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## The Covid-19 social crisis in the city of Barcelona, responses and lessons learned after the pandemic

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The state of alarm due to Covid-19 was declared in March 2020. How did Barcelona City Council's municipal social services approach the situation? What were the responses from the perspective of the most vulnerable groups (families, homeless people and the elderly)? What lessons have we learned about managing future potential crises? This article explores the response of Barcelona City Council and, more specifically, of the Municipal Institute of Social Services to the social needs arising from the Covid-19 crisis. Needs as diverse as covering the food requirements of thousands of people who had been left with no income from one day to the next, providing a roof for people living on the streets who could not confine themselves, and the care of dependant people living alone in homes across the city; and a response to the immediate effects of a social crisis linked to the Covid-19 health crisis, which struck the city's most vulnerable groups the hardest. Furthermore, we will outline the lessons learned and the resources that have remained in the city on a stable basis and that must enable us to be more prepared and, above all, more resilient, vis-à-vis future crises.

### Introduction

The FOESSA<sup>1</sup> report was published a few days ago, confirming some truly alarming post-COVID figures: almost 30% of the Catalan population lives in a situation of social exclusion. Among the main factors highlighted in the report, this inequality is illustrated from a woman's point of view, given that the social exclusion of households headed by women rose from 18% in 2018 to 26% in 2021 (while over the same period those headed by men rose from 15% to 18%).

In parallel, in February, Barcelona City Council's Commissioner for Social Action, Sònia Fuertes, presented the Social Services Balance Sheet 2021, highlighting a 22% increase in the number of people assisted compared to 2020, and showing that the total number of people receiving support stood at more than 97,000. Of these, 63% were women and 24% were being assisted to for the first time or had not required support within the previous year.

This is the post-pandemic reality we are facing in the city. To this effect, we analyse what responses and improvements have been incorporated since the pandemic peaked in March 2020 to the present day to be able to respond at close hand to the needs of the population of the city of Barcelona.

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1. <https://www.foessa.es/blog/foessa-muestra-un-deterioro-sin-precedentes-de-la-exclusion-social-en-cataluna-por-la-crisis-del-covid-19/>

The response is tackled from four perspectives which, without being exhaustive or the only ones we have dealt with, help us to approach the complexity of the event in relation to the operational difficulties and the impact the pandemic has had on some specific groups in the city. To this end, this article first outlines the basic social care services' reaction to the pandemic, focusing on how the population is guaranteed access to them.

The second section analyses the impact of the pandemic on household economies and their most basic needs, focusing particularly on food coverage. If we look at the FOESSA report, we can see that the lockdown that began in March 2020 was a turning point that highlighted the precariousness and fragility of the city's household economies and has led to the current figures of social exclusion of almost 30% of the population.

The third section of this article explains the immense response put in place by the city to care for homeless people and the post-pandemic lessons learned, which have left us with more and better residential resources, despite the structural problems that affect this group (lack of housing, lack of economic resources and, to an increasing extent, lack of residence and work permits) remaining unresolved.

Last, the fourth block reviews the specific response to public policies aimed at the elderly, ranging from preventive actions such as tele-assistance to residential care homes, the areas most affected by the pandemic. An additional chapter is rightly dedicated to reflections on such invisible groups as the women victims of gender violence who lived alongside their aggressors during the lockdown; the children and adolescents completely forgotten in the lockdown protocols and who now need specific responses to deal with the emotional toll; the people with disabilities who suffered as much if not more than the elderly from the residential care and home lockdown protocols; and the many other groups to whom we have devoted effort, time and resources during the pandemic and to whom we provide daily care from the various services of the Area for Social Rights. Let this snapshot, then, serve to recognise the work of all the people who were managing the municipal social services during the months of pandemic.

### **1. Social Services Centres. A true citizen response network**

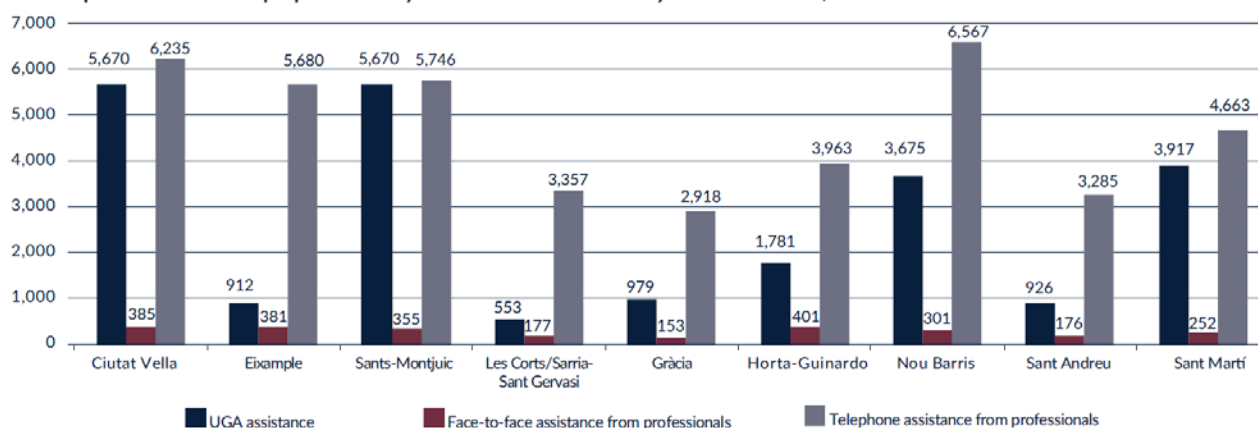
On Saturday 14 March, the Government of Spain declared a state of alarm due to Covid-19. I particularly and intensely remember the days immediately prior to the pandemic, but I would never have imagined the possibility of a state of alarm. This situation, which was completely unprecedented, was to be a temporary scenario of a fortnight (the first state of alarm was to be in force for just two weeks!), although it was already obvious that it was going to last longer. In Barcelona City Council, the immediate decision following the start of the state of alarm was the declaration by mayoral decree of basic services, some of which were already established by the state (for the first time, social services appeared as basic services) and others the result of municipal decision, since they were considered necessary for the functioning of the city's services. All the services provided by the Municipal Institute of Social Services were declared basic services and their employees basic service workers, making it necessary to prepare the response and organisation of the services vis-à-vis this new reality.

