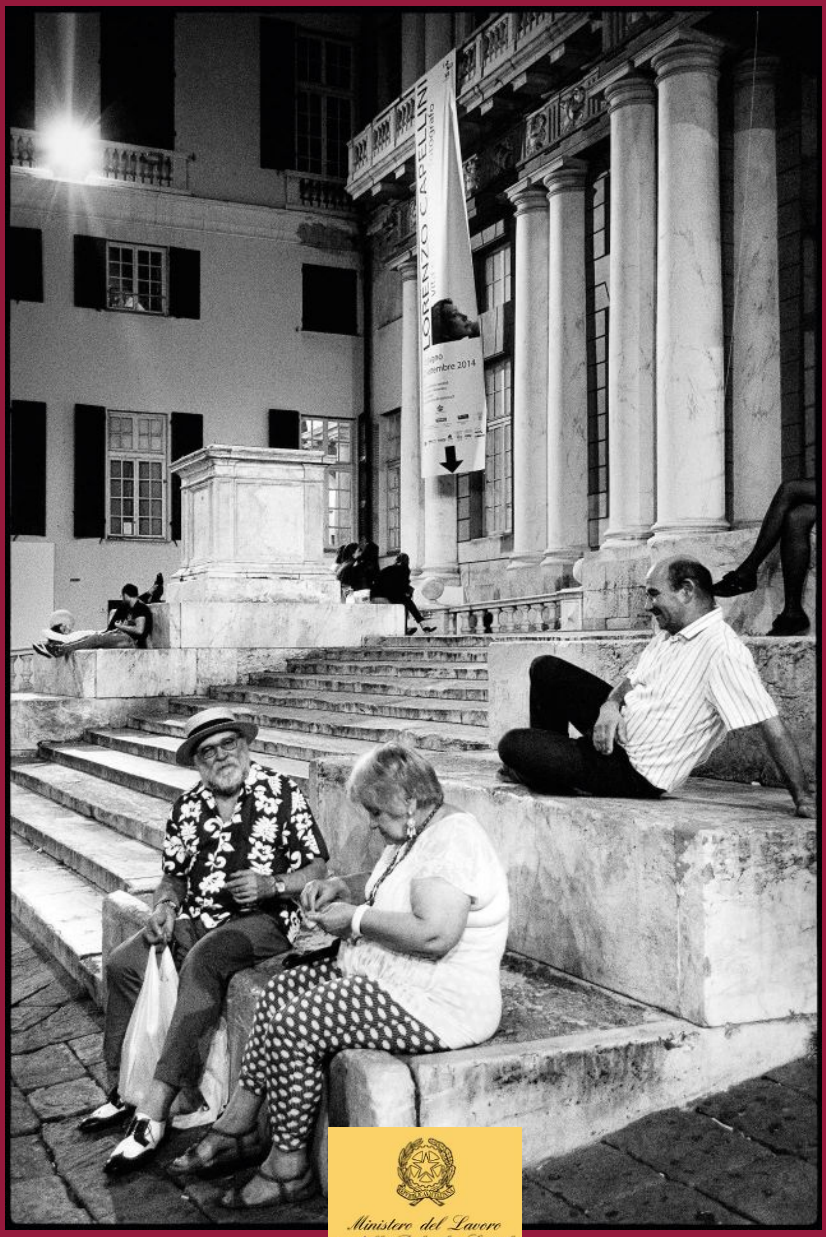
# GUIDELINES FOR COMBATING SEVERE ADULT MARGINALISATION IN ITALY




Ministero del Lavoro
e delle Politiche Sociali

# GUIDELINES FOR COMBATING SEVERE ADULT MARGINALISATION IN ITALY

The Guidelines for Combating Severe Adult Marginalisation in Italy were the subject of a special agreement between the Government, the Regions, the Autonomous Provinces and the Local Authorities at the Unified Conference of 5 November 2015.
The Guidelines are the result of a working group coordinated by the Ministry of Labour and Social Policies, Directorate General for Inclusion and Social Policies. The group availed itself of the Technical Secretariat of the fio.PSD (Italian Federation of Organisations for Homeless Persons) and involved, in particular, the 12 cities with more than 250,000 inhabitants, where the phenomenon is most widespread. The different levels of government, represented by the Social Policies Commission of the Conference of the Regions and Autonomous Provinces and ANCI, as well as the Ministry of Infrastructure (DG for Housing Policies) took part in the round table.

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Alongside the formally constituted working group, many others are the collaborators and officials in the individual offices who have worked together to draft the text of the Guidelines


The volume, in its original version, is available to be printed and disseminated



The editorial design of this version of the Guidelines is by fio.PSD
http://www.fiopsd.org

# PREFACE

What kind of individuals do we refer to when we talk about severe marginalisation? Who are the homeless? The definitions may be different, but even more numerous and concrete are the stories of those in our country today who, due to negative biographical events, slip into extreme poverty and severe social marginalisation: elderly people, young people without families, single women or victims of violence, separated fathers, people with physical or mental health or addiction problems, migrants fleeing wars or arriving in Italy in search of work.

It is evident that when faced with such different situations of hardship, it is by no means easy to give a univocal answer. First of all because the experiences and life contexts of each person can be the most dissimilar, but also because, often, the condition of marginality calls into question the simultaneous presence of multiple needs and problems, which affect the entire sphere of the person and his or her family and social relations.

In the face of such complexity, services struggle to design interventions capable of taking on this need and too often the approach governing action becomes emergency in nature. Instead, it appears necessary to adopt a strategic approach in order to develop organic and structured interventions capable of planning and ensuring appropriate, as well as nationally uniform, services. In other words, we have a responsibility to design a long-term horizon and build a *policy* model, monitoring its evolution and measuring results, drawing inferences and adjusting our aim if necessary. Finally, we must persevere in those interventions that prove to be effective, in order to address each situation of distress with the most appropriate instruments to resolve it in a stable and lasting manner.

These Guidelines are the result of a shared work with the representatives of the various levels of government and, in particular, of the metropolitan cities, where the phenomenon is most evident: a *bottom-up* elaboration process that, aiming at true subsidiarity, involved the Regions, the ANCI and the world of the Third Sector, which has always been the protagonist of social intervention in our country. It was a debate promoted by the Ministry, but it would not have been possible in this form without the collaboration with fio.PSD, the Italian Federation of Organisations for the Homeless. It is a path that has shown us the importance of planning together and exploiting the knowledge of each and every one and the experiences of the territories, so as to offer a shared toolkit to qualify and standardise interventions in favour of persons suffering from severe marginalisation and homelessness throughout the country.

Starting from this perspective, one of the greatest elements of value of the Guidelines is evident: the fact that they have created a participatory method that came from the bottom, from the best practices of the services and from the action of those who daily manage the most serious cases of hardship and marginality on the front line. In fact, if these Guidelines had fallen from above, they would have had no value. It is an experience that has represented a winning method, which I intend to systematically adopt in the design of all future *welfare* policies, with a view to building anew governance model capable of orienting local systems of intervention and combating poverty towards the most efficient, strategic and effective use of everyone's opportunities, energies and resources.

In particular, in the specific context of *homelessness*, the proposed approach is the so-called *housing first* approach, which identifies the home, understood as a stable, safe and comfortable place to stay, as the starting point to start and complete any path to social inclusion: an innovative approach already launched in some Italian cities and before that in Europe, following in the wake of experiments in Anglo-Saxon countries and the United States that This innovative approach has already been launched in some Italian cities and before that in Europe, following in the footsteps of experiments in Anglo-Saxon countries and the United States which, by overturning the traditional 'step-by-step approach' - in which housing risks representing the uncertain point of arrival of an obstacle course - shows how access to housing and adequate intervention by social services can have a positive impact both on the psycho-physical wellbeing of the homeless and on their reintegration into society, with positive repercussions also in terms of greater efficiency in social and health spending.

The practice underlying this approach is that of taking charge of persons with particular fragilities: starting from the recognition of the person's state of need, thanks to the direction of the social service, an intervention is 'tailored' to the person's specific condition, aimed at enhancing his/her abilities and providing him/her with tools to cope with discomfort, strengthen social ties and regain control of his/her life. It is therefore up to the integrated network of social services to remove the obstacles that hinder the development of individual potential, through a strategic planning that, by intersecting the *policy* areas, orients them towards the same objective: to build opportunities to allow people in serious poverty to recover well-being and autonomy.

This is the principle of active inclusion that should more generally inspire all measures to combat poverty, in line with the strategic orientation promoted some time ago in Europe. The effectiveness of the National Plan to combat poverty, which for the first time a government is about to launch in our country, will depend above all on the capacity of our *welfare* system to reorganise and strengthen itself to be able to meet the challenge. A challenge that today for the first time we can sustain, because we can count on two key elements: resources and time. In the stability law, a national fund to fight poverty was launched, with a structural endowment of 1 billion a year. Associated with this intervention is the presentation of a draft enabling act that will allow us to redesign social intervention in our country: after the *Jobs Act*, a *Social Act.* In addition, over the next seven years, thanks to the way we have planned the use of EU funds in synergy with national resources, we will have about 100 million euro available to be allocated to interventions to combat extreme marginality consistent with the Guidelines, and more than 1 billion euro to finance the strengthening of the network of services aimed more generally at supporting the active inclusion of families and persons in poverty.

The paradigm shift has already begun. *Homeless Zero* is our first goal.

Giuliano Poletti
*Minister of Labour and Social Policy*

# GUIDELINES FOR

# COMBATING

# TO SEVERE ADULT MARGINALISATION

# IN ITALY

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# 1. THE PHENOMENON AND APPROACHES TO TACKLE IT

## 1.1. The ETHOS classification

Defining *homelessness* in a homogeneous, uniform and convincing way has always been a problem for Western countries. FEANTSA (European Federation of Organisations Working with the Homeless) has in recent years developed a classification called ETHOS, which can be translated as 'European Typology on Homelessness and Housing Exclusion', which is currently the most internationally agreed upon reference point and which is also to be taken as the main reference in these guidelines.

This classification is based on the objective element of the availability or otherwise of housing and the type of housing available. Through the assumption of housing as an indispensable condition for social inclusion, ETHOS has the twofold aim of providing a clear understanding of the pathways and processes that lead to housing exclusion (multi-dimensionality and dynamism of extreme poverty) and of offering a measurable conceptual definition, common to the various European countries, and which can be updated annually to take account of the evolution of the phenomenon.

The ETHOS definition grid identifies different situations of housing deprivation, grouped according to intensity, in four conceptual macro-categories (*homelessness, homelessness, insecure accommodation, inadequate accommodation*) detailed then through the operational categories that classify homeless and severely marginalised persons with reference to their housing condition.

## ETHOS CLASSIFICATION

| CONCEPTUAL CATEGORIES | | OPERATIONAL CATEGORIES | | HOUSING SITUATION | |
|---|---|---|---|---|---|
| | WITHOUT ROOF | 1 | People living on the street or in makeshift accommodation | 1.1 | Road or makeshift accommodation |
| | | 2 | People who use dormitories or night shelters | 2.1 | Dormitories or night shelters |
| | HOMELESS | 3 | Guests in facilities for the homeless | 3.1<br>3.2<br>3.3 | Shelter centres for the homeless Temporary accommodation<br>Temporary accommodation with care service |
| | | 4 | Guests in dormitories and women's shelters | 4.1 | Dormitories or women's shelters |
| | | 5 | Guests in facilities for immigrants, asylum seekers, refugees | 5.1<br>5.2 | Temporary accommodation / reception centres Accommodation for migrant workers |
| | | 6 | People waiting to be discharged from institutions | 6.1<br>6.2<br>6.3 | Criminal institutions (prisons)<br>Therapeutic communities, hospitals and care institutions<br>Institutions, family homes and communities for minors |
| | | 7 | People receiving long-term support as homeless | 7.1<br>7.2 | Assisted living facilities for elderly homeless people<br>Housing or transitional accommodation with social accompaniment (for formerly homeless persons) |
| | INSECURE ACCOMMODATION | 8 | People living in non-guaranteed accommodation | 8.1<br>8.2<br>8.3 | Temporary cohabitation with family or friends<br>Lack of a lease<br>Illegal occupation of housing or building or land |
| | | 9 | People living at risk of homelessness | 9.1<br>9.2 | Under executive eviction<br>Under injunction of repossession by the credit company |
| | | 10 | People living at risk of domestic violence | 10.1 | Existence of police reports of violent incidents |
| | INADEQUATE ACCOMMODATION | 11 | People living in temporary structures that do not meet common housing standards | 11.1<br>11.2<br>11.3 | Caravans<br>Buildings that do not meet building regulations<br>Temporary structures |
| | | 12 | People living in improper accommodation | 12.1 | Occupation of a place declared unfit for habitation |
| | | 13 | People living in extremely crowded situations | 13.1 | Higher than the national overcrowding rate |

European Classification of Severe Exclusion and Homelessness

| GENERIC DEFINITION |
| --- |
| Living on the street or in makeshift accommodation without a shelter that can be defined as a housing solution |
| People with no fixed abode who frequently move between different types of dormitories or shelters |
| Where the period of stay is of short duration |
| Women hosted due to experiences of domestic violence, where the period of stay is of short duration |
| Immigrants in reception centres hosted for a short time because of their immigration status |
| No housing solutions available before release<br>Stay that becomes longer than necessary due to lack of housing solutions at the end of the therapeutic process<br>Lack of independent living arrangements (e.g. on turning 18) |
| Long-term accommodation with care for formerly homeless persons (normally more than one year) also due to lack of more suitable housing outlets |
| The person uses a different accommodation due to unavailability of their usual accommodation or other suitable accommodation in the municipality of residence<br>No legal (sub)lease, squatting/illegal occupation<br>Illegal occupation of land/land |
| Where eviction orders are operative<br>Where the creditor has legal title to repossess the dwelling |
| Where police action is appropriate to ensure safe places for victims of domestic violence |
| If not the usual place of residence for a person Shelter, hut or shack<br>Hut with semi-permanent structure or cabin (e.g. marine) |
| Defined as unsuitable for residential use by national legislation or building regulations |
| Defined as higher than the national overcrowding rate |

source: http://www.feantsa.org/spip.php?article120&lang=en

ETHOS has the merit of being an objective and step-by-step classification that includes in *homelessness* all personal situations of economic and social hardship that lead to housing deprivation and, consequently, to a more or less pronounced risk of social exclusion. On the other hand, by applying it universally, it fails to account for the cultural and environmental differences of different local contexts and to specifically highlight the additional psycho-social, economic and cultural dimensions that characterise severe marginalisation.

This classification was used as a definitional basis by ISTAT in the first national survey on homeless people1 and partially adopted for the count of homeless people in Italy, which focused on categories considered to be severely homeless.

However, it is important to emphasise that, in addition to the people counted on the street, there are, according to ETHOS, 'hidden' *homelessness* situations, which, like the others, generate a multifaceted and complex discomfort, also express a housing problem and also require an organised social response geared towards solving it.

It can be considered that ETHOS represents a valid tool for the overall analysis of housing deprivation and the dynamics of poverty and social exclusion linked to it, with the aim of helping *policy* makers and operators to initiate a process of taking charge of, accompanying and socially including the *homeless* person, which necessarily takes into account the availability of adequate housing. In these guidelines, however, we shall essentially deal with the categories identified in the ETHOS classification as '*homeless*' and '*homeless*'. In particular, we will not deal with Roma, Sinti and Caminanti populations, even though they are often marginalised and discriminated against, with particular reference also to their housing condition; specifically, we refer to the *National Strategy for the Inclusion of Roma, Sinti and Caminanti 2012-2020*, adopted by the Monti Government in implementation of the European Commission's Communication no. 173/2011.

1. The survey on the homeless is part of a survey on the condition of people living in extreme poverty, carried out following an agreement between Istat, the Ministry of Labour and Social Policies, the Italian Federation of Organisations for the Homeless (fio.PSD) and Caritas Italiana. First edition Year 2011 (http://www.istat.it/it/archivio/72163). While the Guidelines are being written, the *follow-up* survey of the 2013-2014 survey is closed and the data collected are being processed. In particular, the quantitative research focused on the ETHOS categories of the homeless and the homeless, not because the other persons included in ETHOS were not also considered *homeless*, but because the latter, unlike the former, can be counted using different methodologies, which are already available in the ordinary periodic surveys conducted by ISTAT on population and housing stock. It is evident that, from a cultural point of view, the ETHOS classification brings into the field of housing hardship and *homelessness* situations that in Italy we are not used to considering as such, such as victims of domestic violence or situations of overcrowding; this has important implications in terms of the perception of poverty, extreme poverty and the risk of social exclusion.

## 1.2. The phenomenon of severe marginalisation

In Italy there are numerous expressions to denote *homeless* people and the condition of *homelessness*: homelessness, homelessness, the homeless, the clochard, the tramp, severe adult marginalisation, extreme poverty, material deprivation, vulnerability, social exclusion, etc. These are neither synonyms nor real definitions, but expressions that each capture different aspects of a complex, dynamic and multiform social phenomenon that does not end in the sphere of basic needs alone, but invests the entire sphere of a person's needs and expectations, especially in terms of relational, emotional and affective needs.

The most common Italian definition to render the Anglo-Saxon term *homeless* or the more recent French *sans chez-soi* is the term *homeless person*.

Dwelling is understood here as a stable, personal, private and intimate place in which the person can freely express his or her physical and existential self in dignity and safety.

It differs from the definition of the term 'person without a fixed abode', which is a commonly used term to define the same phenomenon, in that the term 'homeless' has a specific bureaucratic-administrative connotation and is used to denote the condition of a person who, not being able to declare a habitual abode, has no or only a fictitious ana- graphic registration. By law (Law 1 228/1954), the case is mainly applied to categories such as nomads, wanderers, itinerant traders and carny traders, who share with the homeless the lack of a stable residence and domicile, but who do not necessarily experience the deprivation that characterises the homeless.

What connotes the homeless is a situation of housing hardship, more or less severe according to the ETHOS classification, which is a determining part of a broader situation of extreme poverty2. From the point of view of policies and social intervention, what connotes such a situation is the presence of an unpostponable and urgent need, i.e. such as to compromise, if not satisfied, the survival of the person according to minimum standards of dignity.

. . . . . .

2. It is not the task of these guidelines to adopt a definition of 'extreme' poverty, let alone poverty *tout-court*. There are, however, several indicators of poverty or material deprivation adopted both in the EU and by ISTAT. On a more general and theoretical level, apart from the concrete characteristics of the indicators, in the UN Guiding Principles on Extreme Poverty and Human Rights adopted by the UN Human Rights Council on 27 September 2012, poverty is defined as "a human condition characterised by the continuous or chronic deprivation of resources, capabilities, options, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights". In this context, extreme poverty is in turn defined therein as "a combination of income deprivation, inadequate human development and social exclusion". It is thus an interweaving of poverty of material goods, of skills, of possibilities and capabilities, both absolute and relative, which combine in multidimensional and complex situations of personal fragility, leading to the deprivation and social exclusion of those affected. It is true that these characteristics and social processes may affect wider groups than the homeless. However, this does not detract from the fact that, where homelessness is present, it is very common to find the presence of many if not all of the indicators of hardship that characterise the various definitions of extreme poverty. The homeless can therefore be considered, in this respect, the "tip of an iceberg" of a much broader and deeper social malaise, which suggests to the eye, in its most extreme form, its nature and dimensions.

The very condition of homelessness presents in itself the characteristics of a situation characterised by indifference and urgency of need, since, as is well known, prolonged exposure to life on the street or in inadequate housing entails serious consequences that are difficult to reverse in people's lives, with a strong impact also in terms of social costs. Indeed, among homeless people there are higher rates of illness than among the ordinary population, lower life expectancy, higher rates of victimisation, higher rates of incarceration.
Any homeless person who asks for help is therefore considered in itself the bearer of an urgent and unpostponable need, determined by the need to be placed as soon as possible in a suitable accommodation, from which to start out on a personalised path to social inclusion. In fact, housing means having an adequate dwelling or space to meet the needs of the individual and his or her family; the home guarantees the maintenance of privacy and the possibility of enjoying social relations; the person or family occupying the home must be able to dispose of it exclusively, have security of occupation and a legal title to enjoy it. Exclusion from one or more of these domains configures the different forms of housing poverty that characterise *homelessness*.

### *1.2.1. The dimensions of the phenomenon*

According to the survey conducted in 2011 as part of the research on the condition of people living in extreme poverty, carried out by the Ministry of Labour and Social Policies, the Italian Federation of Organisations for the Homeless (fio. PSD), Caritas Italiana and ISTAT, the number of homeless people who, in November-December 2011, used at least one canteen or night shelter service in the 158 Italian municipalities where the survey was conducted is estimated at 47,648. To these must be added the homeless people who do not make use of the services specified above or who do not live in the cities surveyed (which are in any case the largest in the country, where the phenomenon tends to be more concentrated).
Among the homeless, men prevail (86.9%); with regard to age, the majority are under 45 years old (57.9%). The majority are foreigners (59.4%) and among them the most common citizenships are Romanian (11.5% of the total number of homeless people), Moroccan (9.1%) and Tunisian (5.7%). On average, homeless persons report having been homeless for about 2.5 years. Almost two thirds (63.9%) lived in their own homes before becoming homeless, while the others are divided almost equally between those who have been hosted by friends and/or relatives (15.8%) and those who have lived in institutions, detention facilities or nursing homes (13.2%). 7.5% state that they have never had a home. 28.3 per cent of the homeless declare that they work: these are mostly short-term, insecure or occasional jobs (24.5 per cent).), in construction (4% work as labourers, bricklayers, construction workers, etc.), in the various production sectors (3.4% as labourers, carpenters, blacksmiths, bakers, etc.) and in cleaning (3.8%). The per-

homeless people who do not work at all are 71.7 per cent of the total; however, those who have never worked are only 6.7 per cent.
As many as 61.9 per cent stated that they had lost a stable job as a result of redundancy and/or company closure (22.3 per cent), due to the bankruptcy of their own business (14.3 per cent) or for health reasons (7.6 per cent).
The loss of a job is one of the most important events in the process of progressive marginalisation leading to homelessness, together with separation from spouse and/or children and, to a lesser extent, poor health. As many as 61.9 per cent of the homeless have lost a stable job, 59.5 per cent have separated from their spouse and/or children and 16.2 per cent say they are ill or very ill. Only a minority have not experienced these events or have only experienced one of them, confirming that homelessness is the result of a multifactorial process.

### *1.2.2. The rights of homeless people*

Homeless people have the same rights, duties and powers as any other citizens; the Italian legal system does not provide for any specific rights or legitimate interests or duties for people experiencing *homelessness.* While this is positive, because it avoids discrimination and implicitly recognises the full dignity of homeless people as citizens and human beings, it is also an indication of the lack of specific measures in the form of social rights to protection from marginalisation. The main problem is therefore not to define what the rights of homeless people are, but to understand whether or not the universal rights they enjoy are as enforceable for them as they are for every other citizen. Indeed, for homeless people, even if formally entitled to rights, there are some specific barriers, linked to their housing and migration status, which prevent or may prevent access to the fundamental rights guaranteed to every other citizen. Particularly important is the right to residence, since the availability of a residence, and therefore of a civil registration in an Italian municipality, is an essential gateway to access any other right, service and public benefit on the national territory. This precondition, long denied in many Italian municipalities to the homeless, is now fully enforceable. It is therefore only a matter of correctly applying the rules and practices relating to it. Precise indications to this effect will be provided later in this document.
A right denied to homeless people, and often to many people who are not *homeless,* is the right to housing.
Related to the right to housing are other rights, which are scarcely enforceable for homeless people; think for example of the right to health and how difficult, if not impossible, it is to follow treatment paths in cases of even simple illnesses, such as a winter flu, or in the case of post-acute course following hospitalisation if one does not have housing and is forced to live on the street or in a dormitory.
A final important reference on the subject of rights concerns the right to life, survival and physical integrity, which has been established since the UN Fundamental Declaration of Human Rights (Art. 3) as a founding right on which all others are based.

rights are based. Since it has been established that life on the streets leads in many cases to premature death, elementary reasons of humanitarian law make it evident, also from a legal perspective, that such persons should also have access, regardless of their legal status, to basic services for the protection of life and survival, especially when the latter is particularly endangered by objective external conditions of danger (cold, catastrophes, etc.).

