

This three-part article from Italy looks at the impact of the initial lockdown on homeless people – the “emergency within an emergency,” the adaptation of homeless services and their coping strategies, and gives a useful account of practical measures, including national funds and strategies, that have since been introduced in a renewed bid to tackle homelessness.

# POST-PANDEMIC POLICY DEVELOPMENTS IN ITALY: HOUSING FIRST BUT NOT ONLY



By **Caterina Cortese**, Social Policy and Research Officer, fio.PSD and **Alessandro Pezzoni**, Coordinator of the Severe Marginalisation Section, Caritas Ambrosiana, and Vice President, fio.PSD

Homelessness “finds its home” in the European and national programming of the next seven years. As emerges from the numerous recent reports, the pandemic period and the consequent social, health and economic crises have mainly hit the most vulnerable people (FEANTSA 2021; Gaboardi et al. 2020; Stefani 2021; Licursi 2021; Cortese et al. 2020).

## PHASE 1 - LOCKDOWN AND PANDEMIC CRISIS

The Covid-19 pandemic represented for homeless people what since the beginning has been called “an emergency within an emergency.”

Homeless people have experienced the tragedy and fear of not knowing how to protect themselves from infection and how to survive facing the restrictions of many services and, even worse, the closure of spaces, places and links that until the day before represented opportunities for integration and daily survival. For more than 50 thousand homeless people living in Italy, “staying at home,” or accessing the vaccine or soup kitchens are still not plausible options and so the most vulnerable await a significant protection intervention made up of rights, access, responsibility, and innovation.

Due to the lack of recovery places or due to the difficulty of getting people to accept to enter 24-hour shelter in an unfamiliar place, the most fragile and most vulnerable people have remained in the street. For roofless people it became hard to respond to basic needs, find food, reach a bathroom, track down their social worker, while, most difficult of all, **“not having a home” had become a punishable condition** by the police. Only a few weeks after the first lockdown began, volunteer activities, street units, support networks and public social services were able to partially stem the risk of complete isolation.

For other homeless people, the lockdown meant staying inside recovery services and facilities usually used for a few hours of the day or night. However, staying in the same place for a long time and sharing spaces with other people has brought out unusual aspects of coexistence. If before the pandemic interpersonal relationships between homeless people were limited to the time of meals and before going to sleep, sharing times and spaces of everyday life has led to a redefinition of interpersonal relationships.

The forced closure has modified in some ways social relations and has activated processes of awareness and reflexivity with repercussions both on operators and on homeless people, who had the opportunity to discover personal and relational aspects driving change, especially related to addiction or deviant behaviors.

## PHASE 2 - ADAPTATION OF HOMELESS SERVICES AND COPING STRATEGY

Without clear indications from the competent institutions, the homelessness sector in Italy has reacted by reorganizing its services in collaboration with other “third sector” entities or in some cases with local administrations. The services that had not been forced to close due to the stringent measures imposed to deal with the pandemic or due to a lack of staff, have adopted a “coping strategy” (Cortese et al. 2021), a rapid and necessary reaction to guarantee the continuity of sheltering, protect people hosted from the risk of contagion on the street and ensure greater safety in the workplace for the operators themselves.

**Night shelters**, above all larger ones, **often extended their opening hours and allowed hosted people to spend the daytime hours in**

**the structures (24/7).** For some shelters, this meant transforming themselves into “homes”, remodeling spaces and guaranteeing a qualitatively different usability. From the emergency merging of day centers and dormitories, hybrid structures were also born, which had to deal with the management of time and internal activities. As mentioned above, cases of tension or apathy have occurred in some structures. In others, a good climate of collaboration has been established between operators and people hosted. Others had to limit or deny new entries, with the consequence of leaving out those living on the streets, as highlighted above.

One of the recurring problems was also that of having to reshape the interventions that took place in person. In order to reduce the risk of contagion, services that included job support, internships and other paths of social inclusion, suspended these activities by favoring low-threshold services that met basic needs. The same problems were

also encountered in counselling centers, in social secretariats and in all those services based on face-to-face encounters. These services reduced or completely canceled face-to-face meetings using phone calls or receiving by appointment, an operating mode maintained and adopted even in phase 2 of the emergency.

