

# The Impact of the COVID-19 Crisis on Marginal Migrant Populations in Italy

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## Abstract

This article analyzes the impact of the COVID-19 pandemic on marginal migrant populations, and the Italian response to cope with the crisis. The first section uses different sources of data to highlight social, political, and economic processes, already present in the pre-emergency stage, that contributed to the exposure of migrants to higher levels of vulnerability. The second part analyzes the impact of the crisis and its management in the response stage, focusing in particular on the perspective of front line professionals and migrants advocates. The discussion shows how some attempts have been made to unveil processes that preserve mainstream ideologies, benefiting those who are interested in the maintenance of migratory inflows of migrants with no rights, and some improvements have been achieved. Nevertheless, even if the COVID-19 crisis has created the possibility to make structural problems more visible, and indicated the direction to “build back better,” the cultural and structural variables that create a condition of hyperprecarity for more marginalized migrants seem to be unchanged.

## Keywords

COVID-19, precarious migrants, disaster management, social work with migrants, structural vulnerability

## Introduction

This article analyzes the impact of the COVID-19 pandemic on marginal migrant populations, and the Italian response to cope with the crisis. The assumption that guides the analysis is that the occurrence of disasters, the way of responding to them, and

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their consequences are not simply a question of fatalities, but are actively produced in various social spheres, including in policy and everyday practices of people in institutions and in civil society. A disaster occurs when hazards and vulnerabilities meet, and the degree to which a population is affected will lie both in the physical components of vulnerability and the socioeconomic conditions. Disaster management (Quarantelli, 1988) aims to reduce or avoid the potential losses from hazards, assure prompt assistance to victims, and achieve effective recovery. The disaster management cycle (Coetzee & Van Niekerk, 2012) illustrates the ongoing process by which governments, formal and informal organizations, and civil society plan for and reduce the impact of disasters. In the pre-emergency stage, public policies and plans are designed to mitigate risks and vulnerabilities, and prepare communities to effectively confront a crisis. As a disaster occurs, different actors become involved in the immediate response and long-term recovery phases. Disaster management may not completely avert or eliminate the threats; it focuses on creating and implementing preparedness to decrease the impact of disasters and “build back better” (United Nations Office for Disaster Risk Reduction, 2015).

In any disaster, some groups are disproportionately exposed to risks, in particular those who in their daily life are also more vulnerable, such as children, people with disabilities and precarious migrants (Cutter et al., 2003). The international frameworks on disaster risk management guide the action to counteract the factors that produce conditions of disadvantage and inequalities. The Sendai Framework for Disaster Risk Reduction (2015) emphasizes the importance of an approach to address multiple hazards, recommending actions focused on tackling underlying disaster risk drivers, such as the consequences of poverty and inequality, weak institutional arrangements, climate change, and pandemics. The World Health Organization’s Health Emergency Disaster Risk Management model (World Health Organization, 2019) embraces a comprehensive approach to the systematic analysis and management of health risks posed by emergencies and disasters. The Health EDRM model indicates that policies and practices should integrate gender, age, disability, and cultural perspectives, in which the leadership of more vulnerable groups should be promoted. One of the Sustainable Development Goals is devoted to good health and well-being, with an emphasis on early warning, risk reduction and management of national and global health risks (United Nation, 2015). The Sustainable Development Goals acknowledge migration as a significant driver of development. In particular, the Migration Governance Indicators can offer governments valuable insights on COVID-19, with the aim to assess countries’ preparedness, to ensure that no migrant is left behind and to be better prepared to manage trigger events, crises, and disasters.

The COVID-19 pandemic has made more evident and exacerbated structural inequalities, disproportionately impacting the groups most affected by discrimination and social exclusion. The aim of this article is to analyze its impact on one of the most affected populations in Italy, which is precarious migrants. The first section uses different sources of data to highlight social, political, and economic processes, already present in the pre-emergency stage, which contributed to expose migrants to higher

levels of vulnerability in this pandemic. The second part analyzes the impact of the crisis and the reaction of different actors in the response stage, focusing in particular on the perspective of front line professionals and advocates for migrants. The concepts of “precariousness,” “vulnerability,” and “resilience,” present in both migration and disaster literature, are used to discuss challenges, contradictions, and new possibilities in different stages of the crisis management cycle.

## **The Context in the Pre-Emergency Stage: Unequal Rights for Precarious Migrants**

This section is going to highlight how several factors in the pre-emergency stage intertwined in the construction of vulnerability of precarious migrants during the pandemic in Italy.

