

**RETICULATE Project**  
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**D2. Deliverable**

**Report on the Development of  
Generative Approaches Based on the Key  
Role Played by Citizens in the Caretaking  
Actions**

**(WP2 - task 2.1, 2.3)**

*by fio.PSD*

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## Foreword

What is the meaning of applying a generative approach in homelessness services? How is it possible to offer people who are “users” of services the possibility of expressing opinions, wishes, and improvements to the services themselves? To answer these questions, we listened to the actors of the territory. First of all, we listened to the workers of the social services using the focus group methodology. Then we listened directly to the target groups of the services, namely homeless people and vulnerable families with minors. This produced a generative value in the knowledge of the phenomenon and the limits/opportunities present in the services.

In this deliverable we will focus our attention on the findings from the face-to-face interviews conducted by the researchers directly with the beneficiaries of the services. There were a total of 37 face-to-face interviews that took place in November and December 2022.

The interviews carried out with homeless people and vulnerable families with minors made it possible to highlight the many difficulties they encounter on a daily basis when attempting to turn to the social welfare system. These difficulties pertain to the communicative, relational and social spheres but also to structural factors that characterise the territorial service system. In order not to let this evidence remain a sad review of critical elements, people were guided in identifying, from a proactive point of view, prospects for improvement of the social welfare system, with particular attention to adjusting these prospects to the new service promoted by the Reticulate project. What emerged was a rich and variegated picture of stimulations, indications and suggestions addressed to the social services, which, appropriately adjusted to the territorial contexts, can represent a precious heritage from which to draw in order to build services and paths meeting the needs of the beneficiaries.

The one-stop shop is the privileged place where it is possible to carry out the recommendations that emerged and keep stimulating an active involvement of the people who will be hosted. In fact, in the goal of the Reticulate project, the one-stop shop can become a place where people can find adequate and long-term support to rebuild confidence and motivation, become active in the world of work and build links with the community.



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## 1. Aim of the Report

The main objective of the Report is to describe the development of a generative and participative approach which, by analysing the social service systems and listening to the beneficiaries, has made it possible to define recommendations and actions that favour an improvement of the services themselves and a desirable integration of people into the territorial service system.

The innovativeness of the methodological approach lies in the direct involvement of the target groups to identify access barriers and to develop services to include and respond to previously identified problems and needs.

It should be pointed out that, given the peculiar nature of the target groups involved and the fact that these target groups were identified by the Reticulate project as representing sections of the population that may encounter difficulties in accessing services and consequently risk not receiving adequate support pathways to overcome their situation of need, the first step proposed is to meet the services and institutional referents, and then to meet people directly thanks to an intermediation by the services themselves. In fact, a recent FEANTSA publication explains that "the best way to understand someone's problems is by listening to them"<sup>1</sup>. Previous research in England also relied on direct consultation with homeless people to ask them, ten years later, what had gone wrong with the opening of some night shelter services in cities<sup>2</sup>. The research had been useful in understanding that the introduction of emergency night-time solutions had not been sufficient to improve reaching out of the most fragile people. At the same time, it showed that it was of significant importance to consider the various shortcomings of the entire response system offered in order to be able to aspire to a real improvement in the situation. The study showed that only the introduction of long-term, support-integrated housing solutions would improve the level of reaching out to vulnerable people on

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<sup>1</sup> FEANTSA, People Experiencing Homelessness Ask EU Leaders to Listen and Talk to Them, 2022 available on <https://www.feantsa.org/en/report/2022/01/21/a-collection-of-testimonials-from-people-with-experience-of-homelessness?bcParent=27>

<sup>2</sup> Shelter England, Reaching out. A consultation with street homeless people 10 years after the launch of the Rough Sleepers Unit, 2007, [https://england.shelter.org.uk/professional\\_resources/policy\\_and\\_research/policy\\_library/reaching\\_out](https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/reaching_out)

the street and enable people to access the welfare system with dignity and break the spiral of poverty.

Knowing the service system and listening to the voice of the people directly affected can make a difference.

The research questions were:

- a. What are the barriers, problems and needs that the target groups encounter when accessing territorial social services?
- b. What could be the tools and methods to improve the accessibility of services and encourage direct involvement of people in their help pathways? How can empowerment of people be strengthened so that they follow an effective and long-lasting help pathway?

## 2. Research Methodology

The evidence presented in the report is based on the application of the methodology "RE-PART – Ripartire da un approccio partecipativo nei servizi sociali" (Starting from a participative approach in social services) developed in the first phase of the Reticulate project. The innovativeness of the proposed methodology lies in the direct involvement of the project's target groups (homeless people and vulnerable families with minors) in the development of actions that favour their effective integration in the territorial service system.

