

SOCIAL CAPITAL AND WELFARE POLICIES IN THE POST PANDEMIC

ANTONELLA GOLINO*

Abstract: l'obiettivo di questo lavoro è quello di riflettere sul ruolo del capitale sociale all'interno delle politiche di welfare in atto nella società post-pandemica. Questo articolo passerà in rassegna la definizione di capitale sociale offerta dai più importanti studiosi come Bourdieu, Putnam e Coleman, che descrivono l'importanza del capitale sociale come risorsa collettiva, soprattutto dopo lo scoppio della pandemia di Covid-19 che ha avuto un impatto sociale disastroso sul nostro sistema di welfare, evidenziando un'eccessiva vulnerabilità sociale del nostro Paese. Ogni singolo attore, investendo in capitale sociale o sfruttando il capitale sociale esistente, crea infatti esternalità e produce un bene pubblico. In questo senso, il concetto può essere utile per lo studio dei problemi di produzione e conservazione dei beni pubblici o delle risorse comuni e, in generale, di ogni situazione in cui si pongano dilemmi di azione collettiva e sviluppo della cooperazione. Comprendere gli effetti della pandemia sarà fondamentale a tal fine. La tragica diffusione del Covid-19 ha riportato sotto i riflettori il ruolo dello stato sociale. La trasformazione complessiva delle relazioni umane, la costruzione di nuove forme di cooperazione e socializzazione, l'apertura di ulteriori spazi democratici e una stagione senza precedenti dei diritti sociali, caratterizzano l'importanza del capitale sociale. Un welfare che fa «stare bene» è la conclusione di una visione aperta dei possibili esiti dell'azione e, allo stesso tempo, che permette di cogliere le dinamiche del cambiamento. L'obiettivo è quello di raggiungere un perfetto equilibrio tra capitale sociale e politiche di welfare.

Keywords: capitale sociale – welfare – pandemia – salute – politiche sociali

Abstract: the purpose of this paper is to reflect on the role of social capital within the welfare policies in place in post pandemic society. This paper is going to go through the definition of social capital offered by the most important scholars such as Bourdieu Putnam and Coleman, they describe the importance of social capital as a collective resource, especially after the outbreak of Covid-19 pandemic which had a disastrous social impact on our welfare system, highlighting an excessive social vulnerability of our country. Each individual actor, by investing in social capital or exploiting existing social

* Antonella Golino, Research fellow in General Sociology (SPS/07), University of Molise. Email: antonella.golino@unimol.it

capital, in fact creates externalities and produces a public good. In this sense, the concept can be useful for the study of the problems of production and conservation of public goods or common resources and, in general, of any situation in which dilemmas of collective action and development of cooperation arise. Understanding the effects of the pandemic will be fundamental to this end. The tragic spread of Covid-19 has put the role of the welfare state back in the spotlight. The overall transformation of human relations, the construction of new forms of cooperation and socialization, the opening of further democratic spaces and an unprecedented season of social rights characterize the importance of social capital. A welfare that makes you «feel good» is the conclusion of an open vision of the possible outcomes of the action and at the same time, one that allows you to grasp the dynamics of change. The goal is to achieve a perfect balance between social capital and welfare policies.

Keywords: social capital – welfare – pandemic – health – social policies

1. The «fathers» of social capital

Contemporary sociological theory unanimously agrees that the inauguration of the study perspective concerning social capital is due to the scholars Bourdieu¹, Putnam² and Coleman³.

While French sociologist Pierre Bourdieu was one of the first scholars to introduce the term «social capital», it was quickly adopted by American sociologists James Coleman and Robert Putnam.

The use of this term allowed scholars to communicate ideas about the problems related to social development and networks. «Social capital» begins to be understood as a network of relationships that belong to single individuals, and it appears as a very promising analytical tool, especially in the study of social and economic phenomena. This concept facilitated interesting applications on the micro sociological level also through the increasingly frequent intersection with the data collection and processing techniques developed by network analysis.

In his theory of different types of capital, Bourdieu defines social capital as «the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationship of mutual acquaintance and recognition – or in other words to membership in a group – which provides each of its

¹ P. Bourdieu, 1980.

² R. Putnam, 1993.

³ J. Coleman, 1990.

member with the backing of the collectivity-owed capital, a “credential” which entitles them to credit, in the various senses of the word»⁴.

From this perspective, the notion helps to solve a problem that has always been central to Bourdieu's research, consisting in distinguishing a particular set of resources – those kept in the relationships that an individual maintains with the surrounding community – with the unequal possession of which it is associated, in process of social reproduction, an unequal opportunity for placement along the hierarchy of stratification⁵.

The French scholar is therefore interested in the use of this notion above all in reference to the study of social stratification and therefore dwells on how family relationships, friendships, social circles of belonging and the institutions of social life operate with different mechanisms to sanction and enforce class distinctions. But from a theoretical point of view, Bourdieu's conception is simplistic: social capital must be explained only in an instrumental way, as a resource for individual strategies and its formation is even explained as the fruit of deliberate action. Therefore, questions relating to the nature of the relationship of sociality on which the eventual mobilization of social capital is based, those relating to the methods of control of trust by groups and relating to non-instrumental reciprocity remain completely extraneous to him⁶.

