

13. Italy (Veneto Region): integration of social and health services for immigrants – the case of Padua

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Summary

The aim of this case study is to describe Padua's experience in the field of social and health services for immigrants. A unique aspect of this experience is the high level of integration of these services. This is based on the commitment of all the social actors (public and private) to provide services for everyone – including foreign-born people – for their health and well-being, thus safeguarding their right to health.

Padua is a city in the Veneto Region, whose capital is Venice. The Veneto Region is located in north-eastern Italy and has 4.7 million inhabitants. The economic model for the Region is characterized by: a prevalence of small and medium-sized companies; production based on traditional manufacturing sectors (such as food, textiles, shoes and wood); and decentralization of the companies within the territory. Padua, the home of one of Europe's oldest universities, has 210 000 inhabitants and a thriving economy. Due to its economic success, Veneto is among the regions in Italy that attract the most immigrants. According to the latest Italian National Institute of Statistics report on the foreign population living in Italy, 350 215 foreigners reside in the Veneto Region, accounting for 7.3% of its population. Padua has 58 498 resident immigrants, showing a 10.9% increase for 2006. To respond to the social and health needs of an increasing number of immigrants, Padua has created an integrated system of services.

The main organization that provides social and health care services for legal and illegal immigrants in Padua is the High Professional Immigration Body, a part of Local Health and Social Authority No. 16. It is the result of a collaboration of institutional bodies that – with different contributions – have implemented a coordinated system of plans and activities. Services created specifically for foreigners are: the Listening Centre, which provides information and health and social orientation services; a multi-ethnic unit for obstetrics and gynaecology; a unit for dermatology; and units for community paediatrics. The Municipality of Padua and Local Health and Social Authority No. 16 signed a memorandum of understanding about the management of health services for unaccompanied foreign minors. The voluntary sector in Padua also responds to the health needs of immigrants through a network of outpatient services. The implementation of such services is possible precisely because of the integration of related health and social services.

Padua's experience with immigrants shows how the implementation of efficient interventions for the target group comes from the creation of a system that coordinates the roles of the local actors involved. In Padua, these actors include Local Health and Social Authority No. 16, the municipality, the Veneto Regional government, the provincial government, the hospital, the police headquarters, the Diocese of Padua, the university, and the elementary and secondary schools. The successes of the social policies of the Municipality of Padua and of the activities of the stakeholders, including the High Professional

Immigration Body, are a result of a coordinated network in which network partners have the common objective of integrated community development and social inclusion.

Socioeconomic and policy context

The Veneto Region of Italy is situated in the north-east of the country and is divided into seven provinces. It covers 18 380 km² and has a population of 4 773 554 people (Veneto Statistics Office, 2008a). Over the last 35 years, the population has increased by more than 600 000 residents. In the Veneto Region, 350 215 foreigners are listed as legal residents, which represents a twofold increase since 2001. The Region's resident legal immigrant population is about 12% of Italy's total legal immigrant population, which is 2 938 922 immigrants in a total population of 59 131 287 people. Today, legally resident foreigners comprise 7.3% of the Region's population, a percentage that is higher than the national average (4.9%) and is one of the highest in Italy, after the Lombardy and Emilia Romagna regions (ISTAT, 2008).

According to the last Italian National Institute of Statistics (ISTAT) report, Padua Municipality has 19 661 immigrants, which represent 9.35% of the overall population (ISTAT, 2008). In 2006, the foreign population increased 10.9% (ISTAT, 2008); it is the second highest increase recorded in the Veneto Region (only Venice had a larger increase: 13.8% (ISTAT, 2008)).

The Veneto Region statistical report for 2008 notes that the Region has developed economically over recent years (Veneto Statistics Office, 2008b:9). According to the report, in 2005 the Veneto Region economy produced a consistent 9.3% share of the national GDP and was third in regional rankings for production of national wealth, after the Lombardy Region (20.9%) and the Lazio Region (10.9%). Between 1997 and 2007 employment in the Veneto Region increased 16%. Once again, a relevant contribution came from the foreign population.