### *1.2.3. Institutional competences*

At the national level, social policies in favour of persons with severe marginalisation only find a first, and so far only, legislative reference in Law 328/2000 (Article 28). However, this provision is only aimed at ensuring funding in the two-year period following the entry into force of the law for limited interventions that do not therefore call for wide-ranging and continuous institutional responsibilities over time. More in general, with the reform of Title V of the Constitution in 2001 (Constitutional Law no. 3/2001), social policies came under the residual competence of the Regions, which are the only ones entitled to legislation and planning of services also in the field of extreme poverty. To the State remains only the competence in matters of 'determination of the essential levels of services concerning civil and social rights that must be guaranteed throughout the national territory' (Article 117, letter m) of the Constitution). As is known, the constitutional dictate has not been followed, in the absence of specific financial coverage, by the definition of essential levels in the field of social policies (and, therefore, in particular, in the definition of services and interventions for the homeless). And also at a regional level, the interventions on serious marginalisation were, in general, rather limited in time and resources.
Therefore, the municipalities, individually or associated in territorial ambits according to law 328/2000 (art. 8), typically deal with planning, managing and delivering services and interventions aimed at severe marginality without constraints deriving from national or regional legislation, in a not infrequently incomplete and not without contradictions manner.
The conclusion of this process is that it is often only non-profit organisations (associations and the private social sector) that take practical responsibility for the homeless, through an assumption of responsibility that often manifests itself as a substitute for, and not - as it should - as an extension of, public competence. The planning and coordination function of the closest local authority (municipality, local authority, metropolitan city) is therefore a determining factor in building a system capable of exploiting the resources of local communities (human, economic, planning and experiential) and making the most of (limited) public resources.

### *1.2.4. The contribution of civil society and the community*

It is a historical fact that most of the services for homeless people in our country have originated from private organisations, either ecclesiastical and religious or, more recently, lay organisations committed to the promotion of civil rights through solidarity. The contribution of such organisations is fundamental in the fight against severe marginalisation for at least three reasons:

1. organisations are often able to read the needs of the territory more quickly and flexibly;
2. These organisations generally have community roots that enable them to mobilise informal and voluntary resources that would otherwise not be easily available in a service system;
3. in these services there is an added value of a relational type, stemming from the solidaristic motivation of the voluntary or professional commitment of those involved, which helps to reduce obstacles to the accessibility of services.

However, this contribution, which is particularly evident when services are provided entirely by volunteers and arise from processes of community self-help, cannot in any way replace the existence of a professionally organised and adequately planned system of services available to the homeless. This is because social bodies, the expression of subsidiarity, cannot and must not be asked to take over exclusively, without the active involvement of the public sector, tasks that have an essential public function such as the permanent and continuous protection of people's constitutionally guaranteed fundamental rights. It is no coincidence that the best practices of the Third Sector in favour of the homeless take place in those contexts in which there is a public system of intervention planning which, far from delegating public tasks to them, involves and enhances the intermediate bodies in the management of the public function of supporting the homeless, considering them authentic partners and not mere dependents or suppliers of services, with or without payment.

It is in these contexts that, while respecting the dignity of the recipients of the interventions, the added value of gratuitousness and personal motivation can be best expressed, acting as integrators of resources, as catalysts of new energies that can be made available to the system and as factors of constant humanisation of the relationships established with homeless people in the system.

## 1.3. Practices and services to combat severe marginalisation

Practices to combat severe adult marginalisation can be of different blacks and types and vary according to the reference culture, the social and environmental characteristics of the area in which they are implemented, the available resources and the political intentionality of those responsible for them.

### *1.3.1. Definitions*

Social intervention systems against *homelessness* consist of stable service arrangements, oriented by a strategic approach, for the achievement of a specific goal. Services are understood in this context as specific organisational units designed to provide specific types of services at a specific location, on an ongoing or repeated basis, in a socially recognised and usable manner.

The individual services that can make up a local intervention mechanism against severe marginalisation are multiple and can have different functional conjugations. In the context of these guidelines it appears useful to adopt the definitions of the above-mentioned ISTAT survey, Ministry of Labour and Social Policies, Caritas and fio.PSD, which on the basis of a national and international reconnaissance of the existing services, has surveyed and codified 32 of them, distinguished by functional orientation.

They can be defined as follows:

*Support services in response to basic needs:*

1. food distribution-structures that distribute food support free of charge in the form of a food parcel and not in the form of a meal to be consumed on the spot;
2. distribution of clothing and footwear free of charge;
3. drug distribution-facilities that distribute drugs free of charge (with or without prescription);
4. showers and personal hygiene-facilities that allow free use of personal care and hygiene services;
5. canteens- establishments that distribute meals free of charge to be consumed at the place of delivery where access is normally subject to constraints;
6. street-mobile units that search for and contact people in need of help where they live (usually on the street);
7. one-off financial contributions - is a form of monetary support that is sporadic in nature and functional to specific occasions;

*Night reception services:*

8. emergency dormitories- night shelters set up only at certain times of the year, almost always due to weather conditions;
9. dormitories-structures run continuously throughout the year which only provide for the reception of guests during the night;
10. semi-residential communities-structures where night-time hospitality and daytime activities alternate seamlessly;
11. residential communities-structures in which continuous accommodation on the premises is guaranteed, also during daytime hours and where social and educational support is also guaranteed;
12. sheltered housing-structures in which external access is limited. Often there is the presence of social workers, on a continuous or occasional basis;
13. self-managed accommodation-structures in which people have ample autonomy in managing their living space (third accommodation);

*Day care services:*

14. day centres - reception and socialisation facilities where people can spend their daytime hours receiving other services;
15. residential communities-communities open all day which provide specific activities for their guests also during daytime hours;
16. recreational clubs - daytime facilities where socialising and animation activities take place, whether or not open to the rest of the population;
17. daytime workshops-structures where meaningful occupational or work activities of an educational or socialising nature take place;

*Social secretarial services:*

18. information and guidance services-help desks specifically dedicated or otherwise enabled to inform and guide the homeless about resources and services in the area;
19. fictitious residence - offices where it is possible to elect one's domicile and which are recognised by the public registry offices for the purpose of registration in the municipal fictitious registry office;
20. postal domiciliation - offices where it is possible to elect one's domicile and receive mail;
21. carrying out the social secretarial services specifically for homeless people;
22. Accompaniment to services in the area - information and guidance offices that take charge of an initial reading of the needs of the homeless person and of sending him/her accompanied to the competent services for taking charge;

*Intake and accompaniment services:*

23. personalised planning - offices specialised in listening to the homeless in order to establish a helping planning relationship through the taking on of the person by a suitably trained and institutionally mandated worker;
24. *psychological counselling* with professional psycho-social support services for homeless people by means of *counselling* techniques;
25. educational counselling with professional services for the educational care of homeless people by means of *counselling* techniques;
26. educational support with the possibility of personalised care and accompaniment by professional educators;
27. psychological support with the possibility of offering psychotherapeutic support to homeless people;
28. structured economic support-offices offering ongoing economic support to homeless people on the basis of a structured social inclusion project;
29. job-placement with the possibility of offering homeless people on a path of social inclusion opportunities for job training, temporary work or stable job placement;
30. nursing clinics/health services specifically dedicated to the care of homeless people, as a supplement to the regional health service;
31. custody and administration of therapies- facility manned by social workers for the custody and accompaniment of homeless people in the as- suction of medical therapies;
32. legal protection-offices with the possibility of offering legal protection to homeless persons through qualified professionals.

These services, again according to the ISTAT classification, can be in the nature of:

- institutional service: when it is provided directly by a public body or is structured and recognisable by the discipline of associations, foundations, social cooperatives and operates under recognised subsidiarity (convention, contract, etc.);
- formal service: when it is structured and recognisable by the discipline of associations, foundations, social cooperatives;
- informal service: when it is spontaneous while retaining the characteristics of a repeated and socially recognised intervention.

Again, it can be seen how, in the different possible structures and devices, these services can coexist and integrate in very different ways depending on the strategic intentionality of the device and the available resources.

### *1.3.2. The dimensions of services*

Referring again to the survey conducted in 2011, the response to the needs of homeless people comes from 727 organisations providing services to homeless people in the 158 Italian municipalities where the survey was conducted. Considering that each of them often provides more than one type of service, on average 2.6 per authority, the total number of services for the homeless is therefore 1,890.

One third of the services try to meet basic needs (food, clothing, personal hygiene), 17% provide overnight accommodation and 4% offer day care. Social secretarial services (information, guidance on the use of services and the completion of administrative procedures, including fictitious registry office) and care and support services (24% and 21% respectively) are widespread throughout the territory. Public bodies directly provide 14% of services, reaching 18% of users. If services provided by private organisations with public funding are added, it can be observed that two thirds of the services, directly or indirectly, are provided by public bodies, while one third are provided by private means. The services provided in Lombardy and Lazio together account for almost 40% of national users (20% and 17% respectively), being in turn concentrated in the cities of Milan (63% of users in Lombardy) and Rome (91% of users in Lazio). This is followed by Sicily and Campania, regions that each reach 10% of national users.

*Services to meet basic needs:*

The need for food is met through food distribution and canteen services. The former represent 26.1% of services in response to basic needs, while the latter represent 18.9%. However, if one considers the number of users, canteens represent the service with the greatest number of users, three times as many as those who turn to food distribution centres. In each of the 277 canteens identified, an average of 118 meals a day are provided and as many as 34% of the canteens have more than one thousand users a year.

The size of the users reached by the food distribution services is similar to that characterising the shower and personal hygiene and clothing distribution services, which represent, respectively, 14.5% and 18.1% of the services provided; in more than a third of the cases, for both, these are services with more than 500 users per year. Among the services responding to basic needs, the street units deserve a special mention, which, although they represent "only" 8% of the services provided, reach a very large number of users which, in absolute terms, is about a quarter of that of the canteens.

*Night reception services:*

As far as night accommodation is concerned, dormitories (including emergency dormitories) account for 39% of the services offered, against 33% represented by residential or semi-residential communities and 28% by lodgings (including self-managed ones). Once again, however, when considering the number of users, it emerges that dormitory users are more than ten times those in accommodation and five times those in residential communities. More than a third of night shelter services

are located in one of the large municipalities and

more than half are located in a central area. This concentration is particularly high in the case of emergency dormitories, which, in large municipalities, host about 73% of the users and, in central areas, as many as 82%. In the case of emergency dormitories, which in large municipalities host about 73% of the users and in central areas as many as 82%. Sheltered accommodation and semi-sheltered communities, on the other hand, show a consistent diffusion also in small and medium-sized municipalities, where they reach 65% and 83% of the users; sheltered and self-managed accommodation reach a significant share of the users (37 and 41% respectively) also through the sites located in peripheral areas. In 15% of the cases the emergency dormitories are provided directly by public bodies which, more than the others, manage a decidedly large number of users (about one third of the total): 22% of the publicly provided dormitories have more than one thousand users. The majority of both sheltered and self-managed dwellings are provided by publicly funded private organisations (61% and 54%) which, again, manage facilities with a high number of users (they account for 66% and 74% of users).

*Day care, accompanying and taking charge:*
Day care represents a rather marginal service, both with respect to the number of services offered and with respect to the number of users reached. Social secretarial services, on the other hand, are much more widespread throughout the territory: only one third of these services are provided in large municipalities (and these are almost always located in central areas).
Approximately one third of the care and support services are also located in large municipalities, where they reach 70% of the users, and are generally located in a central area in more than three quarters of the cases (with the exception of care and treatment services, which have the largest facilities in peripheral areas and reach 86% of the users).


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## 1.4. Approaches: from emergency management to *housing first*

In unstructured systems - by necessity or choice - a residual or emergency approach prevails. In such cases, service arrangements specifically dedicated to the homeless are not planned and managed; the existing services are tenuously only those offered freely and spontaneously by inter-medium social bodies or those traditionally offered to the poor by institutions, such as large canteens and dormitories or emergency services.

Widespread and common is, in particular, the emergency intervention, which takes place through the extraordinary deployment of temporary resources for the satisfaction of the basic, urgent and unavoidable needs of homeless persons, when particular external conditions endanger the physical survival of homeless persons or peaceful social coexistence. In such conditions, such as particularly cold or high outside temperatures, or a sudden influx of large numbers of new homeless people into the streets, the competent authorities usually arrange for the temporary activation of extraordinary services for the sheltering of homeless people, in addition to the normal existing services, which thus show their ordinary and chronic inadequacy to cope with the needs of the population to which they are dedicated, albeit urgent and cannot be postponed. This approach, when it is deployed with continuity and in situations that cannot strictly be defined as 'emergencies' (for example, in the so-called 'cold emergencies' that are activated every winter3 ), is typical of those realities that do not have an overall strategic approach to serious marginalisation. This does not detract from the fact that emergency intervention can be strategically oriented, as is typical of those well-organised realities that, in their programming, in addition to a sufficiently capable ordinary service system, also have emergency devices that can be alerted to support them in the event of truly extraordinary contingencies.

More structured appear the systems oriented to guarantee at least low-threshold or harm reduction services and interventions. They involve, within a system of services strategically oriented towards the pursuit of the greatest possible degree of social inclusion for each person in need, the primary tackling of the needs of homeless persons by means of prompt and initial reception services carried out on the street or in easily accessible facilities, in a dimension of proximity to the person in need. In this approach, the interventions do not directly

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3. One can speak of an emergency when some extraordinary and unforeseeable factor occurs that causes a specific need for intervention that differs from what is ordinarily implemented. In this sense, the use of the term 'cold emergency' to connote those service systems that in many cities are put in place in winter, episodically, when the temperature drops below ordinary levels, to give shelter to homeless people in the streets is widely criticised among operators. Since winter and cold weather are an entirely ordinary phenomenon in a large part of the country, it cannot be considered an emergency when it affects homeless people. This is why many cities, realising the contradiction, have for years been preparing so-called 'cold plans', which envisage the activation during the winter of additional beds and reception systems, for continuous periods equal to the duration of the months estimated to be the coldest. This is not emergency management but specific and particular planning of the territorial night and day reception system according to the temperature factor.

a project oriented towards the social inclusion of the people who turn to it, but tend to create for them conditions of dignified survival from which they can move freely towards subsequent socio-welfare paths where useful, possible or necessary. These approaches are often integrated with other inclusion devices, against which they represent a sort of 'preparatory step' or 'safeguard system' in the event of *drop-out.*
Among the most widespread structured intervention systems is the so-called 'step-by-step approach', which envisages a succession of preparatory interventions one after the other, from initial reception to social reintegration once the homeless person has regained full autonomy4 . Characteristic of this approach is the prior definition by the structures of the requirements needed to access each successive stage, according to an "educational" logic oriented towards enabling people to attain or recover the skills deemed necessary to lead an autonomous life5. The sustainability of such an approach obviously depends on the sufficient availability of facilities and services at the various planned reception levels, with respect to the number of people it is believed to be able to accommodate and to those who are actually present on the territory. Similar in the morphology of the services but different in the logic is the structure of arrangements oriented by the so-called holistic or multidimensional approach. Also in these systems there are a plurality of structures oriented to cover different ranges and intensities of the needs of homeless people. The fundamental difference with the stepped approach lies here in the fact that the path that each person takes between the different facilities is not given by a progressive logic established in advance in a standardised educational process, but is adapted to the individual person within an individualised relationship with a social worker appointed to share a re-inclusion project with the person and to follow its implementation using the different resources available according to specific needs.

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4. The '*staircase approach*' was born in relation to the psychiatric de-institutionalisation processes that began in the late 1950s and early 1960s in the USA and Italy following the Basaglian experience and the promulgation of Law 180/1978: the staircase model was developed for the reintegration of psychiatric patients in accompanied exits from hospital towards differentiated forms of housing increasingly similar to ordinary housing, until independence was achieved. Decades of application of the model and its diffusion in the main advanced countries (USA, European countries, Australia) have made the stepped approach the dominant model in institutional policies against *homelessness*. The gradual institutionalisation of the model has, however, led to the development of modes of intervention whose forms and applications have often turned out to be distant from the aims of protecting and supporting the beneficiaries: an innovative approach aimed at de-institutionalisation has, over time, often resulted in a set of standardised and standardising practices, to the detriment of elements based on respect for the subjectivities and needs of the people it is aimed at.
5. In this sense, the paradigm underlying the stepped approach is that of the educational intervention in the social context, which is non-substitutive and capacitating: the accompaniment and support of a socially disadvantaged person from a state of absolute marginality to a progressive reacquisition or assumption of social skills and abilities. It is the approach of *empowerment*, of supporting the autonomy of fragile subjects. When the fragile subject is a homeless person, the support path is also articulated in different types of structures, where the presence of professional support intervention tends to diminish as autonomy increases. It is a generative and evolutionary vision of social work, based on the presumption that the adult, in a condition of extreme marginality, can - if appropriately supported - achieve objectives of autonomy and wellbeing.

Again, the availability of these resources is crucial.

To this family of interventions, which are not characterised by incremental and progressive paths which, step by step, conquest after conquest, lead the user to housing, the so-called *housing led* and housing *first* approaches can be traced; these start from the concept of "home" as a right and as a starting point from which the homeless person must start in order to begin a path of social inclusion. *Housing first*[6] identifies all those services based on two fundamental principles: *rapid re-housing* (housing first as a basic human right) and *case management* (taking charge of the person and accompanying him/her to the socio-sanitary services towards a path of social integration and wellbeing). According to *housing first,* only access to a stable, safe and comfortable home can generate widespread and intrinsic well-being in people who have experienced *long-term homelessness*. For homeless people, housing is the access point, the first step, the primary intervention from which to propose courses of social integration. The well-being derived from an improved state of health, the psychological, welfare and health support provided by the team to the user directly at home can, as studies have shown, be vectors of housing stability.

*Housing led refers* to services, still aimed at housing integration, but of lower intensity, duration and intended for non-chronic persons. The aim is to ensure that the right to housing and rapid access to housing is respected. For these people, even more than in *housing first* programmes, it is necessary to work on increasing income through training/re-entry into the world of work and on finding formal and informal resources on the territory. The aim is to enable the person in the short term to get back to work and to find housing independently.

In any case, although aware of these differences, in the following the terms *housing first* and *housing led* will be used as synonyms, unless otherwise specified, to indicate a change of paradigm in which, unlike the traditional model, a system of intervention is envisaged in which the person or family unit enters directly into a flat and is supported by a multidisciplinary team that accompanies the person, for as long as necessary, in his or her path to regaining autonomy and psycho-physical well-being. In this model, the search for accommodation is fundamental[7]:

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6. These practices have also spread in Italy and before that in Europe following in the wake of experiments in Anglo-Saxon countries, in particular the *Pathways to Housing* project, an intervention model created by *Sam Tsemberis* in the 1990s in New York. It should be remembered that the *housing first* model has an internationally validated scientific protocol and is the subject of practice, experimentation and monitoring at a European (*Housing first Europe*) and international (*Housing first International*) level.

7. A good practice in HF programmes is the *Social Rental Agency*: a non-profit organisation that bridges the gap between the private rental market and the psd's in the programmes. The social rental agency provides housing, acts as a guarantor for the psd's in the programme, ensures that there are no arrears in rent payments and ensures that the programme workers monitor the state of the apartment. Another good practice is considered to be *Self-Help Housing*: the possibility of finding housing for renovation on the private market by involving the beneficiaries of the programmes in the renovations. This practice yields many benefits: the reduction of rental costs; the possibility of increasing the income of the people involved; and the creation of training sites where people are put back to work.

it is necessary to find housing scattered throughout the area and not to place people in conglomerates designated to accommodate people in distress. This policy, which is necessary to create normalising living environments for people, implies active work with the local area: work with landlords; mediation with the neighbourhood and support in getting to know the neighbourhood.

The *housing first* programme teams engage in continuous community work that leads to the identification of active resources in the area (e.g. voluntary activities; gyms; leisure venues) and making them available to participants who are supported and accompanied in leaving their homes.

The search for autonomous housing and community work allows people to escape marginalising environments and create new social networks, moving from being users to becoming real citizens. Common to all strategically oriented approaches and their main point of difference with emergency and residual services is the practice of 'taking charge'. It consists in the recognition that the person in need lacks specific external points of reference with respect to the satisfaction of one or more of his or her needs and/or does not have sufficient resources to cope with them, and in the consequent institutional mandate to the service itself so that a suitably trained operator establishes a personal, ongoing and organised relationship of help with the person and helps him or her to strengthen his or her residual abilities so that, with the support of the existing and available structures, he or she can cope with his or her discomfort and regain active control of his or her life, achieving the greatest possible degree of autonomy.

Today, 'taking charge' also has a normative definition, which derives from the implementation of the so-called Casellario dell'assistenza (Record of Care)8 , part of the more general information system of social interventions and services provided for by law 328/2000, which finds its first implementation in the record. In this context, "taking charge" means: "*the function exercised by the professional social service in favour of a person or a family nucleus in response to complex needs that require personalised interventions of assessment, counselling, orientation, activation of social services, as well as activation of interventions in network with other resources and public and private services in the territory*".

As fundamental as it is, even the effectiveness of such a care provision is obviously dependent on the quantity and quality of the resources that the caregiver and the person in need have at their disposal and on the power that both are able to exercise in using them.

As mentioned, these approaches and the practices resulting from them hardly ever occur in a 'pure' manner, their coexistence and mutual contamination being rather common, both in a positive and negative sense. The fact remains that, in the absence of a specific intentionality strategically oriented towards the social inclusion of homeless persons, of the resources and structures necessary for inclusion and of a territorially adequate planning of the same, it is difficult if not impossible for a system to emerge from residuality and emergence in the face of *homelessness*.

8. Decree No 206 of 16 December 2014 of the Minister of Labour and Social Policy, in agreement with the Minister of Economy and Finance.

## 1.5. Integrating services

In order to get away from the sectoralisation of policies and the fragmentary nature of interventions, as well as to bring social innovations such as *housing first* into the system, it becomes more essential than ever to promote the adoption of an integrated strategic model, even in the sphere of policies to combat severe marginality. The already mentioned data of the ISTAT survey on PSD and the reports on poverty in Italy show us how *homelessness* is a circumscribed but structured phenomenon and how poverty increasingly affects different categories of citizens. This implies the need to make social policies a linking node for a broader strategy to fight serious marginalisation and, more generally, poverty that integrates into a network the different competences both at a national and local level but above all between the different sectors that make up the policies (health, housing, education, training, employment, public order, administration of justice, etc.).

In this sense, the integrated strategic model represents an attempt to provide a systemic response to the complexity of needs of persons with severe socio-economic hardship, which seeks to combine instruments, *policies*, resources and actors. An integrated strategic model also means adopting a *cost-effective* approach to social spending. The various *policy* areas and actors, if acting separately, do not reap the benefits that the intervention of one brings to the savings of the other, potentially generating a sub-optimal level of intervention and a higher overall cost. The characteristic element for overcoming the rhetoric revolving around integration issues is that the political level is involved from the very beginning by activating a strategic planning that intersects the *policy* areas orienting them towards the same objective: the fight against severe marginalisation. Each policy (social, health, housing, labour, justice, public order) must plan the contribution its area can make to combating poverty by reasoning on the basis of two assumptions: poverty as a multi-dimensional phenomenon and people in poverty as a resource and not just a cost.

