

THE IMPACT OF COVID-19 PANDEMIC ON SERVICES FOR HOMELESS PEOPLE IN ITALY

Photo by Leahden Bok

Instant report (short version)

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After the government lockdown imposed for preventing the diffusion of pandemic of Covid 19 and the responsible appeal *#iorestoacasa* (*#stayhome*) (March 2020), it was clear that **for homeless people "staying at home" was not a plausible option**. A great number of people (more than 55,000 in Italy according to the last survey of 2014) with precarious lives, health conditions, relational fragilities and very difficult living situations, found themselves in "an emergency in the emergency". At the same time, hundreds of services had to adapt to cope with the pandemic.

This Report presents a first part of the results that emerged from the interviews of more than thirty people, including coordinators, directors and even officials of public and private organizations.

The contents are organized in paragraphs that retrace **the times of pandemic management**: the reorganization processes of services, the responses adopted at the start of the lockdown, the stabilization of the emergency, the relationship with service users and the inter-institutional collaboration. A final paragraph contains some reflections on the medium-term repercussions of the pandemic on services for homeless people.

THE RE-ORGANIZATION OF SERVICES

Two main needs were reported by most of the organizations surveyed. On the one hand the putting in security for people permanently present in the services or who accessed them, providing the necessary protective equipment (PPE) and experimenting new operating models to be tested in the field. On the other hand, it was essential to inform, raise awareness, guide people about what was happening.

In some cases, there has been an anticipation of prevention measures thanks to the presence for instance of medical personnel. In others cases, the adjustment was late with a shortage of protective equipment and a short closure period of services.

There has been the need to reshape the interventions performed in presence. In order to reduce the risk of infections, the services providing job and other inclusion paths had to suspend their activities in favour of low-threshold services that responded to primary needs. The same problems were also encountered in the social secretariats and in all those services based on listening and receiving applications. **These services have reduced or completely substituted the face-to-face meetings with phone calls or by appointment.**

Big shelters immediately perceived the impact of the pandemic and of the lockdown on their activities. The responsiveness was overall very good and can be considered according to four parameters:

1. THE RECEPTION TIMES

These services have often **extended their opening hours** and allowed people to spend the day in the structure (H24). A rapid and necessary strategy to protect from the risk of contagion on the street and to guarantee greater safety in the workplace for operators. Some shelters were transformed into sort of "houses" remodelling spaces and times. In some cases, there has been a sort of hybrid fusion between night shelters and day centres with workshops, also new ones. Where this was not possible, there was a growing 'apathy', which added to the relational fragility and isolation normally suffered.

2. THE INVOLMENT OF GUEST IN CARRYING OUT THE ACTIVITIES

The prolonged opening of services, the shifting of operators and the lack of volunteers, requested a greater participation of the beneficiaries in service management. **Sharing and a greater level of autonomy in choices and behaviours were very helpful in dealing with the situation.** At the same time, there have been cases of those who "did not manage to stay inside" and suffered more all the restrictions.

3. THE CAPACITY OF SERVICES

Due to restrictions, many services, above all night shelters, had to limit the number of guests with the consequence of leaving out many of those living on the street during lockdown. However, some local institutions and organisations made available **additional spaces for accommodation** (including apartments, ex houses for migrant programs, public offices converted in "room for preventing isolation", gym, B&B and rooms of hotel, etc). A reduction interested also in other services (showers, cloakrooms and the distribution of clothing), more at risk of contagion. In services still open, the entrances have been limited, by appointment, or open only to people already known.

4. THE MANAGEMENT OF VIRUS POSITIVITY

Where there have been cases of positivity, suspected or confirmed, the management difficulties were not few, but the responsiveness of the services seemed appreciable. In particular there was the problem of the management of "quarantines", as it required not only the identification of isolated spaces in already full structures or new spaces, but also the relocation of human and economic resources. It was, in many cases, and especially in the first phase, **completely managed**

by the operators without any support from public health services. Even in the field of hospitality for homeless people, the emergency has brought out - and in the interviews it was the recurring "sore point" - all the fragility of social and health integration in the territories. The reaction of the services was, however, rapid and of **adaptation, and led to the adoption of "do-it-yourself solutions"**, such as the use for the isolation of offices closed to the public, hotel rooms, former assisted residences, accommodation reserved for social housing and more.

About **food distribution**, the canteens, involved before the pandemic in the daily preparation of lunches and dinners for homeless people reorganized their activities, ensuring take-away meals.

