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AGEING AND INTERCULTURAL DIMENSIONS OF CARE: COMMUNITY LEARNING AND INCLUSIVE SOCIETY

Longevity and home care

The phenomenon of ageing has been evolving during the last decades and the number of elderly people, their life expectancy and longevity have significantly increased. The demographic projections of the World Population Ageing Report state that:

[…] between 2015 and 2030, the number of people in the world aged 60 years or over is pro-jected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. Globally, the number of people aged 80 years or over, the "oldest-old" persons, is growing even faster than the number of older persons overall. Projections indicate that in 2050 the oldest-old will number 434 million, having more than tripled in number since 2015, when there were 125 million people over age 80 (Department of Economic and Social Affairs 2015, p. 2).

This means that the demand for Long Term Care will increase, as this longevity brings new opportunities, needs and fragility. The Health Care Service is one of the fastest growing sectors also because the heterogeneous health conditions of this new ageing depend on the evolution of the age structure in combination with disability rates and levels of autonomy.

Regarding the Italian case, these variables generate new living conditions and are connected with different family lifestyles. In this regard, we recall that:

[…] gender plays contrasting roles in the expected upsurge of care demand, and that it is espe-cially important for shifting demand from informal to formal care, and hence for policy action. Shrinking family sizes and more dispersed living arrangements are likely to increase the demand for formal care in the stead of informal, family arrangements even if we disregard the tendency towards postponement of the retirement age (Bettio, Verashchagina 2012, p. 65).

No doubt the family system and assistance in Italy prefers home-care, but it faces a daily management which is too complex to be handled only by family caregivers. The demand for elderly care lacks a fully satisfactory answer from formal services and also for this reason, the ageing and care systems are interconnected with migrations and with a very independent family self-organization.

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The issue of migration for care has international dimensions and generates a real transformation of family structures due to a "care deficit" (Leon 2014). Care-workers who assist the elderly in Italy are mostly migrant women from Eastern Europe (Da Roit, Facchini 2010; Vietti 2012). They leave their families, even for long periods, and take up the challenge of elderly care, ensuring a permanent presence at the care recipient's home (Ehrenreich, Hochschild 2002).

This kind of care produces new family balances as well as new organizations of long-term care that too often become a form of private and individualized assistance with only minimal State support (Degiuli 2016). Care-workers, known in Italy as "badanti", represent the most common response to the need for home care, developing customised solutions based on specific elderly needs and family requests. Although they play a major role in home care support and guarantee well-being, they remain informal professionals with little social recognition and training.

In the necessary home care coexistence (between carer and care recipient), interactions between values, cultures, knowledge and skills are realized, sometimes, not without difficulty. The scenario consists of a group of people who bring with them fragility and difficulty (Deluigi 2014a) and the approach of intercultural pedagogy can reinforce the creation of a will and a capacity to interact in a context of exchange, not only because it is necessary or mandatory, but above all, because it can help to improve the quality of life of all those involved in the processes of care and assistance.

Care context and shared learning

From the perspective of social planning, in order not to generate exclusion, inequalities and privatization processes (Lyon 2006; Skornia 2014), it is useful to develop a community learning framework that involves the elderly and their families, the local context (services and associations) and the care-workers in a transnational dimension.

The success of a participatory approach is strictly interconnected with forms of citizenship and of community dynamics which allow us to identify and suggest guidelines and strategies to achieve a greater degree of well-being for everyone and to reduce inequalities and levels of conflict (Sen 1996).

Pedagogical reflection can promote processes of grassroots democracy in which people are increasingly closer, more supportive, and active thanks to a genuine interdependence. This statement, in relation to home care contexts, calls into question all the subjects of care and requires from them the ability to question themselves and to generate new systems of support and solidarity. The bonds of shared responsibility develop inside real situations; therefore, they are always flexible and dynamic and can become the glue of a strong social interdependence.

The desire and the capability to co-build democratic processes require different ways of working, based on the development of the community as a source of social innovation. In this perspective, each person is a potential resource, a subject to take care of and, at the same time, a member of the community involved in a lengthy and deep learning process.

