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INTRODUCTION.
WHAT MAKES A FAMILY SERVICE
INTO A GOOD PRACTICE?

Although every personal social service is aimed at the production of people's *well-being*, the term "welfare" is generally used to indicate the system of social policies and interventions designed to achieve it. Nevertheless, "welfare" is a simplistic concept, compared to the more comprehensive one of well-being (Donati, 1999): the first is material and objective, the second evokes the subjective dimension expressed by "feeling good". In fact, the goal of every service to the person should not be a set welfare model but a form of well-being resulting from a combination of highly personal, non-standardised solutions to everyday problems. Each person's well-being is, effectively, a jigsaw of many (physical, psychological, economic, etc.) aspects depending on a number of different factors.

The cooperation of others is essential for an individual to further his/her own well-being. Within an individualistic approach, however, well-being is an individual's conquest to the disadvantage of others. Conversely, the relational outlook to well-being sees no contradiction between the well-being of an individual and that of a relationship: as the one increases, so does the other. The mutual cooperation of individuals generates well-being in relationships, beginning with the family, and this has a positive effect on personal well-being. This is why the planning of personal social services needs to adopt a family-based approach. A personal social service should be, in fact, a *familial* social service: the network of relationships sharing problems and their solutions must be strengthened and supported so as to also strengthen and support individuals.

Another basic consideration is that a family's well-being is not static but dynamic. In fact, it is a combination of factors affected by the different stages in a family's life cycle and their relative (and more or less critical) biological and social transitions – such as adolescence, the formation of a new couple, leaving the parental home, entering adulthood, marriage, the birth of a child, migration, illness, death, separation or divorce. Whether positive or negative, deliberately chosen or suffered, each transition involves a period of disorgani-

sation and search for solutions to the new challenges. As transitions tend to expose a family's strengths and weaknesses, society reveals its capability to support family relationships by providing the resources required for achieving a new equilibrium.

It must be pointed out that demographic phenomena such as delayed marriage/childbearing and increased longevity have deeply impacted on transition processes: the linearity characterising the family life cycle in the past (childhood, adolescence, youth, leaving the parental home, etc.) has been replaced by a complex inter-generational mesh, where formerly sequential phases now overlap. At the centre stands the middle-generation woman performing miscellaneous care tasks (to husband, cohabitant adult children, grandchildren, dependent elderly parents and/or in-laws).

Different transitions are commonly intertwined (while coping with a child's adolescence, a family may have to deal with the dependency of an elderly parent), and this requires the expenditure of considerable energy to combine sectorially designed interventions and services. The less standardised/ more personalised the intervention (i.e., the more *familial*), the more flexible the solutions, as these can be tailored to the needs of each family at each stage in its life cycle. For example, one family may see parental leaves as the best solution, whereas another may opt for a family-based crèche: neither choice can be considered ideal on an *a priori* basis.

Well-being is not the result of a one-way action (from public care to families): it derives from promoting the active role of families and family networks in planning and carrying out interventions and services. The principle of subsidiarity recognises that people (together with their family and friends' networks) with a problem to be solved are the best qualified in assessing their own needs and finding adequate strategies to meet them. By the same principle, families without the material and cultural resources to play an active role must be adequately supported: it is necessary to discard those interventions tending to replace the family's social function as a "unit of personalised and flexible primary cares" (Donati, 1987). Moreover, a family's capability to meet its own needs is strengthened by networking and sharing resources and skills with other families.

For this reason, it is now essential that third-sector organisations, and particularly family associations, take part in planning and implementing family services: in this way, families can actually become leading actors, according to the principle of subsidiarity.

Finally, under which conditions can a family service be considered a good practice?

Following the above argument, personal social services must be relational and reciprocal, i.e., on a provider-user-provider sharing basis. Social

problems, in fact, have a relational origin, as they arise from lack of agency capability by relational networks. Thus, the solution is relational, when «the helping relationship is set up as an effective mutual connection between the poles involved; namely, the helping relationship flows from all of the stakeholders and the trend, over time, is organised and produced along the way, according to relational inputs and contingent needs» (Folgheraiter, 1998, p. 425).