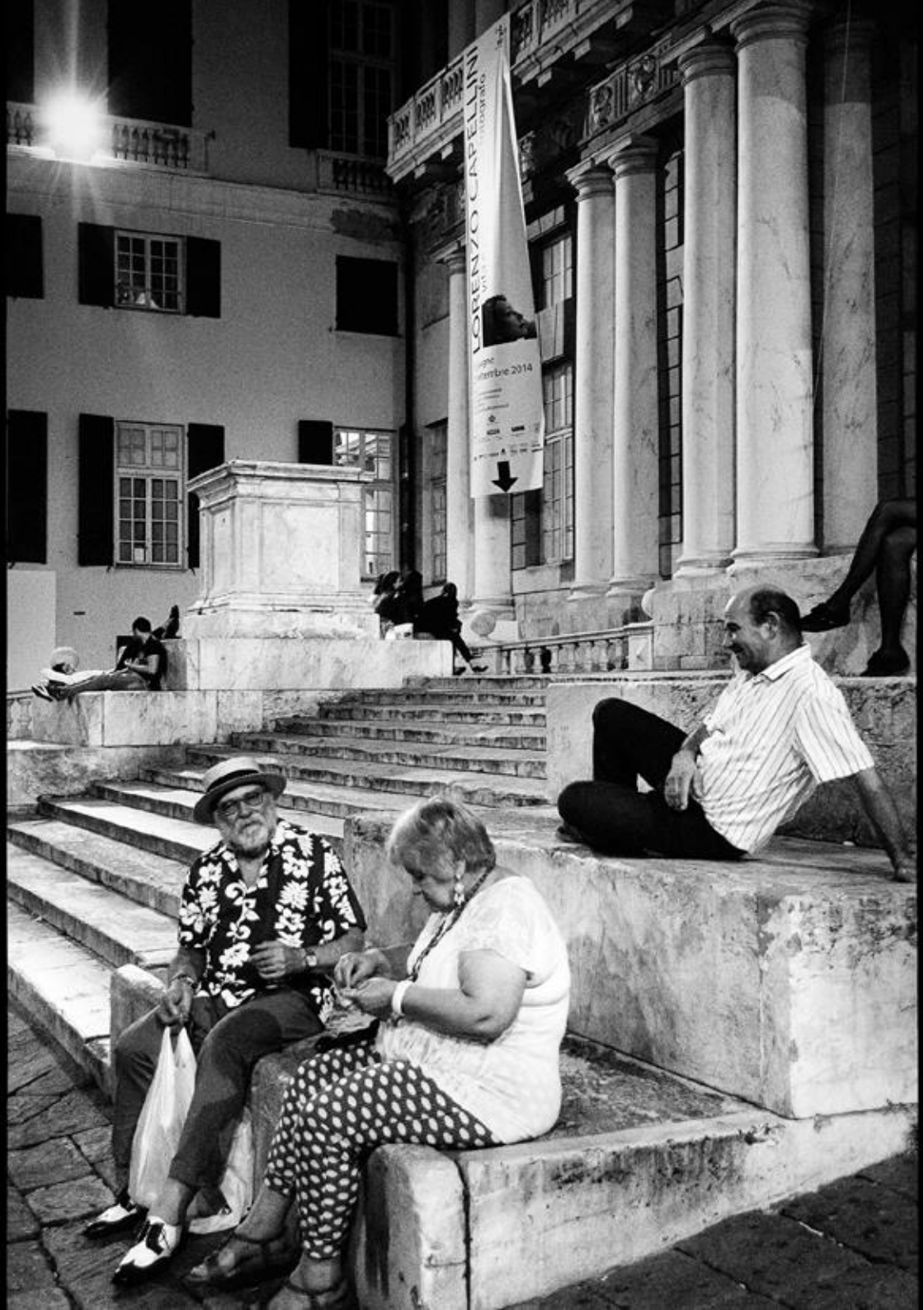
Integration can take place in different ways and at different levels, vertically (state, regions, municipalities) and horizontally (different sectors of the public administration, private and private social sectors). In a recent OECD publication9 , with reference to horizontal integration in service delivery, the three categories of *collocation*, *collaboration*, *cooperation are* identified to denote the different degrees of intensity of integration.

*Collocation refers* to placing different services (health, including mental health, housing support services, social services, *counselling*, hygiene services) in the same physical location. This obviously improves the accessibility of services and makes communication between different sectors easier. *Collaboration*, however, presupposes a higher level of integration than merely sharing the same physical location.

9. OECD, Integrating Social Services for Vulnerable Groups, 2015, Paris.

In particular, crucial is the sharing of information between administrators, professionals and social workers belonging to different 'agencies' about the users served and the services offered. This facilitates the dissemination of knowledge and organisational learning processes that over time can improve the effectiveness and, again, the efficiency of the service by optimising the use of available resources. Finally, the highest level of integration is achieved with *cooperation*, i.e. when professionals work together (even for small multidisciplinary teams) and, above all, when services are not duplicated. This makes it easier to identify and respond to users with complex and structured answers at a lower cost.

It is therefore appropriate to overcome a 'rigid' division of competences (so-called watertight compartments) that prevents an assessment of the savings, effectiveness and efficiency that could be achieved by opting for an integrated strategic model instead. The presence of operational protocols between the various administrative chains operating in the territory - which provide for different levels of integration according to needs - can function as a catalyst for the implementation of comprehensive interventions that, going beyond the sectoral logic, structure complex long-term responses that simultaneously affect several deprivating elements (lack of housing, employment, vocational training, trust and planning, etc.).
However, the element that must characterise this type of action is strategic, i.e. it must not be a one-off manoeuvre carried out by a single department, but it is important that services are planned in a strategic and integrated manner from the outset.


LORENZO CAPELLINI

## 2. GUIDELINES FOR COMBATING SEVERE MARGINALISATION

### 2.1. Target audience and appropriateness of measures and practices

The first prerequisite for structuring a system to combat severe marginalisation is the specific identification of the characteristics of the people at whom the measures are aimed and the readiness to adapt each intervention to these characteristics. It may therefore be useful to specifically identify certain population groups that can be brought within the scope of similar measures.

#### *2.1.1.* Persons *without* a *valid residence permit on the national* territory

Persons without a valid residence permit on the national territory can have very different characteristics in the face of the same irregular administrative position with respect to the legal requirements for remaining on the national territory. This leads to a profound differentiation between irregular immigrants. In fact, they may be persons who have entered the national territory by eluding border controls, persons denied by the territorial commission for the recognition of the asylum application, but who have remained on the national territory, or persons who, even after many years of legal residence in Italy, have lost the requirements for maintaining a residence permit. This condition of irregularity, which can originate, as we have seen, from very different situations, can lead irregular immigrants to the condition of true *homelessness.* Legal irregularity, in fact, prevents access to certain types of essential services, such as, for example, the possibility of entering into a regular rental contract. In addition to their real life on the street, irregular migrants can only access so-called 'life-saving' or emergency services (first aid, STP/ENI clinics - i.e., Temporarily Resident Foreigners/European Non-Enrolled Citizens -, cold emergencies, canteens, showers and low-threshold night shelters of the private social sector).

However, international humanitarian law and the international conventions also signed by Italy make us affirm that it is our duty to take charge of these situations and to find a positive solution that solves the administrative problem as well as the problem of social and housing hardship10. This should be done by recognising a humanitarian right and not only by assuming a position of human charity. Ignoring these situations creates serious health and public safety problems, increasing the costs of intervention and exacerbating the widespread social perception of insecurity and disorder.

**To this end, it is recommended to:**

- not putting barriers in the way of such persons' access to basic services for dignity and survival (showers, food, night shelter

10. Geneva Convention, Law of War Victims, International Humanitarian Law - 1949; Geneva Protocols - 1977; UN Refugee Status Convention - 1951; Protocol Relating to the Status of Refugees - 1967.

emergency and essential medical care) as well as ensuring compliance with the ban on reporting;
- Involve migrant associations in specific assistance actions for migrants;
- implement the territorial presence of STP/ENI (Temporarily Resident Foreigners/Europeans Not Registered) clinics for access to health services for irregular persons;
- make the greatest possible use, through territorial coordination processes entrusted to Prefectures, of assisted return programmes, such as the RIRVA network (Italian Network for Assisted Voluntary Return);
- ensuring the presence of linguistic and cultural mediators in essential public services and in accompanying street teams to better understand the experiences, expectations and plans of irregular persons.

*It is advisable to census if not the names, often unreliable due to lack of documents, at least the size of the flows and the countries of origin in order to better understand and potentially direct services towards the phenomenon and vice versa*.

### *2.1.2. Refugees and asylum seekers*

People who enter our country applying for political asylum are a direct responsibility of the Ministry of the Interior, which in recent years, in collaboration with ANCI, has developed a national reception and integration support programme (Protection System for Asylum Seekers and Refugees, henceforth SPRAR). The number of places available in this networked and coordinated system, although largely increased in 2014, is still insufficient to accommodate all persons in this legal condition. Therefore, the Ministry has created a parallel reception process that involves, in addition to the CARAs (Reception Centres for Asylum Seekers) and the emerging HUBs, the Prefectures, which implement reception places spread throughout the territory, through the use of Extraordinary Reception Centres (CAS). These persons, therefore, when applying for recognition of their legal status, should not have access to *homeless* services. In the event of a denial of the asylum application, the foreigner may appeal against the decision of the Territorial Commission. While waiting for the final judgement, the foreigner can obtain a valid residence permit for work and be accepted in the CAS or SPRAR.

**It is recommended to:**

- promptly notify the reception circuits (SPRAR and Prefecture) of the e-entry of refugees and asylum seekers into homeless facilities;
- create administrative logistical synergies between the different service systems to enhance their effectiveness;
- in the case of claimants, reiterate and adequately inform about the possi-

tion for them to be accepted in the circuits provided for by the regulations;
- ensuring the presence of cultural-linguistic mediators in public services in order to better understand the experiences, expectations and plans of applicants or refugees, stimulating networking with various reception services.

*The SPRAR systems and the Prefectures have their own monitoring procedures; an interface with these systems is recommended in order to promptly monitor the development of the phenomenon and manage any critical issues.*

### *2.1.3. Homeless women*

For women, life 'on the street' is a particularly dramatic condition because of the various problems this situation entails. Women have a problem first of all of safety and security, as they are exposed without protection to the violence they encounter while living without shelter. There are also hygienic and sanitary dif- ficulties specific to women's physiology: both daily hygiene and specific hygiene during menstruation become insurmountable problems that lead to major gynaecological problems. All this is without taking into account the aspects of stigmatisation due to the rupture with a social self that leads women to experience as devastating suffering the loss of a housing situation, the loss of recognition of the role that has always been acknowledged to them as the guarantor of the maintenance of a stable family situation, with respect in particular to the care of the home and children, a role that is ancestrally anchored in women. Women lose their self-esteem, they are

labelled as 'bad mother', 'prostitute' and this situation makes it very difficult for them to ask for help.
Particularly dramatic is the plight of women who are also mothers: separation from their children is one of the most frequent but at the same time one of the most lacerating experiences for these women, who add trauma to trauma and find no possibility of recovery.
Homeless women are fewer in number than men and are found in all age groups, from younger women - who come to life on the street from breaks with their family of origin, often due to drug and alcohol addiction problems, family abuse and mental health problems that the family has failed to support - up to women over 50 years of age - who become homeless often due to the severing of ties with the acquired family, with job insecurity and fragile skills that can be used in the world of work, expelled from their family context by husbands who have built new relationships or by children who are unable to support them. In this context, very frequent are women who are victims of family violence, who flee from their own context characterised by violence and physical and psychological abuse, without finding a valid alternative. Very frequent are situations in which women have already been abused as children, a situation that has made their personality structure particularly fragile. Women on the street are often induced into prostitution in order to create a subsistence income, a prostitution that takes place in very poor hygienic conditions and without any security conditions.

**It is therefore recommended in these situations to**

- create specific services for women only, to create protected situations that protect them from their experiences of violence and abuse, where they can find a place of respite;
- Paying special attention to self-care and body care as an action to reclaim female status;
- structuring services for women victims of violence and trauma, which can support them with specialist care;
- pay special attention to maternity, creating the conditions for a care and support that provides not only health protection for mother and child, but also the possibility of services dedicated to their care together after the birth;
- pay special attention to treatment actions using an integrated approach between treatment actions for substance abuse, mental problems and trauma (from violence, abuse, separation from children...);

*Data collection cannot disregard the gender of the homeless person. It is advisable to monitor services specifically dedicated to the particular condition of homeless women, in order to take into account all the aspects of particular fragility of these women.*

### *2.1.4. Young homeless people*

In recent years, the reality of serious marginalisation among young people has become a noteworthy phenomenon in metropolitan cities and large towns, which calls for serious and in-depth reflection by social workers.

Experience tells us that an increasing number of young people between the ages of 18 and 25 find themselves without family support and a solid social network, without means of support (due to the difficulty of finding a job in the current economic situation and also to a low average level of education), in an isolation that leads them to experience the street.

The ETHOS classification provides for some specifics, especially in the category of 'homelessness' by identifying in particular young people who, upon turning 18, do not have a housing solution.
These are mainly:

- young people from families in difficulty who often do not constitute a valid relational and social reference point for years; on the contrary, they are often the primary cause of the problems that have led them to the street.
- young people who are already known to the services because they come from communities for minors and flats for young people who have just come of age, for whom the reception period has ended or who have decided to leave the host structure. It is worth noting the increasing number of young people in overnight care facilities with failed or interrupted adoption experiences as teenagers.
- many young people from socially disadvantaged and non-socially disadvantaged backgrounds, who have embarked on deviant paths and substance addiction (alcohol, drugs, etc.) and have a rather low average level of education, with difficulties in finding employment for their independence.

Homelessness can lead to forced or voluntary estrangement from *caregivers*. *Caregivers* are fundamental in terms of responding to basic needs but, above all, in terms of relational and emotional stability: *homelessness* often leads to the breakdown of significant social relationships, both in terms of the primary (family-friendly) network and the secondary (institutions-services) network. Such 'ruptures' require special attention in social intervention, which should focus on the reactivation-reconstruction of a support system that goes beyond merely responding to primary needs, introducing opportunities for socialisation, also through training and/or employment.
Regardless of the motivation that led them to the street, it is unthinkable to place young people, who are in a situation of serious marginality, in circuits linked to *homelessness,* and when they find themselves in such circuits, it is important to get them out as soon as possible. Again, experience teaches us that, with permanence in facilities dedicated to the homeless and close and daily contact with those who use them, young people tend to activate adaptive mechanisms that lead them to adopt behaviours typical of social exclusion, including survival systems that distance the horizon of autonomy and the possibility of achieving it, even in the perception of the subject himself. In short, it can be seen that the environment dedicated to severe marginality can discourage the activation of one's own resources, which, due to their young age and however compromised they may be, are in any case vital and can be reactivated more easily than in subjects in whom the prolonged period of life on the street has stratified habits and mental patterns typical of the same. When young homeless people are immigrants, the condition of isolation, loneliness, lack of possibility of reintegration in a positive family or friendship situation becomes particularly relevant.
It is therefore essential to think of and create dedicated spaces and paths, taking into account the age and life experience that is still flexible and less compromised by the

experience of severe marginality.

This requires a considerable investment in human resources, as well as a connection with specialist services and the voluntary and private social network that can create the welcoming atmosphere that experience has always shown to be decisive in social reintegration paths.

Examples of possible and already tried and tested paths could be some *housing first* inspired living realities enriched with the element of peer cohabitation and with a strong educational reference figure (the presence of the operator, fulcrum of a supportive relational network). It was experienced, in fact, that external monitoring is not sufficiently incisive, and the need for a constant educational reference emerged more and more clearly. This element, and the gradual construction of a healthy social network, which allows positive integration in the area, proved to be the cornerstones of the projects aimed at young people. The path of accompaniment in the area where the young person lives is of great importance because it is aimed at the acquisition of meaningful bonds of friendship or good neighbourliness based on reciprocity. Constant educational reference and a social network are fundamental factors in accompanying people towards leaving the circuit of marginality and recovering a healthy way of life (getting rid of addictions) and the necessary motivation to build their own autonomy.

The issue of young homeless persons leads to a strong reflection on the topic of 'prevention' within the *homelessness* phenomenon, also calling into question the 'fal-liments' of the social services of both protection and juvenile criminal law. The young homeless person in some cases has in fact already been 'hooked' by the services, which, however, fail to influence the life course of the juvenile.

Preventive interventions should be geared towards both structural causes and a whole range of specific causes that constitute risks for young people in particular (domestic violence, family break-ups, substance use, gender/sexual identity issues, etc.). In all cases, early intervention is crucial.

**It is therefore recommended to:**

- dedicating specific spaces and competences in the reception systems to the relationship with younger homeless people also with the aim of carrying out skills assessments and evaluating concrete possibilities for starting work;
- employ in the work with homeless young people, workers with specific skills in relation to the target group;
- Prioritise the use of tools, resources and structures that leverage the autonomy and participation capacities of the persons involved in the planning of reintegration pathways for young homeless people, by privileging housing first and housing led approaches where possible;
- build or strengthen cohesive territorial networks with services dealing with youth discomfort and job placement;
- build pathways for discharge from juvenile and young adult facilities, supported by specific tools, resources and expertise to avoid transitions

through homelessness;
- promote and support even transitional situations of co-housing among young people;

*It is recommended to specifically monitor the pathways of persons under the age of 35 within the structures and their duration, also in order to cross-reference this data with other databases related to the youth world and to identify possible integrated solutions.*

### *2.1.5. Homeless persons over 65 years of age*

With respect to homeless persons over 65 years of age (either on the street or in dormitories from which they have to leave due to age limits) and, more generally, with respect to elderly persons who can no longer continue to live at home, the use of stable and to varying degrees assisted forms of housing must be preferred.
The elderly person, in many cases, has the possibility of accessing minimal and stable economic resources, such as some and pension forms (e.g. the old age pension or the social allowance), with which he or she can afford to stay in bed, thus lowering the risks of deterioration of health and discomfort that the road would entail.
This does not necessarily imply admission to residential facilities such as nursing homes or RSAs (Assisted Living Facilities). Where appropriate, 'lighter' services should be considered, both in terms of care and cost, which guarantee the person a place where they can live in comfort. These forms of housing include residential communities, family homes and flat groups.

**It is recommended to:**

- reserving admission to the RSAs for situations of greater psychophysical impairment, and also carrying out a survey of the total number of places available in the various facilities in the area for this type of admission and of the resources that can be dedicated to this by the public administration and the third sector;
- to identify sustainable co-housing modalities both from an economic and socio-relational point of view among elderly people, by setting up within the territorial systems of integrated home care and social custody, operational units specialised in supporting people with previous experience of homelessness;
- configure within services such as canteens, distribution centres and day care centres, spaces specifically dedicated to the elderly that enable them to enhance the aspects of sociability and dynamic use of time spent there;
- Accompanying the structuring of formal and informal networks around elderly homeless persons and encouraging proximity care systems in order to offer them sufficiently stable contexts in which to lead a dignified existence;
- limiting discharges from facilities of people over 65 as much as possible when alternative housing solutions are not immediately available;
- to monitor, through the activation of outreach resources, the living conditions on the street of elderly homeless people who are particularly compromised and cannot be brought back to facilities, in order to be able to promptly activate emergency measures in case of need.

*It is advisable to set up an early warning and monitoring system of the entry or return of persons over 65 into homelessness in order to allow them to stay less in ordinary facilities.*

### *2.1.6. Homeless people with physical, mental health and addiction problems*

Physical and mental health problems and various forms of psychotropic substance abuse, up to severe dependency, are observed in a very significant percentage in persons experiencing *homelessness*. This is pointed out by many national and international studies with similar percentages. By way of example, we cite a study11 carried out in 2014 involving 2,500 homeless people, which found that: 73% reported symptoms of a physical nature and 41% had been experiencing them for some time.

11. *The unhealthy state of homelessness. Health audit results 2014*. Edited by *Homeless link*. Available at the following web address: http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research

80% of the sample surveyed report some form of mental disorder and 45% have been diagnosed as mentally ill by a service specialist. 39% of the sample take drugs or have been hospitalised for the consequences of abuse. 2 7% have been hospitalised at least once for causes related to alcohol abuse. 35% of the respondents had been taken to the emergency room at least once in the previous 6 months and, in the same period, 26% had been hospitalised for a shorter or longer period. The experience of physical and mental illness and substance abuse in the *homeless* population is almost double that of the general population.

Although this is a relevant element for researchers, in the practice of interventions it is never a priority to ascertain whether the onset of the disease or the fall into *homelessness* occurred first. Instead, all actions aimed at intervening on the social determinants (hygienic and environmental conditions, relational context, home, work, access to services, availability of money, etc.) of physical and mental illness that cause new disease onset, aggravation of existing pathologies and co-morbidities in vulnerable individuals are very important - and often disregarded. It is known, and many data confirm this, that living on the street and in precarious housing conditions increases rates of respiratory illness as well as the risk of infectious diseases. The rich availability of drugs and cheap alcohol that street life and living on the edge of legality offer to the homeless is known. Among Italians, there are more cases of individuals with very serious psychotic illnesses that have lasted for years and have often never been treated by specialists. With regard to immigrants (especially asylum seekers), the situation of subjects severely traumatised by torture conditions is known

suffered, of war experienced or of the dramatic experience of having one's family members brutally murdered before one's eyes - as is the case with the numerous subjects who land on the shores of our peninsula - that can develop important psychic reactions (which psychiatry defines as Post Traumatic Stress Disorder or PTSD) that are further aggravated when there are occasions, even slight ones, of a repetition of the trauma suffered. Thus, it can happen that a person who has withstood a torturous condition for years then has a psychic breakdown in our country if he is looked upon with suspicion by subjects in divi sa or if he is groped, or if he feels isolated and suffers the distance of family members. Seemingly trivial traumas act as a detonator and 'awaken' the soph- ference of far more serious events. Although the strongest individuals aethose who face difficult journeys and endure conditions of widespread violence, once they arrive in our country they become particularly vulnerable and at much greater risk than the rest of the population of developing illness. Their migratory trajectory, which often considers our country only as a place of transit, makes an organic and continuous management of the health situation more complex from a physical point of view (due to the characteristics of the journey) and due to the psychological traumas that mark both the ways of leaving the places of origin and the possible violence (especially to women) along the migratory route. With regard to current practices, there are some very significant shortcomings with regard to health and care interventions:

- the lack of knowledge on the part of the social and health personnel carrying out the first listening and rescue actions of the complexity of the problems affecting *homeless* people: the paths that can lead an Italian to *homelessness*, the legal issues and social determinants that contribute to causing or aggravating pathologies, the histories of the groups of foreigners present in the country, the world phenomena that cause a certain immigration;
- the fragmentation of responses to which one is accustomed by virtue of an organisation of services focused on expressed needs and not on the person;
- an excessively sanitised view of health that induces a focus on the symptom or syndrome but not on the subject's overall situation: life history and not just the illness, living, working, legal, relational and psychological situation;
- a poor attitude of existing health services to 'going towards the patient' rather than 'waiting for the patient to arrive'.

