

## Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and Its Habitat Micro-Area Program

Margherita Bono, University of Milan

Judith Lapierre, Laval University

Paul Morin, Sherbrooke University

The important thing is that we have shown that the impossible becomes possible  
Franco Basaglia (1924–1980)

The rose that is not there calls for another time, another generation,  
a new effort, a new energy: a new love  
Franco Rotelli (1942–2023)

### ABSTRACT

This brief historical review presents the pioneering work of Franco Basaglia and Franco Rotelli that revolutionized community care in the 1970s in Trieste, Italy. Based on archival records of Micro-areas in Trieste at the social cooperative La Collina, this article addresses the chronology of key moments and components of that innovative community perspective. Trieste's mental health service, considered one of the best in the world, is a reference for deinstitutionalized care in social housing within territories that contributes to healing. Trieste has demonstrated that by adopting a "social enterprise perspective," it reaches targets of sustainable, intersectoral, local networks with responsiveness, agility, and efficiency. The program has demonstrated that it can create substantial gains in terms of inclusion, empowerment, and social economy by working from a rights-based, person-centred approach, thus contributing to social justice.

### RÉSUMÉ

Cette brève revue historique présente les travaux révolutionnaires de Franco Basaglia et Franco Rotelli, ayant transformé les soins communautaires dans les années 1970 à Trieste, en Italie. Basé sur les archives des micro-zones de Trieste de la coopérative sociale La Collina, cet article aborde la chronologie des moments ainsi que les composantes clés de cette perspective communautaire innovante. Le service de santé mentale de Trieste, considéré comme l'un des meilleurs au monde, est une référence en matière de soins désinstitutionnalisés et de services dans les logements so-

ciaux au sein de territoires qui contribuent à la guérison. Trieste a démontré qu'en adoptant une « perspective d'entreprise sociale », elle atteint les objectifs de réseaux locaux durables, intersectoriels avec réactivité, agilité et efficacité. Le programme a démontré qu'il peut générer des gains substantiels en termes d'inclusion, d'autonomisation et d'économie sociale en travaillant selon une approche fondée sur les droits et centrée sur la personne, contribuant ainsi à la justice sociale.

**Keywords / Mots clés :** social housing; community practice and care; deinstitutionalization; housing policies; micro-area, Trieste / logement social; pratiques de soutien communautaire désinstitutionnalisation; politiques sanitaires et sociales du logement; microarea; Trieste

## INTRODUCTION

In Trieste in the 1970s, under the leadership of Franco Basaglia and Franco Rotelli, the psychiatric hospital, once a place of exclusion and violence, was transformed. The codevelopment of an entirely substitutive and radical territorial innovative mental health service program with supportive living environments for people and care systems as open institutions was initiated with a perspective of care based on social determinants and social collective contexts. This vast societal project was deployed as an institutional, social, and cultural innovation of enormous magnitude. It influenced social, health, and housing policies specifically until the 2000s. Even today, its impact not only on public policy but on social economy is not fully documented.

Following Ota de Leonardis (2022) and the feminist approaches to which she refers, we understand care from a critical perspective of instrumental, efficientist, economist rationality toward the idea of reproduction and regeneration of life, linking it to the idea of institutional transformation as social enterprise elaborated in the Basaglian and Rotellian movement. In the first theme, we trace Trieste's path and approach in this perspective. In the second theme, we describe the Habitat Micro-Area Program, the latest evolution of this path, and analyze its resilience in view of the recent COVID-19 pandemic. In the third and final theme, a synthesis is presented to support adoption and implementation, highlighting the conditions for success.

## TRIESTE: FROM HEALTHCARE SETTINGS TO CARING FOR LIVING AND SOCIAL ENVIRONMENTS WITH A SOCIAL PERSPECTIVE

Trieste is an Italian city located by the sea, on the Slovenian border. It has about 231,000 inhabitants, of whom almost 49,000 live in rented housing (ISTAT, 2021; ATER, 2019). More than 19,000 renters live in public housing (ATER, 2019). Italy is among the top countries globally for old-age index, with 179 individuals over the age of 65 for every 100 individuals under the age of 14. Trieste stands out as one of the Italian cities with the highest old-age index, reaching 266 individuals over the age of 65 for every 100 individuals under the age of 14. A Copernican revolution in psychiatry has occurred, shifting the focus of care away from closed institutions and the objectified treatment of illness and disease toward the territory, its various organizations, citizens, and the vulnerable citizens who have now become active and empowered citizens. With their complexity, their subjectivity, their needs, their resources, these individuals have taken centre stage in the care paradigm. Since 1971, Trieste has been driving fundamental innovations in this area, and became a Center of Reference for the World Health Organization (WHO) in 1987 (Mezzina, 2010; Frances, 2021).

Although still influential, in recent years, its promotion has sharply declined due to the political situation and changes. However, the city is recognized nationally and internationally<sup>1</sup> as the home of exemplar practice, not only in mental health but also in territorial health. The shift “from health care places to taking care of places” (de Leonardis & Monteleone, 2007) has been a hugely successful social endeavour.