In disaster literature, a “cumulative vulnerability framework” (Sun & Faas, 2018) highlights how different levels of vulnerability are linked to uneven distributions of resources to prevent, respond to, and recover from disaster (Wisner et al., 2004). Politics and policy making are major determinants of vulnerability, since minimizing it requires interventions to reduce liabilities and to build capacities to cope with disasters (McEntire, 2011). The next paragraphs show how for more marginalized migrants, precarity has been created by a combination of restrictive immigration regimes, workplace dynamics in neo-liberal labor markets (Lewis & Waite, 2015) and welfare arrangements, that not only created discrimination, but have led to higher level of risk exposure.

### *Immigration Policies and the Reception System*

Immigration policies make a difference in constructing vulnerability. Often migrants do not have complete equal rights as nationals do (Bustamante, 2002). The modes of entry and the types of stay permits define different categories of migrants, producing a stratification in access to social rights (Campomori & Caponio, 2015).

As of 2019, in Italy there were 5 million 256,000 resident foreign citizens, 404,000 foreign citizens who regularly lived in Italy, but who were not residents and, according to Initiatives and Studies on Multi-ethnicity Foundation (ISMU’s) estimate, approximately 562,000 irregular migrants (ISMU, 2020). Despite the introduction of several reforms, the phenomenon of migration has long been characterized by irregular entries, and several subsequent amnesties have been introduced to regularize irregular migrant workers.

Until 1998, the legislation was fragmented and mostly adopted within a reactive approach. The 1998 Immigration Law had the aim to introduce a systematic regulation of migration on the Italian territory; however, several factors hampered its implementation. Scholars have highlighted the high degree of territorial fragmentation and the complex distribution of competences among levels of government (Campomori & Caponio, 2015). In 2001, with the federal reform, the Regions have become responsible in deciding if and to what extent investing resources on immigrant inclusion.

The Arab Spring of 2011 and increased migrant arrivals since 2015 have influenced national priorities on migration and the issue of asylum-seekers started to gain greater attention. Under the “Reception Decree” (DL 142/2015), reception for asylum seekers had been articulated in three stages: a stage of first aid and assistance, a first reception phase in governmental centers, and a second-line reception, based on the SPRAR system (Protection System for Asylum Seekers and Refugees). For a few years the SPRAR system was improved, allowing innovative projects around the national territory, however it suffered insufficiency in terms of numerical capacity.

In 2018, with the “Security Decrees” reemerged the idea of a link between migration and security, in compliance with an emergency approach, embraced despite the drop of arrivals compared with the previous years. Among the changes brought about by these decrees was the replacement of humanitarian protection with time-limited special permits. Except for unaccompanied minors or people with special needs (e.g., victims of trafficking), the new System of Protection for Beneficiaries of International Protection and Unaccompanied Minors is only available to adults after international protection has been granted. Asylum seekers and humanitarian status holders already hosted in the former SPRAR system have been allowed to remain until the end of their project and, in a later stage, they can only be sent back to first-aid reception centers (Association for Juridical Studies on Migration [ASGI], 2020). Critical consequences of this reform have been highlighted (ASGI, 2020; ISMU, 2019). First, humanitarian permits, suspended by the Decree, prevented many migrants from becoming irregular, giving recipients the right to work and access to basic services. Second, the new system has promoted reception in large centers and made more diffuse placement in small-scale facilities and apartments economically unsustainable. All these factors revealed to be critical in the response stage of the COVID pandemic, as the second section of this article will show.

### *Migrants in the Italian Labor Market*

The precarisation of immigrant workers is an increasing phenomenon in overall Europe, linked to the intersection among restrictive migration policies, the deregulation of labor and the attribution to immigration of a specific role in the labor market. The structural economic crisis, the increase in temporary contracts and, especially in certain areas, the availability of irregular jobs often lead immigrants to accept any work condition, in order to keep their residence permit, with harsh consequences on their lives (Pasqualetto & Perocco, 2020).

Immigrants are more likely to be concentrated in low-medium skilled roles in many of the OECD countries, but the gap is higher in Italy (ISMU, 2020). In the EU on average 13% of the so-called “key workers,” those that provide essential services, are immigrants, with a wide variation across countries; the share of immigrant key workers is close to zero in Eastern Europe, and around 20% in some Western countries, including Italy (Fasani & Mazza, 2020). Many of these workers are employed as domestic workers or in the agri-food sector. The Observatory for domestic work (2019) reports that in 2018 there were 859,233 registered domestic workers, mainly

women (88.4 percent) and migrants. The so-called “badanti,” domestic workers who assist elderly and people with disabilities, were 47% of all domestic workers employed by Italian families. Almost 60% of domestic workers were employed irregularly. Also the agri-food sector in several countries around the world is structurally linked to flexible and low-cost migrant work. In 2017, out of 1,059,998 agricultural workers employed, one out of three were immigrants and employed at 94.4% as temporary workers (Council for Agricultural Research and Agricultural Economy Analysis, 2019). Workers in agriculture without any type of contract were estimated to be 24.2% in 2018. Still this estimate does not consider foreigners who are not residents or not registered at all (Cortignani et al., 2020).

