RE-InVEST
REBUILDING AN INCLUSIVE, VALUE-BASED EUROPE OF SOLIDARITY AND TRUST THROUGH SOCIAL INVESTMENTS

The social damage of the crisis

Italian national report

Alberto Rovere

This report constitutes deliverable D3.1 *for Work Package* 3 *of the RE-InVEST project.*

05/2016

© 2016 – RE-INVEST, Rebuilding an Inclusive, Value-based Europe of Solidarity and Trust through Social Investments – project number 649447

General contact: info@re-invest.eu

p.a. RE-InVEST
HIVA - Research Institute for Work and Society
Parkstraat 47 box 5300, 3000 LEUVEN, Belgium

For more information alberto.rovere@doctor.com
cinziabrentari@hotmail.com

Please refer to this publication as follows:
Alberto Rovere (2016). The social damage of the crisis: Italian national Report. Re-Invest Paper.
Special thanks to Cinzia Brentari for her support in drafting the report, CNCA for technical and logistic support, Alice and Il Ginepro.

Draft version. Please do not quote without permission.

This publication is also available via http://www.re-invest.eu/

This publication is part of the RE-InVEST project, this project has received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 649447.

The information and views set out in this paper are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

Executive summary

This report is prepared in the framework of the Europe H2020 project 'Rebuilding an inclusive, value based Europe of solidarity and trust through social investments' (RE-InVEST). The project aims to evaluate the social investment strategy of the European Commission implemented in 2013 in response to the social damage of the financial crisis in 2008. The RE-InVEST consortium assesses the social damage of the crisis from human rights and capability based approaches with an eye to those vulnerable groups affected the most by the crisis in the 12 countries (and 13 regions) covered by the consortium. The analyses are carried out by the local partners, who consist of NGOs and/or researchers.

The RE-InVEST consortium has jointly developed the PAHRCA-methodology that combines principles of Participatory Action research with Human Rights and Capability Approaches. This qualitative, participatory research does not generate representative results but rather aims at deepening the understanding of the economic, social, cultural and political impacts of the crisis on the lives of vulnerable people by giving them a voice.

The biographies of C. and M. illustrate the marks of the crisis on individual life courses. They represent the trajectories of two vulnerable women marked by psychological problems. C. has experienced drug problems she's been trying to overcome with a residential rehabilitation program. M. battles a psychiatric disorder and is currently host of a social housing service. These difficulties are worsened, as the report will show, by a number of difficulties involving the limitation of basic human rights.

While the biographies exemplify the effects of the crisis in the course of time, the overall analysis is based on contributions of all participants and is arranged thematically, following the core elements of Human Rights and Capability Approach.

Our analysis confirms the erosion of social rights. This erosion, partly due to disinvestment, partly due to the neo-liberal ideology, has a tremendous impact on most vulnerable people. Some of their rights are not granted anymore. The access to social protection, jobs, decent housing, health care and food has diminished.

As a consequence of the erosion of social rights the collective capability has diminished. Their capacity to support, their capacity to choose, their resources have been diminished. The erosion of social rights has real consequences for people's individual capability.

Contents

Executive summary 3

Contents 4

1. The Italian context **5**
1.1 Socio-demographic profile of poverty in Italy 6
1.2. Which needs? Type of requests 6
1.3. The case of mental health 7

2. **Theoretical and methodological approach** **10**
2.1. Participatory Action Human Rights and Capability Approach 10
2.2. Aims of the research 11
2.3. Participants 11
2.4. Research instruments and methods 12
2.5. Analysis 12

3. Biographies **13**
3.1. C. 13
3.2. M. 14

4. Results **16**
4.1 Impact on human rights 16
4.1.1. Employment 16
4.1.2. Food 17
4.1.3. Housing 18
4.1.4. Health care 18
4.2. Impact on individual capabilities 19
4.2.1. Life and physical health 19
4.2.2. Sense, imagination and thought 19
4.2.3. Emotions 19
4.2.4. Play 20
4.2.5. Environmental control 20
4.3. Impact on collective capabilities 20
4.3.1. Education, children and family 20
4.3.2. Local communities, civil society and social climate 21
4.3.3. Trust, social services and institutions 21
4.4. The other side of the coin? Resilience of individuals, families and local communities 22

5. Conclusions **23**

1. The Italian context

In 2013, 6 million people living in Italy experienced absolute poverty, 9.9% of the total population, against the 2.4 million, or 4.1% in 2007. These numbers and the steady increase provide a snapshot on poverty in Italian society[1].

At the end of 2012, Caritas publishes a report on poverty and social marginalization in Italy entitled "False Partenze (those who start again)", referring to chronic and unknown poverty, but also to possible ways out from these situations of suffering. Unfortunately, after some time from that publication, it is evident that the re-start never happened. The "re-starters" did not find suitable supports to sustain their willingness to try again. And rather than re-departures "false starts" occurred. [2]

At the same time, Italy faced other forms of departures: the so called brain drain with the departures of people who moved from the South to the North of the country, departures (probably without return) of foreign migrants who, in increasing number, are leaving Italy to come back to their country of origin, but also departures of businesses and capital to foreign countries in search of more favorable economic conditions.

The question is: how many people will remain at the starting blocks? Will someone arrive to the finish line, but who will take care of the newcomers and the injured?

An institutional response to poverty and social fragility is clearly lacking in Italy. There is an increasingly evident inability of the welfare system to respond to new forms of poverty, new social emergencies resulting from the economic and financial crisis. Not to mention that many of the situations of economic hardship or progressive social exclusion have been caused or at least aggravated by austerity policies and limits to public spending. These measures have resulted in a progressive drying time of public welfare, in various areas: education, healthcare, welfare and social welfare, social security, etc. Poverty in Italy is certainly not a new phenomenon. The economic and financial crisis has worsened situations of weakness which were already present or have created new ones, widely deriving from the massive loss of jobs, which reached very high levels, higher than the European average, and the growth of undeclared work.

Timely and effective means of social protection would have been necessary at this time, aimed at those who have lost their jobs or have seen their ability of fulfilling basic needs dramatically plunging. The social costs of austerity were paid mainly by individuals and families on the edge of overt poverty, excluded from public intervention, or in receipt of inadequate social interventions, more and more limited and restricted. This inefficiency of the system of income support has lead to a situation where, in 2012, more than one in three Italian suffered from at least one of the three hardships that characterize the risk index of poverty or social exclusion: one in ten lives in a household with low intensity work (10.3%), one in five is at risk of poverty after social transfers (19.4%) and one in seven suffers severe material deficiencies (14.5%). The strong growth of the latter group is worrying: between 2011 and 2013 the proportion of people claiming they could not afford unexpected expenses increased from 38.6% to 42.5%, the amount of those who report that they cannot adequately heat the dwelling from 18.0% to 21.2%. The upward trend of the economic hardship of the families is confirmed by the data from Censis: in 2013, 24.3% of the families interviewed struggled to pay bills or taxes[3].

If until a short time ago the term "poverty oscillation" was defining new situations of poverty and socio-economic hardship mostly short-lived, with a tendency to repeat themselves several times over time, now it seems there are growing complex and potentially chronic situations.

In a long-term perspective, the risk is that situations of temporary financial difficulty, so far faced through measures of economic support and social harm reduction, slip into chronic and progressive social exclusion.

[1] Gori, C. (2014). La povertà in Italia. In AA.VV. Il bilancio della crisi. Le politiche contro la povertà in Italia-Rapporto 2014. (pp.9-19) Caritas

[2] Nanni, W. & De Lauso, F. (2014). False partenze.Rapporto 2014 su povertà ed esclusione sociale in Italia. Caritas.

[3] Atella, V., Borgonovi, E., Collicelli, C., Kopinska, J.,Lecci, F. & Maietta, F. (2015). Crisi economica, diseguaglianze nell'accesso ai servizi sanitari ed effetti sulla salute delle persone in Italia. I Quaderni della Fondazione Farmafactoring, 01-2015.

During 2013 both media and social workers were unanimous in defining the economic and financial crisis as harsh and in placing its main consequences on the level of satisfaction of basic needs: housing, work, health, clothing, food.[4]

1.1. Socio-demographic profile of poverty in Italy[5]

A simple look at the basic features of people who, in the last three years, have addressed Caritas Listening and Care Centres on the Italian territory asking for support speaks of an audience not composed entirely of marginalized or seriously homeless individuals: there is a predominant presence of women (52.4%), of people with registered address (78.4%) , of parents (70.4% of users with children) [6].