The participatory learning approach aims to create community bonds and social cohesion and to support intergenerational and intercultural citizenship (Cadei et al. eds 2016; Deluigi et al. eds 2015; Newman, Tonkens 2011). Learning together allows common horizons of reflection and action to be found and, in the case of home care, the elderly, families, carers and services can learn together which good practices work in order to highlight key steps and describe new models of intervention.

Thanks to the implementation of projects and experiences in the social and educational fields (especially the participation at Carer + EU project and the scientific supervision of two previous Italian projects focused on intergenerational dialogue and healthy ageing) and the analysis of national and European literature, we have identified several effective and cross-cutting social work strategies synthesized below:

1. Building networks in local contexts and promoting empowerment. Social and educational networking is activated by enhancing motivation for commitment to issues of "public interest", sharing skills learned within the context, in a continuum which gives value to the experience in progress and makes change more visible; connecting innovative interventions with the existing ones; creating significant interconnections between the different subjects and levels (formal, non-formal, informal; individual-collective) that interact, and their perceptions of the needs and possibilities of integrated social action. The networking is based on relationships (starting from those already existing in the context) and has as its goal the promotion of a "we community" and the building of a "participating society"; this method focuses on the role of the people, the bearers of knowledge and skills that can support collective actions designed to manage critical issues and community needs from the perspective of "we care". Social values of reference are: cooperation, solidarity, mutual help, individual and collective responsibility and mobilization around a common project. (Deluigi 2015 p. 37).

2. Promoting socio-educative animation. The second approach that can stimulate participation and active citizenship is socio-educative animation, a method with intentionality and planning, aimed at the discovery and exploitation of every person and of his/her potential. Through the construction of interactions between the parties within the context of reference, this method aims to give citizens the opportunity to be more aware, the ability to be able to plan their lives and the power to become co-responsible. Socio-educative animation can trigger a virtuous circle of democracy that becomes accepted practice by men and women who responsibly participate in building

a sustainable society balanced between the autonomy and freedom of individuals and the belonging to communities (Deluigi 2015, p. 41).

3. Logics of participatory planning. The model of participatory planning is a collective social process which envisages the involvement of several partners in the territory, including the citizens, who share in the development of targets that are to be realized. Participatory planning is a cultural paradigm oriented towards the development of a local welfare in which active citizenship [think] the best strategies to be implemented to meet the needs of the population. This methodology facilitates the start-up and development of processes of social activation and reconstructs a social contract (based on trust and shared responsibility) between citizens and institutions. Co-planning is an approach to community work that makes the design itself more vivid, valuing the diversity between [professional with] skills, [people without technical competences] and the real problems of the local context (Deluigi 2015, p. 44).

These strategies can support cohesion also in a multicultural context but we need more competencies to develop an authentic intercultural scenario.

In the interaction between the elderly, families and migrant care-workers, the intercultural dialogue is an opportunity to improve understanding of each other and to develop new personal and community horizons.

Intercultural dialogue between the care-worker and the care-recipient is not a private matter, but concerns the social fabric and the possibility of implementing inclusive strategies for the citizen's well-being.

Only by living in a space and creating *relational moments and movements*, can we create social networks that are consolidated over time, without fossilizing, and that are able to restore *plasticity* (to accept and cope with the changes), *a tight seal* (critical issues and emerging fragility) and *grip* (with a view to greater social cohesion) to complex local-global situations (Deluigi 2015, p. 144).

The dialogue between differences stimulates social innovation and interconnections between subjects and families and encourages the promotion of equity, social justice, understanding and cooperation (Carvalho Da Silva 2008). This perspective can feed a different kind of social fabric with particular attention to the relationship and network; it means changing perspective: from an individual-isolated-private one to a communitarian-interdependent-public one. A pedagogical approach and social policies aimed at promoting reciprocity and subsidiarity can contextualize and interconnect different instances, knowledge, skills and lifestyles.