Franco Basaglia, a psychiatrist who began his academic career in the 1950s but abandoned it in the early 1960s, focused his attention on the subjectivity of the sick person. He found no place in Italian academic psychiatry to engage with his vision. He thus became director of the psychiatric hospital in Gorizia (1961–1969) and later in Trieste (1971–1979), where he radically transformed psychiatry, both as a field of study and as an institutional service, and criticized the science that justified the practices he was witnessing (Colucci & Di Vittorio, 2020). Drawing on the perspectives of his team, his patients, and renowned scholars such as Erving Goffman and Michel Foucault, Basaglia questioned the reality in which he worked, and saw that the treatment approach in the asylum was rigid, hierarchical, violent, closed-minded, and harmful to the people that it was meant to care for (Basaglia, 1968). A strong determination emerged to eradicate the prevailing vision of such institutions, prompting a critical examination of complexity, rights, society, and subjectivity. These factors, previously overlooked but crucial in shaping people’s suffering and potential for healing, were integrated in the practice of psychiatry.

Basaglia did not want to create a new model to replace the asylum but aimed to “keep contradictions opened” so as not to restrict himself with new ideologies. He believed the therapeutic community that he founded in Gorizia in the 1960s, which humanized the psychiatric hospital, should not be taken as a model. Instead, he envisioned this community as a tool of institutional, social, and cultural transformation, enabling the inclusion in society of those previously excluded from it due to asylum internment. Like many other people who worked with him and after him, Basaglia was involved wholeheartedly in bringing forward this great innovation and believed that this was the only way to humanely practice psychiatry:

It is not true that the psychiatrist has two options, one as a citizen of the state and the other as a psychiatrist. He has only one: as a man. And as a man I want to change the life I lead, and for that I want to change the social organization, not by revolution but simply by practicing my profession as a psychiatrist. If all technicians practiced their profession, that would be a real revolution. By transforming the institutional field in which I work I change society, and if this is omnipotence, long live omnipotence! (Basaglia, 2000, p. 166)

In Trieste, in a process that actively engaged workers, patients, and volunteers from the city and from all over the world, the Basaglian group closed the psychiatric hospital in 1980, thanks to the revolutionary view that emerged in 1975 of fully substitutive territorial mental health services. This transformative approach resulted in Law 180 of 1978, national legislation that restored civil rights to psychiatric patients and provided for the gradual closure of all asylums in Italy and the creation of fully substitutive territorial services. In the same year, the National Health Service was established in Italy (Law 833 of 1978). Throughout the 1980s and into the 2000s, thanks to psychiatrist Franco Rotelli, successor of Basaglia, and those who worked with him and his colleagues, the Basaglian approach to mental health was consolidated and expanded, with: 1) the establishment

of territorial Health Districts in 1995,<sup>2</sup> 2) the development of the Habitat Micro-Area Program in 2005, and 3) the development of territorial health and social and housing policies (Rotelli, 2015).

Eradicating institutionalization to align with the WHO guidelines soon became an important goal, not only for people living with mental illness but for everyone, especially people living with chronic diseases and the elderly (Saraceno, 2014). This path and approach highlight the central role of the institutional dimension in shaping reality, vision, and sense of self of those immersed in it. The term *deinstitutionalization* (de Leonardis, 1990; Rotelli, 1990) emerged to describe the shift “from health care places to taking care of places. Deinstitutionalization does not mean to radically dismantle institutions; rather, it is about improving them. Deinstitutionalization is a powerful process of reflexivity and innovation that involves literally and theoretically deconstructing the isolating, undignified, exclusionary institution (Rotelli, 1988, 2015), and rebuilding them as open, progressive, supportive, inclusive facilities. This is a process that never ends. Asylum closures as frequently reported by Rotelli (1979) are “ideological, administrative, organizational, professional, walls of convenience, of obtuse and limiting regulations, of segmentation of competencies” (Mauri & Rotelli, 2018, p. 98).

In conclusion of this theme, the shift from healthcare settings to taking care of places redirects the focus from institutions and their rigidity to people and their needs, strengths, and collective resources. It signifies a move away from treating people's deficits as something to be addressed solely in dedicated places and with prepackaged solutions, toward proposing alternative humanistic approaches based on territories with their networks, contexts, and synergies. Territories are understood as “a social aggregate to be changed, reconstructed, organized” (de Leonardis & Monteleone, 2007, p. 171). This shift is exemplified by the Habitat Micro-Area Program.

