# Propulsive Welfare for the "risk societies": a project for solidarity and communication in the social-health system

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#### **Abstract**

The present work, the result of a reflection on the idea of a propulsive Welfare, is presented as an ambitious project, but deliberately simplified to alleviate reading, aimed at enhancing the diversity of people and rediscovering the solidarity that each territory expresses through a governance that produces social capital useful for maintaining the health of community members. In this perspective and with the aim of extrapolating useful information on social security, the article presents various theoretical and legislative aspects of "welfare" and "social health", but also emphasizes a case study, that was implemented through a practice of international cooperation in the Adriatic macro-region.

**Keywords**: welfare; risk societies; solidarity; territory; social capital; health; people.

#### 1. Introduction

The power of the State to change people's life course is evident in dictatorial governments in which there is a closure of fundamental rights and a non-compliance with the rules. In any case, in all societies it is possible to identify the capacity that governments have to influence people's social life through welfare programs aimed at protecting citizens from risks and guaranteeing them resources and opportunities. In this context, there is no doubt that in European societies governments are very committed for trying to offer to a great number of individuals the possibility of having both access to goods and their full availability. But it is also true that over time, along with the growth of the commitment of governments to guarantee security, the risks to be protected and the needs to be met have increased. Moreover, in these countries, the difficulties have made the institutional attitudes, always considered a safety parachute in the face of the cases of life, so fragile as to justify the establishment of "risk societies" (Beck 2005: p. 25).

Therefore, the most urgent need, given the Welfare crisis due to the scarcity of resources and budget constraints, consists in spreading a new culture rooted in a hypothesis of widespread and inclusive development that generates a social policy to be expressed through forms of regulation different from the distribution of wealth by the State and based on the values of solidarity and international cooperation, as well as being able to change according to the historical, cultural and political context of the

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territory (See Strasbourg Statement -Social Entrepreneurs: have your say- "Europe's economic and social model needs to reinvent itself. We need a development that is fairer, greener and anchored in local communities. A model that values social cohesion as a genuine source of collective well-being"). And, where governments fail to adapt to these cultural changes, is threaten the very security of society.

Thus, the present work, the result of a reflection on the idea of a propulsive Welfare (See the writings of Donati (1998) on corporate welfare and those of Ascoli, Ranci (2003) on the welfare mix, as well as the studies by Ferrera and Maino (2011) on the second Welfare), is presented as an ambitious project, but deliberately simplified to alleviate reading, aimed at enhancing the diversity of people and rediscovering the solidarity that each territory expresses through a governance that produces social capital useful for maintaining the health of community members. In this perspective and with the aim of extrapolating useful information on social security, the case study was outlined and implemented through a practice of international cooperation in the Adriatic macro region.

# 2.Looking for a propulsive Welfare

The new Welfare needs, "with a view to consistency with the peculiar environmental conditions characterizing each territorial area" (Grignoli 2010), new rules that can both value people in the construction of their daily life and "adapt to new meanings and styles of private and public life" (Paci 2005)

Moreover, this requirement is widely shared both by civil society court, which increasingly manifests a dissatisfaction with the Welfare State and for the (in) effectiveness of the services provided in the social sphere, both by the individual, who "becomes at the same time fragile and demanding, because it is used for safety and is gnawed by the fear of losing it" (Castel 2004), is the fruit of the last forty years (alas, not glorious!) (the Welfare State has through a period known as the "glorious thirty years", dated 1945-1975, in which almost all the population was included in social protection programs) of socio-economic changes.

Precisely these changes have deeply affected the concept of well-being and the rules through which it is possible to pursue its growth, not to assume it as the result of specialized functions of some subjects (State, Market) with utilitarian or institutional rules, but to theorize it as the result of a social policy capable of reforming (Ferrera 2012) in a new way (Maurizio Ferrera speaks of functional, distributive, discursive and institutional political recalibration, while Paul Pierson proposes the implementation of a retrenchment process) (Ferrera 1993; Ferrera 2012; Pierson 1995). Moreover, in the 2012-2013 Welfare Report drawn up by the National Council for Economics and Labor Welfare (CNEL), an ISTAT-CNEL elaborate to innovate Welfare, identifies an indicator of dependence, ie the ratio between the number of active subjects and the number of subjects needing support), as implemented with practices, forms and rules based on the enhancement of people and the community and on the rediscovery of solidarity for those who express a need.

