Overcoming Homelessness: Action Research and Photovoice Methodology as Tools for Collective Reworking of COVID-19 Traumatic Experience and for Increasing Transformative Skills

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❯ **Abstract_** *This article analyses the repercussions that action research, in the field of homelessness, can determine in the process of collective re-elaboration of the experiences lived during the spread of the COVID-19 syndemic and in the promotion of transformative skills of social resilience. This study was carried out in the city of Bergamo (IT), which was one of the cities that was most dramatically affected by the spread of the virus in the first months of 2020 (during the so-called Phase 1, between February and May 2020). This study focused on the network of services which fight against homelessness. This study analysed the ways in which the COVID-19 syndemic has affected the homeless population, the point of view of the personnel working in third-sector organisations, and who (in response to the health and social emergency) have activated social resilience. These practices have been the subject of collective re-elaboration during the action research that was conducted by the University of Bergamo. The results of this process have led to a reformulation of the collective memory regarding the traumatic experience of COVID-19 and can help to promote the development of transformative skills, which have not yet been fully exploited.*

❯ **Keywords_** *COVID-19 syndemic, photovoice methodology, fighting against homelessness, transformative skills*

Introduction

This article exposes the main results of the action research engaged in the sector of the homeless services, between February and May 2020. During the action research, I analysed the strategies of reaction and of transformation activated by the network fighting adult marginality, during the so-called Phase 1 of COVID-19. These strategies have been interpreted with the theoretical tool of social resilience. Specifically, I have isolated three types of resilience capacities: coping, adaptive, and transformative capacities. The process of analysis of the resilience capacities was conducted in collaboration with the personnel working in the third-sector organisations and has taken into consideration the practical relevance of resilience capacity on its own, as well as its symbolic significance. This has been possible thanks to the adoption of the photovoice methodology. In this article I will present the results of the research acquired through the narrative interviews and with the analyses of some photographs.

The data I collected during the action research have contributed to determine some transformation in the research field. First, the action-research has developed the collective consciousness among the third-sector services with regard to the resources they can negotiate with the political institutions. Second, the participative re-elaboration of the traumatic experience of the first wave of the COVID-19 syndemic [1] has led to the reformulation of the collective memory about the events lived by the personnel involved in the research.

In the discussion part of this article, I assert that the transformative capacity is still not completely acquired, and this is caused principally by the uncompleted collaboration between public institutions and third-sector services involved in the support of people experiencing homelessness.

This research can be relevant for understanding the challenges for the homeless sector because it points out some important lessons learned during the COVID-19 syndemic, such as the strategies that can be activated in order to respond to immediate danger, the praxis that can support the participation of and constructive collaboration with people experiencing homelessness in the shelters' everyday management, and the resources that play a fundamental role in order to promote a constructive and parenthetical collaboration between the third sector and the political institutions.

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[1]   A syndemic is the aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease.

The relation between transformative skills and collective memory

The term 'social resilience' refers to the forms of adaptation of organisational resources and symbolic configurations (as well as the forms of transformation of professional practices and daily social interactions) that guarantee (as far as possible) the continuity of services, safety, and well-being of people and communities (Adger, 2000). By studying empirical cases in rural areas of nations with a low degree of industrialisation, Adger (2000) identifies in social resilience the ability of communities to face external shocks to their social infrastructure through a change of lifestyles, the identification and activation of unusual material resources, and the enhancement of social and relational capital. This phenomenon also concerns neo-liberal Western societies, where the same practices of social resilience resurface with a particular emphasis on social capital and relational networks (Barnes and Hall, 2013). A significant difference concerns associations (absent in rural areas) that become a fundamental resource, especially for social groups with lower income levels. According to Keck and Sakdapolrak (2013), social resilience involves three capacities: coping skills, adaptive skills, and transformative skills. The coping skills are used when facing an immediate or imminent threat by making use of the available resources to try to restore a condition of well-being, which will never be able to match the pre-existing situation (Frydenberg, 2017). Adaptive skills have a more proactive purpose and focus on learnings that can be used in facing future risks (Aldrich, 2017). Coping and adaptation both focus on facing the threat, but while the former is played out in a short period of time and mainly involves tactical action, the latter is expressed in the medium–long term and concerns greater strategic planning (De Marchi, 2020). The third type of capacity, called transformative skills, questions the institutional setting and includes the ability of individuals and groups to contribute to collective decision-making processes to enhance individual well-being and to strengthen the security of the social group in view of future crises. The third type of ability is the most difficult to put into practice because it requires the promoting group to have a solid starting point in terms of the re-elaboration of shared experiences and meanings, and to be able to collaborate on an equal basis with the decision-makers of the decision-making areas. The first assumption constructs the necessary but not sufficient prerequisite of the second (Lamb et al., 2022).

The action research that will be presented in this paper analysed the social resilience practices that were implemented during Phase 1 of the syndemic by the operators who work in the fight against homelessness. The action research also accompanied the staff of the operators in their re-elaboration of the narratives of the experiences that they lived during the COVID-19 pandemic and in the construction of shared meanings.

Benjamin's famous pages on the impossibility of talking about the war in the trenches (Namer, 1987) have been taken up again in this work to reflect on the difficulty of personal elaboration of traumatic events. For example, narrative exposure therapy is based on the assumption that providing narrative frames to events of one's experience can help to create meanings that make them less painful and intrusive (Neuner et al., 2002), but the same condition has also stimulated a reflection on the social dimension of trauma (Alexander, 2012).