Starting and maintaining a dialogue between the parties within the care system can generate a polyphony of practice and identify innovative spaces of personal and social planning. The levers of inclusion must be related to the peculiarities of the context in which they develop, especially if they draw strength from the push from the bottom

upwards and if the aim is to regenerate the knowledge and learning that occur in the caring experience.

In this regard, we must consider that the practices of care and the relationship between caregiver, care-worker and care recipient are situated in a specific territory in which it is possible to encourage learning *in* the community and learning *how* to build the community (of care). This process takes place in an intercultural environment (as in the specific Italian case), but also between generations.

To break down the static boundaries of stereotyped categories (elderly, migrant, gender…) it is necessary to practice intergenerational dialogue allowing people to express themselves and to interact in everyday life, enhancing new forms of cohesion and reciprocity (Baschiera et al. 2014). In inter-generational dialogue it is important to find a common ground, and to assume creative and divergent strategies to find solutions for each and for all. This "relational posture" urges the reconstruction of the social-we (intended as a sense of community and as horizontal interactions of subsidiarity) through networks of relationships, to develop community logics and give direction to the growth of social capital as a resource embedded in the networks themselves (Lin, Cook, Burt 2001).

Constant and active dialogue with ageing 'in progress' is a strategy to support participatory dynamics [which] gives renewed strength to personal and community projects to ensure that inhabiting public spaces becomes a reason to support the daily pursuit of intergenerational dialogue. Taking care of the community to which everyone belongs, where the ferment of participatory democracy was created, as a transformative act that relates to the individual and the context, is thus translated into concrete acts and attention directed to another citizen… (Deluigi 2014b, p. 11).

In this way, it is easier to develop sustainable interaction and implement relational strategies that promote a situated welfare with innovative sustainable replicable projects.

Learning together in an intercultural and intergenerational dimension affects identity, making this more flexible and able to relate to personal changes – new ways of experiencing time and space, new physical limitations, etc. – and social changes – new relationships, new ties dictated by the need for care and assistance, etc. If the learning process is permeated by reflexivity and socio-educational design, it becomes a way to regenerate people's skills and abilities to act in different social contexts, to contrast isolation and to support participatory processes and social inclusion.

Care ties and transnational dynamics

Attention in home-care is projected mainly on older people's needs, but we have to consider also the various consequences generated by the global chain of care (Ehrenreich,

Hochschild 2002; Hochschild 2000). This phenomenon consists of various complexities: the increasingly interdependent contexts from the economic perspective, the migration flows related to improving the quality of life of the elderly, the correlation between the ageing processes and promoting a culture of home care with the focus on migration, household management and care work for women.

The global chain of care involves husbands, children, parents, relatives, neighbours and friends in the complex dynamics that undermines the fragile balance of families (Vietti 2012). We have already said above that in Italy care-workers are mainly foreign women and we add that many of these are mothers who, through migration, give rise to transnational families looking for new forms, spaces and times to maintain bonds with their relatives. The members of transnational families "live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely 'familyhood', even across national borders" (Bryceson, Vuorela 2002, p. 18). The flexible structures of transnational families and the new geometries and asymmetries of the family give rise to several questions regarding the projects of the individual and of the family members (especially for children).

The official care system usually ignores the migrants' itineraries that guarantee a better quality of life for elderly people but the transnational families are likely to be invisible (Coface 2012) and to suffer social inequality. If we want to promote an intercultural approach and lifelong learning for all the 'actors' of the care system, we must also consider the life stories and 'seemingly' invisible ties of migrant women in their social and professional roles. In this perspective, we should intertwine the processes of transnational care, between the local-global context, across generations, over the life course, in intergenerational and intercultural perspectives and between genders.

The different family care circuits are interdependent and characterized by reciprocity. In particular, transnational families are involved in a migration path consisting of hope, expectation, professionalism built in the field and perspectives of nursing and well-being. At the same time, care-workers face conflict and misunderstanding, different contests and relations of unequal power (Baldassar, Merla 2014).