The approach proposed in the RE-PART methodology, which guides the activities of WP2, has three levels of action:

- 1) Mapping of local services and consultation of stakeholders;
- 2) Active involvement of target groups;
- 3) Experimentation of participative techniques within services.

The first phase envisages desk activities (administration and analysis of a questionnaire addressed to the service managers) for an initial framing of the services aimed at the target groups active in the territory. The objective is to: identify informed estimates on the dimension of the phenomena and the prevailing fragility profiles; identify the strength and critical factors of the social services system; deepen the point of view of the territorial referents on the barriers to access to services and how these could be overcome also through the experimentation of the new one-stop shop promoted by the Reticulate project.

The second phase involves field research activities, i.e. face-to-face interviews with the project target groups. The objective is to give a voice to people in a vulnerable condition and listen to their views on the difficulties in accessing services and on the strategies that can be used to overcome them, with a focus on formulating specific suggestions for developing the one-stop shop.

The last phase of the methodology envisages training and methodological supervision activities, addressed to the referents of the four territories involved in the project, aimed at encouraging an active involvement and participative approach within the services. The actions focus in particular on training activities aimed at introducing the key principles that motivate the adoption of participative approaches within the organisation of the services and activities to accompany the territories in the adoption by the services of practices for the involvement and participation of the



beneficiaries, adjusting the operational tools to the needs and objectives of the local services.

This report focuses on the outcomes of the second phase of the RE-PART methodology, i.e. it shows the evidence gathered in face-to-face interviews with the project's target groups.

The identification of the people to be interviewed was guided by some relevant criteria to ensure a fair representation of the vulnerability profiles previously detected by means of a questionnaire addressed to the referents of the public services of the four territories. In particular, the interviews were aimed at people belonging to four types of profiles<sup>3</sup> :

- Profile 1 - Vulnerable families with minors supported by social services, who have an individualised support and care pathway in place.
- Profile 2: Vulnerable families with minors, who access local services managed by third sector organisations or request financial contributions from social services, but do not have an active care pathway.
- Profile 3: People who attend low-threshold services but do not follow a support pathway, live on the street and attend care services sporadically.
- Profile 4: Homeless people, who have a support project with social services and/or territorial services and follow activities aimed at social inclusion.

A total of 37 interviews were conducted between November and December 2022. The semi-structured interviews were centred around the following topics of interest (see Annex 2 for the interview outline):

- Reconstruction of life stories;
- Social needs;
- Services and access difficulties;
- Aid pathway followed by people;
- Active participation - empowerment - satisfaction with one's own aid pathway;
- Suggestions and recommendations to improve services and develop the one-stop shop.

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<sup>3</sup> See the table in the Annex. The table details the characteristics of the homeless and vulnerable households interviewed

## 2.1 The “Reticulate” Suggestion Box

The "suggestion box" tool was used to collect recommendations. The tool involves the preparation of a box in which suggestions are collected in written form and then delivered directly to the territorial service managers in charge of developing the one-stop shops. In order to facilitate the collection of recommendations, cards were prepared containing some possible suggestions which were discussed and commented on with the interviewees. The latter were in any case given the opportunity to freely express and write down their recommendations by choosing from these suggestions:

- Clearer INFORMATION;
- Longer opening HOURS;
- Less BUREAUCRACY;
- Communication in several LANGUAGES;
- More time spent LISTENING;
- More BEAUTIFUL and welcoming spaces;
- MOBILE UNITS to reach peripheral areas;
- Being able to express OPINIONS and SUGGESTIONS for improving the service;
- PARTICIPATING in decisions that affect my life.

At the same time, people could freely write their observations on blank cards.

## 3. Active Involvement of Homeless People and Vulnerable Families: Results of Face-to-Face Interviews

### 3.1 Vulnerability Profiles and Life Stories

The life stories of the people interviewed are representative of the multiple trajectories that lead to situations of precariousness and hardship. For the homeless people we met, these trajectories are often triggered by multiple factors and cannot be traced back to a single problematic event. Generally speaking, vulnerability profiles are often between economic poverty and working poor and a total lack of means of subsistence that forces many people to find refuge in the shelter circuit. More linear, but not less difficult, is instead the life path of households that find themselves in a condition of need and in need of addressing to the assistance services of the territory. Making a distinction between these two population groups therefore appears necessary to better frame the vulnerability profiles that emerge from the four territories under analysis.

The experiences of the homeless people interviewed are extremely diverse and complex and it is not possible to generalise or draw a single vulnerability profile. However, many of the experiences reveal common tendencies and backgrounds of precariousness and material and relational deprivation.

In particular, all people interviewed report **having experienced one or more traumatic events** including abuse, domestic violence, problematic childhoods, illnesses and addictions. Some have been evicted due to financial problems and the inability to meet household expenses, others have suddenly lost their jobs, and still others have gone through personal crisis, such as the loss of a loved one and a separation.

