



Social services in Italy tested by the Pandemic: New challenges and scenarios

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Abstract

In the 2-year period 2020–2021, the serious economic and social costs of the Covid-19 pandemic exacerbated the already numerous structural issues of the national social system and raised new ones.

In response to a significant increase in material needs but also a wide and diverse range of non-material needs (amplified by difficult situations such as a lack of self-sufficiency, loneliness, distance learning and problematic family settings), there is now an urgent need for innovation in social interventions by combining a bottom-up approach with direction from central authorities.

This paper offers an interpretation of the pandemic's impact on social services in Tuscany (Italy) by analysing the experiences of social workers and managers (22 in-depth interviews and two focus groups).

The need created by the pandemic phase to reorganize the times and methods of social work has highlighted two distinct but closely interrelated perspectives: individually, the issue of redefining professional identities and self-representation; and collectively, the challenge of reorganizing social intervention with new methods and priorities, considering new healthcare measures for the containment of Covid-19. These two processes join the pre-existing ones of externalization and precarization.

Against this backdrop, the essay examines two main research questions: first, how and in which ways communication time, relationship time and their 'rhythms' have changed during social intervention; and second, what impact containment measures and management of the epidemiological emergency had on professional practices.

Keywords: *social services; Italy; Tuscany; pandemic; social work; welfare; social intervention.*

1. Introduction

In Italy, recent socioeconomic transformations – such as fragmentation, instability and social fluidity, up to the latest dramatic changes in terms of employment – had already highlighted the multidimensional nature of poverty (Saraceno et al. 2020) and its consequences for social services (Campanini and Facchini 2012; Benassi et al. 2021; Dorigatti et al. 2020).

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After March 2020, the epidemiological as well as the social and economic effects of COVID-19 were also added (Brunori et al. 2021; OECD 2021; ISTAT 2022; UN 2020). To understand their extent – especially at the local level, where interventions closest to the people concerned take shape and are carried out, and where initial responses and information about any unfulfilled needs are collected – it becomes increasingly necessary to become familiar not only with the numbers but also the processes and paths of vulnerabilities, new needs and the social resilience and (re)inclusion strategies in place (Fargion et al. 2020; Sanfelici 2020; Pavolini et al. 2021).

Following a current line of analysis (Barberis and Martelli 2021), this contribution examines what happened in the first 18 months of the pandemic in the sector of social policies aimed at reducing vulnerabilities in local areas, conducting an in-depth examination not only of the ‘cash’ component, involving allocated funding, but also of the ‘kind’ component, concerning social welfare benefits, paying particular attention to social-work methods and their reconfiguration in the face of more serious, current and/or urgent needs.

This article offers a fresh take on the main results of action research conducted by Federsantià Anci Toscana¹ in collaboration with the Department of Social, Political and Cognitive Sciences,² University of Siena), on behalf of the Regional Social Observatory of Tuscany³. It is organized into four main sections: *Background and Research Design*, in which the main characteristics of the national welfare model are recalled, and regional variations are described. In *Method*, the data and tools of the study are outlined. The third section, *Results*, consists of two distinct parts: *Needs* is dedicated to the most recent changes in social intervention, considering the pandemic’s effect; *Responses* analyses the replies given by social services in Tuscany, focusing on the impact of measures to control infection (primarily restrictions on movement and social distancing) on the provision of services, response times and ‘rhythm’ of social interventions. The final section, *Concluding Remarks*, outlines future scenarios and suggests several possible avenues of research.

2. Background and Research Design

Profiling the nation with respect to the welfare system’s organisation, Italy falls into the category known as ‘Southern European’ (Ferrera 1996). Looking more carefully at functional and distributive dimensions, the Italian case includes delays, lack of development and inconsistencies associated with this model, albeit with peculiarities that call to mind a specifically ‘Italian’ system. Although the healthcare sector has now been characterized for over 40 years by egalitarian principles and universal coverage, the welfare system nonetheless retains a fragmented and employment-related structure, the role of primary ‘safety net’ is still assigned to the family, and social assistance and services are still based on a residual model with severe, punishing consequences, for women and young people especially (Ascoli and Pavolini 2015).

