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| **THE IMPACT OF THE PANDEMIC ON SERVICES**  **FOR THE HOMELESS PEOPLE - ITALY**  *FIO.psd INSTANT Report IREF   Caritas* |
| The survey is the result of an intuition and spontaneous comparison between researchers dealing with poverty for years. It stems from the interest in the changes induced by the Coronavirus emergency in the services for homeless people and was conducted using listening and reasoned interpretation of reality. All this would not have been possible without the invaluable collaboration of the dim net. PSD and some Italian Caritas who have given their willingness to participate in the investigation. A heartfelt thanks to the Office of Social Policies and Human Promotion of Caritas Italiana for the operational support given since the beginning of the survey; special thanks to the operators, coordinators, directors, civil servants of public and private services aimed at the serious marginality that, while struggling with complex management of the Coronavirus emergency, have found time to respond to our Interviews.   1. A "FLASH" INVESTIGATION INTO THE CONSEQUENCES OF PANDEMIC IN SERVICES FOR THE HOMELESS   The period just passed linked to the Covid 19 pandemic and the same moment present present our country in the face of a scenario of great vulnerability social and economic development and lead to greater attention being paid to the most who risk paying the highest price.  An emergency in the emergency  In the aftermath of the government's lockdown on national security grounds Lockdown (DPCM - March 11, 2020) and the appeal responsible for #iorestoacasa, immediately became evident that for the more than 55,000 homeless people "staying at home" was not a plausible option. A substantial number of people with precarious lives, problems of health, relationship fragility and very difficult living conditions, have found themselves at experience what the sector immediately called "an emergency in the emergency." At the same time, the hundreds of services and listening centers for people homeless or in extreme poverty had to adapt to to deal with a situation that immediately presented itself as problematic and dense with difficulties. Their reaction, the difficulties manifested together with the innovations organizational and operational activities that it was immediately possible to glimpse opened unforeseen scenarios in the field of work with homeless people; scenarios that deserve to be be thorough.  What effects on serious marginality?  For this purpose IREF and fio. PSD,in collaboration with Caritas Italiana, committed to carrying out a "lightning search" to deepen the effects that the pandemic was producing on the serious adult marginality, studying the solutions operational and management services implemented by the territorial services and, more importantly, look at the presence of emerging poverty profiles among service beneficiaries usually aimed at homeless people.  The contents of the report  This Report presents a first part of the results that emerged from the interviews with thirty people, including coordinators, directors and also officials of public and private companies working in the fight against severe adult marginality (cf. Infographic at the end of the report).  The contents are organized in paragraphs that the timing of the management of the pandemic: the processes of reorganization of the services, the responses adopted at the beginning of the lockdown,the stabilisation of the emergency, the relationship with the people welcomed and the inter-institutional collaboration.  In the final paragraph contains some reflections on the medium-term consequences pandemic on services for the homeless, inherent above all in the rules of access to reception places and the repercussions on the operating methods and design with the people welcomed, the legacy of thepost-Covid and the learning in the pandemic.  The cities mentioned in the paragraphs are to be understood as example.   1. THE RE-ORGANISATION OF SERVICES   What happened during the first months of the pandemic?  In addition to what has already been rebuilt [fio. PSD, 2020; Gaboardi etal., 2020; Licursi 2020], this research has allowed to collect important evidence from the voice of the actors directly involved in the management of services. From the analysis of theirre-organization different strategies emerge depending on the territorial context of reference, the size of the organization and the type of service.  In particular, compared to the latter element, we found a homogeneity in the answers and in solutions adopted, for example, between dormitories, canteens and between street units. The exceptional nature of the situation, the different times with which the virus has spread and also the impact in terms of contagion and human lives are certainly to be considered as variables that have further oriented the reorganisation of services.  The priority: to secure services and inform homeless people  At the start of the lockdown,two were the main needs reported by the most of the organisations surveyed. On the one hand, to put in place security of people who were permanently present in the services or who were accessing them, providing them with the necessary protective equipment (PPE) and ensuring the service with unprecedented operating modes to experience in the field.  