A migration policy, guided mainly by the labor market demand for flexibility, with no measures for the social inclusion of people, can lead to the creation of a precarious labor area of temporary workers replacing each other, risking to increase forms of labor exploitation and violation of human rights. In Italy an illegal gangmaster system, known as “caporalato,” worsens the conditions of workers in agriculture. The context in which this phenomenon flourishes is characterized by a high demand for short-term and very flexible labor, the presence of criminal organizations and a lack of official recruitment services (Corrado, 2018). The “caporalato” has become de facto the main intermediation and recruiting system, capable of guaranteeing the just-in-time availability share of nonqualified manual work, allowing for a significant reduction in labor costs. The gangmasters plan and agree on the costs and timing of harvest, keeping a share for themselves. They also manage workers’ daily lives, such as recruitment, transport, housing, and meals. Serious exploitation is often reported, alongside violence, threats, and blackmail (Corrado, 2018).

Lewis and Waite (2015) highlight how a continuum of different forms of exploitation is connected to a process of widespread and normalized low-paid and precarious work in the neoliberal market, which is leading to the deregulation and the erosion of workers’ rights. Considering the most severe forms of exploitation, such as forced labor, as exceptional events at the hand of criminals risks obscuring wider interacting and systemic variables, that are leading to a condition of “hyperprecarity” (Lewis & Waite, 2015).

### *Social and Health Services for Migrants*

Several weaknesses in the implementation of policies and welfare state interventions were already in place in the precrisis stage, determining disadvantageous conditions for more precarious migrants.

The Italian health system is characterized by a decentralized, regionally based National Health Service. The central government defines a national statutory benefits package, the “essential levels of care.” Each region is responsible for the organization and delivery of health services through the Local Health Units and public and accredited private hospitals.

The right to equal health care as a fundamental right of every individual and as a collective interest is enshrined in the Italian Constitution. The National Health Service

covers all citizens and legal foreign residents, which are provided with the European Health Insurance Card and a family doctor. Irregular immigrants have been entitled to access urgent and essential services since 1998. In 2000, the Ministry of Health Circular Letter n.5 clarified that also irregular migrants have the right to “urgent, essential, and continuous” health care, ensuring the completion of therapeutic and rehabilitation treatment. Nevertheless, the ASGI has highlighted issues in the implementation of this legislation, also due to a general misinformation and a lack of specific training among health care workers (ASGI, 2020). Some regions have specific centers to promote the access of irregular migrants to health care, also ensuring cultural mediation, but there are strong territorial differences.

With regard to social services, Law 328/2000 introduced the essential levels for social interventions. However, its implementation has been vaguely defined and not supported by guaranteed resources (Leon & Pavolini, 2014). Social services are provided by municipalities and strongly affected by discretion and budgetary constraints. The municipality social services respond to the needs of citizens and noncitizens with a residency only, and the access to social services and benefits has been made more difficult for non-Italians. Law Decree No 4/2019 introduced the “Citizenship Income,” replacing the previous income support scheme. The new benefit is endowed with more budgetary resources and has a longer duration, but stricter conditionality rules for beneficiaries. The eligibility criteria include 10 years of residence, with the past 2 years continuously spent in Italy. In addition, non-EU citizens have to provide official documents certified by their country of origin concerning their housing and financial wealth (Jessoula et al., 2019).

The following section illustrates how the outbreak of the COVID-19 pandemic combined with these pre-existing vulnerabilities, reinforcing inequalities and discrimination.

## **The Response Stage: The Impact of the Crisis and Its Management**

When a disaster occurs, the social conditions that affect vulnerability (Wisner et al, 2004) and its effects are already in place that will determine the possible outcomes or impact. Moreover, in the response stage, vulnerabilities may emerge as a result of the crisis management, such as inequalities that arise in the implementation of public policies, or the exclusion of some individuals from access to resources to cope with the impact of a disaster (Olori, 2015). Measures introduced to respond to the COVID-19 crisis may, more or less involuntarily, cause exclusion or disadvantageous conditions for some groups that have less voice or power, failing to protect and empower the populations most at risk.