For these services also, some changes were introduced and it has often been guaranteed a greater number of meals and more beneficiaries had been intercepted. In addition, there have been solidarity actions by citizens, which allowed even the situations of "new poverty" that emerged with the worsening of the crisis and the subsequent lockdown.

About **outreach services** a reorganization was necessary in terms of volunteers, operators and means used. Sometimes it was necessary to interrupt the activity. In a situation where many public services were closed, outreach units provided homeless people with information and directions on the services yet available, they distributed meals and protection equipment (face masks).

Surely a better response to the emergency situation was possible thanks to the **Housing first model**. Having a house to stay in during the lockdown was essential to ensure the safety of guests. From an operational point of view, support workers had to reduce home accesses but they increased phone contacts.

THE RELATIONSHIP WITH HOMELESS PEOPLE

The interviews showed that homeless people, immediately after the lockdown, had difficulties in understanding the gravity of the situation that had a strong impact in their lifestyle habits.

The situation was particularly complex because both the beneficiaries and the communities around them very often had a hostile attitude. On the one hand, homeless people were convinced that they were victims of negative prejudice: they could no longer stay on the street and approach other people, they had to wear protection equipment. There was the idea that homeless people could be carriers of the virus and for this particularly dangerous.

Among the homeless beneficiaries, at the beginning of the lockdown, it was also particularly widespread a hostile attitude towards the operators who asked them to change lifestyle habits, coping with restrictions, rules and forced coexistence. During the lockdown many homeless people lost their references of daily life: the relationship with people or associations that supported them, the pubs where they were offered coffee or food and that offered the possibility of using toilets, etc.

The forced coexistence, sharing the times and spaces of everyday life, changed the interpersonal relationships and perception. There were some conflicts and tensions as well but also the effort to overcome them.

Tensions in some situations were exacerbated by drug addiction problems. The lack or the shortage of substances caused some people to leave the services. In some cases, the help of addiction services was decisive. But there was also a shift towards treatment and self-protection: in many cases, feeling the closeness of other people and of the operators made them aware of having addiction problems asking for support and treatment.

THE WORK OF THE OPERATORS

The effects of the pandemic inevitably affected the work of professional and non-professional operators working with homeless people with a health emergency in a period of the year already critical due to winter time, a period in which many services implement their activities (above all night shelters) inside the so called "Cold Plans". The explosion of infections from Covid-19 at the beginning of March 2020 imposed a series of adaptations. It is possible to identify two phases of reorganization:

In an initial moment, at the very early stages of the emergency, it emerged the need to give continuity to the services as much as possible but with many reorganization actions that caused **inevitable anxieties among the operators**. Subsequently, also following the national regulatory provisions, there has been a more structured recovery of the services.

In the first phase of the pandemic, service operators experienced three immediate changes:

Type and number of personnel available:

In the midst of the season with the maximum capacity of shelters and other services, the staff had sometimes to be reduced in accordance with the provisions of the Government and with the recommendations of internal occupational doctors: vulnerable professionals and volunteers had to stay at home. At the same time there has been, in many cities, an increase in the number of new young volunteers. The participation of young people, mostly coming from other experiences of commitment blocked by the Government, (parishes, universities, universal civil service), was also stimulated by ad hoc appeals conveyed by the media. These new volunteers had an impact on services also in terms of training and internal organization.

Working hours and work shifts

With the lockdown, there has been a significant increase of work both in terms of working hours and of work shifts above all in order to guarantee the continuity of services (shelters open 24 hours) and this had a strong impact on workers.

Management of the psychological component

As expected, the invisible threat represented by the new Coronavirus had strong repercussions on the state of mind of the operators, burdened by a significant increase of workloads. Many operators expressed feelings of fear and apprehension for their own health and that of colleagues. Particularly in the early stages of the emergency, there was bewilderment and disorientation and the need to communicate more frequently in order to share anxieties, experiences and solutions as well.

In general, the management of operators and volunteers, was one of the most complex aspects both for organizational and psychological implications.

The minimization of the extent of the risk in the name of the "spirit of service" and a strong feeling of uncertainty, were two dynamics very widespread in many of the structures considered by the survey. The rationalization of operating procedures had to confront some unavoidable forms of irrationality very difficult to manage.

After an initial panic resulting from the fear of contagion, amongst the operators and volunteers, it aroused the desire to "roll up their sleeves".

