain official information and the concern of family members.

Some interviewees also noted the inconsistency between the narrative on older people as a category at risk, to be protected, and at the same time as tolerable victims, precisely because they are already old or chronically ill. The excerpts that follow highlight the despondency and fear arising from this tension between discordant representations of ageing, which seem to signal, below the surface, the persistence of ageist stereotypes [Rahman and Yahan 2020; Ayalon *et al.* 2020]:

> That was a bit of an unpleasant feeling... to hear that war protocol would be used if necessary, and that touched me a bit... touched me, you see, because of course the years are there, you know, the years are all there, so I necessarily belong to that category there, older people, maybe for now still simply old, maybe later more like old-old! Right? To think that I may have to go to the hospital, to the emergency room, and to think that the situation might be that the doctor, the health professional, has to choose between a young person and an old person, that upset me a little, that is... it gave me this sense of anxiety, made me upset, as it were... and so I tried to, or rather, I didn't go to the hospital any more, you see? I no longer went

to the hospital, in fact one of the last volunteer services I did was to take a woman to the hospital, but I had already agreed with the president ... I won't go into the hospital, and that's final! (Giorgio, 77, July 2020).

Have you seen what happened in old people's homes? "Yeah, but they're old anyway, they have other complications" ... they may have had complications, but if they hadn't also had the Coronavirus, they might still be alive, so you might as well put us up against the wall, shoot us, and say "after a certain age, we can no longer afford to support you" (Lucia, 71, June 2020).

Lucia's reflection shifts attention to a type of frailty that does not directly relate to our interviewees, namely non-self-sufficiency and residential long-term care. This has been the focus of attention and debate during the health emergency, both nationally and internationally, due to the serious underestimation of the risks of infection in nursing homes, the inability to envision alternative solutions, and the consequent high number of victims among older residents [Gori and Trabucchi 2020; Werner *et al.* 2020].

If, for the older men and women interviewed, imagining the future was not easy before the health emergency, the dramatic situation in nursing homes was for some an additional reason to worry about their future.

5. *New or old risks? Loneliness, exclusion and restriction of freedoms*

In conclusion, it is useful to focus on a few aspects: financial and material resources, social relations and support networks; civic participation; and socio-cultural aspects of exclusion in old age (that is, exclusion from the public discourse, discrimination and ageism). These are different issues that are nevertheless connected to inequality, and the following reflections are based on more general considerations on this point.

Covid-19 was initially presented in the public debate as a virus that affected people indiscriminately, but could have more serious consequences for older people – especially men compared to women - or those having comorbidities. In the months that followed the outbreak, this premise was refuted by numerous studies that have shown the importance of social determinants and class in determining the risk of infection and mortality [Marmot and Allen 2020]. The UK Office for National Statistics [Statistics OFN 2020] has, for example, shown a close relationship between mortality rates and the level of deprivation of one's living context. Their analyses also showed higher mortality among certain ethnic groups (Africans, Pakistanis and Bangladeshis) living in deprived areas. Similar results were presented by American scholars [van Dorn *et al.* 2020] who found higher infection rates in the USA among the black community and attributed the causes to structural factors that prevent these communities from practicing physical distancing. Ethnic minorities in the United States are also disproportionately employed in essential work - such as retail grocery workers, public transportation employees, health care workers, and penitentiary personnel - and as such they "do not have the privilege of staying home" [*ibid.*, 1243]. These same individuals generally live in segregated communities where the virus circulates with greater intensity. A study conducted in France also described the link

between economic and financial or structural factors related to housing and the faster spread of the virus [Goutte *et al.* 2020]. There is also widespread agreement that low educational qualifications and socioeconomic status are associated to higher levels of infection and death [Hawkins *et al.* 2020; Watchler *et al.* 2020].

In Italy, at the time of this writing, published studies have focused mainly on the possible effects that the measures taken by the government will have in the medium and long term in amplifying employment, educational, gender, health, urban, economic and social inequalities [Semi 2020; Leonini 2020; Ruspini 2020]. There is also a widespread feeling among respondents that the pandemic, and in particular the lockdown, have had, and presumably will have, more significant effects on one specific section of the older population, being: those who were already vulnerable before the emergency. One social worker explains:

> *And then one thing I have noticed is this enormous poverty, the old are a bit more sheltered than others because they have pensions, but if you have a 500 euro pension and you have to pay rent and maybe you supplement with food parcels from the parish that has closed down distribution... I mean, we received phone calls from people who had nothing to eat... Let's say that if we wanted data on unclassified poverty in this city, we probably now have some interesting data. And even those we thought most protected, such as older people, have come to light.* (Interview Witness no. 8, June 2020)

The measures adopted to contain the spread of the virus have therefore led to unforeseen outcomes, such as the emergence of a previously unknown grey area of older people on the poverty line, which had gone largely undetected by public services.

The conditions in which people found themselves before the health emergency thus seem to outline different and unequal constraints and opportunities.

Looking at social relations and support networks, the narratives offered by qualified witnesses described support in maintaining social contacts as central to their interventions; however, new networks failed to form, while existing ones were consolidated, with the result that those in pre-existing marginal positions found hardly any opportunity for inclusion. This is the perception, for example, of one older respondent:

> *I didn't see anyone... I heard about so many people who were in need but got by on their own... there's always the most miserable who would need more than others but who are left out.* (Gabriella, 73, July 2020)

What is more, the forced interruption of some services, the sudden change in operational practices, and the crumbling of support offered by care workers exacerbated existing inequalities, leaving out those who could not be reached "remotely" and limiting the response to some needs while neglecting others.

Civic participation and active citizenship have undergone an upheaval, signaling the frailty of volunteer associations that rely mainly on the contribution of older people. Additionally, a short-circuit has emerged between the narratives that in recent years have promoted the model of active ageing through participation, and the sometimes paternalistic messages that were conveyed during the emergency,

painting a picture of older people as frail so that isolation became the only option to protect them, with all the related risks of exclusion that this entails, as well as infantilization and a restriction of freedoms.

This reflection partly overlaps with what emerges from the perspective of the socio-cultural aspects of exclusion in old age. Placing all people over the age of 65 in the same category as a population group at risk, and therefore making them the object of special attention and indications, has highlighted the short-sightedness of a construct of old age as a condition that is common to all those over a certain age, without grasping the heterogeneity of ageing processes and the internal differences within older people as a group. This is what some have called "benevolent ageism" [Poli 2020; Cary, Chasteen and Remedios 2017], i.e., a conditioning and restrictive overprotectiveness that has amplified a message of indiscriminate overexposure to risk, not necessarily the same for the entire older population, but rather referring to the frailest part[45]. This has also brought with it tensions and possible divisions that contribute to an intergenerational conflict based once again on the dichotomy between cost and resource, whereby those who grow old are "acceptable casualties", a cost that takes resources away from the care of younger people. In this specific case, in the words of the interviewees, families have maintained their role as the prototypical institution for the integration of different ages [Kohli 2004; Kohli and Künemund 2005] in terms of care work and the mutual provision of help and emotional support. However, this pattern seems to have cracked in those cases where adult children amplified the message conveyed by the media with respect to risk, to the point of implementing strategies of over-protection, even control, with respect to their parents.

The interviews with witnesses and older people after the end of the first acute phase of the health emergency seem to point to the conclusion that this in many ways anomalous period has in fact brought to light issues that were already known: above all, different conditions and inequalities, isolation, loneliness and ageist discrimination. Those who were already excluded before the pandemic have remained on the margins even in this situation, in which services have hardly managed to cross the boundaries of their own catchment area, although the veil has been lifted on some previously unknown segments of the population in difficulty. On the other hand, the narratives on active ageing have run aground, and the contradictions of a vision of older people as a homogeneous group have emerged, as has the incapacity to grasp their actual heterogeneity.

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[45] Poli [2020] provides a clear explanation of the mechanisms that underpinned public discourse during the lockdown regarding the risk of infection. The media, says the author, supported and expanded narratives about epidemics and related fears in the public, shifting the focus from risk factors (about which little was known) to consequences, as well as on the apparently more interested recipients, especially where the message represented a possible opportunity for media hype. Thus, unlike the WHO that, while pointing out the danger for the older population, also outlined the nature of the risk to all other age groups [Kluge 2020], the media and various opinion leaders conveyed ambiguous messages, concealing at first that younger age groups could also die from Covid-19, albeit with a lower incidence [Poli 2020, 273].

Chapter Seven

What to do?

The ageing of society and the ageing of people are distinct but intertwined processes. Thus, becoming old in an ageing society means facing changes at the individual level in a context that is itself changing, and in which the relative weights and the attribution of value may vary between generations, with the balance tilting at times in favor of older or younger ones. Moreover, the age group considered here, the over-65s, is made up of extremely varied individuals. Although we have chosen to limit heterogeneity by considering only people who are no longer employed in the regular labor market and are self-sufficient (that is, who are able to carry out daily activities autonomously), the social, cultural, economic, health and even age conditions of our sample are nevertheless very different. What is more, these conditions are not only different but also unequal, in that they are the outcome of various life paths that reflect, at times, the accumulation of advantages and disadvantages, or that were irreparably marked by stressful or disorienting events (see chapter 5).

The divergence concerns not only life experiences, but also the perceptions of those we have called in the first part of this volume *older people*[46], although we are aware of the ambiguity of this label. It is not simple, indeed, to define the boundaries that characterize different population groups at an advanced stage of life, nor to make sweeping generalizations (see chapter 1). If ageing is to be viewed as a process that begins at birth and ends with death, the threshold of entry into old age varies in time and space for different reasons, among others with an increasing life expectancy and improving quality of life, albeit with the noted discrepancies between women and men. Furthermore, one cannot overlook internal differentiations, based not only on gender and ethnicity[47], but also on age, so that being 65 years old is not the same as being 90, and that is why in addition to the third age, scholars have found it necessary

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[46] As noted above, the decision to use the term "older people" to refer to both men and women is not intended to conceal the important gender differences that also run through this phase of life and which, on the contrary, we have tried to highlight throughout the text.

[47] Ethnicity, though relevant, was not the subject of our research, which focused on a sample of older Italians. Please refer to the Methodological Appendix for information on the approach adopted for this research and the process of collecting and analysing empirical material.

to introduce the concept of a *fourth age* [Higgs and Gilleard 2014]. Age refers not only to individuals and how much of their life they have lived at a given point in time, but also to the surrounding social structures, outlining criteria for both role performance and entry and exit from these [Riley 1986].

What is more, institutional and normative contexts contribute to a social norming of age by participating in defining the criteria for the distribution of resources at the social level, as well as in determining power relations and intergenerational obligations within family networks. Age strata – that is, the approximate grouping of people on the basis of age – thus reflect socially significant aspects that are only partially defined by biology, although the functional impairments that old age brings with it are nevertheless central factors. Moreover, it should be borne in mind that subjectivity also comes into play, influencing the way individuals perceive old age, which is in turn influenced by contextual, cultural and social factors [Aureli and Baldazzi 2002; Bordone, Arpino and Rosina 2019]. This appears to be a central question for the older interviewees as well, who say that they do not feel old because they are still autonomous, while they assess old age in terms of dependence (on the state, on families, on services, in terms of economics, care, etc.) and consequently of frailty (see chapter 4). This may also help to explain why no significant differences emerged on the various topics with respect to age, at least for those interviews carried out before the pandemic (but we will return to this later).