A first **distinction to be made is between those who have been homeless for many years, who represent the majority of the testimonies collected, and those who have only recently found themselves into this condition.** The former live permanently within the services, but have also accumulated periods of living on the streets,

without any protection. The long career of poverty has often led them to be resigned to their condition and in many cases to be distrustful of the possibilities of being able to emancipate themselves from their state of need through the support of social services. Those who have recently fallen into extreme poverty claim to be estranged from this condition and from other service beneficiaries. For these, a sense of disorientation prevails, but despite the great physical and psychological difficulties encountered, the desire to search for meaning and solutions remains alive.

**Physical and mental health problems are a recurring theme** in the stories encountered. Sometimes these problems were one of the causes of the trajectory towards severe marginalisation, having led to the impossibility of keeping a job or to the need to incur high medical expenses. In other situations, there are problems that occurred during their life on the street, often due to accidents, and certainly aggravated by the difficulty, sometimes impossibility, of accessing health services and following therapies or rehabilitation courses in an adequate manner.

The **lack and precariousness of work is another common and significant issue in determining homelessness**. There are those who had a job and lost it as a result of the pandemic, those who suffered fraud that deprived them of their pension contributions, those who have seasonal jobs in the black economy, but always precarious, which allow them to have a minimum income for subsistence but not such as to be able to guarantee an independent life. For those who are still of working age, work represents, together with housing, the great desire to be achieved as soon as possible, seen as a priority instrument of emancipation and redemption. A job possibly consistent with their skills and abilities, but for those who do not have such *skills* any job would be a major achievement.

Many of those interviewed are **migrants**, often in Italy for several years. For these citizens, there is an **intersection of vulnerability factors**: the already complex problems of poverty and housing hardship are compounded by precarious and unstable legal situations that make it difficult to access support services, including basic ones such as health services. The process of applying for regularisation of documents, the first fundamental step in moving towards a path of autonomy, constitutes a limbo in which people remain for years. Some testimonies come from young people who arrived in Italy as unaccompanied foreign minors, who, on reaching the age of majority, have left the sheltering structures and, in the absence of regular documents and finding no other protection network, have remained “stuck” in the circuit of the territorial low-threshold services.

Among the traumatic events that lead to homelessness, two elements emerged clearly: **violence and problematic childhood**. Almost all the women interviewed are or have been victims of violence. Some have suffered violence by their partners, which not only undermined the physical and psychological health of these women, but also resulted in their being removed from their homes. In some cases, these women are typical examples of “hidden homelessness”, remaining guests of friends and relatives and turning to services sporadically and discontinuously. In other cases, the women encountered have suffered or are suffering violence in their daily relationships on the street or in the services. As widely highlighted in the literature, and also in the light of services that are not adequately tailored to meet the specific needs of women, homeless women are widely exposed to the risk of experiencing violence with consequent serious repercussions on their health. Many life stories also show that conflict in intra-family relationships is a recurring element in pushing individuals towards severe marginalisation. Conflict in relationships between parents and children or between partners often leads to the breakdown of basic ties and to estrangement from home.

As with the homeless, the **families with minors** interviewed<sup>4</sup> also report complex experiences, although they often share a **main element of vulnerability, namely job insecurity**. The pandemic constitutes a watershed in the lives of many families: the sudden loss of work by the sole wage-earning member results in having to face often insurmountable economic difficulties. In this condition, for the first time, these families found themselves forced to turn to local assistance services to obtain material support or to apply for financial contributions. Some of the families encountered, however, were already suffering from a lack of or precarious employment before the pandemic. These are people with low qualifications and sometimes advanced age who, despite having recourse to the Job Centres, struggle to re-enter the labour market. Even for those who do have a job, there is often uncertainty in maintaining it or in having an income available from work that in any case does not make it possible to meet basic needs or household expenses. These are men who work in the catering or construction sectors, and women who, often without a contract, are employed as domestic helpers or caregivers.

In the vast majority of cases, it is women who have accepted the invitation to be interviewed. Women who have a husband or partner, women in the process of separation, and single women with one or more dependent children. For the latter, a particularly complex picture is portrayed, in which **economic difficulties are**

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<sup>4</sup> In most cases, the interviews were conducted with a single household member, mostly with mothers.

**intertwined with significant carrying burdens**, which often limit the possibility of accessing work opportunities that are too demanding in terms of time and constancy. For single-parent households, however, there is a well-structured level of assistance from local services, which makes it possible to alleviate the most difficult situations.

Several households also report **problems related to housing**: women placed in flats for single mothers with children, evicted families housed in facilities provided by third sector organisations, families living in emergency housing, families in overcrowded and structurally inadequate housing, families waiting for an allocation of social housing.