**For the intervention of *homeless* individuals with physical and mental health and substance abuse problems, it is recommended:**

- specific training in complexity and able to easily grasp the links between physical illness, mental illness and substance abuse;
- a place for a multidisciplinary first approach that can offer both health and relational and social responses at the same time. This place, before being physical, concerns the mindset and skills of the operator involved;

- the immediate assessment of the suitability of the documents and bringing the health status into line as far as possible in order to guarantee the highest possible level of useful and necessary services;
- the activation as soon as possible of socio-medical services in the area, within a sufficiently stable housing context, which is indispensable for the vast majority of care;
- the willingness to accompany the subject to specialist services and to remain in contact with the different specialists to follow his/her pathway (case management function);
- avoid as far as possible the establishment of temporary or permanent health centres dedicated exclusively to the homeless population, favouring the definition of access routes, including facilitated access to the territorial health system;
- manage the possible administration of over-the-counter medicines to homeless persons in a coordinated manner with local health authorities and under the supervision of specialised personnel.

*It is recommended, especially in situations where strong multi-ethnicity and poor health traits, also marked by alcoholism and drug addiction, are present, a joint monitoring with the specialist services, aimed at providing*

- *a health picture of street distress with an analysis of the anthropological, cultural, ethnic, epidemiological and social peculiarities of the target population and the distribution over the city area;*
- *data collection on the type of services provided and the assessment of the impact they generated on the well-being of the beneficiaries.*

### *2.1.7. Homeless people suffering discrimination on the grounds of sexual orientation and gender identity*

In Italy, gender and sexual orientation in the context of intervention with homeless persons are still little-studied variables, but they appear strongly significant in all the national and international research carried out (in the USA it is estimated that at least 30% of lesbian, gay, bi or trans people are *homeless*).

The specific issues are related to discrimination and stigma, where in discrimination we include both visible aspects (verbal or physical aggression, rejection of job applications) and invisible ones (removal of the topic from discourse, sense of inferiority in people, difficulty in making requests for help). The specificity of the issue lies in directly calling into question the cultural context: it is how culturally one conceives of being a man, a woman, a transsexual and of being hetero, homo or bisexual that conditions the well-being, or more often the malaise, of whole categories of people.

If very often poverty in itself is already the object of stigma, being discriminated against because of one's gender or sexual orientation multiplies the problem, particularly in areas concerning:

- personal safety: shelters, particularly in the absence of adequate privacy spaces, are not safe for declared LGBT people, especially for trans people and young adults rejected by their families;
- self-image-self-esteem: considering oneself of little value as an LGBT person has repercussions on finding housing, work and self-care.
- the family-affective network: being rejected by one's own context, one loses resources for self-sufficiency and creates traumas that consolidate the person's marginalisation path;
- belonging to the community: LGBT people may be exposed to the double constraint of declaring themselves and losing their relationships and belonging or not declaring themselves and repressing their identity.

The action of discrimination on people's lives is significant both as a cause of *homelessness* and as an element that can condition the success or failure of the intervention. Beyond the logic of securing the person, interventions should take into account the action on the context.

**It is therefore recommended to:**

- act transversally in all interventions to overcome stereotypes and stigma, primarily in the person discriminated against;
- work specifically, in the helping relationship, on personal openness, awareness and problem formulation, identification of non-discriminatory contexts and work on relationships with 'significant others';
- specifically train practitioners in the acquisition of sensitivity, vision and tools to reverse the culture of invisibility and allow the issue to emerge, even before effective solutions are devised;
- structuring joint actions with any organisations already working on gender or LGBT issues on the territory in order to create opportunities for homeless people, carers and the community to meet and discuss;
- develop dedicated services or dedicated access modes within ordinary services (helpdesks, helplines, sheltered flats) to enable more effective responses and the emergence of otherwise hidden problems;
- develop family and community mediation services to create non-discriminatory contexts;
- provide dedicated forms of legal and health care.

*The relative numerosity of this type of population makes it possible to monitor the effectiveness, efficiency and impact of these services very punctual and precise. Specific attention should be paid to these data and their use in the evaluation of the impact of these services on the well-being of the people involved.*

## 2.2. The Residence

The issue of registered residence for homeless persons, often characterised by the absence of a stable and certified residence, is crucial in the management of interventions to combat severe marginality. The legal concept of residence is based on Article 43 of the Civil Code, which states: "A person's domicile is where he has established the principal seat of his affairs and interests. Residence is where the person has his habitual abode'.

Registry residence, in a nutshell, contrary to what is often thought, does not consist exclusively of possessing a decent dwelling commensurate with certain standards, but of being a person habitually present in a given place. This presence will be useful for registration in the civil registers, regardless of the characteristics of the place where the citizen claims to be habitually present.

If the concept of 'abode' indicates, in fact, a legally weak relationship that a person has with the place where he lives and remains, much more binding is the concept of domicile. It, in fact, expresses a closer legal bond between a person and the place where he 'has established the principal seat of his affairs and interests'. The Court of Cassation (Judgment 7750 of 20 July 1999 - Court of Cassation - Section II) has ruled that 'business and interests' means 'all relationships and relations of any kind, personal, social, family, economic and moral, having as their object interests of all kinds'; a very broad definition that is also well suited to extreme situations, such as those of homeless persons, who often have weak relations with the place where they elect domicile.

The legal system provides a specific rule for the registered residence of homeless persons, a rule contained in Article 2(3) of Law 1228 of 24 December 1954, known as the 'Anagrafica Law'. It states that 'a person who has no fixed abode is considered to be resident in the commune where he has his domicile, and in the absence thereof in the commune of birth'. The election of domicile, in the broad meaning envisaged by the Court of Cassation, is in fact a sufficient element for a person without a fixed abode to obtain from the commune in which he does so, residence in the registry office.
The non-recognition of this right by many municipalities, in violation of current legislation, not only does not allow the right of full citizenship to homeless persons, but also makes access to welfare and health services complicated or, more often, impossible for this specific target group.
Usually, in fact, municipal regulations and the organisation of social services do not use the formal criterion of registered residence to regulate access.
A first solution to make the registration of the homeless in the registry registers a reality is provided by the explanatory notes of the registry law (law 1228 of 24 December 1954 ), as well as by the regulation Presidential Decree 223 of 30 May 1989, where it is suggested that a special 'non-territorial' section be set up in each municipality, a special 'non-territorial' section in which to list and register as residents all the 'homeless' and 'homeless persons' who had elected domicile in order to obtain registered residence, identifying for this purpose a street that does not exist in the territory but is known by a name agreed upon by the registry officer.
It should be pointed out that the identification of a specific address is not indispensable for the election of domicile per se (remember that the Civil Code refers to the 'communal territory' and not to an individual dwelling and/or address) but for the availability of the applicant (receipt of mail, court documents, etc.).
In some cases, there have been critical issues in connection with requests of various kinds (proof of employment in the municipality, availability of housing, proof of no criminal record, presence of utility contracts, favourable assessment by the social services, etc.) to which the granting of residency is subject. Even in these cases, these are forgeries and practices that do not respect the legal system and, in fact, prevent many citizens permanently present in our municipalities from registering in the registry office. This was further confirmed by a circular of the Ministry of the Interior (Circular
No 8 of 29 May 1995) in which, pointing out that the registry service is carried out by the municipalities on behalf of the State and that therefore the mayor, acting in his capacity as a government official, is obliged to apply the provisions of national law, any request for additional documentation is deemed to be 'contrary to the law and detrimental to citizens' rights'. Acknowledging that civil registration is a citizen's duty and subjective right, the same circular states that the act of tying it to conditions that are not provided for by the law and the civil registry regulations also constitutes a blatant violation of Article 16 of the Constitutional Charter by restricting the freedom of any citizen to move and settle in the national territory.
In practice, the function of the registry office is essentially to detect the stable presence, co

This function cannot be overridden by the concern to protect other interests, which are also worthy of consideration, such as public order and public safety, for the protection of which appropriate legal instruments other than the registry office must be activated.
The civil registrar's discretion is exercised exclusively in the manner of ascertaining the actual habitual residence in the municipality of the person applying for residence. In the case of a homeless person, this ascertainment may indeed entail particular difficulties and require special attention.

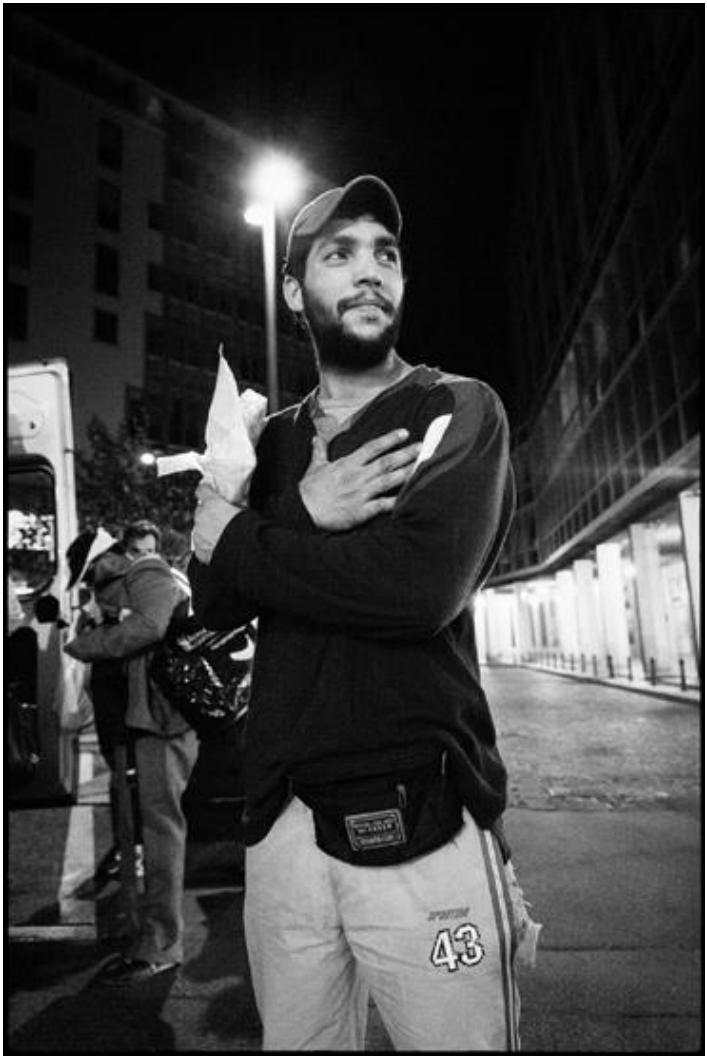
**It is therefore recommended that:**

- all municipalities, in accordance with state law, recognise that any homeless person who requests and is entitled to do so may be entered in the population registers in accordance with the procedures laid down by law;
- the establishment of any fictitious streets where registration is to take place is done by avoiding the use of stigmatising toponyms or which allow easy identification by third parties of the person as homeless;
- preference is given, as opposed to the identification of non-existent fictitious routes, to an operational location of the administration, preferably the social service office so that the person can receive mail and official documents;
- the granting of residence is part of a process of taking charge by the social or health service and the definition of the individualised care plan;
- the registrar and/or the vigilant inspector conduct the investigations aimed at confirming the applicant's habitual presence on the municipal territory by direct visit to the places where the person is normally present, even if these are open places or precarious accommodation; if the person is not found, it is also recommended, before refusing the application, to collect direct and indirect information on the actual presence of the applicant from third parties who, for whatever reason, may be deemed to be informed of the facts;
- the possible granting of residence at associations or other places that grant homeless persons the election of domicile or residence in cohabitation is regulated through a special procedural agreement with the municipal registry office.

*The computerised structure of the registry office allows a simple and fast data processing. It is recommended for the analysis and monitoring of the residences granted the definition of specific collaboration protocols between the Registry Office, Territorial Social Services and Associations involved.*

## 2.3. Emergency management

More mature arrangements anticipate the possibility of emergency events and have predetermined plans for the activation of such services, which facilitate and speed up their deployment, making them more effective and less costly. These plans should not, however, be confused, for example, with the so-called 'cold plans' of some cities, which, as we have seen, are not emergency measures but plans for the reinforcement of ordinary services in predetermined cases, which are part of a prior planning and involve a preventive deployment of the relevant services for a certain duration.



**On the basis of the analysis of existing practices, from a pragmatic point of view, it can be summarised as follows:**

- planning planned responses when the onset of acute phenomena is foreseeable, so as to reduce the margins for having to intervene in emergencies, taking into account that in such cases (e.g. winter cold) planned interventions are better manageable and more economical and effective than emergency interventions, at least when the costs of the latter are taken into account overall;
- when planning interventions, consider that the volunteer resources mobilised during emergencies operate more effectively and for longer if there is effective coordination by the public administration;
- take advantage of the better coordination of emergency management to enable ordinary services to come into effective contact with people who might otherwise not have turned to them, facilitating pathways of approach, orientation and possible care otherwise precluded;
- pay particular attention to the closure of emergency services, which can be a particularly critical moment both for the homeless people housed there and for ordinary services if not managed with a specific communication strategy or inclusion in other services;
- to invest - especially in times when there is no emergency and in cooperation with existing services for the homeless - in training courses focusing on the issue of severe adult marginalisation for emergency workers (be they police forces, volunteers, civil protection professionals or informal groups).

*In some cities, good practices have been developed in this field that have led not only to a coordinated management of the phenomenon, but also to a more rational financing of the interventions, which has been carried out not only from the sovereign funds of the municipality concerned, but also from the civil protection funds of the municipality itself, thus allowing the city's social services budget to be better balanced even at this stage. This approach could, with appropriate agreements, be extended to the involvement of regional and national civil protection departments in the planning, in order to find the necessary resources also in those territories where the municipalities are unable to provide for themselves. However, no such agreements are currently known in Italy.*

## 2.4. Street services

Street work is a social action with still uncertain aims that requires a shift from a logic of services to a modality that presupposes moving in the territory and in the streets, searching for traces of the passages and life paths of individuals and groups. It presupposes that the street operator has a very high availability to work in situations of uncertainty (in a metaphorical sense to work "without protection"), therefore experimental in terms of role, professionalism, relational style, expectations.

In the places where people live and where conditions of hardship and suffering are generated, the street worker can fit in as a 'privileged interlocutor', a negotiator who listens, researches, welcomes, but also informs, provides tools, accompanies and develops various social responses.

Within the framework of interventions aimed at combating and preventing *homelessness* and pathological addictions, street units are among the most widespread services and perform proximity functions in the territory, with information, awareness-raising and risk reduction actions related to 'street' life, as well as harm reduction interventions aimed at people with pathological addictions.

Street services are often the first, and sometimes the only, contact that homeless people have with the world of services. Their function is therefore not only limited to a caring task but also one of orientation. A good approach on the street is most often decisive for accessibility to the territorial system of services.

It is not so much relevant what assistance the services offer on the street as how they offer it. The response to basic needs is all the more effective when it is perceived as part of a more articulated system. Blankets, food and hot drinks can be offered in large quantities, but if together with these they fail to offer access to a helping relationship and a system of services consistent with the possibility of getting off the street, the relief that such interventions bring is destined to remain fictitious.

**In order to effectively set up and run a street service, it is therefore recommended to:**

- establish close coordination between those who already, in whatever capacity, work on the streets and existing services, in order to offer homeless people encountering homelessness coherent interventions and correct information;
- devote specific attention to the training of the professional and voluntary staff of the street units with regard to the types of helping relationships that can occur in this context;
- provide street groups with logistical support to keep the range of goods and services on offer consistent and adequate throughout the year;
- organising street services in such a way as to ensure constant coverage of a few stable reference areas together with mobility in the area so that homeless people can also be sought out in unaccustomed places;
- provide street units with operators according to a multidisciplinary logic (e.g.

e.g. educators, social workers, health personnel, etc.) capable of grasping the multiproblematic nature of the situations of those living on the street;
- guaranteeing the possibility for street workers to give immediate access, through preferential channels, to network services (e.g. night shelters, showers, luggage storage, distribution centres, etc.) to people who request them and have the possibility;
- Prioritise the launch of street interventions that are not limited to providing answers to basic needs (only distribution of food and comfort goods), but which, also through the distribution of these goods, enhance the relational component to foster the connection and orientation/accompaniment to public and private services;
- recognising street workers a broader role of mediation and liaison with the territory as well as recognition of hidden distress, useful not only for combating serious marginalisation but more generally for social intervention in favour of the community.

*In street work it is often more important to analyse and monitor the paths of the people one encounters than the purely quantitative accounting of the interventions carried out, although the latter is easier to maintain and more readily perceptible to the community and the media. It is advisable, without neglecting quantitative aspects, to pay particular attention to the monitoring of the presence and routes of people in the places where services are provided, in order to prevent excessive dropouts from the service system and to react promptly to any emergency situations.*

## 2.5. Reception facilities

Shelters for the homeless are the most obvious and important material infrastructure of a territorial system for combating severe marginalisation, even if, outside a strategically oriented context, they risk being reduced to mere containers for a problem in which demand always seems to outstrip supply.

Although many structures fulfil several functions in the same space, it is appropriate to distinguish the role of such structures according to whether they are night or day structures.

### *2.5.1. Night shelters*

#### *2.5.1.1. Low threshold*

Night shelters are among the services for homeless people the most in demand and at the same time the least popular, as Istat data show, according to which less than half of the people living on the streets manage to find overnight shelter when they look for it.

This criticality stems both from the physical availability of beds in each territory and from the internal organisational arrangements of hospitality facilities.

There are no common and shared 'rules of engagement' and disciplines of intervention at national level for this type of structure and often, even at territorial level, each structure tends to organise itself with its own rules on the basis of its own availability of resources and organisational needs.

In practice, three main models of overnight reception can be distinguished among the services mentioned in the previous point:

- the dormitories;
- communities;
- accommodation.

In a territorial system of services oriented towards a *housing led* or *housing first* logic, the main objective should be to use night accommodation in large accommodation facilities exclusively as an emergency and transit solution while waiting to find a stable and adequate housing solution for each person as quickly as possible.

Access to low-threshold services such as dormitories is almost always framed within a system of rules (possession of an entry voucher, assessment interviews, compliance with the facility's entry and exit times, etc.) that requires the person to adapt his or her life organisation to the requirements of the service offered. For the person, this results in a conditioning that gradually inhibits the ability to develop autonomy and self-determination. It is evident how the emergency response of the pro- trafficking dormitory in the long term is predictive of a regression in the level of the person's "capacities" and "functioning" and how it progressively induces him/her to give up on a project pathway out of his/her condition of homelessness.

It is therefore necessary for systems oriented towards a *housing led* approach to review and

reorganise their existing night shelters according to the objective of guaranteeing all persons accommodated a stable and non-institutionalising accommodation within a reasonable time frame, which can be quantified as approximately three months.
In territories where there are no overnight asylum facilities, if a system of services for homeless people is to be set up, the prospect of investing in permanent dormitories should be ruled out and *housing led* systems should be planned immediately, possibly supported by emergency and transit facilities. As there are many existing accommodation facilities and it is neither simple nor immediate to manage the transition from an emergency or step-by-step approach to a *housing led* approach, it may be useful to keep in mind some specific recommendations which may contribute to make existing night facilities more effective, humanising and welcoming.

**In the case of emergency dormitories, it is recommended to**

- ensure the constant supervision of these facilities with trained and prepared staff.

**In the case of dormitories run continuously throughout the year, it is recommended to:**

- avoid the coexistence of an excessive number of people in the same structure by subdividing any large buildings into smaller, differentiated reception spaces according to the type of people accommodated;
- Prefer accommodation in small rooms with an odd number of beds if possible;
- provide accommodation in buildings that are declared suitable by the competent authorities from the point of view of safety, hygiene, healthiness and energy saving, in compliance with the regulations in force;
- provide sufficient availability of sanitary facilities to allow sufficient respect for individual privacy;
- Set up boxes, lockers or other spaces in each facility that can be used by people exclusively or confidentially for the safekeeping of personal property;
- provide hosting periods congruent with the project needs of

As things stand at present, a reception period of less than three months, which may be renewed, is not very appropriate with respect to possible inclusion paths, unless the structure is explicitly configured as a first reception structure and rapid transit to other accommodations;

- establish continuous and effective communication circuits between the facility and all other services for the guests received;
- Involve the guests of the facility in as many activities as possible related to the maintenance and care of the environment, unless they are first-time guests with rapid transit;
- take care of the communication and relationship with the environmental social context in which the facility is located in order to mediate possible conflicts and make access to the facility less stigmatising for people;
- envisage specific actions aimed at activating and enhancing the participation of guests so as to create, in those areas where this is possible, a partially shared management between operators and guests.

### *2.5.1.2. Extended reception*

**In the case of semiresidential or residential communities, it is recommended to**

- use the community living pathway to facilitate the formation of relational contexts and skills that, by promoting the greatest possible degree of autonomy in each person, enable the transition to stable and lasting living

**In the case of housing, as these structures are intrinsically congruent with a *housing-led* inter-wind, it is recommended to**

- limit the turnover of people in accommodation as much as possible and bind it in
  very solidly to specific objectives of each individual's personalised project;
- taking care of the dynamics of mediation with the social and environmental context in which the accommodation is located;
- ensure a light supervision of the facility through operators with specific skills in the field of facilitation and relational mediation.

*In addition to the collection of quantitative data concerning the services provided and overnight stays in the facility, we recommend the adoption in this type of facility of individual well-being indicators through which to periodically measure how the dynamics*

*in place within them and the organisation have an impact on the pathways of the people placed there and on their quality of life. These are transversal forms of measurement and evaluation that must involve the operators in charge, but which have a privileged place of observation in night shelters. Multidimensional assessment models can be profitably employed in contexts such as this.*

### *2.5.2. Day care facilities*

The different types of existing day care facilities are characterised by two prevailing needs: the provision of space for socialisation and refuge during the day for those who do not have it, and the provision of protected contexts in which to recover or develop skills or otherwise make meaningful and productive use of one's time.

These are undoubtedly important goals, but behind them lies a twofold risk. Firstly, saturating the time of the homeless through a non-differentiated offer that for some may be counterproductive or encourage negative adaptation mechanisms. The second risk is that of constructing pathways or expectations which, if they do not have a concrete outlet outside the service circuit, appear destined to generate further frustration and loss of trust in the persons and operators involved.

The interventions and services provided by day care centres are therefore planned and addressed to the person as a preliminary and preparatory step to the structuring of a longer-term help pathway.

With this in mind, it is crucial to arrange for the homeless person to be taken care of through effective collaboration and integration between social and public health services.

**In order to valorise and make the best use of day care resources, it is recommended to**

- in the case of day care and socialisation centres, separate as far as possible spaces dedicated to sociability from spaces dedicated to the use of services in response to basic needs (showers, distribution of clothing, etc.), allocating specific skills to each of the two activities;
- organise the spaces dedicated to sanitary facilities in such a way as to avoid promiscuity and guarantee each person sufficient privacy and freedom of movement (e.g. in a shower facility make sure that the shower cubicles are individual and equipped with an ante-bathroom where people can undress and put their clothes back on after the shower);
- Always structure an area within the day care centres where people can safely and confidentially store their personal belongings and any luggage that needs to be stored;
- Allow in distribution services as much as possible a free choice for people among the available goods so as to favour an experience more akin to buying than receiving a handout;
- open these facilities as far as possible for use by recipients

other than just homeless people;
- if no such facilities are available, before opening them, check the availability of recreational and cultural clubs in the area to provide similar services in a widespread manner;
- in the case of workshops where significant occupational or work activities of a training or socialisation nature are carried out, avoid investing in actions or fields of activity that do not offer even minimal guarantees of usefulness for subsequent integration into community life or the world of work;
- It is recommended that, within the network of these services, the opportunities, resources and funding that can come from adequate coordination with vocational training, job placement and community empowerment circuits be exploited to the maximum.

