

The Point of View of Frail Elderly People on Local Policies

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RESUMEN

La presente contribución propone un análisis del punto de vista de las personas mayores frágiles y de sus redes primarias (familiares o amigos cercanos) sobre las formas de ayuda que tienen a su disposición y las demandas sociales que son capaces de expresar a las políticas locales. Los contenidos, que se ponen a disposición del lector, proceden de una investigación cualitativa, realizada en Italia entre enero de 2020 y abril de 2021, en la que participaron un total de 62 díadas, compuestas por una persona mayor y una persona de referencia, designada por la persona mayor como aquella o aquel en quien puede confiar en caso de necesidad. A través de entrevistas diádicas, se exploraron varios factores implicados en la transición de las personas mayores a la fragilidad. Hay dos conceptos a los que se hace referencia esencialmente: el concepto de transición a la fragilidad del sujeto mayor; el concepto de atención comunitaria como idea rectora de las políticas sociales, dentro de las cuales pueden surgir las demandas de atención de los sujetos frágiles. La pregunta de investigación es la siguiente: ¿qué necesidades expresan nuestros sujetos, cuáles de ellas se convierten en una demanda social que puede ser atendida por las políticas desde una perspectiva de atención comunitaria, qué diferencias surgen de los distintos perfiles de los protagonistas? Para responder a estas preguntas hemos analizado, a través del programa informático N'Vivo, el material surgido de las entrevistas diádicas con el fin de comprender cómo se configuran las relaciones de apoyo, cómo afrontan la transición y qué recursos diferentes son capaces de activar para hacer frente a los acontecimientos críticos, que ya han surgido en la trayectoria de cada uno.

PALABRAS CLAVE:

Vejez, fragilidad, políticas sociales, ageing friendly, entrevista diádica, NVIVO

ABSTRACT

This contribution provides an analysis of the perception that frail elderly people and their primary networks have of local policies aimed at supporting them. To offer an overview on the emerging needs that arise from the elderly population, the results of a national qualitative research, carried out in the field between January 2020 and April 2021, will be presented. The research involved a total of 62 dyads, consisting of an elderly person and a reference person. The key concepts of the analysis are two: the concept of transition to the frailty of the elderly subject and the concept of community care, within which the questions about the care of frailty subjects can emerge. The research questions are the following: what needs doing the subjects express, which of these become a social question that can be collected by policies in a community care perspective, what differences emerge from the different profiles of the dyads? To answer these questions, we have analysed, through the N'Vivo software, the material that emerged from the dyadic interviews to understand how the relationships support are configured, how they face the transition and what different resources are able to activate to face the critical events, already arisen in the path of each one.

KEY WORDS:

Aging, frailty, social policies, ageing friendly, dyadic interview, NVIVO

1. Introduction

This contribution provides an analysis of the perception that frail elderly people and their primary networks have of local policies aimed at supporting them.

Before introducing the design of this research and presenting the data, it is worth defining some relevant concepts that were used, with reference to the sociological debate.

Reference is made to the concept of “transition to frailty” in elderly subjects, which is perceived as a path of ageing. Some critical events (stressors) may occur along the way, which can cause difficulties to the elderly and their reference networks.

The expression “transition to frailty” seems to clearly indicate the process that dominates the last stage of human life. As Van Campen (2011: 15) wrote: “frailty is a process in the elderly life involving the accumulation of physical, psychological, and/or social deficits in functioning, which increase the risk of adverse health outcomes, such as functional impairment, admission to an institution, and death”. In Van Campen’s work, there are a number of elements that increase social frailty, which is defined as “a loss of social relations” (lack of a partner or trusted confidant, lack of support, little involvement in one’s own family, neighbourhood and associational networks, which potentially lead to isolation).

In the individual’s biographical experience, the unfolding of time is marked by events that may trigger a perception of discontinuity between before and after.

