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Social Capital as Resource of Care Practice in Italy: Caregiving and Social Support in Pandemic Time

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The substantial increase in the elderly population, projected to rise in Italy over the coming years, will inevitably generate a growth in the demand for services and care provision. New and increasingly specific needs are also predicted to increase in both those requiring care and those providing it.

In recent years, much emphasis has been placed on the figure of the informal caregiver: the person providing various kinds of informal assistance to those in need, who may or may not be a family member. The informal caregiver, as defined by Li and Song (2021, p. 1906), performs multiple functions including: "(1) routine activities of daily living (e.g. bathing, toileting and eating); (2) instrumental activities of daily living (e.g., housework, transportation, and managing finances); (3) companionship and emotional support; and (4) medical and nursing tasks, such as injections and colostomy care".

Progressive changes have also been observed in informal caregiver profiles. While they were predominantly middle-aged female adults in the past, nowadays, the role is also being fulfilled by younger people (even minors) of both genders. The person being assisted may be a parent, or sibling, an elderly spouse, or a son or daughter with a disability. The responsibility of informal care very often generates a physical and emotional load, as is well documented in the literature, which can lead to burnout in the carers, or force them to make sacrifices leading to a reduction in their own well-being.

Istat tells us that there are now 8 million people in Italy who, in an almost invisible way, offer support and care "alongside" the services provided by professional caregivers – the so-called "badanti," to use a common Italian term.

The studies in the present issue address a relatively understudied area, namely, the ways in which the caregiving function is situated within informal

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networks, and how the configuration of these networks shapes the well-being of those engaged in caregiving.

The research project "*Social capital as resource of care practice in Italy: Caregiving and social support in pandemic time*"[1] attempted to observe how social capital is transformed into support for those who, to various degrees, fulfil the role of informal caregiver. The approach taken to study the support provided to caregivers falls within the scope of relational sociological analysis. We focused not only on the relationships between the caregivers and their supporters but also on the role of caregiving as a specific relationship within a network of informal relationships. We apply a meso level structural interactionist perspective (Degenne & Forsé, 2004; Tronca & Forsé, 2022) to analyse the support practices engaged by the caregiver, that is, the social capital caregivers can turn to for support (Di Nicola, 2015; Tronca, 2007). The core of the relational perspective consists in overcoming both microsociological and constructivist approaches to the interpretation of society, which atomise it and reduce it to the sum of individual actions, and macrosociological approaches, which reduce it to the study of structures or systems in which individuals and collective subjects are classified and categorised.

The structural interactionist approach examines the link between structure and agency, using relational research techniques to explore this relationship. Structure – understood as the network of relationships surrounding individual and collectives – both conditions the actions of these subjects and constitutes an emergent effect of those actions. The network forms a horizon of possibilities within which the "nodes" (i.e. the actors) can make their decisions and act. This concept reflects the principle of *weak determinism* as understood within the structural interactionist perspective (Degenne & Forsé, 2004).

The use of relational research techniques, such as dyadic interviews and social network analysis, allows us to shift away from explanatory models that depict individuals as either under- or over-socialised, corresponding to the rationality paradigms of *homo œconomicus* vs *homo sociologicus*, respectively (Degenne & Forsé, 2004; Tronca & Forsé, 2022).

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Both rational and normative action presuppose that the actor is embedded within a social network, where personal interests are negotiated and actions are shaped in relation to shared norms. By avoiding the epistemological pitfalls of both constructivism and systemic realism, the structural interactionist approach allows us to investigate how relational structures delimit, both positively and negatively, the horizon of possibilities for individual action.

Structural interactionism necessarily involves the combined use of qualitative and quantitative research techniques. The former are necessary to investigate the subjective point of view, both with regard to the perception of the network in which the subject finds themselves and the meaning they attribute to their actions in relation to that network. The latter serve to determine the objective characteristics in terms of the content and form of the networks, both in relation to the conditioning capacity they exert with respect to subjective actions and in relation to how they are modified by those same subjective actions (Tronca & Forsé, 2022; Tronca & Sità, 2019).