Decisions had to be taken with urgency (in less than 48 hours), so at the close of the week ending on Friday 13 March we had 39 social services centres (hereafter, CSS) in operation, and by Monday 16 March ten centres remained operational, but with 100% of the staff active. The aims of the reorganisation were threefold: 1) ensure care for the city's entire population; 2) protect the professional teams; and 3) ensure accessibility to services via remote means.

This new organisational structure made it possible to arrange weekly shifts on-site and double shifts off-site, thus guaranteeing the two weeks' confinement needed in the event of contagion of staff or teams. To this effect, care was able to be provided to the population from the very first Monday of the pandemic. While other services were shut down, the social services in the city of

Barcelona remained on the front line. Managing human resources, timetabling and incident management was an immense task. To cope with it, we introduced what has surely been the most groundbreaking addition to social care: remote care. Telephone care, in the first instance, and thereafter online care, have consequently become essential in ensuring contact with users' families, attending to new users approaching the social services for the first time, and enabling follow up while avoiding unnecessary journeys and the risk of our professionals being infected. The telephone played a key role in this process. Meeting the need to adapt computer systems, increase the number of social service telephone lines and operators and adapt our centres was at times a hugely complex task, but right from the start these difficulties were dwarfed by our sense of responsibility and public service. And it was made possible thanks to the response of all the city council's services involved (IT, citizen services, facilities, logistics and general services and economic services).

Graph 1. Number of total people assisted by the Social Services Centres by district. Barcelona, 2020



The Social Services balance for 2020 presented the following data, which accurately show what we explained above:

*"During the year 2020, Barcelona City Social Services provided assistance to a total of 88,375 people, an increase of 11% compared to the 79,575 people the previous year. Of these, 32% of the people who were assisted from March onwards, when the pandemic began, had never been to the municipal social services before or had not needed to for more than a year. This figure includes different types of assistance, which required major restructuring following the emergence of Covid-19 and the associated home lockdown. More specifically, and to highlight the need for the social services to adapt, the figures show that between January and April a total of 19,161 face-to-face and home visits were made, whereas over the rest of the year there were 28,373 face-to-face visits, 201,957 telephone visits and 1,969 home visits".*

This immense task of accompanying the most vulnerable among the population at a time of such uncertainty and need has been recognised with the medal of honour of the city in 2021 in recognition of the work carried out by the social services during the Covid-19 pandemic.

Today, in March 2022, telephone and online monitoring has been incorporated into the CSS as a form of provision of services and is combined with face-to-face visits. Even group assistance is provided by means of video-call systems. Notably, the pandemic has lasted two years and the criteria on maximum occupancy, travel, on-site and off-site work, etc., have been changing on an ongoing basis. To this effect, the incorporation of means that do not require on-site attendance has introduced a flexibility in assisting people that would have been impossible prior to the pandemic.

One of the latest novelties is the Trinitat Vella Community Life Centre, inaugurated a few days ago. The Social Innovation Department of the Area for Social Rights will also incorporate an OVAC (Virtual Social Services Office) in this centre via the creation of an assisted space for remote connection with social services professional, which will mean that users do not need to travel from

La Trinitat to the Social Services Centre and, at the same time, will also improve their digital learning.

## **2. The response to the most basic needs, the right to food in a pandemic context**

Linked to the previous section, the vast majority of the assistance provided at the CSS during the pandemic and likewise in the post-pandemic period is related to the coverage of basic needs. When we talk about the coverage of basic needs in social services, we are primarily referring to the coverage of expenses related to food, hygiene, clothing, housing, pharmaceuticals, etc., which with the pandemic have become centralised, and especially food.

On Monday 16 March 2020, as has already been explained, ten CSS opened in the city of Barcelona. On the Monday and the Tuesday of that week, we visited most of the open CSS to check the needs of our professionals and, above all, to find out what citizens were telling them. The centres were actually very quiet in terms of the volume of assistance being sought. It was the calm before the storm. I clearly remember what the director said to me: "There is enough rice for two weeks in families' pantries", and that in a fortnight's time the situation would change radically. And she was not wrong. In the first few days, assistance and consultations were very much linked to issues of dependency and housing moratoriums, and some people asked how social monitoring would be carried out. Meanwhile, the contagion figures were increasing, and the total lockdown had left hundreds of people unemployed. The entire informal economy had suddenly collapsed: 'llauners' (unlicensed canned-drink sellers), kitchen helpers, informal care workers, etc., were left with no income and, as we had foreseen, in two weeks the rice ran out and the so-called "hunger queues" began.

In anticipation of this situation, we worked to reorganise the entire system of economic aid, prioritising the *Barcelona Solidarity* card, which allowed us to pre-subsidise food aid for families who were already receiving assistance from the social services. However, this response was not enough vis-à-vis the avalanche of new requests, especially from families and people who had never been to social services or whose relationship with their centre has ceased more than a year beforehand. This increase meant that in 2020, more than 28,000 financial subsidies for food would be granted, compared to 7,000 in 2019.

The second line of work involved the soup kitchens. In the first week of the declaration of the state of alarm, a two-pronged response was coordinated with the organisations managing the soup kitchens: first, their format was changed from on-site to packed lunch (guaranteeing the quality of the food) and their production capacity was increased as far as was possible. The complexity of dispensing the food and the referral of users are other aspects that need to be highlighted. Priority was given to ensuring that families had a cash card to be able to go shopping and cook at home, while individuals (in most cases, men living in shared flats) were given priority attention via the soup kitchens. At that moment of the pandemic, the shared use of kitchens was forbidden, and we were receiving requests from both social organisations and users to be able to take ready-cooked meals away to avoid the need for shared kitchens. The response capacity in figures was significant: the eighteen social soup kitchens went from distributing 479,000 meals in 2019 to more than 557,000 in 2020 (almost 80,000 more between March and December).