Research helps us to identify some of the events that we have called stressors and that pertain to three macro areas: a) clinical; b) socio-relational; c) socio-economic. These are adverse events of different magnitude, like, for instance, illness, widowhood, and the loss of one’s house, which are all factors that force elderly people and their family networks to rearrange their lives, on a practical level and also after acknowledging, perhaps for the first time, the need to support the elderly. These critical events are usually the opportunity for the elderly to become aware of the time passing and of their impending frailty.

A third issue, which is well represented in Grenier’s studies, is the need to take the elderly’s point of view. It must be highlighted that “there is a clear difference between the vocabulary used by older people and professionals” (Grenier, 2007: 432). Numerous research studies have shown that older people do not use the term “frailty” to describe their state (Grenier, 2005). Furthermore, frailty is not always experienced as a “loss”: scholars who embrace the life cycle theory emphasize that this stage of life can be characterized by a continuity of experience and not by a biographical break, by a cognitive development and the implementation of coping strategies for all related issues. In particular, Poli (2015) underlines that it is possible to regard ageing as a potentially acquisitive stage, in which new acquisitions can also be used creatively and not just counteractively. Research in this field addresses the issues of body acceptance (Gadow, 1986), the creation of closer family bonds (Lustbader, 2000), the definition of room for negotiation between oneself and the chances of autonomy that one’s current state allows (Grenier and Hanley, 2007).

Therefore, it is a multidimensional phenomenon, a lengthy process which, along with the relational patterns between generations, is involved in the ageing of a network member. From our perspective, the attention to the intergenerational aspect enables us to appreciate the importance of new relational arrangements as protective or risk factors for people’s well-being.

This contribution provides an analysis of the perception that frail elderly people and their primary networks have of local policies aimed at supporting them

The intergenerational relationships in multigenerational families (Bengtson, 2001), which are marked by solidarity, not only express an essential functional significance, through the transmission of goods and services between generations – especially parents, children, grandchildren –, but they also convey the historical memory, and the possibility of a symbolic legacy (inheritance) from the older generations to the younger ones, which, from our perspective, can allow the oldest and frailest members to take an active role.

The second key element of this work is the concept of community care as a guiding principle of social policies, within which the demand about the care of frail subjects can arise. Community care policies follow two main guidelines. The first one is ensuring the financial support of weaker members in the communities where they belong, by setting up an elaborate and flexible network of formal services, both public and private. This strategy has been prevalent over the last few years in Italy and in most European countries, but it has proven insufficient, also due to the rapid changes in the configurations of family networks, which tend to be increasingly smaller in size and increasingly overloaded with duties, because of the spouses' work commitments and their responsibilities in caring for the younger and elderly generations. This has entailed a new focus on the community to ensure the help and assistance needed, while valuing the contribution of families, neighbourhoods, mutual assistance networks, and volunteers. This second meaning of community care is certainly the most appropriate to the needs of elderly people, but also the most challenging from a sociological point of view. Is it realistic to bet on the community, when multiple indicators could lead us to think that it has disappeared, at least in its traditional forms? Informal networks continue to perform essential functions of care even in complex societies, but, during the last phase of human life, they necessarily tend to thin out and often be, themselves, frail and overloaded. However – as Bulmer (1992) recalled in the early 90s – if we do not want welfare standards to regress, it is necessary to monitor the strengths and weaknesses of the resources within individual communities and informal networks. Giving voice to the elderly and their points of reference within families continues to be fundamental, in order to understand which ways to go. The plural here is a must because the family and support structures in the population are very diverse, and therefore the responses of support and assistance must likewise be diverse.

In this paper, we will focus precisely on this: what needs do our subjects express; which ones of these needs turn into a social demand that can be included in policies from a community care perspective? To answer these important questions and understand how support relationships are like, we asked some dyads – i.e., pairs of subjects composed of an elderly person and a reference person that he/she indicated – how they cope with transition and what resources can be activated in order to deal with the critical events that have already occurred in the path of each one of them.