In view of what has been said so far, there is clearly a remarkable complexity that arises when pursuing the objective of investigating the living conditions of older people, trying to detect their needs and possible areas of social exclusion and denied rights. The context in which the study is set, a city in northern Italy, is itself subject to broad transformations in a demographic sense, but also socially, culturally and technologically, not to mention a global pandemic that regrettably put the media spotlight on the older population. But let us proceed gradually.

In the effort to reconstruct the main approaches adopted over time to investigate ageing and the conditions of older people (see 1.3 and 1.4), this research attempted to focus on the relevance of the more recent paradigm of active and successful ageing, which, it was argued in this first part of the book, has guided not only policymakers (see 2.1) but also those who turn policies into practice (professionals and operators in public services and the third sector) and the citizens who are part of these processes. The needs themselves, and the responses they evoked, are shaped by the power of public discourses about what it means to age well and the role of individuals in contributing to the success or failure of their own journey.

The risks of superimposing the approach of active and successful ageing to empowerment, thus oversimplifying the concept of agency by reducing it to free choice and individual responsibility as a legacy of neo-liberalism, emerge explicitly and, more often, implicitly from the words of the witnesses who provide services to the older population (see chapter 3). Although the testimonies of the witnesses seem to indicate that old age represents a phase in the individual's life course and that older people's identity, role and lifestyle are the result of a specific trajectory and particular transitions one has experienced individually, the difficulty of taking this complexity into account seems equally clear. Many of the interviewees seem intent on avoiding the usual standardized comments that lump together older people as a homogenous unit, which therefore marginalizes those who do not or are unable to conform to the

implicit model of the active older individual. Nevertheless, there seems to be no overall strategy in the participation and sharing of measures and objectives for a joint reflection on the different and unequal conditions that allow (or limit) access to and use of services by older people. This may result in an indiscriminate application of the paradigm that does not take sufficient account in practice of differences in gender, ethnicity, class, living conditions and age within the older population itself. In other words, the rhetoric of active ageing can turn into a somewhat oppressive form of ageism, which includes and engages only the part of the older population (the successful older person) that is economically affluent and healthy. Lifestyle and living conditions are, in fact, not necessarily a matter of individual choice and responsibility; on the contrary, they are often the outcome of unequal context-determined constraints and opportunities, of advantages and disadvantages that combine and/or accumulate along life courses. Moreover, in the definition of the needs of the recipients and the most appropriate ways to respond to them, there seems to be no room for the exercise of social citizenship [Gargiulo 2008] or for participatory processes in the formulation of the design or implementation of interventions. The testimonies of the over-65s themselves (see chapters 4 and 6) draw attention to the contradictions inherent in the narrative on active ageing and to the risk of concealing the dimensions of inequality that do exist. The interviewees report heterogeneous living conditions that seem to point to different potential areas of exclusion. First and foremost, the place of residence represents a source of opportunities or discomfort for those living in suburban neighborhoods that are subject to major demographic and social transformations, where neighborhood networks are increasingly rare, community services are lacking and connections with the city center and within the neighborhood are inadequate. Within this framework, it is mainly informal networks of family and friends that offer support, and these too are constantly evolving and their characteristics are not the same for everyone. The form and strength of family networks differ between married individuals and the single or windowed who are on their own; between those who have experienced migration and those who have been rooted in the same local territory for generations; between those who have adult children and those who do not, or those who have children who have themselves experienced disruptive events (a break-up, the loss of employment) and therefore need support.

Gender appears to mark an important distinction among older people. The segregation along gender-based roles, especially in the cohorts to which the respondents belong, contributes to determining different living conditions. Women appear to be more economically vulnerable but at the same time better equipped in terms of relational resources and social capital. Meanwhile men, who are retired from work and enjoy greater economic security, appear more deprived in terms of their ability to cope with daily activities, due to their lack of engagement in family life which is made up of domestic chores and care activities, but also of relationships. The interviewees also describe different representations and ideas about growing old, which nonetheless have some points in common: resentment towards a widespread image of older people as a cost to the community; the idea that old age is linked not so much to age as to autonomy and dependence. Both of these sentiments are intertwined with the paradigm of active and successful ageing, centered on the imperative of activation in order not to burden others and to preserve oneself as a

"resource" even in old age. Those who do not conform to the model, because they cannot or do not want to, run the risk of being stigmatized and marginalized.

But the ultimate factor in determining the onset of "real old age" is the loss of self-sufficiency and/or the need for help from others. The Covid-19 pandemic and the health emergency, which focused public attention on the older population (see chapter 6), brought internal tensions to the fore. Although the simplification of considering older people as a homogeneous group is common, the rhetoric of active and successful ageing that attributes responsibility (thus the merits as well as the blame) for one's own well-being to the individual seems to not have fully withstood the impact of the pandemic and the narratives urging the community to protect the indiscriminately vulnerable and at-risk older population. This gave rise to a disorientation in our "active" interviewees, who participated in community life as volunteers and were strongly anchored to this aspect of their identity, in their sense of self and ability to think about the future.

All of these aspects invite us to look at the lives of those who age in a more organic way, by taking into account the contexts in which they experience what happens, their agency, the timing and duration of events and transitions that shape individual trajectories, and how and to what extent the lives of individuals and their families are linked. The life course perspective thus allowed us to take a step forward while looking backwards, looking at the paths of those who have now reached the third or fourth age.

Life courses can be described as a succession of transitions, or changes of state or role related to the occurrence of certain events and the responses to those events. Transitions can have implications for later stages of life. In particular, we have directed our attention to critical or unsettling events in order to account for some possible consequences on individual existences and how different opportunities and constraints may take shape from these events (see chapter 5).

These events may concern the private and more intimate sphere, or the professional sphere or even, as we have tried to show, the intertwining of personal and professional lives. The principle of linked lives was revealed in full in the interviewees' accounts describing how individual events and choices are closely intertwined with the lives of those in their closest circle. The death of a spouse or a child, illness, the loss of a job, etc., represent turning points that are relevant not only for the individual who experiences them directly, but also for the family and/or friendship network that are urged to rethink and redesign the life course in relation to the redefinition of the situation, in a given historical context that is equally relevant. Experiencing widowhood can profoundly alter the course of the surviving spouse's life in unexpected ways. The loss of an older brother – particularly for the generations analyzed here – can mean, for younger siblings, dropping out of school and starting an early working career. The principle of linked lives operates not only at the level of horizontal ties between spouses or between siblings, but also at the intergenerational level: consider, for example, the decision to remain in the labor market for young mothers depending on the willingness of grandmothers to take on the care work for their grandchildren [Naldini, Solera and Torrioni 2012].

Different events mark turning points in life trajectories, as we have seen, and they accumulate along the life course, shaping paths that intersect and add up privileges and/or unfavorable conditions with different but also unequal outcomes. The theory

of the accumulation of advantages and disadvantages comes to our aid in understanding how the conditions of people (in our case, older people) are the result of past histories that are situated in a defined time and space but that are also, at the same time, in motion. In other words, ageing is a process that starts as early as birth (if not earlier, according to Baker's fetal programming hypothesis [1994]) because it is the entire life course that shapes old age. Certainly, factors that cannot be overlooked include cultural, spatial and historical contexts, and the centrality of social class, ethnicity and gender that are relevant in shaping the experiences of individuals from the earliest stages of family life and primary and secondary socialization. However, inequalities tend to increase [Dannefer 2003; Ferraro *et al.* 2017]: for example, the poor who grow old are destined to become poorer, while the richer tend to increase their assets and income. The prospect of the accumulation of advantages and disadvantages thus warns of the urgency of addressing the issue of recent and growing inequalities precisely because these are bound to produce worrying outcomes for those who are now in a less protected labor market and will be poorly protected when they reach retirement age in the not-too-distant future. That is to say, we cannot "project" onto the future old/oldest-old of tomorrow the conditions and specificities of the old/oldest-old of today: given the consistent diversity of their respective generational histories [Facchini and Rampazi 2010], their health conditions and their social or family conditions will be markedly different, with different problematic issues [Facchini 2016].

By concealing the various processes and unequal conditions that describe the situation of older people, the paradigm of active ageing therefore entails a risk of distracting from the necessary reflections on how to deal with old age. If active and successful ageing is in fact linked to the differentiation of lifestyles and the growth of specific markets and consumption aimed at older people, then the later phase of life, deprived of the culture and symbolic capital [Higgs and Gilleard 2014] that characterizes the earlier one, concerns the vulnerability, frailty and the ageing process "of others". The experiences of functional and physical decline separate "us" from "them" and, on an individual level, the "I" from the "other than me", with a defining power greater than chronological age (see chapter 4). The fourth age is not a phase that the individual goes through, it is the last phase of life, which concludes with the end of the life course and therefore represents, like death [Elias 2011], a matter that is difficult to think about and imagine since, as Higgs and Gilleard [2014] warn us, it is constructed as the real old age, which corresponds to the degradation and decay of agency and identity.

The arguments originating from the economicist approach, in terms of performance or individual responsibility, can compress the spaces of autonomy and self-determination. In this context, those who do not interpret their own old age in a way that conforms to the active ageing paradigm may in fact be excluded from the policies that are based on that paradigm, as well as from the social context that accepts that model among its reference values.

What could help would be recognizing frailty in old age as a possible outcome of trajectories in which disadvantages have accumulated on a downward path, or in which disorienting events have represented points of no return in potential career pathways, or even as a characteristic that occurs "together" with others and as such, one that contributes to telling the story of being old today but does not exhaust it. This

would help us to take a critical look at the rhetoric of active and successful ageing, to bridge the gap between it and the paradigm of disengagement even when one does not age "successfully", without necessarily assigning blames. To this end, it would seem useful to consider a reconstruction of the ageing process that takes into account the experience of the present in light of the narrative of the past.

Lastly, as Calasanti and Slevin [2001] suggest, it would be appropriate to consider individual preferences and thus multiple activities, including inactivity, among the elements that may contribute to the success of the ageing process. In other words, it seems useful to build frameworks for exercising social citizenship practices in which the ageing persons themselves can use their voice and express their point of view in order to contribute to enriching and rearticulating the paradigm of active and successful ageing. Ageing is a relative process, situated in a cultural context according to its norms and values and therefore variable [Willcox *et al.* 2007], and it requires a joint, participatory reflection of all the actors involved in order to be a path of inclusive social citizenship as well.

Methodological appendix

The first part of this volume is based on the analysis of various material collected with the aim of bringing out the heterogeneity that characterizes the conditions of self-sufficient or only partially non-self-sufficient older women and men, their different skills and capacities, their different needs, and the areas of inequality and possible discrimination that it is useful to bring to light. Based on this objective, the research project, a qualitative study mainly based on semi-structured discursive interviews, consisted of three phases, to which a fourth was added following the health emergency due to the Covid-19 pandemic.

The first phase, which pursued an exploratory goal, consisted of organizing a focus group with people over 65 years old in October 2019 to identify the relevant factors to be taken into account in the next phase of the research. A day center for older people located in the southern part of Turin made itself available to help recruit participants, but attendance was higher than expected and 25 people attended the meeting. From a methodological point of view, therefore, this was an unusual focus group that is perhaps better defined as a group interview, which, from an epistemological point of view, due to the content that emerged, proved useful in defining the areas on which to focus the subsequent work. The group interview was conducted with the aid of discussion prompts in the form of pictures shown to the participants. The 10 selected pictures showed cartoon-like depictions of older people in different situations; they were sourced from the internet (under a Creative Commons license, therefore reproducible), printed in A4 format in several copies and distributed among the participants. The information gathered during the meeting was not discussed in this part of the book, but contributed to the formulation of the interview questions by identifying the topics considered most relevant by the participants, who were encouraged to reflect in general on the various conditions describing old age, needs, denied rights and age-related discrimination.