Italy has been the first and among the worst-hit countries in Europe by the COVID-19 pandemic, and has one of highest death tolls globally. On March 11, the World Health Organization declared the COVID-19 pandemic. On the same date, the total number of detected cases in Italy was already 12,462, with 827 deaths (Ministry of Health, 2020). Hospitals in the north of Italy reported system saturation, due to very

high patient loads requiring intensive care. The shortage of hospital beds, ventilators, and health professionals became a concrete threat (Nacoti et al., 2020). An issue all over the country was the shortage of testing and personal protection equipment for the health workers and the general population. The lack of scientific knowledge about the coronavirus, combined with its timing, played an important role. As the literature about disaster management highlights, a lack of preparation to tackle a health hazard makes the difference in containing the impact of a trigger event. Acting in reaction to an emergency, unavoidably leads to improvisation, suffering, and many people “left behind.” In order to contain the virus with the available resources, the only left chance was to quickly react, at least in the very first stage, with a “one-size-fits-all” emergency response, focused on the serious health crisis as a priority. In March, a decree established the creation of one single “Protection Zone” for the entire nation, and after all nonessential businesses were closed. The government also banned the movement or relocation of people to a municipality other than the one in which they were located. Italy has declared its ports “insecure,” asylum and police offices were closed, and data processing suspended.

The socioeconomic consequences of the measures introduced to contain the spread of the disease have been affecting millions of people, and mostly those with less resources to cope with the crisis. The analysis of vulnerability, before and after an emergency, should intersect two dimensions: on the one hand, the factors that at a macro-level influence the possibilities to cope with hazards; on the other hand, an in-depth knowledge of the contexts in which different actors interact, and the way in which the disaster impacts at the micro-level, in everyday life, where individuals can also experience overlapping crises (Olori, 2015). The following paragraph focuses on the impact of the crisis and its management on migrants, using a partial but privileged perspective, that of front line social workers who interact not only with different organizations within the welfare system but also with people in their daily life.

### *The Perspective of Front-Line Social Workers: A National Survey in Italy*

Some of the most important developments in the understanding of disasters in recent years come from workers on the ground, in particular those in the frontline of disaster response, reflecting on field conditions. In April 2020, during the lockdown in Italy, the National Foundation of Social Workers administered a survey to all the Italian social workers members of the Council ( $n = 42,765$ ), that is all registered social workers in Italy, obtaining a 48% response rate. The aim was to give voice to the perspective of front line professionals working with more vulnerable groups during the pandemic, analyzing the transformation of social needs and practices activated by social services to respond to emerging issues (Sanfelici et al., 2020). The analysis was carried out on a subsample of 16,615 professionals, those that declared to work as front line social workers at the moment of the questionnaire completion. This section presents the analysis of qualitative data gathered through open questions on emerging needs and social work interventions, focusing on a subsample of 561 professionals, working in specialized services for migrants. These social services provide alternative

paths and interventions for more precarious migrants who, because of their legal status, are often excluded from services for Italian and non-Italian residents. Half of the respondents ( $n = 281$ ) were working with migrants in residential settings, including unaccompanied minors. The analysis was conducted using the steps of thematic analysis, as detailed by Braun and Clarke (2006). The texts were read in full and initial ideas were noted. Then, initial codes were generated, reviewed and collated with similar codes into potential subthemes; broader themes were refined by collating similar subthemes.

The discussion of the themes that emerged is organized in three sections:

1. The response to the income precariousness of migrants, originated as a consequence of the lockdown.
2. The response to the health care needs of precarious migrants.
3. The impact of the pandemic on the everyday lives of migrants, in particular those in residential settings, and the social workers responses.

*The Welfare System Response to Income Precariousness.* During the lockdown, the mobility restriction measures have prevented many migrant workers, in particular those in more precarious conditions, to move and look for job opportunities. Many domestic workers without a regular contract and a residence permit lost their jobs (Giammarinaro & Palumbo, 2020). In Italy, starting in the middle of March, a set of measures was introduced for people whose jobs were suspended or lost. The National Institute of Social Protection approved the Ordinary Wage Guarantee Fund for over 7 million workers. A one-off 600 Euro bonus was issued to self-employed and professional workers. These measures have been fundamental for the sustenance of millions of people, citizens, and noncitizens; however, they were subject to conditionalities and they excluded all the irregular workers. The consequences for precarious migrants have been harsh.

One of the most frequent issues reported by the social workers involved in our survey was the worrying increase of severe economic problems: job losses, reduction of the salary, or no source of income at all. Moreover, several weaknesses of the Italian welfare system response emerged. At the end of March, 400 million Euro were transferred to all the municipalities to issue food vouchers and basic food necessities to families and individuals. Local governments devised the criteria for allocating the vouchers and the amount to be distributed, often creating disparities. Several municipalities purchased the vouchers only to Italians, regular residents, or holders of long-term residence permits. This decision led to the exclusion of the most precarious people without a regular status or a regular work contract, migrants that were therefore left without the resources to satisfy their basic needs, as the following respondent described.