2. Research design

The unit of analysis, characterised by the dyad, led us to use a particular survey tool: the dyadic interview. This form of survey differs from classic one-to-one interviews because of its interactivity and ability to involve participants in building a joint response. “The crucial difference between individual and dyadic interviews consists of the interaction between participants in dyadic interviews, as the comments of one participant draw forth responses from the other” (Morgan et al., 2013).

Generally speaking, dyadic interviews allow to: detect interactions and understand how people co-construct and interpret the social reality of the environments that they live in and share (Reczek, 2014);

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reduce the time and costs of the survey (Bjornholt, Farstad, 2014); provide support to the most fragile participant in the conversation (Sohier, 1995; Haahr, Norlyk, Hall, 2014). The dyadic interview can be organised concurrently (copresence) or sequentially (separation).

In this research, an intergenerational approach was used in the dyadic interview, in order to gain a deeper understanding of how ageing and frailty are experienced, and what exchanges take place within the family network, by analysing the relationship between individuals belonging to two generations from the inside (Bramanti, Nanetti, 2022).

Moreover, since the observation perspective of the transition to frailty is focused on the relational experience of the interviewees, we chose the dyadic copresence interview – joint interview – in order to investigate the intergenerational relationship of care and support between the interviewees (Cigoli et al., 2018; Bojczyk et al., 2011).

The interviews were transcribed ad verbatim and subsequently imported into the Nvivo software to perform an analysis of their contents¹. More specifically, an approach based on Grounded Theory (Glaser, Strauss, 1967) has been adopted, which involves the following phases: (1) a first reading, free from the spectrum of research hypotheses and oriented to the understanding of textual contents, not organized according to predefined categories; (2) identification of an open encoding, aimed at identifying the first codes that can be useful in segmenting the text; (3) a more specific axial coding, in which some sub-codes have also been identified and reorganized; (4) a selective coding, through which the most general and abstract thematic categories can be identified. In order to refine the analysis, some specific queries were also raised and, finally, outputs were produced in graphic and tabular format (e.g., word cloud, matrix framework, coding matrix).

The macro-areas that were identified and analysed in this paper are associated with the relationship between the dyad and the services that are available in the local communities. In particular, the question addressed to the dyad focused on the attention that the city pays to the elderly, while the codification of the verbalizations included the specific social demand that is expressed by the elderly and their reference person and is aimed at supporting the care and well-being of the elderly.

3. Presentation of the dyads

We will now present the 62 dyads that were interviewed, by observing who the elderly subjects and the reference persons forming the dyads are.

The couples interviewed consist of elderly women in about three-quarters of cases, and of elderly men in the remaining cases. The average age of the elderly respondents is approximately 82, with a clear prevalence of the age group ranging between 80 and 84. The contact persons indicated by the elderly are, in order: their children, other relatives, including their spouse, a volunteer/friend, and finally a grandchild (Table 1).

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¹ The interview considered are: Brescia_12_82_M_13(1); Milano_04_84_F_1(2); Milano_08_86_M_4(3); Abbiategrosso_05_83_F_4(4); Abbiategrosso_03_75_F_2(5); Verona_06_80_F_2(6); Verona_09_77_M_1(7); Abbiategrosso_01_83_M_2(8); Verona_05_81_M_2(9); Abbiategrosso_11_76_F_2(10); Verona_02_77_F_2(11)

Table 1. The reference person by gender of the elderly

Sex of the elderly	Reference person	A.V.
Elderly females	Son	33
	Grandson	4
	Other relative	5
	Volunteer	5
Total		47
Elderly males	Son	10
	Grandson	0
	Other relative	4
	Volunteer	1
Total		15

The reference persons are clearly and predominantly women, confirming the prominent role that women continue to play within families (what we can also call “female genius”) by performing functions of care, but the number of men is still significant (Table 2).