Relationship networks are «the product of specific investment strategies, individual or collective, consciously or unconsciously aimed at founding or reproducing social relationships that can be directly expended in the short or long term, for example, in transforming contingent relationships, such as those of neighbors, work or even kinship»⁷.

Belonging to a network or social group creates benefits for the members and thus develops a sense of solidarity which allows the network or group itself to exist. People have an interest in maintaining and increasing their social capital, but this involves an unceasing effort of sociability and a continuous series of exchanges, both material and symbolic, with a consequent investment of time and resources.

The scholar Putnam defines social capital as «*the set of elements of social organization – such as trust, shared norms, social networks – which can improve the efficiency of society as a whole, to the extent that they facilitate the coordinated action of individuals*»⁸. From this definition it can be understood how much the collective action carried out by social actors, in order to be able to pursue goals that are difficult to reach, is for the author a coordinated action between individuals who thus give and receive trust in the construction of social networks.

Putnam had long studied ordinary regions, introduced in Italy in the 1970s. The aim was to take advantage of a quasi-experimental situation to test which factors affect the

⁴ P. Bourdieu, 1986, 248.

⁵ P. Bourdieu, J.C. Passeron, 1977.

⁶ A. Bagnasco *et al.*, 2001; N. Lin, 2001; A. Salvati, 2004.

⁷ P. Bourdieu, 1986, 250.

⁸ R. Putnam, 1993, 169.

performance of institutions. The investigation was based on a large collection of empirical data. Analyzing them, the scholar noticed a high correlation between institutional performance indicators, i.e. the good functioning of the regions, and the diffusion of *civicness*, i.e. the diffusion of broad interpersonal trust, which facilitates cooperation between citizens for common objectives, thus favoring the functioning of political institutions and the same economic activities. On an empirical level, civic culture is measured above all with reference to participation in associations, in the hypothesis that participation broadens the horizon of individuals and helps to overcome a narrowly individualistic and distrustful vision of others⁹.

The central problem therefore is the determination of the cultural requirements that favor a social order characterized by general cooperation for the public good. Social capital indicates exactly these requirements: the structure of relationships, the values and norms that guide individuals towards such cooperation.

Above all, horizontal social networks and generalized reciprocity rules generate trust, keep opportunistic behaviors under control and encourage collective action. And, of course, an indispensable prerequisite for the production and stabilization of social capital is that relations of solidarity and cooperation extend beyond the boundaries of the family and kinship. Putnam identifies a very close link between social capital and the performance of institutions. The role of independent variable belongs to the social capital. It is the variable that makes the difference in relation to institutional returns. Context and history determine the endowment of social capital in a given society and this, in turn, has a profound influence on the functioning of institutions. The higher the social capital, the better the institutions function and, by extension, the system economic¹⁰.

Another scholar is Coleman who defines social capital as:

«a variety of entities having two characteristics in common: they all consist of some aspect of a social structure, and they facilitate certain actions of individuals who are within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that would not be attainable in its absence. Like physical capital and human capital, social capital is not completely fungible, but is fungible with respect to specific activities. A given form of social capital that is valuable in facilitating certain actions may be useless or even harmful to others. Unlike other forms of capital, social capital inheres in the structure of relations between persons and among persons. It is lodged neither in individuals nor in physical implements of production»¹¹.

The specificity of social capital with respect to other types of capital therefore consists in this: while physical capital is given in the materiality of tools, machines and other productive instruments; while human capital is kept in the skills and abilities of

⁹ *Ibidem*.

¹⁰ A. Bagnasco, 2001.

¹¹ J. Coleman, 1990, 302.

individuals; for its part, social capital is instead rooted in the relationships between individuals.

Coleman distinguishes several forms of social capital. *Obligations and expectations* are the first form and are characterized by the analogy with finance capital. If individual A pays individual B a favor and gives him confidence that B will return the favor, then A assumes with respect to B a credit that allows A to condition the future behavior of B. The second form is called *information potential*.

It consists, as the term itself indicates, in the information potential present within certain relationships, i.e. in the possibility that, thanks to those reports, you gain access to certain information. *Norms and effective sanctions* are the third form and groups together those norms with social support, by appealing to which individuals can influence other subjects to act in the interest of the family, to work to support a social movement, and, more generally, to work for the public good. A further form is called by Coleman *authority relations* and consists in this: if the individual A has transferred a right to control certain actions to an individual B, then the latter can be said to be endowed with a social capital in the form of this right - more simply, it could be said that B comes to be endowed with power over A. *Appropriable social organization* is another form of social capital, generated within those organizations that are used by individuals as a means to achieve goals other than those for the which they were originally created – in this case, as Coleman states, social capital can be understood as a by-product of social activities aimed at the original purpose. On the other hand, corresponding to the last form indicated by Coleman, called *intentional organisations*, the social ties kept in the organizations can be used for those purposes for which they were expressly created. As in voluntary associations, for example economic ones, the organization functions as a source of relationships aimed at generating advantages for the members of a social group¹².

