



The Challenges of Social Work in the Management of the Covid-19

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Note of Editor-in-Chief

This is the first Special issue of the journal *Culture e Studi del Sociale-CuSSoc*. The idea behind the special issue comes from this consideration: around the world, individuals are facing a critical moment, the COVID-19 pandemic and its consequences require some reflections on many topics, often forgotten by scholars. This is the reason why many Italian and foreign scholars have been invited to give their contribution. Furthermore, now more than ever, it is crucial to share knowledge coming from multiple disciplines and that's why it was decided to write an entire issue in English.

For scientific and intellectual correctness, the contents of single articles refer to the situation as in mid-May 2020. It is necessary to clarify that because this Special issue was published when many countries were starting to reduce their emergency measures to cope with the pandemic.

The Challenges of Social Work in the Management of the Covid-19¹

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Abstract

The discipline and profession of Social Work, concerned with the social change of individuals and entire communities, the solution of problematic situations, as well as the increase in the well-being of citizens, also appears to have a specific role in dealing with emergency situations (earthquakes, catastrophic events, industrial accidents, epidemics and pandemics). The aim of the article is to describe, starting from the results of two investigations carried out in Italy, the responses of social and social health services to the Coronavirus emergency, and the challenges faced by social workers. The main result is that social services have responded to pandemic by developing strategies that have enabled to deliver essential performance and to strengthen the internal cohesion of services, during a critical situation.

Key word: Social Work, Sanitary emergency, Social services, Social policy.

Introduction

The aim of this study is to describe the challenges faced by Italian social services from the moment the pandemic generated by the Covid-19² exploded, when the Italian Government declared, on 30 January 2020, the state of emergency for six months and entrusted to the head of the Italian Department of Civil Protection the co-sorting actions necessary to deal with the health emergency (rescue and assistance to people infected, checks in port and airport areas, return to the homeland of citizens who were in the countries at risk).

There are not specific therapies to deal with the disease and since the transmission motions are identified in close contact with symptomatic or infected persons, forms of control have been pre-identified in actions of social distancing, sanitation of environments and individual protection (from the use of personal devices to quarantine).

Several regulatory provisions have occurred over time in order to cope with the spread of the epidemic; all decrees issued have confirmed the need to ensure the operation of public services through “agile” work.

What happened to social services?

If, in general, the role of the professional Social Work and the entire service system is particularly important in emergency situations, it has been called upon to continue to guaranteeing - and strengthening-the situation «(...) services that can contribute to the best implementation of government directives and to maintain

¹ The article is the result of the collaboration of the two authors. However, paragraphs 1, 2, 3 and 4 can be attributed to Emilio Gregori, the introduction, paragraph 5 and the conclusions to Annamaria Perino.

² On 30 January 2020, the World Health Organization declared Coronavirus as an international public health emergency and, later, on 11 March 2020, as a pandemic disease (WHO, 2005).

maximum social cohesion in the face of the challenge of the emergency» (Ministero del Lavoro e delle Politiche Sociali, 2020). Particular attention is given to those who – because of the emergency – are in a fragile state, and to the need to guarantee the essential levels of social benefits, in line with what is established by law 328/2000.

The circular mentioned hopes that the Social Work will be able to play a role in coordinating all the realities operating in the social on the individual territories, connecting with the Municipal Operations Centres (COC)³ and highlighting the areas of intervention and the targets of citizens to pay special attention to. In fact, the importance of: maintaining telephone interviews with those in charge is crucial; do not neglect users followed at home (especially if there are other family or context vulnerabilities), work for homeless people and those who are victims of domestic violence; keep the focus on vulnerable situations for women and minors who need urgent protection and support measures.

In the light of this, the local authorities, who hold the social-welfare function, are called to ensure services and social benefits, focusing on the activities that are of priority and trying to optimize and coordinate the activities implemented in the individual territories⁴.

In general, it can be said that there has been no suspension of the activities of social services but rather their re-modulation, also thanks to the allocation of resources to the crucial areas of intervention, following the procedures to ensure the protection of the operators and beneficiaries of the services.