Although the percentage of the Italian GDP dedicated to social expenditure is one of the highest in Europe, over the last few decades the welfare system has not actually managed to prevent a significant increase in extreme poverty. According to the latest

¹ Federsantià Anci Toscana: for further information, please see: <https://federsanitatoscana.it/>

² Laboratorio sulle Disuguaglianze (LSD): for further information, please see:

<https://www.dispoc.unisi.it/it/ricerca/coworking-lab/laboratorio-sulle-disuguaglianze-bsd>

³ The reference is the Fifth Report (2021) on Poverty and Social Inclusion in Tuscany, sponsored and coordinated by the Regional Social Observatory of Tuscany (AA VV, 2021).

ISTAT data (March 2022), the incidence of extreme poverty in Italy has almost doubled over the past 15 years, increasing from less than 4% in 2005 to 7.7% of families in 2020, to settle at 7.5% today. This condition concerns more than 1.95 million families, affecting a total of about 5.6 million individuals. Moving on to Tuscany, IRPET data for 2021 suggest a positive effect of public interventions implemented to limit the effects of the pandemic on extreme poverty, which grew from 3.2% to only 3.3% of families residing in the region: without such interventions, it would have reached 5.9% (AA VV, 2021).

The national welfare system, whose evident state of difficulty was aggravated by the 2008 financial crisis, by the recession, and by the most recent pandemic events, requires substantial recalibration measures (Ferrera et al. 2012; Natili and Raitano 2021). From a functional perspective, such measures should include a review of items of expenditure, which, if examined separately, reveal a striking imbalance when comparing pension allocations (a little less than 60% of the total versus a European average of 43.7%) to the marked underfunding of ‘family’, ‘unemployment’ and ‘housing and social exclusion’ allocations. From a distributive perspective, they should be applied to curb the traditional discrepancies between the protection of the included and the excluded, insiders and outsiders.

Compared to other European countries’ welfare systems, the Italian one does therefore seem to be very unbalanced (Sacchi 2018), and even the introduction of a deeply innovative measure, a basic income, would exclude a large part of the population. Again, the widespread use of fiscal welfare tools (e.g., on one hand the outsourcing of public services and, on the other, incentives to boost private spending on healthcare funds and integrative pensions) to partially replace genuinely social and public welfare interventions tends to produce strongly regressive and de-equalizing effects, supporting the least disadvantaged workers and individuals and increasing social inequalities (Mori 2020; Dorigatti et al. 2020).

The organization and intervention of Italian social services is structured according to the following framework. At the national level, Art. 22 of Law 328/2000 establishes professional social services as one of the basic levels of aid, that is, as part of a system of interventions and services that must be guaranteed by the Public Administration. Another fundamental piece of legislation is Law 33/2017, which establishes: the introduction of a national measure to eradicate, or at least reduce, poverty, called *inclusion income* (*Reddito di inclusione*, replaced by the *Reddito di Cittadinanza* in 2019), identified as the basic level of benefits to be consistently guaranteed across the national territory; the reorganization of welfare services aimed at combating poverty; strengthening the coordination of interventions concerning social services, in order to guarantee basic levels of benefits throughout the national territory, in view of the principles of Law 328/2000.

As far as the Tuscan region is concerned, Art. 2 of Regional Law 41/2005 states that the label *social services* should include all activities related to the preparation and delivery of services or economic benefits aimed at removing and overcoming situations of need and difficulty that individuals may encounter during their lives. Furthermore, Art. 7 of that same regional law assigns to social workers the tasks of professional evaluation of need, definition of the course of personalized social care and its implementation in terms of appropriateness and efficiency. Social workers are then also left in charge of the management and control of the benefits awarded in relation to these objectives. The next section asserts the need for multi-professional integration.

This principle is already present in the earlier Regional Law 40/2005, which specifies several guidelines for the Regional Healthcare Service. This law envisages the figure of the

social worker as a key element of the system of personal social services and establishes organizational bodies known as *Società della Salute* to help with regional support, promoting the integration of the healthcare system with the social welfare system and creating new spaces for dialogue between municipal authorities and local healthcare agencies.

Most of the approximately 2,000 social workers enrolled in the Regional Order of Tuscany are employed in the public sector, with wide-ranging work placements that include anything from the social secretariat to case management, from consultancy activities to training, and from social planning to the promotion of social inclusion (AA VV 2017).