In the past few years, the predominant countries of origin of immigrants have changed and, consequently, this has altered the composition of the foreign population in the Region. In the period 2004–2006, the number of immigrants from eastern Europe doubled, with a significant rise in regularization: 48 000 new residence permits a year (including immigrants from the newer EU countries). In 2005, the largest number of immigrants obtaining their residence permits originated from the CCEE (133 000 people, 45% of the total for the year), thus *Europeanizing* the process of immigration (Veneto Region Immigration Observatory, 2006).

The influx of immigrants is unevenly distributed over time, as characterized by duration of stay. A significant proportion of immigrants, estimated at about 55 000 people, has resided in the Veneto Region for more than 10 years, whereas between 130 000 to 135 000 foreign-born people have been in Veneto for over 5 years. Also, between 20 000 and 25 000 foreigners have been in the Region for less than two years. These influxes involve a considerable proportion of citizens from eastern Europe (Moldovans, Romanians and Ukrainians), a proportion from Africa (especially Ghana and Morocco) and a proportion from the Balkan states (especially Albania, Montenegro and Serbia).

With the increase in the overall foreign population, the number of new foreign minors and women in the Veneto Region is worth noting. Since the early 1990s, this subpopulation has grown, which can be interpreted as a consequence of the increase in permits granted for family reasons. The overall increase in minors and women in the immigrant population demonstrates the tendency of family heads to settle and seek stabilization in Italy; at the same time, it points to an increasingly consistent establishment of a greater number of foreigners as a structural component of the population.

The Veneto Region health system

The Veneto Region health system is organized to satisfy the health needs of the resident population, to maintain its health and well-being and to ensure that essential levels of health care are provided within a progressively decentralized regional health care system. An important feature of this health care system is the integration of health and social services to provide better-quality patient care, both across the hospital network and in the Region. The hospital network is made up of 61 public hospitals (grouped into 21 local health and social authorities), two hospital trusts in the cities of Padua and Verona, and two universities, which include the school of medicine. The regional level provides health and social services to the resident population through organizations instituted at the local level, a network of population-based health care organizations (local health and social authorities), and accredited public and private hospitals.

Through a multisectoral approach, the Veneto Region – in compliance with National Law 328 (the Social Services Framework Law of 2000) and the Codified Law on Immigration (which covers assistance to foreigners enrolled in the National Health System) – promotes initiatives for the elderly and for the inclusion of immigrants in, for example, housing, work, education and support for professional training. National Law 328 (Parliament, 2000) allows an integrated system of social interventions and services and provides for activities that aim to eliminate user difficulties. The Law also designates the municipalities as the main suppliers of these social services.

In this multisectoral approach, health and social services play a very important role. For these services, immigrants with regular residence permits in the Veneto Region have the same access as Italian citizens. Illegal immigrants, however, have access to basic health care and emergency treatment; if they choose to use these services their presence is not communicated to the police. The Veneto Region, as elsewhere in Italy, creates no legal obstacles for immigrants with regular permits who want to use health and social services. It is worth noting, however, that in Italy immigrants with regular permits tend to use the emergency services, and a small number use specialists and offices for consultations in the area of prevention.

The response must therefore be to increase immigrant uptake of preventative health services, and it must also tend to the integration of the social, mental and physical well-being of immigrants. The health system in the Veneto Region, characterized by the ability to combine health care and social needs, is moving in this direction. The Veneto Region was the first Italian region to adopt a model based on the integration of health and social services managed by local health and social authorities and on the integration of social and education services managed by local authorities.

In the Veneto Region, integration is promoted through the activities of health and social districts. Throughout the Region, these districts provide and coordinate the response to demands for primary care and hospital services and operate health and social programmes to which immigrants with regular permits have access. Health care includes primary care, medicine, home care and visits, inpatient care, and outpatient rehabilitation.

Health and social activities are divided into two groups:

1. One group concentrates on health care of social relevance, health promotion, prevention of illness and control and limitation of disabling, congenital or acquired diseases. Such services are provided, through the districts, by the local health and social authority.
2. The other group concentrates on social services that are relevant from a health care perspective. It supports individuals that require support due to disability or exclusion that affects their state of health. Such services are handled by the municipalities.