In particular, at European level, as early as 1942, Lord Willam Beveridge (through the so-called Beveridge Report -Social Insurance and Foreigner Services-introduced and defined the concepts of public health and social pension for citizens. The Report was the basis of the universalistic welfare state that developed in the countries of Northern Europe. In the Welfare State the state organization guarantees citizens adequate social assistance for a better quality of life), one of the founding

fathers of the welfare state, was the pioneer of the propulsive Welfare culture, giving value to the practice of voluntary service "for a public purpose, for social advance".

In Italy, Giorgio Ruffolo (Giorgio Ruffolo, among other things, was the author with Jacques Delors, of the Rapporteur of Groupe de reflexion, nouvelles caracteristiques du developement socioeconomique: a project pour l'Europe, CEE, Bruxelles, (1977)) deepens this fundamental intuition, arguing that the third sector, identifiable as that amount of "non-marketable activity" produced "by the need to give expression to new associated life needs, through activities with high solidarity participation" (Ruffolo 1981); it is constituted as the active engine of development capable of responding to emerging needs.

This hypothesis is also present in the essay Volunteer, Welfare State and Third Dimension in which Achille Ardigò (1981) puts emphasis on the ability of volunteering to read social needs and to give valid answers, as well as in the thought of Vincenzo Cesareo, when he identifies in the third sector a necessary practice for the planning and implementation of social policies.

In the framework of a different "diamond of Welfare" (Ferrera 2012), Ivan Illich (1974), just to give some other examples, draws attention to the importance of convivial societies in which each individual has the tools he needs in his daily work to realize himself. And, following this "fil rouge" (red string), Serge Latouche (2011) finds the answer to the needs in the principle of social solidarity (Serge Latouche refers not only to solidarity among men, but to solidarity with the earth and with other living species, trees and animals.), Stefano Zamagni (2004) in the civil economy and the return of relationality in economics, Pierpaolo Donati (2004) in the theory of relational sociology and Alain Caillé (2009) in the principle of reciprocity.

Hence, Welfare finds itself having to identify new actors and rewrite new rules that allow us to overcome the limit of the conception of the selfish man who responds to "homo oeconomicus" and the State as Leviathan (Donati 2007), as well as strictly mercantilistic practices, thus reaching at a concept of welfare based on social, human and cultural solidarity that allows to experiment with a culture of social security (The expression social security act was adopted for the first time in the legislation of the United States of America (August 14, 1935). Social security, according to prevailing thought, must achieve a system of social protection aimed at the entire working population as regards the guarantee of income and to all citizens for the protection of the health of every individual for individual and collective well-being) capable of giving substance to the formal concept of the State-citizen relationship (The contradiction between the territoriality of national social protection systems and the right to free movement of persons has characterized the Community social security regulations, since 1958. Today Regulation 883/2004 applies to all European citizens, provided they are insured under art. 7 Charter of fundamental rights of the European Union).

In fact, these centers of power, if at European level they relate to European citizenship, at the level of macro regions and at sub-national level, while not generating citizenship of the reference places services (Porumbescu 2018: p. 44), can, in any case, fill the concept of citizenship with content, and implement policies relating to social, establishing new rights and becoming new models of relationships that are alternative to the concept of citizenship and based on the principle of solidarity, which in turn, if you think about it, is the very basis of social security (for example, it is discussed in terms of generational or work and social solidarity), despite the fact that legislation on this

subject is increasingly moving away from this principle (Ilie Goga 2014: pp. 196-197), paving the way for an insurance and private system in relation to the possibilities that each person holds.

### 3. Beyond the State-citizen relationship

The formal concept of citizenship (For the definition of citizenship, see the essay by Marshall T.H (1976), Citizenship and social class, Turin, UTET. The status of citizenship, such as support for Marshall "is given to those who are full members of a community. All those who possess this status is equal with respect to the rights and duties that confer this status"), which over time has become a status, which includes, in addition to political law, a decent income, the right to lead a civil life (even when it belongs to a weak social category) and social rights in able to translate freedom, equality, solidarity and social security (This model of welfare, defined as social democratic or universal, is typical of the Scandinavian countries. The prevailing meaning of the expression social security is that of a social protection scheme extended to all citizens aimed at encouraging uniform performance, corresponding to a national minimum and capable of guaranteeing a dignified life, not connected to duties of contribution and focused on concept of citizenship. It is 'a system of protection characterized by coverage for all citizens (universal) and equal benefits for all, nonbinding contribution-benefit fruition) into practice, raises questions about the role of national citizenship.