If we define the emergency as an unforeseen circumstance that can lead to dangerous situations «if we do not take into account the conditions that generate it and the elements that characterize it, in order to act appropriate and immediate interventions, even extraordinary, to return the situation to normal» (Samory, 2015, p. 3), we realize that the professional Social Work has a specific role in the management of the same. The social needs that affect individuals and entire communities in emergencies such as the one currently in place require relevant actions, organized so that they can cope with the needs that arise from it (getting sick, suffering bereavement, losing their job, facing economic difficulties, etc.). This is confirmed by the new Social Worker Deontological Code (2020) that states: «the social worker makes available to the competent authorities his professionalism for programs and interventions aimed at overcoming the state of crisis in case of disasters or major emergencies. In the different areas in which he operates, or as a properly trained volunteer within the Civil Protection organizations, the professional contributes to the support of people and community and the restoration of normal conditions» (Article 42). Taking into account the fact that the Code also underlines the professional duty to «promote, develop and support integrated social policies, aimed at improving the social well-being and quality of life of community members, with particular reference to those who are most exposed to situations of fragility, vulnerability or at risk of marginalization (...)» (Article 39), the role of protecting the profession for people at risk, including the effects of health emergencies, is clear.

If it is true that in these cases are called to cooperate different professionals (doctors, nurses, social and health workers, firefighters, police forces, logistics ex-

³ These are operational centres in support of the Mayor, civil protection authorities, through which the management and coordination of the emergency services and assistance to the population in the event of a disasters are carried out.

⁴ Some regions, connecting with the Crisis Units activated in local contexts, have issued specific directives precisely with the aim of linking the activities implemented at the local level.

perts, professional educators, social workers, etc.), some recognized as being part of the emergency network and in them perfectly integrated (health professionals and police forces), others less recognized (social professions in general), it is equally true that social workers have ample potential in this area. Potentials that can be expressed both in the phases of first intervention and in the later phases that lead to the return to normality. The needs that people affected by extraordinary events present involve not only the provision of aid aimed at containing/satisfying the primary needs but also to cope with the disorientation resulting from the event itself, the physical and psychological suffering that they achieve, as well as the management of the anxiety and fear associated with it. These activities are consistent with the mandate of the Social Work (empathetic listening, personalized help, psycho-social support, etc.), although they require revisions aimed at their recognition and placement in a wider area of social welfare and are projected to collaboration between health and social services. In these situations is necessary to prepare operational structures that work on the emergency in close collaboration with the other services present in the territory, trying to ensure the integral management of the person and the involvement of the community (Brolis, Maccani and Perino, 2018).

The following pages will show the results of two researches – one quantitative and one qualitative – conducted simultaneously (April 2020) on the Italian territory, that look at the responses that social services have activated to deal with the Coronavirus emergency. In describing the organizational and professional changes that have affected the Italian social welfare and social-health services, we will try to highlight the criticalities and strengths associated with them.

1. Social services in the emergency

In Italy, nowadays, the role of public sector in producing social services is more and more restricted. Social services are usually provided by private organizations (NGOs and nonprofit organizations, foundations, volunteering organizations, social enterprises, etc.) directly to the final beneficiaries, according to specific contracts with the public authorities, normally municipalities (Bertin and Fazzi, 2010).

The local public sector institutions, in particular municipalities or consortia of municipalities at social district level, keep nevertheless crucial functions in the provision of social services. The main are the following:

- financing the system;
- planning and programming social policies, funds and types of services to be provided;
- defining rules, guidelines, protocols, and standards about how services must be provided;
- engaging and contracting the private providers (call for tenders, concessions, enrolment in certificated registers of qualified providers, partnerships, etc.);
- defining criteria for accessing the services by the users and the share of the price they have to pay according to their means (by covering the provider with the remaining part);
- assessing the needs of a person or of a household, drafting and implementing the individual plan of intervention, which includes the services to be provided;
- allowing financial benefits, in several ways, to frail or disadvantaged persons and households.

In normal situations, this approach, has shown to be more effective and efficient, as for the specialization of the care and the separation between regulators and providers (which reduces conflicts of interest).

But during an emergency, of any kind, when the social needs of people inevitably increase (and each kind of emergency always causes a social emergency (Phillips *et al.*, 2016)) as the public authorities do not have immediate and full control of the provisions of social services, a very urgent and prompt revisiting of the entire system is required.