The analysis of narratives allows one to focus one's reflection on the relational context in which the subjects are inserted (Berger and Luckmann, 1966). Communication represents the frame within which social interactions influence social action and reconfigure meaning when this frame becomes the object of a collective reworking. Each narration is the result of implicit processes of social construction. The intimate relationship between language and social action is demonstrated by metaphors, which are understood as conceptual devices that are capable of evoking emotions through their figurative representation (Lakoff and Johnson, 1980). The expression of a metaphor, in addition to having the evocative power produced by its figurative form, also has a selective form: it decisively expresses one aspect and is silent about others. The metaphor is therefore a paradox: it clarifies, but at the same time distorts, which is where its irreducible ambiguity and richness comes from. This ambiguity is heightened when meta-phorical images emerge from a process of collective reworking and are used to represent a shared and long-gone experience, as happened in the experience of the first wave of the COVID-19 syndemic.

Memory is often understood in strictly personal terms. Sometimes defined as a faculty of the human mind close to imagination, sometimes as the cerebral ability to record events and sensations, memory ends up being the supreme guarantee of its subjectivity: something akin, in common perception, to a passport, DNA, or finger-prints (Jedlowsky, 2000). In contrast to this exclusively individual representation of memory, Maurice Habwachs argued during the 1930s and 1940s that the memory of a group does not coincide with the sum of the individual memories that compose it (Habwachs, 1949). In other words, the memorial heritage of the group to which they belong constitutes the horizon of meaning of personal experiences. There are social frameworks that have (with respect to the latter) a symbolic and normative function: they direct their emotional charge and translate their content into commu-nicable representations (Jedlowsky, 2000). The past is not preserved, it is recon-structed, and the transformation can rightly be indicated as the operating principle of collective memory (Namer, 1987). The shared re-elaboration of the social resil-ience practices that were activated by the people experiencing homelessness's support network has made it possible to: a) express the point of view of each profes-sional; b) share the different points of view and to discover the experiences and

feelings lived by other professionals; c) identify the practices of social resilience that have been useful in order to overcome the emergency (coping), but also to manage everyday life (adaptive strategies); d) conceptualise the uncompleted development of the transformative capacities. In the end, it was possible to identify shared meanings among the research participants and these constitute the starting point for establishing an equal and effective collaboration with the institutions to promote structural changes in territorial policies to combat severe marginalisation.

Homelessness: Inequities, structural dynamics, and phenomenology

The constant increase in conditions of poverty and serious social marginality in a segment of the population in Europe may be associated with the contraction of the labour market and the increasing costs of basic necessities (Benassi et al., 2020). These processes were felt to be the result of the global effects of the economic and financial crisis of 2007–2008, and also the result of the collapse of the American real estate bubble in the early 2000s. These crises have also had great repercussions in Europe and have led to an exacerbation of inequalities: the income of the super-rich increased and, at the same time, the number of families living in conditions of social vulnerability and poverty have grown (Tooze, 2018).

There are also some more structural dynamics, such as the precarious situation of the main systems of social integration and resource distribution (Bifulco and Vitale 2006; Muehlebach, 2012). In particular, in the countries of southern Europe, such as Italy, the welfare system (Ferrera, 1996) was created after the Second World War when a high percentage of the economy was still rural, which slowed the urbanisation process. In these areas the family still retained a decisive role in the public sphere (the solidarity among the traditional extended families still played a crucial role), and the state supported conservative and liberal political action, with an anti-communist attitude (Ferrera, 1996). As a result of this historical configuration, social housing policies still straddle the private market and public action. However, the private market plays a decisive role given the high proportion of owned properties in Italy (equal to 76% of real estate assets) (Allen, 2006). The dominant role still played by Italian families in supporting the purchase of homes for young people and couples seems to compensate for the poor development of the financial sector, as well as the precariousness of the labour market. The supply of public rental housing is also very low compared to the demand (Allen, 2006). It is also excessively targeted (e.g., for numerous families, people with disabilities, indigent people) and therefore cannot have a significant effect on social hardship and in the prevention of the living conditions of poor people from worsening (Bifulco and Vitale, 2006). Added to this is the clientelism that characterises the public bureaucratic apparatus (Allen et al., 2004). All of these factors lead to a growth of the number of people who

live in poverty or who are socially vulnerable (Benassi et al., 2020). Public policies have not yet been able to develop effective responses to the problems faced by these groups (Ranci and Pavolini, 2008).

It is still very difficult to quantify the homeless phenomenon, both locally and nationally. However, from the latest ISTAT survey[2] on the homeless population, dating back to 2014, it is estimated that in Italy there are almost 51 000 people (equal to 2.43 per thousand of the total population) without a stable home. The survey also noted an increase in the share of people who remain homeless for more than two years (41.1%) and four years (21.4%). These are mostly men (85.7%), foreigners (58.2%), under the age of 54 years (75.8%), or with low educational qualifications (only one-third reached at least the secondary school diploma). A significant percentage of the homeless population is concentrated in the northern regions (56%), where the province of Bergamo is located. From the latest systematic survey regarding the province of Bergamo in 2017[3], it appears that 834 people were received at first reception facilities[4], of which 74% were foreign nationals and 94% were male. In this area, reception and support services and structures have been organised for many years. For example, in the field of problematic drug use prevention, street units supply an addiction service and there are two help desks, one for the municipality and the other managed by a charity association. Additionally, first-aid services are managed by charitable associations (e.g., a night shelter). There is a significant turnover in the night shelter because most of the recipients' stay for less than three months. About 20% of people experiencing homelessness move to other types of social accommodation. Examples of other social accommodation include therapeutic communities and social housing. In recent years, there has been a significant increase in the homeless population in northern Italy, and a growing part of the homeless population is composed of Italian citizens (Consoli and Meo, 2020).