*As already indicated for the night shelters, also in this case, alongside an analytical accounting of the services offered, which is also useful for management control purposes, a periodic measurement of the capacity of these services to affect the well-being and paths of the persons involved by means of appropriate indicators, also of the type suggested above, may be significant and opportune.*

## 2.6. Canteens and Distribution Centres

Canteens and distribution centres for food and basic necessities are now numerous and consolidated in our country. In the last five years, the surge in demand, unprecedented since the post-war period, has prompted the self-organisation of services of this type and the consolidation of the historical ones. Undoubtedly, these particular services are among those most commonly referred to as 'low threshold' services.

While the widespread availability of such services is a sure sign of solidarity and care for homeless people, it also presents some critical issues.

Firstly, they tend to present little differentiation within them and offer hardly customised or personalised contexts in which to focus on the helping relationship. Secondly, they are increasingly used by people, not only the homeless, who resort to such services as a form of substitute for the lack of an alternative income support measure.

Finally, the organisational modalities of these services and the scarce economic resources available to them often lead to structuring the menus offered and the composition of the food parcels by giving preeminence to the use of the food actually available rather than the need to ensure a correct nutritional balance for the service users. This is because in many cases of quality deficits in nutrition and consequent health complications.

**For the greatest possible appropriateness and effectiveness of these services, it is recommended that**

- maintaining the maximum accessibility of the services by paying attention to the different categories of people who have access to them and structuring diversified modes of use according to individual needs (e.g. reserved spaces for elderly people in which they can stay longer and develop sociability; more take-away for those who 'suffer' from the promiscuity within the canteen, etc.);
- consider the nutritional needs and balance of homeless people as an organisational priority of the service, especially when it is offered on a permanent basis; in this regard, it is recommended, as is already the case in many places, to make use of the specific advice of nutritionists and other professionals;
- structuring, also aesthetically, the spaces in which the service is offered and the distribution methods considering also the symbolic aspects of food and the eating experience; very often these moments are among the most delicate for homeless people in terms of their impact on self-perception and self-esteem;
- never separating food services from forms, even light ones, of caring for the persons involved, making the most of systemic connections between the services of the network;
- involve the local communities in which the service is embedded as much as possible in its management and sustainability, either by employing local volunteers in the preparation and serving of meals, or by trying to preferably source the raw materials used locally, or by fostering a local

culture of sustainability.

circular economy through reuse and reduction of food waste. Specific professional skills are certainly needed, especially in canteen management, but the contribution of volunteers is particularly essential in this area;

- before opening new canteens and/or new food distribution centres, verify together with the entire network of territorial services whether the food need is really a priority for the people asking for help and whether there are no other ways to adequately meet it, perhaps by taking advantage of existing commercial resources (e.g. subsidised agreements with restaurants, delicatessens, company canteens).

*In addition to quantitative data on the meals taken and the quantity of raw materials used, which are certainly useful in a fund-raising logic, it may be important in these services to highlight the positive impact that can be created on local consumption chains and the health of the users.*
*One could, for example, measure the use of zero-km products, the amount of recovered food otherwise destined for destruction, the nutritional balance of the services offered, etc.*

## 2.7. Taking charge

One can speak of caring in many different ways. In the context of *homelessness*, in which the level of social disaffiliation of the persons involved is greater and more serious, taking charge means, however, a very specific thing: the coordinated activation of all the professional and cultural, formal and informal, explicit and implicit resources that can be made available to the person in difficulty, starting from a specific help relationship, in order to reconstitute a functioning social bond suitable for a dignified survival. To this end, a suitable taking charge must express adequate levels of awareness and professionalism and involve a plurality of actors: in the service network, at the level of the individualised help relationship and in the community.

### *2.7.1. In the service network*

The subject of caring for the homeless person is the multidisciplinary team, i.e. a plural reality that includes educational, social, legal, health, psychological, transcultural and organisational skills.

The request for help from a homeless person is never linear, nor does it start from a well-defined need: often it is only in the course of the relational deepening that follows the first contacts, whatever the modalities, that hidden demands and needs are revealed.

A priority and fundamental step in taking on the *homeless* person is always the discreet, gradual and patient relationship. The rate of suspicion, mistrust of help, and fear of an external world often seen as threatening can be very high and requires the tenacity of an operator who never stops at the first request presented. The accompaniment of the *homeless* person takes place simultaneously in several directions, because it takes into account legal, clinical, educational and re-socialising objectives from the outset. If the application is multi-problematic and complex, the answer cannot be fragmented and simplifying. Very often the name 'taking charge' is given to helping relationships that do not assume the dimension of the network and the connection between services as an organisational priority and structuring criterion. Taking charge, in the institutional sense, only occurs in reality when it is a local network of services, under the direction of the public body, that is activated around the need expressed by a person in difficulty in order to structure territorial paths of social reintegration through relations and services.

**In order to effectively take charge in the service network, it is recommended to**

- set up multidisciplinary territorial teams between operators with expertise different and belonging to different public and private services where the figure of the public social worker plays a directing and connecting role;
- setting up pathways on the ground of mutual trust between the person without a disability and the practitioner, also taking into account long periods of time;
- hypothesising work plans, discussed and defined within the entire multidisciplinary team, giving the greatest say to the practitioner who was able to establish the best possible relationship with the subject, and defining several feasible intermediate objectives, agreed upon with the subject and easily verifiable;

- guaranteeing a willingness to be accompanied to services and to places and persons that represent the agreed goals of care and re-socialisation (accommodation, a medical clinic, a social service, the police, a place of work or a recreational context, etc.). The homeless person lives in a state of very strong disorientation and uprooting, often sustained by a detachment from reality accentuated by psychic pathology, and for this reason in many cases reassurance and indications are not enough; he needs to be accompanied and gradually helped to regain confidence in the places where he can see his rights recognised, learning to ask in a productive manner and to accept answers;
- structure in operators experienced in caring for homeless people specific skills and competences to manage the many possible 'failures' in the process: second thoughts, misunderstandings, setbacks, missed appointments, runaways, refusals. It is necessary for operators to overcome the frustration of working alongside a person who not infrequently seems to persist in 'not wanting to be helped', while continuing to send numerous signals to the contrary, which instead indicate a strong need to be finally supported and guided;
- always firmly remind the subject of his responsibility and freedom of choice, even though the state of degradation, even a very marked one, in which he is often caught up, runs the risk of inducing aid workers to adopt paternalistic and infantilising attitudes. Verifications of the jointly agreed objectives should be shared without hesitation during the course of the process, and should also be made known as a constant reminder of the goal to be achieved;

- ensure a system of continuous communication and feedback between the person's caregiver and all other services in the network providing services to the person;
- defining and practising minimum levels of activation of homeless people that can also be offered at low thresholds for the objectives at that stage that are practicable;
- Structuring ad hoc training courses through which to train operators in complexity, multidisciplinarity, teamwork, networking and community involvement.

*In taking charge within the service network, more than a quantitative accounting, however useful for statistical purposes, it is fundamental to share, at least at the territorial network level, common and shared information diaries and protocols. These tools, adopting some appropriate precautions in terms of privacy, can usefully be structured and shared in electronic format, so as to become themselves in real time agents of network structuring and consolidation. It is to be hoped that these tools will also be shared progressively between different territories so as to imagine in the perhaps not too distant future the use of national protocols which, in view of the high mobility of homeless persons, will favour interoperability between systems and represent a quality factor in any case between services.*

### *2.7.2. At individual level*

Taking charge of the person in difficulty takes place through a pact with the person and for the person (and not on the person) aimed at a pathway of awareness of one's own potential and limits, the activation of personal resources and the involvement of the resources offered by the network of the territory built around the person.
Accompanying means establishing a relationship with the person, seeking answers together, supporting them in their attempts to find solutions, formulating a project with them that takes into account the situation and the resources that can be activated, helping them to set realistic, gradual and verifiable goals.

**Accompaniment is a process that is realised through a number of steps that we recommend taking into due consideration:**

- welcome the person as 'unique', not as a 'case' to be solved, but as a 'story' to take on;
- become aware of the need and of the real possibilities to address it in terms of personal, territorial, community, formal and informal resources;
- study, formulate and test responses that start from the concreteness of the person's need and not from the mere availability of existing resources at the service;
- spend time, energy and expertise in the search for solutions that, first and foremost, value the person;

- involve and utilise services, the community and themselves around the needs that have emerged;
- activate, by creating a network of solidarity, the available resources, starting with those of the individual;
- accompanying the person in the search for solutions to his or her needs, advocating the recognition and protection of his or her rights and encouraging active participation;
- formulate a project with the person that, starting from his or her real situation, assesses the resources available, identifies operational strategies to tackle and solve the problem, and defines realistic, gradual and verifiable objectives over time;
- stimulating the participation in the take-over project in all the services involved with it, identifying specific roles and tasks for each one and verifying that all of them actually carry them out according to the agreed upon modalities;
- Consider as part of individual care the role of connecting the person with the territory and mediating the conflict between the person and society that is often at the root of homelessness;
- identify spaces, times and moments for interviews and, more generally, the caring relationship, following as much as possible the needs and paths of the person in difficulty without resorting, unless strictly necessary, to traditional institutional settings. In the case of housing led approaches, for instance, it is quite natural and congruent that the interviews forming part of the taking into care can take place directly in the home made available to the person;
- ensure that the caregivers receive constant training and updates and, above all, personal and team supervision at least monthly, but preferably fortnightly.

*In addition to what is indicated in the previous point, the quantitative measurement of the individual caring can greatly benefit from the use of analytical multidimensional assessment tools. It is also advisable to always take the experiences and emotions of the carer into account when monitoring these helping relationships by developing tools to keep track of them.*

### *2.7.3. In the community*

Good care work for the *homeless* always includes awareness-raising and involvement of the context. Civil society, the city, the neighbourhood, the home, the religious community are the subjects responsible for care and the relational places to which the person concerned must feel 'returned' in order to get out of the marginalised condition in which he or she has unwittingly found himself or herself a prisoner. The contexts must be involved and supported so that they, in turn, become subjects of involvement and help for the *homeless* person. The focus is shifted to the community of solidarity, in which the public institution should play a role in promoting and supporting

self-help.

nisation and self-determination, through the support or revitalisation of 'natural' networks and the qualification of organised solidarity interventions.
Without community care, it is probably unrealistic to imagine ef- fective paths to social inclusion for many homeless people, especially those who have been exposed to street life for the longest time or are less well endowed with cultural, social and emotional resources. Community care, however, is still practised more theoretically than practically and perhaps constitutes the main challenge of cultural and social change that operators in this sector must face.

**In order to be taken care of at community level, it is recommended that**

- outline a programme for the progressive transformation of existing interventions: from predominantly reparative modalities to participative and organisational forms in the social fabric;
- mapping the territory on a micro level in order to identify potential resources and community spaces to be activated for the permanent care of specific persons (e.g. parishes, recreational and cultural clubs, solidarity condominiums, etc.);
- Include in a stable way in the social work with homeless people in the area the offer of moments, spaces, experiences, events and other cultural opportunities to the resident community in order to raise awareness of social exclusion and trigger virtuous paths of participation and mutualism among citizens in which homeless people can also be citizens;
- Experimenting with and consolidating forms of 'meaningful employment' for the homeless within the territories through which, even if they are not actually paid jobs, the homeless can spend their time in care, maintenance and territorial protection activities and thus demonstrate their ability to play a positive role in the community (e.g. day and night care of community spaces, cleaning of public places, help with waste sorting, animation of transit spaces, etc.);
- to promote opportunities for homeless people to participate in the public and cultural life of the community, to exercise their social and political rights, and to express their sensitivities, emotions and narratives, including creatively;
- to set up and maintain within the territory in which the social inclusion of specific homeless persons is played out, formal and informal skills and availability for community intervention to mediate conflicts that may arise.

*In the absence of social impact assessment indicators, it is particularly difficult to measure and account for the effectiveness of such work. It is recommended for evaluation and monitoring purposes to employ as much as possible a narrative and communicative approach focusing on individual stories and community perceptions of the*

*distress in relation to them. It is also advisable to document and give communicative emphasis to all cases in which concrete community activation has made it possible to achieve stable accommodation for homeless persons otherwise destined for institutionalisation.*

### *2.7.4. Care and social-health integration*

Specific considerations deserve socio-healthcare integration, one of the weakest aspects of the Italian welfare system, invoked by all but scarcely and fragmentarily practised (for broader reflections on the need for an integrated intervention model, see section 2.9).

In the field of combating severe adult marginalisation, integrating social and health services means, even more than in other fields, putting the homeless person and his or her health and well-being needs, which are often strongly affected by life on the street, at the centre. This can be done at different levels, either by setting up social and health facilities and pathways that enable the homeless to limit their exposure to diseases that are common to the majority of the population but highly problematic for the *homeless*; or by providing hospitalisation, care and assistance protocols integrated with the intervention of territorial services for *homelessness* and less constrained in duration by hospital DRGs; or, finally, by providing post-acute care pathways that enable homeless people who have been admitted to hospital, undergone surgery or suffered illnesses that require pro-active hospital stays to be treated in hospital.

long, to be able to get healthy in contexts that make it possible, avoiding the almost certain relapses that living on the street entails.
The few existing project experiences in Italy in which this approach is practised in an integrated manner between social services, health services and the hospital demonstrate its effectiveness and usefulness, but at the same time denounce how, in most cases, the only effective health interface for the *homeless* person is and remains the emergency room, with all the extra costs, dysfunctions and adequacy problems that this entails.
All this seems to derive not only from organisational and communication problems between services and public policies, but also from excessively sectorial cultures and visions of the idea of care and rehabilitation. What is needed is access to an extended, non-medicinalised concept of health, which considers the community as the first subject interested in the overall well-being of its members and the first actor capable of fostering it, also in order to avoid substantial and improper expenditure within the health circuit for problems that could easily have been prevented and/or managed in more economical and effective integrated circuits.

**Also on the basis of the experience of existing integrated services, whether outpatient, diagnostic-therapeutic, hospital or preventive, in order to set up integrated territorial social-health arrangements for homeless people, it is recommended to**

- encourage communication processes, participative planning, co-financing and joint governance between public and private territorial social services and health services, in dialogue with the competent health institutions (Region, ASL) starting from an evidence-based and cost-effective approach;
- to set up, within the framework of street services and/or low-threshold facilities, units jointly run by social and health workers who, on a regular basis, carry out free monitoring and screening of the health conditions of homeless people on the street, preventive interventions and first aid and orientation towards the health system, without barriers to access;
- Identifying, within hospital facilities and in agreement with the competent authorities, spaces that can be specifically dedicated to the hospitalisation of homeless people following hospitalisation for non-serious or post-acute pathologies, setting up joint intervention protocols in these spaces between healthcare and social workers, in order to reduce the cost of healthcare, encourage protected hospitalisation that would otherwise be impossible, and use the period of hospitalisation as an opportunity to strengthen the help relationship and the taking into account of the homeless person;
- define, within the reception facilities, special and dedicated ways of staying for the persons accommodated in the event of post-acute illness or hospitalisation;
- set up joint training and refresher courses between operators

social, health, medical and paramedical, for the management of health problems in homeless individuals.

*In this context, we particularly recommend and recommend the collaboration between social and health structures for the social and health screening of the persons involved and the constant keeping and analysis of the epidemiological data relating to them. These data, which have already been successfully collected, and scientifically validated protocols in various Italian facilities (e.g. INMR Rome), are extremely useful both for general prevention and public health purposes, and for monitoring and managing individual health care pathways, as well as, finally, for implementing specific system actions against certain pathologies or for the reduction of damage and risks related to them.*

## 2.8. Social professions

In the social professions, the primary objective is to restore well-being to a person in a situation of more or less serious distress. The helping professions are characterised by interventions to recover personal and social situations, to support and sustain processes of change, to care (individuals, families, communities), and imply articulated assumptions, motivations and competences, which are often 're-constructed' in daily practice and in continuous training.

The social professions system - perhaps more so than in other areas of work – is, moreover, characterised by continuous transformations and necessary interconnections, such that it is sometimes not easy to identify clear and distinct profiles.

In the framework of the ISTAT Classification of Occupations, a number of so-called "Professional Units" are identified, which can be traced back to the chain of social professions: in particular, the Psychologist, the Sociologist, the Social Worker, the Educator, the Social Worker (in the Unit of Qualified Professions in Social and Health Services), the Intercultural Mediator, the Expert for the reintegration of ex-prisoners and the Cultural Mediation Technician (in the Professional Unit of Technicians for Social Reintegration and Integration), for which it is possible to identify not only the main characteristics, but also the competences and *skills* that these subjects consider to be fundamentally associated with their work. In the logic of a multidisciplinary team that enables the complex dimension of the problems of serious marginalisation to be tackled, the figures of anthropologists, ethnologists, nurses and doctors are added.

In the specific field of serious adult marginality, one cannot, however, disregard interventions on several fronts and at different levels, in which the integration of specific professionalism makes it possible to act not only on and with the subject but on and in the context, as well as on the relations between the subject and the context.

The definition of severe adult marginality as a complex, dynamic and multiform social phenomenon necessarily leads to imagine the interventions of professional operators according to a multidisciplinary or multi-professional logic, whose strength lies in the integration of specific professional skills. A particularly significant reference model is that of 'community psychology', which considers people and social problems within a specific context and social system that, in turn, has complex and interconnected dimensions. In particular, an 'ecological approach' makes it possible to assess the different variables of the socio-cultural context and its organisation in relation to how the individual perceives himself and interacts within the relationships of the reference context(s). An ecological paradigm-based approach to the work of the various helping professions in team work makes it possible to intervene on the problems but also on the potentialities of the individuals with (multiform) discomfort within and in close relation to the community context of reference.

The reference horizon of severe adult distress, especially in the most serious and extreme forms of street life, but not only (forms of severe marginalisation can also be found in people who have a home of their own), calls for the professionals of the

The social services and services of the homeless are often used by homeless people, both for their own use and as "adapted" to the needs of life, especially on the streets (libraries used also as "day centres", stations, airports, public transport, etc.), used as places for resting at night and for personal hygiene, or more generally other public places such as shopping centres, parks, the streets and squares themselves, arcades, and so on).

If this does not happen, if the helping relationship professional operates only within the more traditional work *setting* of his or her profession (the doctor's or psychologist's office, the social service centre, the hospital outpatient clinic), it is evident that many people in a state of severe marginality risk being excluded from the outset from any help intervention. Operating in unstructured and 'unknown' contexts calls all the more for a multi-professional approach capable, in the integration of different competences, of creating the conditions, even in the most extreme and difficult contexts, for effective and efficient interventions.

Whatever approach characterises the basic training of the caring professional, it is important to move from a culture of need and assistance to a culture of possibility, to the recognition of individual resources and living environments. In fact, it is crucial to overcome welfarism with attitudes of trust in one's neighbour, of the enhancement of opportunities even in situations of severe marginalisation, of helping practices that develop active and responsible conditions.

In this way, help, rather than reinforcing the advantages offered by dependence on services, can initiate an autonomous pathway of emancipation from need. The distinctive element of the aid and care intervention, in fact, is the capacity to overcome the state of need, not only by identifying the available answers but by 'inventing' possible and 'im-possible' material and relational ones.

It is therefore recommended to employ persons in the services who have acquired the necessary professional skills for the social (social worker, psychologist, educator, socio-health worker) or health (doctor, nurse, health worker) type of intervention and, where it is decided to employ volunteers, peer workers and other figures who are not required to have specific training/educational qualifications, it is recommended to provide specific training and supervision courses to support daily practice and accompany care interventions.

**In the accompaniment of employees (whether or not they have a specific course of study), a number of priority areas of necessary skills are identified:**

- ability to recognise real needs. It requires not only knowledge of who the intervention is intended for, and thus to know the needs and characteristics of the other person, but also to identify a measure, a limit, because unnecessary help and care hinder the development of the other person. A first competence to

To acquire, therefore, is to know how to do with the other person what the other person needs, nothing more than that, letting the other person experience caring for him/herself or implement his/her residual capacity to care for him/herself. The carer must therefore acquire the competence to identify the needs of the person being cared for and to know how to respond to them, respecting the person being cared for as a cognitive person, who knows and can choose, who has rights and is a bearer of values;

- ability to develop a strategic outlook. Care does not only depend on the action itself but also on the intention of the person doing it, why he or she does it and the context in which it takes place. The carer must therefore also acquire a competence that can be described as 'strategic vision', i.e. being able to propose what is good for the person being cared for in a global sense. What helps the patient to decide that a certain action or situation is the right one to carry out in order to improve the condition of the person cared for, is that this action takes place within a design, a plan, a project of activity conceived just for that person;
- interpersonal skills. Kindness, empathic understanding, patience are to be considered not so much moral virtues or personal affection, but rather recognised professional skills necessary to do one's job well. In particular, they concern the ability to assume a balance and an appropriate emotional distancing from the persons being cared for;
- competence to connect with a doing that does not fragment and does not make distinctions. One of the least explored aspects of the professionalism of

Those who do care work are thinking about the relationships existing between those who share responsibility for care in different capacities - family and professional. It is therefore necessary for those who do care work to develop an awareness of the differences - of spheres, roles, interests, positions - that care work brings into contact, without making them rigid, but building fluidity in order to create vital relationships.

*In this sense, it becomes clear that caring is not simply a practice that 'comes as it goes', but rather a complex and coherent mode of intervention, made up of different material, organisational and emotional dimensions, within which the wellbeing of the person being cared for is truly the centre of interest, not as an arbitrary principle but as an orientation of operational choices.*

## 2.9. Housing first

As explored in the previous chapter, the *housing first* (HF) and *housing led* (HL) pathways represent an innovation in the field of anti-homelessness policies as they introduce potential political, institutional, organisational, cultural and economic changes to the policy paradigms of existing interventions to combat *homelessness*, individual and household housing problems.

### *2.9.1. How to implement housing first*

In this logic, prerequisites for local public authorities, private and private social organisations to be able to start HL and HF pathways on their territory are:

- consider housing as a basic human right and as an instrument of personal care;
- being able to manage the commitment to work with people for as long as it takes for them to acquire sustainable autonomy;
- have free flats located in various parts of the city (possibly close to collective spaces and places of city life);
- separating possible treatment (e.g. psychological, psychiatric or alcohol and drug addiction) from *housing* (understood as the right to housing);
- make use of a team of professionals with different profiles who, depending on the target group identified and the type of intervention approach used (intentional or supportive), are able to prepare an integrated and transdisciplinary intervention;
- respect the subject's self-determination;
- follow a *Recovery* approach (i.e. support the person in regaining social relations with the community of reference, resume a social role, rebuild a sense of belonging)

Very often the existing night shelters are historic and located in large complexes that certainly make it difficult, from a logistical point of view, to compartmentalise and subdivide them into smaller, cosy and human-scale spaces. In most cases, however, this difficulty is reinforced by a cultural, political and operational approach that, even under the pressure of continual emergencies, tends to consider a quantitatively broad response to the immediate need for first-stage accommodation more effective in practice, even economically, rather than a qualitative and widespread response that progressively infrastructures the territory with resources capable of avoiding the saturation of emergency facilities over time.

The experience of the countries that have been practising *housing led* approaches for the longest time clearly demonstrates that, apart from some initial costs for setting up and transforming the existing facilities, which must also be considered as investments, this second approach is already more effective and efficient in the medium term, having a positive impact on the wellbeing of the people involved and the operators, on reception times, on the perception of the phenomenon in the country, and on the quality of life of the people involved.

the community, on the activation of beneficiaries, on the overall costs of the service system. It is therefore not impossible to transform existing reception facilities into *housing-led* reception spaces, provided there is the will to do so and sufficient resources to make the infrastructural investment initially necessary for the transformation and upgrading of the structure. Economic resources of this kind, if there is a shared political will to change the approach between the public and private institutions involved, can also be found, often with limited co-financing, in the European programmes available to the regions for the use of structural funds in the redevelopment of existing assets, without therefore taking resources away from the public social spending chapters used to finance services.