The second and third phases, which took place from autumn 2019 to February 2020, represent the core of the research work, which involved both contact persons from services dealing with the older population in the territory of the city of Turin, and self-sufficient persons over 65 residing in the same territory. In particular, the interviews with the former - referred to as qualified witnesses - were carried out between September and November 2019, while those with older people were

conducted between November 2019 and February 2020.

The fourth phase took place from May to July 2020, following the end of the first lockdown following the Covid-19 outbreak in Italy, and involved some of the witnesses and older people interviewed during the second and third phases.

For these reasons, the data used in chapters 3, 4, 5 and 6 of the first part of this volume come from different empirical material sources.

In chapter 3 we present data from interviews with 18 qualified witnesses belonging to organizations providing services for the older population in the territory of the city of Turin: of these, 17 work in third sector organizations and associations (of various types, from lay to religious, from private to public sector), and one is an operator working in the local social services for older people. The aim of the survey was to map the services dedicated to self-sufficient and partly self-sufficient persons over 65 in the Turin area, with a focus on the needs identified by the witnesses and on the areas of possible exclusion of older people. The identification of the areas of intervention and the characteristics of the target groups, based on expert testimonies, were guided by the different interpretations of the active ageing paradigm and its pillars: safety, health and participation. With regard to the areas of discrimination, reference was made to the systematization by Walsh et al. [2017].

In chapter 4, the empirical material presented comes from the interviews with 12 older Italian women and 5 older Italian men[48], who were identified with the help of the organizations contacted in the first research phase. The criteria for participation in the research project were being over 65 years of age, no longer being formally involved in the labor market, and being self-sufficient or partially self-sufficient[49]. Of these 17 interviewees, nine reside in a district located in the southern part of the city, which can be defined as working-class because the car manufacturer FIAT with its 70,000 employees was based there in the 1970s and today is still inhabited by former employees of the car industry; the area is currently characterized by a higher proportion of over-65s than the rest of the city. In contrast, the remaining eight respondents live in the northern part of the city, an area characterized by a multi-cultural population where younger residents are concentrated. The choice of these two areas was not accidental, but rather motivated by the idea that the experiences of living and accessing services are influenced by the territorial context in which people live. In addition to the theme of transformations of urban contexts in relation to quality of life, the interviews, based on a semi-structured outline, were aimed at briefly describing biographical paths to explore current conditions, needs and perceptions of denied rights and age discrimination. Lastly, respondents were asked to provide a subjective definition of being old and to describe their expectations and wishes with respect to their own future, thus shedding light on how and whether one can plan and prepare for old age. The goal here was to focus on the processes of signification that individuals put in place in order to define ageing, allowing them the chance to express what they actually mean when they use this term. The structure of the interview for older people was guided, from a methodological point of view, by

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[48] While aware of the relevance of ethnic-cultural factors and nationality in determining different and unequal ageing processes, it was decided to focus on a group of locals in order to streamline the research work and in light of the small number of older migrants in the area targeted for this study.

[49] With regard to the latter criterion, it should be noted that all our interviewees are autonomous in carrying out daily activities; however, many have one or more illnesses that are not as yet debilitating.

the idea that subjective experience is remembered by individuals in the form of episodic-narrative and semantic knowledge [Flick 2009; Craciun and Flick 2014]. The basic assumption of episodic interviewing is that life experiences are encoded and remembered as narrative or episodic knowledge (that is, based on concrete life situations) and semantic knowledge (consisting of abstract concepts and their relationships). Previous studies [Flick *et al.* 2004] showed that episodic interviews are useful not only to encourage interviewees to talk about abstract definitions and beliefs and their influences, but also to contextualize their experiences in real-life situations. In our case, semantic knowledge took shape through the reconstruction of images of ageing, the way the older person looks, thinks and represents himself/herself, and the definitions that try to explain what ageing actually means. Episodic knowledge, which is closer to experience because it refers to concrete events and situations [Flick 2000], emerged instead from the description of perceptions and experiences (for example with respect to health, social or private services) within concrete scenarios by resorting to examples, or rather episodes that the interviewees either experienced directly or witnessed.

Additionally, socio-demographic information was collected for all respondents using a form that the interviewees were asked to fill out, which included age, gender, place of birth and residence, marital status, housing status, age and number of children, educational qualification, position in last job, and information on income and health status.

The data presented in Chapter 5 comes from three empirical material sources: interviews with qualified witnesses, interviews with older people, and a third corpus of data made available to us by one of the organizations that participated in the survey in the second phase of the research. This material was collected by the organization's volunteers as part of a project aimed at overcoming the asymmetry in the relationship between the volunteers and the beneficiaries of their services. For the purpose of the project, called *Raccontami (Tell me)*, the volunteers (in most cases aged 65 and older) were specifically trained to conduct an open discursive interview with the aim of collecting the beneficiary's life history. More than 200 individuals were involved, of whom 89 were over 65 years of age, but the data collected allowed for the reconstruction of biographies only for 74. The fact sheets relating to these 74 cases, which briefly summarize the participants' life courses, were read and used for the drafting of the chapter with the intention of bringing out the disorienting events that were presented as relevant in determining transitions in biographical paths[50]. The testimonies were viewed as complex texts the factual truth of which is of marginal relevance compared to the truth of the experience and its internalization by the

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[50] It is important to emphasise here that the interviews were conceived and carried out with the aim of urging the organization's volunteers to adopt a new outlook towards the recipients of support measures who were perceived by the volunteers as passive subjects. The organisation that promoted this collection of biographies intended to create an opportunity for reflection for the volunteers, in order to understand the complexity of life courses, to consider people's current conditions as the outcome of various paths, and to debunk certain stereotypes. We therefore had access to materials from interviews that had already been conducted. While this represented a limitation, in that the interviews were not conceived to meet the cognitive objectives of this research, it was at the same time an opportunity in that the interviews were not particularly narrow or explicit in their investigative intentions as to censor reconstructions and reflections of older people which did not follow the prescribed direction or did not remain within the narrow perimeters established *ex ante*.

subject [Saraceno 1986b]. The material was then analyzed in order to focus on the occurrence of certain stressful or particularly significant events for the interviewees, which produced, from a subjective point of view, a perception of the worsening of older people's living conditions and/or the accumulation of disadvantages that led to the current conditions of deprivation or illness. This made it possible to focus on the relevance of life courses in relation to health outcomes and frailty in old age.

Lastly, Chapter 6 presents the data collected in the fourth and final phase of the survey, which as mentioned above was not part of the original research project. The latter originally envisaged the involvement of a larger number of older people, compared to the 17 individuals who were actually interviewed; however, the Covid-19 health emergency, which occurred precisely during the collection phase of the interviews with people over 65, made it impossible to conduct the additional face-to-face meetings. Since it was believed that it would be important to provide an account of the transformations that were taking place, it was decided, in the lockdown phase that took place in the spring of 2020, to proceed with telephone interviews with those who had already been involved in the previous phases, in order to focus on the changes, the new needs that had emerged and were emerging, and the impact of the lockdown on the living conditions of older people and their perception of being old in a period of forced isolation. In this phase, we then interviewed 9 service contacts (8 from associations, 1 social worker) and 6 older people (4 women and 2 men).

As with the construction of the interviews with older people in the previous phase of the research, questions were formulated to obtain information, but were also targeted and concrete with a view to exploring both episodic and semantic knowledge [Flick 2000].

Indeed, in this phase, in addition to being asked to give an account of the definition/redefinition and representation of ageing during the lockdown (semantic knowledge), the participants were also encouraged to provide examples that further illustrated what this experience had meant for them, for instance through a description of the disruption of daily routines or the transformations in care and nursing practices (episodic knowledge) [Craciun and Flick 2014].

All interviews were audio-recorded and transcribed in full[51]. The resulting texts were analyzed in terms of content through open segmentation and coding, with the support of the qualitative analysis software *Atlas.Ti*. The codification of the texts, carried out with an open thematic approach, was inspired by the inductive analysis approach known as *grounded theory* [Glaser and Strauss 2009] but oriented by certain theoretical references [Star 2007, in Cardano 2011], in particular around the various interpretations of the active ageing paradigm and the life course perspective that we have adopted as a lens.

The aim was precisely to investigate the conditions under which representations of ageing/active ageing and old age are produced. Other levels of analysis were also implemented simultaneously: the description of practices, the production of meanings, and their comparison in order to highlight convergences and divergences, as well as the mechanisms underlying ageist narratives and practices.

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[51] The names of the interviewees presented in this volume are fictitious and assigned by the authors in order to guarantee the anonymity of those who participated in the project.

Part Two

The juridical analysis

by Bianca Gardella Tedeschi[52]

Chapter Eight

The ageing population and the law

1. *The ageing population*

The phenomenon of an ageing population is the result of a fortunate combination of improved quality of life due to the relative well-being of western society, and medical advances which make it possible to treat serious illnesses and bring about a series of adjustments in the body that allow life expectancy to be extended. To be sure, longevity is due to a particularly effective maintenance of cell and organ activity, which over time can offset the inevitable functional decline of the organism. This combination of factors is further connected to personal choices, which lead, in our affluent society, to a preference for lifestyles that prolong life. As gerontologist Daniela Mari states:

> *...longevity can be built. In addition to genetic predispositions and biological good fortune, we are, to a small degree, responsible for our own destiny, and even if we are not born with a familiarity that helps us become centenarians, we can live in a way that favors a prolonged life expectancy... Genes and their expression can be driven towards longevity mainly through our diet, along with our general lifestyle. If we look ahead, we can see a future in which humanity will be able to make life even longer, healthier, happier: the resources to achieve this goal are in our hands.* [Mari 2017, 139].

Increased life expectancy is, however, one of the main challenges for the industrialized world, which has to adapt to the changing composition of the population. Aspects to take into account include, among others, the fact that the entire pension system is under stress, services for older people need to be increased or even totally redesigned, and the burden on the families of older people may become too cumbersome, as a result of which new, more or less professional figures will have to be created to provide care for older people.

All social sciences are called upon to rethink and redesign society to make it inclusive and economically sustainable, particularly with regard to older people. The law is also called upon to play its part and has started to ponder a specific set of rights for older people. In Italy, some early reflections were made on the subject when the

ageing of the population was not yet so evident [Sciancalepore and Stanzione 2003; Stanzione 1991; Rossi Carleo, Saulle and Siniscalchi 1977]. Today, many years after those early publications, science allows for a different interpretation of ageing and offers jurists more food for thought.

2. *The ageing population in European Union studies*

The European Commission declared 2012 to be the year of active ageing and intergenerational solidarity (see 2.1 above). Accompanying the declaration were the guiding principles for active ageing and intergenerational solidarity[53], concerning employment, participation in society and independence. In its 2020 communication *A strategy for smart, sustainable and inclusive growth*[54], the European Commission illustrated the strategy for a healthy and active ageing population as a means to achieve better social cohesion and higher productivity. The active ageing strategies of the European Union are strongly anchored in the Treaties. The right of older people to lead a dignified, independent life, as well as the right to participate in cultural and social life, are enshrined in Article 25 of the EU Charter of Fundamental Rights, while the Treaty on European Union sets solidarity between generations as one of the objectives of the Union (Art. 3.3 TEU). The Charter of Fundamental Rights of the European Union provides for social security and social assistance in old age, and Article 15 of the Charter addresses the right to work. In addition to these instruments, non-discrimination on the basis of age is enshrined in Article 21 of the Charter of Fundamental Rights, and in European law, age-based discrimination is prohibited by Article 2 of Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation.