From this then derives the problem raised by cases of deferred reciprocity which is solved by assuming that the donor is interested in deferring the return until he finds himself in need of it, and in this case, by definition, it will be of greater value to him. The potential control of the identity of the other, or reciprocity of a universalistic type, are not considered. When you give the example of the difference between a neighborhood in Chicago, where mothers are afraid to let their children go out on the street alone, and a neighborhood in Jerusalem, where this happens in complete tranquility because there is the trust of mutual support between families, the explanation he offers is that the social capital available in Jerusalem is the fruit of the normative structure at work in that society, but it is not explained how that structure is formed.

It can therefore be said that the three scholars, from different perspectives, have demonstrated that the different forms of economic, productive and political organization of society are influenced by social networks, in particular by networks of social relations.

¹² D. Tosini, 2005.

It is therefore interesting to understand what are the effects of social capital in welfare policies following the outbreak of the pandemic which brought the issue of health to the center of society.

2. Social capital and health

The investigation into the relationship between social capital and health starts from the definition of the World Health Organization which defines it as «a state of complete physical, mental and social well-being and not merely the absence of disease»¹³. It is clear that the condition of social well-being implies an idea that goes far beyond the concept of illness and treatment but identifies it as something more inclusive and in balance between the environment, society and person.

The definition links physical well-being with mental and social conditions. You are in good health when you are able to best interact with society, fully exercising your duties and rights in every area of your working and emotional life. It follows that health must be understood as a polysemous concept. Negatively, as the absence of disease; positively, as a dynamic state of well-being of body and mind.

At the end of the eighties the scholar Di Nicola¹⁴ argued that it would be the characteristics of social networks that affect the health of individuals and that within this approach it is possible to identify at least three explanatory models of this relationship:

- First, there may be an indirect influence between the structure of social relations and the level of health of individuals. Relations can operate as non-professional agents capable of helping the individual to recognize a state of malaise and to contrast it, through the transmission of advice and information on the best health care centers;

- Networks can then exert a direct influence on health, as sources of support, social relationships can decrease the probability that individuals fall victim to diseases, especially at a psychic level;

- Finally – third model – it can be assumed that there is a relation of incidence of a contextual nature between social networks and state of health. According to this explanatory model, networks can influence health by providing adequate feedback to individual actions. The feedbacks are adequate to the extent that they are substantiated as approvals for healthy lifestyles and behaviors and as condemnations for unhealthy ones¹⁵.

About twenty years later scholars Islam *et al.*¹⁶ presented an important review of empirical research explicitly aimed at addressing the links between social capital and

¹³ WHO, 1948.

¹⁴ P. De Nicola, 1987.

¹⁵ *Ibidem*.

¹⁶ M.K. Islam *et al.*, 2006.

health. They have attempted to operationally define social capital, examining the dimensions and forms of the concept that have emerged as the most relevant in the field of health research. They consider social capital to be differentiable in two complementary dimensions:

- The first dimension (or component) is of a cognitive nature and concerns the subjective perceptions of the degree of trust, sharing and reciprocity present in social relationships. Reciprocal and fiduciary relationships make it easier to control health risk behaviors and the circulation of support between individuals.

- The second dimension, of a structural type, is connected to the level of social cohesion. It concerns some aspects of the organization of social contexts which constitute positive indicators of cohesion: density of social networks and civic engagement. In this dimension, social capital can make public policies, including those of a health nature, more effective.

The concept of social capital would also present two distinct types: a horizontal type and a vertical one.

The bonds between peers or groups of peers that cannot be hierarchically ordered on the basis of some criterion constitute horizontal social capital. This type of social capital is further differentiated into two subtypes: bonding share capital and bridging social capital¹⁷.

The relationships that exist within groups that tend to be homogeneous from a socio-economic point of view constitute a bonding social capital: families, parental networks, neighbourhoods, connection networks. In other words, it is a question of strong ties, which can make it easier to comply with the rules for the protection of individuals' health, discourage deviant behavior and mutual support. Instead, an example of bridging social capital are the weakest ties – i.e. activated less frequently and less involving on an emotional level – which tend to connect individuals from different social environments. These links constitute a social capital, positively affecting the health of individuals, if they allow a redistribution of material resources towards those who belong to the most disadvantaged social categories (ethnic, occupational, socio-economic).

The vertical type of social capital, or linking social capital, emerges from hierarchical ties, also connected to differences in socio-economic status.

The authors describe the differences with analytical confusion and this does not allow us to fully understand the specific links between linking social capital and health.