**Those who intend to transform a traditional housing led structure into a housing led structure can therefore be recommended to:**

- to plan the transformation of the existing structure into mini-housing and living quarters for a limited number of persons with common spaces and services, calculating from the outset, in addition to the transformation costs, the savings that the new structure's organisation may bring about in the short, medium and long term in terms of lower costs, greater flexibility of the structure, possible guest participation in the management;
- involve guests and operators in the transformation process, identifying with them the aspects on which to focus in the reconversion and adaptation of spaces, services and professional skills present in the facility and assessing together the possibility of maintaining the coexistence of different levels of reception in the facility;
- Involve local and regional institutions in the planning of the transformation of the structure, in order to stimulate them to make resources available also from funds and structural financing sources other than funds for social intervention.

In *this specific case, it can be very useful, also for management control purposes, to collect comparative data on management costs, the effectiveness of the structure and its impact on people's well-being compared to previous management methods, over a medium to long period.*

### *2.9.2. Transit Communities and Shared Spaces towards Housing First*

The Transit Communities welcome, 24 hours a day, adults in difficulty due to the lack of a home and the loss - or the strong weakening - of family and social ties and networks, who have embarked on or want to embark on a path of social and work reintegration. This condition, whether contingent or stabilised, may represent a stage in an individual life project or the result of a 'downhill' biography, but in all cases it entails the emergence of priority needs, linked to subsistence - such as shelter, food, clothing, health - and the need to be able to survive.

need for a space to regain their autonomy and redefine their life project. Within a *housing led* approach, it is fundamental to conceive of these facilities as a passage, not compulsory but useful in many cases, either to await the availability of stable and as autonomous accommodation as possible, or to accompany those whose personal situations are such as to make them consider, in the shared personalised project, a prior taste of community accommodation appropriate and preparatory.

Shared-space communities, on the other hand, are communities in which adults and elderly persons, for a long time exposed to the street or in any case unable to maintain independent accommodation in the short, medium or long term, can find a community-based and partially assisted perma- manent care in which they can express the greatest possible degree of autonomy for them and lead a life that allows them to maintain dignity and as much well-being as possible.

The main objectives of these receptions are not too dissimilar from those of a second-level reception in the *staircase* model and can be summarised as follows:

- offer a concrete answer to basic needs, the satisfaction of which is important for physical and mental health (sleeping, eating, washing, dressing, having a place to spend time and socialise, etc.) and where one can regain one's autonomy;
- caring for the person (one's body, one's emotions, one's personal history);
- reappropriation of life organisation (awareness of one's own relational dynamics, resources and abilities, acquisition of new skills);
- the activation of a support network (formal and informal);
- the opportunity to build a path to social and labour reintegration where possible;
- fostering people's access to the service network.

**In order for such structures to be effective also within a housing led approach, it is recommended to**

- guaranteeing access to the facility, appropriately mediated by an induction service on the basis of a project aimed at achieving personal autonomy as quickly as possible in suitable accommodation or at achieving housing and living stability in the community;
- set reception times over medium to long periods or, in the case of shared spaces, indefinitely, although always according to a specific customised project;
- set up the relationship between operators and users in such a way as to foster a mutual alliance in order to achieve the set objectives in a logic that is more focused on self-help than on educational intervention;
- invest in raising the awareness of the territory in which the community is located in order to activate it for the purpose of supporting the inclusion of the persons accommodated;
- develop strong networking between different services to facilitate the response

more specific needs expressed by users, in particular health, psychological and relational needs
- develop to the greatest possible degree forms of self-management of the facility by the guests, also by making the most of the economies of scale that can result from sharing the available economic and social welfare resources among themselves;
- implement the HF scientific protocol in the implementation and development processes.

*In addition to monitoring and data collection useful in any reception facility, within the transit communities it is essential to carefully monitor the length of stay according to the availability times of the destination accommodation, also by adapting the personal and facility plans to possible logistical needs.*

### *2.9.3. Sustainability*

One can speak of sustainability of a HF and HL project when it is adapted to the needs of the person(s) accommodated, when it is compatible with the overall available economic resources, when it is suitable to meet the needs of all stakeholders.
In this sense, a project can be considered sustainable if:

- includes resources for the permanent maintenance of housing, whatever the source
- the person placed is able to maintain the accommodation in good condition
- the stay in the accommodation has positive effects on the well-being of the person included
- a support network is structured or maintained around the accommodation and its occupants

Given the absence of a universal income support measure in Italy and the scarce structural capacity of national, regional and local funds for rental support, the issue of housing affordability is certainly, in current practice, the most critical issue for the implementation of such an approach. In reality, these doubts do not take into account the fact that the current night shelters have average per capita costs per day which, compared with the costs of a *housing led* solution (e.g. *co-housing* between 2-3 homeless people) are equal if not higher. The problem is therefore essentially cultural and organisational, although one cannot hide the fact that *housing led* and *housing first* solutions entail the need for initial investments at the time of their activation, which can be problematic in a situation of scarce resources.

**In order to test and consolidate sustainable projects, it is recommended to**

- prioritise cooperation with public bodies in the procurement of housing or the private social sector who have an interest in using their housing stock in a non-speculative way;

- seek to set up public or public-participation funds that are also open to the voluntary contribution of private individuals as well as beneficiaries who are able to do so, for the maintenance of the functionality of housing and its possible restoration in the event of damage (revolving fund);
- provide for a reorganisation of the emoluments received by the person within the socio-assistance project made with the person so as to channel a certain and adequate share of resources into maintaining the accommodation;
- activating all possible forms of income support for the person, starting primarily with job placement, helping the beneficiary to tie a share of the resources received to the maintenance of housing;
- networking with all relevant authorities on all structural funding opportunities offered by European funds, national and regional target projects, foundation calls or whatever, in order to support the acquisition, restoration and maintenance of housing solutions for housing led projects;
- guaranteeing that people in housing are taken care of, accompanied and supported, also for the purpose of maintaining housing;
- in the case of inclusion in privately owned housing, ensure through appropriately trained operators, a mediation and prompt intervention service in the event of conflicts or other problems arising between landlords and tenants;
- set up at territorial level networks and governance frameworks that are as unified or at least coordinated as possible, for a uniform approach and management criteria

homogeneous to all existing HF and HL projects;
- follow the international HF protocol in search of evidence to help develop the model.

*The most important evaluation elements in this field are those of the quality of living expressed and perceived by the beneficiary and of the stability of the experience; it is advisable to observe these elements, which are often immaterial and difficult to measure, by means of interviews, narrations and other possible instruments to detect personal well-being. Of particular analytical significance in this field may also be the monitoring of the economic management of the accommodation and more generally of one's own resources by the persons included in the project. This is not so much for control purposes as for the better planning and individual optimisation of the economic aid that may be available for each project.*

### *2.9.4. Outcome indicators of the housing first and housing led projects*

While some useful indicators for evaluating *housing first* projects are beginning to be consolidated, there are still no clear evaluation references for the broader *housing led* perspective. Adopting and testing indicators of this kind remains in any case a useful requirement not only for the good conduct of current projects but also for the future consolidation of the approach.

**As a guideline and as an example, measures of the following type can be thought of as pointers:**

- cost-per-capita ratio for accommodation compared to traditional overnight accommodation;
- frequency of use of care services of the network by persons placed in housing led compared to persons placed in traditional pathways;
- overall health status and frequency of access to health services of persons placed in housing led compared to persons placed in tra- ditional pathways;
- impact on the beneficiary's overall personal well-being;
- frequency of maintenance work required in the accommodation;
- percentage of actual participation in the costs of reception covered by the beneficiary;
- employment rate and income received by beneficiaries compared to those in traditional facilities;
- length of stay in accommodation of individual beneficiaries;
- density of the relational networks established around the beneficiaries in the area where the accommodation is located;
- impact on the perception of the phenomenon of exclusion and the social alarm it causes in the community where the problem is treated with a housing led approach compared to those where it is treated with a traditional approach.

*Obviously, each of these indicators and families of indicators must be declined in specific measures to be carried out with tools to be fine-tuned in the field There exist and are already in use methods to measure e.g. individual wellbeing or comparative costs between different structures, but there are no standards that can be considered preferable to date. It is therefore suggested that each territorial intervention system should organise itself on the basis of the data and tools with which it is most familiar or to which it has access and that progressively, also with the help of experts, national networks and the governmental authorities themselves, best practices should be identified and homogenised and standardised.*

## 2.10. Integrated strategic model

The main objective of the integrated strategic model is to promote, on the organisational and social *case management* side, a transversal action on the different dimensions that feed the condition of poverty in order to intervene with complex and functional responses to the circuit of deprivation and not only to homelessness. Interventions to combat severe marginalisation, dealing with a multi-problem situation brought about by people in this condition, require a strategic planning, which makes it possible to make the best use of the available resources, reduce the workload on extreme situations, also through the integration of the various funds available. It therefore becomes strategic to be able to provide complex answers, beyond the administrative chains that govern individual interventions. One thinks of the need for social intervention to be coordinated with that of health, housing and housing policies, and with that of the administrations responsible for training and employment, all fundamental dimensions in this integrated logic for combating exclusion. The benefits that accrue to the person are evident, for example, in terms of taking charge by a multidisciplinary team, which takes into account the complex of needs with a view to long-term planning, instead of being sectoralised, standardised and for short-term interventions.

In addition to this reading, there are some elements peculiar to metropolitan areas, linked to large numbers and certain administrative procedures that differentiate them from small and medium-sized urban and rural contexts, namely:

- number of persons without default present and involved in the problem;
- little or no relationship between the territory to which people belong/come from and the metropolitan context to which they now refer (phenomenon of migration of the poor/disadvantaged to large urban centres), which determines the need for a total reconstruction of the social bond between person and con- text;
- territorial extension of metropolitan areas that needs a specific territorial decomposition to define boundaries and measurability of the impacts of actions in order to have a feedback on the investments realised;
- number of actors involved, which is multiplied and more difficult to manage;
- need to organise the strategy with administrative procedures that take into account the needs of the many different departments of the public administration (e.g. territorial social service departments and these with personnel, budget, assets, public works, housing, protocol, procurement and tenders, etc.).

It therefore becomes clear that it is essential to adopt a '*cost-effective*' approach, where currently the division of competencies prevents an assessment of savings and the best economic allocation of available resources.

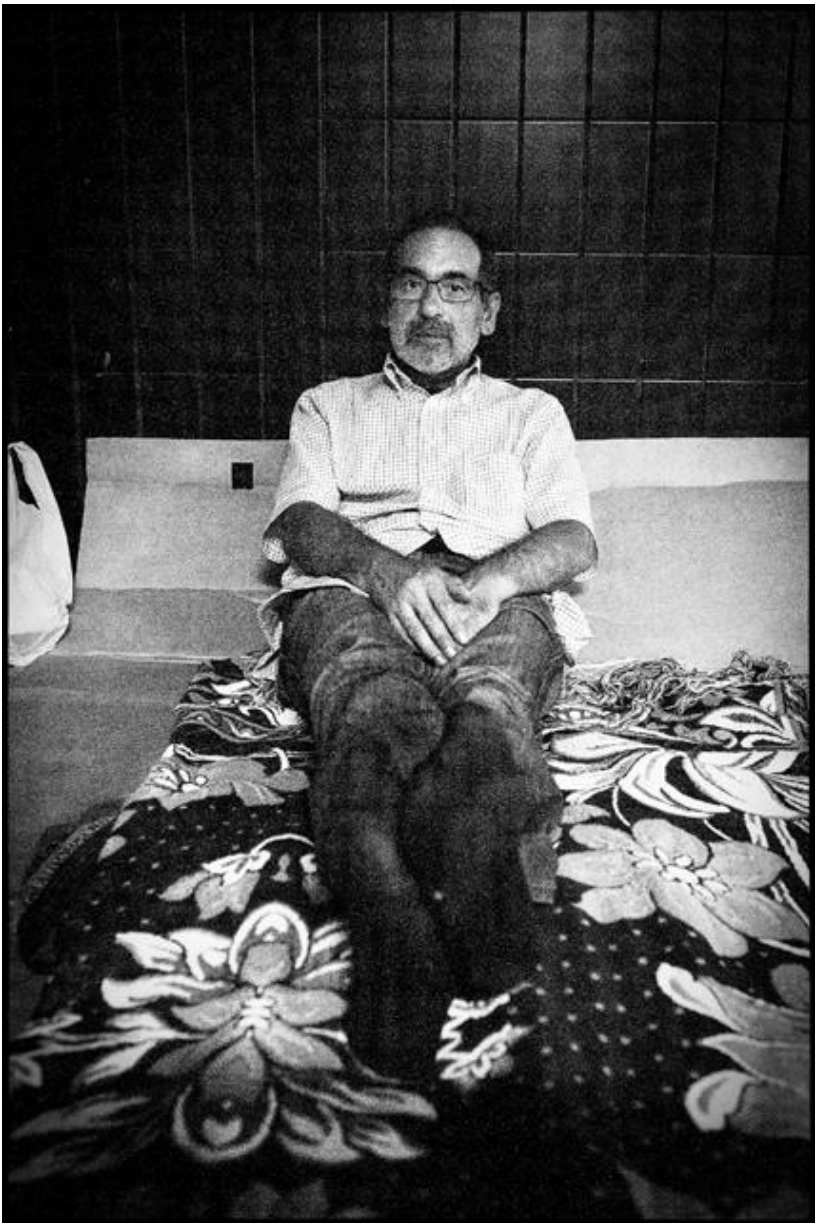
The need to adopt a strategy of the lowest cost for the best intervention means that the social investment (borne by the municipalities) for interventions with severely marginalised persons can be included in a broader strategy of

cost savings and a better use of resources at the charge of the National Health Service (at the charge of the Regions) both on the hospital side (emergency room and hospitalisation) and on the territorial side (post-acute and rehabilitation) as well as with regard to the appropriate and effective use of specialist services (mental health and addictions) and prevention/prophylaxis (again at the charge of the Regions). Without forgetting pharmaceutical expenditure, even if, in this field, difficult to measure. In the same way, the economic impacts on the control and management system of the territory under the Ministry of the Interior and on the administration of justice (imprisonment and alternative measures, criminal proceedings) can be monitored.

**It is therefore possible to formulate some general recommendations for a more effective strategy:**

- The social policy sector can be the linking element of the process, but an overall strategy requires integration between the different policy sectors by connecting the different competences both at national and local level, but especially between the different sectors that make up the city (health, housing, public order, education, training, labour, administration of justice, etc.);
- An integrated strategy is one that is able to bring together different subjects from public institutions but also from the world of profit and non-profit organisations to form a steering committee that brings together different energies and resources, flanking the restorative intervention with a promotional intervention that allows the number of resources to be enlarged by drawing on local communities (hinterland municipalities, neighbourhoods, social streets, etc.) for further positive energies for the effectiveness and sustainability of the intervention;
- assume the horizon of the implementation of community health processes, because the homeless phenomenon is structural and not an emergency; the well-being of a local community is not a health problem that is realised only in the present time, but a path that is structured and maintained over time. This approach is directly related to the development of so-called 'smart cities' where the technological aspects of living are accompanied by an aspect of coexistence and social cohesion.

*Given the complexity and vastness of the players in the field, it is recommended to work on pilot initiatives/projects that enable the identification of advantages and criticalities (according to a logic that can also be cost-benefit) for subsequent enlargement and repli- cation, setting deadlines and targets to be achieved over time.*



# APPENDIX

# SURVEY

# HOMELESS PEOPLE 2014
# ISTAT

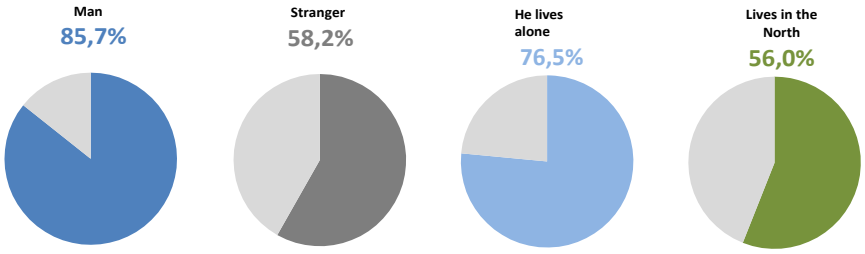
10 December 2015

Year 2014

# HOMELESS PEOPLE

- In 2014, the second survey on the condition of people living in extreme poverty was carried out following an agreement between Istat, the Ministry of Labour and Social Policy, the Italian Federation of Organisations for the Homeless (fio.PSD) and Caritas Italiana.
- The number of homeless people who, in November and December 2014, used[2] at least one canteen or night shelter service in the 158 Italian municipalities where the survey was conducted is estimated at 50 thousand 724[1] . This amount corresponds to 2.43 per thousand of the population regularly registered in the municipalities covered by the survey, a figure that has increased compared to three years earlier, when it was 2.31 per thousand (47 thousand 648 people).
- However, the collective observed by the survey also includes individuals who are not registered in the registry office or who reside in municipalities other than those where they gravitate. Approximately two thirds of the homeless (68.7%) state that they are registered in the registry office of an Italian municipality, a value that drops to 48.1% among foreign citizens and reaches 97.2% among Italians.
- The share of homeless people in the North-West (38%) is quite similar to that estimated in 2011, as are those in the Centre (23.7%) and the Islands (9.2%); in the North-East there is a decrease (from 19.7% to 18%), which contrasts with the increase in the South (from 8.7% to 11.1%) (Table 1).
- Compared to 2011, the main characteristics of homeless persons are also confirmed: they are mostly men (85.7 per cent), foreigners (58.2 per cent), under the age of 54 (75.8 per cent) - although, due to the decrease in the number of under 34 foreigners, the average age has slightly increased (from 42.1 to 44.0) - or with low educational qualifications (only one third attain at least a high school diploma).
- Compared to the past, the percentage of those who live alone has increased (from 72.9 % to 76.5 %), to the detriment of those who live with a partner or a child (from 8 % to 6 %); just over half (51 %) say they have never married.
- The duration of homelessness also lengthens in comparison to 2011: those who have been homeless for less than three months decrease from 28.5% to 17.4% (those who have been homeless for less than one month are halved), while the share of those who have been homeless for more than two years increases (from 27.4% to 41.1%) and those who have been homeless for more than four years (from 16% to 21.4%).

**MAIN CHARACTERISTICS OF HOMELESS PEOPLE.** Year 2014, per 100 homeless persons




[1] This estimate excludes, in addition to homeless persons who in the month of survey have never eaten in a canteen and have never slept in a shelter, minors, the Roma population and all persons who, despite not having a dwelling, are guests, more or less temporarily, in private accommodation (e.g. those who receive hospitality from friends, relatives or the like). The estimate is a sample type and is subject to the error that is committed by observing only a part and not the entire population: the confidence interval within which the estimated number of homeless

persons lies varies, with a 95% probability, between 48,966 and 52,482 persons (for more details see the Methodological Note).
[2] For details on the survey and the municipalities considered, see the Methodological Note.

PROSPECT 1. HOMELESS PEOPLE BY CERTAIN CHARACTERISTICS.
Years 2011-2014, ace rates and percentage composition

| | | | Absolute | |
|---|---|---|---|---|
| | | composition 2014 | 201120142011 | |
| **Geographical breakdown** | | | | |
| North-West | 18456 | 19 287 | 38,8 | 38,0 |
| North-East | 9 362 | 9 149 | 19,7 | 18,0 |
| Centre | 10878 | 11 998 | 22,8 | 23,7 |
| South | 4 133 | 5 629 | 8,7 | 11,1 |
| so and | 4 819 | 4 661 | 10,1 | 9,2 |
| **Sex** | | | | |
| Males and | 41411 | 43 467 | 86,9 | 85,7 |
| Females and | 6 238 | 7 257 | 13,1 | 14,3 |
| **Citizenship** | | | | |
| Stranger | 28323 | 29 533 | 59,4 | 58,2 |
| ta iana | 19325 | 21 259 | 40,6 | 41,9 |
| **Age class** | | | | |
| 18-34 | 15612 | 13 012 | 32,8 | 25,7 |
| 35-44 | 11957 | 12 208 | 25,1 | 24,1 |
| 45-54 | 10499 | 13 204 | 22,0 | 26,0 |
| 55-64 | 7 043 | 9 307 | 14,8 | 18,4 |
| 65 and three | 2 538 | 2 994 | 5,3 | 5,9 |
| **Qualification** | | | | |
| None | 4 120 | 4 789 | 8,7 | 9,4 |
| Licence and ementary | 7 837 | 8 305 | 16,5 | 16,4 |
| Lower secondary school certificate | 18409 | 20 088 | 38,6 | 39,6 |
| Dip oma of high school and o three | 15833 | 16 585 | 33,2 | 32,7 |
| No information | 1 449 | 957 | 3,0 | 1,9 |
| **With whom he lives** | | | | |
| Da so o | 34755 | 38 807 | 72,9 | 76,5 |
| With fig ies and/or spouse/partner | 3 811 | 3 035 | 8,0 | 6,0 |
| With family members and/or friends | 8 791 | 8 730 | 18,5 | 17,2 |
| No information | 291 | 152 | 0,6 | 0,3 |
| **Duration of homelessness** | | | | |
| Less than 1 month | 6 806 | 3 730 | 14,3 | 7,4 |
| Between 1 and 3 months | 6 748 | 5 058 | 14,2 | 10,0 |
| Between 3 and 6 months | 5 669 | 5 318 | 11,9 | 10,5 |
| Between 6 months and 1 year | 7 620 | 7 593 | 16,0 | 15,0 |
| Between 1 and 2 years | 6 897 | 7 487 | 14,5 | 14,8 |
| Between 2 and 4 years | 5 413 | 9 967 | 11,4 | 19,7 |
| Or three 4s | 7 615 | 10 833 | 16,0 | 21,4 |
| No information | 881 | 738 | 1,9 | 1,5 |
| **Total** | **47.648** | **50.724** | **100,0** | **100,0** |

## Less services but more performance

Similarly to what was observed with the previous survey, the majority of homeless people who use services (56%) live in the North of the country (38% in the North-West and 18% in the North-East), more than a fifth (23.7%) in the Centre and only 20.3% live in the South (11.1% in the South and 9.2% in the Islands) (Table 2). The result, once again, is strongly linked to the supply of services on the territory and the concentration of the population in large centres.

More than one third (35.2%) are based in the North-West, one quarter (24.1%) in the North-East, while 19.1% are located in the Centre. The remainder operates in the South and the Islands, with shares of 15.1% and 6.5% respectively.

Milan and Rome host as many as 38.9% of homeless people: 23.7% in the Lombard capital, a slightly decreasing share (from 27.5% in 2011 to 23.7% in 2014) and 15.2% in the capital. Palermo is the third municipality with the highest number of homeless people (5.7%,

down from 8% in 2011), followed by Florence (3.9%), Turin (3.4%), Naples (3.1%, up from 1.9% in 2011) and Bologna (2%).