This was the context of social services in the municipalities and regional areas that supported – alongside or even more frequently together with healthcare services – the most fragile groups of the population during the different phases of the pandemic crisis. They did this by incorporating edicts that came from the central level, but also by promoting a grassroots process of renewal that led them to innovate and improve what was already there, rethinking and reorganizing their services, introducing unprecedented forms of contact and support for individuals and families, wherever possible with contributions from and active participation of the local community.

Taking all these issues into account, the research focused on two areas of investigation and specifically analysed: the main emerging needs and critical issues and resources available during the (re)organization of social work and responses activated by the services system.

3. Method

Alongside a more traditional analysis of administrative documentation and specialized literature that allows reconstruction of the cognitive frame, an in-depth qualitative study was envisaged aimed at social workers and executives active in the regional and local social services of Tuscany, identified by stakeholders involved in a preliminary phase of the research (two focus groups).

Empirical material, collected by a research team⁴ specializing in qualitative methodologies between June and August 2021, includes 22 semi-structured interviews with an average duration of 65 minutes, of which 15 were with case managers and seven with area executives in the provinces of Arezzo, Florence, Prato and Pisa. All the respondents were informed by means of required documentation, with privacy guaranteed by a rigorous protection protocol. The recordings were fully transcribed, and the texts analyzed with the support of specific software dedicated to the systematization of qualitative content.

This rich qualitative material has been analysed in depth and represents the main source of the observations that follow. The involvement of two positions within the same professional field allowed us to keep in mind two different perspectives, involving different skills and occupational duties: the point of view and experience of those who are at the ‘top’ and managing the service, and the abilities and practices of those who encounter people and their needs daily and try to provide a customized and ‘on-site’ response.

In the semi-structured interviews conducted, a list of the main topics and questions was defined and included the following points:

⁴ For specifics regarding the afference, please refer to notes 1 and 2.

- for both groups of respondents: 1. (Re-) designing sustainable interventions in emergencies.

- only for case managers: 2. Career and work network; 3. Impact of the pandemic on daily life and on the modality and quality of the profession.

- only for executives: 2. The collaboration network; 3. The impact of precariousness in social services; 4. the most urgent resources identified or yet to be identified and deployed; 5. some keywords to summarize the objectives and activities carried out

The interviewees were, however, free to provide their information (even avoiding some arguments / stimuli) and to freely assign the importance to each one: all with a view to evaluating the real experience of each expert being interviewed and taking into account any new problems that might arise in the process.

4. Results

Results are reported on two main points: the needs created or heightened by the pandemic phase; the individual and collective efforts to reorganize the times and methods of social work, highlighting benefits and disadvantages.

4.1. Needs

As was partly anticipated, though perhaps not to the extent that emerged from the research results, the long emergency phase entailed a significant growth in new needs involving people who – often for the first time in their lives – found themselves in a condition of poverty due to loss of work or a reduction in hours worked.

In the months marked by Covid-19, the social services system found itself managing more traditional needs, alongside the emergence of new ones, vulnerabilities and unprecedented forms of indigence (IRPET 2021), in three different phases and with specific tools and provisions authorized by each of them:

I. *Emergency* – The first phase, from March to June 2020, was primarily characterized by surprise, a lack of preparation and worry. The whole population was frightened, and social services were seen as a safety net. Where family networks were weakest, needs such as groceries shopping, the supply of masks, ‘guided reading’ of the Covid-19 ministerial decree (DPCM) and the clarification of new rules were some of the most frequent types of support requested. Paradoxically this led to new cases for the services, and new circumstances of need and poverty appeared.

II. *Intensification* – After the summer months, starting in October 2020, the second phase saw a lower number of emergencies, although the economic and employment situation was structured around trends of medium- to long-term joblessness with consequent worsening of situations of fragility and uncertainty. A direct result of this was the clear emergence of the problem of undeclared work and an increase in requests for help to satisfy basic needs (beginning with food): once informal working activities ceased – often as a direct consequence of the limitations imposed by repeated lockdowns even before the growing economic crisis – revenue decreased, but at the same time people lacked the credentials needed to access the compensation provided.