Another study conducted by Van Groezen et al.¹⁸ on some European countries using data taken from the Survey on Health, Aging and Retirement (SHARE) and the World Value Survey (WVS), shows that the cognitive component of share capital – studied through generalized interpersonal trust – and the structural one – determined through

¹⁷ P. Donati, L. Tronca, 2008.

¹⁸ P. Van Groezen *et al.*, 2009.

engagement in civic and voluntary activities, are effectively linked with individuals' perceived health.

It therefore emerges that trust is positively related to the health perceived by individuals in Germany and Sweden. The structural component of social capital is instead in a positive relationship with perceived health in Sweden, Denmark, Holland, Germany, Belgium, Switzerland, Italy and Spain. A country that does not reveal any link between social capital and health is Austria.

Ten years after the publication of this study, the Covid-19 epidemic has suddenly and tragically placed society in a «new reality» in which nature seems to rebel against technological domination by «sending on tilt» the social organization and health systems of all the countries involved (Harari, 2020).

Immediately after the spread of the pandemic, there was a proliferation of studies, collective volumes and special issues by sociologists who provided their own interpretation, both in Italy¹⁹, and in other countries²⁰.

Contradicting the alleged «democracy» of the virus, the pandemic, both in its health and social consequences, has affected and will continue to affect more those with fewer biological, psychological, social, cultural, spatial and material resources. These social groups are more exposed not only to the risk of contracting the disease in more serious forms but also, and above all, to the medium-long term consequences of the containment measures (which, as is known, penalize above all the self-employed, precarious workers, occasional and irregular) and the economic crisis. All this has led to the re-nicknaming of Sars-CoV2 as the «virus of inequality»²¹.

At an individual level, the virus threatens the individual's sense of integrity, the presumed impassability of those defenses erected in the name of the sacredness of the body, insecurity with respect to one's own body and its possible violation by an invisible and widespread danger, the condition of potentially ill is experienced daily. The attempt to defend against this sense of threat and personal disintegration is expressed in an extreme medicalization of everyday life, at a conceptual, interactional and organizational-institutional level.

On this last aspect, Giarelli and Vicarelli²² identify four fundamental dimensions that have characterized the National Health Service since its inception, so much so that it is less able to respond to the health needs of citizens and, among other things, to be less able to deal efficiently, effectively and appropriately with the COVID-19 pandemic. The four biases that the authors highlight are: the distributive bias that affects social inequalities in health; the cultural distortion that has to do with the orientation to the disease and the consequent medicalization of health; the structural distortion that is

¹⁹ C. Corposanto, M. Fotino, 2020; A.R. Favretto, A. Maturo, S. Tomelleri, 2021; G. Vicarelli, S. Neri, 2021.

²⁰ D. Lupton, K. Willis, 2021.

²¹ M. Bronzini, S. Neri, 2021.

²² G. Giarelli, G. Vicarelli, 2021.

identified with differentiated regionalism; finally, the functional distortion, which sees the hospital as the fulcrum of the health system («hospitalcentrism»).

The declinations present in the sociological study of the pandemic are many, the one that pertains to social capital is certainly the most pertinent for the purposes of this work. Elements such as trust, shared norms, social networks, can improve the efficiency of society as a whole, to the extent that they facilitate coordinated action by individuals. Indeed, higher levels of social capital appear to produce healthier societies. When a population's physical capital is eroded or jeopardized by a health crisis, social capital becomes relevant in fostering caring for others and engaging in practices that aim at improving the overall situation.

At the end of this analysis, the question arises: who can increase the social capital in a community? And how, given the benefits that can derive from it for health? Obviously, the answer lies in political action²³.

Responding to the well-being needs of citizens means looking at political action as an important determinant of health, aimed at guiding the right welfare policies.

3. Welfare and health

The tragic spread of Covid-19 has put the role of the welfare state back in the spotlight.

The pandemic has in fact amplified some distortions of the welfare system and its relationship with the economy, this is symptomatic of an endogenous crisis that has been going on for a long time²⁴.

Furthermore, the excessive bureaucratization and fragmentation of the services offered, the stiffening of political exchange, the excess of corporatism of some interest groups nestled in the welfare state, have hindered reforms and innovation and this has had serious repercussions on the entire system.

Using the words of the French anthropologist Marcel Mauss²⁵, the story of the pandemic can be defined as a «total social fact», an event that unfolds the interconnection of all its implications in society: the health, social, economic, legal, religious and political sphere.

In the dramatic nature of its consequences on individuals and communities, the importance has emerged not only of a public health system that does not discriminate on the basis of wealth or type of insurance, or on the fact that one was insured or not, but also of ordinary and extraordinary income and social protection as extensive as possible

²³ S. Sarti, M. Terraneo, 2023.

²⁴ V. Cesareo, N. Pavesi, 2019.

²⁵ M. Mauss, 1950.

and charged to the public budget. It also brought out the importance, especially for the most vulnerable subjects, of the dense network of voluntary services and initiatives and of the third sector as complementary, not alternative to public welfare²⁶.