### **MICRO-AREA PROGRAM AS AN INNOVATIVE SOCIAL ENTERPRISE**

The Italian administration model offers great power to local authorities where political parties have strong local roots. Since 1970, municipalities have major responsibilities and legislative power in the delivery of public and welfare services (Lippi, 2011, as cited in Benadusi, Consoli, De Felice, Mazzeo Rinaldi, Pennisi, & Rizza, 2020). However, inequality in social service provision is a feature of the contemporary welfare system in Italy, as the main source of funding for social services comes from municipalities' own resources, which finance over 67 percent of the total expenditure on local welfare policies (Lippi, 2011, as cited in Benadusi et al., 2020). In addition, poverty and social exclusion receive less funding by local authorities. In this context, the emergence of social enterprise in Italy was clearly a bottom-up phenomenon based in territories and local networks (Poledrini & Borzaga, 2021). In that sense and considering the history of the Basaglian and Rotellian movement, the authors postulate that the Habitat Micro-Area Program shares the basic tenets of a social enterprise. The Habitat Micro-Area Program promotes a mutual self-help movement through the continuous presence and availability of a professional team representing public services in each designated territory. The main activities include knowledge, community development, and health intervention (Castriotta, Giangreco, Cogliati-Dezza, Spanò, Atrigna, Ehrenfreund et al., 2020). The program promotes experiences that are in complete opposition to the deficit perspective, in which most vulnerable people, with some targeted help, will come to adapt to treatment contexts. Micro-area programs are committed to transforming contexts and caring for social environments, so that they may become better suited to the

needs of the people who live in it, starting with the most vulnerable, “enriching it with social resources, links and spaces for action that support people and together enhance their capacities for choice and action” (Castrionta et al., 2020, p. 172). Indeed, the work on contexts is not distinct from the work on the health of individuals since physical and social environments do determine individuals’ choices very often. This approach is aligned with WHO’s work on social determinants of health, both theoretically and pragmatically. Central among these are housing conditions. Home is more than a resource but a right. Dwelling becomes a process in which the contractuality of the person is expressed with respect to the home and to its organization and also to the broader social Habitat Micro-Area Program and neighbourhood in which the home is located (Saraceno, 2021).

The idea of social enterprise has been elaborated within the Basaglian and Rotellian movement (Rotelli, 1991; de Leonardis, Mauri, & Rotelli, 1994) not only and not so much to describe specifically a type of organization like the social cooperatives that serve integration objectives for example but above all, to identify the type of collective strategic process and the values that guide the process. It is still about deinstitutionalization and the shift from healthcare places to taking care of places, but more specifically, it is about describing the process. The shift was made possible through a process of social actions and participation, focusing on the separation between the world of assistance and the world of work. It provided and integrated perspective with a recognition of the people’s resources, even residual ones, to use institutional resources. The use of institutions was moved from “invalidate and protect the invalidation” to “enhance, activate, animate, interpret, do” (Rotelli, 1991, p. 76), and to liberate and sustain the people’s strength as individuals and as a collective, that had been present but until then, suffocated by institutional closures. Social enterprise, therefore, is an endeavor that involves a mixed strategy where the public and private combine their resources and produce social value (de Leonardis et al., 1994), subjectivity, capacity (Sen, 1992; Appadurai, 2004), sociality, and social quality. Public spending in this view is not a cost but an investment, because it increases these resources, in the direction of social justice.

## **HABITAT MICRO-AREA PROGRAM AND RESILIENCY IN THE PANDEMIC CONTEXT**

The Habitat Micro-Area Program was initiated by the health authority under the leadership of Franco Rotelli, in close collaboration with the health districts. It was conceived as a mechanism for strengthening knowledge and capacity for integrated care in disadvantaged territories. The program applies to micro-territories with 400 to 2000 inhabitants, characterized by a strong presence of public housing and a more disadvantaged, older population than the rest of the city. It involves the health authority, the municipality, the public housing authority (ATER, 2019), social cooperatives, and active citizenship in continuous integrated processes of place and living environment care, health, and community welfare.

After an initial experimentation on five pilot areas in 1998, in 2005, the health authority intensified its involvement by allocating full-time operators to the project and signing an agreement with the Municipality of Trieste and Azienda Territoriale Edilizia Residenziale Trieste (ATER) that committed the partner institutions to continue and extend the joint intervention. The project is now known as the Habitat Micro-Area Program. Today, there are 17 Habitat Micro-Area Programs including more than 19,000 inhabitants. The program promotes reconversion and optimization of public spending

and provides a detailed account of a territory's needs and resources. The micro-area work, based on daily and continuous presence in the territory and a flexible and open approach, is oriented toward active knowledge of the population and intra- and inter-institutional integration. In partnership with the third sector, it facilitates service access and response appropriateness, intervention optimization against institutionalization, participation, and community developments. These primary care concepts are all aligned with the values of community social participation and welfare.