Although not all the people interviewed were able or willing to recount the experiences of their children, it is possible to get an idea of the difficulties faced by minors. Family problems inevitably also affect children and adolescents, painting **scenarios of educational and relational poverty**. Some children have experienced traumatic events, such as an eviction, witnessing violence, or parents with addictions. Once these experiences emerged, the social services promptly took action to provide psychological and educational assistance. Other children are forced to live in overcrowded and inadequate housing, being exposed to risks from prolonged exposure to humidity or forced to share spaces with other adults and minors during all hours of the day. For economic reasons or more often due to parental unawareness, not everyone has the opportunity to do sports or other extracurricular activities with their peers. The pandemic was certainly a time when these problems were exacerbated: despite the electronic devices made available by schools, it was not possible to adequately follow distance learning, especially by those who live in inadequate housing conditions.

### 3.2 Barriers in Accessing Social Services

An initial survey of the services active in the four territories<sup>5</sup> clearly shows the presence of a robust and widespread social infrastructure aimed at meeting the needs of the most vulnerable segments of the population. The substantial national and European resources too allocated in recent years for strengthening social policies have enabled the territories to innovate the range of services on offer (e.g. Housing

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<sup>5</sup> The survey was carried out by administering a questionnaire to the managers of services for severe marginality and social services for vulnerable families.

First interventions aimed at the homeless people financed under the NOP Inclusion (2014-2020), the creation of public steering committees that have launched broader planning processes, with a more active involvement of the network of third sector organisations. The introduction of the citizenship income marked an important step in promoting the empowerment of services and offering more adequate, intensive and integrated social inclusion pathways to individuals and families in socially vulnerable conditions.

However, despite this progress, there are still challenges that territorial services have to face, one of which is the difficulty for services to reach the largest possible share of people in a situation of vulnerability. In fact, the survey conducted among the managers of social services in the four territories shows that a reasonably large share of social demand is not reached, thus remaining excluded from the possibility of receiving support to get out of the situation of need. With respect to the phenomenon of serious adult marginality, the territories estimate that they can reach between 50% (Livorno, Grosseto) and 75% (Lucca and Pistoia) of homeless people. With regard to poverty situations, it is estimated that the social demand that the territories can keep under control varies from 25% (Livorno, Lucca) to 50% (Grosseto), up to 75% (Pistoia).

Against this background, it is worth questioning why a significant proportion of homeless people and vulnerable families are unable to access social and welfare services of the territory, and what barriers they face in interfacing with the support opportunities offered and in receiving caretaking.

Starting from the findings in the literature on the phenomenon of lack of “take-up” in social assistance measures aimed at vulnerable groups<sup>6</sup> and integrating it with the evidence gathered through the research activity on the field carried out within this project, it was possible to draw a picture of the main barriers that homeless people and vulnerable families with children encounter when trying to get the support they actually need.

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<sup>6</sup> Emin Network (2014), Non-take-up of minimum income schemes by the homeless population; Eurofound (2015), Access to social benefits: Reducing non-take-up, Publications Office of the European Union, Luxembourg; Crepaldi C., da Roit B., Castegnaro C. (2017), Minimum Income Policies in EU Member States, European Parliament.



## Bureaucratic Barriers

A first major difficulty encountered by the people interviewed is the elements of complexity of the bureaucratic procedures for requesting and obtaining documents and certifications. These documents can represent fundamental requirements to access social and health services, economic contributions, documents, and more generally to have fundamental rights of citizenship guaranteed.

First and foremost, for homeless people, it emerges that obtaining **registered residence** has been or still is a major stumbling block. In fact, the procedures for applying for residence at a fictitious address follow complex and often non-linear practices. As reported in the focus groups, the lack of or poor cooperation between social services and registry offices is one of the main reasons limiting the smooth and appropriate management of these procedures. Even where protocols or guidelines are in place to foster coordination between competent offices, procedures are often applied in a non-uniform manner. The result of these administrative practices is that there are people who had to wait years before being able to obtain the necessary documents for a certificate of residence. These difficulties also spill over into the possibility of access to healthcare: in the absence of a residence, it is not possible to access even the minimum care provided by a general practitioner, and consequently to specialist services and examinations.

Bureaucratic difficulties also concern the health sector, where homeless people need to apply for disability certificates or health cards. Take, for example, foreign EU citizens, who by law, even though they have a residence, can only apply for a health card by paying a large sum of money, which they often cannot manage on their own.

The application for citizenship income is also a procedure that has sometimes proved difficult and dysfunctional. This is the case of people who, after having applied for and obtained the economic contribution, have had their applications rejected after some time due to administrative errors, sometimes generated by CAF's (authorised centres for fiscal assistance), with the consequent order to return the amounts received. In other cases, the time taken to receive the contributions was extremely long, leaving those entitled to them deprived of a fundamental economic support.

An important issue of complexity thus emerges: the application procedures are complex, especially in cases where such applications have to be submitted online and require personal and cultural skills and resources to cope with the bureaucracy.