*An emerging issue is the worrying increase of economic and material needs: being able to buy food, pay the rent, pay for essential goods. But also the difficulty to have a perspective on the future: jobs are not available, or they lose their job, or their contracts are not renewed, and their condition does not allow them to access to social benefits.*

The social workers' strategy to cope with this issue has been "creating two networks for aid, one institutional, one involving informal aid and volunteers." Communal participation and cooperation tend to increase during a collective crisis (Dynes & Quarantelli, 1980) and this is confirmed by our data. Several individuals and organizations offered their help and the role of social workers has been to coordinate these efforts and empowering networks. The focus of their intervention was not only on providing resources but also working for service coordination, and involving informal organizations in the relief and recovery process. These activities have been fundamental to quickly respond to basic needs, providing food, clothing, also through outreach services, and making up for the lack of public resources in the social services field, also overcoming more traditional barriers within the organizations.

*A good practice is the coordination and co-planning of interventions on situations of extreme marginality, involving different actors, such as municipality services, health services, social cooperatives, volunteers, and others. This emergency has promoted connections and exchange, also among different professionals and organizations, overcoming more traditional borders among areas of intervention, and created the possibility for experiments that allow also to reach populations previously not known by the social services.*

On the contrary, other professionals reported "a lack of coordination," the risk of wasting the available resources, describing their agency as "stuck" and not able to quickly react to the emerging needs.

**The Response to Health Care Needs.** Starting from the middle of March, new hospitals were built and many had been converted into COVID-19 departments, with the help of NGOs and thousands of volunteers. At the beginning of April, the emergency response commissioner announced that the intensive care beds almost doubled, and those in departments for infection and respiratory diseases were four times more. The national government approved the introduction of USCA (Special Continuity Assistance Units), outreach services to offer more specialized treatment for patients with no severe symptoms at home as soon as possible, preventing their arrival at hospitals in unrecoverable conditions. However, the lack of preparation to tackle a health crisis and several conditions of structural vulnerability have led in practice to distinctions and inequalities.

An issue was that the measures taken to contain the spread of the virus did not consider the condition of people living in degraded or overcrowded places. Our respondents reported that ordinary health care services were suspended and accessing medical care was particularly difficult for those who lived in isolated areas and for irregular or more marginal workers, including sex workers, due to the fear to be detected. Only in some municipalities social and health workers were prepared to intervene with outreach services for people in these vulnerable conditions, with high disparities among territories. Similar findings are described in the report "The pandemic of Rosarno" (Zambelli et al., 2020) about the impact of COVID-19 on the condition of migrant

workers in Calabria, a southern Italian region. MEDU reports that the pandemic worsened the condition of exclusion, marginalization, and exploitation already experienced by migrants in that area. According to MEDU, the local health authorities did not seem to play a proactive and direct role in managing the measures to contain and prevent the contagion in precarious settlements, delegating these activities to the mobile clinics of the humanitarian organizations. The association called for the adoption of immediate and long-term measures to counter workers exploitation, offering concrete proposals for both the containment of the virus and the dismantling of the ghettos, using this emergency as an opportunity for a radical change.

Another issue has been related to the condition of people in the reception centers. These facilities are often located in wide buildings, sometimes isolated, with highly heterogeneous quality standards of services. The consequences of these conditions are described by the respondents involved in our survey. For the professionals one of the most challenging tasks was how to help in applying the rules for physical distancing, especially in the larger reception centers, sometimes overcrowded. In addition, the lockdown measures forced the residents to spend all their time sharing spaces, with people mostly unknown. The respondents described how for many it was difficult to understand the need to respect the restrictions imposed, mainly asking to be able to go back to work or at least outside. Others were particularly worried by the spread of the virus and their living conditions and, like in the general population, there were situations in which two different approaches in coping with uncertainty and vulnerability in this health crisis led to verbal fights and conflicts.

In these cases, the professionals focused on offering the possibilities to be listened to and sharing emotions, thoughts and doubts, also in self-help and mutual support groups. Synchronic and diachronic communications has been used to inform about prevention rules, available aid, ways to access services, and people's rights during the pandemic. Some of the respondents described how those contents were built in participating groups, made of social and health professionals, cultural mediators and, in some cases, service users. Digital media helped in spreading messages in various languages through different channels, to inform about the measures to protect migrants health and their rights.