Some distinctive notes emerge on the whole:

- the overall predominance of foreigners (58.1%), next to a confirmed and growing presence of Italians (41.4%);
- the strong connotation of parenting that features a large number of beneficiaries, not always lived in the traditional ways of "family with depending children"(70.4%).
- strong problems linked to employment (61.7%);
- the woman as a vital player in the search path for help (52.4%);
- those who are married or in other states of marital status (50.2%);
- middle class and social groups traditionally outside the social hardship are equally affected by the economic vulnerability;
- fewer users are taken charge of by social services or other social assistance bodies.

The elements referred to confirm the trend of a progressive "social normalization" of people in need, reported in other publications, and that makes the universe of those ones seeking help less coinciding with the profiles of serious social marginalization.

1.2. Which needs? Type of requests

At the forefront of requests for support, there is always demand for goods and material services, expressed by a large proportion of users (34.0%). Shortly after there is the large group of people (26.8%), who seeks help of individuals and third parties, both from the church and from secular/institutional settings. In some cases, these requests relate to the need for support from individual professionals; in other cases these are requests that require the activation of multiple agencies and professional skills, in both the public and private sectors. For example, in 2013, in Italy, 10.5% of users of the Listening Centers looked for health related welfare benefits, otherwise payable by the public service (+6 percentage points compared to the previous year).

The largest share of clients at the Listening Centres is characterized by "insufficient income compared with a normal person's (or family) needs". These people are 47.4% of all those who have experienced at least one economic problem. It is the most significant micro-category of poverty, followed at a certain distance by those who report an absolute lack of income or economic revenue (28.5%). The remaining categories of poverty do not record presence of particularly relevant values.

The most common types of material assistance requested by clients is food: almost half of the people who have received material aid from Caritas (47.1%) were recipients of food aid, in the form of food packets or other kinds or more less innovative aid.

There is then a quarter of the total (25.7%) who received clothing and 12.5% who accessed one or more meals in a social welfare canteen.

---

[4] AA.VV. (2014) *Il bilancio della crisi. Le politiche contro la povertà in Italia-Rapporto 2014*. Caritas.

[5] De Lauso, F., & Nanno, W. (2015) *Povertà plurali. Rapporto 2015 su povertà ed esclusione sociale in Italia.* Caritas.

[6] In Italy there are about 3,000 listening centers run by the Catholic Church through Caritas. Most of them are "generic", others are dedicated to specific forms of poverty: migrants, homeless people, families, people with addictions, etc. The listening centers are a nationwide network organized on the territory. Normally each listening center is designed so that the center can respond to the specific situation on the territory where it performs its service, and develop an action plan based on the needs and available resources.

Also homelessness has been growing: people, who declare that they haven't a stable home and rely on friends, sleep in makeshift shelters, in the car or along the streets, are increasing. However those who have a lodging also face difficulties: most Caritas clients live in rented accommodation, both in private houses and, increasingly, in public housing. However, being owners of a place to live does not completely eliminate the risk of poverty: without an adequate income also home ownership can become an excessive weight to bear.

In terms of the implications for the social and relational fabric, the depletion is undoubtedly a factor of stress for the family and its members: it is rather easy to identify in poor families an higher level of conflict and relationship distress than in the overall population.

Some authors, on the contrary, indicate an improvement in the level of social relations: according to this last type of interpretation, a situation of economic difficulty does not always influence negatively the quality and the level of social relations of a family[7].

What in any case emerges from the various analysis is the dynamic character of the system of relations, which can undergo transformations, both negatively and positively. On the one hand, with the progress of economic impoverishment, some social relations are lost, people have to give up some personal expenses or "social", friends move away, causing greater isolation, etc. On the other hand a strengthening of the spirit of the body of the family, a rapprochement with some people and also a growing readiness to help the community (parish, neighborhood ..) can be detected.

1.3. The case of mental health

The above considerations are even more amplified within particular social categories, characterized by further specific fragility, in particular people in need for specialized healthcare such as psychiatric or psychosocial support.

There is a substantial body of research exploring how changing economic conditions affect health. In a review, Catalano et al. (2011)[8] identified associations between health outcomes and changes in the economy. Some of the strongest evidence relates to increases in the frequency and severity of mental and behavioural disorders associated with job loss or financial difficulties, including suicide and substance abuse (Wahlbeck and McDaid 2012)[9].

In the current crisis, mental health has been most sensitive to economic changes. There has been a notable increase in suicides in some EU countries and some evidence of an increase in the prevalence of mental disorders (Karanikolos, Reeves, Stuckler and McKee, 2015)[10]. Similar conclusions were found analyzing both general (EU) and locally-situated data (IT), referring to our geographical context (see figures at following page).

[7] Nanni, W. & De Lauso, F. (2014). *False partenze.Rapporto 2014 su povertà ed esclusione sociale in Italia*. Caritas.

[8] Catalano, R., Goldman-Mellor, S., Saxton, K. et al. (2011) The health effects of economic decline, Annual Review of Public Health, 32: 431–50.

[9] Wahlbeck, K. and McDaid, D. (2012) Actions to alleviate the mental health impact of the economic crisis, World Psychiatry, 11: 139–45

[10]Karanikolos, Reeves, Stuckler and McKee. (2015). The health effects of the crisis. In Thomson, S. et Al. (2015). Economic Crisis, Health Systems and Health in Europe. Impact and implications for policy. WHO Regional Office for Europe. pp. 139-158. Open University Press

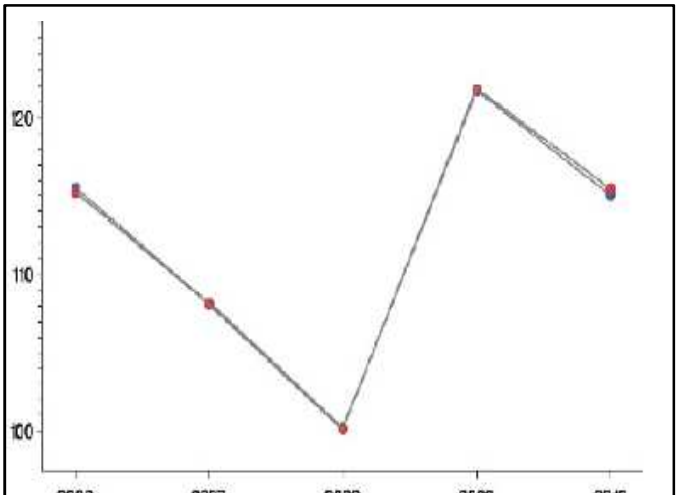

Fig. 1.1.Crude and age standardized rates of hospitalization for depression, anxiety and stress in Turin 2006-2010 [11].

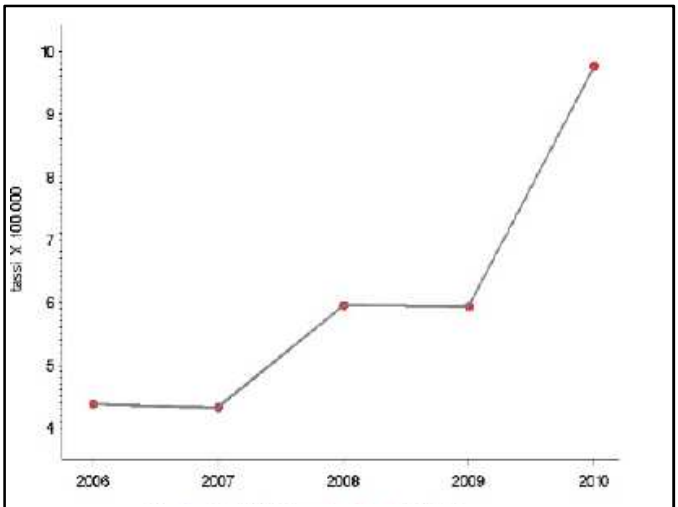

Fig. 1.2. Crude and age standardized rates of hospitalization for drug abuse in Turin 2006-2010. [11]

What seems to emerge to date, therefore, are the effects of the economic crisis on health, especially in the short term and especially in terms of mental health. In fact, the evidence shows an increase in cases of depression and anxiety (as in some more severe cases that can result in suicides) and an increase in diseases related to stress and drug use (Costa, Marra & Salmaso, 2012)[11].