The pandemic was also an opportunity for sharing reflections on their work, offers and requests for mutual support have circulated in the chats, in telephone and web calls, in the increasingly frequent team meetings.

With the spread of the health emergency, the focus shifts towards the first and more urgent needs, also in the face of the decrease of operators available, by requiring specialized operators to take on essential tasks.

The provision of services extended to 24 hours forced many organizations to leave more complex projects in favour of other needs (helping in distributing food, in showers, cleaning of premises and so on).

In the midst of the emergency, the need for moments of exchange among the operators became more and more necessary. With frequent media news about new restrictive measures and continuous bulletins reporting worrying scenarios, the perception of risk also increased and therefore the anxieties about how to deal with it in the organization of services. In the absence of clear provisions from the institutions and given the impossibility of face-to-face meetings, **the use of online instruments has been very useful and precious.** The online meetings that were used to organize the services helped the operators in sharing fears and in supporting each other.

INTER-INSTITUTIONAL COLLABORATION

Most of the entities engaged in the management of services for homeless people work within a network of collaborations, agreements, partnerships, more or less solicited by public bodies. A system that has been strongly impacted by the pandemic above all in terms of the capacity of local authorities to keep the networks active in a crisis situation.

For many organizations, in the uncertainty of Phase 1, the immediate and simpler option was **autarky**: contacts with other bodies were limited to a minimum coordination. Only in some territorial realities, collaboration between the public and non-profit organizations went on. In cities where the third sector working with homeless people is more specialized and developed, collaboration networks have been activated very quickly, also new ones.

Beyond the internal dynamics of the third sector, relations among local authorities, including in the cases of greater cooperation, were characterized by a sort of “blank proxy”. A particularly widespread measure was for example the remodelling of budgets for example for the purchase of protection equipment. **Despite the administrative flexibility too often local public institutions demanded only the private sector to cope with the problems the pandemic caused in the homelessness sector.**

Especially in smaller towns, the services have also had to cope with the “hostility” of the population towards homeless people left out of shelters. Sometimes it was necessary to mediate in situations in which the surveillance activity of the territory operated by the local police has intercepted homeless people who had, objectively, no other alternative to the road.

AFTER THE EMERGENCY: LEARNINGS AND INNOVATIONS

The report has also focused on the impacts that the pandemic had on services for homeless people identifying those changes and adaptations that occurred in the organizations, staff and homeless people themselves.

In an overall framework of great stress and suffering for the organizational structures and for the people (operators and homeless), **negative and positive effects can be identified**. The main critical issues that have emerged, and still unresolved, are the limited possibility of sheltering, the availability of protection equipment, **insufficient space**, unavailability of places for isolation and quarantines, the suspension of inclusion and insertion job training. Compared to the latter, some organizations interviewed do not exclude that there will be further negative impacts linked to the current economic and social crisis hitting some sectors, such as tourism and the catering where some guests of the services often, occasionally, work.

A delicate topic that emerged from the interviews is also that of **health** and difficulty in offering adequate and integrated healthcare support that could have permitted a better management of

positive cases and of isolation. Some social and healthcare problems affected also people living in precarious and informal housing, people working only occasionally, **social groups already in critical conditions** such immigrants already out of reception circuits, caregivers who lost their jobs and homes, illegal and unemployed workers, off-site students, etc.

At the same time, many of the testimonials told us about a sector that never stopped, capable of coping with scenarios never seen before; **A strong resilience made of continuous adaptation of strategies, networks, creative and shared solutions, rethinking of services for homeless people overcoming low-threshold models**. An unprecedented collaboration also between operators and guests which was a fundamental element of strength.

An important message arrives and sounds like a call for a systemic change in the approach with homeless people. It is necessary:

- i) to consider services for homeless people in a territorial **planning strategy**,
- ii) to promote **empowering services** that aim immediately at activating disadvantaged people
- iii) to consolidate networks and **public-private partnerships** where the local authority is responsible for its homeless citizens and above all invest resources for a renewal of services in the light of the changed socioeconomic context.

The hope is that we will soon be able to move towards a phase 3 of overcoming the current circumstances, rich in an organizational and managerial background matured in these months that shouldn't be underestimated. Our instant report goes exactly in this direction and, without claiming to be exhaustive, it wants to open a dialogue in order to transform all the challenges the pandemic caused to face, into advancements and innovations.

Interviewed services map



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