*A good practice has been the collection and organization of information on the COVID emergency through a laboratory. After providing to the (unaccompanied) minors information about the current global health crisis, they made a video in their mother tongue to explain what COVID-19 is, what are the good practices to follow in the facility, explaining the changes in the regulations. This also was also used in order share videos to inform the incoming new unaccompanied minors. The lab has been very successful in empowering minors and helping them to understand the importance of compliance with health and social and hygiene rules.*

Another frequently reported problem in the first stage of the emergency was the lack or unavailability of personal protection equipment for both the workers and migrants in the reception centers, exposing all of them to a risk for their health and

leading to the decision to suspend several interventions, as the only chance to limit the infection.

*The Disruption of the COVID-19 Crisis on the Daily Lives of Migrants.* One of the main challenges, especially in the reception centers, was the disruption of the daily routine of migrants, and additional limits and obstacles to their path to social inclusion.

For many people just arrived in the territory, not knowing the language, the culture, the functioning of services and being far from their social networks may lead them to experience insecurity about their future (Sleijpen et al., 2017). The integration process (Ager & Strang, 2008) in a new country is linked to the way in which people are welcomed and treated, which is influenced by the legislation and related policies, the programs and the intervention of local organizations. The management of the health crisis had a strong impact on the opportunities and services to support this process. Some of the emerging needs reported by the respondents to our survey were specifically linked to the intersection of previously existing conditions of precariousness and the interruption of several services, due to the measures to contain the spread of the virus. First, the administrative services to regulate their immigration status were suspended. The possibility to maintain a job and to have access to public benefits is linked to their legal status, and any delay in this process challenges their ability to imagine and build a future in the new country. Second, in several territories, some social services were interrupted. The path toward social inclusion of migrants is promoted also through interventions that help them learn about their rights guaranteed by the legislation, continuing education activities, training, and work experiences, cultural mediation services to overcome barriers in the access to organizations. The national lockdown stopped many of the educational and work experiences and connected services in the public administration.

This condition triggered a range of emotional responses. Some residents were more able to cope, others expressed anxiety, frustration, and sometimes anger, also due to the uncertainty about when the restrictions would have been lifted; others felt sadness and the perception of being “abandoned.” The professionals reported how feelings of “bewilderment,” “anguish,” or “powerlessness” were exacerbated in a condition where, not only they were experiencing fear about the possibility of contracting the virus but also a total uncertainty about their future. The respondents described the consequences of this condition, impacting on several dimensions of migrants’ well-being, especially in cases where a stratification of challenges was in place.

*( . . . ) And they do not know if they will be able to find a job. This leads to stress, anxiety, sometimes depression and in some cases mental distress or nervous breakdowns. For some, the impoverishment of interpersonal relationships and less opportunities, being forced to inactivity, is leading to low mood and lack of motivation to react.*

Data collected from the survey reports variability with respect to the social services’ response during the first stage. Some public agencies suspended most of the activities; the social workers sometimes were asked to stay home on forced vacation,

or working only from home, limiting their intervention to providing information. These professionals described this condition as “the opposite of doing social inclusion” or a “path to increasing social exclusion.” Other professionals were able to set up within their organization alternative ways to guarantee information about the health crisis, professional counselling and some of the interventions needed for the project of social inclusion.

In the majority of the answers, the effort of the social workers to promote relationality is apparent, maximizing opportunities for migrants to continue having options, choices, and relationships. One of the social workers’ tasks was to help them make sense of the “new everyday normality,” guaranteeing not only a point of reference to listen to their worries and questions but also to promote new ways of sharing. A series of activities were reorganized to “mark the time,” for example, within the reception centers, imagining together activities to keep learning and contributing to the crisis response. Some workers have described the participation of migrants and their active contribution in the relief and recovery stage, for example, people in reception centers that helped in the production of masks and distribution of goods for other people in need.

None of our respondents mentioned among their best practices community development and advocacy interventions, that social work scholars describe as strategic in collective crisis to give voice and empower the most vulnerable groups (Pyles, 2007). As found in other studies, these professionals seem to be more focused on micro-level issues, and more rarely involved in macro-practice to address the roots of social problems and to organize more oppressed communities (Specht & Courtney, 1996).

The perspective of front line professionals helps shed light on the interactions and tensions between human rights in practice, legal categories and social realities (Dutta & Kaur-Gill, 2018), and shows how vulnerability and resilience are the result of interdependent relationships between individuals, communities, and institutions that interact in tackling a trigger event (Olori, 2015).

The following paragraph discusses the actions carried out during the pandemic to advocate for precarious migrants’ rights, and the partial response at the institutional level.