While the evidence generally suggests that unemployment and financial insecurity increase the risk of mental health problems, there is a lack of consistent evidence of their effects on other health outcomes. Changes in behavioural risk factors show mixed patterns, but there is evidence of increased problems among people who are already vulnerable. Vulnerable people may be more negatively affected than the population in general and these people tend to be hidden in aggregate data (Karanikolos, Reeves, Stuckler and McKee, 2015)[12]).

The largest effects on health have been concentrated among those experiencing job loss and among some of the most vulnerable and least visible groups in society, including migrants, homeless people and drug users – people who are the most difficult for researchers to reach (ibid.).

The interaction between clinical phenomena with socio-economic ones is thus producing effects that can be dangerous to people's health. According to the WHO, such situations should lead governments to strengthen social safety nets to mitigate the negative effects on health[13]. Since the crisis began, health professionals have highlighted the human and economic costs of inadequate support for people with mental health problems (Cooper 2011; Knapp 2012; Ng et al. 2013)[14]. They have called for stronger social safety nets and active labour market programs; action to restrict access to the means of self-harm for vulnerable individuals; an expansion of

[11]Costa, G., Marra, M., Salmaso, S. (2012). Health indicators in the time of crisis in Italy. Epidemiol Prev 2012; 36(6):337-366

[12]Karanikolos, Reeves, Stuckler and McKee. (2015). The health effects of the crisis. In Thomson, S. et Al. (2015). Economic Crisis, Health Systems and Health in Europe. Impact and implications for policy. WHO Regional Office for Europe. pp. 139-158. Open University Press

[13] Thomson, S., Figueras, J., Evetovits, T., Jowett, M., Mladovsky, P., Cylus, j., Karanikolos, M. and Kluge, H. (2015). *Economic crisis, health systems and health in Europe. Impact and implications for policy*. Open University Press. European Observatory on Health Systems and Policies Series.

[14] Cooper, B. (2011) Economic recession and mental health: An overview, *Neuropsychiatrie*,25: 113–7.
Knapp, M. (2012) Mental health in an age of austerity, *Evidence-BasedMental Health*, 15:54–5.
Ng, K.H., Agius, M. and Zaman, R. (2013) The global economic crisis: effects on mental health and what can be done, *Journal of the Royal Society of Medicine*, 106: 211–14.

family support programs; the provision of education, information and support programs targeting vulnerable groups; the development of community-based services; and ensuring universal access to health services.

However, on the contrary, in recent years, in many European countries (included Italy, as shown in figure 1.3.), austerity policies have intervened substantially on social spending (Dowell-Jones, 2015, Reeves, McKee, Basu, & Stuckler, 2014) [15]:

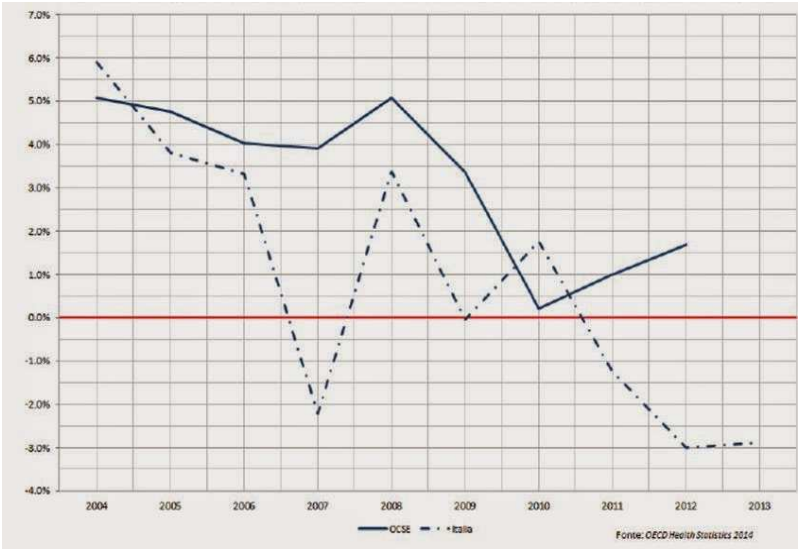

Figure 1.3. Growth rates of health spending (real terms) years 2004-2013
in Italy (dashed line) and mean OCSE (blue line). OECD Health Statistics, 2014.

The access to health and social services has become more difficult, often creating conditions for an increase in inequalities and a tightening of difficulties encountered by disadvantaged people[16].

[15] Dowell-Jones, M. (2015). The Economics of the Austerity Crisis: Unpicking Some Human Rights Arguments. Human Rights Law Review (2015)15(2):193-223.
Reeves, A., McKee, M., Basu, S. & Stuckler, D. (2014). The political economy of austerity and healthcare: Cross-national analysis of expenditure changes in 27 European nations 1995–2011. Health Policy 115 (2014) 1–8.

[16] For several years a number of analyzes conducted by CEIS Tor Vergata, by CENSIS and CERGAS showed that since 2008 are emerging clear signs that Italians are adapting their behavior in the consumption of "good health". The FBM-Censis survey of 2012 showed that 35% of Italians turned to public health facilities, accepting waiting lists longer, to achieve performance that would buy directly from private structures. A reduced availability of income would seem therefore encourage greater use of public health, accepting greater inconvenience and more time, and postponing the use of health services less urgent, as evidenced by the 18% of Italians who returned private specialist visits and dental. This behavior is consistent with what was found by " VIII Health Report "of CEIS Tor Vergata, that the private health spending would be reduced by 2.7% per year between 2001 and 2007, but fell by 4 , 8% between 2007 and 2009. In addition, nearly 21% of Italians, according to Censis, has reduced the purchase of medicines paid from their own pockets: more than 23% of 45-65enni, which seems to be justified the estimate of the relationship Oasis 2012 CERGAS-Bocconi that rising ticket for medicine in 2012 would be 40%

2. Theoretical and methodological approach

2.1. Participatory Action Human Rights and Capability Approach

Re-InVEST aims at investigating the philosophical, institutional and empirical foundations of an inclusive Europe of solidarity and trust. To this end it draws on capability and human rights based participatory approaches. Human rights form a common European basis of values and describe at the same time core elements of what constitutes well-being and a good life. Further, human rights are transformative by empowering people.

Human rights are the basic rights and freedoms that belong to everyone. International law, including treaties, contain the provisions which give human rights legal effect. Ideas about human rights have evolved over many centuries and gained strong support after World War II when the United Nations adopted the 1948 Universal Declaration of Human Rights - which set out for the first time the human rights and fundamental freedoms shared by all human beings without discrimination of any kind.

Human Rights are universally agreed basic standards that aim to ensure that every person is treated with dignity and respect; they are interdependent and indivisible, they belong to all people without discrimination. Usually set out in law, through international or regional treaties, or national legislation, they form a legal statement of universally accepted principles of how the state should treat its citizens and other people living within its jurisdiction. Human Rights include Civil and Political Rights, such as the right to life, the right to a fair trial and the right not to be subjected to torture; and Economic, Social and Cultural Rights, such as the right to work, to join a trade union, to health, to education, and to an adequate standard of living.

Specific groups are protected in specific treaties such as women, children, and people with disabilities, minorities, and migrants. For vulnerable people the usage of a rights-terminology has proven to change their perspective by making them aware of their rights and the ways in which their current situation compromises these rights.