III. *Intervention* – In the third phase, starting in 2020, reflection led to the identification of two main areas of intervention: 1. that of protection and accompaniment, which brought with it the challenge of organizing a well-structured protective response; and 2. that of promotion and active support, a service that was always present but, in many cases, inevitably delayed.

In addition to families that were already in a state of economic difficulty, many ‘new users’ approached regional social services. They were characterized by a situation of general vulnerability based on several coexisting factors: such as a precarious occupation, weak networks, a low level of education and few opportunities to access different channels of information. These ‘new users’ now included a significantly higher number of single individuals and entire families with Italian nationality and belonging to the middle class, who were suddenly unable to cope with ordinary material needs: families in debt who found themselves without an income; women who during the months of lockdown were unable to access any childcare support and lost their jobs; single-income families on low salaries; families without a real social network; furloughed workers receiving a significantly reduced salary; those over 50 years of age forced to come out of the jobs market prematurely; and young couples with unstable, low-paid employment.

In this context, the dwindling of *material resources* and protective elements, combined with a greater exposure to vulnerability factors, resulted in social services having to face a much more widespread and multi-layered demand.

In particular, three targets should be highlighted: the newly poor, namely those who before the pandemic did not need to turn to social services; the elderly, among the hardest hit not only because of the mortality rate but also due to the interruption of normal ways of managing loneliness and/or lack of self-sufficiency; and minors and, more generally, the youngest age groups, more exposed than others to the negative effects of fragile family settings (including intrafamily violence), forced to continue their studies through distance learning, and directly hit by the suspension of sports and cultural and in-person leisure activities, with a resultant increased risk of leaving school early and/or the development of interpersonal difficulties, psychological disorders and dependencies.

Against this backdrop were many families that sought contact with social services and made requests that were also not proportional to their real needs: in several cases as a collateral effect of the publicizing of government interventions of support and contribution, and in others as the result of a more generic need for protection rather than specific material necessities. This is shown by the typical example of requests for food: these grew significantly and perhaps beyond authentic needs. In a large percentage of cases, this increase can be explained because of worries about the future rather than genuine contingent needs.

Moving on to the area of *needs that were not strictly economic*, requests came mainly from families that, during the pandemic, found themselves unable to take on a wide range of challenges on their own (from disability to distance learning) or found themselves exposed to more serious forms of loneliness.

One of the most urgent and most delicate areas of care in the welfare sector was found to have been that of disability. Especially penalized during the first phase of suspension of service-centre activities, many of the families concerned were unfortunately rarely accompanied or supported by home-based services created during the lockdown. Although the community centres reserved for this were reopened as soon as health regulations permitted, today, important shortcomings and reorganizational needs are still being reported in connection with the complete reinstatement of activities and transport due to the specific difficulties of reactivating the service safely.

The interruption of the *daily school routine* is remembered as a critical disruption with a ‘double cost’ for all families with minors from 6–18 years old: for adults in terms of (re)organizing proper schedules, coping with a more active role in studies, and striking a balance between time for work and time for care; and for students of all ages in terms of

both relationships and leaving school early. In the most vulnerable families, distance learning later led to the suspension of access to education and especially exposed young people to disruptions that were just as serious and perhaps more ‘subtle’ and difficult to detect: such as previously unseen promiscuity and exposure to potentially violent and abusive situations with important psychological and physical consequences. Such family violence also had an impact on women and, from the first months of lockdown, showed an upward trend that resulted, in autumn 2020, in exponential growth in *Codice Rosa interventions*, a specific course of aid and legal care dedicated to victims of violence, abuse and stalking.

Finally, the changes in users should be noted not only in terms of numbers but also in terms of precarity: in recent years the ‘sense of suspension’ has been strong and the perception of poverty much clearer (Butler, 2014). This picture is completed by disadvantages and needs tied to feelings of disorientation, especially among the elderly: there were many requests for help related to loneliness, which if unmanaged ended up resulting in actual acts of self-harm.

4.2. Responses

If we move our focus from requests to what was provided – that is, from emerging needs to efforts by social services to update, reformulate and reorganize in the face of the challenges of the past year – we can find evidence in the practical experiences collected of at least two well-known theoretical assumptions. First, it is confirmed that for social services, effective management of emergency implies the need to develop a systemic view (Elliott, 2010); second, the feedback and critical ideas that emerged from the empirical material highlight a widespread adoption of a trifocal perspective (Gui 2014) peculiar to social intervention in Italy, which implies the simultaneous evaluation of individual, community and institutions.