The third line of work was home delivered meals and accompanied meals. Accompanied meals are those prescribed for elderly people who live alone, making mealtimes a space for socialising while also guaranteeing that they are eating an adequate diet. Accompanied meals were suspended from the outset, because the elderly population was the first target of Covid-19, although we realised that the social function they fulfilled could not be forfeited. To this effect, and since the people receiving this service are independent elderly people, we turned the meals into a packed lunch format, with the elderly people collecting them themselves, which also gave them contact with the social educator at their soup kitchen. This functionality allowed us to monitor and detect the needs of this population and, in cases of isolation, the home delivered meals meant that we were able to ensure that the elderly person was in good condition.

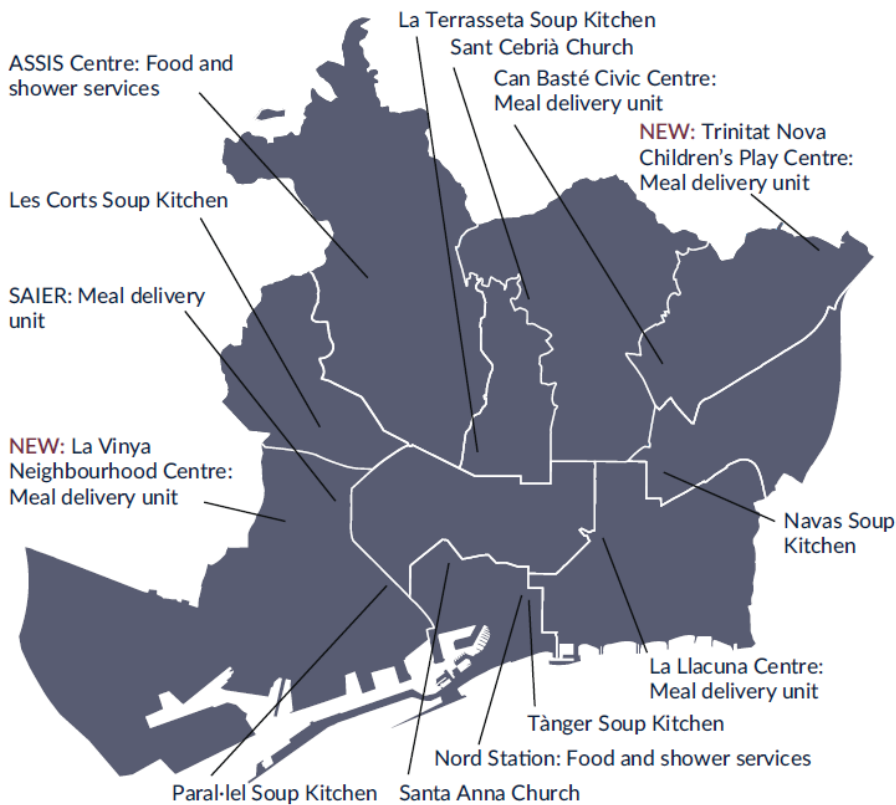
In fact, the fourth and most important line would be these home delivered meals. This service, also provided by the CSS on an occasional basis in cases of dependency and vulnerability at home, became one of the main systems for feeding vulnerable households in the city. The reality is that the compulsory home isolation due to Covid-19 increased the need to provide this resource to ensure the food supply of hundreds of people in the city. We went from assisting 1,700 people in 2019 to more than 3,800 in 2020, delivering over a million home meals in the city.

Nonetheless, the maximum capacity of all the municipal food services was not enough to respond to the drop in household income, the difficulty of accessing the kitchens in shared flats, and the difficulty in receiving money through the furlough scheme, etc., and so we had to resort to providing assistance by delivering meals directly. There was intense debate as a management team on how to respond to this overwhelming need and, once we had assessed the forces we had at our disposal (with the expansion of the capacities of all the municipal food service contracts), we concluded that we needed a non-technical but very pragmatic response.

During the first weeks of March, the precarious situation of the homes was compounded by the drop in volunteering among many of the city's social organisations that also work for the right to food. Most of the volunteers are older people, who at the time were worried about the impact that Covid-19 could have. Consequently, the Food Bank and some of the city's social organisations suggested the possibility of setting up a "humanitarian crisis" food response with direct food distribution points. We went from providing around 3,500 direct daily meals to more than 11,500. This growth was made possible thanks to the Chef José Andrés's *World Central Kitchen* initiative, and the Food Bank, which produced more than 11,500 meals a day in the kitchens at the Fòrum, distributed throughout the city in coordination with social organisations and voluntary workers from the City Council. The team led by José Andrés provided the food response in the Hurricane Katrina crisis and has a food production methodology that guarantees that in one meal you can ingest all the calories you need to get through the day. Overnight, the kitchens at the Fòrum, which are used to providing food for large financial events, became the centre for guaranteeing food for vulnerable families. This pandemic response to the food crisis lasted until July, when certain normality began to be restored following the reopening and recovery of economic activity. With these systems for feeding the city, more than 420,000 meals were distributed between April and October, after which the direct meals system was definitively phased out.