If we focus on the quality of the care practice and on the well-being of each care-agent, it is important to consider the paradigm of the care circulation. It focuses attention "on the practices and processes of the asymmetrically reciprocal exchanges of transnational caregiving, offers a productive way to trace and retrace the links and connections between members across distance and time, which constitute the workings of 'global households'" (Ibi, p. 9). In addition, we must also consider that in Italy the role of care-worker is poorly and informally recognized as a (g)local agent of inclusion and as a strategic social and care network hub. "This 'submerged condition'

creates a sort of homemade welfare system and we are still far from the development and implementation of a Transnational Welfare that considers the interdependence between social systems involved in the migration process, the common problems and opportunities and the possibility of co-managing social processes related to migration" (Deluigi 2016, in press).

We need renewed policies and welfare practices supporting effective processes of dialogue, exchange and inclusion on several levels (Piperno, Tognetti Bordogna 2012).

Reconstruction of the reorganization of domestic care of the elderly from the bottom upwards, based on the care regime approach or on other structural arrangements, must be integrated in a crucial respect: participation by those directly concerned in the de-structuration of the formal regulatory order and the formation of new practices and rules. In other words, it is necessary to give salience to the action of the persons directly involved. These are not passive victims, forced to move by shortcomings of welfare systems and by the needs of their families; on the contrary, they are actors able to take the initiative, albeit within a system of constraints and inequalities (Ambrosini 2013, p. 10).

Taking into consideration all the elements of complexity described so far, we must promote social policies which depart from participatory planning and which are able to listen to, and give voices to the practices, the experiences and the care context. That is why it is important to start from the "micro", the specificity of the heterogeneous contexts and the numerous solutions built by families and services, in order to track sustainable and creative homecare guidelines. It is imperative to also listen to carers, to indicate paths that increase their professionalism and open up prospects of more formalized and recognized interventions.

The intercultural approach: interdependencies and connections

Intercultural education (Catarci, Fiorucci 2015; Grant, Portera 2011) can re-establish the circle of care from the relational perspective. It considers the migrant stories, their transits and experiences in synergy with the transits and experiences of the ageing and it traces processes of learning, the importance of welfare facilities and intervention for a truly equitable community (Jelenc Krašovec, Štefanc 2015; Saraceno 2008).

A possible setting is the notion of relational welfare (Donati 2012) based on social responsibility; it is a more inclusive model of welfare because it promotes assumptions of sharing and cooperation (between public services, agencies, citizenship and beyond) as a way to build community. Work in this direction requires a change in the structures of social policies and it is fundamental to take decisive action against the "privatization of responsibility" (Rodger 2004, p. 13), to move towards a path of mutual care through effective and lasting actions. To hypothesize formalized interactions between

the public and private sectors is crucial in order to generate a spiral of connections between individuals and the community. This can be done by leveraging the opportunity to pursue paths of active citizenship through the social worker and social planner, who can facilitate participation, learning and active engagement in communities in a perspective of reflective and effective practice (Packham 2008). Such a social approach requires experiencing models of inclusion and rethinking issues that have a collective impact (Kania, Kramer 2011). Relational welfare needs a territory and, similarly, the context requires intervention perspectives. Activation can be reciprocal, if the channels of communication are open.

Intercultural education could be a stimulator of best practices in local home-care as a way of reflection and action. This approach has to develop a framework:

[…] to support professional and personal ties in order to promote and share co-responsibility between families and communities. We need an effective transnational welfare based on a bilateral axis of reflection and action, with socio-political-economic alliances, in which the target is not the individual but the family with its networking (Deluigi 2016).

The transition from a 'welfarism' culture of care to an eco-systemic home-care, accepts the challenge of an open learning society, attentive to migration stories which are attentive to identity, intergenerational alliances and bearers of cultures. In this perspective, living together in inclusive societies is a challenge and a goal (United Nations 2016) and intercultural dialogue can support active citizenship and community learning.