In particular:

- rules, protocols and guidelines must be adapted to the new situation: consider the case of an elderly person using home care services, that must leave his/her own house damaged by an earthquake;
- contracts with the providers must be updated, because of the change of conditions related to change of rules, protocols and guidelines, change of laws, change of settings, change of users' needs;
- needs of beneficiaries may change or increase and renegotiation mechanisms of contracts with providers are very likely to require greater resources, that should be found through fund raising campaigns, involvement of volunteers, going into debt if possible, be ready to quickly receive and manage State ad hoc funds (which is not so obvious for public officers and institutions during an emergency).
- It is quite clear that these changes are much more affordable, timely and effective if an emergency plan is defined before the crisis and ready to be used during the emergency.

2. The pandemic Covid-19

A paradox of the present emergency is to guarantee the provision of larger amounts of social services, as for the crisis, but reducing as much as possible the physical contacts between the social workers and the users.

In Italy, since the beginning of the lockdown in order to contain the infection in early March, the Italian National Authorities have excluded from the suspension all the working activities related to the so called public essential services⁵, that include social services; only nursery schools and semi residential services for disabled and elderly people were locked. But the social workers of the municipalities and the administrative staff of the social services in public administration were forced to work at home: in mid-March, the so called decree-law "Cura Italia"⁶ stated that "in distance" working is the compulsory ordinary way for public employees of carrying out their activities, according to the smart working or remote working approach of organizations⁷.

Therefore, the managers of social services, the administrative staff and the social workers must timely carry out the challenging functions mentioned in the previous paragraph just staying at home, or, at least, as much as possible.

In late March, the Ministry of Labour and Social Policies sent a special newsletter⁸ containing some recommendations about what local social services should pay

⁵ According to the National Law number 146 issued in 1990.

⁶ Decree-Law number 18 of March the 17th, 2020.

⁷ The smart working approach in the public administration was introduced in 2015 with the Law number 124, based on a volunteer request by the employee.

⁸ Circular number 1 of March the 27th.

attention to during the emergency. The document points out in fact the following new forms of social need emerging from the crisis and that are nowadays on the agenda of municipalities:

1. because of the lockdown, many households, non yet in charge of the social services, with members outside the traditional labour protection measures, such as small entrepreneurs, artisans, shop keepers, some categories of self-employed, personal assistants, temporary workers, irregular workers, fell in poverty: a serious food emergency exploded at the end of March, leading the National Government to urgently put in place an intervention at local level (which is the topic of next paragraphs);
2. if not fallen in poverty, many households have experienced anyway a reduction of their income; households living in rented flats are at risk and need financial subsidies for paying the rent;
3. persons affected by Covid-19 are quarantined even if in good health conditions: if they leave alone or if they are the only caregiver for a disabled or non-self sufficient relative, municipalities must guarantee the provisions of food and medicines and other social supports⁹;
4. users of semi residential services, locked just to avoid contacts and infections, are still present and must be satisfied¹⁰;
5. households with parents still doing their job in smart working and children attending in distance school lessons, or that usually are held by nurseries (nowadays locked such as schools) can face severe work life balance problems and lack of appropriate ICT devices;
6. the lockdown exposes potential victims of domestic violence to huge risks of victimization;
7. the situation is particularly stressful for persons in need of psychological support, in particular those experiencing hospitalization or death of a relative without the possibility of visiting or holding a regular funeral ceremony respectively. Same restrictions apply for relatives of elderly guests in residential care facilities. Moreover previous psychological frailties can lead to severe mental illness problems;
8. homeless people and marginalized migrants are highly exposed to the infection and without help;
9. children with both parents hospitalized for Covid-19 (luckily a rare situation) must be cared by the child protection system, in very complex situation that must take in consideration the quarantine procedures, the foster care and the health conditions of the child in the meanwhile.

3. Mapping the strategies of municipalities: the case of food emergency

One of the main issues that the local social services have to face during the pandemic, is food emergency that comes from loss of economical resources for many households, because of the lockdown.

Even the Italian government put in place a wide system of allowances for employee persons and self-employed professionals, but certain kind of persons have

⁹ The national and regional governments set an organisational system that foresees a strong collaboration at a local level health authorities, Civil Protection, municipal social services, GPs.