Think, for example, of people who have mental health problems and who, without the necessary support, are not able to independently fill in the necessary forms to obtain the due benefits.

### **Information Barriers**

Having basic information about the services and benefits to which one is entitled is an indispensable factor in accessing the opportunities offered by the territories. The interviews revealed that homeless people often have a good knowledge of the opportunities offered by third sector services, but they risk not accessing public benefits because they are not aware of the measures to which they may be entitled, and when they are aware of them, they do not know how to apply for them. An emblematic case is that of the citizenship income, for which some people, and especially homeless people, despite having the requirements to access it, have not applied for it.

Overall, two elements emerge that limit an adequate circulation of information: the lack of clarity with which information is provided by the services and the lack of certainty of the information provided. There are frequent cases of people being referred from one office to another when asked how to obtain documentation, for residence or health certificates, in a circle of blame-shifting and improper orientation to different offices. A circle that inevitably creates mistrust and anger in those involved. As already mentioned in reference to administrative barriers, these circumstances lead to question the adequacy of the organisational and management system and the need to promote clear and uniform procedures in the collaboration between public offices and services.

In this context, the role of third sector bodies or proximity services such as street units is crucial to allow information to reach those who are furthest from the assistance circuit or who do not have the necessary tools to autonomously find information on how to access benefits and services.

### **Relational Barriers**

From the testimonies collected, it emerges that the relational dimension constitutes an element of central importance in favouring or vice versa hindering access to services. This type of barrier refers to the emotional sphere, i.e. the possibility for people to access services not so much from a physical point of view, but to feel welcomed on a personal level. What emerged is that people often fail to find in the

professional social service a place of listening and a shelter which are the basic step of the possibility of building a relationship of trust and consequently initiating a support pathway.

The fact of meeting the social worker sporadically, of not being put in a position to tell their story, often due to a lack of adequate time for interviews, risks distancing people emotionally from the service system. Several testimonies tell the story of people who feel they have been treated with detachment, not having had the opportunity to express their needs and wishes, in a vertically structured aid pathway in which no space has been left for people to participate in the definition of the objectives to be pursued and to choose the ways to do so.

Conversely, where people have found space and time to be listened to, within professional social services or third sector organisations, this circumstance represents an important lever for fostering the establishment of a relationship of trust and guaranteeing full access to the network of services. Significant are in fact the testimonies of those who consider the relationship with social workers and assistants to be "a salvation" and a fundamental support ("I found wonderful people and they give you confidence, they help you not to give in"; "the social worker is to me a kind of mother who guided me when I needed it most").

### **Social-Cultural Barriers**

Closely related to relational barriers and information barriers are social-cultural barriers, i.e. those barriers that people themselves place before their access to services due to personal beliefs, opinions and attitudes. Various types of people therefore fall under this umbrella: those who, rightly or wrongly, have lost or do not trust institutions and those who fear that seeking help will expose them to a social stigma.

The first category of people includes several homeless people and families interviewed. Sometimes these are people who have tried to access services in the past but felt they were not adequately welcomed and listened to or were trapped in rigid bureaucratic practices. These experiences have undermined their trust in institutions and in the possibility of receiving valid support, with the consequent refusal to turn further to services. Among families with minors, especially those of foreign origin, a misunderstanding of the function and role of social services appears to be widespread. The belief is that this acts in a coercive and punitive manner, in particular by abducting minors. The consequence, as witnessed by the social services

themselves, is that these families tend to turn to the services only to have the most urgent needs met, such as financial contributions and help with housing, omitting important elements of their own story and thus preventing the social services from implementing promotional and empowerment actions of a structured caretaking process.

Fear of social stigma also appears widespread. Among homeless people, those who have recently fallen into a condition of severe marginality sometimes refuse to access help. The testimonies of those who, not recognising themselves in the definition of “homeless people”, tend not to turn to the social services, deciding to rely only on those low-threshold services that can guarantee them immediate relief from their needs (“I don't need help, I can do it alone”). Significance is what was reported by A., 74 years old from Pistoia, who has a deeply rooted concept of autonomy and choice: being able to freely dispose of one's decision-making faculties represents an element of “dignity” for mankind. In the interviews with some families too, it emerged that recourse to social services is conceived as a sort of failure, a last resort to which one prefers not to appeal.

### **Linguistic Barriers**

Linguistic barriers are also related to information barriers. Many foreigners, who have arrived in Italy for more or less time, struggle to understand the information available on opportunities and aid pathways because they do not speak Italian. The barriers listed above are therefore compounded by other substantial difficulties that are summed to other vulnerability elements, such as the regularisation of documents and the need to understand how to find one's way around public offices.