Life-wide education can contribute to subjective well-being by engaging people and fostering active citizenship because these processes draw upon democratic participation, human capital and social capital (Zepke 2013a). The lifelong approach can open the mind towards the scope of becoming global citizens, who, if they are more aware, can contribute to social well-being in the spirit of social justice (Zepke 2013b).

Pedagogy can design opportunities for co-partnership. Involvement in delivering services which are able to create alliances between institutions and communities, can resize delegation and "welfarism" processes and promote a culture of participation that can respond more effectively to needs situations. This change of perspective – of welfare and community – demands concertation times that often do not coincide with visible and tangible calls for solutions; above all it requires the courage and ability to experience innovation (Deluigi 2014a).

The rationale for connecting up relationship and subsidiarity, could be the kind of generative welfare that shifts the focus from an exclusively economic vision to a value-oriented perspective along three axes: Solidarity, Responsibility and Equality. The essential step (also at the organizational level and that of fund management) is placed next to the characters of Collect and Redistribute (typical of all models of welfare)

through a triple "R" more connected to people: Rebuild, Return and Render Responsible (Empower) (Fondazione Emanuela Zancan 2012; 2014). This vision is based on a continuous reciprocity between social rights and duties, by initiating a process of reflection that can be accomplished only through collective and community dynamics.

The numerous interdependencies of the care contexts require reflections and strategies that support a new involvement and participation in the formulation of shared well-being. The field of intervention is both local and global; for this reason, it is important to develop actions that can convey social resources and expertise in the territory, towards building an eco-systemic vision, able to understand and deal with the risks of exclusion and inequality.

Currently, migrant care-workers in Italy are a sort of 'replacement strategy' for a frail form of welfare, but we must develop perspectives beyond the national borders which exploit a renewed and equitable idea and practice of welfare based on reciprocity, exchange and interdependence.

We are all incomplete and fragile subjects, but if we test ourselves in areas of cooperation, we can generate inclusive care. A care that can connect need and resources to cope with the complexity of ageing and long-term care through continuous learning.

Care practices, intercultural knowledge, intergenerational experiences, re-generative welfare and active citizenship must be able to communicate; this allows us to cultivate the concrete hope of charting a sustainable way of well-being and proximity ties. The development of social co-design is based on some methodological hypotheses (Brunod 2007; Deluigi 2016): 1. Have a multi perspective vision, to understand the complexity of the situations and to generate concrete hypotheses from different contributions. 2. Reduce the fears and sense of insecurity through trust relationships and shared interest, redefining the social processes. 3. Overcome welfarism guidelines by focusing on relational phenomena, encourage participants to realize co-responsibility. 4. Redefine the 'social contract' between citizens and institutions, encouraging initiative and social innovation, thus allowing them to become co-authors of the change.

The main difficulty is to start and enable multi professional working groups and consolidate social networks of care. This task falls mainly to professionals who facilitate cooperation and can be one of the biggest obstacles at the beginning of the process, especially if the dialogue with the administrations and services is not open and operating. The participation of citizens is interconnected with empowerment and the importance given to social bonds (Ripamonti 2006). These trajectories direct participation and require the willingness and ability of citizens to become an active part of renewed public decision making. Their effectiveness can counteract the fragmentation, isolation and exclusion caused by a private and privatized welfare. Community renewal routes

can be promoted by policies (local authorities, administrations, services), as well as by the operating field (families, seniors, care-workers), provided that there is a balance of power and a real opportunity to work together.

In Italy there are some positive experiences that can be placed primarily for the self-sufficient elderly (co-housing, caregiver sharing...) but much remains to be done to enhance the care system for the oldest. There are still too many fragmented and localized practices, regulated by different local laws (carers' desk, allowance of using ICT).

Strengthening a recognized and regulated collective practices approach, would promote eco-systemic home-care, made up of an alliance between the elderly, families, and services, like a sustainable and transferable strategy. This system could also develop life-wide education, which requires active participants in learning processes, in particular in the area of learning how to set up a system of responsible care. The extension of human and social capital would become a lever of development for all subjects, as hubs in a network of well-being that becomes a provider of essential care-practices for social regeneration.