The new Italian homeless are young people that have 'inherited' the condition of poverty from their family. This means that the social support services that have supported their parents has failed. In other cases, the most recent statistics have highlighted a new phenomenon of educational poverty – young people who have

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[2] ISTAT: Istituto nazionale di statistica (National Institute of Statistics). https://www.istat.it/it/files//2015/12/Persone_senza_dimora.pdf. Accessed 15.04.2022.

[3] The survey was carried out in 2017 by the 'PONte' network, which includes the participation of the municipalities of the Bergamo area, charitable associations, and the third sector.

[4] The services that intervene in an emergency manner and in response to basic needs are commonly defined as 'first reception services'; these include canteens, emergency dormitories, and street workers. In the 'second reception sector', on the other hand, we find the therapeutic communities and the social housing apartments; these resources are intended for people who have embarked on a path to leave street life.

never acquired either the lower secondary school diploma or basic working experience. This situation is generally called NEET.[5] However, as the working poor category attests, having a job is not always an assurance of avoiding poverty, because it could be a precarious job with a very low salary. Finally, broken family relations, with parents or in case of separation, is one of the most common causes of poverty when there is already a situation of social vulnerability (Benassi et al., 2020; Consoli and Meo, 2020).

Homelessness and COVID-19 in Europe, and in Bergamo

'Stay at home' was the main slogan across Europe, but this was not possible for the homeless, people who live in a condition of social marginality and housing exclusion. And this situation was very serious because the homeless are a medical high-risk population.

In all the countries of Europe, whenever the public authorities have established a lockdown, the homeless were obligated to stay in night shelters (now opening 24/7), where it was not always possible to assure hygienic control and avoid overcrowding (Tsai and Wilson, 2020). For this reason, in some cases, hotels were transformed into emergency accommodation for the homeless. In shelters and in emergency hotels it was important to assure a turnover of workers and volunteers in order to guarantee the safeguarding of their physical and mental well-being. However, the staff demonstrated strong proof of resilient, flexible, and innovative work and the containing of infection rates among the homeless has been successfully realised (Pleace et al., 2021). During Phase 1 of COVID-19, the interventions in most European countries were temporary interventions, focused mostly on public health concerns, rather than on homelessness. However, the number of people experiencing street homelessness has significantly reduced. Public authorities, NGO, and third-sector associations have also increased the social housing accommodation (frequently in the setting of the Housing First project), and this has been a great achievement because, in having to allow for social distancing, it has underscored the importance of having private accommodation. Briefly, at the end of Phase 1, a structural collaboration with national authorities, and also a clear strategy to prevent an eventual return to the streets have not been establisched (Pleace at al., 2021).

In Bergamo, a large part of the services to address the serious marginalisation of adults was administered by the third sector (associations, charities). However, the role of the public sector is of fundamental importance because it guarantees territorial coordination, provides important economic support (e.g., disability pensions or citizen's income), and the start of social reintegration paths (e.g., entry into flats with an agreed rental fee, or therapeutic communities). All these activities have been

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[5]   Not [engaged] in Education, Employment, or Training.

drastically changed following the onset of the COVID-19 emergency. During the months of February and March 2020, it became gradually more evident that the city of Bergamo was dealing with one of the main outbreaks of the COVID-19 syndemic. The busy daily life of one of the most dynamic and cosmopolitan Italian provinces came to an abrupt halt in the month of February. Within a week, non-essential manufacturing and commercial activities were shut down. Schools, universities, public offices, and churches were all closed well before the lockdown became national, as were shopping centres, bars, cinemas, and most shops. On 8 March 2020, the national authorities established the national lockdown, which required all people to stay in their homes, travel was only possible within a few metres of the home, and only for essential needs. Personal freedom of movement was drastically limited right from the start: travel was possible only within the municipality of residence for serious and justified reasons, with frequent and rigorous checks by the police. Nights in the city became silent, one could almost say peaceful, without the usual background sound of urban traffic. The only noises that cut the silence were the sirens of the ambulances directed towards the main city hospitals.

The efforts that institutions and health-care personnel made during the acute phase were extraordinary: 300 out of 900 beds were occupied by COVID-19 patients, which is 70% of the hospitals' intensive care beds. Staff skipped rest periods to ensure continuity of care. Recruitment or voluntary support of doctors and nurses came from all other regions of Italy and from other countries (e.g., China, Russia, Cuba, and Albania were among the most active). The most serious cases were transferred by helicopter to other national and European hospitals (many people from Bergamo woke up in the hospitals of the German Länder). During Phase 1 of the syndemic, Bergamo was the province with the highest number of deaths in all of Italy. From 20 February to 31 March, 6 238 people died in this area, with a dramatic increase of 568% compared to the average for the same period in the five-year period 2015–2019[6]. All of the municipal services responsible for combating severe acute marginalisation interrupted their face-to-face interviews as well as the planned projects – such as the disbursement of the basic income or a disability allowance, entry into the community, the start of internships – and they reorganised communication to take place only on the telephone and via e-mails. The social services of the municipality focused on specific types of users, such as the elderly living alone and non-self-sufficient people, and delegated the management of homelessness service users to the structures of the third sector.