The most important lesson we learned from this crisis was the need for both the social organisations and the City Council to strengthen their systems should the city need to respond in a similar way again at some point in the future. From this reflection and the joint work with Caritas, the Red Cross, the Food Bank and our technical teams, Projecte Alimenta [the Feed the People project] was born. This project promotes the right to food and at the same time empowers people with a vision of community inclusion. Two community kitchens have already been set up, which work on the autonomy of people to prepare their own meals, while also empowering them and linking them to the community. Projecte Alimenta aims to promote a new model of social care in the city which, while guaranteeing access to food at all times, also promotes actions to destigmatise situations of economic or housing poverty (such as, for example, renting a room without the right to a kitchen) and, through both social entities and the business network, fights against food wastage and promotes local consumption. The project aims to replace the traditional welfare approach for one that encourages personal autonomy and self-organisation in the acquisition of food (such as, for example, collective purchasing), and in the use of the Food Spaces for cooking, eating, bettering and educating oneself, socialising and establishing social links, and finding one's way in the world of work.

**Figure 1. Distribution points of meals and direct access soup kitchens during the Covid-19 crisis**



We have therefore made the right to food the starting point and anchor for improving people's integration, having learned that everything we invest in people's empowerment in the area of food will help us to be better positioned in times of crisis.

### **3. The homeless, from invisible to the only inhabitants of public spaces**

The city of Barcelona has the most extensive care network for homeless people in Catalonia, with more than 40 organisations which, in cooperation with the City Council, respond to the needs of this group. In 2018, the network had 2,130 residential places for the homeless. The “big city effect” means Barcelona is not immune to urban phenomena common to large European capitals such as Paris, London, Rome, etc., and its favourable climate, combined with very difficult access to housing, means that the phenomenon of homelessness is present in the city.

The declaration of the state of alarm establishes that one of the obligations of the population is home confinement. There has been great debate about the legal limits of this ban on people's right to freedom of movement, but little has been said about how people without a home can comply with it and, therefore, how all those who were on the streets or in the city's suburbs could shelter and protect themselves from Covid-19. The homeless person count for 2020 was scheduled for the month of May, but based on the data for 2019, we knew that around 900 people were living on the streets at the time of the outbreak of the pandemic<sup>2</sup>.

The proposed action in March 2020 in response to this situation had two objectives: first, to increase the number of places to guarantee support and the right to confinement for people who had been sleeping rough; and second, to adapt the municipal centres to cope with the impact of Covid-19 on the users of the city's homelessness facilities. Furthermore, it was decided that the

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2. Monthly reports by the Social Support Service for Homelessness in Public Spaces (SASSEP).

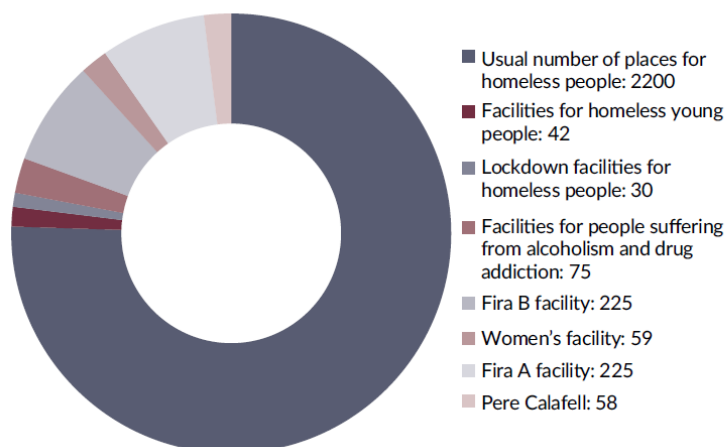
situation would be tackled by guaranteeing the specific needs of each group of homeless people for their confinement.

On this basis, a total of 700 new places were opened in the city. In the midst of the confinement, with no resources for the most vulnerable people, we set up various facilities where this group could live temporarily for the duration of the state of alarm. The organisation of these new residential places and their management was led by the social emergency teams, especially CUESB (Barcelona Emergency and Social Emergency Centre), and the public space teams trained to respond with a more civil defence-oriented approach.

The different emergency accommodation facilities were:

- The Pere Calafell facility, which was open between 20 March and 27 May, managed by the Red Cross and providing 60 places for men. The men staying there when it closed were transferred to the Barcelona Trade Fair halls, which at that time had available places.
- The Women's Support Facility (EAD), which offered 62 places only for women, following the municipal strategy for the prevention of female homelessness and the introduction of the gender perspective in the municipal programme for the care of homeless people, and was managed by Prograss.
- The Barcelona Montjuïc Fair, opened on 25 March with a total of 450 places (225 each for men and women) and managed by the Red Cross and the Health and Community Foundation. Once the state of alarm was over, at the end of June the two halls of the Barcelona Trade Fair began to offer night shelter, lunch and snacks, but due to the upsurge of new outbreaks during the month of July and the new recommendations and restrictions issued by the Government of Catalonia this 24-hour service was withdrawn. The de-escalation of this facility took place with the declaration of the state of alarm in November 2020, and its users were transferred to hostels and similar lodgings around the city.
- The Pere Tarrés facility, attached to the Barcelona Public Health Agency and opened on 3 April, cared for people living on the streets with alcohol or drug addiction problems, and was a facility aimed at reducing harm, managed by the Welfare and Development Association.
- A youth facility, located in a summer camp house in Montgat, opened on 16 April and offering 40 places for young migrants with no family aged between 18 and 23 years, and was managed by the Superacció association.

**Graph 2. Distribution of residential and temporary accommodation places for homeless people. Barcelona. May 2020**



As the above list shows, a segmented response was made according to the needs of the groups, which enabled the many and often invisible realities existing within homelessness, including women, young people and people with addictions, to be dealt with. During 2021, analysis and



study of the profile of the people who passed through the facilities led us to conclude that 40% of the people housed were in a situation of bad or substandard housing prior to Covid-19, but not in a situation of homelessness, and that 32% had been forced to sleep on the streets as a result of the health crisis. Precarious work is also an explanatory factor of the profile of the people assisted, with almost half of all those who passed through the facilities (some 1,324) either in an irregular situation or with a residence permit, but with no work permit. This profile is linked to the introduction of this article: the pandemic has shown how being in an irregular legal situation is a key factor that explains the vulnerability of thousands of families and individuals in the city.