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SUMMARY: Migration is a constituent element of the European context and in this paper we will analyze the Italian case and the connections between the labor market of care and assistance to elderly people. This phenomenon has an international dimension (León 2014) because it intercepts the routes of migrant women from Eastern Europe and triggers the creation of new family structures (Degiuli 2016; Lyon 2006). From a perspective based on finding ways to avoid generating exclusion and privatization processes by socio-economic context (Skornia 2014), we will analyze in-depth a community learning process that affects the elderly and their families, the care-workers and the transnational dimension, the local contexts and socio-health services. The participatory learning approach aims to create community bonds and social cohesion and to support intergenerational and intercultural citizenship (Deluigi et al. eds 2015; Newman, Tonkens 2011).

Beyond the stereotypical images of migrants, often associated with threat and danger, we will highlight the various aspects of a cooperative coexistence, considering living together in inclusive societies as a challenge and a goal (United Nations 2016). Multicultural environments can choose intercultural dialogue as "an engine" of active citizenship and community learning (Packham 2008; Zepke 2013a). Education could be a stimulator of recognition and promotion of best practices in local home-care as a way of reflection and action. The transition from a "welfarism" culture of care to an eco-systemic home-care culture accepts the challenge of an open learning society, attentive to stories of migration between identity, intergenerational alliances and bearers of cultures.

KEYWORDS: ageing, Community learning, care-workers, migrant Women, intercultural education.

STARZENIE SIĘ I MIĘDZYKULTUROWE ASPEKTY OPIEKI: UCZĄCE SIĘ SPOŁECZNOŚCI I SPOŁECZEŃSTWO WŁĄCZAJĄCE

STRESZCZENIE: W obecnym czasie migracja jest jednym z istotnych zjawisk w europejskim kontekście. W niniejszym artykule ukazany jest związek pomiędzy rynkiem pracy a osobami starszymi. Migracja ma wymiar międzynarodowy (León 2014), zatrzymuje migrantów (głównie kobiety) z Europy Wschodniej i przyczynia się do tworzenia nowych struktur rodzinnych (Degiuli 2016; Lyon 2006). W artykule analizowany jest proces uczenia się społeczności, który dotyczy także osób starszych, ich rodzin, pracowników opieki, pracowników usług socjalno-zdrowotnych, zarówno w wymiarze lokalnym, jak i transnarodowym. Do analizy wykorzystana jest perspektywa włączania, polegająca na unikaniu procesów wykluczenia i prywatyzacji (Skornia 2014). Uczenie się ma na celu tworzenie

więzi społecznych i wzmocnienie spójności już istniejących oraz wspieranie międzypokoleniowego i międzykulturowego obywatelstwa (Deluigi et al. eds 2015; Newman, Tonkens 2011).

Poza stereotypowymi obrazami imigrantów, często związanymi z lękiem i poczuciem zagrożenia, warto zwrócić uwagę na pozostałe aspekty migracji, takie jak kooperatywne współistnienie, gdzie wspólne życie w społeczeństwie sprzyja integracji, ujmowanej zarówno jako wyzwanie, jak i cel (United Nations 2016). W środowiskach wielokulturowych dialog międzykulturowy można mieć zastosowanie jako „motor" dla aktywnego obywatelstwa i uczenia się społeczności (Packham 2008, Zepke 2013). Edukacja może być stymulatorem uznania i promowania najlepszych praktyk w lokalnej opiece domowej oraz może stanowić podstawę do refleksji i działania. Zmiana kultury państwa opiekuńczego na kulturę państwa typu opieka eko-systemowa może spowodować większą uważność na historie migrantów jako sojuszników międzypokoleniowych i nosicieli kultur.

słowa kluczowe: starzenie się, uczące się społeczności, opiekunowie, migrantki, edukacja wielokulturowa.