In the city of Bergamo, all the public offices, as well as the municipal services that support people experiencing homelessness, decided to close the offices and to provide their services by telephone or by email. This modality of communication

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[6]   https://www.istat.it/it/files//2021/10/Popolazioni-speciali_Comunicato-stampa.pdf

was not very comfortable for people experiencing homelessness and most users dropped out from the services. In contrast, the third-sector actors decided to implement their services: the night shelters were transformed into 24-hour services and a new shelter was opened in order to assure more space for every guest. The drop-in services decided to continue working in the streets using more protection (such as masks or plastic gloves). Finally, the communities have decided to interrupt the visits from parents or friends and also stopped the possibility for the guests to go outside the community. The main problems for the new management of the services were to assure the protection of guests and workers, but also to develop a new organisation of the services to provide a 24-hour services.

Methodology

The action research (Esterberg, 2002) was conducted in collaboration at all stages with the third sector and the municipality stakeholders for the purpose of creating social change. The aim was to create change on an individual and community level. The goal of this research was to implement a parenthetical collaboration between third-sector actors and the municipality in order to implement and better coordinate the services for the homeless. The stakeholders have consulted on the purpose of the research project, the research questions, the design, and the reporting of results.

The goal was planned to be achieved in four steps: a) the collection of data about homelessness in Bergamo city and about the accessibility of the services network fighting marginality; b) the analysis of the practices of social resilience activated during the COVID-19 syndemic; c) the re-elaboration of the analysis made by the third-sector actors and the identification of the most important achievements acquired during the syndemic; and d) the institution of a permanent table of collaboration between third-sector actors and the municipality. In this article I will expose steps b and c.

The empirical study was carried out in Bergamo in the period from 18 July to 14 September 2020, and involved the use of photographic interviews (Kolb, 2008) and photovoice methodology (Wang et al., 2004).

The photographic interview data collection technique was employed to document the changes relating to the plans of action through which social resilience is achieved. This technique involves two interview sessions and the collection of photographic material. The first session has a semi-structured format, built on the basis of theoretical research questions. The second uses photographic material collected by the participants with their smartphone. Participants were asked to

complete an informed consent/release form for the use of data and images. In this report, a confidentiality protocol has been applied to guarantee the anonymity of the individuals and organisations involved.

This study carried out 18 interviews with 11 women and seven men who hold positions as municipal employees (3 – named ME 1, 2,3), coordination (4 – named C 1, 2, 3, 4), street worker or who work at a listening centre (3 – named SW 1, 2, 3), first grade operator (3 – named FG 1, 2, 3) and second grade (5 – named SG 1, 2, 3, 4, 5) reception, which are the most significant services in the Bergamo area. The empirical material was transcribed into digital format and analysed according to a theoretical coding procedure to identify and isolate social resilience practices. The construct has been operationalised in its three main capacities: coping, adaptive, and transformative.

Later, the team from the University of Bergamo organised a photovoice workshop. The photovoice methodology was developed by Caroline Wang during the early 1990s in the research field of health education.[7] The laboratory aimed to favour the re-elaboration of the experience lived by the third-sector network during the COVID-19 syndemic. For the realisation of the laboratory, each participant was asked to take one or two photographs representing one of the following themes: needs expressed by users (complexity, multi-problems); accessibility of services, getting close, incentive for autonomy and accountability; skills of the educational profession; routine and specificity of one's own structure; before and after the health emergency; and degree of integration of the service network.

During the group discussion, the photographs were shared, and we give a list of questions that guide the presentation and the analysis of the photograph to the other participants. The questions were concerned with what was represented in the photo, how the other participants interpreted the content, whether it was possible to link the photograph to others, and how current the image was. Finally, the group of participants were asked to select some photographs that were more significant with respect to the themes that emerged during the discussion.

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[7] The key to understanding this tool is contained in the term itself, which is made up of the term photo and the acronym VOICE: Voicing Our Individual and Collective Experience. As the name suggests, this methodology provides participants with the opportunity to produce stories about everyday experience, with the support of self-produced images, and to share them. Furthermore, photovoice is aimed at becoming an empowerment process, which involves the participants in a path of self-expression, self-awareness, and collaboration (Wang et al. 2004)

Findings

Coping strategies: In the medieval castle

To deal with the health emergency and fill the gap left by the interruption of public services, third-sector entities (reception facilities and support services) had to make some very important choices (to stay open or close), and their entire network of services was suddenly reorganised.