Being able to carry out a confinement in proper conditions to control the transmission of the virus, guaranteeing health and adequate hygiene, produced very good results in terms of the impact that Covid-19 had on these facilities. Of the more than 1,300 people who were registered in these emergency units, a total of 31 had positive PCR tests, 2.3% of the total.

From the very first moment, additional places were created on top of the existing ones to guarantee isolation, especially for the city's residential care facilities, which did not have their own areas or rooms to accommodate this need. Thus, in March, a 30-place temporary isolation centre managed by Sant Joan de Déu Social Services was set up in the Hort de la Vila Residential Inclusion Centre. And from May onwards, in coordination with the Barcelona Health Consortium, a health hotel was set up in the Sagrada Família neighbourhood to allow people who were positive but with a favourable prognosis to be isolated and monitored by a doctor. In total, 78 people from both emergency resources and the city's residential care homes were assisted there.

At the same time, the municipal team from the Care for the Homeless Programme designed an initiative in residential care centres, coordinated with the Public Health Agency, which made it necessary to reorganise overnight stays to guarantee the two-metre distance.

Hygiene and food services were also reorganised to avoid increased flows between the resident population and the street population, and contingency plans were drawn up for the running of the facilities. The main and most radical change is that they went from being overnight shelters to 24-hour residential care facilities. The result of this complex task was that during the crisis, 922 PCR tests were carried out on users and there were 135 positive results among residents. The situation of the professionals was very similar to that of the nursing home professionals. Two weeks before the declaration of the state of alarm and in anticipation of the fact that residential care homes could be heavily impacted by Covid-19, we brought together all the companies and organisations providing services in residential facilities to prepare contingency plans and take preventive measures to guarantee the provision of services. This advanced planning task, carried out jointly by the City Council, the institutions and companies, ensured that at no time did the impact of Covid-19 force any of the city's residential care centres to be closed. Of the 544 PCR tests administered among the professionals in these residential care facilities only 29 tested positive, so it could also be said that there was good control of the pandemic in the residential care centres, despite the fact that their physical organisation and operation were ill-prepared to take on the management of Covid-19.

The block imposed by the residential care centres on access to new people was resolved by opening emergency places. Meanwhile, some resources such as food were covered by new food resources, including those explained in the previous section, but there was still the need to guarantee hygiene and clean clothes for all the people who remained on the streets.

Together with the city's care team for homeless people, direct access points for hygiene (shower facilities) and clean clothes were set up, and a symptomatology control was put in place by taking everyone's temperature and asking control questions. The first points were opened in March/April, with 120 daily visits, one managed by Assís in its own residential care area, and a second one at a sports centre at Nord Station converted into a hygiene and food point, managed by the Training and Work Foundation. Last, in May, a third point was opened at the Gimnàs Sant Pau in Ciutat Vella, providing 90 daily meals and also serving as a packed lunch area for homeless people.



I think it is safe to say that the response to the needs of homeless people in the city of Barcelona was, without doubt, the most comprehensive in the whole of Spain, not only because of the speed of the response, but also because of the unique way in which it was dealt with. The chance to address the problems of homeless people in a segmented way has allowed municipal teams to be in a position to support and propose the continuity of many of these facilities.

For those of us who were at the forefront of the management of this crisis, one of our greatest achievements is the possibility of having stabilised and definitively sustained a large number of the places created during the pandemic, meaning that this figure has risen from 2,130 places prior to the pandemic to the approximately 3,000 that we now have in the city.

This consolidation of new places has made a particular difference to women, who had no reference spaces within the city's homeless resources network, and who have emerged from the pandemic with two Residential Inclusion Centres (CRI), La Llabor and La Violeta, and the reconversion of one of Sarrià's Primary Homeless Shelters (CPA) into facilities exclusively for women. La Llabor opened in October 2020, with capacity for 40 women and managed by Sant Joan de Déu Social Services with the collaboration of the Ared Foundation and funding from the City Council. La Violeta opened in April 2021, with a capacity for another 26 women and managed by the Assís Shelter Centre, with shared funding from the City Council and the Ministry of Labour, Social Affairs and Families of the Government of Catalonia. The consolidation of these facilities confirms that the City Council's Government Measure for Women's Homelessness is the benchmark from which to project innovation and commitment projects with this group.

There is also the Llar d'Oportunitats (Home of Opportunities), a facility for young people living on the streets as a transition from the Montgat summer camp house, where the Covid-19 confinement was organised. And last, the centre for the care of people with addictions, which opened its 75 places at the end of March 2020 and is dedicated to the care of homeless people with alcohol and toxic substance abuse problems. The centre has become a benchmark in Catalonia for the rehabilitation of this group of people, a place where they can recover and treat their addictions with a focus on individual recovery.

#### **4. Vulnerable elderly people, the target of Covid-19**

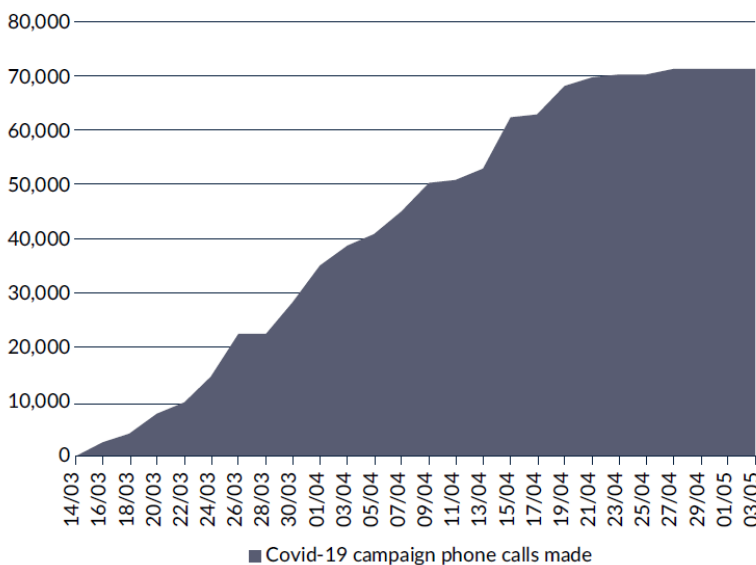
Barcelona City Council owns four municipal residential care homes and manages the Home Care Service, which serves 24,000 city residents with varying degrees of dependency. It also manages the Teleassistance service, which provides a service to more than 100,000 elderly people in the city. Based on these data, it is already clear that the City Council has played a major role in providing assistance to the elderly during the management of Covid-19.