Table 2. Age groups and gender of reference persons

Age group	Women	Men	Total
Up to 59	31	13	44
60-74	9	6	15
75 or over	3	0	3
Total	43	18	62

In relation to the focus of this article, the dyadic types that we have identified is associated with the level of support that the *dyad* receives within its own network of belonging: family, local community, and wider community. In this regard, we have identified three profiles: the protagonist dyad, the supported dyad and the isolated dyad.

The *protagonist* dyad identifies a dyad that is well integrated and participating in the wider social context (family and non-family), including the network of services. Both subjects feel supported and are able, to varying degrees, to reciprocate the support received, by remaining active in the networks to which they belong.

The *supported* dyad includes all situations where help and support (informal and formal) are provided to the elderly. The coping network also indirectly supports the reference person, who thus finds support, reassurance, and a chance of sharing a series of duties within that network.

Finally, the *isolated* dyad is the one that has no external support and is alone in facing the reported difficult situation following the stressor, a situation that is actually overwhelming, or is experienced as such. In some cases, this sense of loneliness and oppression is also made explicit despite the presence of external help, which does not seem to counteract the malaise and the subject's sense of loneliness and lack of protection.

In most protagonist dyads, the elderly subject is a man, whereas in most supported and isolated dyads, the elderly subject is a woman. Another significant characteristic of all protagonist dyads is that the reference person is a volunteer in more cases than in other dyads.

4. The orientation of the dyads with respect to the network of services

From the analysis of the interviews, it is possible to infer that respondents have a general tendency to pay more attention to informal networks of care than to local offers of care and support. The institutional network providing care services does not seem to be the first response to the dyad's demand for assistance and care. This scenario is, to a large extent, in line with the identity of the group of the subjects interviewed: it is in fact a group of subjects who do not receive care services, but who get involved through associations and local neighbourhood networks. If, on the one hand, the specificity of the target shows a tangential resilience to critical events through informal coping networks, on the other hand, it allows us to detect a set of hidden needs that may not be easily detected through formal networks of care.

From a preliminary analysis of the occurrences related to *social demand and the evaluation of the extent to which the city in which the elderly live is sensitive to their needs*², illustrated in the figure below (Figure 1), the word "need" (bisogno) emerges strongly, and allows us to emphasize that this is the distinctive feature of this phase of life. The subjects perceive themselves as "in need of" support, companionship, closeness. It is therefore interesting to explore this aspect that refers to Grenier's reflection (2007) on how older people perceive themselves. The word "frailty", used by care professionals, never emerges, but rather a basic condition of human nature transpires, i.e. being in a condition of need. The following lemmas refer to the subjects (the elderly) and the contents of this need: city (città), municipality (commune), home (casa), goods (bene), services (servizi), means, with a series of verbs that evoke a possibility that is not currently real (could, would be). Some vital clues lie hidden in here about the most critical aspects that can support, or undermine, the realization of a condition of well-being for the elderly and are associated with the issues of quality of life, within the community of belonging. The community care model is therefore evoked by the respondents, there are no technical requests, nor specific references to health conditions, or diseases. Obviously, it is not that these aspects are irrelevant, but it is rather as if the elderly are suggesting that we should focus on the context of life, and on their family and support relationships.

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the dyad and their social network. In the absence of formal assistance and support paths or services, the dyad valued and appreciated the associational and social networks, which are often informal, supporting the local community: *“there is a local club for the elderly that is basically run by private individuals: it was started by the Alpini – the Italian Army’s specialist mountain infantry – and is essentially run by private individuals, so in the evening this is an opportunity to let off some steam”* (reference person, daughter - 1).

Conversely, the elderly shows a significantly more positive appreciation of the services available, and this, to a large extent, reflects the level of well-being and satisfaction they feel. They feel safe and protected by the community in which they live: *“I think that the Municipality of Milan pays more attention to old people and children, and rightfully so. It is a child-friendly and elderly-friendly city, as they say on TV. As soon as I ask for something, there is a young person who comes and helps me”* (elderly woman - 2).