As emerges from the analysis of the photographic interviews, the closure of the municipal and health-care services led to serious shortcomings in the protection of the homeless population. For example, a social worker of the municipality admitted that: "those who were not in accommodation facilities were less protected" (ME 1 – 03.09.2020). Even health services, such as drug addiction prevention, decided to close their access channels, which led to serious psychological repercussions for users, as a social worker of the municipality describes:

> The closure of various services, such as our camper at the station, has decreased the possibility of reaching people. It was difficult to manage the patient's expectation and having to tell them that everything was blocked; there was a kind of frustration to deal with: for someone who was ready to enter social housing, community housing, or starting a job, seeing these things suspended indefinitely caused anger: they didn't know if those things would be confirmed or if they would miss the opportunity. (ME 2 – 24.07.20)

The unexpected interruption of services and social reintegration paths in which people experiencing homelessness had invested for years represented an even stronger shock for many users than the first news circulating regarding the health emergency. A street worker recalls that:

> There were days when everything was closed, the person came to us and started complaining: 'I missed my appointment for the basic income, I had to meet the social worker, I want to go to the community and I can't take it anymore.' It was a moment in which loss was perceived and we operators found ourselves doing, as well as our work, also that of consultants, doctors, nurses, social workers – they made every request to us, but simply because we were their only support. (SW 3 – 28.07.2020)

The third-sector services that operate on the street decided to decrease the hours of service and to avoid any close contact with users, but not to interrupt their presence on the street, aware of the fact that, as an operator recalls, on the street "the frailties of the people on the street had not stopped – on the contrary, they have increased" (SW 2 – 05.08.2020).

The third-sector network is committed to collaborating in the success of the national lockdown and to this end reorganised the residential services to expand the number of beds and ensure 24-hour opening. A new reception space was opened. During the first weeks, several operators became ill, often not seriously, but they had to be absent at least for the quarantine period. It was therefore necessary to reorganise the use of staff. Some people from the street and first listening services were moved to dormitories, the coordinators worked as educators, and in general all staff increased their weekly working hours. Finally, the educational staff also took on tasks of a health nature to ensure health checks and the hygiene of the spaces. The network of structures and services fighting against serious marginalisation managed to reorganise quickly; for example, shifts and teams were restructured in a week. The efforts that were put in place ensured the stability of the system and the protection of workers and guests.

In a few days, shifts and roles were completely revolutionised, putting into practice the ability mentioned by an educator to 'change clothes' and 'put oneself at service'. However, this did not prevent her from maintaining a high degree of freedom and "modulating her own line of action independently", as a home educator recalls (SG 3 – 28.08.2020). Hourly flexibility also affected those who normally carry out coordination functions and are 'absorbed by bureaucracy'. As one community coordinator recalls:

> During the first weeks of the emergency, we had to meet the needs of the structure to cover the absences of sick colleagues, not only educators, but also kitchen, cleaning, and vegetable garden workers, and therefore we were available, obviously at personal discretion, in order to guarantee basic services. (C 2 – 31.07.2020)

While their friends and relatives were teleworking, the operators continued to work in the structure for more hours than before. Once they entered the dormitory and the community, they were completely absorbed by the new tasks assigned to them and often even covered the night shift. When they returned home, they implemented a series of sanitising procedures for their clothes and themselves. On several occasions, they tried to contact social workers, doctors, or emergency rooms without receiving an answer or were advised to manage the situation independently, without the possibility of external intervention.

In summary, as emerged from the analysis of the material collected, the resources available to the network of services to try to restore a condition of well-being against the imminent threat represented by the first phase of the spread of the COVID-19 syndemic were mainly: personal and organisational flexibility; decision-

making autonomy on the part of third-sector entities; daily habit of emergency management; and pre-existing practices of collaboration between the different structures of the third sector.

During the collective reworking that was carried out during the photovoice workshops, the operators focused particularly on the contrast between the sense of abandonment by the institutions, which was perceived in a particularly dramatic way by those who worked on the street, and the renewed sense of security that developed within the structures. On the one hand, they described the empty and silent city, where the police patrolled the area and, in some cases, fined the few people experiencing homelessness who were still on the street. On the other hand, they talked about the work in the structure, which was more intense than it had been previously. The metaphor that was invoked to represent this set of contrasting experiences and sensations experienced by third-sector operators was the image of the medieval castle: isolated from the rest of society, barricaded against an external threat, self-organised, and secure internally. Those who continued to work on the street were not always able to benefit from the protective curtain created in the structures and, in fact, felt particularly alone and abandoned by the institutions. At the end of Phase 1 (February to May 2020), thanks to the construction and daily supervision of this metaphorical medieval castle, no deaths were recorded among people experiencing homelessness and operators, five people were hospitalised without serious symptoms, and more than 300 people had a safe place every day to sleep, spend the day, and eat a meal.

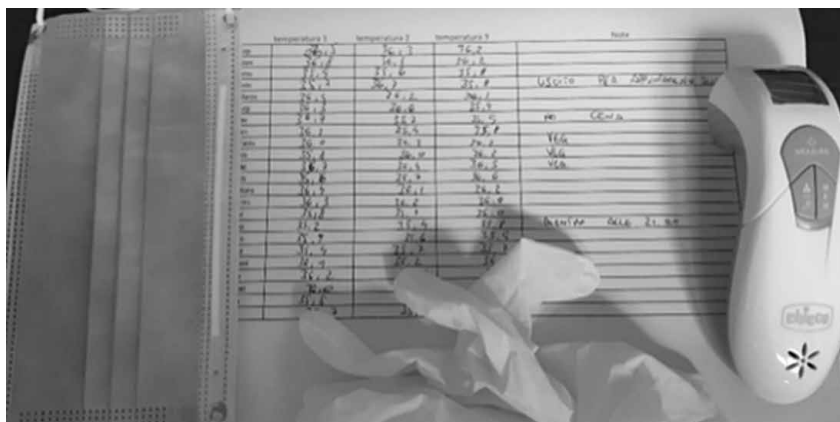**Figure 1. The register for checking the daily temperature of the guests in the dormitory.**

Figure 2. A street worker in an empty railway station square.