During the period of total lockdown, following the most rigorous health restrictions implemented from March to June 2020, food-related requests in particular were met, taking advantage of several national and regional emergency measures that allowed deviations from several stringent parameters set out by operational regulations. However, in the phase that immediately followed, numerous other demands were also received, presenting a significant organizational challenge for social services, which had to effectively replan their activities.

Even since the first phase of the ‘emergency’ (see section 2), smart working was the mandatory way to maintain services. The exceptional nature of the situation drove the public administration to modify support schemes in the name of flexibility and digitization, making use of support from information technologies to deliver services (AA VV 2020; López Peláez et al. 2021; Sanfelici 2021): where possible given resources and time frames, equipment was updated, and rapid but valuable targeted training was provided. This allowed a significant leap in quality and an increase in the flexible management of activities ‘within the services’, in other words, without activating any external resources. This new functionality was prepared in very short timeframes (in some cases in little more than 24 hours) and implied a major reorganization of timetables with extended service times. Key resources to support this change were a spirit of service and speed to respond from personnel within the service, from directors to workers. As also highlighted in the literature (Acocella et al. 2021; Cabiati 2021; González et al. 2021), in order to reorganize during the emergency situation, an appeal was made to staff members’ patience (and

professional ethics), and roles and schedules were ‘reinterpreted’ in this spirit of service and maximum possible collaboration.

Invited to do an assessment more than 15 months after the start of smart working, all those interviewed emphasized the positive results at the organizational and administrative levels, and also with respect to the interaction between members of the same operational units. Less positive was their judgement of the effectiveness of the distance method in the care of users, on the part of both case manager social workers and their coordinators. One example is the problems encountered during the use of computers for older people, or videocalls for foreigners with linguistic difficulties; another is the difficulties encountered in the use of the public ID system (*Sistema Pubblico di Identità Digitale*, or SPID, a tool that is now obligatory in Italy in order to start paperwork and open requests), which is ‘an insurmountable problem’ – as indicated by one social worker – for users with a low level of education. Many IT tools are generally considered helpful and simplifying for many activities, but in some cases lacking the appropriate ICT skills and tools (Van Dijk 2005) can be a genuine barrier to accessing services.

These same weaknesses, moreover, made exchanges between professionals and teamwork more difficult and rarefied, while the slowing of several coordination activities, along with the temporary suspension of the tools that guarantee an organic system of communication, aggravated organizational problems. In this situation, the ability to collaborate informally between colleagues compensated for the lack of formalized procedures. ‘The pandemic brought us much closer together’, one social worker stated, ‘because, since we didn’t know what to do, we had to be creative: together we managed to overcome the problems in a different way’ [SW_Po_1]. Simultaneously, the need to build larger networks with the community in question and with present local realities emerged. Regional services were able to rely on local partnerships and the non-profit sector, which took charge of several activities, compensating for the overload of requests to which the organization was unable to respond immediately.

The foregoing of home visits – a crucial element of the social worker’s practice and a precious occasion for the direct observation and analysis of cases – came with many consequences and was perhaps the biggest problem. Even now, despite efforts to improve listening and observational abilities (such as rapidly developing new skills for listening to callers’ voices), the incompatibilities with the support relationship are profound and impossible to eradicate. Without in-person interaction, the entire nonverbal dimension of conversation is lost, and it is impossible to carry out a direct observation of an assisted person’s daily life, and also to provide the paramount sense of equality in the client-worker relationship (Ribner and Knei-Paz, 2002; Kam 2020). For these and other reasons that severely disrupt the effectiveness of relationships and subsequent intervention, smart-working is coming to be seen as a way of working that leaves this relationship incomplete and a harbinger of serious gaps: so, it has already, again, been integrated or permanently replaced with in-person interviews, as of June 2020.