On the other hand it was it is essential to inform, raise awareness, guide people on what was happening, trying to make them accept a change in the "habits" that would inevitably follow (see paragraph 3).  In some cases there has even been anticipation of prevention measures thanks to the presence of medical personnel services or security officers (the reference is clearly to the larger reception facilities such as in Milan). In other cases, the adjustment was late with a lack of PPE and a short-term closing period of the service itself (Rome, Foggia).  Stopping complex services  One of the recurring problems was also having to reshap the interventions that carried out in presence. In order to reduce the risk of infections, services that provided for accompaniment to work, internships and other paths of inclusion, suspended activities by favouring low-threshold services that responded to primary needs.  The same problems have also been encountered in listening, in social secretariats and in all those services dedicated to listening and receipt of applications. These services have reduced or completely cancelled the in-presence meetings using as the main way of providing the service telephone meetings or by appointment, an operating mode maintained and also adopted in phase 2 of the emergency.  In addition, some facilities (Foggia and rovigo) have mainly carried out activities of coordination of services and sorting of requests (Milan). This type of activity has had the merit of strengthen, even in that moment of emergency, the collaboration and networks between the other realities that at that time were engaged in the same effort. In such a context the distribution of food and material has been an element of strength in the management of primary needs.  The strong presence of volunteers in the distribution of meals or in voucher practices has made sure that they are streamlined and the enormous demands that came to the services, as well as to be able to reach the territory extensively.  Taking up the discourse on the type of services, we present below a description of the processes and interventions adopted in most organisations interviewed. Dormitories and large reception facilities have immediately perceived the impact of the pandemic and lockdown on their Activities. Overall, the reaction capacity has been very good and can be analyzed with respect to four parameters.  A fast and necessary coping strategy  1. *The timing of the reception.* These services have often extended opening hours and allowed the people welcomed to spend the daylight hours in the structure (h24 hours a day).  A rapid coping strategy necessary to ensure the continuity of to protect the people present from the risk of contagion in the street and to ensure greater safety at the workplace for operators (Naples, Italy, Pisa, Verona).  For some dormitories, this meant turning into "houses", that is, to remodulate the spaces and ensure a qualitatively different usability. From the emergency merger of day centres and dormitories were also born structures hybrids, who had to deal with the management of time and internal activities. In situations where, because of the lack of operators, it has not been possible to to activate laboratories or to carry out the pre-existing laboratories, for people there has been a growing 'apathy', which has added to the fragility of relationship and isolation normally suffered. In other services, on the other hand, continued to carry out the laboratories already planned, taking precautions necessary to ensure social distancing, for example by introducing a shift of guests in the workshops (Palermo, Bologna, Pisa, Turin).  The people at the center  2) The involvement of the persons welcomed in carrying out the activities within the services.. The prolonged opening up of services, the shift of operators and the lack of volunteers, called for greater participation of beneficiaries in the management of services (Verona, Brescia).  This was exactly one of those adaptations of covid-19 services that, as we will say better in the conclusions, was both a necessity and a challenge. people were invited to co-manage the spaces, shifts, timetables, halls and Services. Partnership and a greater level of autonomy in the choices and behaviours have been very useful in dealing with the situation, as we the referents of the services interviewed.  At the same time, there have been cases of those who "did not make it to stay inside" and suffered more incisively the restrictions related to quota entries and hygiene rules imposed by the most services.  In & Out: the most difficult choice  3) The degree of openness of the service. For the health needs imposed by the pandemic, reception services for PSDs had to limit or deny new welcome, with the consequence of leaving out those who found himself in the street during the lockdown. However, some local administrations or the same organisations have made additional spaces available (Palermo; Mr Rovigo; Cagliari; Mr Faenza; Perugia) able to accommodate those who requested it.  