Alliance for seniors

Alliance for seniors Charter was born to develop, propose and support cooperation and partnership between third sector and private and public organizations committed to raising awareness on the condition of being senior, with the purpose of respecting and highlighting vulnerabilities in order to provide cares to seniors individually involving their families and their relationships.

Alliance for seniors Charter is aiming at finding, according to social innovation, sustainable economy and scientific adequacy, several solutions able to increase autonomy, fighting the lack of targeted policies, cultural vulnerability and the increasing loneliness of both senior and their caregivers, by enhancing skills and competencies.

The signatories of A*lliance for seniors* share values such as service territoriality, care personalisation, joint planning and joint responsibility to support plans involving home health care, aging in place and active aging.

Alliance for seniors Charter focuses on recognizing and evaluating every single senior history, social relationships, strength and weakness in order to build the common good.

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1. **The "new way of getting older": reflections on a pedagogy of vulnerability.**

Older adults are becoming more and more numerous and visible but, in the same time, due to contradictions of our culture, old age is disguised and hidden. In a society wishing to become a unique great community where everybody is a member enjoying the same rights as other members, a new, unresolved demand for integration is now arising: the one of older people.

There is a risk of the so-called "social euthanasia" whose subjects are removed from both social roles and relationships, depriving the society, but above all young people, of knowledge, values and experiences old people bear. Let's think also to the growing phenomenon of abandoned elderly people who, mostly in towns, become invisible, and live

in their home being isolated and marginalized in bad sanitary conditions.

Furthermore in our society there is a growing trend to consider as "included" the senior who is still working and self-sufficient, while the senior who is no longer active and self-sufficient is considered as "excluded".

In order to build a community where older people are fully accepted and valued, we need to value differences, always keeping in mind the fundamental idea of facing all vulnerabilities as they were an ethical significant task rather than a problem to be solved or eliminated. Therefore we can talk about a pedagogy of vulnerability as an educational path involving both vulnerable individual and those who must take care of him.

2. **Caring for vulnerable seniors: a responsibility guarding the values which are at the core of being human**

The act of caring closely relates to the human dimension of "inhabiting" since it implies mutuality which is typical of the human coexistence.

Home becomes the special place for the peaceful flourishing of the three most important dimensions of human personality: vulnerability, dependency and autonomy. Vulnerability is frequently found in older people, dependency concerns the capacity of self-determining actions (also in passive way, as in care relationship), autonomy is a practical and functional process meeting senior's expectations on life condition.

The act of caring restores identity through relationship and strengthens both family and social ties, highlighting the importance of intergenerational relationships and the importance of fighting that feeling of loneliness that often affects older people. Caring allows seniors : integration, relationship, sustainability and support (each other).

The ethics of care consists of each people taking responsibility for both his own history and that of others. In particular, the sustainability core concept is represented by human resources according to the value of their knowledge. They are the custodians of history, of a past which is the starting point for the continuity of human experience. In the light of the above, the speech about the value of home health care and places were care is given is widely extended.

In this respect, implementation of home healthcare, aging in place and active aging

should be encouraged and, at the same time:

a) provide more adequate training to caregivers;

b) focus on older people mobility issues.

Care in hospital environment should provide means to take care of elderly patients within an ever increasing multipurpose environment and with patient-centered cares requiring people's more active participation.

Patient's peculiarity and geriatric care should be highlighted. The comprehensive geriatric assessment consists of evaluating needs and planning care intervention. In order to ensure its effectiveness, peculiarity planning and care intervention should be pointed out.

3. End of life or palliative cares : how to support individuals at the end of life

"You matter because you are you, and you matter to the end of your life" this is the inspiring sentence of Hospice Movement, born in England in the early sixties, which led to palliative care. It fully expresses the right to protect everyone's life and dignity, included older people suffering from life-limiting illness and affirming the right not to die being alone and isolated. In this framework care is based on an evident ontology of the connection between each one's life and others' life.

According to the a correct end of life care meaning, death is considered as a natural process.

Such care must be based on proven scientific validity treatments and interventions aimed at helping reducing pain and improving the quality of life not doing anything to accelerate or delay death, not even adding loneliness and abandonment to the already precarious state of health of older peoples and to the troubles of their families.

End of life care involves the whole human being (body, mind and spirit) including the family members supporting them in their painful path.

The alliance between patients, families and caregivers is the right path allowing the latter finding the best solutions to meet patients' needs. A regional web of palliative care should be built along with a system of coordination between regional and local webs, an

improvement of the integration between social care and health care[11] should also be made.

