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DI PADOVA

Representations of Homelessness in Social and Health Planning in Italy. Implications at the Local, Regional and National levels: the cases of Lombardy and Emilia-Romagna



Research Question

- How are people experiencing homelessness represented during pre- and post- Covid-19 pandemic periods in Italy at the level of regional and local sociosanitary policies?



The Italian landscape

- **One of the first nations affected** by the pandemic and thus requiring rapid reactions and efforts in an already fragmented healthcare system (Villa et al. 2020, Boccia et al., 2020)
- After Constitutional Law 18th October 2001, n. 3, **Regions acquired main roles in sociosanitary planning**, making this process and its implementation related to local contexts
- **Mixed welfare system:** family, labour market and the Third Sector (Ferrera, 2019)



Two Regions & Two Cities

- Lombardy – **Milano**
- Emilia Romagna – **Bologna**
- **High-performance levels (LEA)** (Osservatorio Gimbe, 2022)
- **Differences in governance** (Barberis and Kazepov, 2013)
- **Covid-19 outbreak** (Casula et al. 2020)
- **Higher presence of people experiencing homelessness** (ISTAT)



Lombardy

Hospital centrality – voucher system and focus on economic and material deprivation to define and implement measures

Declination of measures is left to private entities while the Region plans and designs (risk of becoming a never-ending cycle of definition of norms without a practical realisation)

Lack of collaboration with local contexts and coordination among sectors

Quasi-mercato and freedom of choice

Emilia-Romagna

Public and Regional directions are central but not dominating in planning at the local level

Network system with a strong multilevel governance and vision

Bottom-up planning and implementation (local-regional)

Governance model defined as *concertativo/negoziale* (especially for the provision and evaluation of healthcare services)



Homelessness in Italy

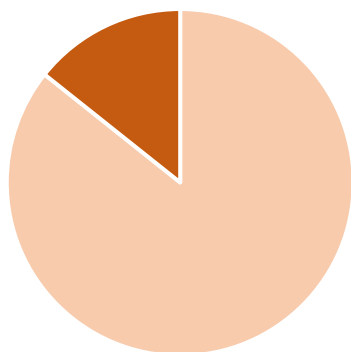
- a. New homelessness (citizenship crisis)
- b. Loss of personal and social identity formation
- c. Undefined political actors (lack of unified needs)
- d. Multidimensionality

...A wicked problem?



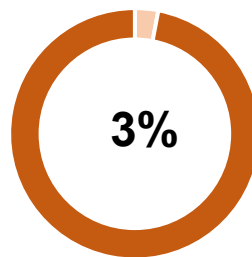
Contextual data from Italy

50.724 People experiencing homelessness

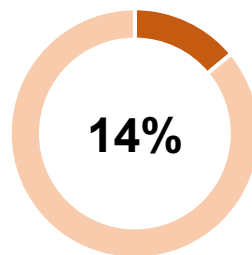


■ Male ■ Female

- The majority is formed by individuals identifying as men (85,7%)



- People interviewed admitting to **benefit from financial aid provided by the public system**



- **People not able to participate due to mental or physical difficulties** and sometimes because of the lack of knowledge of the Italian language.

- A recent study from ISTAT in 2021 underlines how people enrolled in public registries as “homeless” (*senza tetto* and *senza fissa dimora* in italian) are **96.197**, however, as fio.PSD (2023) notes, the population in the study is defined as *senza fissa dimora*, which is an administrative characterisation.



The WPR approach and its contextual use

- **Working «backwards»** from the solution to a “problem” towards its definitions and representations
- Investigating the **creation and framing of a “problem”**
- Combining it with a **comparative perspective**
- Using **policy documents to draw a “map”** for the research (in this case, starting from local policies)



What's the Problem Represented to be? (WPR) by Carol Bacchi (2009, 2016)

1

What's the problem represented to be in a specific policy or policies?

2

What deep-seated presuppositions or assumptions underlie this representation of the “problem” (problem representation)?

3

How has this representation of the “problem” come about?

4

What is left unproblematic in this problem representation? Where are the silences? Can the “problem” be conceptualised differently?