One positive example of reaction to the crisis was the networking activated throughout the region: the emergency seems to have been seized upon as a chance to create stronger links to the general public and promote the service to the community. Previous experiences of managing measures to combat poverty, such as the *Reddito di cittadinanza* (a minimum income guaranteed by the Italian state) and the *Patti di utilità collettiva* (a collective utility agreement), have proved to be a valuable asset, a range of networks that should be kept active and used: as in the case of the relationships between social services such as Job Centres (public structures devoted to favour the intersection of work demands and

availability and promote active labour-policy interventions) or, as in cases involving the ‘externalization’ of the management of the new measure and the *Platform for the Management of the Social Inclusion Pact* (GEPI) introduced by the Ministry of Labour and Social Policies, relying on cooperatives in parallel with the arrangements made for the REI model in 2018.

Moreover, regardless of the pandemic, the direction of innovation of social intervention and its tools for intervention, stimulated and requested by the new national regulations and sustained and promoted by the managing organizations of local areas, has for some time now paid greater attention to the institution and consolidation of forms of partnership across the region, starting with the valorization of informal relations between social services, additional organizations such as Job Centres and the non-profit sector.

Systematizing local community resources means acting with greater speed, also coming up against emergency social and healthcare requests and evaluating the expertise of each player involved. In this sense, connections with Civil Protection have been strengthened,⁵ allowing the provision of domiciliary activities to support vulnerabilities, but also with volunteer service associations – especially Caritas and the Italian Red Cross – present in the different phases of intervention and in new projects. In addition to these relationships, there has been collaboration with the for-profit sector: these practices of collaboration, present and established in the regional territory but until now not known to the administration despite their value and usefulness – and involving organizations such as neighbourhood shops and professional practices – have now acquired more visibility and are slowly being standardized.

This has also happened due to the promotion of *Tavoli di inclusione* (a tool for stakeholders' active participation in policies) which formalize, structure and legitimize these contacts, with the increasingly clear goal of transforming the relationship between social services and the non-profit sector from a linear to a subsidiary one, emphasizing the value of participation, beginning with the (co)planning phases.

All these developments did not, however, lead to changes in staff composition: in other words, given the significant increase in work, services that had already for some time been suffering from a shortage of workers were under severe strain. The matter of precarization makes the social-work employment situation even more critical: for several years many social workers, educators and other social work professionals were hired on fixed-term contracts as a consequence of a series of measures and legislative decisions, and the paradox of finding professionals who are living in insecure and fragile circumstances due to their own occupational instability is an increasingly common phenomenon.

Given that everyday working life is too often marked by instability, turnover in social services is clearly a very common phenomenon, with exhausting and dysfunctional effects/costs. Turnover leads to an interruption of the relationship: flattening the dynamic between the professional and the user partway through the service, at the expense of the aid contract and the trust relationship. Again, when it comes to work groups and teams, professional instability leads to the breaking or interruption of stability and partnerships.

Since the primary objective of social services continues to be taking charge of complex situations, precarity is an enormous challenge and currently a dysfunctional element, a major weakness during intervention: rebuilding reciprocal trust with households, and before that between colleagues, has a high cost in terms of commitment, time and effort. If,

⁵ The Department of Civil Protection is a structure of the Office of the Prime Minister. Activated in 1982, it has the task of mobilizing and coordination all national resources useful for guaranteeing assistance to the population in case of serious emergency.

therefore, the social service profession feels atomized and threatened by all there is to do, one possible solution (at least for some) seems to be working in teams and making individuals replaceable: not centralizing but dividing tasks and delegating. This kind of fragmentation and redistribution should not be understood as a refusal to reinforce the profession but rather as an effective strategy during times of crisis: the case/file is not handled by an individual worker; the trust relationship must be built with the institution rather than a single social worker.

With respect to the situation described above, it would be interesting to observe the effects over the medium term, from the identification in the 2021 Financial Law of specific resources and structures for hiring social workers until the criterion of one social worker for every 5,000 inhabitants, identified as the basic level of social benefits (LEPS), is met.

5. Concluding Remarks

The research has highlighted the numerous criticisms that the pandemic has triggered about social services in the Tuscan region, such as aspects of them that increase inequalities and disparities in the distribution of social opportunities.

The generalized increase in need caused by the crisis, which was also but not solely economic, exacerbated by Covid-19 has witnessed a significant growth in users who were in a state of poverty for the first time and entirely unprepared to deal with vulnerability. In this context, families with children were in an especially problematic environment where, in addition to economic difficulty, there was an increase in psychological and emotional problems generated by the contingent circumstances.