The latter, which was based on an exclusive link between State and citizen, in contemporary societies, is becoming one of the possible forms of relationship between individuals and a political power whose reference, however, is no longer seen only in the State, but in new decision-making centers - at the supranational level and at the subnational level - to which the substantial content of citizenship has been transferred. In fact, these centers of power, if at European level they relate to European citizenship (See art. 21 of the Treaty on the Functioning of the European Union (TFUE). This article together with the principle of non-discrimination (Article 18 TFUE) could give rise to the formation of a European social citizenship), at the level of macro regions and at sub-national level, while not generating citizenship of the reference places, can, in any case, fill the concept of citizenship with content, and implement policies relating to social services, establishing new rights and becoming new models of relationships that are alternative to the concept of citizenship and based on the principle of solidarity, which in turn, if you think about it, is the very basis of social security (for example, it is discussed in terms of generational or work and social solidarity), despite the fact that legislation on this subject is increasingly moving away from this principle, paving the way for an insurance and private system in relation to the possibilities that each person holds.

# 4. A participatory territory and a "socializing desire"

The evolution towards new relational models leads to a concept of identifiable territory to be a "place capable of offering a space of mutual recognition and solidarity to its different members, righteous men who live strongly in their consciences the appeal of collective well-being, reached in the framework of an economic welfare post-arrow, in which the expressions such as the "giving to have", of the liberal-individualist type, or the "giving by duty", of a state-centric nature, are no longer practiced"

(Grignoli 2013), but a "socializing desire" is identified, capable of giving life to social realities in which the particular interest is combined with the common good.

In this sense, therefore, the territory is considered as a community (A necessary and sufficient condition for a Community to exist is the existence of a network of mutual social relations, which offers mutual help and transmits a sense of well-being) capable of taking care of people in difficulty, i.e. as a functional place in which each different actor must be the moment of expression of the need and of the government of the response.

"A territory, therefore, participatory based on the recognition of differences as a resource" (Grignoli 2007) according to which "the members of the society interact with each other not by eliminating the differences, but as social individuals who bind with each other in a context of increasing appreciation of the other "(Grignoli 2010). In this perspective, social policies become "a tool for institutionalization and standardization of life courses (...). To different extent and according to the institutional context and local circumstances and cultures, (...)" (Saraceno 2004) that each territory expresses through a governance perspective capable of taking form and substance from the active and autonomous participation of individuals and of the different actors (The active participation of the aforementioned actors is made possible by the successful decentralization and / or the tendency towards the institutional decentralization of the policy itself, in a logic of government no longer hierarchical, but territorially declined which creates the conditions for their action) (Crouch 2001; Pellizzoni 2006).

As this perspective of governance takes place, the propulsive welfare model, valid in every place, must be able to recognize the variegated fragmentation of interests, lifestyles, institutional structures and resources and assume the diversity as a virtuous compromise to support objectives of social solidarity and well-being. Hence, a model of welfare emerges "no longer based on the equality of citizenship, but on individual and group differences, in which the conceptions of good, beliefs, customs, lifestyles" (Pasini 2011) participate to the production and exploitation of resources.

## 5. Solidarity for a "healthy mind in a healthy body"

We can consider the sociological tradition, the theme of solidarity recurs as a typically sociological factor capable of giving solutions to the problem of social order. The social scientists of the late '80, wanted to find solutions to the situation of chaos that had arisen at the time of the fall of the imperial system and extended their field of research to non-industrialized societies, trusting in the fact that the principles they would extract from the study of the modalities of integration of such simple societies could be extended to the more complex problems of the modern West.

Similarly in contemporary societies marked by a profound economic crisis and obsessed with a strong cultural orientation towards individualism, to the point of being defined as liquefied (Bauman 2003) they can trace back to solidarity, which is born according to a bottom up logic, a force of welfare system in crisis.