This ambivalence can be fully grasped in the light of the outcomes of the relationship of care: despite the discontent about the offer, the reference person is able to autonomously and effectively launch care and support paths, thus increasing the elderly’s well-being. The respondents can indeed rely on a heterogeneous social network, which embraces bonds between people who are similar, although living far from each other. The extent to which the elderly is rooted in their local communities allows them to have a good knowledge of the services that are available to them: *“In our neighbourhood, there is an adequate level of services (...) There are activities, there are all kinds of services, there are pharmacies, there are assistance services for the elderly, trade unions are present, and cooperatives are present. Therefore, nothing is missing in terms of what the elderly need. In this neighbourhood, nothing is missing, here you can find a solution to everything”* (elderly woman - 3). Friendships, the participation in associations, and the proactivity of the elderly who play key roles allow them to perceive a good level of support, even if most of the time it is not used: *“I have many friends who are in the Auser [Italian elderly association]. They tell me that, if I need something, I just have to tell them. But I don’t feel I need something, I don’t ask”* (elderly woman - 3).

The *supported* dyad is the predominant type of dyad, which tends to receive help and support in the transition phase mostly within primary networks (i.e., the social networks made up of relatives, friends, and neighbours) and, to a lesser extent, from community networks, mainly of an informal nature, or from the wider social networks made up of former work colleagues, friends and ‘wider community’, for example local clubs and services offered by volunteers. Therefore, it identifies all the *instances in which help and support, both formal and informal, are provided to the elderly*, according to an unbalanced dynamic in which the elderly is generally the one receiving support, but not playing an active role in mobilizing it. This role is almost always played by the reference person, who acts as a director of a series of aids which struggle to turn into a true coping network: *“I am friends with a neighbour of mine, and we get on really well, I get along with her, we open up to each other, we share our pains and struggles”* (elderly woman - 4), also for the person of reference: *“But the neighbours... well, if she asks a favour of them, they do her that favour”* (reference person, daughter - 5).

It is a sporadic type of support, which includes people, groups and associations that, however, struggle to turn into a true network, even if it brings along precious stimuli. The opportunity to exchange views and share moods with elderly people who are facing similar issues provides the elderly and their person of reference with psychological support: *“The role played by the association “Piccola Fraternità” was of course significant, because it is an ongoing opportunity to exchange views with other people and realize that they are facing the same struggles and the same issues”* (reference person, daughter - 6). New opportunities are embraced with enthusiasm and satisfaction: *“The Università del Tempo Libero [University of Free Time] offers many courses specifically aimed at the elderly, who can do different activities, either tailored to those who are more active, i.e., hands-on activities, or more lesson-oriented activities on particular subjects, but all the activities are customized for people of a certain age”* (reference person, wife - 7).

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When these knots of the net(work) are successfully connected with each other, the coping network is activated and can, indirectly, also provide support to the reference person, who finds assistance in it, as well as reassurance, and a chance to share a series of duties, which otherwise would entirely fall on him/her.

The *isolated* dyad is not capable of finding, outside the dyad itself, adequate forms of help and support in order to deal with the consequences of the stressor and the elderly's transition to frailty. Therefore, the *isolated* dyad is the one that *cannot rely on any support, is alone in facing a situation* that is experienced and perceived as overwhelming. In some cases, this sense of loneliness is also reported despite the existence of external help, which does not seem to counteract the malaise and the subjects' sense of loneliness and vulnerability.

In the excerpts reported in this section, the reference to the desert clearly conveys the idea of the isolation and loneliness experienced by this type of dyad: *"Because we live in a desert, and it is quite a good distance to the nearest village..."* (elderly man - 8). Even when help and support are provided in care tasks, this does not seem to be enough to overcome the sense of loneliness and isolation: *"There is this girl who comes from eight to nine, and another one comes later, at noon, but until four, until I come back from work, he is alone"* (reference person, daughter - 9).