Major changes in medicine and lifestyle have led to the emergence of a new category of individuals: the self-sufficient older person. This is a person who is still able to live an independent life in later years. The relative autonomy these individuals enjoy may, however, not be sufficient to untangle the complications of life in the present day, starting with online bureaucracy, asset management, and relations with banks. Medical science shows that although autonomous people in their old age are able to make their own decisions, they are not always able to process them at the required speed or are not able to evaluate all available data to make decisions.

Faced with these changes, the law needs to identify a way to respond to the needs of contemporary society. It is not an easy task, but some lines of enquiry can be followed that help to define a starting framework.

3. *The older person as a legal subject*

One approach consists of understanding who older people are. For the time being, however, the law has failed to produce a definitive answer to this question. In Italy,

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[53]   https://www.eugms.org/news/read/article/guiding-principles-for-active-ageing-and-solidarity-between-generations.html.
[54] COM(2010) 2020 final

as in all other legal systems, the law draws a clear line separating childhood and adolescence from adulthood: at the age of 18, the status of the individual changes and we become fully capable of acting as adults. It is a rule that is applied automatically, without any investigation into the actual degree of maturity attained by the new adult.

This is not the case for the opposite extreme of life: we cannot tell when a person is old. In ancient Rome, one could become a senator from the age of 40 (and this is still the case in Italy today), but 40 years of age had a different meaning for the ancient Romans as it does today, in terms of the individual's health and physical condition. Today, we would probably not refer to a 40-year-old politician as a *senator* (from the Latin *senex*, old man).

One option is to rely on medical science to ascertain when we start to age. On closer inspection, however, we grow old every day from the very moment we are born. What is more, according to gerontologists, the way in which we age is already largely dependent on intrauterine life, since in the early stages of life, the environmental conditions in which we are immersed can initiate our future ageing and thus determine related pathologies [Mari 2017, 40].

Although scientific reflections are certainly well-founded, our society regards the process of continuous ageing differently. The different stages marking the passage of time in the lives of individuals have different lexical equivalents, with the result that we have many words that refer to the process of ageing. In the first phase of life, our physical and psychological adaptation to the passage of time is called *growth*, then *maturation*. It is only from a certain age that the passage of time is perceived by the individual as *ageing*, and this perception is shared by those around him or her. This may correspond to the perception that more years have already been lived than those that remain to be lived, as was pointed out by Bernice Neugarten in the 1970s [1972; *supra 1* .3].

In fact, the perception of ageing (as opposed to growth or maturation) sets in when some external factor forces us to make long-term adaptive changes, rather than simply adapting to a specific event at a certain point in our life. As gerontologist Helen Kivnick [2017] points out, in this case the perception is that there will be no return to normality and that a "new normal" will need to be created instead. For Kivnick, for example, the moment she realized that she was no longer maturing but growing old coincided with her parents' decision to go and live in an old people's home.

This leads to what is known as *age identity*, that is to say how an individual subjectively identifies him or herself in terms of feeling young, middle-aged or old. A positive assessment of one's state of ageing confers tangible protective effects on the quality of ageing itself. According to Daniela Mari and in line with many international studies, the perception of one's own ageing – that is, how old one feels – seems to have a greater impact on quality of life than chronological age: "Mental age can influence the brain's ageing process, positively affecting cognitive abilities" [Mari 2017, 53]. In this sense, in 2017 the Official Journal of the American Society of Gerontology published a special issue titled *Ageing*: *It's personal*. This issue contains nineteen articles that draw correlations between the authors' knowledge about the ageing process and the reality of ageing they face, for themselves or their loved ones. A picture emerges in which it is difficult to rationalize and set a pace for the ageing process, because growing old is a very personal and not just an academic matter [Pruchno 2017].

In fact, as of today, unlike for adolescents reaching the age of majority, age alone cannot be an absolute cut-off point for determining rights and capacities in old age. Age is a concept that needs to be contextualized, taking into account the environment in which we live and the problems we face in our everyday life. For the labor market, for example, a worker begins to be "old" after the age of 50. In the United States, the *Age Discrimination in Employment Act of 1967* (ADEA) protects workers and job seekers against age discrimination from the age of 40.

In Italy, regulatory provisions apply to set ages: at 65, one can ask to be exempted from guardianship (Art. 325, no. 5 of the Civil Code); the Ministry of Health indicates that an older person is any individual who has reached the age of 65 or older[55]; a learner driver can be accompanied by an experienced driver no older than 60 (Art. 122 of the Rules of the Road); the Trenitalia Freccia Senior card, which entitles the holder to discounts on train tickets, is available to those who have reached the age of 60[56].

According to international literature, retirement (that is, the moment when one leaves the labor market) is an important watershed for regarding a person as old. Retirement visibly affects one's life: our social and friendship networks are altered, we have more free time, but we no longer have the possibility of increasing our income, which depends on our pension and on the savings we have accumulated during our working life. In Italy, individuals generally retire around the age of 65, but this rule of thumb does not necessarily apply to everyone: those who perform particularly demanding work may retire earlier, while freelance and self-employed professionals may decide to work longer. For the purpose of statistical surveys, old age is generally set to begin at 65 years of age (*supra*, part one). However, additional age subdivisions have also been introduced to better describe the population (*supra*, part one).

It is clear that, in light of the diversity of legal provisions and the findings of social science, the age of 65 cannot justify the separation of older people from the rest of the population, unlike what happens with minors, whose entry into adulthood is set (in Italy) at the age of 18. This is because of "variable perimeters that must be defined and redefined in time and space" (*supra* 1.3) on the basis of the following parameters:

> *demographic (based on age); economic (according to retirement age 60-65-70); biological (starting at the age at which psychophysical disabilities become most common: 70-75 years). In other cases, the older population is instead divided into three segments: youngest-old (those in the age group of 65 to 74 years); middle-old (those between 75 and 84 years of age); and oldest-old (those over 85 years of age)* (*supra* 1.3).

The various theories on ageing presented in the first part of this volume further divide older people on the basis of other important factors, most notably the cultural one, as well as gender.

In order to guide the law in addressing ageing, it is essential to know what ageing

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[55] Ministerial Decree of 27 June 2005, *Ordinanza contingibile e urgente relativa alla tutela delle persone anziane* (*Contingent and Urgent Ordinance on the Protection of Older Persons)* (Official Journal no. 149 of 29 June 2005).
[56] https://www.trenitalia.com/en/offers/senior-offer.html

people expect for their future lives. In this sense, *continuity theory* can help choose what measures to adopt. According to continuity theory, "people aspire to maintain continuity in their existence and find ways to adapt to the changes associated with ageing, based on the idea that the individual's personality tends to remain unchanged during this process" (*supra* 1.3).

Medical and sociological research offers no incontrovertible data to construct an older legal subject as the recipient of specific norms. Nevertheless, those sciences provide various data that would justify a rethinking of legal norms so that they can also include self-sufficient older persons. The rethinking of legal norms would be geared towards including people who may be experiencing one - or all - the conditions that emerge from the interviews in part 5 of this volume. It is a matter of understanding, based on a close scrutiny thereof (*supra* 1.3), how the differences emerge, and then adapting the rules so as to include those who see less, move less, struggle with technology, have no possibility of increasing their assets, those who have to live off their pensions, those who help their children financially, those who are at risk of poverty, and those who no longer have a social network.

Chapter Nine

Elder Law / Law for the elderly

Despite the increase of the older population compared to other population cohorts, the law has not yet become fully aware of the need to consider the older person as a recipient of special rules. Some legal system, however, seem to have devoted greater thought to the issue than others.

In particular, the United States legal system was the first to start looking at the older person as the bearer of special interests and needs, giving rise to a specific field of law called "Elder Law", a concept developed by professor Lawrence Frolik. After teaching this new discipline for several years, in 1993 Frolik launched a specialized law journal, the *Elder Law Journal*. His opening article in the first issue still stands as the foundation of this area of law that is now an autonomous branch of the US legal system [Frolik 1993]. According to Frolik, the field of Elder Law is an offshoot of the activity of lawyers, who are always seeking greater specialization. In the US, the widespread tendency to plan for the future – for example in terms of health insurance or financial savings - has led people to turn to lawyers to set up a retirement plan, to establish trusts and other instruments to ensure a comfortable old age. Years later, Frolik confirmed this same approach – by then applied rather than speculative - in another publication [Frolik 2009]. This attitude was later labelled "professional positivism", in that it considers the rules used by professionals to solve their clients' problems as a given, refraining from any broader policy analysis. Elder Law is made up of a set of areas: age discrimination, health insurance and other health-related issues, pension plans, guardianship and capacity to act, legal issues related to the choice of where to spend one's old age, administration of economic resources, informed consent and advance treatment provisions.

While remaining within the realm of the law as serving above all the legal professionals themselves, Frolik adds that in the United States the time is ripe for a change of perspective in the relationship between the law and older people, precisely because the ageing population requires different legal instruments. For Frolik [1993, 15], it would be appropriate to forge closer links with other social sciences, so that Elder Law becomes a social science in its own right.

Frolik's aspirations did not remain solely theoretical. Later editions of his handbook contain a rather important introductory part devoted to ethics, to the definition of the older person, and to the conflict between protection and autonomy

of the older person [Frolik and Barnes 2015].

A different approach to the relationship between the law and older people has been developed in Israel, at Haifa University, thanks to Israel Doron, who coined for the field the new name of *Law and ageing* [Doron 2009b]. For Doron, it is important to have a juridical vision of ageing, approaching it as a discipline that adapts existing rules to the needs of older people. Doron, in essence, does not accept the Elder Law approach adopted in the United States.

Doron describes the relationship between the law and ageing with the term *jurisprudential gerontology*, which could be paraphrased as "legal theory of ageing". According to this author, just as there are gerontologists in the medical field, there should be jurists specialized in the field of ageing and old people. Doron's inspiration was Elia Cohen, a gerontologist, who considers juridical analysis too important to be ignored by gerontologists [Cohen 1978] – a warning for jurists to acknowledge that old age calls for a change in juridical paradigms.

In proposing a different way of approaching the relationship between the law and ageing compared to US practice, Doron illustrates *law and ageing* as a part of the law that should deal comprehensively with the older person. According to Doron, while in some areas an extensive theoretical reflection on the relationship between law and ageing is afoot, these only take into account one aspect of ageing in relation to a specific theory of law. Thus we have what is known in the United States as the *later-life planning* approach, i.e., legal and economic planning of the later stages of life; the *law and economics* approach explored in depth by Richard Posner [1995]; the *therapeutic jurisprudence* approach, which studies how legal norms can influence people's psychological well-being and how they could be modified to improve well-being, without losing their characteristics as legal norms [Wexler 1990; Kapp 2003]. A final monistic approach, taken up by legal feminism, analyses the ethics of care emphasizing the need for care of older people [Korzec 1997]. Doron argues against these monistic approaches and proposes instead a different theoretical perspective, which he identifies as multi-dimensional. According to Doron, the repercussions on law and ageing - which progresses according to different parameters than those of a few years ago – should be studied in a constant dialogue with scholars from different fields, such as sociologists, economists, but also with doctors, nurses, and neuroscientists. It is only through this constant dialogue that a legal framework suited to older people can be created.

