

## **Milano Aiuta ('Milan does help'): keeping up with social services at the time of Coronavirus**

The main goal is to keep people out from hospitals both by limiting contagion and by providing care at home/in dedicated non-hospital structures.

Separating people with Covid19 symptoms or Covid19 positive living in community arrangements is key to break the circle of contagion. Two separate structures need to host those two categories outside from their community living arrangements.

Community shelters and living arrangements are an easy means of transmission of the virus, it is key to very rapidly break down all structures into small-group arrangements, to limit the possible spread of the virus (max 10 people). This should be done without interrupting the provision of services by social workers, carers etc., but it often means increasing the number of staff or having a lower ratio of carer per people at a time when social workers, coordinators, support staff will themselves be sick/quarantined/at home.

Provide dedicated places where people may quarantine, separately from their families to ensure quarantine rules are complied with, is important. And free beds in hospitals too. To do so a city can dedicate hotels, university dorms, Airbnb apartments, social housing flats... Milan is also creating a special shelter for children whose parents are quarantined or in the hospital.

To respond to the needs of patients in an efficient way, ideally people with mild symptoms and quarantined people should be isolated individually within medium to large structures, so to ensure confinement while minimizing dedicated medical and support staff and logistics (protection gears, meals...).

The challenge is to merge health and social care: one could strengthen social structures with specific health care services to keep people healthy and keep off pressure from hospitals (home care).

The way in which social services function in normal times does not necessarily incorporate a medical model. When everything normal ceases to exist, due to the virus, it is more efficient, quicker and easier to add a healthcare element to an existing home or social structure than to move everybody into a hospital. Traditional social providers need to enrich their service provision through healthcare partners and professionals.

Stay-at-home policies must incorporate ways to provide safety to people who do not have a (permanent) home. Psychiatric patients need to be treated for covid19 in ad hoc structures that offer both medical and psychiatric help.

Milan is struggling to maintain the usual territorial services with a specific attention to reduce the number of people in community groups/shelters: create as many small communities as possible and actively provide different services to people on the basis of their health status.

In order to keep the city going during a lockdown/stay-at-home time the amount of people that need to be actively assisted must be limited to the bare minimum, in order to do so:

1. The city must support the availability and distribution of food through the usual private sector channels (supermarkets, online shopping...) so that the majority of people can autonomously and safely shop for their food (with ad hoc rules, eg: within 200 m from home, once a week, one person per family, protective gears on, priority line for single parents/elderly...).
2. Ensure special services to citizens at risk (65+ years, immunocompromised...) providing grocery shopping, medicines or prepared meals through a volunteer-based system (in Milan the city phone infoline does the first triage, a second triage is managed by an NGO experienced with healthcare processes in war and natural disasters-hit countries). Food packs/vouchers are also distributed to the most vulnerable families.
3. Provide ad hoc services for special needs and new clients. The Coronavirus crisis has split families and isolated people usually able to take care of themselves. For example a 65+ lady who is due to a chemotherapy session. Usually she is accompanied by her son, who is now lockdown outside the city, and she cannot take the risk to hail a public car/taxi and get infected. The city through a dedicated service organizes a tailored transportation. Obviously, this is feasible and sustainable only if the majority of people in the city are still able to mostly function by themselves. The City must take care only of those who cannot.
4. The virus has also made all processes much more cumbersome, in order to ensure safety. Transportation means, rooms and objects must be sanitised after every use. Protective gear must be worn in the appropriate way. Less people can be served with the existing means and more people are in need of them.
5. Substitute or integrate the volunteer-based system of mutual help as the majority of volunteers are elderly and at risk and/or have to take care of their stay-at-home families.

6. To maximise efficiency, services must be organised by proximity, within neighbourhoods, so to minimise movement of people and goods and contribute to strengthen the post-crisis system.
7. Be prepared to take care of people and the psychological effects of the lockdown: isolation and solitude, fear and depression, death of the loved ones without the opportunity to say goodbye and to celebrate funerals...

Another line of support to families refers to online schooling. A fundamental point is that online schooling is only feasible when availability of technological means and capabilities are in place. Making sure that kids from vulnerable/poor/emarginated/migrant families are not left out the educational process is as important as the learning itself.

Build a mentorship by proximity system online or via phone. Engage retired teachers to create a double support-system (kids learning while elderly feeling less isolated).

Provide kids and teachers with tablets/phones.