When the elderly displays a severe form of frailty, he/she often requires greater commitment and care, which the reference person cannot always provide independently, and this causes frustration and a sense of helplessness: *"Maybe also a girl in the morning, apart from the two girls who are already coming... maybe now that spring and summer are coming, they could take him outside, this would create a diversion for him... they could take a walk, possibly down at the park too, and maybe for me, and for him, this would help somehow... even just a person talking to him..."* (reference person, daughter - 9).

Depression, a sense of abandonment, and a lack of points of reference are all elements in the words reported here, which refer to a resigned state of mind, with no perspectives: *"This feeling of switching off, of laziness, of apathy, given the current situation, obviously exacerbates the problems that those like her are facing"* (reference person, daughter - 10), *"Despite my problems, which are there, I would even have the opportunity, as I have some money, to be a little cared for, let's say, supported, and this I miss very much. And I miss her very much"* (elderly woman - 11).

The isolated dyad is characterized by a condition of isolation and inability to activate networks of support/help. The effect that such a condition produces on the performance of care tasks is a sense of helplessness in managing the elderly's frailty. Both respondents (elderly subject and reference person) in this dyad show signs of psychological distress, inner suffering, and a lack of trust in the future.

5. Discussion of results

It is now possible to answer the crucial question at the core of this work, starting from the above analysis of the contents.

The three types of dyad – protagonist, supported, and isolated – are experiencing the transition. Different ways of engaging with the networks of protection and help that are available in the cities where they live emerge, along with a different evaluation of the ability of the relevant city to be ageing-friendly.

The urban context, i.e. the city or town where the respondents live, paints different scenarios, ranging from the positive one – where the elderly and their reference person can rely on close community net-

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works (neighbours, people living in the neighborhood) which may, for instance, pay a visit in order to provide help/support in running day-to-day errands –, to the negative one – where physical distance of the elderly's home from the urban agglomeration creates isolation and obstacles in coping with the transition. The respondents described Public administration, and Municipalities in the first place, and the services it provides to the elderly in several ways: from Mayors who are regarded as sensitive and committed to the issue of the elderly, to administrations that are more or less hostile. The respondents also seem to find it quite difficult to form an opinion when they have never had direct relations with their Municipalities for needs associated with the management of an elderly family member. The respondents have often expressed a need to receive greater attention from the local administration about taking down architectural barriers to make walking less dangerous for the elderly.

While it is true that communities differ in the range of services that they offer, and that this entails hidden forms of social inequality, it can be noted that the ways in which people relate to informal (family and community) and formal (associative and institutional) networks also differ.

For the purpose of developing policies that pay greater attention to meeting the needs of this segment of the population, it is therefore worth intercepting the demands that have been made, in order to take whatever actions are necessary.

The protagonist dyad stands out for its ability to create embedded social networks (connected and incorporated) that can mobilize relational resources (various forms of help, support, listening, etc.) with greater 'fluidity'; the dyad has acquired such resources through bonds in which the dyad is involved, and which have been kept alive over the years. Moreover, it is possible to detect great independence: the dyad actually shows the ability to directly take action and choose whatever action is most appropriate to fulfil the material, caring, and expressive needs arising from the stressor.

Overall, the dyad's social network is characterized by bonds that are likely to build trust and extended reciprocity between heterogeneous groups (e.g., between dyad and local organizations, informal groups, etc.).

There is a clear difference between the opinion on the city, which may be positive as the city is regarded as a place where everyone can play an active role, and the opinion on the network of services, which receives mixed reviews and is regarded as inadequate to a qualified social demand, which expects answers in line with the distinctly relational patterns that the subjects typically use.

High levels of involvement and of people playing an active key role are generally associated with a high-quality social demand.