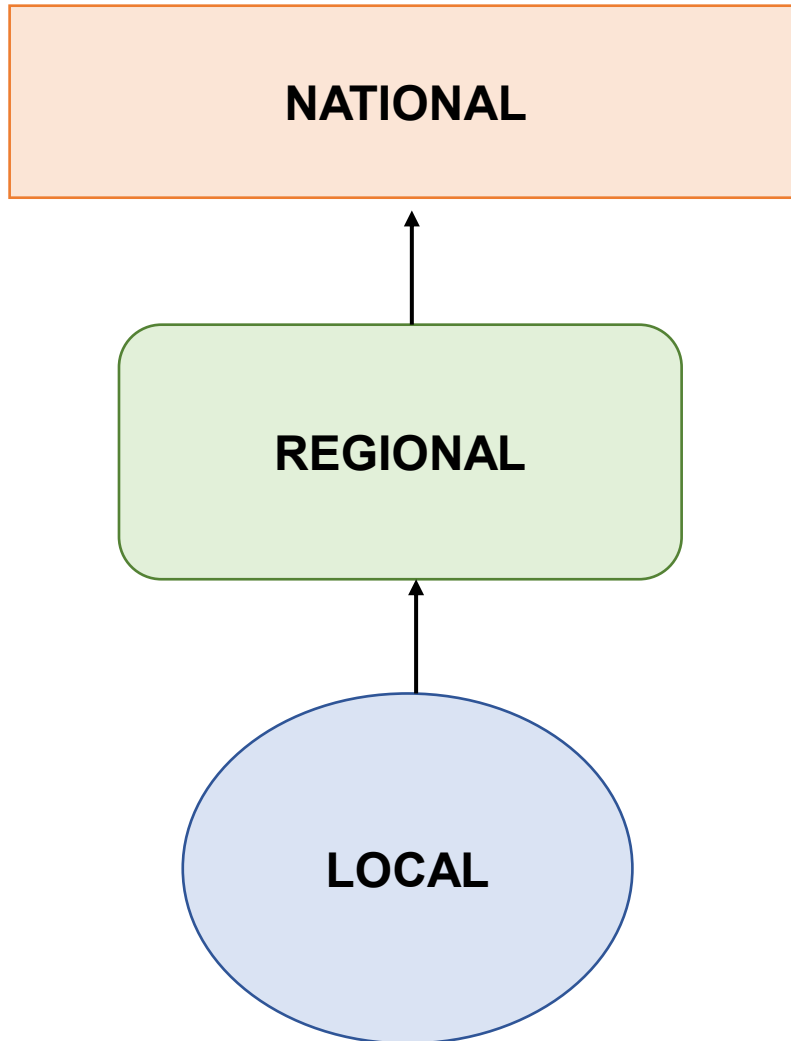
5

What effects (discursive, subjectification, lived) are produced by this representation of the “problem”?

6

How and where has this representation of the “problem” been produced, disseminated and defended? How has it been and/or how can it be disrupted and replaced

Step 7: Apply this list of questions to your own problem representation



- The State plays a role by **defining the essential levels** of benefits and assistance while **overseeing and defining the rights** that must be guaranteed.
- Regions plan and organize regional **healthcare system, policies and service provision**
- Concerning **social services and programmes**, including the ones for people experiencing homelessness, in this, pursuant to law 328/2000 (Article 8), that are responsible for their design, management and provision.



Levels of Analysis (1)

- National (as a framework):
 - **Pre-pandemic:**
 - Piano Nazionale Interventi e Servizi
 - Pon Inclusione
 - Law 328/2000
 - **Post-pandemic:**
 - PNRR
 - Piano Nazionale Interventi e Servizi



Levels of Analysis (2)

- Regional Level (both Regions plus related regulatory framework):
 - **Pre-pandemic:**
 - Regional Healthcare Plan
 - Regionals Guidelines for Local Area Plans
 - **Post-pandemic:**
 - Regional Healthcare Plan
 - Regionals Guidelines for Local Area Plans



Levels of Analysis (3)

- Local Level (both Milan and Bologna plus related regulatory framework):
 - **Pre-pandemic:**
Piano di Zona
 - **Post-pandemic:**
Piano di Zona



Results: Lombardy and Milan

- **Missing link** between **health** and **social measures**
- Homelessness remains a **social problem** disconnected from health policy and plans
- Norms and public policies in a **never ending cycle** with limited space for implementation (e.g., reform of Regional reform of 2015)
- The role of **local care** during the emergency and **widespread vulnerability**



Results: Emilia-Romagna and Bologna

- “**Middle-class**” **vulnerability** and new obstacles for the concept of citizenship: an emergency within emergencies
- The central role of **housing within social inclusion**
- Distance of health from “**new**” **multidimensional vulnerabilities**
- **Path dependence** among the local networks of care and services



Conclusions and perspectives (1)

- **Multi-dimensional problems vs One-dimensional solutions?**
(e.g., monetary benefits focusing on material deprivation)
- **“Hard to reach” continuum:** services and individuals
- The crucial role of the **Third Sector and risks of categorization**
(Lister, 2016)



Conclusions and perspectives (2)

- **Lack of preparedness and path dependence** during an emergency (Capano, 2020)
- The concept of **community care in sociosanitary policies** (e.g. PNRR and the “Case della Comunità”)
- **Relevance of housing and health discourses** during the pandemic and the reframing of vulnerability involving the “middle-class”



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Thank You!

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