At the core of the comprehensive and holistic approach is the concept of accompaniment—living side by side with tenants in a non-hierarchical relation, with the goal of empowering individuals. It requires the development of a trusting and caring relationship that can only develop and nourish itself with time, investment, and authentic engagement in social justice and advocacy. That perspective is closely connected to the work around the social context and environment, in which individuals can find opportunities for inclusion, support, expression, empowerment, and collective practice. The micro-area acts, then, as an incubator of collective initiatives by facilitating coordination among all actors (doing together) and connecting needs and resources. There are a number of significant resources that make this program possible and that support the Habitat Micro-Area Program: 1) the micro-area referent is an operator (often a nurse) made available by the health authority or the third sector, in co-projecting with the partner institutions, dedicated full-time to the project and present on a daily basis in the target area with an operative coordination role; 2) social gatekeepers, who are social cooperation workers who work on behalf of the Municipality of Trieste, providing social activities and individual support; 3) ATER (social housing provider), which acts as a mediator between those who reside in ATER homes and this institution and a facilitator of processes of caring for places. These resources work in an integrated manner with the micro-area referent; 4) young people within regional and ministerial annual volunteer programs or people (often residents of the neighborhood), supported with a socio-occupational inclusion program; 5) residents who, in a voluntary capacity, contribute to the activities, social networks and collective capacity of the Habitat Micro-Area Program; 6) the Territorial Technical Group that is comprised of the micro-area team and the operators of the services (health district, mental health, addictions, social service, ATER) and the third sector that, in their ordinary work also deal with that territory. The group meets formally once a month, but members connect in their daily work as often as needed; and 7) the micro-area base, a physical space, is usually located in an apartment made available by the ATER and is as visible and accessible as possible. Preferably equipped with a kitchen, it is operated as a multi-functional space, with partial resident's self-management time for collective activities and planning by the Habitat Micro-Area Program inhabitants.

The Habitat Micro-Area Program has been investigated by the institutions that promote it themselves and by scholars and by others.<sup>3</sup> There are many qualitative accounts of the effectiveness of the program, which are better suited to capture the multiple aspects of activities that are not based on standardized procedures. There have also been two quantitative program evaluation studies. These, too, have shown the positive impact of the habitat micro-area, on the one hand, in ensuring a more effective response to health needs (Castriotta et al., 2020), and on the other hand, in enhancing the social capital available to the most vulnerable people to cope with problems that are beyond their ability to control (Di Monaco, Pilutti, D'Errico, & Costa, 2020).

The COVID-19 pandemic strongly impacted the global context in 2020 with heavy consequences on many aspects of social life. It also intensely affected the most vulnerable population groups. The authors explored the resilience of the Habitat Micro-Area Program at this time of adversity. Two recent qualitative methodology studies were conducted by Bono and Morin (Bono & Del Giudice, 2022; Bono & Morin, 2022). The Habitat Micro-Area Program has shown great resilience and an ability to maintain services and proximity to the population, even in a time of crisis and physical distancing. The Habitat Micro-Area Program persevered throughout the pandemic. Both inhabitants and operators interviewed often emphasized that in the pandemic context, it was crucial that the micro-area resources and personal were there, present in the territory and close to the people. Referents maintained proximity in the micro-area during critical times; thanks to their flexible approach, they were able to stay and work and decide, on a daily base, what to do in relation to COVID-19 events. In addition, the main success factors included: 1) the in-depth knowledge of the population and context, developed by the referents over the years of continuous presence and close contact in the area, and 2) the population's trust in the referents. Remaining in the field during the pandemic period consolidated and further enhanced the population's trust. In that time of great loneliness and uncertainty, it was reassuring to see that the micro-area resources and personnel did not abandon the territory or its people. Moreover, the continued presence made it possible to promptly detect emerging needs and to react with responses and strategies.

However, this presence on the ground was not guaranteed by all three institutional partners or all program actors and this made it weaker in some instances (Bono & Morin, 2022). During the pandemic, efforts among the partner institutions were not coordinated. Each agency focused on its own priority and made its own decisions on how to interpret government directions and whether to work remotely or not. Many program team members worked remotely, which weakened both the proximity approach perspective and the program integration.

Despite this, the Habitat Micro-Area Program maintained services thanks to the continuous presence of the referents who facilitated the integration of services. The municipal social workers interviewed emphasized specifically the constant collaboration they had with the micro-area referents during the pandemic period and the importance of it, who in the most critical moments reduced physical presence. Habitat Micro-Area Program referents also helped bridge relations with inhabitants and general practitioners and other health services, and actively collaborated in the vaccination campaign. Due to their knowledge of the people and of the social contexts, they also facilitated early detection and containment of COVID-19 outbreaks in housing settings and territories.

Citizen participation also contributed to the program's success. The pandemic and its management disrupted the ways of working in this sector. Inhabitants were mandated or strongly encouraged by government measures to stay at home and not visit the micro-area physical base, and to avoid interactions. Both inhabitants and operators interviewed emphasized the strong impact this change had on citizens' relationship with their micro-area place or referent. When the time came to resume community development activities and to encourage people to get outside, the operators were met with resistance. However, it was noted that some relationships built over the years among the people who attended the micro-area continued during and after the pandemic; some physical encounters and phone calls occurred, and inhabitants offered help to each other. From the very beginning of the

pandemic, within the program, there were efforts to work on citizen participation, socialization, and inclusion in alternative ways. During lockdown periods, for example, social cooperatives involved in the Habitat Micro-Area Program were able to develop a radio program dedicated to territory inhabitants, with the addition of phone support from referents to sustain social connections.