The closure, total or partial, towards new entrances also affected those services, such as showers, wardrobe and clothing distribution, more sensitive sectors for a possible contagion, also because these services often represent important opportunities for socialization among guests (Rovigo; Bergamo). In services still open, the entrances have been contingent, by appointment, or open only to people already within other services. And this, on the one hand, has lightened the work of the operators, engaged not only in the even in the heavy and long operations of sanitization of the environments, on the other hand has produced a reduction in access and therefore a negative effect on life psd.  Where does quarantine take place who is homeless?  4) The management of virus positivities.  Where there have been cases of positivity, suspicion or confirmed, the management difficulties were not few, but also on this the response capacity of the services seemed appreciable. In particular, it has was a problem the management of the forties, as it required no only the identification of isolated spaces in already full structures or new spaces, but also the relocation of human and economic resources. It has been, in many cases and especially in the first phase, completely at the expense of the operators without any support from public health services. Also in the field of reception to homeless people, the emergency has brought out -- and in interviews it is been the recurring "sore note" - all the fragilities of social and health integration over the territories. The reaction of the services was, however, swift and adaptation, and led to the adoption of "DIY solutions", such as the use for the isolation of offices closed to the public, hotel rooms, former assisted residences, housing reserved for social housing,and the like.  Add a seat at the table  The canteens, involved before the pandemic shock in the daily preparation of lunches and dinners for the homeless and those who live in strong situations material deprivation, they rearranged the activities, ensuring takeaway meals.  For these services, too, changes have been rapidly introduced and activities have not suffered a negative decline, on the contrary, it has often been guaranteed a more meals and an audience of more beneficiaries was intercepted compared to the pre-covidperiod. In addition, on canteens and the distribution of food there have been solidarity actions on the part of the citizens, who have to reach even the situations of "new poverty" that have emerged with the worsening crisis and the subsequent lockdown..  A specific dynamic is the one that seems to have been produced for the Street Units (Milan, Rovigo, Trento, Palermo, Rome), whose operational characteristics and on-side contact of people in a state of severe distress have resulted in a organizationon the internal front - of volunteers, operators and means of used to bring the service to the streets -- which took longer and to times a brief suspension of activity.  At the same time, just at the most emergency, when so many services on the ground, including public services, were closed, as well as commercial activities, street units remained active and provided people on the street with information and guidance on services still available, have lent themselves for the distribution of meals and PPE, in order to prevent people went to the canteens and dormitories, already saturated and engulfed.  Decreased on the other hand, the accompaniments, also because most public and third-party services sector were closed.  ... And good thing there's housingfirst  Surely a better response to the emergency situation has been possible for housing first services or that provide for the use of apartments for reception. In these cases in fact have a house in which to stay during the lockdown was essential to ensure the safety of guests.  From an operational point of view, the teams have reduced home access, to safeguard the health of people and operators and decrease contact opportunities, and increased contacts Telephone directories.  Several organizations interviewed appreciated the ability demonstrated by housing-orientedhousingservices, on the one hand, to offer physical security guests, on the other hand, to bring out the resources of the homeless and to to test its capacity for autonomy and accountability, and, ultimately, to ensure a real personalized accompaniment to the people welcomed.  3. THE RELATIONSHIP WITH THE HOMELESS  As regards the beneficiaries of the assistance, the interviews show that the homeless people, immediately after the lockdown,had difficulty understanding the gravity of the situation that was being experienced and the reasons for the sudden change in their lifestyle habits.  Between prejudices and awareness  The situation was particularly complex because both the beneficiaries and the communities around, very often, had a hostile attitude. On the one hand, the homeless people were conviding to be victims of negative prejudice: not they could more stand in the street and approach other people, they had to wear the mask, gloves and often disinfect your hands.  On the other hand, in many communities there was the idea that homeless people were carriers of the virus and to this dangerous. Among the homeless beneficiaries, at the beginning of the lockdown,it was particularly widespread also a hostile attitude towards operators who asked them to change life habits. The freedom of these people failed to yield the a daily life made up of shrinkage, rules and forced coexistence, all this upset them and provoked many situations of tension.  