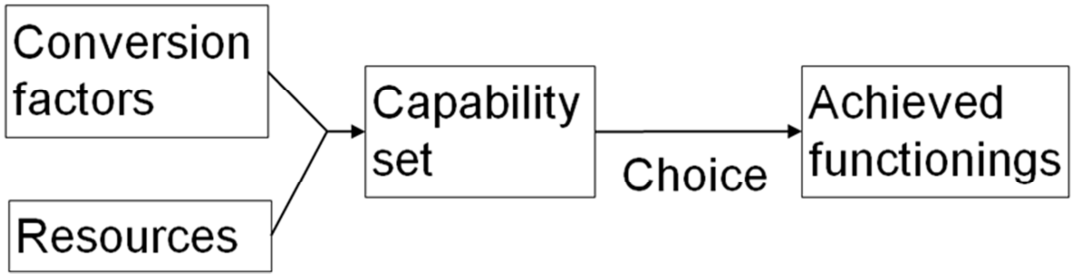

Figure 1 Resources, conversion factors, capability set and achieved functionings

The capability approach as developed by Sen (1999) and Nussbaum (2011) defines a person's well-being in terms of the beings and doings (the functionings) a person achieves and her capability to choose among different combinations of such functionings. For leading a life one values and has reason to value resources and conversion factors are preconditions (figure 1). Resources refer to the material conditions of a person: her income, the goods and services she disposes of. Conversion factors help her converting resources into doing and being well. There are personal conversion factors such as skills and bodily features, social conversion factors such as social norms and social institutions and environmental conversion factors such as climate and geography. In the end both the achieved functionings as well as the freedom to choose a life one values matters.

For assessing the capabilities of vulnerable people Re-InVEST aims at giving them a voice. Their participation is fostered by relying on participatory action research that directly results in policy recommendations. Participatory action research views participants as co-researchers who have special knowledge about their own situation. Hence they are not only asked or interviewed on their views but take part in research by engaging in, examining, interpreting, and reflecting on their own social world, shaping their sense of identity.

It is a circle of knowledge generation that emerges from this method and includes the steps of knowledge production and sharing, empowerment by participation, newly generated knowledge and action that builds upon this knowledge (figure 2). Crucial for this kind of knowledge generation is the "merging" or "crossing of knowledge" that comes from three parts: scientific knowledge as gained by researchers; knowledge which the poor and excluded have, from their first-hand experience, of the twin realities of poverty and the surrounding world which imposes it on them; and the knowledge of those who work among and with these victims in places of poverty and social exclusion (figure 2).

Figure 2 Merging of Knowledge

These are the core elements of the Participatory Action Human Rights and Capability Approach (PAHRCA) developed in Re-Invest. PAHRCA entails seven steps (Toolkit, 44-45): 1. Identify and meet partner NGO/gatekeeper, 2. Preliminary 'meet ups' (for trust building if necessary), 3. First meeting with participants – trust building, 4. Developmental: implement developmental human rights & capability approach, 5. Inquiry/data gathering, 6. Identifying patterns (key issues and themes of concern to the group) and 7. Undertake action/outcome using one or combination of approaches.

2.2. Aims of the research.

The work has two main objectives.

The primary purpose is to explore if and in what areas of daily life of the people the economic crisis and the austerity anti-crisis policies eroded the human individual and social capabilities to represent a threat to the protection of certain basic human rights (work , health, housing, food, etc ...).

Secondly, the research aims to explore a hypothetical decline of trust in the EU, in governments and institutions linked to the economic crisis as well as the neo-liberal measures implemented to deal with it.

Specifically, the answers to these questions are sought by referring to some segments of the population, the weakest and most disadvantaged, as particularly sensitive to the issues in question and need to be protected.

2.3. Participants

Given the socio-demographic characteristics of the Italian situation (unemployed, foreigners, women, parenting, etc., see p.6), in order to explore the key issues related to the objectives of the research, researchers have selected a group of eight women aged between 25 and 52 years living in the area of Alba, in the Piedmont region and characterized by different psycho-social vulnerability factors.

Two of them, and their children aged 4 and 5 years old, are currently engaged in a rehabilitation program for drug addiction at a facility providing in-patient treatment for mothers with children. Three women, also with dependent children, have completed since more than a year a rehabilitation program for pathological addiction similar to the previous two, and have since been living and working autonomy.

A participant has psychiatric problems and is currently a guest of the Social Housing "Casa Pina" in Alba, receiving therapeutic support, housing and employment.

The last two participants are migrants of Romanian nationality, with dependent children, currently in need of support for living and working, guests of the Social Housing "The Field".

2.4. Research instruments and methods

The qualitative research used a participatory methodological approach, aimed at achieving the active involvement of participants in focus groups and individual interviews through the execution of specific visual and creative tasks.

Specifically, in addition to classic procedures of collecting data through interviews and focus groups it has been decided, with the consensus of participants, to adopt techniques of photo-voice and the snake-timeline exercise[17] in order to encourage greater participation compared with standard research procedures, to promote the expression of themes and concepts in an alternative, more intuitive and immediate way and to encourage the development of empowerment, critical awareness and dialogical and communicative skills[18]. The critical reflection enables people to theorize about the social structures which constrain them and this is done with others who share this social world and requires collaborative reflection on the contradictions of the social world.

The research was organized around four focus groups and two individual interviews.

The first focus group aimed at getting to know the participants, encouraging a first analysis of the subjects of research; to stimulate mutual understanding, building compliance with the objectives of the research and a good group atmosphere. During the first meeting the meaning and objectives of the work were also discussed, the methodology was described but have also wanted to collect alternatives and methodological insights from the participants. At this stage the groups of women initially proposed to work together and to collect data by images, building collages from newspaper and magazines. After a group discussion, however, the choice to take pictures of situations related to their daily personal lives prevailed (photo-voice technique), in a way that shows to other people "as we see it".

In the second focus group participants were asked to complete the model snake timeline exercise. The cards were then the subject of a group discussion, comparison and reflection about their own and others' past and current situation. At the end of the second meeting digital cameras were distributed for women to use them for the photo project. The objectives and tasks of the photo-voice work were discussed.

In the third focus group participants shared and discussed the photographs collected during the previous weeks, representative of situations, facts, events of their daily routine connected with the economic crisis. The images depict situations, themes, daily problems as perceived by the own eyes of the participants.

The last focus group, organized after the drafting of the report, aimed at discussing with participants the main results, sharing ideas, impressions and gathering their critical comments.

In parallel with the focus group an individual development in the history of life was carried out with two people, using again the initial work with the snake-timeline exercise.

All matches were audio-recorded with the participants' agreement and only after obtaining their informed consent.

2.5. Analysis

The audio recordings of the focus groups were transcribed and the textual material thus obtained were treated with a content analysis. This material is enriched by pictures and comments gathered from participants through the photo-voice technique. For the construction of the analytical categories of content, reference was made to the capabilities approach (individual and social) and to human rights approach (Cfr. Re-Invest methodological framework toolkit, "The intersection of capability and human rights approaches", pp. 9-16).

[17] Cfr. Re-Invest methodological framework toolkit. *Implementing PCHRM in WP3*. (pp.51-74).

[18] Cfr. Re-Invest methodological framework toolkit. *An overview of participatory action research* (pp. 17-22).

3.Biographies

3.1. Chf.42.Tdp.

In 2008 I enter a community to detox from alcohol and drugs. Before 2008 I was not at all well, I used substances ... I led an irregular and messy life. At that time I met the father of my child.

After about a year and a half of therapy I had an important step to accomplish, I miss the stage of re-employment. Basically I find myself at the end of my rehabilitation therapy to try to get involved in the world of work ... but that is not at all easy and that does not happen. There is no work around! Given the problems I 'm suggested to go to Milan in a community devoted specifically integration into work. The idea is that by changing the region things could be better but even there I realize immediately that the situation does not change much. Apart from small fragmented and non-continuous jobs, there is no serious job. A year passes and I'm back without anything concrete in hand. After more than two years of support from the Serd (local drug service) who supported me in the path, I have no other option than to go home to my mom. The SERD can not support me for all my life!

A., my son, was born in 2010. The only place where he can go is to my mother's house and then fortunately I had a mother and a brother ... otherwise I would have ended up in the middle of the street! After three months of my son's birth my mother fell ill with cancer and soon had a stroke. In 2010, apart from my son's birth, it was a really bad period because my mother was still an active and vital woman for what she could she always helped me.

I find myself therefore to stay at home, with them: my sick mother, my brother, me and A.

Expenses were increasing. At that time my brother had asked for help from everywhere: to have useful medical devices (for example the wheelchair form my mother to be able to move) rather than the attendance allowance, because she was no longer self-sufficient and all those kinds of things ... All things long to get, and they ask tons of bureaucracy and time-consuming. Fortunately my mother had some money aside, because he always tried to make savings throughout life, putting aside some money. Certainly, however, the expenses are raising: the costs to live, to shop for 4 people, the cost of nappies, those for medical examinations ... and at that time I still did not find work.