¹⁰ The decree-law number 18 foresees that social and health authorities, in accordance with the owner of the structures, should try to convert some of the activities in order to provide a set of services at home.

remained excluded or have received less than needed and fell into poverty, they are mainly:

- small entrepreneurs, in particular in all the fields related to construction (the anticipation of costs for commissions received before the lockdown and the impossibility to carry out the work and being paid have caused a severe loss in cash flow);
- artisans, shop keepers, self-employed professionals with high fixed costs (rent of working places, in particular);
- temporary workers, that cannot get new contracts;
- housemaids, personal assistants and private caregivers of elderly persons, that are not recognized as employee and that have lost the job because of the safety measures of social distancing;
- irregular workers, not enrolled in the social protection system;
- households with a relevant number of members.

Food emergency raised national authorities attention at the end of March, as a consequence of (luckily) very limited cases of assaults to groceries.

The Italian government decided to anticipate, as compared to the usual cronoprogramme, the transfer of 4.7 billion of Euros of the so called “Solidarity Fund”, addressed to the municipalities, in order to ask them to face the social and food emergency in particular. Moreover, the head of the civil protection issued an ordinance for distributing to the 8,000 Italian municipalities an extra fund of 400 million of Euros. The usual “Solidarity Fund” mechanism of distribution was applied, by using as a reference the overall population and the official poverty thresholds. The amount is equivalent to almost half of the total amount of the Fund for European Aid to the most Deprived (FEAD) that Italy have received by the European Commission for the period 2014-2020, and exactly 16 times the amount of the FEAD distributed for local projects (at regional or social district level).

The ordinance of the civil protection was announced by the Prime Minister and the President of the Italian association of municipalities (named ANCI) on Friday the 27th of March, generating high expectations among people in difficulty, but it was issued only on Sunday the 29th.

The ordinance has permitted the suspension of some legal institutes to speed up the procedures, such as public procurement and statistic fulfilments. Moreover very few and generic indications were given to municipalities about how to manage the granted fund:

- 1) the aid should be addressed to households in economic difficulties because of the lockdown;
- 2) the aid can consist in allowances addressed to households in need for food purchasing (such as cash or vouchers) or in the form of direct food delivery;
- 3) priority should be given to households not yet receiving other public allowances;
- 4) needs’ assessment has to be provided by municipal social services;
- 5) municipalities are invited to involve and capitalize the existing networks of volunteers not for profit organizations active at local level and already financed by the FEAD mechanism(e.g. Caritas).

This has forced the municipalities to a very urgent and hard organizational work to promptly provide the allowances to potential beneficiaries:

- meeting the needs and setting appropriate criteria in order to size and customize the allowance according to specific parameters such as household conditions, number of family members, economic situation, etc.;
- defining the provision mechanism, i.e. type of aid, access requirements, priority criteria, amounts, etc.

- contracting food providers (grocers, non profit organization of volunteers, etc.);
- defining preventative measures to avoid or at least reducing potential frauds;
- advertising the measure to their citizens and in particular among targeted households;
- collecting requests from citizens and checking their eligibility;
- managing the service provision.

In order to explore how municipalities have responded to the social and food emergency, specifically, the Italian social research institute Synergia, based in Milan, carried out an independent survey on a sample of 206 municipalities, balanced for the regional distribution and the population size, representing 19.1% of the Italian population.

Data were collected from April the 20th to April the 29th, based on the information reported in the announcements published on the websites of the sampled municipalities, according to a specific questionnaire:

- general issues (advertising, requiring procedure, involvement of the social district, involvement of volunteers);
- aids provided (type, amount, scaling on the number of household members);
- priority criteria and management;
- characteristics of the household considered for eligibility, prioritizing and determining the overall amount of the allowance (unemployment; loss of job because of the pandemic lockdown; household's economic conditions based on the National Indicator of Equivalent Economic Situation; other income conditions; other net worth conditions; presence of children in the household; presence of disabled or non self-sufficient elderly family members in the household; presence of household members afflicted by Covid-19; social services assessment; presence of household members with dietary restrictions);
- check against frauds.

The results reported in the following are weighted for the population size.

Before presenting the results, two specifications about the Italian system are required.