The Lockdown had made them lose the references of daily life: the relationship with the people or associations that supported them, the bar where they were offered coffee or food and which offered the opportunity to take advantage of the toilets, the shopkeeper who gave material and also emotional support. Cities emptied and people without dwelling were obliged to change their landmarks.  As the days and weeks passed, they could understand the extent of the danger also thanks to the information activities carried out by the operators: be informed by operators, participate in the activities of sharing news about the pandemic helped to stimulate a participatory and common atmosphere. Information activities on protective measures were useful in making it clear that the problem was shared, it was a problem of all and presupposed an act of shared responsibility.  To active and emotional involvement, people without dwelling gradually responded with a certain positivity, in the sense that they understood that their cooperation protected everyone, including them. I'm certainly not missed the moments of tension, but remained circumscribed in some realities and in the first lockdown period..  As the days passed it was understood that the situation would not change and that the lockdown would last longer than expected. Staying inside the same place for a long time and sharing spaces with other people was not a condition easy for those who are used to living in complete freedom.  Forced cohabitation  Forced cohabitation, as the weeks went by, brought out unusual sides character of each one: until February the interpersonal relationships between people homeless were limited at the time of the meal and at the time of going to sleep; sharing the times and spaces of everyday life entailed a redefinition of the relationships and interpersonal relationships that are not always easy to manage.  The episodes of tension were not lacking but the need to find a point of comparison and dialogue then seemed to be the only possible solution to the situations of Conflict. Conflict which in some situations was exacerbated by the problems of dependence of guests of the reception facilities.  The lack of the substance that created addiction prompted people to want to go out to put down episodes of abstinence: in in some cases, the help of the dependency services was decisive.  That which, however, emerges significantly from the interviews is that the not being able to meet addiction-related needs, has often shifted attention to the care and self-protection: in many cases, feeling the commonality and closeness of other people and of the operators was the right support to become aware that they have a addiction problem and run for cover by getting help through supports Specific.  Hope and new life goals  The reorganization of spaces and activities according to new needs, linked to the pandemic, has led to a redefinition of roles and perhaps also of the objectives of especially of the homeless.  The context that had been created as a result of of forced closure has somehow forced to change social relations and has activated processes of awareness and reflexivity with repercussions both on operators, and especially on homeless people, who had the opportunity to to discover personal and relational aspects that driving change.  4. THE WORK OF OPERATORS  The effects of the pandemic have inevitably affected the work of the professional and non-professional services - who were engaged in the provision of support services for psd.  Operators and volunteers have been faced with the problems health emergency in the midst of an already critical situation: the harshest months of the year are those in which the staff has a high workload, resulting from the implementation of the "Cold Plan" programmes, aimed at offering a overnight accommodation to cope with the consequences of low temperatures.  A at the beginning of March, the explosion of Covid-19 infections has revolutionized the plans, imposing a series of adaptations and reactions by insiders. From the tales of the witnesses it is possible to identify two phases ofre-organization.  At an early moment, in the context of the very first phases of the emergency, from the interviews first of all shows the need to reconstitute, in some cases from scratch (especially in the areas most affected by the pandemic), the conditions for continuity to services; in parallel, the re-organizationplans had to keep the inevitable anxieties of the operators, reconstructing the motivation and Trust.  Subsequently, also as a result of national regulatory provisions, a more or less full-speed recovery in psd services and has therefore the push towards mobilization prevailed in order to ensure the best possible benefit.  4.1 Let's stay calm  In the first phase of the pandemic, service operators experienced three immediate changes.  With a staff "reduced to thebone " - Type and number of staff available: inthe middle ofthe maximum capacity of the reception centres, the personnel in charge of the tasks psd assistance has changed.  