The new coronavirus has highlighted the numerous and lacerating inefficiencies of the market, applied in the field of health. The knot immediately came to a head when it was necessary to deal with the extreme lack of supply chains of personal protective equipment, masks, gloves, surgical suits and oxygen. A high death toll was the harmful impact produced by the private management of long-term social and healthcare facilities dedicated to elderly people (nursing homes) in all OECD countries with standards of care and assistance logics that are completely useless for dealing with a situation such as that of the SARS-CoV-2 virus²⁷.

The pandemic has brought to light the limits of the situation prior to its explosion, i.e. those restriction policies adopted to an increasing extent in recent years which have had a dramatic impact especially on public health which has sadly been weakened. To this was added the reduction of services and personnel, up to the weakening of medicine and territorial assistance which (in theory) should have been filled by private healthcare.

The pandemic has hit the Italian economy producing heterogeneous effects and grafting itself into a context already characterized by structural fragility and acute inequalities²⁸. Inequalities affecting income recipients, with a growing social of low-income workers exposed to high levels of uncertainty; the territorial dimension with the gap between north and south which is deepening; the corporate system with a significant asymmetry in the degree of resilience observable in large companies compared to small and medium-sized ones and the sectors with the sectors most affected by the social distancing measures, adopted to counter the pandemic, which risk paying a very high price compared to the rest of the economy.

In low-middle-income countries, where private healthcare plays a very significant role, the pandemic emergency has caused significant repercussions in terms of operational crises and therefore liquidity in the private sector. The latter proved to be substantially unprepared in the management of the infection. In many countries, insurance companies have refused to advance or guarantee the necessary financial coverage for patients, so that there are not a few people who have lost their lives outside the gates of hospitals, without being able in any way to have access to the treatment they needed.

Disaster capitalism, which re-emerged with the health emergency, thus embodied the conditions for a new phase of crisis in public-private relations in the health sector.

²⁶ C. Saraceno, 2021.

²⁷ P.M. Davidson, S.L. Szanton, 2020.

²⁸ G. Celi, D. Guarascio, A. Simonazzi, 2020.

In this new scenario, questions have arisen concerning the guarantee of social rights and individual freedoms, the organization of state intervention and public services, the guarantee of universality in access to services, protection from health, social risks and labor market.

As Pianta argues,

«the welfare state has once again become the object of a conflict that concerns both the alternatives and the resistance to neoliberalism; public intervention to emerge as a battleground between different models of economic-social relations, of reorganization and management of institutions, of relations between capitalism and democracy»²⁹.

The pandemic can represent a challenge not only for the questioning of neoliberal values and policies, for the fight against poverty and the inequalities that it has accentuated, but also for the role, configuration and vision of future welfare³⁰.

Furthermore, a perspective of reinvention of the welfare state has been able to combine the critical reading of several aspects of the twentieth century welfare state with the elaboration of several proposals, such as an universal basic income supported by the strengthening of public services; higher minimum wage and defense of trade union rights and collective bargaining; access to benefits based on residency instead of citizenship. In this formulation, the renewal of welfare – a truly redistributive welfare aimed at providing universal protection – includes the guarantee of the rights of all workers, the use of the potential offered by digital technologies for the provision of public services under democratic and local control³¹.

The overall transformation of human relations, the construction of new forms of cooperation and socialization, the opening of further democratic spaces, an unprecedented season of social rights: the new role of social capital fits into this context.

The recognition and satisfaction of old and new needs is necessary, which could benefit from a relaunch, a redevelopment of public welfare, democratic and participatory management models, bottom-up experiments, widespread solidarity initiatives, such as those that arose in the middle of the pandemic, but also of a collective effort of imagination and planning of a different society.

The scholar Barr proposes to move from considering welfare from a «Robin Hood» function, i.e. to redistribute income and wealth from those who no longer have it to those who have less, to the idea that welfare fulfills a «piggy bank» function, or consisting of insuring individuals against a wide range of social risks, from unemployment to sickness, to poverty in old age³².

²⁹ M. Pianta, 2020, 330.

³⁰ U. Huws, 2020.

³¹ *Ibidem*.

³² N. Barr, 2001, 2020.

The pandemic invites for more than one reason to question the opportunity to articulate welfare also in a precautionary sense in order to better perform its function of protector from social risks which, at least in some often dramatic cases, it cannot adequately perform by acting only as insurer.

Furthermore, the «precautionary» welfare that limits the damage of catastrophic events such as pandemics would also be consistent with its mission to combat inequalities. The pandemic has made victims especially the poorest allowing economic inequality to extend into an inequality of existence in life. It has also forced measures that increase inequalities according to family origins and therefore curb the already not very dynamic social mobility (for example what happened in the field of education with distance learning).

On the community front, the pandemic accentuates some fracture lines that are already present (geographical, socio-economic, cultural) and creates new fault lines. Many cracks have emerged in that social cohesion detected by ISTAT³³ in the aftermath of the lockdown. The fractures produced and/or amplified at an individual, family and community level require careful work of «mending and repairing»³⁴.