In line with the structural interactionist perspective, the research presented here made use of both qualitative and quantitative research techniques. The former focused specifically on the meaning and significance of the relationship between caregivers and those who support them, while the latter investigated, extensively and also using a representative sample of the adult population residing in Italy, the social support of caregivers, as well as non-caregivers, in their care activities.

The research was thus developed using both qualitative and quantitative data collection and analysis techniques in the first phase, the results of which were then integrated in a second phase.

The quantitative approach consists of personal network analysis, involving "name generator", "name interpreter", and "name interrelator" tools (Tronca, 2013). The name generators are used to collect information on the size of the personal support networks under investigation. Name interpreters make it possible to identify, in broad terms, the characteristics of the individuals making up the personal support networks (i.e., the alters of each ego interviewed), the presence of caregiving, and the content of the support ties (outgoing and incoming) experienced by the interviewees. The name interrelator tool assesses the morphological characteristics of the personal support networks by identifying the presence of any support ties between the alters.

The application of personal network analysis was followed by the use of typical qualitative research tools: dyadic interviews and in-depth online interviews, which were used to explore the topics of informal and formal caregiving, health and work, and also conducting interviews with professionals in the care sector and significant witnesses, particularly from the world of work.

In all studies, the caregiver was defined according to the research carried out by the Italian National Institute of Statistics for the Italian edition of the EHIS (European Health Interview Survey) in 2019 (Istat, 2022), which provides an operational definition of a caregiver as someone who provides, at least once a week, care or assistance to people with problems related to ageing, chronic diseases, or infirmity (Istat, 2022, Table 6.1.1). However, in the research presented here, it was also considered appropriate to specify "infirmity" as "disability" in all the data collection tools produced. This was done in order to limit overlaps between "infirmity" and the other two categories (aging and chronic disease) and facilitate the identification of disability as a specific condition requiring care by caregivers. In addition, the type of fragility condition was indicated by those who qualified as caregivers. Therefore, the definition is subjective and not based on medical certifications or regulatory criteria. These methodological choices meant that the same subjects could declare themselves as caregivers for more than one individual, each of whom could be affected by more than one of the three identified conditions of frailty.

All the activities carried out in the first phase of the research presented here were to refine the construction of indicators and hypotheses to be used in the subsequent quantitative phase of the research. By analysing a representative sample of the adult population residing in Italy, the study was able to apply the same personal network analysis tools used in the first phase of the study on a larger scale, thereby providing a highly detailed picture of personal support networks in the country (Di Nicola et al., 2011a; 2011b).

The contributions that make up this issue of the Italian Sociological Review, therefore, present some of the empirical results that emerged during the two phases of this research.

The contribution by Bramanti and Carradore focuses on informal caregivers aged between 50 and 65 who provide care to elderly people. By combining qualitative analysis of the content of dyadic interviews and network structural data relating to the structure of the caregiver network, the authors highlight the variety of care models and the different roles that caregivers can play within their networks, depending on the type of support that the caregiver has identified. The analysis showed that not all informal carers have extensive and functional networks. Moreover, the resources available were never deemed to be sufficient, even by those with assess to a reasonable amount. The study findings revealed the problems associated with complex care, which may require specific knowledge and know-how about intervention techniques, access to information, and practical knowledge. The authors recognised the potential benefits that family networks could reap from gaining access to open networks, highlighting the importance of bridging social capital (i.e. being part of open networks) and its capacity to generate greater well-being for carers and their supporters.

The contribution by Boccacin and Nanetti places caregiving at the centre of contemporary demographic and social transformations, showing how ageing, chronicity and psychosocial fragility put pressure not only on welfare systems but also on the caregiving tasks of families. Through theoretical and empirical analysis, the authors seek to move beyond a reading of care processes as mere "assistance" or an economic substitute for services, and instead reconstruct their relational, biographical and transformative nature. The theoretical framework integrates caregiving into the broader field of social support, and introduces a decisive "buffer zone" – that of the informal support networks for the caregivers themselves (from the point of view of the caregiver's reference person), which are often invisible but crucial in preventing burnout. The text also focuses on gender as a structure that shapes roles, language, expectations, and the recognition of the burden of care, extending beyond the simple division of tasks. The results show a strong tendency for care responsibilities to fall on female actors and highlight how "care time" is often suspended and hyper-structured, with caregivers paying in terms of an eroded social life. However, the research also revealed the care role to offer a possibility for transforming bonds when the network holds. Caregiving is interpreted as a "relational infrastructure" that coordinates people, spaces, times, emotions, and bureaucracies, enabling the entire care system to function.