In 2014, there were 768 canteen and night shelter services for homeless people in the 158 Italian municipalities where the survey was conducted. Compared to 2011, the number decreased by 4.2%: canteen services went from 328 to 315 and night shelters from 474 to 453. However, if we consider the services (lunches, dinners, beds) provided on a monthly basis, an increase of 15.4% (from 749,676 to 864,772) can be observed, especially for canteens, where the increase was about 22% (from 402,006 to 489,255). It follows that, overall, the services active in 2014 provided, on average, more services than those that were active in 2011: from 1,226 meals to 1,553 for canteens and from 733 beds to 829 for night shelters.

**PROSPECT 2. SERVICES AND HOMELESS PEOPLE BY GEOGRAPHICAL BREAKDOWN AND SOME REGIONS AND MUNICIPALITIES.** Years 2011-2014, va ori asso uti e percentage composition

| | Va ori asso | | utiVaori asso utiVa ori asso utiVa ori asso assouti | | | | utiVaori asso utiVa ori | |
|---|---|---|---|---|---|---|---|---|
| | Services | ersons homeless | Services | ersons homeless | Services | ersons homeless | Services | ersons homeless |
| **North-West** | **257** | **18.456** | **270** | **19.287** | **32,0** | **38,8** | **35,2** | **38,0** |
| Lombardy | 151 | 15 802 | 154 | 16 003 | 18,8 | 33,2 | 20,1 | 31,5 |
| *Milan* | *49* | *13.115* | *52* | *12.004* | *6,1* | *27,5* | *6,8* | *23,7* |
| iemonte | 63 | 2 112 | 73 | 2 259 | 7,9 | 4,4 | 9,5 | 4,5 |
| *Turin* | *25* | *1.424* | *31* | *1.729* | *3,1* | *3,0* | *4,0* | *3,4* |
| **North-East** | **209** | **9.362** | **185** | **9.149** | **26,1** | **19,6** | **24,1** | **18,0** |
| Emi ia Romagna | 101 | 4 394 | 87 | 3 953 | 12,6 | 9,2 | 11,3 | 7,8 |
| *Bologna* | *24* | *1.005* | *19* | *1.032* | *3,0* | *2,1* | *2,5* | *2,0* |
| **Centre** | **165** | **10.878** | **147** | **11.998** | **20,6** | **22,8** | **19,1** | **23,7** |
| Tuscany | 75 | 2 612 | 71 | 3 559 | 9,4 | 5,5 | 9,2 | 7,0 |
| *Florence* | *28* | *1.911* | *27* | *1.992* | *3,5* | *4,0* | *3,5* | *3,9* |
| Lazio | 71 | 8 065 | 56 | 7 949 | 8,9 | 16,9 | 7,3 | 15,7 |
| *Rome* | *61* | *7.827* | *45* | *7.709* | *7,6* | *16,4* | *5,9* | *15,2* |
| **South** | **118** | **4.133** | **116** | **5.629** | **14,7** | **8,7** | **15,1** | **11,1** |
| Campania | 39 | 1 651 | 40 | 2 481 | 4,9 | 3,5 | 5,2 | 4,9 |
| *Naples* | *18* | *909* | *18* | *1.559* | *2,2* | *1,9* | *2,3* | *3,1* |
| **Islands** | **53** | **4.819** | **50** | **4.661** | **6,6** | **10,1** | **6,5** | **9,2** |
| Sici ia | 38 | 4 625 | 35 | 3 997 | 4,7 | 9,7 | 4,6 | 7,9 |
| *Palermo* | *7* | *3.829* | *10* | *2.887* | *0,9* | *8,0* | *1,3* | *5,7* |
| **Italy** | **802** | **47.648** | **768** | **50.724** | **100,0** | **100,0** | **100,0** | **100,0** |

**PROSPECT 3. SERVICES AND HOMELESS PEOPLE BY MUNICIPALITY SIZE.** Years 2011 and 2014 (va ori ace and percentage compositions)

| | | | *Absolutevalues* | *Percentages* |
|---|---|---|---|---|
| | Services | homeless people | Services | homeless people |
| | | **2011** | | |
| Metropolitan areas | 289 | 32 792 | 36,0 | 68,8 |
| Suburban municipalities and metropolitan areas | 24 | 227 | 3,0 | 0,5 |
| Municipalities with 70-250 mi a inhabitants | 388 | 13 339 | 48,4 | 28,0 |
| Chief municipalities with 30-70 mi a inhabitants | 101 | 1 290 | 12,6 | 2,7 |
| **Total** | **802** | **47.648** | **100,0** | **100,0** |
| | | **2014** | | |
| Metropolitan areas | 280 | 31 710 | 36,5 | 62,5 |
| Suburban municipalities and metropolitan areas | 28 | 386 | 3,6 | 0,8 |
| Municipalities with 70-250 mi a inhabitants | 363 | 16 559 | 47,3 | 32,6 |
| Chief municipalities with 30-70 mi a inhabitants | 97 | 2 069 | 12,6 | 4,1 |
| **Total** | **768** | **50.724** | **100,0** | **100,0** |

The structure of the offer has also changed due to the high *turnover* that has characterised the network of services with different dynamics between canteens and night shelters. For both types, the number of services that came into operation after 2011 is less than those that, in the same period, ceased their activities: for canteens 48 against 61, for night shelters 111 against 132. The new canteens, however, provide more services than the pre-existing ones (the average is 1,111 meals against 1,633); on the contrary, for the night shelters the new ones provide more (an average of 848 against 823 night shelters in both years).

To summarise, the decrease in services (-4.2%) corresponds to a 15.4% increase in services, which is not accompanied by an increase in the number of homeless people: it is clear that many of the extra services were provided to people who were already using them, albeit with differentiated dynamics across the territory (Table 4).

The North-West is the only distribution where the number of services increases (from 257 to 270), both for soup kitchens and night shelters; however, the estimated number of homeless people is substantially stable (the observed increase is in fact not statistically different from zero), since for night shelters the bed is occupied by the same person more often than in the past (the number of average individual services per week increases from 3.0 to 3.9).

In the North-East, the decrease in the number of services (from 209 to 185) corresponds to a slight increase in services but a slight decrease in the number of homeless people; the decrease in the number of people using night shelters (due to the decrease in the number of services and services provided) is only partially compensated by the increase in those using canteens, which is a smaller increase than the one observed for services, since more meals are provided to the same user (the average goes from 2.9 to 3.1 for lunches, from 1.6 to 2 for dinners).

In the Centre, on the other hand, there was a decrease in the number of services (from 165 to 147) corresponding to a slight drop in the number of services provided and substantial stability in the estimated number of homeless persons. In the canteen services, the average number of services provided to the same person has decreased (from 3.2 services to 2.8 for lunch, from 1.4 to 0.9 for dinner), while for night shelters no clear differences can be observed.

In the South, the reduction in the number of services (from 118 to 116) only concerned canteens (night shelters went from 48 to 51); however, this resulted in an increase in the number of services, which translated into an increase in the number of homeless people and, for canteens, also in an increase in the average number of services provided to the same person (from 3.3 to 3.5 for lunch and from 0.9 to 2 for dinner).

Finally, in the Islands, the increase in services, which occurred despite the decrease in the number of services (from 53 to 50), translated into the stability of the number of homeless people; here too, more often than in the past, canteen services are provided to the same person (from 1.5 to 2 for lunch, from 0.3 to 1.3 for dinner).

**PROSPECT 4. BENEFITS (a) PROVIDED TO PEOPLE WITH NO HOUSING (NET OF POI) IN THE LAST WEEK FOR GEOGRAPHICAL BREAKDOWN.** Years 2011 and 2014, average va hours

| | East | | Centre | | South | | Islands | | North-West | | North- | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 | | |
| Lunchtime canteen | 4,4 | 3,9 | 2,9 | 3,1 | 3,2 | 2,8 | 3,3 | 3,5 | 1,5 | 2,0 | | |
| Canteen at dinner | 3,0 | 2,8 | 1,6 | 2,0 | 1,4 | 0,9 | 0,9 | 2,0 | 0,3 | 1,3 | | |
| Night Accog ience | 3,0 | 3,9 | 3,4 | 2,9 | 2,3 | 2,3 | 3,1 | 2,5 | 3,8 | 3,8 | | |
| **Total** | **10,4** | **10,5** | **7,9** | **7,9** | **6,8** | **6,0** | **7,3** | **8,0** | **5,6** | **7,0** | | |

(a) data was obtained from the weekly diary, where t h e homeless person indicated the canteen and reception services used in the week preceding the interview

## More homeless people are unable to answer the interview

In 2014, 14.1 per cent of the respondents had difficulty interacting directly with the surveyors (POIs), and therefore basic information was collected with the help of the service operators.

**PROSPECT 5. HOMELESS PEOPLE DUE TO DISABILITY OR DEPENDENCY AND REDUCED KNOWLEDGE OF THE ITALIAN LANGUAGE.** Years 2011 and 2014, percentage composition and e va ori asso uti

| | rob ems of disabi ity or dependence | | Reduced knowledge of ingua ita iana | | Without prob ems of disability/addiction or reduced knowledge of a ingua ita iana | | Tota e (=100%) | |
|---|---|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| ers with difficulties in interacting ( D ) | 76,0 | 70,3 | 24,0 | 29,7 | - | - | 4429 | 7130 |
| ers without diffi culty to interact | 31,0 | 25,4 | 26,4 | 24,6 | 42,6 | 50,0 | 43 2 | 43 5 |
| **people** | **35,2** | **29,8** | **26,2** | **24,8** | **38,7** | **45,3** | **47.648** | **50.724** |

The share has increased compared to 2011, when it was estimated at 9.3%, due to the greater presence of people with reduced knowledge of the Italian language (the percentage among POIs rose from 24% to 29.7%); however, the weight of POIs with problems related to physical limitations or obvious disabilities (inadequacies, illnesses or mental disorders) and/or addiction problems remains the majority (70.3% of cases, down from 76% in 2011) (Table 5).

## Average age rising among foreigners

Detailed information was collected for the homeless respondents, not only on socio-demographic characteristics but also on family, parental and friendship relations, type of employment, use of services and main sources of livelihood[3] .

Significant is the increase in the average age (from 42.2 to 44.4 years), which is mainly due to the consistent decrease in the percentage of the youngest (under 34) among foreigners (from 46.5% to 35.6%) (Chart 6): the average age increases from 36.9 to 39.8 years, but remains stable at 50.3 years among Italians.

The increase in average age among foreigners is associated with an increase in the average duration of homelessness (from 1.6 to 2.2 years), an increase that does not affect the Italian component (average duration stable at 3.5 years). In particular, among foreigners, those who have been homeless for at least 2 years have doubled (from 9.2% to 18.7% if the duration goes from 2 to 4 years, and from 9.3% to 17.1% if it exceeds 4 years); those who have been homeless for less than 6 months have decreased significantly (from 49.7% in 2011 to 32.7% in 2014) and those who have been homeless for less than a month have decreased even more (from 17.8% to 8.8%).

The increase in the average age among foreigners is also reflected in the growth of those who do not have any educational qualification (from 11.2% to 13.3%) and in the decrease of those with at least a high school diploma (from 43.1% to 39.5%); on the contrary, among Italians the percentage of the most educated increases from 23.1% to 26.9%. The differences between foreigners and Italians are thus decreasing in terms of age, length of stay in homelessness and educational qualifications, although the Italian component remains older, less educated and has been homeless longer.

The proportion of homeless people who state that they have never had a home remained stable at 6.8%; the places where people lived before becoming homeless also remained unchanged compared to 2011: about two thirds in their own private home (rising to 72.5% among Italians) and a further 15.7% as the guest of friends and/or relatives (18.3% among foreigners); 18.9% in a nomad camp, occupied accommodation, in an institution for minors, for the disabled or other (21.8% among foreigners).

[3] The analyses presented below (tables 6 to 14) refer only to homeless persons able to respond to the interview.

PROSPECT 6. HOMELESS PERSONS (NET OF PDI) BY CITIZENSHIP AND SOME CHARACTERISTICS.
Years 2011 and 2014, percentage composition and e va ori asso uti

| | Foreign | | English | | Total | |
|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| **Sex** | | | | | | |
| Males and | 87,6 | 86,3 | 86,2 | 84,9 | 87,0 | 85,7 |
| Females and | 12,4 | 13,7 | 13,9 | 15,1 | 13,0 | 14,3 |
| **Age class** | | | | | | |
| 18-34 | 46,5 | 35,6 | 10,4 | 9,7 | 31,8 | 24,3 |
| 35-44 | 27,7 | 26,5 | 22,0 | 21,2 | 25,3 | 24,2 |
| 45-54 | 17,4 | 24,9 | 30,3 | 29,1 | 22,7 | 26,8 |
| 55-64 | 7,0 | 10,8 | 26,5 | 29,4 | 14,9 | 18,9 |
| 65 and three | * | * | 10,9 | 10,6 | 5,3 | 5,8 |
| **Qualification** | | | | | | |
| None | 11,2 | 13,3 | * | * | 9,1 | 8,8 |
| icence and ementary | 13,4 | 13,1 | 19,3 | 21,1 | 15,8 | 16,6 |
| junior high school | 32,3 | 34,2 | 51,5 | 48,8 | 40,1 | 40,6 |
| dip oma of high school and o three | 43,1 | 39,5 | 23,1 | 26,9 | 35,0 | 34,0 |
| **Duration of homelessness** | | | | | | |
| Less than 1 month | 17,8 | 8,8 | 11,7 | 6,7 | 15,3 | 7,9 |
| Between 1 and 3 months | 16,4 | 11,5 | 12,8 | 10,0 | 15,0 | 10,9 |
| Between 3 and 6 months | 15,5 | 12,4 | 7,6 | 9,3 | 12,3 | 11,0 |
| Between 6 months and 1 year | 17,1 | 16,5 | 15,5 | 11,4 | 16,4 | 14,3 |
| Between 1 and 2 years | 14,7 | 15,0 | 14,9 | 14,3 | 14,8 | 14,7 |
| Between 2 and 4 years | 9,2 | 18,7 | 13,6 | 21,2 | 11,0 | 19,8 |
| Or three 4s | 9,3 | 17,1 | 24,0 | 27,0 | 15,3 | 21,4 |
| **Housing** | | | | | | |
| Never had a home | 9,2 | 9,1 | 5,1 | * | 7,5 | 6,8 |
| **Where he lived before he was homeless** | | | | | | |
| At home | 57,5 | 59,9 | 73,2 | 72,5 | 63,9 | 65,4 |
| In a home as a guest of friends or relatives | 18,7 | 18,3 | 11,5 | 12,4 | 15,8 | 15,7 |
| A tro | 23,7 | 21,8 | 15,3 | 15,1 | 20,3 | 18,9 |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size

### Share of those who have never worked increases, stable jobs decrease

28% of the homeless declare that they work[4] , a stable value compared to 2011 and without significant differences between foreigners (28.6%) and Italians (27.2%) (Table 7. ), in construction (labourer, bricklayer, construction worker, etc.), in the various production sectors (labourer, carpenter, blacksmith, baker, etc.). The proportion of those who have never worked has also increased significantly, from 6.7% to 8.7%, especially among foreigners (from 7.7% to 10.4%).

[4] For the definition of work, see Glossary.

PROSPECT 7. HOMELESS PERSONS (NET OF PDI) BY CITIZENSHIP AND EMPLOYMENT STATUS.
Years 2011 and 2014, percentage composition and e va ori asso uti

| | Foreign | | English | | Total | |
|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| He has a job | 27,8 | 28,6 | 29,2 | 27,2 | 28,3 | 28,0 |
| *aunla oroatermine, pocoosicuroo saluario* | *24,2* | *26,4* | *25,1* | *25,0* | *24,5* | *25,8* |
| *aunla orosta ile* | *3,6* | | *4,1* | | *3,8* | *2,3* |
| He has no job | 72,2 | 71,4 | 70,8 | 72,8 | 71,7 | 72,0 |
| *aa utounla orosta ile* | *23,7* | *19,6* | *28,6* | *28,7* | *25,7* | *23,5* |
| *aa utounla gold aterm, unsafe* | *40,8* | *41,4* | *36,8* | *37,5* | *39,3* | *39,7* |
| *Never gold* | *7,7* | *10,4* | *5,4* | *6,6* | *6,7* | *8,7* |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size

Amongst those who work, the weight of those who work for more than 20 days a month is reduced (from 32.2% to 30.5%); this result can be attributed exclusively to the Italian component, for which the proportion of those who work for less than 10 days a month increases (from 33.8% to 38.8%) (Table 8). Finally, both the share of those earning more than €500 per month (from 27.7% to 22.6%) and the share of those earning less than €100 (from 24.1% to 14.8%) decreased. The average amount earned is therefore stable compared to 2011 and amounts to just over €300 per month: €311 among foreigners and €319 among Italians.

PROSPECT 8. HOMELESS PERSONS (NET OF PDI) WORKING BY CITIZENSHIP, NUMBER OF WORKING DAYS AND MONTHLY EARNINGS. Years 2011 and 2014, percentage composition and va ori asso uti

| | Foreign | | English | | Total | |
|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| **Working days in the month** | | | | | | |
| Less than 10 days | 40,4 | 36,6 | 33,8 | 38,8 | 37,6 | 37,6 |
| 10 to 19 days | 32,1 | 35,6 | 27,6 | 27,0 | 30,2 | 31,9 |
| 20 days and three | 27,5 | 27,8 | 38,6 | 34,2 | 32,2 | 30,5 |
| *Numerome i gold days per month* | *12,0* | *12,9* | *14,0* | *13,7* | *13,0* | *13,2* |
| **Monthly earnings** | | | | | | |
| Less than 100 euro | 26,0 | 15,3 | 21,3 | * | 24,1 | 14,8 |
| Between 100 and 499 euro | 47,2 | 62,5 | 49,7 | 62,8 | 48,2 | 62,7 |
| 500 euro and or three | 26,7 | 22,2 | 29,1 | 23,1 | 27,7 | 22,6 |
| *ua agno me iomensile* | *349* | *311* | *342* | *319* | *347* | *315* |
| **People working** | **7.126** | **7.024** | **5.120** | **5.186** | **12.246** | **12.209** |

* Not significant due to low sample size

## More cash help from family, friends or relatives

Stable compared to 2011, the number of homeless people claiming to have no source of income at all (17.4%), twice as many among foreigners (22.2% against 11.2% of Italians) (Table 9). They have only one source in slightly more than half of the cases (53%) and at least two in a further third (29.6%, an increase among foreigners, from 21.7% to 29.8%).

As a result of the above, the percentage of those who have work as their only source of income decreases (from 17% to 14.2% among foreigners and from 15.8% to 13.6% among Italians), but the share of those who state that they receive cash help from family members, friends or relatives increases (from 29.5% to 34% and from 24% to 29.6% respectively). Among foreigners, the weight of those who receive income from outsiders (collections, voluntary associations or other) also increases (from 37.3% to 40.7%), a value that is decreasing among Italians (from 36.5% to 33.8%).

PROSPECT 9. HOMELESS PERSONS (NET OF PDI) BY CITIZENSHIP AND SOURCE OF INCOME.
Years 2011 and 2014, percentage composition and e va ori asso uti

| | ForeignEnglishTotal | | | | | |
|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| **Source of income** | | | | | | |
| No source of income | 22,1 | 22,2 | 11,8 | 11,2 | 17,9 | 17,4 |
| A source of income | 56,2 | 48,0 | 59,6 | 59,5 | 57,6 | 53,0 |
| Two or more sources of income | 21,7 | 29,8 | 28,6 | 29,3 | 24,5 | 29,6 |
| **Type of income** | | | | | | |
| From avoro | 27,8 | 28,6 | 29,2 | 27,2 | 28,3 | 28,0 |
| *only re ito gold wing* | *17,0* | *14,2* | *15,8* | *13,6* | *16,5* | *13,9* |
| From retirement | * | * | 19,3 | 20,2 | 9,0 | 10,3 |
| *only re ito apension* | | | *12,7* | *13,9* | *5,9* | *6,9* |
| From grants from municipalities or other public bodies | 6,1 | 6,4 | 12,4 | 13,2 | 8,7 | 9,4 |
| *only subsidies to the municipality or other public bodies* | *3,4* | | | | *3,8* | *3,4* |
| From family, friends, relatives | 29,5 | 34,0 | 24,0 | 29,6 | 27,2 | 32,1 |
| *only family, friends, relatives* | *13,8* | *11,1* | *8,1* | *12,6* | *11,4* | *11,8* |
| From people I do not know (co etta) or who do vo ontariat, to tri so of | 37,3 | 40,7 | 36,5 | 33,8 | 37,0 | 37,7 |
| *only apersonsthose I don't know (collection) or do volunteer work, others only* | *20,8* | *18,8* | *18,7* | *14,9* | *20,0* | *17,1* |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size

## Separation from a spouse increasingly leads to homelessness

The loss of a stable job together with separation from a spouse and/or children are confirmed as the most relevant events in the path of progressive marginalisation leading to homelessness; poor health conditions (disability, chronic diseases, addictions) also play a role, albeit to a lesser extent. From 2011 to 2014, it is estimated that there has been a sharp increase in the number of homeless people who have experienced a separation, from 59.5% to 63%, slightly more pronounced among foreigners (from 54.4% to 57.8% compared to 67% to 69.6% among Italians) (Table 10). The loss of a stable job is no longer the most widespread event: in 2014 it affected 56.1% of homeless people (61.9% in 2011), varying between 48.4% of foreigners (it was 55.9%) and 66.1% of Italians (it was 70.6%).

PROSPECT 10. HOMELESS PERSONS (NET OF PDI) BY CITIZENSHIP AND LIFE EVENTS EXPERIENCED.
Years 2011 and 2014, percentage composition and e va ori asso uti

| | ForeignEnglishTotal | | | | | |
|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| **Type of event** | | | | | | |
| Ma attia (a) | 23,7 | 20,8 | 41,7 | 31,4 | 31,0 | 25,4 |
| Separation from spouse and/or partner | 54,4 | 57,8 | 67,0 | 69,6 | 59,5 | 63,0 |
| ery loss of stabi e | 55,9 | 48,4 | 70,6 | 66,1 | 61,9 | 56,1 |
| **Number of events** | | | | | | |
| No events | 21,2 | 23,3 | 8,3 | 7,8 | 16,0 | 16,5 |
| A so o event: | 33,0 | 34,4 | 27,5 | 30,3 | 30,8 | 32,6 |
| *Disease (a)* | *4,9* | *5,5* | | *6,0* | *5,2* | *5,7* |
| *eparation to spouse and children* | *13,3* | *17,8* | *9,4* | *13,2* | *11,7* | *15,8* |
| *For ita el la orosta ile* | *14,9* | *11,1* | *12,5* | *11,1* | *13,9* | *11,1* |
| **iu** events: | 45,8 | 42,3 | 64,2 | 61,9 | 53,3 | 50,9 |
| *eparation to the spouse and children eper ita el orosta ile* | *27,0* | *27,0* | *28,1* | *36,5* | *27,5* | *31,2* |
| *Sickness (a)eseparation to spouse and children oper ated el la oro sta ile* | *9,4* | *7,4* | *12,8* | *12,4* | *10,8* | *9,6* |
| *Sickness (a),separation to spouse and children eper ita el orosta ile* | *9,3* | *7,9* | *23,4* | *13,0* | *15,0* | *10,1* |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size
(a) The ma acty event is defined on the basis of the interviewer's reported presence of a disability or chronic ma acty and/or forms of addiction (to alcohol, drugs, psychoactive drugs, etc.); it differs from the one published in the 2012 press release, where 'disease' was defined as a self-declared state of health

Slightly more than a quarter of the homeless (25.4%) have health problems, down from 31% in 2011; the decrease mainly affected the Italian component:( 41.7% in 2011 to 31.4% in 2014 (among foreigners from 23.7% to 20.8%).