### *The Voice of “the Invisibles”: When Raising Awareness Is Not Enough*

According to Uekusa and Matthewman (2017) some social groups can be simultaneously vulnerable and resilient to disasters, and their strengths can originate from the condition of vulnerability itself. McIntosh (2007) used the concept of “earned strength,” to show how certain populations can be vulnerable to disasters, due to their lack of resources, but also as they actively negotiate their vulnerability by generating or obtaining capital that make them resilient. Nevertheless, disaster scholars have highlighted how the concept of “resilience” should always be related to the structural variables that influence the way in which people interact and the actual possibility of changes in the conditions that generate discrimination and oppression. Ungar (2011) proposes to consider “resilience” not only as an individual’s ability to cope with adversities but as a

condition related to the actual possibility for people to access resources for their well-being.

An example of resilience and “earned strength” of precarious migrants is the experience of groups of activists that were able to reach the attention of the media and the wider public during the COVID-19 crisis. One month after the lockdown, a national consultation called “The General State of the Economy” took place. The objective declared by the Italian Prime Minister was to listen and share ideas about how to rethink the future of the country, by overcoming the harsh economic crisis originating from the pandemic. On this occasion Aboubakar Soumahoro, an activist and leader of groups on migrants workers, raised his voice to highlight the exclusion of nonmainstream perspectives during this consultation, especially those of undocumented migrants, who are often exploited in the agri-food system. Soumahoro himself was part of this denigrated workforce when he first arrived in Italy from Cote d’Ivoire, and he initially worked as a tomato picker in the south of Italy. On July 5 the activist called for the “The State of the People,” a demonstration that was held in Rome. This event was described as not in opposition, but as a sort of continuation of the General States, to contribute to ideas for the reconstruction stage in a more inclusive way. The Manifesto, exhibited at the end of the event presented six macro-themes, among which the reform of the food chain, the need for a national plan for the labor emergency and a radical change in migration policies, in particular the elimination of the Security Decrees, as a source of precariousness for migrants. In addition, to raise awareness in the public opinion, a short film titled “The Invisibles” has been spread on social media, showing the images of the condition of irregular migrant workers’ in labor camps, without access to food, healthcare or sanitation during the height of the pandemic. This film shows how physical distancing is a privilege in these camps, where “people are packed together” and “there is no access to healthcare from the state” (Ferrero & Mamberto, 2020). In August 2020, Soumahoro has launched the “*Lega dei Braccianti*” (Day laborers farmworkers League), bringing those working in the Italian fields together to fight against exploitation and social segregation. As part of the launch, the “House of Rights and Dignity” was inaugurated in Borgo Mezzanone, one of the largest day laborers’ settlements in the south, as a place for the construction of a new conscience for freedom and justice.

The rise of new movements and organizations during the pandemic have helped in raising awareness, getting the attention of the public opinion and policy makers. However, it is evident how the interaction among structural conditions, sociocultural processes, and mainstream assumptions functional to the maintenance of power differentials is hampering actual possibilities for change. Even if some improvements in the law and regulation have been introduced after the first stage of the crisis, going in the direction of a more inclusive system is contrasted by a wider frame, where migrants’ precariousness seems to be a taken for granted condition within a mainstream neoliberal frame. For example, the Italian Minister of Agriculture has asked for a regularization of undocumented migrant workers, however encountering the resistance of many politicians, both in the opposition, in the government and part of the public opinion as

well. The Relaunch Decree allowed employers who had irregularly hired foreign or Italian workers in agriculture, care work and domestic work to apply to regulate their staff. Even if improvements were achieved, the measure has been limited to three sectors, excluding other irregular workers and those who were inactive. A general critique to these measures was that they were mainly issued in relation to the laborers shortage in the agri-food sector and domestic work, and for public health concerns, but they were not included in an overall strategy regarding the governance of migration, labor and legal precarity in the country. The Immigration Decree 130/2020 was issued in October, modifying the Security Decree, and introducing more favorable conditions to apply for humanitarian and special protection, however without introducing a reform able to have an impact on the general condition of migrants precariousness. With regard to social services and public aids, the Director of the National Anti-Racial Discrimination Office called for municipalities attention to the needs of the most vulnerable people in a health emergency. The Tribunal of Rome recognized the right to the food vouchers of an undocumented migrant, highlighting that the only criterion for providing this benefit is the condition of vulnerability and, therefore, the needs of a person. The Tribunal stated the universalistic character of fundamental human rights and the existence of a minimum core of these rights that belongs to all people, regardless of their legal-administrative status (Giammarinaro & Palumbo, 2020). This decision could have a significant implication, which goes far beyond its judgment. However, often it is not only a question of legislation, but of its implementation that requires destination of resources, linked to the actual will to contrast inequalities and promote human rights.