This type of dyad seems ready for a community care offer in which its ability to take action and find adequate answers to emerging needs is valued and acknowledged and is consequently ready to identify ways to co-produce² (Orlandini, 2013) good help practices.

The risk, however, is that these situations are invisible to the network of services.

The supported dyad is characterized by a good ability to enlist mainly short-range help – i.e., from family and the community –, sometimes even paid help to support family members. Where available, it also benefits from services provided at home (professionals offering either assistance, or rehabilitation services), and second-level services (Alzheimer's Centre and Recreational Centres). These services are generally aimed at the elderly and, only indirectly, at supporting the reference person. The emerging demand suggests an increase in what is already in place and a need for reducing the bureaucracy required to access

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²Co-production means that the service is produced by those who are professionally experienced together with the user/beneficiary (citizen who has experience).

support and services. In general, all requests and the consequent bureaucratic procedures are completed by family members, who are therefore experiencing a functional overload, and are sometimes confused about what their rights are.

In these cases, the community care, although present, is not acknowledged as such, it appears in the background, and there is uncertainty even in expressing an overall opinion.

We can therefore see the paradox of supported dyads that feel that their system of care is not close or supportive to them, and that everything always seems uncertain, difficult to get, and distant.

In these cases, coordination figures should be made available, case managers who will take charge of the path and provide support to the elderly, and their reference networks, in coping with their transition to frailty and who will see that the path itself is consistently followed. Only in this scenario can support be guaranteed to a family network that is fully engaged in one of its members' transition to frailty.

Isolated dyads appear definitely more marginalized: as the analysis of verbalizations shows, they are alone in facing the issues gradually arising in the elderly's lives.

In these cases, the social demand expressed by the dyad is extremely clear and specific. It is the reference person that traces specific paths and requirements for the care and support of the elderly, ranging from actions aimed at encouraging social relations for the elderly, to bespoke financial assistance. The analysis of the interviews indicates a demand for services, social actions and financial assistance.

The demand for services consists of three key elements: the availability of skilled and experienced staff who can assist the elderly at home, with technical devices designed to enable assistance at home after hospitalization; greater interaction between social and health workers and the elderly's family, in order to establish support paths taking into account the elderly's whole social network; financial assistance aimed at making the cost of care and health care bearable.

The needs are multiple and complex: from having the opportunity to receive home care services by staff that are experienced in treating elderly people with neurodegenerative disorders, to day centres that can be easily accessed from home, to voluntary services more closely related to the needs of the local community. References were also made to vouchers (for personal hygiene and physiotherapy services at home), which are very useful, but now, according to what was reported during the interviews, are no longer provided.

As for relationships, the respondents' words suggest the need to encourage the elderly in a condition of frailty on a daily basis, in order to allow them to live each day with greater dignity and thus avoid attitudes of isolation and abandonment.

In our investigation, this type of dyad therefore emerges as the one that is struggling the most. And it is not just people living in suburban areas, which apparently have no adequate services, it is often dyads that are self-absorbed, discouraged, with no social relations, and also with poor or bad relationships within their family networks.

With this type of dyad, it is therefore important to take action and recommend strengthening their networks through interventions aimed at widening the points of reference, by involving volunteers, for instance, who are outside the network but can potentially bear new forms of sociality. These new forms can increase the dyad's ability to turn a demand for assistance, which may be weak and inadequate, into a new form of sociality, thus allowing these people, at least in the last phase of their lives, to feel that they belong to a large and welcoming community.

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6. Conclusions

The interviews that were conducted highlighted the need to overcome an individualistic vision, according to which the elderly are subjects with no bonds. On the contrary, if we focus on the different forms of support within the reference network and on the subjects' willingness, it is possible to better understand what resources the elderly can draw on to cope with transition.

A family member's transition to old age, with the frailty that it implies, has significant repercussions on all members of the family network, in terms of importance, commitment, and concern.