I tidy home, I take care of my mom, I clean and I'm looking for work when I can. Having a small baby, I ask the social services to help me put him in a nursery: so at least I could have a little more free time to go to look for work, I could earn some money and avoid to weigh on my mother's shoulders.

Unfortunately social services tell me that, since I am at home with my mother, they cannot help me: however I've got a place where to live, so I have no particular priority on other situations. Basically they do not help in the search for a day care, and so I stay at home in that situation for three years, wondering in search of a job, finding a few small jobs but then I cannot go or I lose all the time because I have to take after my son and my mom ... because who helps me with A.? Yet I was looking for work. At that time I gradually let myself go. At one point, there was nothing else to do rather than staying at home all the time to clean. Searching for work can keep you busy for half a day to a day ... and after a while you run out of places also to ask and bring curricula ... then you do not know where to go. And the remaining part of the twenty-four hours becomes long. I had no satisfaction in what I was doing, I could not help my mother except with my presence, I had no social life-like because of my little son to look after because I had no budget. It was a very stressful ... and that's why then-icing on the cake - I had a relapse on the use of substances. And I assure you that having a relapse with a child is not a good thing, you feel just like crap, drown in guilt.

In 2014, after three years of this kind of life and the relapse to drug use I entered the Therapeutic Community here in Alba. Here I am doing a good path. I have been in for a year and a half and now, I'm doing an internship working eight hours a week. Here we are to re-re-employment! I am very scared thinking about the future. Today they have told me that I'm on a waiting list to get a job grant From Health Services and to receive help to complete the last phase of my program, and this is good. Of course, however, the waiting times are getting longer ... the work seems that never comes. My fear in all this is the work, as happened in 2010. Even then, the issue of lack of work made me fall ... and now, unlike then, I have five more years ... I'm 43 and we know well how this could be important but also a problem on the labour market.

I have to think about my future and my son, I' have to find a job to support myself and grow him. Although I do not know how to do ... I'm worried because I do not know what will be: I can hardly imagine a clear future. Now I should be able to take this work support and then maybe we can think of a house ... but I can't imagine how -where-when.

Today compared to five years ago I am alone. Before somehow I had always been helped by my mother, or my brother. Now I have to get in this world independently ... his society is mostly in crisis! [she smiles ironically] ... and the crisis is huge and it is not a simple thing: alone, with a young son, homeless and unemployed only with my fragility to the use of substances.

Today I work eight hours a week. I hope that these hours will increase going forward, but today you cannot predict. Surely with 32 hours per month of work what kind of life can I rebuild? And anyway, even once the situation of the grant job will have been solved where will I go and live? I cannot be host to life of the therapeutic community! After some of the services will eventually pay the tuition and I rent me a house ... but how much money will I need? I could go to a social housing also because with a job grant a person gains about 400 or 500 € per month: with that figure you cannot do everything you want! It's not that we can live a month with that money ... Especially if you are in two and next year A. is beginning also the school year and the expenses will increase for sure.

Now in terms of my addiction I'm better and also A. is better. I want to come back to live and build a new life., normal and quiet: I don't ask for the moon! If you think about it, as I said, before 2008 I was not at all well, I used drugs ... I led an irregular life but I could get by doing some odd jobs here and there ... it seems almost paradoxical. I see just one big detachment between the period before 2008 and now ... or so it seems. It seems to me then that I could get along better, I could do better spending ... and I repeat that I was not well at all, I was less polished but I could get along better. Now that I'm better health and I should be able to be more effective ... I seem to get along much worse!

I put effort and willpower... But we also need the help of social services. And if I think of 2010, the situation of my mother and mine, I think that there social services don't care .... Sometimes I think that maybe you get to end up in the middle of a road in order to receive a minimum of help.

3.2. Ma.F52.Psy.

To date, it seems to me that basically my life has always been a bit in crisis.

In 2008, this crisis started by banks ... also for me! [Laughs]. At that time they started to close the banks ... So I was doing different jobs but one of these was in a cleaning company who worked in the banks. If we cleaned 4 or 5 banks I found myself to only work only in two... And consequently to the reduction of the work has lead to an initial reduction of economic opportunities [...] It is true that then luckily I did not just work on cleaning in the banks; I had other commitments as a caregiver and assistant to some families with elderly people and I cleaned the homes of some private ... so for a while I still managed. Of course it was not easy because it was a lot of commitment fragmented as time and I slept bad ... this made me nervous and I suffered a lot.

Around 2009 I began to have difficulties in paying the rent. At that time I skipped some payments and began to realize that I could not pay the rent in a constant and continuous way. At the same time I found myself in trouble because I could not bring my son to study ... he was struggling to find work and I wanted him to do a training. In the late 2009 and early 2010 I just began to tighten our belts. We begin to deprive us of so many things and have to save on primary commodities: food, clothing, heating consumption. I've never had so many things but in 2010 I started to go shopping at Caritas. In that period there were the first signs of a possible eviction from the house where we lived. The house owner started to be insistent on me having to pay the arrears and, though gently, she pressed me to return the debt to her. When I did not go to Caritas to procure food, I remember that sometimes I spent time to collect what was left at the end of the markets in the square or, more rarely, happened to take the second choice in the supermarket.

At that time the medications weren't paid by the National Health Services so I gave up taking them… I had a lot of thyroid problems which were going to add up to my depression. For my daughter, who is celiac, we could not afford to buy what she needed to eat without getting sick, at that time I could not buy food to suit her ... she consequently did not eat much. In the same period we received clothing from Caritas.

In 2012 another branch of the bank where we worked, was closed and then I continued cleaning only more in a house. At the same time my health conditions got worse and the question of the payment of rents just escaped from my hands. There I just began to struggle to procure food and I also support the distribution of second hand clothes (the ones that are collected in yellow containers in the street). I see that the Social Services and the assistant who, between one thing and another I know from lifetime, failed to respond to my situation, they can't help me, without some subsidy scarce and rare, but not enough to cope with all that I have to pay. For the whole year before I asked to be helped and after a year I finally received 400 Euros divided into two instalments of 200 euros: in that situation I remember they have been very helpful... but still remained the other 10 months of rent to be paid.

In 2013 there was my total psychophysical downfall. Until then I had somehow kept the shot, then I got a monstrous depression, thyroid problems, I had an operation and I were hospitalized. There everything collapsed around me. It was impossible to me to hope for something and opportunities... I saw there were none ... I couldn't predict the future… there was no future. And I realize that I think again to this thing also today. At age of 50, what do you want to do? Wait for retirement? Wait for the future? The work for me ... I do not think there will be …still tomorrow I'm going to try, I'll go and see what employment is the job they have proposed ...

but I do not think there will be a real opportunity. As I told you if I'm not well [indicates head and chest], if I make a damn hard walking to reach the workplace it becomes difficult to work. Yesterday it was my turn to do the cleaning at Casa Pina (ed ...) it took me two hours ... at the end I was so exhausted that I was going to give in outburst ... I ended up go to bed and sleep four hours. I can't do it ... I only do a tremendous effort ... they don't understand this ... if I were not in these conditions it is obvious that I'd go to work out, I would have every incentive to do a lot of hours, to take something more than 200 euros a month and maybe poor I would not be at Casa Pina. Sometimes it seems to me that people believe that I have some advantages or I have fun being as I am, as if it were a situation altogether convenient when you do not have to worry too much and things will come from above.

In this path my family has fallen apart ... maybe finally it may seem cynical but I think money is also useful to prop up a family ... The family will break for many reasons, it is true, but money affects in a fundamental way on some of these dynamics. I split up with my husband about twenty years ago. Maybe part of the problem started from there. I've always been a little restless, melancholic ... I do not know, especially ... but I was in shock. My husband said to me "do not worry I'll pay the rent of the house, do not worry" ... but he paid for a month and then who has seen him any more? From there I started having to organize myself and to do all those jobs in cleaning area and in elderly care. My son after our divorce was found disoriented. For as I was able to arrange he could do some 'what he wanted, maybe too much ... he grew up without references and this is the reason why I feel deeply guilty [recoils] ... I 'll never forgive myself for that. Both my children have had difficulty: my daughter slashed her wrists years ago, my son has made other nonsense, and today is a person in serious difficulty: he doesn't work, he lives along the stress and tries to get some sleep wherever it happens . For heaven's sake, he has made his mistakes, but basically he grew up without a father.