One of the most difficult issues was **the management of virus positivity and quarantines.** Where there have been cases of positivity, suspected or overt, the management difficulties have been many, with solutions sometimes completely borne by the operators, without any support from the public health services and thus highlighting **the issue of the fragility of socio-sanitary integration.** The reaction of the services was, however, rapid and adaptive 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 the like.

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## PHASE 3 - POST PANDEMIC POLICY DEVELOPMENTS

The national government, since the first months of the pandemic, has managed to adopt anti-crisis measures (reprogramming and simplified procedures for the use of structural funds, especially for the distribution of material on FEAD resources). At the same time, in some regions (Piedmont, Friuli Venezia Giulia, Veneto, Puglia ...), some projects or good practices have spread in the sector of services to homeless people such as extraordinary investment in **shelters open 24/7** (City of Turin), **socio-health protocols for the prevention of contagion** (Milan, Genoa), extraordinary night shelters for highly vulnerable groups (Palermo, Livorno).

The pandemic has shown that **it is possible to find alternative solutions to night only shelters** favoring the participation of the service users (the successful case of self-managed shelters in Savona is emblematic).<sup>1</sup> It has also highlighted the strong limitations of a traditional and emergency system that requires a sustainable and long-term reprogramming with the introduction of new cultural models of intervention, innovations, approaches and dimensions of social work that aim at the prevention of severe deprivation and housing poverty. The issue of social inclusion rights, access to housing and a fair system of protection, must become the main focus.

1 <https://www.comune.savona.it/it/aree-tematiche/assistenza-sociosanitaria/servizi-di-pronto-intervento-sociale/accoglienza-notturna-per-adulti-senza-dimora.html>

A further aspect of post-pandemic policy development that we want to underline concerns the new opportunities that are opening to tackle homelessness, in part thanks to the new European and national programming for the next seven years.

Among planning documents and dedicated funds we highlight:<sup>2</sup>

Three National Funds:

- National Fund for Social Policies
- The Poverty Fund
- Fund for non self-sufficient people

Three national plans:

- the National Social Plan
- the Plan for interventions and social services to combat poverty
- the Plan for non self-sufficiency

In addition to these there are:

- *The Recovery and Resilience National Plan* - 450 million for extreme poverty (2021-2026)
- *React EU 2020-2023*
  - 90 million for extreme poverty (non-food), aimed at financing social emergency services, access to the registered residence and the right to receive any kind of mail.
  - 190 million in food aid

2 <https://www.mef.gov.it/en/focus/The-National-Recovery-and-Resilience-Plan-NRRP/>

The RRNP, in particular, provides for a series of interventions aimed at contrasting serious adult marginality (homelessness), which we can summarize as follows:

- MISSION 5 - Inclusion and social cohesion

Investment 1.3: *“Temporary housing and one stop shops”*.

This proposes the implementation of housing and work measures, and access to low-threshold multifunctional services.

The intention is to give a strong boost to activities aimed at projects linked, above all, to the **“housing first” model**. To this end, both the resources provided for in the Poverty Fund component intended to combat extreme poverty, and the RRP resources, for an expenditure of approximately 175 million aimed at activating 250 interventions for a unit value of over 700,000 euros, mostly for the necessary investments.

Furthermore, it is intended to encourage the creation of service centers to combat poverty - “One stop shops” - in every social area concerned, with a total allocation of 275 million.

- MISSION 6 - Health

Investment 1.1: *Community houses and the “take charge”*

With a view to **social and health integration**, which is increasingly urgent and necessary, in particular, for homeless people, the project aims to create Community Homes (health facilities, promoters of a multidisciplinary intervention model, as well as privileged places for the planning of social and socio-sanitary integrated interventions).

This would make it possible to enhance and reorganize the services, improving their quality. Through the Community Houses all the services will be coordinated, in particular, those designed for the chronically ill. The investment provides for the activation of 1,288 Community Houses by mid-2026, using both existing and new structures. The total cost of the investment is estimated at 2 billion euros.

By the first quarter of 2022, the Ministry of Health and the entities it supervises, as the authority responsible for the implementation and involvement of regional administrations and all other interested bodies, will define a negotiated planning tool.

These and others will be the challenges that await the Federation (fio.PSD), the members and the territories that work with homeless people every day.

fio.PSD remains open to dialogue by relaunching the need to work in synergy with local areas, even the smallest ones, strengthening community ties with **proximity and widespread hospitality services** and, above all, **updating knowledge of the homelessness phenomenon with new data** also in light of the pandemic crisis we are experiencing.

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