Although the integration of health and social care is an important starting point for acting on the determinants of health of legal immigrants in the Veneto Region, evidence points to the need to tackle the disparity that exists in access to services between Italian-born users and immigrants. Such disparities often arise from scarce knowledge about immigrant health care needs and from the difficulty in both involving them in health education and illness prevention and in overcoming their distrust of public institutions. Responses to these needs include the creation of cultural mediation services. The Veneto Region, in line with national and regional trends for areas with large numbers of immigrants, provides cultural mediation services that arise from a single health authority and from the social services of municipalities. These services improve and promote communication with immigrants and facilitate their access to public services.

Cultural-mediation services are part of an integrated network of services established by public and private social entities that work together in the area to reach immigrants who are reticent and have difficulty in approaching institutions.

The Veneto model therefore embodies a consolidated integrated system of health and social services in which the public and private social sectors in the Region (with a place reserved for associations of immigrants) work together to attain the goals set for the well-being of the immigrant population.

Programme benefiting the target population

This section analyses the main social and health interventions for immigrants carried out in Padua. These interventions come from partnerships within the public sector (intra-institutional partnerships) and between the public and private social sector (inter-institutional partnerships). The primary intervention profiled is the High Professional Immigration Body of Local Health and Social Authority No. 16, which is the main body that provides social and health services for immigrants in Padua. This section will also describe an innovative service created by the Body – in collaboration with the Municipality of Padua – for unaccompanied foreign minors. Finally, this section will present the CUAMM-Caritas Polyclinic as an example of a service that stems from an inter-institutional partnership.

Social services for immigrants in the Municipality of Padua have three priorities. The first priority is to favour and promote partnership work via a network that involves all the people working in the field of immigration. This objective includes all the initiatives designed to improve the integration of services necessary to carry out individual projects, as well as the development of integration between institutions. To realize these goals, the Municipality of Padua has been promoting numerous educational and training initiatives that aim to help connect social workers, volunteers and representatives of public institutions and private non-profit-making organizations. In addition this network provides a specific training course on some issues that relate to immigrant living conditions and also deals with guidance on education, careers and health services.

The second priority is to promote interventions that provide an immediate response to the primary needs of individuals, helping them to regain their individual skills. Many resources have been made available, including the Day Centre La Bussola and a facility called Casetta Borgomagno, where first interventions are also carried out together with activities designed to improve social integration. These two facilities provide important guidance on health issues, by providing information about health issues and about the services already available in the city.

The third priority is to create a flexible network of front line services for new immigrants. This has been put into practice by means of some initiatives aimed at gathering and connecting specific information about the world of immigration. For example, the Open Windows desk, a joint project between the Municipality of Padua and cultural mediators, is an information and advice centre based in an area with a high density of illegal immigrants with correspondingly high rates of prostitution and drug abuse.

The High Professional Immigration Body

The High Professional Immigration Body of Local Health and Social Authority No. 16 of Padua is a “unique body of its kind in Veneto and it has been considered a structure in the forefront even at a national level” (Veneto Region Immigration Observatory, 2006). Although it was formalized by a decision in April 2004, it had already started its activities in 2003. The idea for the project came from the work of paediatrician Maria Grazia D’Aquino, Head of the Paediatric Department of District No. 1 of Local Health and Social Authority No. 16. In preceding years, she had noticed changes in patients seeking health and social services, changes characterized by:

- a growing number of foreign minors (as a result of a progressive permanent settlement of immigrants and family reunification) using the services and adult family members requesting specific services on behalf of their children, such as vaccinations against infectious diseases;
- a growing number of women (mothers and sisters of such minors) who approached the health authority for specific issues, such as pregnancy; and
- a significantly high number of illegal immigrants and cases of social isolation among such immigrant patients.

The involvement of other institutions was a priority, because their material resources and knowledge were needed to develop an efficient response. These other institutions were also interested in the immigrant situation in Padua.