Bosoni and Carradore's contribution focuses on young caregivers (people aged between 18 and 37) and highlights the crucial role that personal networks and social capital play in mitigating the stress that young adults endure as a result of their caring responsibilities. Exploring the experiences of young caregivers who provide informal and ongoing care to family members with chronic illnesses, disabilities or age-related conditions, the study examines whether, and to what extent, receiving informal support promotes resilience in carers and constitutes a protective factor for their well-being. The authors' hypothesis is that support and the presence of a support network around the caregiver, even a small one, would protect against the erosion of the caregiver's relational resources by allowing the burden of care to be shared. The results reveal two configurations of care: "support dyads", in which the supporter mainly provides emotional and organisational support to the carer; and "collaborative dyads", in which both members are actively involved in direct care. In both cases, the carer, who is central to the support network, acts as a bridge between the family and external connections. However, the experience of young and young adult carers is often associated with great loneliness, stress, and a high risk of burnout, despite the fact that supportive relationships, particularly with partners, play a protective role in alleviating the tension of the carer, due to the care burden that significantly limits the autonomy, career progression, and relational well-being of carers.

The contribution by Gucciardo, Affatigato, and Di Rosa focuses, instead, on the figure of the professional caregiver, and specifically examines the relationships they have with the person they care for and with a reference figure they have identified as their support. The authors' intention was to verify whether, and under what conditions, forms of social capital are activated and generated in terms of trust, reciprocity, and support within the caregiver network. The results highlight that in the relational network of paid care work for the elderly, social capital is mainly activated to support the caregiver. In fact, formal carers seek to build their own support network based on the relationships they have in a city or town where they are foreigners, activating relationships with employers, the family of the person being cared for and colleagues who support them in their care work, from whom they also receive assistance, guidance and moral support. The support that emerges from these relationships is also strongly characterised by the emotional dimension, as it is common to identify forms of sentimental attachment not only between the carer and the person being cared for, but also between all the other people who contribute to the care and the formal carer.

Most caregiving in Italy concerns elderly people who are no longer able to live autonomously. According to the most recent Istat estimates (pertaining to for 2023), over 2.9 million people in Italy have severe functional limitations (persons with disabilities: PwD), 63.2% of whom are aged 65 and over (Istat, 2025)[2]. The portion made up of young and adult, which constitutes over a third of the total, have been studied very little. Ferrucci and Monteduro's contribution analyses the caregiving directed at this group and highlights their different needs compared with the elderly population. The dyadic interviews administered to 30 caregivers and their nominated reference persons were supplemented by a survey of personal support networks, assessed using personal network analysis. The interviews and personal network analysis showed these caregivers to have limited social networks, mainly consisting of family members or relatives. In most cases, the interviewed caregivers were parents – almost always mothers – caring for sons or daughters with congenital or early-onset disabilities requiring continuous and comprehensive assistance.

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[2] The estimate is based on data collected by Istat (Italian National Institute of Statistics) through its survey on *Aspects of daily life*. The survey considers persons with disabilities to be persons living in families who, for health reasons, report having severe limitations, lasting at least six months, in the activities that persons normally perform. For the purposes of the research, we consider persons with severe functional limitations to be persons with disabilities (PwD).

In line with the literature on the subject, in such circumstances, caregiving takes the form of "perpetual parenting" (Kelly & Kropf, 1995), which involves constant vigilance, prolonged stress, professional sacrifices, and isolation, in addition to emotional and symbolic gratification that gives meaning to life (Freitag, 2018). The temporal continuity of the social support relationship generates strong trust resources, such that the reference person may, in some cases, become a functional equivalent to the carer (whether it involves a family member or someone from outside the family). Research documents how, in situations of isolation or scarcity of public resources, the strength of family ties (and sometimes friendships) is the only support available. In these cases, bonding social capital compensates for the lack or inadequacy of welfare services, but risks generating closure towards the outside world. Bridging social capital emerges in cases where caregiving networks are more "open" because they involve associations or qualified service providers. Although bridging social capital increases the resources available to caregivers, it remains weak and unsystematic, linked to the individual's ability to build trust with external interlocutors. The research results highlight the need to promote more widespread and community-based forms of caregiving, strengthen associative networks, and enhance public support infrastructure in order to ensure continuity of care, the well-being of caregivers, and greater autonomy for people with disabilities.