As was imaginable, we witnessed a the number of people available: in accordance with the government provisions and with the recommendations of internal labour doctors the various bodies, both volunteers and operators have been exempted from the service professionals in old age, immunodepressed or in conditions that are such as to be classified as "vulnerable subjects". The rationalization process forced, the personal choices of those who, moved by concerns for the health of one's family, from the anxieties of their or even fear for personal health, preferred to reduce the risk of the risk of contagion, staying at home.  New volunteers  In the face of staff shortages, there has been a phenomenon of opposite, represented by the influx of new volunteers of young age (Rome, Cagliari, Lecce, Ragusa, Bologna), which in some cases led to a real and "tipping of the standard profile" of the volunteers.  The participation of young people, mostly from other experiences of engagement blocked by the Dpcm (parishes, universities, universal civil service), has also been stimulated by ad hoc appeals conveyed by the media. This renewal of the operational base services, however, has had consequences in terms of training, internal organization and logistics of services.  Double shifts and extended working hours –  *Working hours and shifts*: withthe lockdown,of course, the work required operators has significantly increased. The need to make 24-hour operations facilities intended to house PSDs, has involved the extension of the the working environment. In order to ensure the continuity of the service, it has been requested, operators still active, a greater availability that has materialised in the transition to longer shifts. It is clear that these needs have led to often exhausting and laboriously sustainable work rhythms.  Very high psychological pressure  Management of the psychologicalcomponent: as was to be expected, the invisible threat the new Coronavirus has had a strong impact on morale and on the mood of the operators, also put to the test by the increase in the workload in terms of service hours. The interviews testify however, a rather heterogeneous picture of emotional reactions.  Certainly many operators have expressed feelings of fear and apprehension about their health and for that of colleagues, sometimes ended in panic. In addition, among the members of the staff, particularly in the early stages of the emergency, were meandering bewilderment and disorientation due to a need for indications to address a situation unrelated to standard procedures. All this has been translated into the need, felt a little by everyone, to communicate with greater frequency what was being done and how. This request was addressed both to the coordinators and managers, both to the operators themselves: anxiety about the situation that was being experienced was somehow shared. Always remaining on the personal experience of the operators (as there has been returned by the interviewees), there is also a strengthening dynamic of the psychological pressure.  In fact, the influence of the public communication from general media and social media: for procedures had been rationalised, it was necessary to manage the reactions to media reports, often characterized by a frame of Alarm. The chase of news, most often discordant if not even contradiction with each other, had the effect of intensifying some signs of risk, with the consequent impact on emotional and behavioural reactions, operators as well as guests.  Another element that emerges from the interviews is the use of a language "war" (Genoa, Ancona), probably derived from political discourse and media: the representation of the virus as an "enemy" to be feared and fight, while on the one hand it has exacerbated the climate of alarm (so "it seems to stand at war: whoever you have in front of you can be an enemy", on the other hand he almost resulted in a "personification of the pathogen", thus contributing to "heroic" the workers (think of the image transmitted media, in some respects similar, of doctors and healthcare professionals).  If, in fact, some were troubled to a greater extent by the fear of being infected, there were cases of people who, in these extreme circumstances, turned out to be particularly active and energetic, being overwhelmed by a crescendo of enthusiastic about activism to "defend those who were not able to do it themselves", remaining in metaphorical terms.  According to some service managers, this emotional situation was another factor of complexity, since it was necessary, so to speak, to "lower the emotional temperature" so as to prevent reckless behaviour. In general, the management of operators and volunteers, in the face of was one of the most complex aspects: not so much because of the implications as much as for the psychological dimension. The minimization of the size of the risk in the name of the spirit of service and paralysis in the face of uncertainty, are two dynamics in many of the structures considered by the survey to be (Genoa, Milan). The rationalisation of operating procedures had to with ineseminable forms of irrationality, which are difficult to manage and to ranks." An important role in this direction has been played by the doctors of the work and the safety officers (Genoa, Bologna).  4.2 Let's roll up our sleeves  After an initial panic resulting from the fear of contagion, he broke through in the minds of operators and volunteers the desire to "roll up their sleeves". In fact, the interviews show that, despite the temptation to shelter in a sure he was present anyway, he predominated in the thought of many the desire to help instead those who had no shelter.  