In Europe, important work is being carried out by the Norma Elder Law Research Environment group at the University of Lund. The research center addresses regulatory developments in the social sphere [Numhauser-Henning 2013], reflecting on all the juridical structures of everyday life: work, family, home and welfare. The Norma Group tackles these issues with an interdisciplinary approach, thus embracing legal comparisons, labor law, family law, social security, and housing law issues. Underlying this legal research is a social science approach, which applies a structuralist and functionalist perspective to legal research in order to achieve a deeper understanding of the law in order to grasp developments in the social dimension. Early studies by the Norma Group focused on the legal empowerment of older workers, senior citizens, and older immigrants. In fact, greater labor market integration is a key factor in developing active ageing strategies; being an active citizen is crucial to enjoy the right to live a dignified and independent life; migration

and mobility within the labor market are also key as the ratio of young to old persons changes. All these research fields at the Norma Group are in line with the policy statements of the European Union with regard to the ageing population.

These three different perspectives on the relationship between the law and older people, or the law and ageing, account for three different views of the role of the law in relation to growing old. The difference can be grasped in the dichotomy proposed here between "Elder Law" and "law for the elderly".

The first term, "Elder Law", refers to Frolik and the US school, and it is based on the recognition of existing norms that benefit an older person. It is, therefore, a matter of collecting disparate rules in different fields of law to see what can be useful for the protection or life planning of an older person.

The second term, "law for the elderly", indicates the methodology adopted by Doron and the Norma Group, which aim (albeit with different nuances) to identify criticalities in existing norms when applied to an older person, or shortcomings in existing norms that leave older people unprotected. The difference between the two schools - which are in contact as some publications show - is mainly in the preferred subject matter: Doron is more focused on the individual, while the Norma Group, which started as a welfare study center, is more focused on issues related to discrimination, welfare, and relations with society. For both, however, an interdisciplinary approach is essential in order to work out legal solutions suitable for the older person.

Both methodologies are necessary to establish a legal framework that not only targets older people but is also beneficial to them. It is certainly necessary to acknowledge what norms already exist, but it is equally necessary to know what else may be needed. Only from the life experience of self-sufficient older people can we know what their aspirations are and how they expect to be able to act or be protected by rules that are adapted to their daily lives.

In the following paragraphs, we analyze some issues arising from the three different schools to see how one might proceed in the development of a juridical approach to ageing.

1. *The catalogue of subjects in Elder Law*

In the United States, Elder Law provides a catalogue of topics that constitute the content of this branch. In essence, Elder Law coincides with a set of subject matters that Frolik dealt with as a lawyer and professor. The list includes the relationship between the lawyer and an older client, including the client's possible diminished capacity to understand; age discrimination in the workplace; asset management, including social security issues; health care; the economic and related legal care need for an older person; nursing homes; issues related to allowing older people to live at home; legal capacity and the need for a guardian or trustee, including with regard to health decisions; elder abuse and other criminal aspects, as well as, of course, succession and the establishment of trusts. This list of subjects has come to constitute the classic content of this recent branch of law, as numerous and even more popular publications show [Helewitz 2001; Gallo 2012]. Elder Law is thus presented as uneven and non-organic, and it is formed incrementally in response to the specific

demands of older clients turning to law firms to find answers in existing law.

The list is important because it constitutes, for every legal system, a survey of existing provisions. It makes it possible to know, for example, how and if the norms function differently depending on the age of the person; whether the norms are protective of the older person's weaknesses; or whether health is protected – in addition, of course, to enabling people leaving the labor market to better plan for their old age.

However, this approach is not useful to us because it is not geared towards a reflection on societal change and it is therefore ill-suited to proposing new solutions for new needs.

2. *Autonomy v. Paternalism/Individual v. Society*

As we have seen, the Israel Doron school, on the other hand, takes an eminently theoretical approach. The proposed model aims to ensure prevention, protection, support or empowerment through the law, depending on the situation [Doron 2009b]. It is a model based on the implementation of people's rights, and therefore specifically of old people's rights. Thus, the list of topics is not closed, but consists instead in an open frame of reference within which the specific reaction of the law can be gauged on a case-by-case basis [Doron 2009c; Numhauser-Henning 2017b].

The model is articulated around a pair of dichotomies found within Elder Law. One dichotomy consists in "autonomy v. paternalism", the other in "individual v. society". The former raises the fundamental question of older people's choices - i.e., to what extent can they be allowed decisional autonomy, even when this may result in a choice contrary to their interests, and how much should the older person be protected from his or her own choices, for example by choosing rules that limit their capacity to act. The "individual v. society" dichotomy, on the other hand, takes up the dilemma of whether to leave the individual at the center of his decisions, or to entrust society (or rather, its institutions) with the choice of what solutions are necessary for the protection of the older person's rights. According to Doron, in the center of the square the corners of which are the pairs of dichotomies, are fundamental rights, which must therefore be articulated in such a way that they are also guaranteed to older people. How can we best ensure the protection of each right? Through paternalistic measures or by granting autonomy? And then again, by leaving the individual at the center of the decision-making process or by entrusting this task to society as a whole? A paternalistic attitude entails, according to Doron, protective measures operating at the level of individuals through actions taken at the collective or societal level. Thus, for example, powers are granted to public institutions to intervene in favor of vulnerable people. These measures, according to Doron, operate on the side of society in the individual-society dichotomy, since they do not help the autonomy of the individual and move along the axis of paternalism. According to Doron, a paternalistic approach towards the older population becomes a classic double-edged sword. This is because, on the one hand, it justifies state intervention on the basis of an assumption (perhaps an ethical one) that the public authorities have the right, and above all the duty, to intervene to protect individuals from others and from themselves. But in so doing, this approach replicates the negative stereotype

attributed to the older person, that is, of someone unable to defend themselves from others and incapable of taking care of themselves.

Various support measures lean towards a paternalistic attitude more focused on the aspect of society and the community. These include the provision of support networks for older people, labor law measures that enable people to take care of older workers, and other similar measures, issued from the state or private parties [Numhauser-Henning 2009b, 88].

The autonomy of the older person is pursued through measures that are based on prevention or empowerment goals. One example would be the engagement of older people in planning their future from a legal and economic point of view, relying on figures who can help from time to time to manage assets and make other important decisions. However, this attitude can also be, and has been, criticized, because it rests on the assumption that older people are not autonomous persons.

Doron's assumption seems therefore to be that the older person is different than other subjects in the broader category of the over-18, as is the case with other categories of people within the undefined group of the ultra-over-18.

3. *The older individual is a vulnerable subject (or maybe not)*

Martha Fineman is an American academic scholar studying conceptions of vulnerability. In 2008, she launched the *Vulnerability and the Human Condition Initiative* at Emory University School of Law, through which she pursued research on vulnerable legal subjects and how the State responds to people's needs. One of her papers concerns the responses that the State should provide to older people, since they are assumed to be in a vulnerable position [Fineman 2012; Mattsson and Katzin 2017; Bernardini 2017]. The notion of vulnerability proposed by Fineman is not, however, intended to confine older people to a separate category within society. In fact, vulnerability is viewed as a condition that characterizes the relations of all people vis-à-vis the public powers exercised by the State, whose task is to ensure that all individuals have equal opportunities and adequate living conditions. According to Fineman, the State's task should be that of providing each individual with resources and institutions to overcome the conditions of weakness that characterize all human existence. It is a theory of vulnerability that not only pertains to older people, but to each and every one of us because of our inherent weaknesses. What is certain is that being old leads to a weakening of certain abilities that can make it more difficult to live in a world that is not designed for old age. According to Fineman [2012, 71], "a responsive State must ensure that institutions provide meaningful access and opportunity to accumulate resources across the life-course and be vigilant that some individuals or groups of individuals are not unduly privileged or disadvantaged".

For Fineman, therefore, assigning the characteristic of vulnerability to all human beings and considering vulnerability to be an inherent characteristic of life itself allows for an inclusive approach towards older people by the State. Consequently, institutions are expected to take care of older people not because they are weaker or disadvantaged, but precisely because they are human beings at a stage of their existence that requires different attention compared to other people. According to this approach, in order to provide adequate protection to older people, it is not

necessary to create a separate group of individuals, further dividing society into separate spheres (thus preventing the risk of creating further subcategories between different generations that could become antagonistic). The idea that vulnerability is universal and requires the attention of institutions also implies that it is possible to overcome the inherent paternalism of Elder Law.

4. *The European way to law and ageing*

Swedish scholar Ann Numhauser-Henning [2017b] relies on Doron's model of dichotomies to compare Europe and the United States in the field of elder law in order to search for a European way of elder law.

The starting point of her research is that elder law, as an abstract concept, is inherently paternalistic, since it assumes that people of a certain age, just like children, require special legal protections[57]. On the other hand, Numhauser-Henning does not believe that Fineman's ideas can be easily transposed, such as they are, to Europe. Europe, in fact, is characterized by a different relationship between institutions and the individual, precisely because of a collective approach and a stronger link of the individual to society, as a result of a well-established public welfare system. Consequently, the breadth of the social dimension and individual perspective based on autonomy creates important differences between the United States and Europe. The European Social Model is often analyzed against that of the United States with regard to welfare, poverty, equality and employment. Interestingly, while the United States has a higher GDP and is thus a richer country overall, Europe has a smaller proportion of poor citizens and thus greater equality [Numhauser-Henning 2017b, 91]. Greater equality is achieved through higher spending by European governments on social benefits, aid to the needy and a complex and universal welfare system.

Numhauser-Henning analyses in depth some issues concerning the differences between Europe and the United States to highlight the divergent approach to older people. In particular, the issue of mandatory retirement at a certain age leads to significant differences in the theory and practice of elder law between the US and Europe. Mandatory retirement does not exist in the US, while it is a cornerstone of the employment contract in Europe. Both solutions are permitted under the respective regulations on the prohibition of age-based discrimination. While in Europe either option would be acceptable, in that neither violates the prohibition of discrimination, in the United States compulsory retirement clashes against the autonomy of the individual, who is therefore discriminated against when prevented from working.

If, therefore, the European approach seems more paternalistic - because

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[57] An argument against the paternalistic view of elder law is made by Hall, who draws on the idea of *equitable fraud* (Fraik v Pilon 2012 BCSC 528 for England; in Canada Performance Industries Ltd. v. Sylvan Golf & Tennis Club Ltd., 2002 SCC 19 [CanLII], [2002] 1 SCR 678), that is, to a more elastic and relational conception of contractual fraud, which is based on the duties of care imposed by equity in an interpersonal relationship. Referring therefore to a concept that is elastic, but above all relational, Hall shifts her focus from capacity, autonomy, and the individual to one in which the situation and the relationship between the parties matters more, in order to respond to hypotheses in which the vulnerable but capable person may be a victim of the behaviour of others [Hall 2009, 107].

institutions and the law impose on individuals what is deemed most suitable while preaching the prohibition of age-based discrimination – it would also seem more protective of older people to know that they can reach a certain age without having to worry about providing for themselves.

So what do the researchers of the Norma Group and its director see as the issues that the law has to address when dealing with older people? One of the core tenets at the Norma Group is certainly the need to deal with the prohibition of age-based discrimination, especially when it takes the form of protecting older workers. Added to this, in accordance with the purposes for which the center was set up, is the pursuit of a welfare that is compatible with the protection of older people, but without slipping into a paternalistic attitude towards them.