For services to be so configured, relational continuity is essential, from thinking to planning and implementation. First of all, the actual definition of the problem to be tackled must involve all stakeholders. This dialogue must follow the whole process, through constant control of the effects of the decisions made, to redefine the size of the interventions, if needed, and/or involve other network subjects as make themselves available. Secondly, the personalisation of services must be seen as *familisation*. This concept adds to that of *personalisation* the fact that the service user, as the individual *plus* the network of relationships he/she belongs to (first of all the family), is the first producer of well-being (Carrà, 2003).

It is now possible to outline the features of a “good practice” in the family services area by considering four particular aspects (Donati, 2006; Carrà, 2008a).

1. *Efficiency*. The quality of the resources employed and the efficiency of the services’ delivery process needs to be assessed; besides, the whole family must be involved as an active resource rather than a mere indirect beneficiary.

2. *Family focus*. The service must be targeted to the well-being of the family, not just one of its members, and must be part of a more complex social policy plan to support all family transitions through a number of instruments allowing families to choose the solutions that can best meet their needs.

3. *Network participation*. The subjects’ relational networks must be activated, as well as their participation in the planning (Carrà, 2008b). The best solution is when the service/intervention originates from the families’ (or their networks’) self-organisational process and is developed by activating a partnership among mixed (public, private, charity-sector) subjects.

4. *Prosumers*. The cultural model underlying the service must be oriented towards the stakeholders’ empowerment, so that, rather than just producers or just consumers they may be *prosumers* of relational goods. In other words, the principle of subsidiarity must be respected, and pluralisation (the participation of a plurality of public, private and charity-sector subjects) must be promoted.

A “good practice” summarises the features illustrated above: a family services practice is good if it re-generates family, community and general social

capital by increasing relationship networks, the trust circulating within them, as well as reciprocity and a cooperative orientation.

Out of the large number of studies on good practices, this volume gathers seven of the most recent. The essays are grouped in two sections: the first collects four case studies of good family-work reconciliation practices; the second includes three case studies on difficult family transitions.

In the first section, Maria Letizia Bosoni presents findings from a study on working fathers conducted in Italy and aimed to understand how men manage the double role of fathers and workers, and how companies support their employees' needs. In her perspective, the traditional differentiation between male and female tasks is no longer sustainable and the complex issue of balancing family and work represents a relevant challenge also for men. In this study, company culture emerged as a central, powerful element shaping male reconciliation strategies.

Donatella Bramanti's analysis illustrates the condition of women who work and care for their aging parents in Italy, with an emphasis on detecting the best practices for the frail elderly and their care-giving families. The results highlight the crucial importance of devising and implementing policies and interventions aimed at caring for the elderly in a family-friendly perspective.

Elena Macchioni's paper presents the results of an exploratory investigation into the welfare services provided by some Italian private companies for their employees. This study is one of the first attempts to identify the social mechanisms allowing company welfare services to improve the well-being of individuals, families and the working environment. Case studies show that private companies are starting to become new players in the welfare arena and their role will be fundamental in a new sustainable model of welfare.

Sara Mazzucchelli's contribution, based on Corporate Citizenship, begins by noting that companies are strategic actors in the process of lifetime arrangements. She presents the results of a national survey on some company good practices of work-family reconciliation. Her analysis reveals a strong consistency with corporate culture and the day-to-day implementation of these values in the life of each company and in the reconciliation measures adopted; this reveals transparency in the company's procedure and the communication modalities used.

In the second section, my paper – after a recognition of good practices, aimed at improving parenting skills in vulnerable families to prevent their children's removal, or promote the reintegration of out-of-home minors into their own families – analyses a new kind of foster care in which one family gives its support to another, more vulnerable, family. This intervention is relevant to the findings from international literature on the response to the needs

of frail families being more effective when the families themselves play an active role.

Isabella Cordisco's paper aims to analyse the family's experience of death and the dying process in relation to hospice services and palliative care. The analysis focuses on the different (internal and external, personal and social, intergenerational and inter-gender) aspects of family relationships before the event of a death. In spite of adversity, the hospice experience shows that, alongside the physical and emotional pain associated with illness and loss, it is possible for a dying loved one to experience positive emotional states.

Nicoletta Pavesi's research focuses on the experience of an Italian family association promoting the autonomy of the mentally ill, family solidarity, the culture and experience of self-help, mutual aid, awareness of relatives (parents, spouses, brothers/sisters, children) and of the mentally ill, as their experiential knowledge demands to be recognised and enhanced. The results indicate that families with mentally ill patients experience not only the burden but also the ethical dimension of care, which makes them active members of their communities.

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