Adaptation strategies  It was on this strong spirit of solidarity that strategies of adaptation to the pandemic that have allowed organizations to make their own work in the best possible way. From the stories, however, another element filters: the pandemic was also an opportunity for sharing. In fact, thoughts, reflections on the offers and requests for mutual support have circulated in chats, telephone and web calls, in increasingly frequent team meetings. One of the first elements of change that emerges from the interviews concerns the role of that operators and volunteers have within the organizational structure (Rome, Bologna).  If, in fact, before the spread of the health emergency, some employees were employed in specialized tasks, such as educators and lawyers, with the new organizational needs has seen its role "de-qualified" to a of a more general nature, also according to the needs of the moment. Since the enactment of the lockdown provisions some tasks within the structure have their priority for the benefit of those essential services aimed at ensuring the health of the psd.  Before March, the main purpose of the workers was to ensure dormitory services (they were in fact in the middle of the Cold Plan) and the canteen, as well as more complex offers. The commitment of the structures was to reintegrate psd into the social fabric through the acquisition of skills within laboratories, followed by specialized personnel, and legal support, as evidenced by the tales of emergences from work in the black.  We are all operators  With the spread of the health emergency, the focus shifts to the first and most urgent needs, also in the face of the decrease in the number of operators available, by requiring specialized operators to take on essential tasks: from the moment of which the provision of services is extended to 24 hours a day, it is necessary to use a more insiders forcing organisations to abandon their more complex projects for the benefit of tasks such as help in canteens, monitoring the influx into showers, cleaning the premises or safety.  If we have talked so far about the need to redefine the roles and assignments he has services, it is essential at this point to add that the interviews a further re-organizational element of the roles for the prevention of exclusivity of tasks (Rome, Bologna, Genoa).  In a context of uncertainty such as that of the pandemic, psd centres have found themselves managing a continuous movement of people between services.  A compartmentalized reorganization  In order to prevent this from causing an increase in the number of infections within structures, the procedures have been managed in such a way as to ensure the lowest number of contacts between the operators who dealt with the different environments and services: a subdivision into "watertight compartments" is therefore outlined, which has ensured a safety, but has an impact on employee relationships.  This readjustment of tasks concerned in particular the structures of reception that present a wide range of services, including even the most compared to street units. In fact, it is apparent from the interviews that the UdS have also been affected by internal job reorganisations, without these have led to role-playing upheavals: volunteers whose age was risk-prone were used where contact with the Public. In the midst of the emergency, the need for moments of exchange in order to face everyday life.  With the frequent media reports of new restrictive measures and continuous bulletins reporting worrying scenarios, perception of risk also grew and therefore anxieties about how to deal with the organization of services. In the absence of clear provisions on the part of the and given the impossibility of de visu meetings, it was the insiders themselves who are committed to devising action plans through online meetings (Rome, Bergamo, Bologna, Ancona).  Although this mode was not new for some reality was in this circumstance experienced as a necessity, no longer a choice organisational organization but an obligation imposed by the virus. However, many interviews report that this mode has also been positive for operators in order to address the pandemic itself: the meetings that served to organize the services of the they could help the operators themselves to face the fear of what was Happening.  Self-reflexivity even in an emergency situation  What has been said so far testifies that self-reflexivity does not fail in emergency situations, where relationships are reduced to meetings only on platforms online, but rather reinforces the desire to commit to helping those in the same circumstances faces a worse situation. In spite of the panic that he would paralyzed the system of solidarity, leading to the priority of one's own health at the expense of that of others, the operators managed to manage the emergency rational organisation of resources and ensuring that PSDs are best possible perspective, also managing to support each other in view of the of the exit from the health crisis and therefore from fear.  5. INTER-INSTITUTIONAL COOPERATION  Most of the bodies involved in the management of services for people without within a network of collaborations, agreements, partnerships, more or less least solicited by public bodies.  