Starting with the first level preventive service in the city of Barcelona, Teleassistance has become a key element in preventive and informative actions for the elderly population who live alone or who have become housebound. Between 14 and 20 March, the 061 telephone line collapsed due to the flood of calls from a large number of people who, with symptoms, were trying to get information and medical advice. During the first crisis committee organised by the Government of Catalonia, both the Department of Health and Civil Defence asked the City Council about the possibility of creating a system to avoid the collapse of the 061 emergency telephone number, and this is where we proposed that Teleassistance could play a fundamental role. Consequently, in March 2020, the Teleassistance Service operators received specific training from the Public Health Agency and the SEM to identify, by means of the calls it received or could make, whether there was a situation of risk at the caller's home.

Using the Teleassistance operators, more than 100,000 users in 74,000 homes were called and asked not to use 061 to make enquiries or obtain information on how to manage Covid-19 at home. At the same time, the operators were able to carry out a screening questionnaire of the symptoms of the elderly population at home and, where any symptomatology was detected, they could directly activate 061. In a second phase, more than 350 operators were added to the service to be

able to monitor people confined to their homes and thereby be able to activate additional resources: cleaners, rubbish collection, extraordinary cleaning, etc. In each of the waves of Covid-19, or when important information such as vaccination or preventive measures at home during Christmas 2020/21 has been issued, the Teleassistance telephone has been the link between elderly people living alone and the social care systems. It has therefore become a service which, based on its mission of prevention, has assisted elderly people living alone during the most critical moments of the pandemic and, above all, has helped to provide a rapid and guaranteed channel of access for many users who were alone and isolated at home at times of great uncertainty.

**Graph 3. Number of calls made during the Teleassistance campaign between 14 March and 3 May 2020. Barcelona**



The largest service managed by the City Council for elderly dependants is the Home Care Service. It has been the one that has suffered the most and has had to most adapt to the changes and impacts that Covid-19 has had on the city's homes. The first organisational decision we took in March 2020 had a twofold focus: first, to guarantee 100% of the service in homes where people lived alone; and second, to guarantee the overall sustainability of the service by preserving and protecting the teams from contagion. The service providers, together with the City Council, set up a crisis committee that met on a daily basis to review the data on the number of professionals infected, the effects on the service and the number of people leaving and joining it, to monitor the overall situation in the city. Of all the services I will refer to in this article, this is without doubt the one that has required the most coordination, the most complexity and the most flexibility. The Home Care Service (SAD) provides care services for dependant people at home (more than 90% of elderly people, but also people with disabilities), including support for food and small purchases, getting in and out of bed, personal hygiene and cleaning, and general cleaning and hygiene around the home.

The first thing we decided was that in all homes where there was a family member who could care for their elderly relatives, a remote follow-up would be proposed, and the service of home-cooked meals would be modified to meals in packed lunch format delivered to the home. The challenge was to ensure that some 2,000 homes in the city where dependant elderly people without a network lived alone could receive the daily care they needed, guaranteeing hygiene and care services, as well as food. The 4,000 professionals of SAD, and the social services began to work with direct and telephone assistance teams to monitor cases and, at the same time, preserve the health status of this group. Two weeks after the start of the state of alarm, and with the widespread situation of Covid-19 infections in all the city's neighbourhoods, we proposed to the companies providing the service that a team should be sent to homes where Covid-19 was suspected, or which were in isolation. In short, in the case of vulnerable people living on their own who had Covid-19 and who the health system had isolated in their homes, the SAD workers had to continue

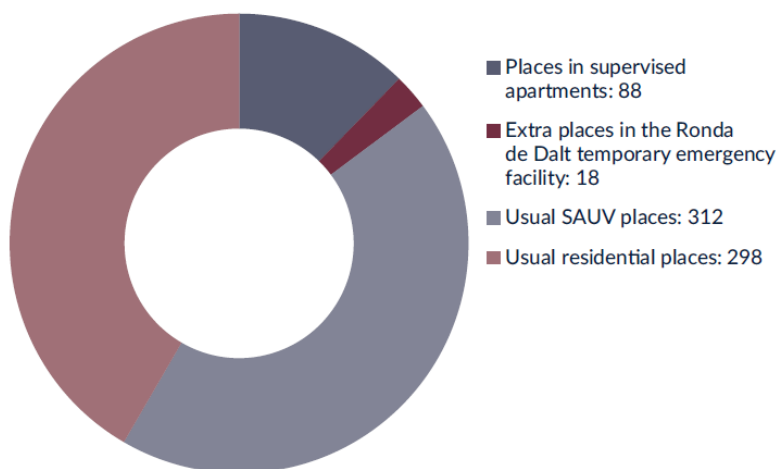
to provide care for them. This team, with specific protocols drawn up by the ASPB in coordination with the service providers, was able to provide the service to the "red" (confirmed cases of Covid-19) and "orange" (suspected cases of Covid-19) homes, while the rest of the teams worked in the green homes.

In this article, special recognition must be given to the immense care and support task that these professionals carried out in the most difficult moments of the pandemic in the most vulnerable homes in the city. The healthcare workers have often been explicitly recognised, while these brave women who, with the utmost professionalism, cared for the elderly and frail people who remained in their homes of our great city have not received the same.