5. *Some reflections on the relationship between law and ageing*

These differing reflections on the relationship between the law and ageing, or the law and the elderly, bring to light some key issues that need to be taken into account when dealing with this topic.

1)   *Equality v. difference*: self-sufficient older people can be considered either equal to all other adults or as a separate group, precisely because of certain physical characteristics such as diminished eyesight or reduced or slower cognitive abilities. To date, no major legislative system in the Western world has set an age at which one becomes old, so the paradigm of equality seems to prevail. However, it is inherent in some thinking that older people rely on certain norms more than others (as implied by Elder Law in the US) or that the State should meet certain needs of older people (as entailed by the theory developed at the Norma Group).

2)   A major dilemma in choosing the best rules to address the rights of older people and the needs associated with ageing concerns the *paternalism* inherent in all those rules that supersede the autonomous choices of the individual. "The term 'paternalism' refers to the deprivation or severe reduction of choice on the part of the individual, effected by the legal system in order to ensure a particular protection of the person, or of an entire category of persons, from acts contrary to his or her own interests" [Caterina 2005, par. 1]. The fact that specific rules should target older people (assuming a category of older people can be constructed as such) would indicate that the older person is no longer able to make his or her own decisions in his or her own interest and that he or she must, therefore, be "protected" from himself or herself. Paternalism can undermine the individual's sense of security and self-esteem and can be detrimental to his or her dignity as an adult person, capable and interested in making autonomous choices regarding his or her life. On the other hand, the older person can be frail, as shown by the numerous news stories that see older people, who are often alone, being persuaded by swindlers to dispose of their assets in ways that are highly detrimental to their own interest. Even in this field, finding the right compromise is not easy. Doron's theoretical model offers an important tool for analyzing the different situations in which individuals may find themselves, but this can hardly be used as a yardstick to decide on new cases. Its abstract nature requires much empirical investigation before it can really be applied in the juridical world.

3)   *Vulnerability or non-vulnerability* of the older person. Closely related to the

first two dichotomies is that of the inherent frailty of the older person. The vulnerability of the subject is the basis of many legislative measures that dictate specific rules for certain subjects, such as the infirm, the mentally ill or the disabled, who may be the recipients of special rules based precisely on their frailty. Can older people be considered inherently frail? On the basis of which indicators do we assess their frailty? There is no category of self-sufficient older persons that would be distinguished from adult persons and could therefore be the recipient of specific rules. On the other hand, it must be borne in mind that medical science is not yet able to offer a parameter for distinguishing groups of people by age group, giving the legislator the possibility to draw up rules for people with certain characteristics. Cognitive science is more helpful, because it has shown that the brain has cognitive limits. According to Raffaele Caterina [2005; 2008], the Italian jurist who first applied neuroscience to law, private law must take into account the limited rationality and cognitive limitations of subjects. Using neuroscience experiments that identify age-related cognitive impairments, useful suggestions for the legislator could be identified. This research has not produced specific standards.

4) *Complexity*. The law designed for older people is necessarily complex. This is due, first of all, to the variety of subjects covered, which concern every aspect of a person's life, whether in family, economic or labor relations. In this sense, Elder Law in the US is a necessary starting point for anyone wishing to know how older people can navigate the legal system. Moreover, the necessary protection of the older person touches on every sphere of their relations with society, not only as individuals but as a group. The sociological part of this volume highlights the strong inequalities that exist in the older population and the associated risk of poverty. What is needed is a State that takes into account the needs of older people in its welfare policies and in protecting their right to health. Undoubtedly, the health of older people is frailer and needs an effective means for adequate protection.

Chapter Ten

The capacity to act of older people: protective measures and consumer protection

The following paragraphs propose some juridical instruments that are meant to support individuals in their contractual choices. To do this, we first analyze the needs of the older person who has to deal with the management of assets and their choices as a consumer.

Both problems concern the capacity of persons to act, i.e., the capacity to exercise rights and obligations. It is therefore a question of whether the older person, even when self-sufficient, is able to adequately look after his or her own interests, both when managing assets and when making choices concerning the market, as a consumer. The issue is a balancing act between the need to give people as much freedom as possible to decide on their own assets and the need to protect these same people from themselves.

The topic is dealt with in works concerning Elder Law, including the aforementioned US texts [Carney 2012; Sabbatino and Wood 2012]. The school of thought clustered around Doron's work has seemed more concerned with these issues, while the Norma Group, which was founded precisely as a welfare study center, is more involved in matters regarding welfare, the protection of older workers and aspects of discrimination against older people. The Italian experience is important because it has tried, through the instrument of support administration, to strike a balance between protecting the weak person while preserving his or her autonomy.

1. *From interdiction to support administration*

Certainly, one of the problems that can have serious consequences on the life of the older person concerns the need for each individual to preserve his or her assets and not engage in economic activities that are detrimental. Italian law has provided two important instruments for cases in which a person loses, in whole or in part, the capacity to act due to insanity.

Interdiction (*interdizione*) was intended primarily for serious cases of mental illness, where the person has become totally incapable of providing for his or her own interests (Art. 414 of the Civil Code, original wording 1942). Those who were confined

in asylums, which were later abolished by the 180/1978 law known as the Basaglia law (so named for its initiator), were "interdicted", at the request of relatives or at the request of the public prosecutor. Being admitted to an asylum constituted sufficient evidence to determine the subject's inability to provide for themselves [Caterina 2019].

Inabilitazione (perhaps best translated as "incapacitation"), on the other hand, is provided for by a 1942 law concerning those persons whose mental illness is less severe. It was addressed towards mentally unstable persons of legal age whose state of illness is not so serious as to give rise to interdiction (Article 415 of the Civil Code).

Interdiction can be compared to the legal situation of a minor, while incapacitation more like that of an emancipated minor. The interdicted person may not perform any juristic act. Those of an economic nature will be carried out, on their behalf and in their interest, by the guardian. But very personal acts, such as drawing up a last will, donating money or getting married, may also not be performed by the interdicted person, nor by the guardian on their behalf. The incapacitated person, on the other hand, may carry out acts of ordinary administration but must be assisted by a trustee for acts of extraordinary administration.

From the 1980s onwards, a revisiting of these two instruments began. The catalyst for the new thinking was precisely the abolition of the so-called asylum. The mentally ill were no longer segregated but were allowed to live in society. Interdiction would have been too drastic a measure for people who were no longer living in confinement. On the other hand, these individuals, especially those suffering from mild mental illness, struggle to manage their daily lives and are often disoriented when faced with the need to make decisions such as collecting a pension, accepting an inheritance, or renting a flat [Cendon 2004, 1340]. That was not, however, the only reason. Thanks to Paolo Cendon's reflections, greater relevance started to be attached to the quality of life of the mentally ill, taking into account the fact that each mentally ill person differs from others with regard to their ability to organize their own lives. The focus was precisely on the need for an instrument that was more adaptable to the needs of the individual. In 1986, a conference was held at the University of Trieste to explore a "new law" for the mentally ill[58]. As a result, a proposal was drafted to reform the civil code with regard to the capacity to act on the part of mentally ill persons, which became known as the Cendon draft (*bozza Cendon*) [Cendon 1988a].

It was only in 2004, with Law 6/2004, that the legislator incorporated the insights of scholars and reformed the instruments that regulated capacity to act. Little has changed for interdiction, which "may" (rather than "shall", as in the pre-2004 wording) be applied to a person in a situation of insanity that renders the mentally ill person incapable of providing for his or her own interests. The purpose of interdiction remains that of ensuring adequate protection to the mentally ill person.

The main novelty is the introduction of a new instrument, *support administration*, which is adaptable to the conditions of the individual and preserves the subject of the measure's capacity to act.

2. *Support administration: a tailor-made suit*

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[58] The proceedings are collected in Cendon [1988b].

The instrument of support administration was created as a flexible tool to adapt to the actual legal capacity of the beneficiary (this is in fact the term used to refer to the person to whom the instrument is applied) so as to preserve, as far as possible, the widest possible scope. In this sense, Cendon speaks of tailored clothes, shapes that are gradually cut to fit the form of the individual "sufferer" with regard to the welfare provisions to be applied [Cendon 1999; Caterina 2019, 57].

Article 404 of the Civil Code, as amended by Law 6/2004 provides that a person who, as a result of mental illness or physical or mental impairment, is unable, even partially or temporarily, to provide for his or her own interests, may benefit from support administration.[59]

One of the first issues addressed concerns the relationship between interdiction and support administration. At first, the court having substantive jurisdiction held that in order to propose support administration, an even minimal capacity to perform acts had to be ascertained. But on appeal the Court of Cassation held that the discrimen was not quantitative but functional[60], and this has remained the case ever since. This means that support administration may be used when the disability is total or permanent, and not only when the disability is partial or temporary. For the Court of Cassation, moreover, interdiction is residual compared to the institute of support administration, which should therefore be preferred whenever possible. It will be the individual human case that will suggest to the judge what may be the most suitable instrument for the individual, considered in the context of the specifics of their life and context.

Therefore, whenever it is possible to leave a modicum of independence to the mentally ill, the support administration that best ensures the person's dignity will be used. If, on the other hand, the operations to be carried out are complex or the person concerned cannot be relied upon to cooperate with the support activities that concern them, interdiction will be preferable. One determinant criterion to be considered is the size of the assets. If they are significant and made up of various forms of investments, real estate, company shareholdings and debenture credits, it would be more appropriate to resort to interdiction, due to the quantity and complexity of decisions that must be taken, possibly on a daily basis, to protect the assets[61]. The size of the assets does not justify the exclusion of the other parameter by which interdiction is decided with respect to support administration, i.e., the subject's actual capacity to perform acts. Therefore, if the mentally ill person can make sensible decisions about his or her daily life, the most suitable instrument for his or her protection and dignity is support administration.

3. *Support administration for the older person*

In light of these general premises, it is necessary to understand how this

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[59] For aspects of the discipline not discussed in this paper, see Caterina [2019, 57 ff.]; Bonilini and Tommaseo [2008].

[60] Cass. 12 June 2006, no. 13584; Cass. 26 October 2011, no. 22332; Cass. 26 July 2013, no. 18171.

[61] In Cass. 26 July 2013, no. 18171, the case concerned a person aged over 80 with dementia, who had difficulty understanding and remembering even simple everyday things.

instrument works in relation to the issue of the protection of the self-sufficient older person: when and how support administration can be set up for a person who, although having a certain discomfort or problems with certain decisions, whether concerning daily life or otherwise, is nevertheless able to protect his or her interests in some way.

The letter of the law (Article 404 of the Civil Code) states that the inability to provide for one's interests must result from a physical or mental impairment. Certainly, support administration concerns impairments or infirmities for which interdiction is not suitable, such as mild dementia, autism, anorexia, depressive disorders, Down syndrome [Caterina 2019, 63]. However, the older person is not infirm, unless old age itself is considered a situation of infirmity. This was not the scope of application of this instrument as Paolo Cendon and the reform proponents intended; this was to be a measure also aimed at intercepting social hardship, which was not related to a mental impairment or infirmity. They intended the instrument to provide a general model for solving the problems of "older people, the physically handicapped, alcoholics, long-term patients, prisoners, inmates in judicial asylums, drug addicts" [Caterina 2019, 63; Cendon 2004, 1397].