In 1989 Italy introduced an indicator of equivalent economic situation called ISEE, for means tested social services; it can be computed for each person, by applying different methods according to the type of service that is required by the beneficiary; in general terms it is a ratio between an additive index of the family income and net worth and a second index which accounts for the number of members, called equivalence scale (an increasing scale with diminishing marginalities). In 2001 the Italian constitution was reformed with the introduction of the devolution of social services to the local level of government (regions and municipalities) and of the legal institutes of the minimum standards of social assistance (in order to guarantee equality)¹¹. In 2013 the ISEE indicator was reviewed and was defined as a minimum standard: at each level of governance (national, regional, municipal) for any means-tested social services, it is compulsory the use of ISEE for assessing the economic conditions of requiring beneficiaries¹².

Moreover, after several and long-time experiments, in 2019 Italy introduced a guaranteed minimum income (Baracchini, Gregori and Viganò, 2019) called "Reddito di Cittadinanza"¹³. Regardless the attempt of the last experiment to unify all the national subsidies in only one, the minimum income measure overlaps with a

¹¹Constitution of the Italian Republic, Article 117, second clause, point m.

¹² Decree of the Italian Prime Minister number 159, Article 2, first clause.

¹³Decree-law number 4, 28th of January 2019, confirmed by the Law number 26 of March the 29.

wide range of monetary allowances still in place. The amount of the minimum income is determined in accordance with the number of household members, based on a different equivalence scale (starting from 1 and adding 0.4 points for each adult member and 0.2 for each child)¹⁴.

4. The results of the quantitative research about the food emergency

In one month from the national ordinance, an initiative to fight the food emergency by using the civil protection fund was put in place by 99.9% of the municipalities.

Almost four municipalities out of four have advertised the initiative on the home page of their websites.

Only in 2.2% of cases, the initiative was launched in cooperation with the social district. According to the suggestions of the Ministry of Labour and Social Policy (finally reported in the national social plan 2018-2020¹⁵ municipalities tend to manage the provision of social services more and more in consortium, at the level of the social district. The fact that only 2.2% of municipalities decided to do this for the provision of food aids could be mainly related to four issues:

- everything was carried out in a hurry, with very little time for a district level coordination;
- the fund was distributed directly to the municipalities (and not to the social districts, as usual for the social services financing scheme);
- the ordinance of the civil protection was addressed directly to the municipalities (and not to the social districts, as usual for the national acts concerning social services);
- the majors are the first civil protection authority and they are part of the civil protection system; as the financing came from an ordinance issued by the national head of the civil protection, majors decided to play their role.

Among the very few suggestions, the chief of the civil protection pointed out the opportunity to involve the volunteers from the not for profit organizations of the FEAD network, but only 12.3% of the municipalities mention in their announcement the support of volunteers (Tab.1).

*Table 1. General actions carried out by the municipalities
(number of municipalities carrying out the action out of 100 municipalities)*

<i>Action</i>	<i>%</i>
Initiative put in place	99.9
Involvement of the social district	2.2
Announcement of the aid in the home page	79.2
Involvement of volunteers or not for profit organizations	12.3

As mentioned before, regarding the eligibility criteria, the civil protection only recommended to give priority to households excluded by other subsidies, among which, the most relevant is the guaranteed minimum income: 84.8% of municipalities have met this recommendation (Tab. 2).

¹⁴ Up to 2.2 for household with one or more disables and 2.1 for the others.

¹⁵ Minister Decree of November the 26th 2018.

Table 2 - Distribution of municipalities by treatment of households not yet receiving other allowances (%)

<i>Type of procedure</i>	<i>%</i>
Giving precedence	84.8
No precedence	15.2
Penalising	-
Total	100.0

The application mechanism is generally twofold: applicants are expected to submit their requests before a specific deadline set by the public authority or the same authority allows requests just up to the depletion of the available funds. But to guarantee the priority mentioned above with the aim to timely respond to applicant households, other ways, can be considered: e.g. accepting only requests from households in precedence by a given deadline and then from any household. Only 1.1% of the municipalities adopted this mixed approach; 65.5% decided to set a deadline to submit applications; 16.2% have allowed the aid just up to the depletion of the available funds. On the other hand, one thing that is quite negative in terms of fairness and transparency is that 17.2% of municipalities have not mentioned any kind of procedure about the end of the acceptance of requests (Tab. 3).