I could speak at length about the technical aspects of the Home Care Service, but I will highlight just two elements: the mainstreaming of the work carried out by all the service providers and the extremely high level of commitment to public service with which the municipal and company management teams adapted the service to make what we did possible under such adverse circumstances. The best lesson learned from Covid-19 is that, despite the fragility and dependence of the people in their own homes, the impact of Covid-19 on them was much less than on those in the residential care homes. This lesson learned must lead to the future development of social and health integration strategies in the cities' homes to ensure that elderly and dependant people can stay in theirs for as long as possible. The City Council is currently working on an experiment to incorporate artificial intelligence into the homes of dependant people in the city, in a pilot project that was due to begin just when the pandemic broke out but has been carried out this year with the incorporation of the ARI and ARI II robots into homes to assess how AI can help us to monitor and take care of our elderly people. The developments that we will be able to promote in the coming years with the NextGenerationEU Funds could be an opportunity to increase resources in the city's neighbourhoods and thus guarantee a higher quality environment in our cities.

Last, the greatest impact on the elderly was to be found in the residential care homes. Despite owning four public residences, Barcelona City Council is a minor actor in relation to the more than 14,000 residential care places in the city, most of which are private. It is in the residential care sphere that Covid-19 has wreaked the most havoc and has had the biggest impact. Although the City Council has no authority or direct management of its residential care homes beyond the paces it provides, we requested the Government of Catalonia to set up a coordinating body for the city's residential care homes, combining the efforts of the two administrations to tackle the problem.

**Graph 4. Distribution of Barcelona City Council's residential care places for the elderly. Barcelona. May 2020**



Thus, at the end of March, the Barcelona Residential Care Office was set up<sup>3</sup>. It is a residential care crisis management office made up of the Department of Social Services, the Department of Health, the Barcelona Health Consortium, the Barcelona Social Services Consortium, the Barcelona Public Health Agency, and the City Council. The main objective was for each institution with sectorial responsibilities in residential care management to have a single coordinating body that could take operational decisions. This office was therefore responsible for the first census of places in the city, coordinating cleaning (carried out by companies, the fire brigade, the UME, etc.) and transfers to hospitals or between residential care homes (with the SEM, the fire brigade, etc.); designing and implementing contingency plans and sectorisation (with the ASPB, the CSB, the fire brigade, etc.); and organising and implementing the plans and programmes as the administration of the Government of Catalonia approved them. This social and health coordination body, which experienced moments of extreme tension, has been maintained beyond the state of alarm and has enabled the provision of an integrated team to continue monitoring the Covid-19 situation during all its waves, to roll out the vaccination and to coordinate all the contingency plans that have been approved.

There are many lessons to be learned from the residential care home crisis, but in my opinion, one of the main improvements that has already been made is the monitoring of residents' health status by Primary Care. The disconnection prior to Covid-19, which in many cases meant a lack of knowledge of residents' health status when the pandemic struck the old people's homes, must not be allowed to happen again. Another lesson is the importance of the role and work of the health and hygiene staff, who are responsible for guaranteeing the hygiene and sanitation protocols in the residential care homes, whether vis-à-vis Covid-19 or any other pandemic, and the importance of the professionalism of the residential care teams. A second reflection is the shortage of staff in the residential care system, with obsolete staffing levels that were set many years ago and which are far from being able to cope with the complexity of the cases that currently exist among the residents of the city's residential care homes. We must therefore reflect on the residential care model, which must surely aim not only to improve the skills acquisition and recognition of care professionals, but also to simultaneously invest in both integrated social and health care and residential care homes, so that people can be guaranteed the care they need and, at the same time, can enjoy staying in what is their own home.

Although the City Council had a small impact on the number of places, how the pandemic was managed in the four municipal residential care homes meant that the professionals of the municipal team for the elderly had to work harder than ever before. We also set up a crisis management team for the residential care area with the four managing bodies to coordinate joint responses for the four residential care homes (and the 284 places) and meet their needs in a cooperative manner. One of the first needs was to be able to have an "isolation residential care home", a place to move the people who had tested positive but could not stay in their own care home, either due to lack of space or because a sectorisation needed to be guaranteed that could only be achieved by moving them. We therefore opened a "temporary residential care home for Covid-19" with eight places on the Ronda de Dalt to facilitate the transfer of residents, which allowed us to guarantee transfers for those who did not require hospitalisation. The monitoring of Covid-19 and the management of the pandemic is still present in the residential care homes, and to this day contingency plans remain activated that require us to modify the regulations for the use of common areas, visits, and the ordinary running of the facilities.

With the aim of recovering and improving the impact that the pandemic has had on isolating our municipal residential care homes, at the end of July 2020 we launched a pilot plan with Apropa Cultura and the Pascual Maragall Foundation to recover and improve the cognitive abilities of the

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3. Barcelona City Council has developed specialised technical offices to work with professionals from different fields and institutions with a specific objective, creating the Residential Care Homes Office, the Halls Office, the Quarantine Office, etc., using a model of organisational innovation that was published by Martí-Costa, Barres i Termes (2020).

residents. One year on, in July 2021, an assessment was conducted of the programme, which encompasses over 600 actions in four lines of work:

- **The Museums visit:** The Museu de Ciències Naturals de Barcelona, the Barcelona Centre for Contemporary Culture, the Picasso Museum and the Catalan National Art Museum have organised 300 sessions in four municipalities, presenting objects and exhibits to residents, with the aim of transmitting the sensations and emotions that encourage the cognitive exercise of recognition, memory, record and conversation. Bringing museums closer to the residents, following all the health and safety measures and without leaving the facilities, has had a very positive impact.
- **Music therapy:** Thanks to the Singular Music & Alzheimer's project, the four municipal residential care homes have held more than 300 music therapy sessions, in small groups of around five people each, respecting the group social bubbles and with voluntary workers. The experience has been very positive not only for the total of 75 residents who have taken part, but also for the music therapists.
- **Ageless cycling:** Thanks to the work of the project's voluntary workers, and although this activity had already been carried out previously, there have been several rides on adapted bicycles over the last few months, allowing residents to take to the streets. The psychological and social benefits have been evident, with an observed improvement in mood and a reduction in anxiety, among other benefits. So far, around forty people have taken part in each of the four municipal residential care homes.
- **Pasqual Maragall Foundation:** As many as 133 professionals have received training from the Pasqual Maragall Foundation to learn new concepts in the cognitive, emotional and functional areas. They have been able to develop new activities and methodologies among the residents, such as dancing, plant care, object recognition, socialising and reminiscing.