Coppola's contribution explores the symbolic, psychological, and social dimensions of time in the lives of caregivers who assist people with disabilities, highlighting how time management is one of the critical aspects of the caregiving experience. The author shows how caregivers operate on two distinct temporal planes: on the one hand, contingent, immediate and operational time, dominated by the need to organise daily life through micro-temporality, rules, routines and time-saving strategies, often experienced as a scarce and precious resource; on the other, a future, deferred and abstract time, linked to long-term planning, which tends to be avoided, removed or delegated to indeterminacy because of the emotional weight and uncertainty it entails. From this perspective, Coppola interprets the experiences of caregivers through the categories of "presentism" and "foreverism", cultural paradigms that describe the contemporary difficulty of projecting oneself into the future or contemplating the possibility of an "after", especially if the care and life plans of the person being cared for are seen to stretch over a longer scale than those of the caregiver.

The contribution by Lonardi and Tronca presents the results of research on personal support networks during the COVID-19 pandemic. It involves eight individuals who had COVID-19 during the pandemic period (11 March 2020 – 5 May 2023) but suffered no chronic conditions and eight individuals who did not have COVID-19 during the same period but who had at least one chronic condition. The survey was conducted using personal network analysis and in-depth online interviews. In-depth interviews were also conducted with four social workers who performed coordination and management functions during the pandemic period, as well as four general practitioners. The research reveals a scenario in which social support relationships were not lost despite the health emergency and general restrictions placed on social relations. Instead, individuals were still able to rely on their social resources. Furthermore, it became clear that contexts of residential proximity increased individuals' ability to take on the role of mediators in their personal support networks and thus significantly develop them. The expansion of the personal support network, ensured by mediation, also led to a greater sense of well-being.

The contribution by Cecchi, Gosetti, and Tronca presents a survey of personal support networks over a 12-month period, involving eight individuals with permanent employment contracts, high qualifications and high levels of education, eight individuals with fixed-term contracts, low qualifications and low levels of education, eight individuals who had been unemployed at least once in the 12 months prior to the interview and had benefited from the redundancy fund, and eight individuals who had been unemployed at least once in the 12 months and had not benefited from the redundancy fund. The survey was conducted using personal network analysis and in-depth online interviews. In addition, four trade union functionaries were also interviewed using in-depth online interviews. The analysis carried out in this article focused mainly on the relationship between working conditions and social support networks in Italy. Among the findings emerging from this research, the authors highlight the fact that work, particularly permanent employment, is an important variable in promoting supportive relationships. It also emerged that bonds of solidarity within a work organisation can generate a wider network of social relationships, benefiting both individuals and social organisations themselves.

The contribution by Tronca, Stanzani, Ferrucci, and Carradore presents the results of the second phase of the research. Specifically, it concerns the survey we called "Caregiving and social support in Italy". This research was conducted on a sample of 1,504 adults residing in Italy. The sample is representative of the Italian population in terms of gender, age groups, geographical area of residence, size of municipality, and citizenship (Italian/non-Italian). The characteristics of the sample, combined with the survey's use of personal network analysis, make it a relevant source of information for framing personal support networks and the issue of caregiving, studied from a structural interactionist perspective in Italy. With regard to the issue of caregiving, which was addressed by identifying the caregivers among the respondents – 19.8% of the sample – and the types of frailty (ageing, chronic conditions or disabilities) they had dealt with in the 12 months preceding the interviews, it emerged, among other things, that caregivers belong to larger and denser networks than non-caregivers, even though they show a limited ability to act as brokers within their personal support networks. Furthermore, for all types of frailty, more than a quarter of caregivers reported having no one to support them in their caregiving activities. These findings highlight the need for policies that expand caregivers' relational opportunities beyond their primary networks.

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