Immediately after the law was passed, the court having substantive jurisdiction gave a broad interpretation of the letter of the law, which was applied to situations without pathologies. A review of the case law [Caterina 2019, 63-64] reveals heterogeneous cases of persons who, for various reasons unrelated to clinical pathologies, have difficulty relating to the outside world. There are those who cannot do so because they are not used to it, having been relegated to living at home for their entire lives; there are others who fail to adapt to situations of dire financial straits, after having lived in affluence for a long time; then there are those afflicted by serious personal tragedies who find that they can no longer cope with everyday life. The Court of Varese, for example, reports that support administration can also be used to deal with what can be defined as social hardship, which concerns the identity level in its three main aspects: affective, social and work-related, and therefore a diverse range of problems, from drug addiction to forms of poverty to social marginalization to detachment from the social fabric after release from prison[62].

At first sight, therefore, it would seem that support administration cannot be useful for older people, because being old, although leading to diminished cognitive abilities in certain situations, is not an infirmity or impairment. Case law, however, has applied support administration to older people even in the absence of any mental disorders.

For example, in one case, that of an older person, aged 86:

> *...not suffering from any mental pathology, well oriented in time and space, well-groomed in physical appearance, and, among other things, adamantly opposed to the appointment of a support administrator, but who, due to failing memory, forgot to pay the utilities as well as the condominium expenses, a support administrator was appointed: the judge held that while old age cannot in itself be a prerequisite for an administration measure, it can nevertheless become one when old age can*

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[62] Court of Varese, 26 May 2010, https://www.altalex.com/documents/news/2010/07/20/amministrazione-di-sostegno-non-necessaria-una-situazione-patologica.

result in an appreciable limitation of the functions of daily life.[63]

Even the Court of Cassation stated, albeit incidentally, that "support administration does not necessarily presuppose the recognition of mental impairment"[64].

A specific position has been taken by the jurisprudence with respect to the improvidence that often leads older people to squander their assets and thus to find themselves in an economically difficult situation. In 2018[65] the Court of Cassation affirmed that improvidence can be cause for support administration, even though it does not result from mental or physical impairment. In such cases, a support administration measure may be adopted, even though the decisions taken by the future beneficiary may be the result of a free life choice, characterized by lucid attitudes but imbued with futile motives.

4. *Purpose of support administration and duties of the administrator*

The purpose of support administration is to take care of legal acts that are difficult for the beneficiary to perform independently. However, it is not an instrument by which the administrator is assigned material assistance tasks. The administrator works alongside or takes the place of the beneficiary for the acts that the court has identified.

As noted, the instrument of administration can be tailored to the individual history and needs of each beneficiary. When appointing the administrator, the judge will indicate the acts that the beneficiary may no longer perform independently, in respect of which there will be exclusive representation by the administrator; the judge may decide that certain acts may be performed by the beneficiary but only with the assistance of the administrator. Concurrent representation is possible, that is, the possibility that certain acts may be performed by either the administrator or the beneficiary. Each of these provisions may be variously combined by the judge, taking into account the needs and characteristics of the beneficiary[66].

Support administration may be requested by the beneficiary, as well as by the spouse, permanent cohabitant, relatives up to the fourth degree, in-laws up to the second degree, guardian, curator, or the public prosecutor. The reasons for which support administration is being requested must also be provided. When choosing the administrator, the judge must take into account the needs and requests of the person concerned, "compatibly with the interests and protection needs of that person" (Art. 407 of the Civil Code), and must hear the person concerned personally.

The adaptability of the instrument can also be observed in the fact that the

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[63] Court of Modena, 24 February 2005, https://www.personaedanno.it/articolo/trib-modena- 24-febbraio-2005-gt-masoni--persone-anziane-e-amministrazione-di-sostegno.

[64] Cass. 12 August 2012, no. 13917, which approved the appointment of support administration for a person whose cognitive faculties were only slightly impaired, but who was in a situation of psychological dependence on a third person to whom she had passed on many of her assets.

[65] Cass. 7 March 2018, No 5492.

[66] Cf. Caterina, [2019, 77], who supports non-disabling administration, i.e., the possibility of concurrent representation without any limitation of the beneficiary's capacity.

beneficiary can choose their own administrator. The interested party can plan ahead in view of possible future incapacity and appoint the administrator while he or she is still fully capable. In this case, the judge may not depart from the choice of the person concerned except for serious reasons[67]. In order to comply with the wishes of the beneficiary, the courts have allowed one or more substitute designations, in the event that the first designate cannot accept the assignment, as well as designations by exclusion (along the lines of "either A or B or anyone, except C").

If the beneficiary has not expressed a preference, or there are "serious reasons" for not following the beneficiary's instructions, the judge will appoint the administrator autonomously. The court has great freedom in choosing the most suitable person and is not bound, according to the Court of Cassation (26 September 2011, no. 19596), to the persons specified in the law (such as the non-separated spouse, the person permanently cohabiting, the father, mother, child, or brother or sister, the relative within the fourth degree or in-law within the second, or the person indicated by the surviving parent by will and testament).

5. *The legal capacity of the beneficiary*

With the appointment of the support administrator, the beneficiary does not lose the capacity to act but retains it for all acts that do not require the exclusive representation or necessary assistance of the support administrator. It becomes clear here that this measure can be adapted to the needs of the individual, as it does not provide by default for a series of acts (extraordinary administration) for which the person is deemed unfit. Nevertheless, it must be kept in mind that the beneficiary's capacity to act is limited and acts performed without the administrator's assistance are invalid.

6. *Against the general applicability of support administration to older people*

As noted, the Court of Cassation considers the measure of support administration applicable to the older person. This measure could be useful in many situations where complex economic transactions have to be carried out in which the older person alone is not able to understand the implications of the contract he or she is signing and may also be under the influence of people who may not decide in his or her best interests. However, the beneficiary retains the right to oppose the appointment of the administrator. The rejection of the administrator by the beneficiary would ultimately leave the older person without effective protection against acts of asset management they may carry out to their own detriment.

To remedy this lack of protection of the older person, one author [Patti 2009, 262] suggests that contracts be classified into two types, "everyday life contracts" and "acts of particular economic complexity". For the former, the older person always retains his or her capacity and their acts are valid. According to the same author, one model

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[67] On the identification of serious grounds, in the tension between respect for the beneficiary's wishes and the best pursuit of the person's care and interests, see Caterina [2019, 71].

to follow could be found in the English practice concerning contracts concluded by minors, where acts of daily life cannot be invalid if a fair price has been paid (The Sale of Goods Act 1979 s.3, re-enacting the Act of 1893). For more complex contracts, a measure other than support administration could be applied in case the person does not accept it. This can be regarded as a matter of introducing a relative incapacity to negotiate, whereby contracts could be null and void if concluded by a person of a certain age, for example above 75.

Another criterion to be taken into account could be the disproportionality of the transaction. This would not protect the older person who surrenders an asset at a fair price and would like to undo this act upon realizing that he or she no longer has ownership of the asset, or that he or she has acquired an asset they do not need. Patti [2009, 263] concludes that:

> *...regardless of the individual solutions proposed, there is a clear need for specific protective legislation for very old individuals who, because of their weakness, may engage in disadvantageous transactions, especially when confronted with complex contractual arrangements of which they are generally unable to assess all the effects and risks. In the absence of such legislation, there is a contradiction between the increased protection of the contracting party that is capable but weak due to lack of information and experience or because it is taken by surprise, and the fiction of considering all contracting parties equally capable despite the fact that age has created a large category of persons who, from the point of view of protection needs, appear to be somewhat comparable to minors.*

The relative invalidity proposed by this doctrine may, on paper, shield the older person from economically complex choices made without the necessary capacity to understand them. However, it must be noted that, at the same time, it produces negative consequences that can backfire against the person one intends to protect. If, in fact, many complex contracts concluded with persons over a certain age are subject to relative nullity, it will be increasingly difficult for older persons to conclude contracts, since no one will have an incentive to conclude contracts with older persons. In effect, this would exclude those over a certain age from the market. It could be argued that, at this point, one would necessarily have to resort to support administration in order to conclude a valid contract, but even this solution may not always be in favor of the person concerned. The purpose of the administrator's choice would be the simple need to conclude a valid contract even though, in itself, old age is not (according to medical science) a disease or impairment.

One author addresses the issue of support administration for older persons by considering that, due to the progressive decline in cognitive activities after a certain age, older people may be considered vulnerable [Buffone 2011]. Vulnerability becomes an existential condition of the older person that justifies, in itself, the adoption of support administration. This would create a new concept of the weak subject, "detached from incapacity in the technical-legal sense and linked to the situation of vulnerability" [*ibidem*]. Support administration here becomes the solution not only for the subject who is "physically impeded or psychologically disturbed but also for the one who, for a reason that is not necessarily psychological, is not in a position to make existential choices in his or her own interest" [*ibidem*]. This would be attributable to a "degrading sense of loneliness or a subjective

condition of suffering that obstructs communication channels. These are... discomforts linked to the relationship between the individual and the social fabric that affect the personality of the individual to the point of provoking... real pathologies" [*ibidem*]. Vulnerability thus refers to the "adult who, due to an impairment or insufficiency of personal faculties, is unable to look after his or her own interests".

There is no lack of voices opposing the extension of support administration to older people, most notably to those who do not have impairments or infirmities. In 1998, Bianca raised this issue believing that the cost and complication of power of attorney could not be an adequate solution to certain difficulties encountered by the older person in everyday life [Bianca 1998, 242].

The Court of Vercelli[68] rejected a request for support administration for a person who, though old, was capable of making decisions. Because of her age, she was no longer able to move on her own and had to be accompanied. The Court considered that in this kind of situation – that is, when a person is being assisted by friends, family members, social services – it is not necessary to deprive the person, even partially, of the capacity to act.

The deprivation of this capacity, according to the guardianship judge in this case, affects the protection of a person's dignity. Deprivation of this capacity, even if only partial and possibly temporary, was therefore considered to be in breach of Article 8 of the European Convention on Human Rights, which protects private and family life. The limitation could be justified if provided for by law to protect health, as also provided for in Article 404 of the Civil Code, which considers the appointment of an administrator admissible in the presence of a mental or physical impairment where the beneficiary is effectively unable to look after his or her own interests. Finally, and very importantly, wherever possible, the older person incurring costs from the administration should be prevented. According to the guardianship judge, support administration is ultimately a measure that achieves the result of helping the person, but deprives him/her of the capacity to act. According to the judge, in cases such as this one concerning a person who is well integrated into the social fabric and well cared for by family members, a general power of attorney granted to a trusted person would be more appropriate. In this way, the capacity to act would not be diminished and the dignity of the person would not be diminished.

7. *The question of the older individual as a vulnerable consumer*

Another issue that has strong legal implications in the life of an older person is his or her activity as a consumer. The cognitive slowdown, the progressive loss of sight and hearing, and the slowness that somehow manifests itself from a certain age, can also have an impact on the life of the older individual as a consumer. At present, there are no specific rules concerning the older consumer, although the figure of the consumer is one of the fundamental contributions of European law in all legal systems of the European Union.

The consumer referred to in European law is the so-called "average consumer"

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[68] Court of Vercelli, 16 October 2015, no. 4899, G.T. Bianconi, with a note by Bonilini [2016, 177].