Then 2014 arrives. I feel a void and in that time the first deprivation of food and medicines also bench began. I am even poorer and more friendless. The mind and time are constantly absorbed by issues tied to food, to housing, to health ... and my malaise. To that I add the obsessive thought and commitment to try to do something, to find solutions to solve a few pieces. The people I know, called friends, are also in trouble and I can't find anyone who can help me .... well they're all walking around without a job. Some friends are in situations somewhat similar to mine: they have dependent children, an unemployed husband who obviously feels bad and useless ... so they have an impossible life . ... they must try to survive with € 600 a month ... so they try to get by as they can ... but when you're in these situations, you can't help someone else ... you already find it hard to get by, let alone help other ... and so also relationships go to hell ...

4. Results

The results are arranged according to the theoretical perspectives adopted and they follow the approach based on human rights and on human capabilities. The analytical categories used to organize the findings refer therefore to economic, social, cultural rights (Art.22-27 UDHR) and to fundamental ones (Art. 1-2) to finally show some trends associated with the real capacity and ability of the interviewed women to obtain those rights, as suggested by the human capabilities approach (cfr. Nussbaum's list of "central capabilities"; Nussbaum, 2011[19]).

4.1. Impact on human rights

Reference is made specifically to the Universal Declaration of Human and Rights and, particularly, to economic, social, cultural rights while exploring thematic areas related to job -food - house -health. On all aspects participants told us stories of difficult times and experiences related to the current period of economic crisis, even if declined in obviously different ways from case to case.

4.1.1. Employment

The target group is characterized by different types of fragility, when it comes to work. Specifically, the group consists of two unemployed women, two trainees, a woman employed in a part-time job and the remaining three women occupied with a full time contract. Difficulties related to employment emerge clearly from all stories. In some cases difficulties are related to not finding job opportunities which can ensure a decent life:

"Four or five years ago, however, I realized that even though I was sick, I could find work or pieces of work here and there, perhaps as a waitress or a few hours to clean some houses ... now I can't find even to clean the toilets as a volunteer... and if you think we are supposed to beliving in a republic founded on work". E.25.FG0.

In other cases the discomfort is associated with situations of under-employment. This is the situation of those who have got a job, but they are still far from working for a sufficient number of hours to ensure minimal wages to satisfy basic needs. There are then women who are struggling with job training and internships, which on one hand offer guarantees of protection and training opportunities, on the other hand they still not have the characteristics of real work, especially in terms of salary.

"Today I work eight hours a week. I hope that going forward these hours will increase, but today I cannot predict. Surely with 32 hours per month of work what kind of life can I rebuild? [...] Also because with a job grant you gain about 400 or 500 € per month: you can't live a month with that money

"This is Rotoalba, the company's entrance closed. The company worked a lot, with many employees ... And this is something I've seen in just the last three or four years ... A lot of demonstrations, people dismissed, until they just closed ... Now to see this abandoned place it's a bit 'sad; before there was always a bustle of people ... it was lively, there was the world inside it! Now it's all off, closed and abandoned. It's a pity because before there was a nice hedge, the entrance was well-groomed, in short, it was a pleasure to pass by, it gave you pleasure to look inside"

Figure 3-Photo-voice data A

[19] Martha C. Nussbaum (2011) Capabilities, Entitlements, Rights: Supplementation and Critique, Journal of Human Development and Capabilities: A Multi-Disciplinary Journal for People-Centered Development, 12:1, 23-37

Even those who have managed to find a place in the job market are not without difficulties: often one job is not enough to cover expenses related to daily life and people are then forced to engage in further irregular work.

"To put together a little money, in addition to working from Monday to Friday, I go again to clean houses on the side on Saturday or Sunday ... and you can imagine what I feel like doing something in the remaining free time! ... The crisis is that you can't be home to prepare lunch for your children, and for me it would be a privilege to welcome them ... with a smile, instead of always feeling tired-worried-nervous-... after 15 hours of work a day when I have no time to go pee and maybe I'll have cystitis "

4.1.2. Food

The participants expressed, to varying degrees, their daily difficulties in meeting their own food needs and those of their families.

"Do you know what I see the crisis from? From canned beans and broth; we started to eat a lot of beans and broth soups, at least you have the box and it does not cost much. But you know what effort it is every night to try to invent yet another different soup, with some ingredients that change at least the 'color... "C1.43.FG0.

"This is our bean soup, it is a little sad to see such an image ... and still good humor also depends on what you eat . when you eat a meal like this for a few times you will see in the morning what kind of face when you wake up ... instead you eat a steak or a nice amatriciana with a glass of wine or even a pizza or lasagna ...you feel in another way ... C1.43.FG2

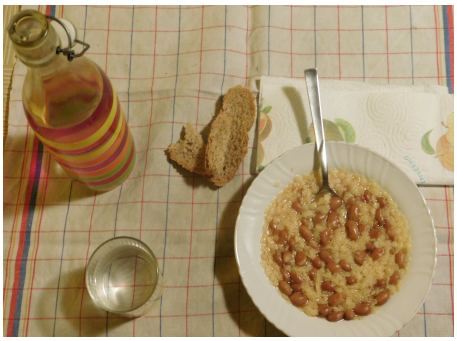

Figure 4 – Photo-voice data B

Three main issues emerge form testimonies in relation to food. Some report the practical difficulties in obtaining free food in specific situations of their recent past.

"When I did not go to Caritas to procure food, I remember that sometimes I collected the leftovers of food after the markets in the square or, more rarely, I took the second choice in the supermarket [...]

There are then difficulties related to the costs of food shopping in general and, in particular, of specific foods, including meat with the consequence of not being able to secure a healthy and balanced diet:

"Today my children tell me:" Of course it would be nice to be able to eat but occasionally a nice and two finger thick steak "And I felt so bad to hear this phrase so the next day I go shopping ... but unfortunately I realize that I usually avoid this kind of daily expenses because I cannot not afford them ... I try to not look at these steaks ... because if I buy three of them I lose immediately 20/25 euro ... and this just demoralizes me." M2. 41.FG1.

The third issue emerging from the discussion with participants has to do with the lack of variety in food.

I don't care to eat truffles, I would be interested to eat every day in different ways and to be healthy [...] I can't stand the impossibility to choose different food ... in the last two days, for example, I always ate rice... that's why I took the picture! Luckily, there was one dish!" "M1.52.FG2

Figure 5 – Photo-voice data C

In the context of basic needs, nutrition plays a central role and it determines not only the survival of the person, but also the opportunity to live in good physical and mental conditions, even more for children risking not to have a full physical, mental, intellectual as well as social functioning.

4.1.3. Housing

Most of the women involved in the research (5 out of 8) today have to rely on Social Housing Services or are enrolled in residential rehabilitation programs. In either case these are temporary solutions and will require to find arrangements that today are neither easy to imagine nor to envisage in the short term.

"The teacher called me and asked why my son says that we live in a hotel" (we are in a social housing service): What should I tell my son? How can I make him understand at that age? I told him that we are in a kind of hotel, to explain why sometimes we change room (recoils) [...] Anyway how long can we stay here? We can't stay for all life! Besides you can't receive guests or can't host anyone to sleep ... in short, it is a temporary solution. And the bad thing is that it still does not feel like your home, so you can't do what you want "A.30.FG0.

"Today I live in a single room in which I have everything; the shelves of the cabinet are made of boxes and boxes I tease and I try to clean and disinfect and dispose as if they were bricks to put my things ... and I feel lucky, because at least I have a roof over my head and now I feel safe and protected. If I think in recent years this is the only occasion where I could have my space, I do not have to share ... something that can be a house ... or something like that. And who knows what will happen later ... the years pass "M1.52.FG2.

Only 3 out of 8 participants have a home and are able to pay a rent but once obtained, the house still needs to be preserved and maintained. Expenses related to the rent with additional expenses related to the maintenance and cleaning of the property, the administration charges, local / municipal taxes, payment of utilities, etc. It often becomes difficult to support this volume of expenditure and payments get deferred.

"Now I put 150 euro aside. How can I survive the other ten days? Today for example, I've called the administrator of the house where I live, saying him I can't pay the rate of service charges and I will try to pay later ... maybe step by step. Maybe I can pay it when I receive the Christmas bonus. And then the questions, the doubts begin so I wonder if I'm wasting money? Where am I wrong? M2.46.FG1.