It is therefore essential to know how subjects are supported, what type of help they can activate, but also what exchanges generations are still able to have, in order to promote adequate forms of support, in a community care perspective.

If a close community care is available, it must take into account the intensity (strength or weakness) and the quality of the bonds between the elderly and their primary networks.

The three types of dyad that were identified – protagonist, supported, and isolated – display different skills and levels of energy precisely in their ability to identify their own needs, but above all to express a social demand and request that policies produce customized, non-standard responses. Our respondents have not always clearly expressed their needs and demands to the network of services to the person, for several reasons, not only because they struggled recognizing and calling them by their name, but often also because they are not used to asking for help outside their families anymore, and this is typical of this generation of elderly people. It is a particularly problematic habit today, as family networks are often small and overloaded. Therefore, introducing a different approach to the possibility and willingness to ask for and receive help becomes crucial, even among those who are ageing.

The different types of dyads are associated with different ways of living one's citizenship and consequently show whether, and under what conditions, they feel that they are really part of the local community care (Folgheraiter, 2006) and empowered to ask.

The subjects' point of view in the three types of dyad – protagonist, supported, and isolated – has highlighted this feature, which we can interpret as a different way of engaging with community care. These differences have something to do with the dyads' structural and cultural characteristics (composition, type of stressor, cultural capital) and with the presence of community care where our respondents live (social policies, actions and adopted measures).

The multidimensional (physical, material, psychological, and relational) well-being of the elderly and of their reference persons requires that care must be 'interwoven' in a network involving all actors (elderly, family members, friends, neighbours, volunteers, care professionals).

As it is well known, the expression "community care" (Bayley, 1973) may be interpreted in two ways and, more precisely, as care in the community and care by community. The first interpretation refers to specific actions taken within the living environment of the person at whom the services are aimed, in order to enhance the chances for him/her to stay in that environment. In this respect, the presence of a reference person (of course, in addition to other actions taken and the support provided mainly by informal networks) has allowed and still allows the elderly to stay, or come back, home (after hospitalization), while having the chance to re-organize a sufficiently comfortable life, once the stressor and its consequences have been overcome. In addition to the support provided by informal networks (family, friends, neighbours...), this has required, and still requires, mobilizing external resources (institutions, organizations...), i.e., resources from the community.

A family member's transition to old age, with the frailty that it implies, has significant repercussions on all members of the family network, in terms of importance, commitment, and concern

All dyads have displayed the ability, albeit to various degrees, to deal with emergency situations.

What seems to be more important, however, is that the elderly feel supported by a community (care by community), or, in other words, that they can rely on the support and interventions provided by the community (Bulmer, 1992).

It is at this level that there is considerable room for improvement in local policies, to allow subjects to experience frailty as a condition that can become an opportunity for growth. What our work highlights is that the feeling that the community is present can only develop if the elderly has played an active role in it, at both personal and family level, but, in these cases, the protagonist dyad requires greater involvement, precisely in defining useful interventions.

Here, smart suggestions on co-production of services and interventions could be useful, not only to reinforce the propensity to play a key role, but also to shape increasingly customized responses.

We realized that, in the supported dyad, the reference person's (either family member or volunteer) overload can destabilize a balance that has been sought after with great effort. In these cases, a figure (case manager, intergenerational mediator) supporting the elderly and their family members in making decisions, identifying available resources, and adopting new solutions could be useful.

An interesting example, in this scenario, is the figure of the intergenerational mediator (Digrandi, Marzotto, 2018) supporting the subjects without overlapping with or cancelling their skills, but by acknowledging their expertise in the situation they find themselves in.

The isolated dyad clearly expresses the subjects' limited ability to mobilize resources, and the belief that no antidote to loneliness can be found. In this case, support should start before the critical event, but it should also be a tool to prevent isolation and it should be used in the phase when the subjects are still active. Also, artificial, extra-family, neighbourhood, volunteering networks should be promoted, which can prevent the dyad from becoming isolated.

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