The High Professional Immigration Body is the result of a successful partnership of (initially) the Veneto Region, the Municipality of Padua, the Province of Padua, the Local Health and Social Authority of Padua, schools and universities, and the non-profit-making or *third* sector. The number of actors involved in the planning of the Body later increased (including, for example, police headquarters and the Diocese of Padua), but continued to meet for monthly sessions to coordinate activities. At these monthly round tables, the different actors met to analyse in detail the ongoing interventions for immigrants, to set priorities, and to decide about the studies needed and the main factors to consider in planning services. The third sector played

a prominent role in coordinating these round tables, frequently supplying important feedback – the result of its involvement in the operational management of services – and contributing in this way to the development of new projects.

In partnership with different actors in the Region, the High Professional Immigration Body has implemented the following specific services aimed at helping foreigners.

- The Listening Centre helps immigrants with or without a residence permit. Specialized staff provide information and health and social-orientation services. The Centre, with the aid of cultural mediators, provides information about the different aspects of health protection, such as: how to ask for an STP (Stranieri Temporaneamente Presenti or Foreigner Short Stay Permit); how to ask for a medical, paediatric or gynaecological examination; and what to do to get legal and/or social advice.
- A multi-ethnic unit for obstetrics and gynaecology, designed specifically for all female immigrants, is also available. In this unit, specialist nurses and gynaecologists provide such services as obstetric care, gynaecological care and prevention of sexually transmitted diseases.
- A unit for dermatology is also available.

Units for community paediatrics, present in the five local health and social authority districts, provide such services as paediatric examinations, vaccinations, antenatal classes and a support service for parents. The support service includes courses in preparation for birth and parenthood, with courses specifically for parents of children 0–12 months. Ad hoc professional advice and counselling are also provided.

Care of unaccompanied foreign minors

Care of unaccompanied foreign minors is a particular concern. A memorandum of understanding between the Social Service Department of the Municipality of Padua and the High Professional Immigration Body was signed in November 2003, concerning the health care of unaccompanied foreign minors who arrive in Padua. The Social Service Department provides protection and accommodations for these minors by placing them in reception centres or in a foster family. To protect the minors' health and the health of the people they live with, the Social Service Department developed an intervention model that guarantees prophylaxis, diagnosis and treatment.

To put this model into practice, the Social Service Department of the Municipality of Padua chose Health and Social District No. 1 of Local Health and Social Authority No. 16. The reason for this choice is that many immigrants, often illegal, had turned to the mother–child service of this district, and therefore its staff were experienced in dealing with such complex situations. Two other health care and social districts of the town, District No. 2 and District No. 3, agreed later to such a memorandum of understanding, because of the rise in the number of foreign minors.

According to guidelines set out in the memorandum, the Social Service Department of the Municipality of Padua sends a note containing the minor's personal data and health problem to the paediatric clinic of the health and social district. The minor, regardless of age, must consent to undergo diagnosis or it cannot be carried out. The Social Service Department of the Municipality of Padua then provides social workers to accompany the minor to the first examination, to follow-up blood tests and examinations, to collect prescriptions and to keep the minor's medical reports, National Health System card and personal health booklet.

All staff and facilities of the health and social district are available to the minor, and the local health and social authority is charged with all the expenses for preventive and follow-up health care services. Later, the health and social district informs both the minor and social services of test results and, whenever they reveal problematic health conditions, the district sends a report to the office (of the Social Service Department of the Municipality of Padua) that submitted the request for examination.

The services implemented by the High Professional Immigration Body are provided in the head office of Health and Social District No. 1, which started the implementation of the interventions for unaccompanied foreign minors. These services are part of the rationale for social networks (referred to by National Law 328 in its articles, including articles 1, 3, 6 and 19) and are characterized by the use and exploitation of resources for immigrants that are already present at a local level. The integration process – which has existed for many years in the Veneto Region and has involved the regional health and social services, local bodies, and third-sector actors – has influenced the implementation of the above-mentioned services. With their considerable experience and sharing of goals, instruments and languages, these partners have enabled the creation and consolidation of the High Professional Immigration Body.

The CUAMM–Caritas Polyclinic

The polyclinic is a service jointly developed by the Social Service Department of the Municipality of Padua, Caritas Diocesana (the Catholic charity of the diocese), and the University College for Aspiring Missionaries and Missionary Doctors (CUAMM).

In managing the polyclinic, tasks are divided between the planning role of the Municipality of Padua and the operational role of the two organizations, as follows.