[Poncibò 2007]. For EU legislation as well as the case law of the European Court of Justice, it is a concept that is objective and legally determined, and not based on actual consumer expectations [Incardona and Poncibò 2007, 22; Zorzi Galgano 2010, 549][69]. The notion of the average consumer is developed in the judgments of the Court of Justice and converged into the Unfair Commercial Practices Directive[70], from which it is reintroduced into the national legal systems [Zorzi Galgano 2010, 549][71]. The deceptiveness of an advertising message, a trademark or labelling must be assessed not by reference to the cognitive capacity of the individual, but objectively:

> *...considering in this regard the elements capable of determining the meaningful perception of the recipient of the misleading communication ... not by reference to a clueless, inattentive and uncritical subject, but must rather be accepted by reference to the average consumer recipient, normally informed and reasonably observant and circumspect.* [*ibid.*, 551]

In addition to the notion of the average consumer, there is also the notion of a consumer who is vulnerable due to mental or physical infirmity, age or naivety (Art. 5.3 of Dir. CE 2005/29/EC). In this way, appropriate protection should be given to weaker consumer groups, in derogation from Article 5.2 on the average consumer and introducing an admittedly vague notion of vulnerable consumer. The vulnerable consumer is not an individually specified person but an average consumer within a category that can be considered vulnerable: for example, for advertising aimed at children and adolescents, it is not the average consumer that is taken into account, but the average child or adolescent. Commercial practices that may materially distort the economic behavior of those consumer groups that are particularly vulnerable due to age, physical or mental infirmity or naivety are therefore prohibited [Poncibò 2010, 755].

Is it possible to identify older people as a specific category of vulnerable consumers? There have been a number of rulings that have found certain advertisements to be misleading, preferentially targeting older people. At the heart of the decisions was the need to protect the health of older people in the face of advertisements promising, among other things, miracle cures. For example, one advertisement presented an unidentified product against rheumatism, herniated discs, kidney problems, and numerous other ailments, offering free home testing. It was in fact a "cat's hair blanket", which could not have led to any of the promised results [Zorzi Galgano 2010, 585, n. 58].

> *There have been numerous judgments... in which the supervisory authority has sanctioned advertising messages aimed exclusively... at an older public, which, due to their advanced age, could be particularly sensitive to certain themes such as*

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[69] With reference to the Judgment of the Court of Justice of 16 July 1998, C-210/96, Gut Springenheide GmbH and Others v. Oberkreisdirektor de Kreises Steifurt Amt für Lebensmittelüberwachung; Court of Justice 13 January 2000, Case C-220/98, Estée Lauder Cosmetics GmbH & Co. OHG and Lancaster Group GmbH.

[70] Dir. EC 2005/29/EC.

[71] On the development of the notion of "average consumer", see Incardona and Poncibò [2007], who analyse the various ECJ rulings and the notion later adopted by the 2005 Unfair Practices Directive.

loneliness, rheumatic pains, the need for assistance, or even the fear of death, and which, by appealing precisely to these particular subjective conditions, could more easily induce the purchase of the products advertised. [*ibid.*, 584]

There is, however, little consensus among commentators on the possibility of constructing a general category of older people as vulnerable consumers. Zorzi Galgano [*ibid.*, 587] considers that, under the new misleading advertising rules, it is not possible to identify such a category since it is not homogeneous and unambiguously definable on the basis of common characteristics. Decisions made under the previous legislation were based on particular conditions, such as physical distress (illness), psychological distress (loneliness) or socio-economic distress (poverty), which made older people a particular target for skilled advertisers. Advanced age, on the other hand, gives rise in different subjects to characteristics that are neither constant nor homogeneous. Old people are old, but each in a different way. What makes certain advertisements misleading is the ability to appeal to particular conditions of discomfort, which speak mostly – but not exclusively – to older people. If a vulnerable consumer category is to be constructed, it has to be built around the particular conditions of hardship, regardless of the age of the persons.

Incardona and Poncibò, while not directly dealing with older people as belonging to a specially construed category of vulnerable consumer, consider that advanced age cannot be the basis of a specific category of vulnerable consumers. It must also be added that these two authors also consider the whole category of the vulnerable consumer to be superfluous and paternalistic, just as they consider the abstract and unrealistic category of the average consumer, who would be attentive and informed, to be removed from reality, and instead advocate a notion of the consumer that is more realistic and takes social, psychological and cultural factors into account.

In addition to these voices, a study by Berg, an economist, raises the question of whether older consumers are more vulnerable than other consumers [Berg 2015]. This researcher from the National Institute for Consumer Research, based in Oslo, analyses consumer choice using two theoretical approaches. Berg first adopts the *capability approach* first popularized by Nobel Prize winner Amartya Sen in the 1980s, which assesses people's abilities based on their opportunities, skills and access to resources, to do or be what they want to do or be. She then combines with this tool a *behavioral economics* analysis to see whether the choices made by individual consumers based on their abilities are in fact the best choices for them.

Berg lists sixteen abilities that influence consumer choice, identified among those that could most influence the choices of the older consumer. These include failing eyesight, lack of time, lack of economic awareness, poor social network, special dietary needs, lack of familiarity with IT tools including internet banking, anxiety generated by shopping centers, the need for help to pay bills or for daily expenses, the lack of credit card. The conclusion of the empirical research leads the author to the conclusion that older consumers, at least in Norway, are no more at risk than others of making "wrong" choices with regard to their purchases. The major factors within the list of sixteen capabilities that negatively influence consumer choice are lack of time and poor economic competence, as well as the inability to calculate and economic problems. These characteristics are more common in young consumers than in older ones, at least at the present time. It remains to be seen whether in the

future a different older generation, for example one that did not suffer the hardships of the Second World War and from this experience retained the need to calculate its expenses to the penny, will still be in the same position as today.

Berg also concludes that older people, as such, cannot be considered a vulnerable consumer class. However, this does not imply that they are always up-to-date in all market sectors, or that they can be considered as prudent, rational and informed consumers at all times. In particular, one market in which they are struggling and clearly lagging behind is that related to rapid digital evolution.

Chapter Eleven

Law and society for older individuals

With regard to the older person's negotiating activity, we are faced with two types of rules. On the one hand, we have support administration which, in order to better protect the older individual, tends to limit his or her capacity to act. Protection comes through capacity reduction. Additionally, support administration is applied to older persons, although age is not stipulated as one of the requirements. According to this interpretation, it would seem that old age itself constitutes not a phase of life, but an infirmity, an impairment, a disabling disease. None of the somewhat old but lucid people would be happy to have access to a protective measure, perhaps drastic but useful, on the basis of a normal condition that is instead perceived as an illness [Bianca 1998].

At the same time, the older consumer does not receive adequate attention in the choices they make as consumers. The differences between different older individuals, highlighted in the part of this volume by Cappellato and Mercuri (*supra* 3.4; 5), become the reason for not granting more protection. Ultimately, since every older individual is old in his or her own way, everyone has to make do. Yet we know that eyesight declines for almost everyone, as do motor capacity and cognitive speed.

These two examples are paradigmatic of a legal response that is not familiar with – or does not want to become familiar with - the dynamics of society in which there is a new subject, the self-sufficient older person. Instead, it is important for jurists to be familiar with the society for which the rules are intended. In this way, it is possible to react to the demands coming from society and to develop rules that are helpful and do not hinder interpretation with a regulatory vacuum or tragic choices.

In the first part of this volume, various needs of older people emerged: firstly, the need for older people to be accompanied in their chores, the need for easy access to local services, the demand for special attention to their health. The theme of poverty, including with regard to subsequent generations, recurs with some frequency. Older people are over-indebted in order to support their children or help their grandchildren. Difficulties emerged in dealing with IT, digital equipment, internet banking. Gender differences affect ageing, economic capacity, poverty and loneliness. The difficulty of getting around by public transport within one's own neighborhood has also emerged, as the main services connect only the city center. The Covid-19 pandemic has imposed a redefinition of older people and called for measures aimed

specifically at protecting their health.

It is doubtful that universalistic solutions can provide a response. Identifying an unambiguous and incontrovertible category in which to place people over a certain age and to draw up specific rules for them is a complicated prospect. If we want a society that values older people (*supra* 4.3), it is necessary for them to remain within the society of self-sufficient adults as much as possible.

It is perhaps easier to intervene with *ad hoc* reactions. For example, when faced with the need to be accompanied to perform the more complicated needs of daily life and to be helped in all those relationships that arise from technology, the law offers no facilitation. Protection measures are too strong, as they limit a person's legal capacity, take away dignity and are costly. On the other hand, the procedures of banks and other institutions do not provide for an additional person to accompany the older person. Nowadays, one "gets help" from an acquaintance, a grandchild, or other family members, informally. Instead, it would be appropriate for the figure of the "helper" to have legal significance, so that he or she could perform tasks but not participate in the negotiation of the older person's will. In some cases, for example in banking relations, the figure of a delegate is envisaged who can operate on the current account, but autonomously. In many life situations of older people, this is not the best solution, because it gives the delegate more power than required. The older person mainly needs someone to assist them because the bank or post office app is complicated or because they cannot go out, but they do not want a third party to make decisions on managing their current account. A legal figure that could come to the rescue is that of the *nuncius* who, unlike the representative, conveys the will of the person concerned without entering into the process of will formation. Other times, it is not possible to take care of one's legal affairs except in person. A recent news story reported on a 93-year-old person who had to go to the post office in person by ambulance to collect her citizen's income because her son could not be delegated to collect the sum[72]. The discount cards for seniors issued by the various supermarkets can only be used in the presence of the holder, even though we have seen that one of the problems of old age is a lack of mobility.

In the present day, older people have a more secure income than younger generations, but the debts they incur to help their children are a major problem. As the sociological research in this volume has shown, there are also problems of over-indebtedness among older people, when they get into debt to help their children, including for their children's business activities. Special regulations would be necessary, including banking regulations, that could prevent people above a certain age from borrowing money for risky activities carried out by others. To date, MiFID II rules[73] provide for age-based risk profiling, but only for investments[74].

In recent years we have acquired greater awareness of the gender pay gap, which starts with wages and extends to pensions (*supra* 2.3. and fig. 2.2). The gender pay

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[72] La Stampa, 30 January 2021, Local Turin News, p. 54.

[73] MiFID (Markets in Financial Instruments Directive 2004/39/EC) was implemented to regulate the financial markets in the European Union from 31 January 2007 to 2 January 2018. On 3 January 2018, the new MiFID II Directive (2014/65/EU) came into force throughout the EU and, together with MiFIR (Markets in Financial Instruments Regulation, EU Regulation No 600/2014), replaced the previous European regulation.

[74] See Esma [2018, 9].

gap must be addressed well before women reach retirement age.

Mobility within the district (*supra* 2.4 and tab. 2.1) requires different public transport planning. Interestingly, the same need for different public transport, more centered on local communities and less on the need to go to the city center, also emerged for women, who move with different timetables and trajectories than the average person (most likely a man) who gets up and goes to work in the city center [Criado Perez 2019, 32].

According to the studies conducted so far, a category of vulnerable older cannot be constructed based on age, and this seems to be counter to promoting greater inclusion of older people in society, considering the need to maintain their sense of belonging and participation. However, older people are clearly more prone to falling into the traps of advertising. One solution would be to include certain characteristics of the older person, such as failing eyesight, in the tests used to assess deceptiveness for the average consumer.

For many needs, perhaps, the solutions lie outside the norms, in the practices and organization of local authorities and aid centers.

The challenge for the future is to understand how older people live and what difficulties they face, in an attempt to design a world in which they feel at ease, protected and active. Jurists must make this mental effort and propose rules that protect older people without falling into paternalism or proposing drastic solutions, opting instead for measures that put the older person at the center as in the model proposed by Doron. We will then be able to move from the paradigm of elder law to the law for the elderly.

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