"The picture of this wall gives the idea of degradation and the cost that you incur to rearrange it ... asking someone's help to fix a wall with moisture leakage is costly…"M2.46.FG2.

Figure 6 – Photo-voice data D

4.1.4. Health care

In addition to the difficulties linked to their work situations, housing, food and family, respondents face hardships regarding health care and self-care. Economic difficulties play a vital role in guiding r behaviors and choices in health.

"I'm not going to the dentist, I was in debt for almost a thousand Euros to fix the teeth of my son in order to help him" C2.46.FG0.

"I'm not going to the eye doctor because then I know what he 'll tell me to do ... and I do not have the money to change lenses and glasses... but I make an effort to read all those little numbers at work..." N .45.FG0.

"These are requirements for medical examinations. I was sick and the doctor prescribed me a lot of tests to do …but I had to spend too much money. More or less we were around 200 euros and now I can't afford to spend money on medical tests: I just spent almost 700 for my son's school. Not to mention the fact that some of those tests require taking a day off from work and I can't afford it "M2.46.FG2.

Figure 7 – Photo-voice data E

Choices that women take, range therefore from the postponement to not addressing health needs that, increasingly, appear less and less likely to be protected, but rather governed by the laws of the market.

"If you have a minimum income you have to pay your blood tests! If you have to go to the dermatologist and you have 110 euro you can be visited immediately, after 2 minutes, but if you do not want to pay 110 euro, but only want to pay 35, you'll wait six months or eight months in Bra or in Alba. But what if it was a skin cancer? After 6 or 8 months you' could be dead! "C2.46.FG1.

The consequences that this system of choices can bring in terms of quality of life and health of people are critical, as well as the implications in terms of health economics (when having to deal with acute health problems arising from neglected health care, which are more expensive to deal with) not to mention the political implications linked to the protection of fundamental rights, which appear less and less guaranteed.

4.2. Impact on individual capabilities

In addition to the human rights-based approach, results are organised following the human capabilities categories suggested by Marta Nussbaum.

4.2.1. Life and physical health

Women taking part in the research work reported an overall growth of major stressors and risk factors at the expenses of their psycho - physical well-being.

This crisis of protection and opportunities in the workplace, food, housing and health services can be seen also as a critical factor threatening the capabilities to live a full human life of normal length and to enjoy bodily health.

4.2.2. Sense, imagination and thought

A crisis in imaginative capability and difficulties to project and to forecast the future emerge through the discourses of the participants, especially with reference to working and living environment. Anxieties associated with the uncertainty are also reported.

"The most terrible thing is that somehow, along with what you have in your wallet, you start to lose your inner resources ...you lose confidence in yourself, in others, in the future... or maybe you start planning an end.... it is still a kind of defeat". M2.46.FG1.

"Sometimes, when I'm more hopeful, I think it's just a matter of developing a new form of adaptation and learning...but I don't know how to do this and where to start…but sometimes I think it is not right to live like this".E.25.FG0.

"If I think about the future, if I try to focus on what I will do I can't see it clearly, I can't see that far" C2.42.FG1.

4.2.3. Emotion

In terms of subjective experiences, feelings and emotions the group reveals a mixture of frustrating experiences that range from anger, humiliation and sense of deprivation and helplessness and that generate a

malaise placed halfway between the private and the public, and that seems to have an important impact on how the respondents look at themselves, at their own future and at society at large.

"I'm tired, stove and angry, especially when I think that politicians from other parties eat and frolic merrily [...].You feel a lot of anger and humiliation inside. I think the average life status should be equal for all, around a certain threshold, the threshold of what is necessary...It is not admissible that there are people living like in Africa, and others who waste in style...M1.52.FG1.

"It's so...even though when you see that things are moving forward and after all your son is healthy then you think that everything makes sense and that it's worth it ... But you always remain suffering... you don't even know what it is... and sometimes you feel bad ... Sometimes they say it's great that you're so sunny and smiling…but you know that this is a kind of mask you wear to move forward...What do you know how I feel inside?"A.30.FG1.

4.2.4. Play

There is clearly in the lives of the participants a reduced availability of opportunities, time and resources dedicated to recreation and leisure time. Some of the women reported a surplus of resources and energy used in an attempt to increase their own salary doing further work to cope with the economic difficulties. This strategy however runs the risk of sacrificing other needs or equally important areas of life (child care, leisure, health). There is also a reduced ability to laugh and enjoy recreational and playful activities in everyday life.

"Maybe I should have cut my hair since 3 months because I suck ... But I do not give a damn! I collect my hair in tail and with those 20 euro I save I can buy a snack for my child, a pack of cigarettes, or put money in the phone, or we take a piece of pizza "C1.43.FG1.

"On Friday I am invited to a dinner with the group work and I had to tell them that I do not know if I will go. But I'm not going to tell them I don't have enough money...Why do I have to go out and eat to spend € 30? I have to eat my heart, then I do not go, I'll find an excuse to do nothing. "M2.46.FG2.

4.2.5. Environmental control

All the above mentioned limitations result in reduced opportunities to control life environment at large. The difficulties faced by the women drastically reduce their capabilities to engage with the processes and choices that affect their lives:

"I wonder why can I can't be able to get what I need by myself? To be able to buy the food that I want...to be able to choose?" M1.52.FG1.

"Today they have told me that I'm on a waiting list to get a job grant From Health Services and to receive help to complete the last phase of my program, and this is good. Of course, however, the waiting times are getting longer ... the work seems to never comes and I'm worried because I do not know what will happen to me". Ch.42.Tdp. FG2.

4.3. Impact on 'collective capabilities'

4.3.1. Education, children and family

Additional difficulties associated with the recent economic crisis are identified by the women involved in the research, in relation to child care and education of children. Some of our respondents are struggling with the dilemma of having to choose between work commitments and education of children:

"And then maybe the social services say your children are left too alone ... And it's bad because you realize that you have to choose between giving them shelter and food - so you have to run, work hard - and be with them only for limited time - or just seeing them but not being able to guarantee their basic needs: food, shelter, clothing, "N.45.FG2.

This difficulty is also linked to the fact that most the respondents are currently without a partner supporting with child care and they feel responsible for all duties related to children. Moreover, limited financial resources reduce the educational opportunities for the children more than other ones associated with the standard of living, such as clothing.

"At the same time I found myself in trouble because I could not afford my son's education... he was struggling to find work and I wanted him to do training courses". M1.52.I.

"These are my son's suits, worn and full of holes ... I'm struggling to buy new ones."
C2.42.FG2.

Figure 8 – Photo-voice data F

These dynamics all together can erode the family atmosphere:

"At a time when I'm out all day to try to recover a handful of euro, the home is neglected, my husband is at home, without work, feeling a failure because his wife has to maintain him. My son suffers the mother's absence and in addition to the lack of relationship also the clothes are dirty and must be ironed ... so the dynamic of this sort of family is not beautiful ... It is difficult to handle if you are not used to"E.25.FG1.

"In this path my family has fallen apart ... maybe finally it may seem cynical but I think money is also useful to grow a family ... The family will break for many reasons, it is true, but money affects in a fundamental way on some of these dynamics". M1.52.I.

4.3.2. Local communities, civil society and social climate

Tracks of the disintegration – or at least fragmentation - of socio-relational ties of communities can be found in the women's words:

"One thing that I see it's that when I look at other people of other nationalities in my situation I see them more united and they are in solidarity with each other ... on the contrary we seem hyenas... there is no solidarity ... it seems that when you're in trouble others are happy"A.30.FG1.

Some socio-relational aspects are particularly critical, and exacerbated by the scarcity of resources and the allocation of support, for example those related to relations between different ethnic groups, where growing tensions can be experienced:

"For example, if I ask for a subsidy because I can't pay the canteen of the children they answer me," no, because you have an income, "and then they give it to foreigners. It is a shame but lately I'm getting a bit 'racist' C2.46.FG1.

"Yes, they are making us racists! These days, the problem is that you get angry and you become racist "N.45.FG1.

These tensions are particularly critical in an environment where coping strategies against the economic crisis are trying to encourage and stimulate community-based forms of support or otherwise to build on informal networks of support, solidarity and trust.