In summary, the Habitat Micro-Area Program showed resiliency at a time of crisis. The approach was consistent with the imperative of preparedness emphasized by WHO, highlighting the importance of readiness and resilience in the face of unknown and unpredictable threats such as the pandemic (Bifulco, Centemeri, & Mozzana, 2021). The Habitat Micro-Area Program developed new ways and strategies to remain active and serve the most vulnerable. Unpredictable threats cannot be defeated by prevention strategies that apply to known risks. Preparedness requires institutions to take control of acting and reacting in the territories, outside standard technical solutions. They must become “capacitated” or empowering environments that will coordinate and mutualize all strengths and resources of public and social actors toward the goal of quality of life, collective well-being, safety, and health.

### CONCLUDING CONSIDERATIONS

Benedetto Saraceno's vision (2021) helps link this research with some issues that the recent pandemic has made more evident: the inadequacy of territorial health and welfare that should be strengthened and made more integrated; the need for public and democratic services with the support of private entities, while limiting privatization; the profound inadequacy and danger of the residential model of care for all those living in context of vulnerabilities, starting with the elderly; the centrality of living environments and places as privileged spaces of care and humanistic relational work; the consideration of ecological values in a holistic and integral way with the care of humanity; the need for real processes of empowerment for the most vulnerable, whose capacities must be recognized and enhanced, in the direction of the deep democracy described by Appadurai (2001).

It is in the territory and not in closed institutions that quality of life and health protection can be best ensured. The Trieste case study teaches us that accompanying, caring, and empowering people at home does not cost more than institutionalizing them. On the one hand, institutionalization has more to do with private interests, not the interests of the person being institutionalized. On the other hand, it has to do with the lack of territorial services or their ineffectiveness, that is linked to poor social-sanitary integration and an excessively top-down and rigid vertical approach. The city slogan that Trieste is known for being *the city that heals* through its attention to taking care of places (Rotelli, 2016; Gallio & Cogliati Dezza, 2018), also well describes Trieste's path of deinstitutionalization and invention of new institutions more open to territories and to citizens. It also evokes its aesthetic, ethical, social, and political dimension political because democracy, when really practiced, has to do with health. A different idea of care is therefore outlined (de Leonardis, 2022), which is not reduced to healthcare services, whether ambulatory, home-based, or hospital-based, but seen as a collective, social economy, societal enterprise that involves the entire city with the institutional and non-institutional partners that inhabit it or work in the area. The *city that heals* is also the city that needs to be healed.

Contexts of life are often fragmented, overly institutionalized, isolated, isolating, and injured: healing helps everyone live better. There are multiple examples from the Habitat Micro-Area Program. The



former psychiatric hospital in Trieste has become home to various territorial health services, university courses, social cooperatives, associations, a museum, several bars, a cultural festival, fairs, and a beautiful rose garden. In the Habitat Micro-Area Program, there are: affordable apartments for co-housing of elderly people and the care they need, thus avoiding institutionalization; a collective garden owned by the inhabitants; an association of inhabitants that is self-financed through workshops; “participatory cleaning” initiatives for the ward with the involvement of institutions, inhabitants, associations, including an association that deals with the inclusion of migrant people; experiences of reconstruction and enhancement, with past inhabitants and the history of the ward is intertwined with the history of their lives, by publishing a booklet or making a video and presenting it publicly, with the support of the third sector and the municipality; daily meetings, open to all, and in which participants ask themselves “what can we do together to improve the quality of life for everyone?”; events where intellectuals, artists, students, and visitors discuss life with residents and do small things together to improve it; finally, an “assisted self-maintenance project” involving the public housing company, a social cooperative for job placement where some inhabitants with frailties are hired to take care of the ward’s outdoor areas.

These collective and empowering practices require constant social enterprise work as borderline work between usually separated worlds: the world of work and the world of care. By “experimenting with hybrids” (de Leonardis, 2009, p. 138), inhabitants simultaneously experience health and social protection and social and health promotion. This means providing the necessary conditions so that a strategy that redefines borders can emerge: “border contexts, borderlands, which as such function as laboratories of transformation” (p. 138). This strategy is a collective municipal and territorial living lab, like the Habitat Micro-Area Program.

These mixed ventures of public-private partnership living labs can provide unique job opportunities for those who are vulnerable. It is a matter of taking action to improve employment opportunities on the one hand, and on the other hand, aiming to enhance and empower people in ways that are also not directly related to a traditional employment relationship, yet following the social enterprise values and principles, while freeing and growing energies and capacities on a territorial basis (de Leonardis, 2009).

As de Leonardis and Emmenegger (2005) point out, the notion of social enterprise is often used to define experiences that instead have little to do with this strategy. It is then important to identify some discriminating elements. First, the pivot lies in people who experience social disadvantages, are excluded, or are irreconcilable with social norms. Social enterprise strategies offer possibilities for life and self-fulfillment, validate rather than invalidate, and make them visible rather than invisible. Second, the combination of assistance and empowerment means caring for living contexts and building social conditions to improve well-being and increase agency. Third, entrepreneurial activities bring to life “collectives of belonging that support people, protect them and together enhance their abilities and desires” (de Leonardis, 2009, p. 139). There should not be a separation between the two poles of work and humanistic relational care.