A force that can play an important role among the various social actors in its ability to create and strengthen relationships between people, promoting mutual recognition of the value of others and, therefore, the value of the community, facilitating the exchange of goods and services and the success of shared projects. In this way, the value of the associated life of people (See P. Donati and I. Colozzi (edited by), Third sector and enhancement of social capital in Italy: places and actors, Franco Angeli, Milan 2006; P. Donati, I. Colozzi (edited by), Social capital of families

and socialization processes. A comparison between state and private social schools, FrancoAngeli, Milan, 2006; P. Donati (edited by), The social capital. The relational approach, monographic issue "Sociology and Social Policies", vol. 10, n. 1, 2007). For the work on social capital, see also the reflections of Putnam (1993), Fukuyama (1996), Coleman (1998)) contributes for ensuring, through the principle of reciprocity, the common good (Social capital also has a positive impact on the economic aspect Karl Polany (1980) has argued that economic action is rooted in social interactions. Exemplifying, this means that people do business with those they already know, but also that social ties are useful in finding a new job (Granovetter 1995)) and supporting the institutional set-up of civil society and social security.

In this case, the common good, produced naturally by people in the social relationship, "the result of a plurality of contributions" (Vittadini 2004), gives substance to individual and collective well-being.

Hence, the role of the state becomes subsidiary in the moment in which it is able to value the new forms of social solidarity, through which society takes charge of the wellbeing of its own members, to build a Welfare Society (Colozzi 2002). The legal basis of this approach is given by Article 118, paragraph 4, of the Italian Constitution, which states: "State, Regions, Metropolitan Cities, Provinces and Municipalities favor the autonomous initiative of citizens, individuals and associates, for the development of activities of general interest, on the basis of the principle of subsidiarity". A principle, the latter, a generator of a welfare that, as in a virtuous circle, allows people to build their lives and to open up to social relations.

In this social welfare production process (Participation with equity is a goal of health planning in the Alma Ata Declaration (1978), while community action along with empowerment, is a prerequisite for achieving health goals in both the Ottawa Charter (1986) that in the Jakarta Declaration (1998). The other World Health Conferences highlight the role of empowerment in the problem of the sustainability of health systems (Charter of Bangkok 2005); as a fundamental strategy to correctly and effectively implement health promotion (Nairobi 2009); and Health in All Policies (Helsinki 2013)), the network of relationships helps to maintain the health of the people involved (According to the OECD, several European health systems have responded well to the current crisis. These include France, Germany, Belgium, Switzerland, Holland and the Scandinavian countries.). A state of health which, at the same time, constitutes a necessary condition for the participation of social life (According to the OECD, several European health systems have responded well to the current crisis. These include France, Germany, Belgium, Switzerland, Holland and the Scandinavian countries).

This hypothesis of reciprocity between social capital and health of the individual has been corroborated by multiple studies. In particular, the sociologists Wolf and Bruhn (1998) conducted a research in the town of Roseto, Pennsylvania, through which they explained, only after having made thorough investigations aimed at excluding different variables, that in Roseto the occurrence of the low mortality rate, compared to that recorded in the other towns around it, was the effect of the variable "community activity". In Roseto, in fact, the community sentiment was strongly developed, by virtue of the fact that the population consisted mainly of Italian-American immigrants from the homonymous Italian town. However, in the years Roseto loosened his community bonds and also lost his health advantage (Alexander and Thompson 2010). From what has been said, it is possible to affirm that the physical well-being of

individuals is in direct correlation with their ability to create social relationships. However, to date, despite the evidence of usefulness concerning the interventions aimed at promoting the sense of belonging to the local community, as well as offering opportunities within the communities for meeting and exchange, social capital is not yet a consolidated practice, for the purposes of health policies or even in the formulation of public choices.

### **6.Society and Health**

In his essay, Suicide, Émile Durkheim, in 1897, became interested in the relationship between health and society, explaining it through the relationship between the degree of social integration and the state of health of the individual. When he hypothesized this relationship, Durkheim thought of identifying a strategy capable of achieving social security in nineteenth-century France, but his idea of how individuals can process their insecurities through relationships with others can be successfully applied even in contemporary societies.

Having said this, it is also possible to state that the relationship between the degree of social integration and the state of health of the individual, which is of central importance for sociological studies, acquires significance also in other disciplinary fields.

In fact, for example, the official psychiatric rankings recognize in this report one of the most significant mental health indicators that, moreover, according to the Ministry of Health's National Guidelines for Mental Health, can only be realized if it is the whole collectivity to respond to the request for need (A collectivity involved at a regulatory level by Law 328 of 2000 which, in addition to having marked "the transition to a concept of a person as a whole consisting also of its resources and its family and territorial context", has emphasized the meaning of "protection active social, a place of removal of the causes of hardship, but above all a place of prevention and promotion of the insertion of the person in society through the enhancement of its abilities. "After the Law 328 of 2000, social policies in the welfare societies are orienting towards the Community Care aimed at creating a Caring Society.).