## **Concluding Discussion: Building Back Better?**

During a worldwide pandemic, the sense of being vulnerable is experienced by almost everyone. However, despite narratives about its democratic character, the health crisis seems to have hit the more marginal groups the hardest.

Butler refers to a condition of “common vulnerability”, one that emerges with life itself, related to a primary helplessness (Butler, 2004). This condition derives from the fact that our physical body is vulnerable to the biological environment, and to others as well. In times of epidemics, the level of vulnerability depends on our physical condition, on collective behaviors, on the efficacy of measures to prevent the risk of infection, and the possibility to access resources for health care. Butler highlights the importance to distinguish between the universal condition of vulnerability from its particular experience. “Precarity” emerges from the unequal distribution of “precariousness”, as an induced condition in which certain populations become disproportionately exposed to injury, violence, and death. Also in disaster literature, a social vulnerability perspective (Wisner et al., 2004) has invited to focus on the analysis of wider socioeconomic and political systems, which creates social inequalities, and determines unequal access to resources and unequal exposure to risks.

This article analyzed the Italian response in different stages of the disaster management cycle. The first section highlighted how structural inequalities were already evident in the precrisis stage, while the second part has shown their consequences during

the pandemic. A compromised sociolegal status resulting from immigration policies, forms of exploitation linked to neoliberal labor market characteristics, welfare state arrangements that exclude more precarious migrants became more apparent when roles for physical distancing, tracing, and the “stay home” mandate became paradoxical for those who did not have a home, were living in overcrowded spaces, or were irregular workers with no residency and therefore no rights. Our analysis of the response stage showed the serious challenges faced by migrants and professionals, and a joint effort of several actors in civil society in tackling these circumstances, showing vulnerability and resilience both at the individual and at the community level. Also thank to the voice of advocates, some improvement have been achieved at the institutional level. However, these measures seem to be just a palliative, leaving the cultural and structural variables unchanged, within a wider socioeconomic system that creates a condition of hyperprecarity for more marginalized migrants (Lewis & Waite, 2015).

Scholars refer to disasters as “focusing events” (Kingdon, 1995) that cause members of the public and decision makers to become aware of a potential policy failure, opening “windows of opportunities”. Other authors (Ozerdem, 2003) argue that disasters and their impact are the result of unresolved development challenges, but they can also provide new opportunities for change. This requires an approach, which is both sensitive to opportunity and able to respond by designing reconstruction programs to incorporate them (Ozerdem, 2003).

The COVID-19 crisis has created the possibility to make structural problems more visible. In the public debate, it became evident that many workers who are providing essential services are underpaid working-poor and, in several cases, irregular and exploited migrants. Nevertheless, the occurrence of a focusing event such as the COVID-19 crisis is not enough to foster changes to public policy, rather, it needs to be accompanied by a pre-existing perception and recognition of a problem.

According to Butler (2009), not only precarity is material but it is also perceptual, when some lives are cast as destructible, ungrievable, and losable. Butler highlights how perceptual precarity is linked to structures of power and oppression based on racism, classism, imperialism that create stratified societies, leading to the risk of dehumanizing certain populations. The lives of people who are not regarded as potentially grievable, and hence valuable, are made to bear the burden of starvation, underemployment, legal disenfranchisement, with differential exposure to risks and death.

Attempts have been made to unveil those processes that preserve structures of power and mainstream ideologies, benefiting those who are interested in the maintenance of migratory inflows of foreigners with no rights. The new movements of irregular workers are signs of resistance that cannot overthrow the system, but can increase awareness about our interdependence and mutual benefit of solidarity. Associations and movements are gaining more voice in their effort to promote and protect the rights of more vulnerable people; the need is to include and systematize their proposals and innovations, building new possibilities for social development. A more strategic role in giving voice to migrants needs and rights could be played by social workers, given their privileged position in the mediation among the system of social protection and people who should be protected. The findings discussed in this article are useful to

give voice to what they see and experience on the field, but further research is needed to analyze their actual role in the process of recognition and contrast of processes of discrimination and oppression, as their professional mandate indicates.

Power relations and processes preceding social disaster construction should not remain topics of mere academic interest. The critical engagement of policy makers, practitioners, and academics (Dutta & Kaur-Gill, 2018), as well as the inclusion of disaster-affected people into processes of mutual learning are fundamental in all stages of a crisis management to “build back better.” The open question remains if current neo-liberal policies (Lorenz, 2008) are actually compatible with any kind of transformation to tackle systemic forms of discrimination and the promotion of actionable programs of change, and not only declaration of intention.

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