For the post-Covid-19 recovery, the ability to organize, with a view to shared integration, the promotion of personal and collective well-being through the creation of «community resilience»³⁵, able to cope with social vulnerability and capable of creating environments conducive to health.

The term resilience can be defined as a protective factor that makes an individual more capable of responding to adverse events leading to positive developmental outcomes. It is a useful adaptation after stressful situations to cope and overcome difficult experiences, i.e. the ability of a person to successfully adapt to change, resist the negative impact of stressors and avoid the occurrence of significant dysfunctions. It represents the ability to find a new balance after a trauma, accident, tragedy or illness. In other words, resilience refers to the ability to deal with difficult, stressful and traumatic situations and regain acceptable functioning. The greater the resilience, the lower the vulnerability and the risk of disease³⁶. The higher the social capital, the lower the negative impact of the pandemic crisis.

The pandemic has reminded us that we must restore value to collective prevention, in people's living and working places, in schools and in the community. Experimenting with therapies is not enough, just as chasing vaccines is not enough. It is necessary to organize response systems - both economic (taking into account the limits imposed by the European coordinates) and internal to the current welfare (guaranteeing equal rights as well as supporting the precarious workers of collective bargaining) - responses capable of

³³ ISTAT, 2020.

³⁴ M. Cozza *et al.*, 2020.

³⁵ A. Landi, 2012.

³⁶ S. Sarti, M. Terraneo, 2023.

coping with events that are no longer more unpredictable, global epidemics are part of our lives.

As Pope Francis stated³⁷: «the only drama of wasting it is worse than this crisis».

4. Conclusion

The word welfare translates the expression of «feeling well». To account for the plurality of sources and actors necessary to be able to satisfy one's needs, the scholar Saraceno suggests the image of the «welfare state diamond», a sort of force field with four vertices, each of which is occupied by one of the main welfare production agencies: the State, the market, the family, the third sector and more generally the vast and articulated world of associations, voluntary work, non-profit entrepreneurship, in the field of services but also of support to the weakest subjects. The specific balance, but also the tension, which is produced in this field of forces, the division of responsibilities between the various subjects with respect to the objective of «making people feel good», protecting against risks and supporting the development of skills, constitute the specificity of the various welfare systems³⁸.

In this context, the centrality of social capital arises, i.e. the idea that the social investment approach is more aware of the need to counter and compensate for market failures and consequently has a more positive image of state intervention.

An optimistic view of the possibility of reconciling equity, efficiency and growth is included, emphasizing the economic benefits that would accrue to society from investment in human capital.

Furthermore, precisely the attention to human capital allows the focus, for example, on children and minors as privileged recipients of social investment, and not only in a derivative way, through the resources eventually destined for their parents. The proof is the arguments in favor of educational services in pre-school and early childhood as forms of investment in human capital and in contrasting inequalities of family origin. More generally, this has provided arguments, and a lexicon, to those who argue that welfare expenditure should be considered as investment expenditure in that fundamental social infrastructure in which people are at the center (*ibidem*).

Anton Hemerijck argues that there are three welfare functions of social investment.

- The first and most important concerns the training and strengthening of human capital, therefore the investment in the education system, but also in continuous training.

³⁷ Pope Francis, 2020.

³⁸ C. Saraceno, 2021.

- The second is the facilitation of transitions during life, in the labor market, but also in the family (hence the importance not only of activation policies compared to those of simple income protection, but also of work-family reconciliation policies).

- The third concerns the availability of strong safety nets to guarantee a minimum income, which he conceived, in a Keynesian way, as economic stabilizers³⁹.

The pandemic has placed the person, care, solidarity, individual and collective responsibility back at center stage; further drew attention to the worrying consequences of a weak welfare state, where many people fail to address their fragility. As Richard Titmuss⁴⁰ reminds us over half a century ago, the importance of voluntary action and organized subjects brought into play by civil society emerged with even greater evidence for social cohesion: they still today give life to a "social infrastructure" of great importance.

An unequal distribution of public resources in terms of access and opportunities: cultural, economic and social capital⁴¹ envisages significant inequalities in times of normality and therefore increased in times of pandemic.

The pandemic crisis requires a profound rethinking of governance processes policies. It also implies a rethinking of the idea of personal public health and people, institutions and welfare organizations should be urged to reinterpret their own behaviors and goals, through a process starting from their interdependencies to strengthen resilience and reduce social vulnerability⁴².

The national recovery and resilience plan, plans to significantly extend childcare services and other reconciliation measures, invest significant resources in schools and health care, in order to address old and new critical issues highlighted by the pandemic and define a policy to address dependency. Furthermore, an increase in youth and female employment, equal opportunities, the recovery of the overall deficit of the southern welfare system are expected, which should represent a further compass for navigation. The hope is that the implementation of these projects will actually be able to clarify whether Italian welfare is moving towards a recalibration, albeit modest, that puts the person at the center.