The Habitat Micro-Area Program aligns well to the social enterprise strategy described in this article. The institutional proximity practiced by referents, with their daily accessible, proactive, reactive, and continuous presence in the target territories improves integration among all actors and services.

This enriches the context and opportunities for well-being, equity, and inclusion. It provides a social safe space to build a relationship of trust, closeness, and collaboration with vulnerable inhabitants of a territory that, in turn, facilitates active participation and collective capacity building and advocacy. However, this potential is not always optimized. During the pandemic, the potential of this approach was evident, but there were physical constraints and social limitations that contributed to the frailness of integration between different agencies and actors.

As de Leonardis (2009) points out, making this process of social enterprise possible calls into question public policies that must be able to recognize, enhance, and integrate institutional, territorial, and personal resources. This approach owes its effectiveness to the transformative tension that accompanies it and requires that this tension be kept alive, on a continuum from confrontation between stakeholders, to cooperative, open, and transparent conflict resolution and to joint endeavor toward mutual collective interest. The co-design and co-management of activities with alignment of practices of all concerned actors is preferred over delegating responsibilities to different partners. It requires more effort and time, but the outcomes reached are sustainable and more far reaching as the basis of intersectoral work.

Basaglia, speaking of his own involvement, states that personal involvement is required of all those directly concerned: managers, operators, and citizens, from the most vulnerable to the most resourceful. Social enterprise means getting involved, and it applies to everyone. Public policies must create the conditions that make this active participation and personal involvement possible and sustainable. Only then will public spending constitute an investment that enables the multiplication of resources. The Trieste case has shown, through challenges and adverse conditions and contradictions, that it is possible. It is now a matter of promoting the Habitat Micro-Area Program more in a diversity of territories and places and with a diversity of win-win societal partnerships. As Basaglia taught us, it is not about nourishing closed and self-referential “therapeutic communities” but about engaging social networks and solidarity to transform society into a more equitable safe environment for all.

## NOTES

1. Burns and Foot (2020) provide an overview of the international influence of the Basaglian experience.
2. In Italy, health districts are an important administrative device of the National Health Service but are rarely valued as such. In Trieste in 1995, four districts were set up, each for an area of about 60,000 inhabitants, which concretely assumed the value of integrated area organizations, with a function therefore not only of medical care but of integration with all the entities and partners of the community that can contribute to the health of the population. Several specialist physicians are available in each district, in addition to nursing services, including home-care services, which, unlike in the rest of Italy, are active seven days a week, 24 hours a day, and managed directly by the public. General practitioners, although not represented in the health authority, also work closely with the districts. Despite the quality of this organization, a healthcare reform is taking place in the Trieste region that is greatly weakening it.
3. Bono (2022) recalls the main materials related to the Habitat Micro-Area Program in Italian. Of note in English are De Vidovich (2017, 2020); Thiam, Morin, Hyppolite, Doré, Zomahoun, & Garon (2021); and two videos available with English subtitles: Rossi (2018) and Manenti (2019).

## ACKNOWLEDGEMENTS

This research was funded by *Société d'habitation du Québec* (SHQ) and the *Fonds de recherche du Québec—Société et culture* (FRQSC).

We would like to thank the partners of the Concerted Action (Project 2020-0EBR-281251) for their financial support.

Final report : Lapierre, J., Caillouette, J., Leblanc, N., Provencher, V., Boucher, J. et Robichaud, F. (2024). *L'expérience d'habiter son logement subventionné : Besoins et pratiques de soutien communautaire comme piliers du renforcement du pouvoir d'agir, de l'entraide et de la solidarité dans la communauté*. Rapport final FQRSC—Projet 2020-281251

Concerted Action : *Les besoins de soutien communautaire des personnes vivant en logement subventionné*. Projet de recherche financé par les partenaires de l'Action concertée : La Société d'habitation du Québec (SHQ) et le Fonds de recherche du Québec—Société et culture (FRQSC). Lapierre, J., Caillouette, J., Leblanc, N., Provencher, V., Boucher, J., Robichaud, F., Jetté, C., Bourque, M., Guillaumie, L., Dupéré, S., Roch, G., Vissandjée, B., et Fontan, J.-M. Québec : Université Laval, p. 59.