In this context, psychic well-being, following the definition of health promoted by the World Health Organization (WHO) cannot be separated from the physical (See for further considerations see the studies of John Cacioppo, professor of the Department of Psychology at the University of Chicago, author of the study entitled Rewarding Social Connections Successful Aging in which confirms that the feeling of being unwanted, unnecessary, ignored it can kill more than diseases) and the "environmental" so that health (Article. 32 of the Italian Constitution states that: The Republic protects health as a fundamental right of the individual and the interest of the community, and guarantees free treatment to the indigent". However, health must be the result of a widespread social policy. No one can be obliged to a specific health treatment except by law. The law cannot under any circumstances violate the limits imposed by respect for the human person) appears to be "a state of complete physical well-being", psychic and social and not only the absence of illness or infirmity" (World Health Organization, WHO Constitution, 1948).

For this reason, when individuals ask for security, they refer to the need to protect their person, their values and their integrity both psychologically and socially. Hence physical well-being is conditioned by a multiplicity of factors whose control is exercised by the health system and by the wider health system (Various interpretations

have been attributed to the concept of health and, to account for its complexity, it is possible to refer to what Costantino Cipolla indicates in his writings: "State of physical and mental well-being. (...) Feeling better inside and out. (...) Psychic and bodily fullness which is the premise of many other fullnesses. (...). Sociology that interprets it as a major or minor reciprocal adaptation between the different systems, as social integration, as a communicational problem. (...)") "understood as the whole of institutions, people, human and material resources and the social system, in its entirety, which contribute to the promotion, recovery and maintenance of health".

Following this "fil rouge", the socio-sanitary system is intended as a "unicum" where the health component and the social component represent two aspects of the same phenomenon.

## 7. The social-health system. Welfare and Health Cooperation in the Balkans

As part of the Strategic Approach (2008-2013), the European Union (See Commission of the European Communities (2007), White Paper, Brussels. In addition to the aforementioned Declaration by Alma Ata, other documents are recalled such as the Paris Declaration (2005), the Tallin Charter (2008), the United Nations Millennium Goals Campaign (2000-2015)) has noted that there are several health policies and, moreover, has identified the participation of citizens as one of the essential elements for guiding community action in the field of health.

This shared action of common life projects has a very wide range of action. In fact, it may concern territories that are physically distant, but united by a spirit of cooperation capable of sensitizing the participation of local actors around common problems.

The idea of participatory territory and socializing desire, as well as, the logic according to which the health component and the social component represent two aspects of the same phenomenon are traceable in the project of partnership between territories Welfare and Health Cooperation (Udangiu 2017: pp. 35-41) (See the legislation on: General Discipline on International Development Cooperation Law 49 of 1987 and the subsequent Law of 11 August 2014, n. 125) in the Balkans (See the initiative, which leads the Molise region (partners are the regions of Abruzzo, Emilia-Romagna, Friuli-Venezia-Giulia, Liguria, Puglia, Sardinia, and Sicily) (Cifaldi 2018), was built in Albania (Scutari and Valona) and in the Serbian Republic (Novi Sad).) (WHCB) promoted within the Framework Program Supporting the Decentralized Regional Cooperation in the Balkans area (APQ-Balkans).

This project, which involved the social and health system, of the populations involved in the Adriatic macro area, as a fundamental area for the development and protection of human health, has also encouraged the active participation of the various representative components of civil society in the partner countries. And, within this framework, it was proposed to rationalize social services to the person and hospital services, through their integration and their continuity relationship with the territory, both in order to reduce the costs of direct assistance, through the progressive dehospitalization and deinstitutionalization that to ensure a better quality of life of the sick person and his family through the networks that contribute to it.

Participation, territory, networks and continuity are, precisely, the key words that best describe the implementation of an essential integrated social-health approach, in the logic of the Italian Society for the Quality of Health Care-VRQ, and for the strong

interconnections between the social and the health level and, on the other hand, due to the difficulty of separating them.

That said, the WHCB project must therefore be understood as a "possibility" - for Europe and for the countries that are becoming part of it - to consider the different dimensions of the physical, social and cultural territory in an integrated way, recognizing the differences, also of the different actors in the field, as a value. Actors, these last ones, thesis to the development of that social capital that re-establishing the ancient attention of solidarity facilitates the creation of a shared project in which all the forms of knowledge interacting favor the proposal of always new solutions.

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