Figure 3. The image chosen in the photovoice laboratory to represent the medieval castle is the facade of one of the main dormitories of the city with the slogan 'everything will be all right' in Italian and Arabic.

Adaptive strategies: In the eye of the cyclone

Adaptive skills are part of coping skills, but unlike coping, they are not necessary in the early stages of the emergency, but rather in the medium to long term. Therefore, they involve greater strategic planning. After the first phase of organisational emergency, and therefore the extension of the opening hours and of the staff to be employed in each structure, it was necessary to plan the daily management of the spaces with renewed functions and organisation. This was not easy because all aggregation activities, such as the canteen and laboratories, had to be stopped.

As emerged from the analysis of the photographic interviews, the active collaboration on the part of the users in the management of everyday life within the structures that became residential from one day to the next was of fundamental importance. Activities were organised in small groups, such as painting, pottery, music, Italian courses, gardening courses, and card games. In the course of these activities, the operators of the dormitories encountered the occurrence of a paradoxical situation in which the people experiencing homelessness perceived themselves as being privileged in having a cosy and animated place of their own compared to the rest of the frightened population who were at the mercy of events on the outside. It was the guests in the morning who welcomed the operators with coffee, and no longer vice versa. Even for the operators, the new situation created a state of well-being that led some to consider themselves lucky in having a workplace where they could spend the day rather than being shut up at home, like their friends in teleworking. As one coordinator says: "We were happy with how we reacted and with the situation that was created in the dormitories." (C 1 – 18.08.2020). Both for the operators and for the guests, these activities were an opportunity to put into practice a particular attention to detail and beauty, such as the embellishment of the rooms, the care of the garden and the vegetable garden, the creation of paintings and photos.

The extended time spent together with colleagues encouraged discussion between the operators; it was as if a "permanent team" were in place, says the coordinator himself (C 1 – 18.08.2020). Furthermore, the constant collaboration between guests and operators was an incentive for the development of a relationship dimension. As one coordinator says:

> The core of our relationship work was this: finding a balance between the quality of the educational relationship and the distance imposed. There are some things I do for you, user, but not necessarily with you. The metaphor is to remove your arms and legs, but still try to feel your heart: there was little you could do, your hands weren't much use, but you still had to be able to make your presence felt. Good morning in the morning, sending each other a photograph, doing the shopping, small gestures of care. (C 3 – 10.09.2020)

Soon the operators understood that the responsibility of the guests was of funda-mental importance, putting into practice, as an educator explains, 'the ability to trust and entrust oneself to others, to think of the other as someone useful and indispensable for the management of the situation" (FG 1 – 08.09.2020). To avoid a sort of 'natural selection' of the more unstable guests, who would have preferred to give up the possibility of having a safe place to sleep and spend the day, respon-sibility has been bend with a high degree of flexibility:

> The rules have become less mandatory: those arriving late could not be turned away as before, but we had to create a relationship to make them understand how important it was to respect the rules for everyone's well-being. With the guest, we said: 'Now that we have explained to you, whether you want to stay with us or whether you want to go on your own is your personal responsibility.' (FG 2 – 25.08.2020)

No one was forced to stay in the facility, but in fact few people left the dormitories. During the unstructured moments of sharing and discussion, as a coordinator explains: "an exceptional normality was created: what was done was done together and decided together" (C 3 – 10.09.2020).

In summary, as emerged from the analysis of the collected material, the resources that played a fundamental role in guaranteeing the success of the adaptive skills were experimentation of new activities; care of beauty; activation and empower-ment of users; and previous and ongoing relationship work.

As emerged during the photovoice workshops, while the media continuously disseminated aggregate numbers of infected, hospitalised, and deceased people, a 'care for detail and beauty, for listening to the person' was practised in the communities and dormitories, all within an educational relationship in which the operator "abandons a too technical gaze and becomes more attentive to the uniqueness of the person" (SG 5 – 14.09.2020). Ultimately, the third-sector network was able to activate new procedures, but above all to increase resources already present in everyday life as "a mix of change and permanence" (SG 3 – 28.08.2020). The operators represented this situation with the metaphor of the eye of the storm: that almost calm region located in the centre, outside of which the most violent destructive forces act. Thanks to the strategies of responsibility, flexibility, and beauty care that were activated by the operators and shared by the guests, it was possible to live in a condition of relative well-being and remain immune to the state of agitation and hysteria that was experienced outside the reception facilities. This approach, together with the relational work undertaken over the years, will remain as learning available to the network for any future emergencies.

Figure 4. Time for well-being: playing cards within a community.

Figure 5. The care of beauty: the painting workshops.

Figure 6. The image of the eye of the cyclone selected during the photovoice laboratory.

Transformative strategies: Overcoming fractures within the city

As seen above, transformative capacities involve the institutional setting and involve the ability to contribute to collective decision-making processes to enhance the well-being of the social group and to strengthen their security in view of future crises.