## REFERENCES

- Appadurai, A. (2001). Deep democracy: Urban governmentality and the horizon of politics. *Environment & Urbanization*, 13(2), 23–43.
- Appadurai, A. (2004). The capacity to aspire: Culture and the terms of recognition. In V. Rao & M. Walton (Eds.), *Culture and public action* (pp. 59–84). Palo Alto, CA: Stanford University Press.
- ATER Azienda Territoriale Edilizia Residenziale Trieste (2019). Bilancio sociale. URL: <https://www.triesteallnews.it/2020/12/ater-trieste-il-bilancio-sociale-del-2019/> [April, 07, 2024].
- Basaglia, F. (1968). *L'istituzione negata. Rapporto da un ospedale psichiatrico*. Torino, IT: Einaudi.
- Basaglia, F. (Ed.). (2000). *Conferenze brasiliane*. Milano, IT: Cortina.
- Benadusi, M., Consoli, T., De Felice, D., Mazzeo Rinaldi, F., Pennisi, C., & Rizza, M.O. (2020). *Social enterprises in Italy*. FabMove. URL: [https://fabmove.eu/country\\_report/social-enterprises-in-italy/](https://fabmove.eu/country_report/social-enterprises-in-italy/) [April, 07, 2024].
- Bifulco, L., Centemeri, L., & Mozzana, C. (2021). For preparedness as transformation. *Sociologica*, 15(3), 5–24. doi:10.6092/issn.1971-8853/13939
- Bono, M. (2022). Come lavorare nel territorio? Percorsi di ricerca pratica. In L. Bifulco & C. Mozzana (Eds.), *La gestione sociale dell'abitare* (pp. 131–157). Roma, IT: Carocci.
- Bono, M., & Del Giudice, G. (2022). *Io resto a casa. Strategie e percorsi per una domiciliarità inclusiva e partecipata*. Trieste, IT: Associazione Conferenza Basaglia. URL: <http://www.confbasaglia.org/wp-content/uploads/2022/02/io-resto-a-casa-web-o-digital.pdf> [April, 07, 2024].
- Bono, M., & Morin, P. (traduction) et Lapierre, J. (révision). (2022). Le logement communautaire à Trieste: Innovations et projets développés par les services sociaux de la santé leurs partenaires : Patrimoine basaglien et enjeux actuels entre habiter et logement communautaire. Source : Projet de recherche. Lapierre et al. FQRSC – Projet 2020-281251, « L'expérience d'habiter son logement subventionné » : Besoins et pratiques de soutien communautaire comme piliers du renforcement du pouvoir d'agir, de l'entraide et de la solidarité dans la communauté.
- Burns, T., & Foot, J. (Eds.) (2020). *Basaglia's international legacy: From asylum to community*. Oxford, UK: Oxford University Press.
- Castriotta, L., Giangreco, M., Cogliati, M. G., Spanò, M., Atrigna, E., Ehrenfreund, C., et al. (2020). Measuring the impact of a social programme on healthcare: A 10-year retrospective cohort study in Trieste, Italy. *BMJ Open*, 10(7), e036857. doi:10.1136/bmjopen-2020-036857

- Colucci, M., & Di Vittorio, P. (2020). *Franco Basaglia*. Merano, IT: Edizioni alpha beta Verlag.
- De Leonardis, O. (1990). *Il terzo escluso. Le istituzioni come vincolo e come risorsa*. Milano, IT: Feltrinelli.
- De Leonardis, O. (2009). Sulle strategie di impresa sociale. Ambiguità e possibilità. In J. L. Laville & M. La Rosa (Eds.), *Impresa sociale e capitalismo contemporaneo* (pp. 135–162). Roma, IT: Sapere.
- De Leonardis, O. (2022). Dare consistenza politica al lavoro di cura. *Animazione sociale*, 356(6), 17–28.
- De Leonardis, O., & Emmenegger, T. (2005). Le istituzioni della contraddizione. *Rivista Sperimentale di Freniatria*, CXXIX(3), 13–38.
- De Leonardis, O., Mauri, D., & Rotelli, F. (1994). *L'impresa sociale*. Milano, IT: Anabasi.
- De Leonardis, O., & Monteleone, R. (2007). Dai luoghi di cura alla cura dei luoghi. A Trieste e dintorni. In R. Monteleone (Ed.), *La contrattualizzazione nelle politiche sociali. Forme ed effetti* (pp. 165–182). Roma, IT: Officina Edizioni.
- De Vidovich, L. (2017). Microaree programme: Health, housing and community-building in Trieste. In E. Tracada & G. Cairns (Eds.), *AMPS Conference 10: Cities, communities and homes: Is the urban future livable?* (230–241). Derby, UK: University of Derby.
- De Vidovich, L. (2020). Urban regeneration through the territorialization of social policies: Findings from the Micro-area Programme in Trieste, Italy. *Journal of Urban Regeneration and Renewal*, 13(4), 406–421.
- Di Monaco, R., Pilutti, S., D'Errico, A., & Costa, G. (2020). Promoting health equity through social capital in deprived communities: A natural policy experiment in Trieste, Italy. *SSM – Population Health*, 12, 100677. doi:10.1016/j.ssmph.2020.100677
- Frances, A. (2021). Save Trieste's mental health system. *Lancet*, 8, 744–746. [https://doi.org/10.1016/S2215-0366\(21\)00252-2](https://doi.org/10.1016/S2215-0366(21)00252-2)
- Gallio, G., & Cogliati Dezza, M. G. (Eds.). (2018). *La città che cura. Microaree e periferie della salute*. Merano, IT: Edizioni alpha beta Verlag.
- Manenti, A. (2019). *Microarea Macroproject* [Video]. URL: <https://www.youtube.com/watch?v=gmR0uYnyJe8&t=0s> [April, 07, 2024].
- Mezzina, R. (2010). The World Health Organization has designated the Mental Health Department of Trieste as a WHO Collaborating Centre. <https://www.ideassonline.org/public/pdf/SaludMentalTriesteDocument..pdf> [April, 07, 2024].
- ISTAT Istituto nazionale di statistica. (2021). *Il censimento permanente della popolazione in Friuli Venezia Giulia. Prima diffusione dei dati definitivi 2018 e 2019. Censimenti permanenti*. URL: <https://www.istat.it/it/archivio/253760> [April, 07, 2024].
- Mauri, D., & Rotelli, F. (2018). Muri. In L. Bifulco, V. Borghi, M. Bricocoli, & D. Mauri (Eds.), *Azione pubblica. Un glossario sui generis*. (pp. 95–98) Milano, IT: Mimesis Edizioni.
- Poledrini, S., & Borzaga, C. (2021). Social enterprise in Italy: A plurality of business and organisational models. In J. Defourny & M. Nyssens (Eds.), *Social enterprise in Western Europe* (pp.131–148). doi:10.4324/9780429055140-8-10
- Rossi, E. (2018). *The caring city* [Video]. <https://vimeo.com/219664857> [April, 07, 2024].
- Rotelli, F. (1979). Alternative territoriali e miseria della psichiatria. In F. Rotelli, N.D. (pp. 87–91).
- Rotelli, F. (1988). *L'istituzione inventata*. pp. 134–141. Merano, Italia: Alphabeta Verlag.
- Rotelli, F. (1990). *Modelli scientifici e complessità*. (pp. 69–73). Milano: Edizione E.
- Rotelli, F. (1991). Per un'impresa sociale. <https://www.persalutementale.altervista.org/files/03Per-un-Impresa Sociale.pdf> [April, 07, 2024].
- Rotelli, F. (1999). *Per la normalità. Taccuino di uno psichiatra negli anni della grande riforma*. Scritti 1967–1998. Trieste, IT: Asterios.
- Rotelli, F. (Ed.). (2015). *L'istituzione inventata. Almanacco Trieste 1971–2010*. Merano, IT: Edizioni alpha beta Verlag.
- Rotelli, F. (2016). Il sogno della città che cura. L'attualità della lezione basagliana (intervista a cura di R. Camarlinghi). *Animazione Sociale*, 299(3), 3–11.