Linguistic barriers also undermine the important possibility of easily establishing a dialogue with social workers and initiating a relation of trust that is indispensable for the success of a caretaking process. In this context, the profile of linguistic and cultural mediators appears to be of central importance, but the interviews revealed that the presence of these professionals is not always guaranteed.

### **Physical Barriers**

Physical barriers relate to the difficulty for people to physically go to services, due to excessive distance or lack of adequate means of connection. With respect to homeless people, we have found that this is not a significant barrier.

The homeless people interviewed generally gravitate towards the network of services and report no particular difficulties in reaching them physically. For families with minors, on the other hand, this type of barrier was sometimes mentioned, although to a lesser extent than other access difficulties. These are families who, because of the need to pay low rents or because they are beneficiaries of houses assigned by the Municipality, live in peripheral areas and experience difficulties in sustaining the necessary movements to reach the services.

### **Structural Barriers**

The barriers outlined above are a stumbling block for those attempting an initial entry into the service system. But the difficulties do not end at this first stage; they can also expand once they have entered the circuit of help and support.

For homeless people, low-threshold services (dormitories, canteens, shower services) aimed at meeting their basic needs are easily accessible, but instead of being a sort of propaedeutic transition towards subsequent paths of social inclusion, these places risk becoming permanent places. What the interviewees report is the creation of a bottleneck effect, in which people risk being stuck in the first help circuit without accessing more structured, second-level services. In addition to the possibility of receiving information, assistance with bureaucratic paperwork, and listening, there are some structural barriers in the poor connection between the services available on the territory, including collective services such as employment services, housing agency, legal protection, training courses, and opportunities for economic support.

Similarly, families with minors also complain about not being referred towards concrete reintegration opportunities, especially concerning employment and housing. The answers found in third sector organisations or the economic contributions provided by the social services certainly are a crucial relief to meet the most urgent needs, but they are not enough to allow a progressive emancipation from the situation of need.



### **Expanding Listening Spaces Dedicated to People**

This was the most recurrent recommendation, indicated by 18 people. Listening was understood in a broad sense as help and readiness to meet and have relations. Expanding listening spaces means in fact providing adequate time and places to allow people to open up, to bring out their expressed and unexpressed needs, to connect also from a human point of view. Interviews lasting only a few minutes and the turnover of social workers are among the elements to be avoided, as they do not make it possible to start a process of caretaking based on trust and relationships.

*"My suggestion is that there should be a long time to listen to the stories and wishes of all people accessing services".*

*"Putting human relations at the centre. Making services more welcoming, based on relationship and dialogue because even the simple greeting and welcome are important moments that make people feel welcome and less lonely".*

### **Streamlining Paperwork**

The second most recurrent recommendation, indicated by 12 interviewees, relates to the need to streamline bureaucratic procedures for accessing benefits and services. Indeed, people believe that administrative paperwork is one of the main obstacles in accessing services. The circumstances cited largely refer to procedures for applying for civil registration at a fictitious address, obtaining health certificates, and procedures for applying for citizenship income. The lack of adequate support to carry out these procedures, and the fact that digital skills are often required, is an important limiting factor in access to the applications to which people are entitled

*"The paperwork for applying for documents should be simpler, with fewer complications which lead people to become discouraged."*

*'Bureaucracy should be faster and more efficient. Even today, the citizenship income arrives late and I am forced to beg.'*

### **Providing More and Clearer Information**

Ten interviewees mentioned in their recommendation to social services the need to provide more information and clearer information to people seeking assistance. On

the one hand, the recommendation refers to the possibility for people to be adequately informed about all the opportunities offered by the territory, especially those opportunities of connection to the labour inclusion system. On the other hand, it refers to the way in which information is offered, which should be more linear and capillary in order to avoid misunderstandings and the conveyance of improper or incorrect information.

*"Services should offer clearer information about the opportunities to which people may be entitled".*

*"Provide definite information and concrete answers instead of referring a person from one office to another".*

### **Ensuring Communication in Several Languages**

Many of the people interviewed are of foreign origin and have had in the past or still experience problems in adequately communicating with services to request support. As already highlighted, language barriers risk triggering other types of barriers, including information barriers, limiting the possibility of understanding what opportunities one would be entitled to, and relational barriers, often undermining a communication channel that is essential for establishing dialogue and relationships. Due to the sporadic presence of linguistic and cultural mediators, foreigners take longer than expected to access services and benefits. It therefore emerged that language difficulties represent important barriers to inclusion and support (8 people).