Fostering a culture of palliative care should gradually involve all social partners, including RSA.

4. Care and service governance: building vulnerable elderly-care facilities.

Older people care and full and skilled assistance is guaranteed by socio-health services according to the following principles:

1. *Personalized vs individualized care*

Individualized care is based on a decomposition of the person/patient into a composed/decomposed individual/user then rebuilt according to *Big Data.* Personalized care, instead, focuses on listening to the single patient, his feeling about his disease and its possible treatment. Personalizing patient care is about understanding patient request for well being and providing him the most adequate cares respecting him as a unique human being.

2. *Co-production vs Care professionalization*

Detection of the "new" well being needs and services pattern-provision-evaluation giving answers, can be seen in two different ways : care professionalization where professionalism means the clear separation of knowledge and information relating to the care, the professional representing everything is needed for both care and assistance; on the other side there is co-production which is based on the individuation of every single part of the care process and determines a peculiar knowledge which is to be framed in a mutual listening and support. Co-production means that products and services are "common good".

3. *Territories vs digital platforms(technological devices)related to care*

The third scenario which will characterize future cares and support to older people relates to the "spatialization" of the intervention system. There' is a strong tendency to create technological devices and digital platforms able to analyze requests through a virtual center which addresses them towards suitable answers. Therefore the relationship between user-patient and provider takes the form of a menu where and individual chooses or is

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1 Cf. Law n. 38 on March 15th 2010

addressed towards a service provided by professionals. The opposite counter- trend is care territorialization based on different actors building webs and partnerships on specific common projects. All actors can take part in territorialization, also those who are not certified, including families, users associations, volunteers, etc.

4. Social innovation vs system's efficientization

The fourth scenario deals with the whole point of this transformation that can be based either on financial efficientization or on social innovation processes that:

a. consists of several activities and practices aiming at solving social problems or at satisfying human needs;

b. does not separate means from ends solving instead social issues and satisfying needs providing new social practices, new institutional arrangements and/or new forms of participation;

c. effects go beyond the immediate satisfaction of needs.

***Alliance for seniors* Charter Goals**

In the light of the above mentioned principles, activities will be carried on according to 4 main goals:

1. research of new social, cultural and economic sustainability perspectives related to services and care for vulnerable seniors;

2. social advocacy for vulnerable seniors - representation of vulnerable seniors and their quality of life;

3. cross-linking development between different social actors, and territories setting up;

4. research and innovative services planning and implementation.

1. Sustainability

"The research of new social, cultural and economic sustainability perspectives related to services and care for vulnerable seniors" is carried on through three main ways:

a. participation to national and international contests;

b. promotion of specific national and European contests also aiming at funding research and product/service innovation;

c. pooling resources, technologies, methods, know-how, etc, working together in the medium to long term

2. Social Advocacy

"Social advocacy for vulnerable seniors - representation of vulnerable seniors and their quality of life" is carried on through the support of Institutions, scientific partners and signatory of **Alliance for seniors** Charter sector operators.

Common goals:

a. promotion and dissemination of the culture of inclusion, of the value of diversity, of the respect of life and of human dignity by sharing and signing **Alliance for seniors**

3. Charter so that it becomes a reference " proclama, manifest and guide" affecting religious, political and civil society decisions;

b. culture of inclusion, value of diversity, respect of life and human dignity dissemination through meetings, lectures, publications, collection of good practices, etc;

c. sector operators continuous qualified and certified training , also activating regional/territorial centers, in synergy with partners, and through the development of technological innovation in learning;

d. creation of meeting sites/places for actors and organizations;

e. legal advice to stakeholders or interested third parties, including institutions.

3. Cross-linking

"Cross-linking development between different social actors, and territories setting up" is a basic condition and prerequisite for territories setting up and for social advocacy role strengthening. The signature of **Alliance for seniors** Charter is the first step for

the cross-linking system. The second step is the conclusion of partnership framework agreements.

4. Research and innovation

"Planning, testing and implementation, through research, of highly innovative products and services" is a pivotal point for the improvement of cultural, social and economic processes dealing with seniors. It will be promoted by asking all signatories of **Alliance for seniors** Charter to set policies and promote the creation of interdisciplinary research groups, also cross country, assessing experiences and skills, optimizing resources and encouraging the anticipation of concrete results and a sound fertilization/dissemination.

Rome on December 12th 2018