Society, from whatever point we observe it, constitutes the social capital to which everyone contributes and whose benefits can be enjoyed by all.

It is true that the immediate benefits of a certain form of social capital can only be enjoyed by particular groups, but it is also true, as Coleman⁴³ acknowledges, that it is difficult to quantify social capital and establish, from time to time, the exact entity and the extent of its benefits. These can be direct, but also indirect; immediate, or visible only

³⁹ A. Hemerijck, 2017.

⁴⁰ R. Titmuss, 1970.

⁴¹ P. Bourdieu, 1980.

⁴² S. Tomelleri, E. Ziglio, 2022.

⁴³ J. Coleman, 1990.

in subsequent moments. The benefits of an organization or association can not only be enjoyed by a specific group of people, but can have positive effects from the point of view of the wider society: having a good school will mean having more professionally prepared students; the informal network of merchants saves time and money, shortens transaction times; ethnic communities abroad have played an important role in various stages of economic development and still produce wealth for the host country and so on.

So, it can be said that social capital is considered a property of the entire social system that favors democracy and economic development.

The relationship between social capital and welfare is complex and changes over time and cannot be reduced to the positive impact of a culture favorable to cooperation. The role of politics in mediating the relationship between networks and the market is crucial. The idea of balancing modern elements in networks of traditional social relationships as a key to economic development can also help to better understand the development experiences of recent decades.

The concept of social capital allows for a more open vision of the possible outcomes of the action and at the same time allows us to grasp the dynamics of change.

There is still a long way to go in the direction of a synergy between social capital and just welfare policies, we need to start from the key concepts of social capital: stratification⁴⁴, *civiness*⁴⁵ and the among individuals⁴⁶ to help decipher and overcome the challenges for tomorrow's welfare systems.

BIBLIOGRAPHY

BAGNASCO Arnaldo, BARBAGLI Marzio, CAVALLI Alessandro, 2001, *Sociologia volume 2. Differenziazione e riproduzione sociale*. Il Mulino, Bologna.

BARR Nicholas, 2001, *The welfare state as piggy bank: information, risk, uncertainty and the role of the state*. Oxford University Press, Oxford.

BARR Nicholas, 2020, *The economics of the welfare state*. Oxford University Press, Oxford.

BOURDIEU Pierre, 1980, «Les Capital Social, Notes Provisoires». In *Actes de la recherche en sciences sociales*, 31, janvier, 2-3.

⁴⁴ P. Bourdieu, 1980.

⁴⁵ R. Putnam, 1993.

⁴⁶ J. Coleman, 1990.

BOURDIEU Pierre, 1986, «The Forms of Capital». In *Handbook of Theory and Research for the Sociology of Education*, edited by John Richardson. Greenwood Press, New York.

BOURDIEU Pierre, PASSERON Jean Claude, 1977, *Reproduction in Education, Culture and Society*. Sage, London.

BRONZINI Micol, NERI Stefano, 2021, «La società italiana e il servizio sanitario nella Pandemia: temi e ricerche». In *Salute e Società*, Issue 2, 5-20.

CELI Giuseppe, GUARASCIO Dario, SIMONAZZI Annamaria, 2020, «A fragile and divided European Union meets Covid-19: further disintegration or ‘Hamiltonian moment’?». In *Journal of industrial and business economics*, 47, 3, 411-24.

CESAREO Vincenzo, PAVESI Nicoletta, 2019, *Il welfare responsabile alla prova. Una proposta per la società italiana*. Vita e Pensiero, Milano.

COLEMAN Jean Samuel, 1986, «Social Theory, Social Research, and a Theory of Action». In *American Journal of Sociology*, 91, (6), May.

COLEMAN Jean Samuel, 1987, «Norms as Social Capital». In *Economic Imperialism. The Economic Approach applied outside the Field of Economics*, edited by Gerard Radnetzky, Peter Beentolz. Paragon House, New York.

COLEMAN Jean Samuel, 1990, *Foundations of Social Theory*. Harvard University Press, Massachusetts and London.

COLEMAN Jean Samuel, 1994, «A Rational Choice Perspective on Economic Sociology». In *The Handbook of Economic Sociology*, edited by Neil Smelser, Richard Swedberg. Princeton University Press, Princeton.

CORPOSANTO Cleto, FOTINO Massimo, 2020, *Covid 19. Le parole diagonali della Sociologia. The diagonales*, Catanzaro.

COZZA Michela, GHERARDI Silvia, GRAZIANO Valeria, JOHANSSON Janet, MONDON-NAVAZO Mathilde, MURGIA Annalisa, TROGAL Kim, 2020, «COVID-19 as a breakdown in the texture of social practices». In *Gender, work and organization*, 28(1), 190-208.

DAVIDSON Patricia, SZANTON Sara, 2020 «Nursing homes and Covid-19: we can and should do better». In *Journal of Clinical Nursing*, 29, (15-16), 2758-2759.