*"At the beginning they did not understand me, it was difficult to communicate. In the services there should be people who can speak languages so as not to exclude anyone"*

*"For me, language was not a problem, but I know many foreigners who had difficulty accessing services precisely because no one spoke their language".*

### **Being Able to Express Opinions and Suggestions for Improving Services**

Six of the people interviewed indicated in their recommendations that social services and services in general should give due consideration to the suggestions made by the people benefiting from the services. In conducting the interviews, the moment of collecting suggestions was the most appreciated phase. People were satisfied and felt useful in being able to express their opinion on what works and what does not work



in the services. People consider it relevant that this type of activity can be replicated in the ordinary management of services, providing not only spaces for listening but also practices whereby the suggestions expressed can actually affect the management and organisation of services. The channels cited to initiate this type of activity were both collective consultation moments and private moments in which people could express their suggestions anonymously (questionnaires).

*"I have been attending services for many years, I know how they work, I would be able to make suggestions on how to improve them"*

*"Services should listen to the indications that come directly from people. We are the ones who know what we need and what difficulties we encounter".*

### **Participating in Decisions that Affect One's Life**

Closely related to the suggestion on widening the space for listening is the suggestion to involve people more in the decisions that affect their lives, as indicated by four people. The recommendation refers to the fact that some people feel that they have been subjected to decisions made from above, without the opportunity to participate or express their inclinations and desires. This is particularly evident in relation to the processes of allocation of emergency housing, which are considered to have been carried out in a way that does not reflect the real needs of the households and homeless people concerned.

*"People should be more involved in their own aid path, especially when it comes to choosing a house that suits their family's needs."*

*"I wish I had been more involved when it came to making decisions concerning my life".*

### **Providing Widespread Access Points to the Service Network**

Three interviewees indicated among their suggestions the need to favour greater physical accessibility to services, by providing widespread and capillary access points to the service network or mobile units capable of shortening the distance between services and citizens. This recommendation comes from those who live in peripheral areas and experience difficulties in reaching services, sometimes discouraging their use. In particular, the recommendation is aimed at supporting the most fragile groups, such as the elderly and single women with minor children.



*"Setting up mobile units that can reach the suburbs would be a very good idea. I know many families who live in the suburbs and who have difficulties in reaching the social services."*

### **Other Recommendations for Building the One-Stop Shop**

In addition to the recommendations commented on above, the interviewees also propose other potentially relevant indications for the definition of the one-stop shops in the four territories.

A first suggestion refers to the possibility of the new service being able to provide *adequate orientation and timely information towards employment or social-work placement opportunities in the territories*. This indication echoes the ultimate aim of the one-stop shops, i.e. to establish a privileged axis between the social service system and the labour service system.

Another indication provided by the interviewees is to ensure *socialising spaces* within the one-stop shops that are *open to citizens in order to strengthen community ties*. The one-stop shops should also take the opportunity to strengthen direct links with third sector organisations, so that voluntary activities are promoted. The latter have been important experiences for many of the people interviewed, having enabled them to use their time in a useful and supportive manner. Precisely for this reason, it is considered important that the new service conveys the volunteer opportunities available in the territory.

## APPENDIX 1 - Profile of Interviewees

**Table 1 - Profile of Interviewees - Homeless People**

Territory	Gender	Age	Nationality	Service	Profile
Lucca	Man	24	Foreigner	Canteen	Profile 3 – He arrived as an unaccompanied foreigner minor, embarked on a successful aid pathway through the operator responsible for his caretaking.
Lucca	Man	64	Italian	Canteen	Profile 4 – He has been homeless for two months due to severing of family ties, only goes to the canteen and dormitory, has no contact with social services.
Lucca	Man	26	Foreigner	Dormitory	Profile 4 – He has been in Italy for a few months, is in an aid pathway but is not in contact with social services.
Lucca	Man	50	Foreigner	Dormitory	Profile 4 – He has been in Italy for many years, has papers in order and a residence but it is not clear what kind of aid pathway he has followed.
Lucca	Man	70	Italian	Dormitory	Profile 4 – He has been settled in low-threshold services for many years, has never embarked on a pathway to get out of these services.
Lucca	Man	52	Italian	Dormitory	Profile 4 – He lost his job as a result of the pandemic. He has been in the dormitory for two years and has no contact with social services.
Lucca	Man	56	Foreigner	Caritas	Profile 4 - A man with various health problems who often returns to his country of origin. He attends low-threshold services but has no structured pathway.
Lucca	Woman	50	Italian	Caritas	Profile 3 - Placed in accommodation in cohabitation with another woman, but she continues to attend the canteen and the listening centre of the territory.
Livorno	Man	53	Italian	Dormitory	Profile 3 - Serious health problems and consequent inability to find a job led him to live on the street for