4.3.3. Trust, social services and institutions.

In this social climate the trust, especially in institutions and public services, are strongly questioned:

"Trust can't be recovered. For now I trust only people where I can see a living which somehow I can touch and feel on the skin. I'm afraid of social services and I do not trust those people [...]" C2.46.FG1.

In terms of the perception and evaluation of work of social services, our respondents report an evident decrease of social protection:

"But the help does not arrive from where it should reach you ... as if the services formally appointed fail to meet the needs. And sometimes they treat you badly and yet they say you have so much free time and so you can wait or look for better solutions that you do not find but that they not find either [...] on the other side you rely on informal solidarity from those you don't expect. It is not a simple complaint... it is just a fact that I see"M1.52.FG2.

"People turning to social services are decreasing, because they are fed up to go and ask for help and to feel mistreated…" M2.46.FG1.

The system of social services is perceived in a confused and sometimes contradictory way:

"It's hard to understand what the criteria are and how you can get help: sometimes they give you a grant or money, sometimes they say you can't...boh...sometimes you can go and ask once a month ... in other places 3 times a month ... the rules always change and become almost unpredictable... and when you can't understand that then maybe you get angry because you think it's a joke" M1.52.FG2.

Or the perception can reach to the level of a sense of conspiracy of the system and by almost persecutory or paranoid attitudes:

"I think it's a kind of game...The great mastermind of Draghi and all other politicians are playing Risiko and say" You know what to do now? Let's go for a bit of trouble in Spain "and go and move from side to side ... Then they say," Now we are interested in Greece ", and move to Greece and within two months, they put it KO. I no longer believe in anything ... Why is everything decide blindly, and fools like us are so fragile ... we are killed " C2.46.FG2.

4.4. The other side of the coin? Resilience of individuals, families and local communities

Trying to grasp some positive elements in such a desperate picture is not easy, but clearly the rediscovery of the value of essentiality is a central aspect of great importance in terms of resilience:

"I got so used to the fact that I no longer have certain things which I do not miss them anymore. It's sad but it could be a sort of remedy to this crisis today: to content ourselves and live with little [...]And here we return to the system, a system that then maybe wants to see you hanged ... but I would like to hang them ... when I think about these things, I get angry." C2.46.FG2.

A second aspect of resilience emerging from the discourses of the participants is the development of a high tolerance to frustration and coping strategies to face difficulties. This trend seems to have also some intergenerational effects, especially on young people.

"I realize that if M. [the son, ndr.] hears me talking about money, or if for 2 or 3 days we only eat vegetables or soups, then I see him worried ... so sometimes he asks:" But ... but are we in bad shape? Do we need money? [...]" On the one hand they seem to be already more responsible and I think this thing is positive because it means growing fast; but it is also a bit sad …because they feel the weight. I am convinced that it is right that one should know how to suffer, know how to roll up their sleeves, to adapt and be able to cope ... Also to eat little ... But sometimes maybe this is too much for them"C1. 43. FG1.

"And those questions inside you feel as if you've beaten up. On the one hand you feel they are very wisdom... but on the other side it seems you are not able to guarantee basic things. For heaven's sake it's right to say "no" to them, however, when you realize that these prohibitions are increasing because you cannot afford things and not for some educational reasons, then that sounds different". M2.46.FG2.

There is also the rediscovery of alternative forms of solidarity and proximity, related to informal networks:

"In the social housing service where I live now there are also migrants coming from sub-Saharan Africa: they are kind, sometimes they cook the bread and bring me a little... and of course it suits me and I am pleased! My family, my mother and my brother, for example, they never visit me... and so it happens to get help from those who do not expect it from...or from who is in a bad shape like you...people encountered in the street...with a smile, a support, a hand... and maybe you don't even know their names".M1.52.FG2

"The fact that there are people who give you something to eat it's ok...I enjoy them, I feel them closer and this is a wealth ... at the same time, however, it bothers you because you wonder "Can I not be able to get what I need by myself? To be able to buy the food that I want...to be able to choose?" M1.52.FG1.

5. Conclusions

First of all the testimonies seem to suggest that the recent economic crisis and the measures currently taken to tackle it can represent a threat for the protection of certain fundamental human rights, as well as questioning of human capabilities.

Levels of trust in the social system and in some actors playing key roles in the process of protecting and promoting the needs and rights of the people are endangered and relationships with the system are ambivalent.

"Every person you meet is fighting a battle which you know nothing about. Be gentle. Always.", says a famous Italian film director. Respondents have shared some of the "daily struggles" they have to cope with from different angles (work, home, food, children etc.) together with emotions, thoughts and feelings experienced in relation to such events. The women's words reported here are self explanatory in depicting the many ways in which crisis impacts on the respondents, even more heavily on women with a past of pathological addictions, psychiatric problems, stories of migration.

These stories altogether lead to three orders of reflections, partially connected to each other.

First of all difficulties faced by most vulnerable people are less and less unique and increasingly widespread. The terms "poverty", "difficulty", "fragile" are becoming more varied: there are "poverties", "fragilities" and "difficulties" in plural with a growing number of situations characterized by the presence of a number of different problems at the same tile.

In a qualitative sense, "the poverty-fragility-difficulty", together with exclusion and social marginalization, are increasingly characterized by a mix of critical situations, deficiencies and needs found in different areas and around several vital dimensions rather than being a condition of concern limited to a single aspect or specific factor. Increasingly the phenomenology of these issues consists of employment difficulties that are intertwined with problems related to housing, food, health care and so on.

This reflection, which begin as a statement placed on a level of descriptive analysis, also extends to the plane explanatory and interpretative data. In this sense it seems useful to adopt perspectives and theoretical keys as "plural" and of such complex phenomena need to be analyzed in their plural dimension, as multidimensional and systemic should be interventions aimed at addressing them.

A second order of reflections emerging from the data looks at the reference models of interpretation of the above phenomena, which in our case have been lead by a human rights and capabilities approach.

With reference to human rights, a marked decline in the protection of the most important needs and rights has been depicted: work, rest, food, education, housing, health care and standard of living-so as fundamental ones-equality and dignity. It would appear in fact that our respondents, already vulnerable or otherwise marked by levels of fragility higher than the average of the population, are more affected by stress factors related to the lack of social and institutional protection.

The most concerning finding is linked to the erosion of set of internal resources, potential and subjective tools that make up the human baggage of devices through which people participate to the promotion and full realization of their rights and guarantee the fulfillment of their basic needs. In other words it seems that in addition to an objective reduction of real opportunities and protections in terms of employment, housing, food etc.., there is a reduction in subjective and collective resources and human potentials, which seem to go to the direction of a impoverishment and loss of fresh skills and opportunities necessary and useful to the full satisfaction of needs and rights.

Trying to use a metaphor, not only a hypothetical and imaginary container of rights and opportunities, seem to fall, but rather the capacity of people to tap into that container. With another metaphor, there is a lack of food but also the ability of people to learn and take action to access it seem to crumble.

This set of problems and plural difficulties -connected on the one hand with the lack of opportunities and protection of rights and basic needs, and on the other hand intertwined with reduced capacity and human potential - seem to unfold an unique but not neutral social and institutional environment.

Coming to the third and final order of ideas that seem to emerge from the collected stories, in terms of perception and evaluation of the social climate and institutional agencies, the participants' discourse seem to return a frame of fluctuation between criticism and ambivalence towards different social and institutional actors.

Strong criticism and mistrust emerges towards major institutions that seems directly proportional to the degree of accountability and proximity that these institutions can offer to the person: they are far away from the real life so people can't trust. In contrast, other social actors, especially those informal and closer to the daily dimension of life – like groups of peers, the networks of neighborhood etc, seem subject to a different evaluation and perception, still marked by critical aspects but also by the discovery of unexpected closeness and solidarity.

These reflections are important, in particular if looking at the future. Given that most of the policies and operational strategies to cope with the crisis seem to move towards community-based forms of welfare and towards the strengthening of alliances and networks between institutional and informal actors, particular importance is given to the quality of the social fabric and the social capital of the community. This quality should indeed be inspired by feelings of solidarity and mutual trust in order to facilitate appropriate levels of cooperation, respect and partnership. In this sense the stories we collected seem to show some symptoms of critical and risky ambivalences that, although "in process" and far from being clearly oriented, appear undoubtedly worthy of attention, in particular when looking at the investment of resources in care.