- Caritas's staff, working at help centres, are the first to meet the immigrants. During interviews, they try to understand the immigrants' living conditions, paying particular attention to determinants of health – that is, they analyse the aspects of immigrants' lives that influence their physical, mental and social condition. These determinants are: their housing and working conditions (stable job, unstable job or unemployment) and whether or not they can pay privately for their health care. Based on this evaluation, staff decide whether or not to give immigrants an access card to the polyclinic. This card is valid for six months, and it can only be used for treatment at the CUAMM–Caritas Polyclinic. The card is no longer valid when a person obtains a regular residence permit, since this gives them access to the National Health System. Once the six months have expired, the card can be extended, provided that, after a second interview, a person proves to be still in need of care.
- CUAMM organizes doctors' duty shifts. Doctors volunteer their services to the polyclinic, and they specialize in the following medical disciplines: paediatrics, gynaecology, neurology and child neurology, cardiology, dentistry, and primary care (general practitioners).

The CUAMM–Caritas Polyclinic was planned according to Deming's cycle or the PDCA (plan – do – check – act) cycle, and its functioning depends mainly on the check phase. Every year the Municipality of Padua extends the financing of the service according to the financial statements and the reports submitted. The reports, which have to be sent by CUAMM and Caritas every six months, must show clearly the user-flow trend, which refers to the number of beneficiaries, their age, gender, country of origin and the treatments requested and given.

These two examples – the High Professional Immigration Body and the CUAMM–Caritas Polyclinic – highlight the extent of social and health policy integration in both Padua and the Veneto Region. Attention to integration is deeply rooted in the culture and law of the Region: Regional Law 55 of 15 December 1982 (Parliament, 1982). This law formally integrated the health and social systems of the Veneto Region. Thus local health units (*Aziende Sanitarie Locali*) became local health and social units (*Aziende Socio Sanitarie Locali*). For this study, the authors have referred to the latter as *local health and social authorities*, which most closely resemble the United Kingdom's local health authorities in terms of concept and activities, but with added responsibility for social care/interventions.

Lessons learned

What follows is a brief description of lessons learned about planning, managing and evaluating the activities to promote the health of migrants in Padua.

Financing

The High Professional Immigration Body functions on a small budget. This organization received initial funding of €40 000 from the Veneto Region, which allowed it to establish a multi-ethnic unit for obstetrics and gynaecology. Once the funds were spent, all services supplied by the High Professional Immigration Body were financed by Local Health and Social Authority No. 16 (see the section on “Programme benefiting the target population”). Local Health and Social Authority No. 16 functioned on money from its own budget, which formally expresses the objectives, strategies and programmes established by the general management of the health service for operational units. Budgeting is a complicated planning, reporting and checking process that involves not only the general management and the single operational units, but also involves the service called Management Control. This service verifies, through analysis of programme criticalities, the relevant fluctuations in budget (divergence analysis), to control the programme direction and take corrective action. In this specific context, the High Professional Immigration Body is an operational unit of Local Health and Social Authority No. 16, the general management of which provides a yearly budget for implementing concrete responses to the social and health care needs of the immigrant population in Padua.

A careful evaluation of the programme's objectives resulted in optimization of the resources allocated from the budget. The evaluation allowed the High Professional Immigration Body to manage resources in a way that created and strengthened a service network able to:

- adequately inform the immigrant population about the opportunities given by the right to health – for example, through the Listening Centre;
- ensure adequate assistance to minors, teenagers and immigrant families through the different services implemented.

Human resources

The High Professional Immigration Body functions by using human resources already present in Local Health and Social Authority No. 16. The specialists (such as gynaecologists, dermatologists, infectious disease specialists and paediatricians) and the nursing staff involved in the different services for immigrants are employed by Local Health and Social Authority No. 16 and provide their services as extra work. Because they believe in and strongly identify themselves with the mission of the organization, these personnel ensure regular service. It is an example of a social network that works well due to the contribution of the personnel (particularly voluntary personnel) involved. The only personnel assigned to the High Professional Immigration Body by the general management of Local Health and Social Authority No. 16 are two administrative employees.