DI NICOLA Paola, 1987, «Il ruolo delle reti sociali primarie nel controllo della malattia e protezione della salute». In *Manuale di sociologia sanitaria*, a cura di Pierpaolo Donati. Nis, Roma.

DONATI Pierpaolo, TRONCA Luigi, 2008, *Il capitale sociale degli italiani. Le radici familiari, comunitarie e associative del civismo*. Franco Angeli, Milano.

FAVRETTO Anna Rita, MATURO Antonio, TOMELLERI Stefano, 2021, *L'impatto Sociale del Covid-19*. Franco Angeli, Milano.

GIARELLI Guido, VICARELLI Giovanna, 2021, *Libro Bianco. Il Servizio Sanitario Nazionale e la pandemia da Covid-19. Problemi e proposte*. Franco Angeli, Milano.

HARARI Yuval Noah, 2020, *Il mondo dopo il virus*, in <https://www.internazionale.it/notizie/yuval-noah-harari/2020/04/06/mondodopo-virus>

HEMERIJCK Anton, 2017, *The Uses of Social Investment*. Oxford University Press, Oxford.

Huws Ursula, 2020, *Reinventing the welfare state: digital platforms and public policies*. Pluto Press, London.

ISLAM Kamrul, MERLO Juan, KAWACHI Ichiro, LINDSTRÖM Martin, GERDTHAM Ulf, 2006, «Social Capital and Health: Does Egalitarianism Matter? A Literature Review». In *International Journal for Equity in Health*, 5, 3.

ISTAT, 2020, *Rapporto annuale 2020. La situazione del Paese*. Roma.

LANDI Alessandra, 2012 «Il concetto di resilienza: origini, interpretazioni e prospettive». In *Sociologia Urbana e Rurale*, XXXIV, 99, 79-98.

LIN Nan, 2001, *Social capital: a theory of social structure and action*. Cambridge University Press, Cambridge.

LUPTON Deborah, WILLIS Karen, 2021, *The Covid-19 crisis. Social perspectives*. Routledge, New York.

MATURO Antonio, 2020, *Coronavirus en Italie: si la contagion gagnait le sud, le nombre de morts exploserait en raison du délabrement du système de santé*. Le Monde, Paris.

MAUSS Marcel, 1950, *Sociologie et Anthropologie*. Presses Universitaires de France – PUF, Paris.

MIGLIORATI Lorenzo, 2020, *Un sociologo nella zona rossa. Rischio, paura, morte e creatività ai tempi del Covid-19*. Franco Angeli, Milano.

PAVESI Nicoletta, FERRARI Chiara, 2022, «Welfare responsabile e sviluppo di comunità». In *Sociologia*, LIV (2), 139-144.

PIANTA Mario, 2020, «L'intervento pubblico dopo la Pandemia». In A.A. V.V., *Il mondo dopo la fine del mondo*, 324-41. Laterza, Roma-Bari.

POPE FRANCIS, 2020, *Omelia nella Solennità di Pentecoste*. 31 maggio, www.vatican.va

PUTNAM Robert, 1993, *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton University Press, Princeton, New Jersey, USA.

SALVATI Armida, 2008, *Alla ricerca dell'altruismo perduto. Volontariato, cooperazione, capitale sociale*. Franco Angeli, Milano.

SARACENO Chiara, 2022, «Politiche per le famiglie». In *Welfare. Attualità e prospettive*, a cura di Giorgi Chiara. Carocci, Roma.

SARTI Simone, TERRANEO Marco, 2023, *Studiare la salute. La prospettiva della sociologia*. Carocci, Roma.

TITMUSS Richard, 1970, *The gift relationship: from human blood to social policy*. The New Press, New York.

TOMELLERI Stefano, ZIGLIO Erio, 2022, «Resilienza e vulnerabilità sociale. La proposta del Welfare Responsabile per la ripresa post-Covid-19». In *Studi di Sociologia*, 1, Vita e Pensiero.

TOSINI Domenico, 2005, «Oltre il capitale sociale: ritorno alla tradizione sociologica». In *Quaderni di Sociologia*, 37, 83-107.

TRIGILIA Carlo, 2009, *Sociologia economica: stato, mercato e società nel capitalismo moderno*. Il Mulino, Bologna.

VAN GROEZEN Bas, JADOENANDANSING Rashmi, PASINI Giacomo, 2009, «Social Capital and Health Across European Countries», Discussion Paper Series n. 09-04, Tjalling. Koopmans Research Institute, Utrecht School of Economics, Utrecht University.

VICARELLI Giovanna, NERI Stefano, 2021, «Una catastrofe vitale? Le scelte di politica sanitaria per far fronte al Covid-19». In *Politiche sociali*, 2, 233-254.

WHO, 1948, *Constitution of the World Health Organization*, World Health Organization. Geneva, in <https://www.who.int/about/governance/constitution>.