Table 3 - Distribution of municipalities by admitting procedure of requests (%)

<i>Type of procedure</i>	<i>%</i>
Deadline	65.5
Depletion of fund	16.2
Mixed approach	1.1
Not mentioned	17.2
Total	100.0

One of the main issues, is concerned with the fact that the procedure for submitting the request for aid must comply with the lockdown safety restrictions. 58,7% of municipalities allowed beneficiaries to send the request by a simple email; 42,7% have adopted an on line submission mechanism; 25,4% allowed applicants to present their requests with a simple phone call. On paper format was excluded by the majority of the municipalities (Tab. 4).

*Table 4 - Ways of presenting the request for aid
(number of municipalities foreseeing the way out of 100 municipalities)*

<i>Way</i>	<i>%</i>
By simple email	58,7
On line submission	42,7
By phone call	25,4
By certified email	5,2
On paper	3,8
A form delivered by a courier	0,9

On the other hand, conditions declared by the beneficiaries in the request should

be verified through evidence, in order to avoid frauds, in a complicated situation as for the urgency: 11.7% of municipalities decided to do this before providing the allowance, rather than 20.1% decided to postpone the check; 17.7% of municipalities have checked some of the declared issues before the provision and the rest after. But more than 50% of municipalities do not foresee any kind of control (Tab. 5).

Table 5 - Distribution of municipalities by check of beneficiaries declarations (%)

<i>Type of check</i>	<i>%</i>
Only before the provision	11.7
Partially before and partially after the provision	17.7
Only after the provision	20.1
Not foreseen	50.5
Total	100.0

In terms of type of subsidy, 79.1% of municipalities decided to provide a voucher to be spent at a grocery, only 0.6% adopted the delivery of food directly to the household.

The amount of the allowance is subjected to a relevant variability. 26.0% of municipalities have given a fixed amount to each household, regardless the number of members; 56.8% of municipalities have given an amount proportional to the household size; the rest of the municipalities have foreseen other adjustments for considering the number of household members (among them 3.2% used an official equivalence scale).

The minimum amount for a single-person household is not declared only by 7.5% of municipalities: the average value is equal to 131.44 Euros and the median 150 Euros (lower quartile: 100; upper quartile 150).

The information asked to the applicant households in the request for aid, and analysed to provide the subsidy, are quite different. The most relevant items analysed are the loss of a job because of the lockdown (both as employees and in terms of turnover reduction for self-employed workers), retained by 82.0% of municipalities, income conditions (75.4%), unemployment conditions (68.0%): these features are mainly considered as criteria for precedence. Less than a quarter of municipalities have foreseen particular access requirements.

Approximately only one municipality out of ten have determined the precedence of particular households according to the assessment by the social services, therefore the great majority of municipalities did not meet the recommendation of the civil protection ordinance.

Another crucial issue is about the ISEE indicator. As for the definition of the allowance given by the civil protection in its ordinance, this is clearly a means tested social provision; therefore at local level the use of the ISEE index is compulsory to identify the household economic condition and only 10.1% of municipalities have retained it in the analysis of the requests. Moreover, a percentage of municipalities equal to 71.3% have irregularly decided to condition the provision to other economic parameters instead of using the ISEE indicator. This is concerned with the fact that the documentation certifying the ISEE indicator must be required to the national social protection institute by the applicant and attached to the request, a procedure that is quite difficult and time consuming during a lockdown. Nevertheless the use of the ISEE indicator is a minimum standard and therefore a constitu-

tional right and the national authorities should have advised the municipalities (for instance, asking a self-declaration by the applicant about the ISEE indicator with the request for aid and then, at the end of the emergency the submission of the certification): nowadays this situation exposes the irregular municipalities and the government to a huge number of appeals by penalized households (Tab. 6).