Cultural/language mediators also work with the staff of the High Professional Immigration Body. They work for Cooperativa La Frontiera or belong to the register of mediators of the Municipality of Padua. They cover Arabic-, Chinese-, French- and English-speaking linguistic and cultural areas. The mediators help facilitate communication and education, thus improving comprehension between staff and immigrants. During the activities of these mediators, shortcomings in the mediators' knowledge of specific social and health issues for this target group became evident. In response to this, the head of the Body arranges specific training for mediators, to provide *informed mediation*. The training provides insight into how immigrants are conditioned socioeconomically and psychologically – for example, by lack of employment, underemployment in unprotected sectors, illegality, social exclusion and housing problems.

In 2006, in collaboration with the mediators, the head of the High Professional Immigration Body organized training courses on the management of immigrant patients. These courses were for administrative employees that worked at the desks of Local Health and Social Authority No. 16 and police headquarters. As an example of these courses, the one scheduled for 26 October 2007 was entitled “Non-European foreigners: which law and which assistance?” Finally, two new training courses for general practitioners and social and health care personnel of Local Health and Social Authority No. 16 will start in 2008. It is worth noting that the demand for specific training on immigration came from the personnel involved.

Communication

After identifying a lack of awareness, among immigrants, about available local services, the High Professional Immigration Body, in conjunction with mediators, organized a communication programme aimed at informing immigrants about their right to health care. This right was established by National Law 40 (Parliament, 1998) and by Presidential Decree 394 (Ministry of the Interior, 1999), which specify that all immigrants, including illegal immigrants, are entitled to have emergency health care, basic health care and essential medications. For illegal immigrants, this is facilitated through use of the STP card. Encouraging access to the National Health System and reducing inequalities linked to differing health system usage patterns are among the key tasks of such organizations as the High Professional Immigration Body. The Listening Centre deals specifically with this (see the section on “Programme benefiting the target population”).

The following information booklets are produced by the High Professional Immigration Body:

- *A Listening Centre for foreigners*
- *Are you sick? Remember that Health is a right*
- *I'm pregnant: a short guide to introduce immigrant mothers to birth*
- *The growth of a child*

The last two booklets were financed by the Province of Padua. The booklet about sickness provides immigrants with information about the following.

- **How to ask for an STP card.** The booklet explains that this has to be requested from the local health and social authority and explains that no service provider will report them to the police.
- **Where health services for foreign people are located in the territory and which services are offered.** In particular, the booklet describes the services of the multi-ethnic unit for obstetrics and gynaecology, the unit for dermatology, the unit for unaccompanied minors and the units for community paediatrics.

Potentially transferable lessons

A major strength of the social and health interventions for immigrants in Padua was the ability to create a network and to work in partnership. In this case, all the actors that worked with the immigrant population in Padua worked as part of a network. The network was reinforced by the local context, where health and social integration was already present. Some lessons learned through the activities in Padua described above may be applicable in other European contexts.

The first lesson learned is about the importance of communication and information management. Communication is an essential instrument for building social capital. Local Health and Social Authority No. 16 and the Municipality of Padua promoted the use of a network for internal communication, external communication and the sharing of information of public utility. This helped create the conditions required for service implementation.

The second lesson is about the need for cross-disciplinary governance that integrates public, private and third-sector actors and allows them to establish learning processes to strengthen skills. The High Professional Immigration Body provides direction and control, but makes room for other actors to contribute whenever they have the skills and experience to intervene. In the Italian context, this put into practice the subsidiary concept, based on the Italian Social Services Framework Law of 2000 (Parliament, 2000) that facilitates the harmonization of different stakeholder activities.

Finally, the third lesson learned is that the analysis of the target group's needs should shape the definition and implementation of services. In Padua, interdisciplinary social workers assess the needs of the immigrant community. These social workers engage the immigrant population directly and are the main channel for assessing needs. They have the opportunity, through direct contact with the immigrants, to monitor their requirements and subsequently share them during the coordination round tables convened by the High Professional Immigration Body. This has enabled the interventions to be designed in a way that is sensitive to emerging needs, with particular attention given to the demands of the most vulnerable target groups of immigrants.

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