As emerged from the photographic interviews, at the end of Phase 1 of the COVID-19 syndemic, the transformative capacities were only partially achieved, and this was above all due to the absence of continuous and operational collaboration on the part of public bodies. A sort of rift has been detected between third-sector subjects and public institutions, and this seems to have been determined by the closure of public services dedicated to the homeless population and the delegation of the administration of the most fragile population to third-sector subjects. This delegation has been registered both by the municipal offices and by the health services. As a community educator recounts, the impression was that "as the problems arose, they were somewhat unloaded on us" (SG 2 – 28.07.2020), without the expected assumption of responsibility towards the accredited communities. The conflict reached the point where a coordinator reported that the "ATS [8] really threatened us in writing that if we didn't guarantee the standards of the service and in the event of a sudden inspection, they would make us close" (C 1 – 18.08.2020). All of these initiatives undertaken by public services for the protection of people experiencing homelessness were perceived by third-sector operators as a real emergency because they produced a lack of protection and rights, which the network of services had to make up for.

The operators that we interviewed defined themselves as being 'accustomed to permanent emergencies', so the homeless population lives a 'normally' insecure life, deprived of the traditional mechanisms of insertion and integration (in respect of the labour market, the Welfare State, and social ties). In particular, the social housing policies adopted by the Italian State are still unable to respond to the needs of the poor, especially when they are isolated from their family networks.

The normal social insecurity of the homeless population also seems to have been reaffirmed during the course of the extraordinary COVID-19 syndemic that affected Italy – and in particular the province of Bergamo – during the spring of 2020. During this period, the homeless population seems to have been forgotten by the institutions and further deprived of their rights, suffering the 'official contempt' of public, local, and national institutions and forcing the third-sector network into an extraordinary, but isolated, reaction.

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[8]   ATS: Agenzia di Tutela della Salute (Health Protection Agency).

The ability to independently face the unexpected risk and to adapt one's organisations to the new needs of personnel and users gave back a strong sense of pride to the people interviewed, due to the recognition they received from the civil society. In fact, as stated by a community educator, the good results obtained at the end of Phase 1 made it possible to: "give dormitory work the right height, whereas before it was underestimated" (SW 2 – 05.08.2020), i.e., the right level of appreciation in front of the eyes of the institutional actors and of the whole citizenship. The development of adaptive skills, in particular, testifies to the ability to plan complex organisational changes on the part of third-sector subjects. As a street worker recalls:

> We certainly understood that 'we can do', in short, we are able to open ourselves up to slightly higher dynamics. Now it's useless to chase after all the changes we've experienced in recent months, but we have the awareness to say: we've already put it into practice so there's a chance. (SW 1 – 22.07.2020)

This ability to design and activate complex processes can represent an important resource to be shared within the third-sector network, but also with institutional bodies.

The experiences gained during Phase 1 of the syndemic have increased awareness of the importance of territorial collaboration, which is able to include not only third-sector actors but also local institutions. On the part of third-sector subjects, who lent each other concrete help during the emergency by sharing professional resources, materials, and action strategies, a 'greater circularity' seems to have remained, as stated by a coordinator. The next goal is to make institutional actors more involved in this circularity, unlike they were during the emergency. As an operator of a listening centre explains: "the very fact that we have become aware of this shortcoming must lead us to make things work better from now on" (SW 3- 28.07.2020).

The network of the third sector is directly involved in promoting collaboration with institutional bodies, and in this regard, some of the coordinators interviewed admit that over the years they have paid little attention to the political side because they are concentrated almost exclusively on the practical side.

> We are very good to paying attention to the last ones, but we are less good at being on the network and therefore a discussion has started on how to create more of a system. We still have to learn and COVID has given us the opportunity to think about how to keep the political side, the head of the organisation, within the more technical tables; often the arm arrives before the mind and sometimes the mind does not follow you. (C 2 – 31.07.2020)

As emerged from the collected material, the network deems it important to share the knowledge that it feels it has acquired with the institutional bodies concerned: first, there is the ability to maintain a high degree of organisational flexibility, reducing the negative impact caused by the standardisation and bureaucratisation; and second, encouraging the ability of local services to meet the needs of users, avoiding expecting people experiencing homelessness to adapt to the organisational needs of the institution. In this regard, the effects produced by the digitisation of social and health services are particularly problematic because we risk excluding the homeless population from the possibility of carrying out tests, booking vaccines, and obtaining the green pass[9].

As emerged during the photovoice workshop, the path that the third-sector network intends to follow aims to fully realise the transformative capacities of social resilience. At the level of the internal coordination this goal has been achieved thanks to the ability of the different third-sector actors to create a structural collaboration among the different services. However, it is still necessary to encourage a change in the institutional set-up that allows for greater integration of the population by crossing the borders that still exclude them from the full enjoyment of social and citizenship rights, and which also became apparent during Phase 1 of the pandemic crisis. To this end, ongoing collaboration with institutional bodies and the promotion of activities to involve and raise awareness of the entire citizenry seem to be the most effective tools to obtain the desired results.