*Table 6 - Items of analysis considered for allowing the subsidy.
(number of municipalities considering the item out of 100 municipalities)*

<i>Item</i>	<i>Retained in the analysis</i>	<i>As access requirement</i>	<i>As precedence criterion</i>	<i>For determin- ing the amount</i>
Unemployment	68,0	25,7	37,4	5,8
Loss of job as for the pandemic lockdown	82,0	24,1	54,9	5,8
ISEE	10,1	5,2	3,5	1,5
Other income conditions	75,4	15,9	59,8	1,6
Other net worth conditions	24,8	9,6	15,2	0,9
Children in the household	42,6	4,4	31,4	9,1
Disables or non self-sufficient elderly members	42,1	7,0	32,0	4,1
Family members afflicted by Covid-19	17,9	0,1	17,7	-
Social services assessment	19,3	11,3	11,2	2,3
Family members with dietary restrictions	0,4	-	-	0,4

5. Quality research and its results

In order to complete and enrich the data that emerged from the quantitative research, 15 semi-structured interviews were carried out with officials of social services (No. 5), social workers and professionals of socio-health services (No. 10) in different intervention areas (minors, adults, mental health, addiction, palliative care) of some Italian regions (Lombardia, Trentino Alto Adige, Toscana, Emilia-Romagna, Lazio, Puglia, Sicilia). They were asked about the changes affecting the organisation of work, the impact these changes had on the users, the reflections on the responsiveness of services, the reporting of good practice and/or suggestions for improvement.

Despite the differences between the territorial areas of reference and the different areas of intervention, what all respondents have in common is the fact that the social distance that has become necessary to avoid contagion has forced all services to revise their organizational models and to introduce corrective measures that allow to operate “at a distance”, avoiding – if and where possible – contact with the user. The introduction of smartworking or “agile work” was the novelty that affected all areas of intervention (from the minors area to disability, from mental health to addictions, from the elderly area to palliative care), although its use has been differentiated according to the characteristics of the user and of the services. Service

providers such as Ser.D¹⁶, Mental Health Centers, Hospices and other residential facilities (housing community, RSA¹⁷) continued to work even in the presence of professionals, although by adopting restrictive measures for the access of users and/or family members of the same (priority to emergencies, triage at entry with body temperature measurement, hand disinfection, surgical masks distribution, respect for distance)¹⁸, while the work of home-in-house assistance with the elderly and disabled and that in semi-residential facilities for minors, the elderly and disabled has been significantly reduced, having been decided to close the structures.

What is striking is that the working from home because of dramatic change (removing the operator-user contact), after the disorientation and the initial difficulties, has even turned into an opportunity for the services and professionals. Indeed, professionals in addition to engaging in innovative and creative activities, have managed to take note – in some cases – of the ability of the user to reorganize in order to deal with the traumatic event and the moment of difficulty without availing the help of the service.

In some areas there has been a decrease in requests for help, although problems (this is the case of mental health and palliative care services) have not disappeared, in others (Ser.D and municipal services) there has been an increase in requests. Local authority officials and social workers, in particular, complain about the difficulty in handling food stamp requests, food and medicines deliveries at home, requests for economic support and bonus babysitters. The closure of businesses, factories and other work activities, brought to social services people who had never asked for help before.

The fear of contagion and the confusion generated by the information that has been massively disseminated seem to have discouraged the users: only the most urgent requests come to the services, those that involve immediate responses; the least urgent needs are managed at home, considered as a privileged setting of care, even when there may be other possibilities¹⁹.

Organizational changes have therefore been accompanied by unavoidable user changes (increased in some services, stabilised or decreased in others), which has become accustomed to making new demands and in a different way.

Although some respondents complain of little clarity in the directives and delays in the delivery of protective equipment²⁰, it can be said that everyone agrees that the services they work for have responded effectively and widely to the needs of users, producing – despite the fatigue²¹ – positive effects on the communities of reference. A social worker from a Trentino's *Comunità di Valle*²², for example, claims that the pandemic has given the Social Work the opportunity to make itself

¹⁶ This is a social-health service of the ASL (Azienda Sanitaria Locale) set up to address the problems related to pathological addiction.

¹⁷ This is a residential health-intensive facility, which host for a period ranging from a few weeks to the indefinite time people who are not self-sufficient.

¹⁸ Some facilities have chosen to close to external visitors, precisely in order to avoid the spread of contagion.

¹⁹ This is the case with hospices, which have experienced drops in access requests.

²⁰ This was most evident in public services, less so in those managed by the third sector.

²¹ All respondents talk about increased workloads and difficulties in adapting to new remote working modes.