The presence of those who have not experienced any of these events (16.5%) or who have experienced one (32.6%) remains residual; this confirms that homelessness is almost always the result of a multifactorial process.

The greater prevalence of the separation event compared to 2011 is reflected in the increase in the number of homeless people living alone (from 74.5% to 78.3%); among Italians there is also a significant reduction in the share of those living with family members other than spouse/partner/children or with friends (from 12.1% to 9.3%) (Table 11).

Despite the fact that they live more often alone, the percentage of those who have contact with family members remains the majority: 59.3% among Italians and 72.4% among foreigners (but the latter decrease from 78.3% in 2011). Finally, almost three quarters of the homeless declare that they have friends (74.9%), especially outside the circle of the homeless (63.6%).

TABLE 11. HOMELESS PERSONS (NET OF PDI) BY CITIZENSHIP AND PARENTAL AND FRIENDSHIP RELATIONS. 
2011 and 2014, percentage composition and e va ori asso uti

| | Foreign | | English | Total | | |
|---|---|---|---|---|---|---|
| | 2011 | 2014 | 2011 | 2014 | 2011 | 2014 |
| **With whom he lives** | | | | | | |
| Da so o | 71,9 | 74,1 | 78,3 | 83,7 | 74,5 | 78,3 |
| With fig ies and/or spouse/partner | 7,6 | 6,1 | * | 7,1 | 8,4 | 6,5 |
| With family members and/or friends | 20,5 | 19,8 | 12,1 | 9,3 | 17,1 | 15,2 |
| **Contact with family members** | | | | | | |
| Yes | 78,3 | 72,4 | 58,6 | 59,3 | 70,3 | 66,7 |
| *heard them* | *35,5* | *26,4* | *7,8* | *7,2* | *24,3* | *18,0* |
| *them and* | *42,8* | *46,1* | *50,8* | *52,1* | *46,0* | *48,7* |
| No | 21,7 | 27,6 | 41,4 | 40,7 | 29,7 | 33,3 |
| **Friends** | | | | | | |
| Yes | 71,0 | 77,6 | 76,2 | 71,6 | 73,1 | 74,9 |
| *all without imora* | *13,8* | *14,0* | | *8,5* | *12,4* | *11,6* |
| *At least some with imora* | *57,2* | *63,6* | *65,8* | *63,0* | *60,7* | *63,3* |
| No | 29,0 | 22,4 | 23,8 | 28,4 | 26,9 | 25,1 |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size

### The use of street units, medical distribution and listening centres is greater

Compared to 2011, the proportion of homeless people who said they had used the services of street units in the 12 months preceding the interview increased (from 27.6% to 36.4%), especially among foreigners (from 27.6% to 39.8%) (Table 12). Contact with listening centres or similar structures also increased (from 35.7% to 42.7%), as did contact with drug distribution services (from 33.5% to 40.2%). Finally, but only for foreigners, attendance at day care centres also increased (from 31.5% to 35.5%).

There was an increase in the number of homeless people turning to social services (from 39.8% to 47.1%), while among foreigners there was a decrease in the use of employment services (the percentage fell from 45.2% to 39.4%). There was also a decrease in the use of food parcel distribution services (from 40.8% to 34.7%) and, for Italians, of night shelter services (from 77.1% to 69.6%); presumably the reduction in *turnover* among users of night shelter services has mainly affected the Italian component, which as a result of this trend shows rates of use that are much more similar to the foreign component than in the past (from a difference of 10 percentage points, it drops to just 3 points, reaching 66.9% among foreigners and 69.6% among Italians).

Sixty per cent of the homeless managed to sleep at least once (in the month preceding the interview) in a night shelter and about half used a night and day shelter service (this percentage even doubled compared to 2011, especially among foreigners, for whom it rose from 20.1% to 51.5%) (Table 13).

Those who were forced to sleep in makeshift 'places' such as cars, caravans or train wagons decreased (from 22.8% to 15.3%), especially among foreigners (from 22.9% to 12.6%), among whom the percentage of those who slept outdoors also decreased (from 44.2% to 40.9%).

**PROSPECT 12. PEOPLE WITHOUT HOUSING (NET OF POI) BY CITIZENSHIP AND TYPE OF SERVICES [a] USED IN THE LAST 12 MONTHS.** Years 2011 and 2014, percentage composition and e va ori asso uti

| | | | | | ForeignEnglishTotal | |
|---|---|---|---|---|---|---|
| | | | | | 20112014201120142011 | 2014 |
| To minus one: | 99,8 | 99,8 | 99,7 | 99,6 | 99,8 | 99,7 |
| *food parcels* | *37,4* | *33,1* | *45,6* | *36,7* | *40,8* | *34,7* |
| *Canteens* | *91,3* | *89,5* | *86,5* | *87,8* | *89,4* | *88,8* |
| *istributions to iti* | *61,4* | *62,8* | *59,4* | *58,7* | *60,6* | *61,0* |
| *me icinal instr uctions* | *35,1* | *43,2* | *31,1* | *36,4* | *33,5* | *40,2* |
| *jenepersonal ( occel agni)* | *67,5* | *62,3* | *56,7* | *52,6* | *63,1* | *58,0* |
| *nit i stra a(minibuses, pick-up trucks, etc.)* | *27,6* | *39,8* | *27,7* | *31,9* | *27,6* | *36,4* |
| *Reception* | *67,2* | *66,9* | *77,1* | *69,6* | *71,2* | *68,1* |
| *Daytime reception* | *31,5* | *35,5* | *39,6* | *41,9* | *34,8* | *38,3* |
| *Other (counselling centres)* | *31,9* | *39,5* | *41,2* | *46,9* | *35,7* | *42,7* |
| At minus one: | 76,1 | 72,3 | 88,0 | 86,7 | 80,9 | 78,6 |
| *employment services* | *45,2* | *39,4* | *44,8* | *44,1* | *45,0* | *41,4* |
| *registry services* | *23,7* | *24,0* | *32,1* | *31,2* | *27,1* | *27,2* |
| *social services* | *30,3* | *35,5* | *53,7* | *62,0* | *39,8* | *47,1* |
| *health services* | *48,2* | *45,9* | *64,1* | *64,2* | *54,7* | *53,9* |
| *Other public services* | *4,2* | | | | *4,2* | *3,2* |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size
(a) for details see G ossario

**PROSPECT 13. HOMELESS PERSONS (NET OF PDI) BY CITIZENSHIP AND PLACES WHERE THEY HAVE BEEN FORCED TO SLEEP IN THE MONTH PRECEDING THE INTERVIEW.** Years 2011 and 2014, percentage composition and e va ori asso uti

| | | | ForeignEnglishTotal | | | |
|---|---|---|---|---|---|---|
| | | | 20112014201120142011 | | | |
| Street, park, public area | 44,2 | 40,9 | 36,2 | 35,9 | 41,0 | 38,8 |
| Railway station, metro | 29,3 | 29,8 | 22,9 | 23,9 | 26,7 | 27,2 |
| Automobi e, rou ote, wagon | 22,9 | 12,6 | 22,5 | 18,7 | 22,8 | 15,3 |
| Shack, shed, abandoned house | 25,8 | 23,7 | * | 19,5 | 22,0 | 21,9 |
| Night-time reception facilities | 58,4 | 57,1 | 65,6 | 62,6 | 61,3 | 59,5 |
| Night/day care facilities | 20,1 | 51,5 | 30,5 | 56,2 | 24,4 | 53,6 |
| **Total (=100%)** | **25.658** | **24.531** | **17.561** | **19.064** | **43.219** | **43.595** |

* Not significant due to low sample size

## Stable percentage of homeless women

Women accounted for 14.3 per cent of the homeless population, a statistically identical value to that estimated in 2011; the proportion of those who had difficulty answering the interview, estimated at 14 per cent, was similar to that of men.

Slightly less than half are Italian (46.1%), the average age is 45.4 years and they have been homeless on average for 2.7 years (without significant differences compared to 2011) (Chart 14). More than a quarter (28%) declare that they work, on average, for 15 days a month, earning around €329 (estimates unchanged from 2011).

Compared to 2011, homeless women live more often alone (the percentage rises from 56.4% to 62.9%) and more rarely with their spouse/partner or children (from 31.4% to 22.7%). There is an increase in the number of homeless women who have experienced separation from their spouse or children as their only event (from 19.1% to 24.7%).

TABLE 14. WOMEN WITH NO RESIDENCE(EXCLUDING PDI) . FOR CERTAIN CHARACTERISTICS

Years 2011 and 2014, va ori asso utes and percentage composition

| | | | AbsolutevaluesPercentage | composition |
|---|---|---|---|---|
| | | | | 2011201420112014 |
| **Citizenship** | | | | |
| Stranger | 3 184 | 3 361 | 56,7 | 53,9 |
| ta iana | 2 432 | 2 878 | 43,3 | 46,1 |
| **With whom he lives** | | | | |
| Lives from so to | 3 167 | 3 922 | 56,4 | 62,9 |
| Lives with son and/or spouse/partner | 1 762 | 1 415 | 31,4 | 22,7 |
| Lives with family members and/or friends | * | * | * | * |
| **Employment status** | | | | |
| He has a job | 1 421 | 1 746 | 25,3 | 28,0 |
| He has no job | 4 195 | 4 494 | 74,7 | 72,0 |
| He has never been an advocate | * | * | * | * |
| **Type of event experienced** | | | | |
| Ma attia (a) | 1 804 | 1 719 | 32,1 | 27,6 |
| Separation from spouse and/or partner | 3 943 | 4 374 | 70,2 | 70,1 |
| ery loss of stabi e | 3 090 | 3 098 | 55,0 | 49,7 |
| **Number of events experienced** | | | | |
| No events | * | * | * | * |
| A so o event: | 1 831 | 2 511 | 32,6 | 40,2 |
| *eparation to spouse and children* | *1.070* | *1.540* | *19,1* | *24,7* |
| iu events: | 3 101 | 3 003 | 55,2 | 48,1 |
| *eparation to spouseandchildren and for ita el orosta ile* | *1.535* | *1.639* | *27,3* | *26,3* |
| **Totale** | **(=100%)5.6166.239100,0100,0** | | | |

* Not significant due to low sample size

(a) The ma acty event is defined on the basis of the interviewer's reported presence of a disability or chronic ma acty and/or forms of addiction (to alcohol, drugs, psychoactive drugs, etc.); it differs from the one published in the 2012 press release, where 'disease' was defined as a self-declared state of health

## Street unit services and their homeless users

The population of homeless persons analysed so far consists of homeless persons who use the canteen and night shelter services in the 158 municipalities involved in the survey; it follows that all persons who do not use these services are excluded.

In order to have an estimate of the number of homeless people who remain excluded, the possibility of surveying them was tested through the Street Units (UdS), which operate on the territory providing itinerant services in places frequented by the homeless. Since the services provided by the operators of the UdS are not entirely comparable to those provided by the operators of the canteens and night shelters, both in terms of their specific nature and the way they are provided, the experiment was designed as a separate survey, although it was intended to be complementary to that conducted at the canteen and night shelter services.

The first step was the census of UdS services in the 158 municipalities surveyed.

**PROSPECT B1. STREET UNITS BY REGION, GEOGRAPHICAL BREAKDOWN AND MUNICIPAL TYPE** Year 2014, va ori asso uti ons and percentage compositions

| | *Absolute values* | *Percentage compositions* |
|---|---|---|
| **REGION AND GEOGRAPHICAL BREAKDOWN** | | |
| **Italy** | **229** | **100,0** |
| iemonte | 20 | 8,7 |
| Va e D'Aosta/Valleè d'Aoste | - | - |
| Lombardy | 47 | 20,5 |
| Liguria | 9 | 3,9 |
| **North-West** | **76** | **33,2** |
| Trentino-Ato Adige | 6 | 2,6 |
| *Bolzano-Bozen* | *3* | 1,3 |
| *Trento* | *3* | 1,3 |
| Veneto | 16 | 7,0 |
| Friu i-Venezia Giu ia | 3 | 1,3 |
| Emilia-Romagna | 20 | 8,7 |
| **North-East** | **45** | **19,7** |
| Tuscany | 12 | 5,2 |
| Umbria | 1 | 0,4 |
| Brands | 1 | 0,4 |
| Lazio | 49 | 21,4 |
| **Centre** | **63** | **27,5** |
| Abruzzo | 1 | 0,4 |
| Mo ise | - | - |
| Campania | 4 | 1,7 |
| ug ia | 4 | 1,7 |
| Bases icata | - | - |
| Ca abria | 5 | 2,2 |
| **South** | **14** | **6,1** |
| Sici ia | 16 | 7,0 |
| Sardinia | 15 | 6,6 |
| **Islands** | **31** | **13,5** |
| **MUNICIPAL TYPOLOGY** | | |
| Metropolitan areas | 143 | 62,4 |
| Suburban municipalities and metropolitan areas | 1 | 0,4 |
| Municipalities with 70-250 mi a inhabitants | 79 | 34,5 |
| Chief municipalities with 30-70 mi a inhabitants | 6 | 2,6 |

## STREET UNIT SERVICES

The UdS services providing services to homeless persons in the 158 Italian municipalities where the survey was conducted number 229 in 2014 (Table B1). One third (33.2 per cent) operate in the North-West, 19.7 per cent in the North-East, and 27.5 per cent in the Centre; the shares for the South, 6.1 per cent, and for the Islands, 13.5 per cent, are minor. Lazio is the Italian region with the highest number of services: 49 units, about 21.4% of the total, almost totally (48) operating in the territory of the municipality of Rome. It is followed by Lombardy (47 services, 20.5% of the total, where about two thirds, 30, operate in the municipality of Milan) and Piedmont, where there are 20 services (8.7% of the total), again almost all of them
concentrated in the municipality of Turin.

Similar to that of Piedmont is the percentage of services operating in Emilia Romagna where, however, the spread of services is much more capillary over the territory, less than half of the services (8) operate in the municipality of Bologna.

In both Sicily and Veneto 16 services operate (7% of the total), in Sardinia 15 (6.6% of the total); the share of services in Tuscany is 5.2%, in Liguria it is 3.9% and in Trentino Alto-Adige it is 2.6%. Rather small is the share of services in Calabria (2.2%), Campania and Apulia (both 1.7%).

The percentage of UdS services in Friuli-Venezia Giulia is slightly above 1% while it is below 1% in Umbria, Marche and Abruzzo. In Valle d'Aosta, Molise and Basilicata there are no UdS services for homeless people.

UdS are much more prevalent in metropolitan municipalities (with populations over 250,000 inhabitants), where 62.4% of the total operate; only a little over a third (34.5%) offer services in intermediate-sized municipalities.

As many as 76.9% of the UdS are active all year round, in addition to which 18.3% are active for at least 7 months; the continuity of the service is therefore quite comparable to that guaranteed on average by the canteen and night shelter services. Considering that almost half (47.2%) of these services operate only one day a week and about a third (31.9%) for a maximum of 3 days, as many as 13.5% of the UdS are active for 4-6 days a week and 7.4% are active every day.

The hours of activity are very differentiated and are concentrated in the late afternoon and at night; in fact, most of the activity takes place after 8pm. In other words, about 60 per cent of the activity time takes place in the evening or night hours; about 30 per cent is devoted to the afternoon hours, while only 10 per cent of the activity takes place in the morning.

Eighty-two (35.8%) of the BODs can rely mainly on economic support from the Church or other religious organisations; for a quarter, on the other hand, the prevailing source of economic resources is public funding (25.8% of the services); a further 28.4% are mainly financed by donations or, more generally, by private individuals.

Responding to the basic and immediate needs of people encountered on the street is the prevailing mission of 47.5% of the services, i.e. those distributing blankets, hot drinks and other basic necessities.

On the other hand, 38.4 per cent indicated relational support as their predominant action, while the share of those dealing mainly with territory mapping fell to 6.6 per cent.

However, it should be noted that more than half of the UdS carry out a relational support service (even as a non-prevalent action) and that the percentage of those that are involved in mapping the territory rises to 38.6%.

Finally, only one-fifth of the UdS interviewed are not in contact with social-health services in the area and, of those that do, one-third operate in a formal manner, through protocols and agreements; over half of the UdS are in close contact with hospitals and over two-thirds with social services. The share of Units that collaborate with other care and assistance structures such as outpatient clinics and SERT/SERDs is also high (45.4% and 43.2% of services, respectively).

**HOMELESS PEOPLE CONTACTED BY STREET UNITS**
**A case study: the city of Turin**

The survey of homeless persons contacted by the UdS had to be limited to the city of Turin, both because of the size of the homeless phenomenon and because of the widespread presence of UdS in the area. In the other realities analysed, in fact, despite the presence of a fairly high number of UdS (e.g. in Milan, Rome, Padua or Florence), the reduced coordination characterising their activities did not allow a statistical survey to be organised.

In the week from 9 to 15 December 2014, 50 homeless people randomly selected from among the users of the UdS in Turin were interviewed; in that week, the UdS had 218 contacts with homeless people and spotted an additional 60 people in distress (without having any contact).

40% of the persons interviewed declared that they had also been users of other UdS during the week of the survey; about half (49.7%) declared that they also attended canteen and/or night shelter services (they are therefore part of the population estimated by the survey at canteen and night shelter services), 36.8% did not attend either canteen or night shelter services, while the remaining 13.5% were unable to provide the information

It is therefore estimated that the proportion of homeless people not included in the survey's estimate of canteen and night shelter services is 3.5%, a value obtained from the ratio of homeless people contacted by the UdS who do not attend canteens or night shelters (estimated at 63) to the total number of homeless people in Turin (estimated at 1. 792).792); if this estimate also includes homeless people who did not provide information (assuming that they are all people who do not attend canteens or night shelters) the percentage rises to 4.7%.

This confirms the hypothesis that homeless people who do not attend canteen or night shelter services are a decidedly minority share of the homeless population, although presumably higher than the estimate obtained for the city of Turin where the high presence of services (both canteen/night shelter and UdS) and the high degree of coordination between them greatly facilitates the path of progressive reintegration.

Apart from being a very small proportion, the homeless people who do not use soup kitchens and night shelters have partially different characteristics from those of the homeless population who use these services. In addition to sleeping more often on the street (especially in open-air places, stations or cars), they are more often Italian (about half) and more often have never formed family ties; they very rarely work and a decidedly high proportion have never worked. Finally, they more frequently have addiction problems, especially to alcohol.

## Glossary

**Labour:** refers to any activity carried out in return for remuneration or monetary consideration. The meaning of work used in this research is as broad as possible, does not necessarily have an institutional connotation and is not based on a contract; consequently, it also includes irregular work.

**Homeless person:** a person is considered homeless when he/she is in a state of material and immaterial poverty, which is characterised by severe housing hardship, i.e. by the impossibility and/or inability to independently provide for the finding and maintaining of a dwelling in the proper sense. Referring to the ETHOS typology (European Typology on Homelessness and Housing Exclusion), as elaborated by the European Observatory on Homelessness, the definition includes all persons who live in public spaces (on the street, in shacks, abandoned cars, caravans, sheds); live in a night dormitory and/or are forced to spend many hours of the day in a public (open) space; live in hostels for homeless people/temporary accommodation; live in accommodation for specific social support interventions (for single homeless people, couples and groups). Excluded are all persons who: live in overcrowded conditions; receive guaranteed accommodation from relatives or friends; live in occupied accommodation or in structured camps in cities.

**Service:** type of service provided at a given location. The provision of individual services must take place: (i) separately from any other service (it must be possible to identify the physical place of delivery, the time of delivery and the dedicated staff); (ii) continuous or repeated over time (e.g. a group of volunteers who once and for all decide to distribute old clothes to homeless people sleeping at the station is not a service any more than a parish priest who, when he has old clothes offered by parishioners, decides to make them available to those in need); (iii) socially recognised and usable (potential users can find information on the existence of the service and how to access it).

**Service by:**

**Food parcel distribution** - facilities that distribute free food support in the form of a food parcel and not in the form of a meal to be consumed on the spot.

**Clothing distribution** - facilities that distribute clothing and footwear free of charge.

**Distribution of medicines** - facilities that distribute medicines free of charge (with or without prescription).

**Personal hygiene (**showers/bathrooms) - free facilities
for personal care and hygiene.

**Canteens** - facilities that distribute meals free of charge to be consumed at the place of delivery where access is normally subject to constraints.

**Night accommodation services: these** include emergency dormitories (night accommodation facilities usually set up at certain times of the year, almost always due to weather conditions); dormitories (facilities run continuously throughout the year that only provide for the accommodation of guests during the night); semi-residential communities (facilities where night accommodation and daytime activities alternate without interruption.); residential communities (facilities in which the possibility of continuous lodging on the premises is guaranteed, even during daytime hours, and where social and educational support is also guaranteed); sheltered lodgings (facilities in which external access is limited and where there is often the presence of social workers, on a continuous or occasional basis); self-managed lodgings (reception facilities in which people have broad autonomy in the management of the living space - third reception).

**Street Unit (UdS):** We define street work carried out by street units (hereinafter referred to as UdS) with homeless persons as the activity that is carried out through constant presence in areas of the city, directly in the territory, where it is possible to contact the target population of the intervention, in order to create a contact that can be constructive and not repressive, that can be a reference in the face of urgent requests that require conditions of protection and

which proposes margins for a possible improvement in the condition of life led by the person.

The LSUs must monitor their area of competence and, at the same time, map out the hardships in order to build a support network for people in difficulty and to reassure and inform citizens in order to promote social awareness and active participation.

The UdS with its being on the street does not wait for the person to arrive, it acquires visibility on the territory in order to guarantee the direct use of the service; it moves within a context that is not its own, but is that of the people who live the state of social marginality, therefore streets, stations, squares, parks, gardens, abandoned houses, without there being an explicit request for help: This is because of the need to meet and bring to light a demand that does not come spontaneously to the services, but which it is essential to 'intercept' in order to carry out secondary prevention, risk reduction and facilitating access to the service system.

Working in the street must have relationships as its first operational tool. Relating with people on a continuous basis through listening makes it possible to gradually read the person's needs, restoring to them a progressive and motivated reconquest of the relational capacities that have been eroded in the course of their marginalisation. The activity must then be divided into being constantly on the street, contacting homeless people, listening, feeling and recognising the real contents of unease on the one hand and of potential on the other that these people bring to interpersonal relations, providing motivational support where paths of inclusion are launched, monitoring people's living conditions, recognising any worsening, deploying the most suitable resource at the right time, bearing the frustration and the weight of other people's suffering without losing sight of the objectives of the service, aware of the time needed to resolve a single situation. Street work can take on the characteristics of a long-term service to resolve or understand complex situations sometimes due to the way services are taken over and/or the resistance of some users.

In order to perform its function, the UdS must be an intentional, strongly organised and as professional as possible instrument of an integrated network of local services in order to map situations of marginality in its area of competence, constitute a gateway to public and private social territorial services through recognised and formalised procedures, monitor the phenomenon of serious marginalisation and be a significant interlocutor for citizenship as well as a privileged observatory of distress.

The BA must guarantee accessibility to all persons interested in the service offered without any specific pre-requisites, in a situation where privacy and anonymity are guaranteed.

The Guidelines for Combating Severe Adult Marginalisation in Italy were the subject of a special agreement between the Government, the Regions, the Autonomous Provinces and the Local Authorities on 5 November 2015. On the basis of this agreement, the different levels of government have committed themselves to planning, concerting and designing actions to combat extreme poverty according to the provisions of these Guidelines. In particular, the Guidelines constitute the main reference for the implementation of the interventions to reduce extreme marginality envisaged in the Operational Programmes of the European Social Fund (ESF), the European Regional Development Fund (ERDF) and the European Fund for Aid to the Indigent (FEAD).