					many years. To date he lives in emergency housing.
Livorno	Woman	65	Italian	Dormitory	Profile 4 - After a long story of domestic violence, she was thrown out of the house. For several months she went to the women's dormitory but had only one meeting with the social workers.
Livorno	Man	69	Foreigner	Dormitory	Profile 4 - For many years he has spent his life between street and dormitory. Very distrustful of social services, he has never embarked on an aid pathway.
Livorno	Woman	52	Foreigner	Street Units	Profile 4 - With a story of violence and extreme poverty, this woman lives at the station and has as her only channel of help the support of street unit workers.
Livorno	Woman	46	Foreigner	Street Units	Profile 3 - For years she lived with his disabled son on the street. Today she lives in a hotel provided by the municipality and has started a process of caretaking with the social services.
Livorno	Man	46	Italian	Street Units	Profile 4 - Alternates dormitory and friends' houses. He does not consider himself a "homeless person" and has a deep distrust of institutions, to which he has never turned for support.
Grosseto	Man	26	Foreigner	Dormitory	Profile 4 - As soon as he came of age, he left the migrant reception circuit and alternated dormitory and friends' houses. Known to social services but without an active caretaking pathway.
Grosseto	Man	54	Italian	Dormitory	Profile 3 - Despite being followed by social services, addiction, judicial problems and the lack of a job make the man's recovery path very complex.
Grosseto	Man	35	Foreigner	Dormitory	Profile 4 - This man alternates dormitory and a friend's house, and has a light caretaking pathway at the territorial low-threshold services.
Grosseto	Woman	63	Italian	Housing First	Profile 3 - After living many years with heavy addiction, this woman was successfully placed in a housing first path.
Pistoia	Man	74	Italian	Dormitory/ Canteen	Profile 4 - This man, who has been homeless for many years, benefits from a form of light caretaking at the territorial low-threshold services.
Pistoia	Man	71	Italian	Dormitory/	Profile 4 - No longer able to afford his household expenses, he has been turning to Caritas services for a

				Canteen	few months. He has never turned to social services.
Pistoia	Man	70	Italian	Dormitory/ Canteen	Profile 4 - In the absence of pension contributions and a family network, he has been turning to Caritas services for a few months. Has never turned to social services.
Pistoia	Man	72	Italian	Dormitory/ Canteen	Profile 3 - Evicted from his home as a pensioner, he started to turn to the territorial services and received assistance for housing support, but had only sporadic contacts with the municipality's social workers.
Pistoia	Woman	55	Italian	Cohabitation	Profile 3 - After a story of violence and precarious job, she was placed in a housing project receiving strong social support.
Pistoia	Man	66	Italian	Cohabitation	Profile 3 – He lived for several years alternating street and dormitory, and now he lives in a shared flat with other people.
Pistoia	Man	46	Italian	Cohabitation	Profile 3 – He comes from a context of family conflict. He has accepted the opportunity to live in a co-housing project but does not have an ongoing relationship with social workers.

**Table 2 - Profile of Interviewees - Vulnerable Families with Children**

Territory	Gender	Age	Nationality	Service	Profile
Lucca	Woman	34	Italian	Listening Centre	Profile 1 - A single mother with a young daughter and a story of addiction, she is placed in a mother-child home and receives psychological and educational support.
Lucca	Woman	45	Foreigner	Social service	Profile 1 - Member of a large household with active individualised caretaking under the Social Inclusion Pact (citizenship income).

Lucca	Woman	50	Italian	Social service	Profile 2 - Single mother with a teenage son and a precarious employment situation. She accesses social services only to apply for financial contributions.
Livorno	Woman	40	Foreigner	Social service	Profile 1 - In Italy for many years and with two young children, she is experiencing a conflictual separation. She benefits from structured support from the service on the multiple aspects of her life.
Livorno	Woman	55	Foreigner	Listening Centre	Profile 2 - In Italy for many years, she turned to Caritas for financial reasons and has been supported by social workers for many years for her own needs and those of her disabled son.
Livorno	Woman	30	Foreigner	Listening Centre	Profile 1 – Single mother with a young child regularly accesses Caritas services, but is also supported by the municipality's social workers.
Livorno	Woman	42	Foreigner	Listening Centre	Profile 2 - Mother of 3 children cannot apply for the citizenship income due to residence problems. She had only sporadic meetings with social workers.
Grosseto	Man	35	Foreigner	Listening Centre	Profile 2 - Household with two young children with economic and housing difficulties. They don't have a caretaking pathway with social services.
Grosseto	Man and Woman	46 and 38	Italian	Listening Centre	Profile 2 - Large family living in an emergency house. They don't have a caretaking pathway with social services, but receive financial contributions for family management.
Grosseto	Woman	38	Foreigner	Social service	Profile 1 - Family with employment and housing difficulties. With the support of social services, they obtained emergency accommodation.
Grosseto	Man and Woman	47 e 36	Foreigners	Social service	Profile 2 - Household with three children that has been in Italy for many years but does not have a solid network of relations. They turn to social services for housing support but do not have a structured caretaking path.
Pistoia	Woman	44	Foreigner	Housing facility	Profile 1 - In Italy for many years, she seeks support from social services following separation. This woman undergoes a caretaking path and is placed in a flat for mother-children.