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[9] From the 6th of December 2021, the Italian citizens and permanent residents had to get a green pass which was the equivalent of the EU Digital COVID Certificate, issued to EU citizens and residents as digital proof that a person has either: been vaccinated against COVID-19, recovered from COVID-19, received a negative test result. The green pass was needed in order to work, to attend school, to enter in public offices https://italygreenpass.com/how-do-i-get-a-green-pass-for-travel-in-italy/.

Figure 7. The image chosen by the group during the photovoice workshop to represent the fractures inside the city.

Figure 8. One of the awareness-raising initiatives undertaken by the third-sector network: the cinema club in the dormitory.

Figure 9. The motto of the third-sector network: 'Let's start again together.'

Discussion

The health emergency caused by COVID-19 has further highlighted the social exclusion that affects the homeless population, who, more than others, have been exposed to the risk of contagion (Barbieri, 2020). As Horton (2020a, 2020b) observes, public and health authorities in the first months of the pandemic paid little attention to socially vulnerable people and concentrated their actions exclusively on the medical containment of the pandemic. However, after a more careful analysis, it soon became clear that the COVID-19 crisis should be interpreted as a syndemic (Horton, 2020b), in which biological factors interacted with social ones in determining the degree of risk to which people were exposed. In fact, the social groups most exposed to the risks derived from the COVID-19 crisis were the elderly, ethnic minorities, the poor, and precarious workers. To protect these people, a biomedical approach would not have been enough: the use of social action tools was also needed.

The difficulties that the European countries have experienced in the initial management of the COVID-19 crisis are tangible clues to the structural weakness of the pre-existing dominant philosophy of social policy (Silva and Smith, 2020). Cost-containment, social misrecognition, and individualistic social risk have been some of the determinants that have systematically lessened the containment of the syndemic. These determinants also play a crucial role in the structural social exclusion of people experiencing homelessness, which does not seem to be limited to economic deprivation but also involves a wide range of social, political, and cultural processes (Busch-Geertsema and Fitzpatrick, 2008; Fitzpatrick, 2013; Petersson, 2017). In this regard, the lack of commitment on the part of the institutions to guaranteed housing seems to legitimise the misrecognition of the homeless population, who personally pay the price for the contradictions of contemporary post-capitalist society (Bauman, 2003; Magatti, 2012; Tosi, 2005). The adoption of neo-liberal policies, which still characterises most Western countries (Lister, 2011; Stiglitz, 2019), means that social insecurity and market mechanisms pervade all spheres of life, including those of protection and fundamental rights, which were seriously endangered during the COVID-19 syndemic (Lusardi and Tomelleri, 2021).

Faced with the structural dynamics of social exclusion of people experiencing homelessness and the lack of attention shown by public institutions for the protection of socially vulnerable people during Phase 1 of the syndemic, the empirical study presented in this paper documents that the third-sector network has only partially succeeded in developing resilience practices. The empirical analysis shows that there was no lack of ability to deal with the crisis by drawing on both internal resources, which were already accustomed to dealing with the difficulties of situations of extreme marginality, and by drawing on the availability of local and

community networks. Also on the adaptation side, the services and operators have been able to reorganise themselves, overcoming professional and organisational barriers, and strengthening cohesion both between the staff of the various services and with the users themselves. The significant absence that emerges concerns the third capacity of social resilience, the transformative one, which acts on institutions and on the overall organisation of services to guide permanent changes that can protect the community in the face of future crises (Keck and Sakdapolrak, 2013). In its place we find the deafening silence of institutions, especially health care, alternating with poorly coordinated and ineffective interventions, which has not allowed the full development of social resilience. Without this order of changes, the degree of exposure to critical events and natural disasters will still remain high, despite the organisations and people involved having been able to respond actively to the current crisis (De Marchi, 2020). The transformative capacities are not only linked to public bodies, during Phase 1 the third sector has achieved great expertise in managing structural collaboration among the different third-sector services. But the role of the public sector still has a fundamental importance because of the Italian welfare model (congruent with the other South European models), which sees only the public institutions in guaranteeing a large-scale coordination and providing structural economic support. These are the points of departure for the integration of the homeless in the social and citizenship rights.

The misrecognition of the rights of people experiencing homelessness, as well as their scarce participation in social and city life, also led to the isolation of the network of services and structures fighting against marginalisation. In finding little collaboration from the institutions, the subjects of the network risk being excluded from the possibility of being able to concretely implement transformative dynamics that have a real impact on society. The action research has led the re-elaboration of the narratives of the experiences lived during COVID-19, in order to construct shared meanings among the third-sector operators, and to facilitate the collaboration with the local institutions.

In conclusion, the management of the COVID-19 crisis confirmed the importance of the social context in the development of people's ability to act; that is, the centrality of public responsibility and institutional arrangements to ensure people have tools for participation and free expression (Adger, 2000; Nussbaum, 2011). The institutional commitment should be realised directly by providing legal instruments and forms of economic intervention in favour of the protection of the most vulnerable. In the next few months, the national authorities of the European countries will have the occasion to act in this direction, thanks to the resources of the National Recovery and Resilience Plan – PNRR. However, it is also crucial to act indirectly, encouraging projects and public initiatives, in collaboration with the third sector, to raise awareness in civil society of the condition of the homeless

population. In the absence of a social context that is capable of offering new oppor-tunities and weaving new social relationships with those who complete the paths of social reintegration, the daily efforts made by the third-sector network will continue to be made in vain, and the rates of relapse and chronic state of social malaise will be high.

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