- Saraceno, B. (2014). *Discorso globale, sofferenze locali. Analisi critica del Movimento di salute mentale globale*. Milano, IT: Il Saggiatore.
- Saraceno, B. (2021). *Un virus classista. Pandemia, diseguaglianze e istituzioni*. Merano, IT: Edizioni alpha beta Verlag.
- Sashidharan, S. P. (2022). Why Trieste matters. *The British Journal of Psychiatry*, 220(2), 52–53. doi:10.1192/bjp.2021.149
- Sen, A. K. (1992). *Inequality reexamined*. Oxford, UK: Oxford University Press.
- Thiam, Y., Allaire, J.-F., Morin, P., Hyppolite, S.-R., Dore, C., Zomahoun, H. T. V., & Garon, S. (2021). A conceptual framework for integrated community care. *International Journal of Integrated Care*, 21(1), 1–13. doi:10.5334/ijic.555

## ABOUT THE AUTHORS



**Margherita Bono** was an Associate Researcher at the “Sui Generis” Sociology of Public Action Laboratory (Department of Sociology and Social Research, University of Milan) and a Research Fellow at the La Collina Social Cooperative in Trieste, Italy. She was responsible for Micro-areas and participatory research for the social cooperative. Sociologist, researcher, social cooperator, since 2008, she worked on territorial health and community development projects and on the “deinstitutionalization” approach (developed by Franco Basaglia and Franco Rotelli, Trieste, Italy). A true pioneer in the implementation of the innovative Habitat Micro-Area Program in Trieste and its province, she has always worked in partnership with health authorities, social services, municipalities, and citizens to promote integrated activities with the aim of improving quality of life in disadvantaged micro-territories. Since 2016, she was responsible for research, training and planning projects and acted as Micro-area operator and member of the board of directors of La Collina Social Cooperative.

Margherita Bono at la Collina. Visit from the FQRSC- Action concertée research team, October 2021.

*This article was authored by Margherita Bono and co-authors. It was revised and produced in her memory, as her passing away in 2023 did not allow her to complete the final revisions.*

**Judith Lapierre** is Professor at the Faculty of Nursing and Public and Community Health Programs at Laval University and a Researcher at the Center for Research on Social Innovations (CRISES). Email: [judith.lapierre@fsi.ulaval.ca](mailto:judith.lapierre@fsi.ulaval.ca)

**Paul Morin** is Professor in social work at Sherbrooke University and a mental health rights advocate. Email: [paul.morin@usherbrooke.ca](mailto:paul.morin@usherbrooke.ca)