²² The "Comunità di Valle" are the local territorial authorities of the Autonomous Province of Trento that form the intermediate institutional level between the municipalities and the autonomous province. They are formed by a membership structure, which is obligatory for municipalities in each territory deemed appropriate for the exercise of important administrative functions. These include social services.

known to those who have never turned to it, strengthening its image; a social worker of a Puglia's municipality declares that the management of the Covid-19 has made possible the enhancement of community work, thanks to the involvement of all stakeholders present in the territory; an official of a municipality in Lombardy believes that the emergency has made new experiments by social workers possible and highlighted the latent potential of social services.

Suggestions for improvement include: better organization of information flows; a more careful direction in the organization of the emergency (there are delays in the activation of smart working and the provision of tools to practice it, delays in the disposition of personal protective devices, as well as in the execution of tampons to operators and the quarantine of those at risk); management more attentive to the support of operators, who felt in many cases, alone; attention to "after-emergency".

The information from the interviews highlights territorial and intervention background differences and show specific gaps and problems that cannot be addressed here but should be analyzed in a specific paper.

What is considered useful to point out is the fact that the respondents, agreeing on the difficulty of returning to normal, suggest the adoption of new practices, based on the renewed capacity for collaboration between different actors and the implementation of actions that allow to deal with the "after-emergency" by re-launching the practices of these services, practices that can not evade from the integration of different policies (health social, educational, work, etc.).

Conclusions

The unprecedented emergency (by extension, speed and fallout) that health and social services have faced as a result of the pandemic generated by covid-19 has brought back to the center of attention the issue of health protection, understood –at the same time – as a global well-being and as the right/duty of every citizen and forced us not only to reinvent social relations but also to rethink the structures in which they are realized, emphasizing inadequacies and vulnerabilities.

The tests to which citizens and service operators have been forced to face the so-called "invisible enemy" have generated repercussions at different levels: think of the availability of beds in hospitals and the grueling shifts to which health workers have been subjected, the economic problems arising from the slowdown in production, the need for supporting people in isolation and/or vulnerable people, the re-adjustment of health and social services.

Based on the findings of this research, it is clear that Social Work did not stop during the Coronavirus emergency, despite the lack of a clear view of the social impact of the pandemic which, has created many difficulties to jointly design interventions between the social and health sectors (Pasquinelli, 2020).

The case of food emergency has shown that local social services are facing the challenge with extreme promptness, breaking past schemes and adapting the procedures to the difficulties of beneficiaries, although lacking of specific indications by the central authorities.

Although social workers complain of a lack of attention against them and the fact that they feel isolated²³ and particularly exposed to the risk of contagion²⁴, it is

²³ This is particularly evident for social workers in the municipalities who do not have the opportunity to confront and consult with multi-professional teams.

evident that they have actively engaged not only in the guarantee of essential services but also in the relationships of care and support to families with difficulties and people in fragile social situations (children and young, disabled, elderly, single people, sick people, people discharged from hospitals, etc.), although with remote contact management and with frequent telephonic availability.

The lack of coordination between social and health services activities emerged in some realities suggests the need to identify solutions that can network all available resources, a kind of social first aid that, collaborating with health care and other services – public and private – can work to provide answers to the needs of the people in situation of emergency.

It is comforting to know that social workers have responded to the pandemic by developing strategies that have enabled to deliver essential performance and to strengthen the internal cohesion of services. The adoption of smart working – often alternating with work in presence – testifies the flexibility, resourcefulness and creativity of the operators and highlights the potential of a profession often considered too rigid and bureaucratic (Cellini, 2020).

The results of the quantitative research showed that the social services have responded to the crisis with courage, flexibility and wisdom, with a good equilibrium between the need of limiting frauds and the need of urgently help the increasing amount of population fallen in deprivation and frailty.

Creative and proactive attitudes in social and social-health services lead us to rethink the expendability of the profession and to recover its deepest identity, the one that puts the person at the center and the values associated with it and that aims to enhance all the resources available, acting as a bridge between the different interlocutors and as a catalyst for integrated social-health interventions.

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²⁴ This is all the more true for those who continue to have contact with the users, because they receive users in the office, go to their home or work in residential facilities.

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