This mode of operation has been put to the test. evidence from the pandemic: the components to read the strong territorial differences emerged during the interviews there are two. First, institutional capacity local authorities to keep the networks active, even in a crisis situation.  Password: never stop  For organizations, in the uncertainty of Phase 1, the immediate and easiest option was autarchy: they kept the services that you were able to control contacts with other bodies have been limited to coordination with the Minimum. Only in some territorial realities has this minimal option been overcome in for strong public and non-profit consultation and collaboration. In these cases was decisive, a second variable i.e. the level of development and maturity of organised civil society in that particular area.  From the interviews two dynamics emerge in the interview: in cities where the third specialized sector in extreme marginality is more developed, even without an initial impulse of the "public", collaborative networks have been set up very quickly. Not necessarily such networks were operational before the explosion of the health emergency.  Between pragmatism and weak coordination  In some cities, the presence of local coordination tables was sufficient and, therefore, the "simple" mutual knowledge of the other local actors to start what can be called collaborations "from evening to morning". In these situations, the contribution of the public actor has not always been determining factor: the institutions report that at the start of the lockdown in March 2020 it was a round of phone calls or a WhatsApp group (in which perhaps it was also present the alderman or the municipal official) to organize in a very short time concerted action. It is true that the existence of institutional opportunities for coordination in other territories has not been enough. The interviewees said to have been involved in several local coordination meetings at the term of which we found ourselves with nothing done, or rather with a call very pragmatic to continue their activity according to the possibilities of the moment. These impasses can be the result of factors that are difficult to identify data collected during the research, however, it is possible that they have weighed the differences in terms of cultural tradition (e.g. between ecclesiastical and lay bodies) or operational vocation (e.g. between small voluntary and large cooperatives, more structured); or more simply, that the situation was so chaotic that it precluded any possibility of cooperation. Beyond the internal dynamics of the third sector, relations between local authorities, including in cases of greater cooperation, have been characterized by a kind of "delegation in white." A particularly common measure has been, for example, remodulation project budgets, for example for the rapid purchase of project devices, Protective. A certain degree of administrative flexibility is found in all local situations, however, this trend does not seem to mitigate a scenario in which local authorities have mandated third-party organisations to sector to care for homeless people. More generally, the words of the witnesses consulted make it clear that, at best, homeless people are considered a matter of a segment of social policies to be left to the "experts"; in the worst case, however, they are at the last place on the list of things to do. Of course, the pandemic and the lockdown have exacerbated these positions. Especially in smaller centres, services have also had to cope with the hostility of the population towards the people who have remained outside the Welcome. Among the testimonies collected there are particularly mediation interventions by the services, situations in which the the surveillance of the territory carried out by the local police forces has intercepted homeless people who had not, objectively, other alternative to the road.  Tensions between social and health care  During the first wave of the pandemic, public health was another line of Voltage. First of all, it must be specified that although public discourse has lingered several times on the danger of homeless people, in the structures of cases of positivity have been sporadic. From the interviews collected it can be seen, However, a trend that appears similar to the one described above. Also from the point of view of health care, the management of the needs of homeless people has been almost fully delegated to the services dedicated to them. The 40 'in structure' have been a very complex problem to deal with: in a nutshell, in many cases to positive response to Covid-19, local health care tended to postpone the patient to the assistance services, not activating any take-over procedure (see §2). In even more explicitly homeless people are a matter of their services public health cannot deal with it.  You don't have any other elements for this issue and it should be added in any case that local health care has in most cases shown to be very willing to respond to the services for the homeless, especially for the as regards the execution of tampons; however, there is a doubt that the collaboration was largely functional to the monitoring of infections.  6. THE LEGACY OF THE EMERGENCY: LEARNING AND INNOVATIONS  The report wanted to reconstruct the impacts that the pandemic has caused in the services aimed at the serious marginality by identifying those changes and adaptations organization, staff and homeless people.  