From the lessons learned in the residential care area, we can make an in-depth reflection on a model that has been declared a failure due to the lack of public control and the difficulty of access, and which, once based on degree of dependency, makes the reality of residential care centres a highly complex one. The model needs to be revised, with a look towards other countries that for some time have been proposing alternatives to the classic residential care model: cohabitation, flats with services, home automation and all the responses that can be given within the framework of active and full involvement in the family homes of elderly people. And, on a final note, we must never again repeat the lack of participation of elderly people themselves in the decisions that affect them. This group has suffered most from the effects of the pandemic and the measures to contain contagion, and at the same time they are the ones who have had the least say in deciding how to respond to their own needs. A future residential care model must also include the empowerment of elderly people, who must be the main actors in the decisions taken concerning the quality of their lives.

## **5. Conclusions**

This article aims to highlight the fragility and difficulties of the social care system, the fourth pillar of the welfare state, which is historically the one where the least investment has been made. While health, education and social security have had specific budgets and political options that have defended them, demanding sufficient economic allocations, the social care system has always been underfunded and undersized. This fact has become very evident not only in the crisis of the residential care model, but also in the difficulties of families to survive such a huge economic impact as that of Covid-19, which has served to highlight the weaknesses of a precarious guaranteed income system.

Attempts to provide families with more resources via such important steps as the Minimum Basic Income get bogged down in bureaucratic tangles that make it extremely difficult for eligible city residents to access them. The Administration, once again in its typical nineteenth century style,

places the process before citizens' rights, generating a series of guarantees designed from within that make little provision for the difficulties faced by those at whom the public policy is aimed. A few days ago, the Table of the Third Sector published the study "The impact of administrative procedures on access to social benefits. A behavioural analysis"<sup>4</sup>, which compared the administrative obstacles of four benefits:

- Minimum Basic Income (Spanish Government)
- Citizen's Guaranteed Income (Catalan Government)
- Benefit for the payment of rent debts (local administrations)
- Emergency social assistance for families with children aged 0-16 years old (Barcelona City Council)

Despite the fact that of the four programmes analysed, the one with the highest score is the one run by Barcelona City Council, the conclusions and, above all, the proposals for improvement include such simple things as, for example, eliminating obscure texts and designs that hinder applicants' right to understand; promoting a strategy to fight against the stigmatisation of people in situations of poverty and exclusion; simplifying the application system for and the processing of benefits and providing different channels for communication and access; avoiding complex and exclusive requirements that are inconsistent with the purpose of the benefits; and enforcing the right not to present documentation that can be obtained by the Administration. Are we capable of doing this? We, the public administration professionals who promote these programmes, are obliged to continuously improve them, to ask ourselves time and again how we can facilitate and improve citizens' access to their rights. Only with an ongoing attitude of improvement and by applying innovation in management can we ensure that public services in the social sphere can be made universal.

The responsibility lies in the exercise of our public powers, in making sure that the economic resources we have, even if they are scarce, maximise the benefit for the people for whom they are intended. Furthermore, and in terms of the capacity to generate spaces for shared governance with the city's social agents, responding through co-creation and co-production is already a reality that we must accept. This pandemic has shown us that working together with the city's entities has enabled us to provide a more streamlined response, so we need to consolidate the spaces with the entities and take advantage of the very rich associative network we have. In this line, the publication of the *DEC Index*<sup>5</sup> and the *DEC\_Local Index* by the State Association of Social Services Directors and Managers serves as an indirect system for evaluating the investment in social services made by Spanish Town Councils. Barcelona is once again recognised as the Spanish capital with the highest level of public investment per capita, and for the first time it is reaping the rewards of its good investment not only in quantitative but also in qualitative terms, and is now recognised as the city with the "best social investment" from among the 37 large Spanish cities analysed.

I cannot finish without calling for a more central role for local administrations in the design and implementation of responses to citizens' social needs. Without proper and competent administrations, it will be difficult to find adequate and well thought out solutions so that city residents' living conditions can be improved. The management of the NextGenerationEU funds, the new framework for the fight against child poverty that the new European Social Fund aims to promote, and the regional and state budgets for dependency and housing must be based on the principle of subsidiarity as one of the keys to improving the indicators of the FOESSA report. Only through a more coordinated and less hierarchical response structure will we be able to overcome the difficulties at a given moment. But in fact, we have already done this, with the offices of the pandemic in the city of Barcelona as proof. Now all that is needed is for social policies to also

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4. [https://www.tercersector.cat/sites/default/files/2022-03/t3s\\_2022-03-17\\_limpacte\\_del\\_tramits\\_administratiu\\_en\\_laccés\\_a\\_les\\_prestacions\\_socials.pdf](https://www.tercersector.cat/sites/default/files/2022-03/t3s_2022-03-17_limpacte_del_tramits_administratiu_en_laccés_a_les_prestacions_socials.pdf)

5. <https://directoressociales.com/indice-dec/>

generate the institutional frameworks to facilitate it. It seems that crises have come to stay: the energy crisis, the inflation and price crisis, the crisis in Ukraine, and so on. The good management of the pandemic and the lessons learned from Covid-19 must be the basis for new solutions.

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