Regional social services tried to respond and guarantee the delivery of services, devising unconventional solutions that were sometimes unavoidably different from those that a service should offer, obviously beginning with the requirement to not have in-person contact with users. By adopting new distance procedures, such as telephone and online conversations, social workers seemed to succeed – despite the many difficulties, not least the one related to the *digital divide* – in organizing users' access to services and offices, but nonetheless with a serious impact on the work of professionals, including teamwork.

Teamwork, in particular, seems to have been seriously affected by the need to handle a large part of assignments at long-distance, while trying to find a new operative setting.

Moreover, the emergency arose in a setting where – especially in recent years – the precarization of the profession and the externalization of the service have often raised a series of challenges not only for the work of single professionals, but also for the system of regional services in general. Indeed, the continuous turnover of professionals has led to disruptions in the service for its users, planning difficulties for professionals and finally constant readjustments by working teams that had to interact with new professionals and workers, which put effective delivery of the service at risk.

Several recurring themes emerge from an analysis of collected remarks. In my opinion, these can be summarized by the following key words: *inclusion, teamwork, planning ability, scheduling, network, reorganization, supervision, timing, local communities*.

First of all, *inclusion*, despite being a transversal theme applicable to a wide range of interventions (from the delivery of material contributions to prevention), remains a little known and 'recognized' activity. Widespread knowledge of the need and power of the area of inclusion seems to be lacking – and not only on the part of users/beneficiaries, but also especially on the part of the other institutional representatives (including their administrators) and within the profession. In summary, 'the word inclusion is now

fashionable but still lacks attention from the institutions when it comes to targeted intervention' [SW_ex_4].

This new sensitivity towards the health and welfare sector is the driving force for investing in other professions, from family doctors to psychologists. It is this respectful and synergistic overlap between disciplines that is recognized as being capable of making teams genuinely work and giving value to social services and making them whole, through a kind of conscious and coordinated teamwork. More interaction with the academic sphere and scientific research would allow a transformation of 'pilot activities' into *planned interventions* with uninterrupted service and ensure the ongoing evaluation of their effects.

Where the integrated planning of services remains weaker and condensed into a short time period, there is a need for better coordination from managing bodies, more dialogue with specialized services and an increased ability, shared between social workers and executives, to implement the stipulated interventions: their revision should therefore target even greater practicality.

Building an increasingly stable relational *network* between institutions is, moreover, a very desirable vision. Greater and better synergy in operational terms, a better operational connection, are necessary elements for making intervention more practical.

A clear destination for resources and a capillary *reorganization* of staff are becoming increasingly urgent with respect to the topic of inclusion. This is also in light of the especially organizational and administrative need to know how to direct and seize new opportunities offered by public competitions; in other words, to know how to manage projects with increasingly complicated methods of implementation, starting with their accounting.

Many statements remind us that *supervision* is only currently available in specific circumstances and, though essential, is still not yet considered a mandatory step. Supervision appears to be a powerful need, serving a dual purpose: 1. to train professionals in a careful and consistent manner; and 2. to continue evaluating their skills and expertise.⁶

One of the main problems of social intervention seems to be its slowness. *Revision* of its *times* of activation is nonetheless as complex as it is advisable and necessary, since it impacts on the policy system itself and brings a second topic/problem into play: the sectorization of skills and responses and, consequently, their frequent self-referentiality.

The ability to be able to read the *local community* along with a greater, coordinated vision, is thus the key to identifying needs and offering complex responses to complex problems.

The direct experience of those interviewed during the study therefore seems to support a way of planning social intervention that values the interpretative and creative dimension of the profession in order to offer an effective and tailored service, which is at the same time equitable and in line with the ethical principles of the profession. This objective can be more easily achieved if we share the realization that it is only possible to guarantee participation and expertise, service and support and carry out effective interventions with the creation of powerful synergies between professionals with different skills and a widespread presence. And if we start investing in two main areas: namely. the strengthening of teamwork and the promotion of social work in the region and in the service networks.

⁶ The National Plan for Interventions and Social Services 2021–2023, in the section on the National Social Plan identifies the supervision of social service staff (Data Sheet 2.7.2) as one of the basic levels of social benefits (see LEPS – *Livelli Essenziali delle Prestazioni Sociali*).

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