A "light-dark" situation  In the light of the evidence that emerged from the survey, it seems to us that, in a overall of great stress and suffering for organizational structures and for people (operators and homeless people), negative and positive spillovers can be identified. Between the critical issues that have emerged, and still unresolved, there are the quota entries, the availability of PPE, the inadequacy of the spaces, the unavailability of places to isolations and quarantines, a welcome that takes the form of an isolation within the services themselves, the suspension of the paths of inclusion and insertion Working. Compared to the latter, the organizations interviewed do not exclude that there will be further negative impacts related to the economic and social crisis that is affecting certain sectors, such as tourism and catering where service guests often manage to find jobs Desultory. A sensitive issue that emerged from the interviews is also that of health and difficulty in offering an adequate and integrated health process that would obviously have lightened the burden of handling cases of positivity or isolation both for the social as well as for the health care sector. Finally, some respondents found that during the lockdown a new user has turned to the services. People with situations precarious or informal housing, people with difficulty in carrying out subsistence work or occasional, social groups already in critical condition that have found themselves actually "on the ground" (immigrants outside the reception circuit, carers who have lost their jobs and/or homes, black and unemployed workers, people in inadequate housing solutions, off-site students etc...) and who design a new army of the poor.  Service response capabilities are not infinite  At the same time, many of the testimonies have told us about a sector that has never stopped, of entities that have shown an ability to manage scenarios of emergency never seen before, of a territorial resilience made up of strategies, agile operators, networks, solutions and creative and shared, activation of an afterthought of psd services that exceeded the strict logic of low-threshold services, a climate of collaboration - even between operators and guest people -- which was an element of strength to be able to the first few weeks of emergency.  An opportunity to rethink the service model In the face of such a complex scenario, one of the questions that seems spontaneous This is how contingent or lasting these effects can be. In some cases, referents told us that this period taught them a lot. He forced them even to stop and think. It led them to reflect and, consequently, allowed them to them to learn by making and to mature the awareness of being flexible, elastic, open. In other cases, the high level of stress and organisational difficulties have generated impasses and stalemate from which it will be difficult to get out.  Three issues "on the table"  An important message comes and sounds like an appeal for systemic change in the approach with homeless people. It is necessary to: (i) to include services at serious marginality in spatial planning Strategic (ii) to promote capable services that immediately aim to activate people in the very management of spaces, relationships and paths, (iii) consolidate public-private networks and partnerships where the local authority is responsible for its homeless citizens and, above all, invests resources appropriate to a renewal of services in the light of the changed Socioeconomic. The moment we write this report, the country is still experiencing the emergency Coronavirus and lockdown a leopard-spot lockdown. The pandemic is far from Over.  Learning from a past that is still present  The hope is that we will soon be able to move towards a phase 3 of overcoming the circumstances, rich in an organizational and managerial background gained in these months that should not be underestimated. Our instant report goes exactly in this direction and, without pretensions to exhaustiveness, wants to open a dialogue telling the events and focusing on the dimensions and processes of the pandemic and that it is up to us to transform into advancements and innovations.  Bibliography  Gaboardi, M., Cosentino, R., Demita, S., Santinello, M. [2020] Third sector, serious marginality and Covid-19 Survey on how organizations that work with the serious marginality in Padua experienced the health emergency for Covid-19,University of Padua, Padua, July (link).). Licursi S. (2020), "#iorestoacasa. And who doesn't have a house? the impact pandemic on homeless people and dedicated services" in Cersosimo, D., Cimatti, F., Raniolo,F., curated by, Study the pandemic. Inequalities and resilience at the time of Covid-19,Donzelli, Rome, pp. 63-68. Dim Observatory. PSD (2020), Mini-Dossier on reception services to times of Covid-19, Rome, May,(link).). , ( Stefani S. (2020a), "The Quarantine Without Home" in Cultural Work,, online magazine, March (link) Stefani, S. (2020b), "The impossible isolation of people without dwelling" in Second Welfare,online magazine, April (link)) )  *automatic translation Microsoft*  *Original in IT :* <https://www.fiopsd.org/gli-effetti-della-pandemia-sui-servizi/> |