Union of Superiors General
Via dei Penitenzieri, 19
00165 Rome

International Union of Superiors General
P.zza di Ponte S. Angelo, 28
00186 Rome

Health Commission

First analysis of the questionnaire on

The involvement of religious families engaged with migrants' health issues

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Editor Br Daniele Giusti, mccj

Preamble

During the February 2017 meeting, the Commission raised the issue about the relevance of the matter in the light of the poor response of associates (i.e. Religious Congregations) to its initiatives. While considering the many assumptions identified, the Commission concluded that AIDS was the last question which arouse great interest among associates: most likely because it is a global problem shared by all members and which required a paradigm shift and different approaches.

As a consequence, the Commission decided to deal with the charismatic involvement of laity in the health ministry provided by associates (i.e. religious families). The many initiatives and meetings organized on the topic were welcomed with little interest to the extent that Commission members started questioning the relevance of its activities.

The decision taken at the meeting was to identify a problem with similar criteria to those of AIDS: as a result, the issue of migrations was the closest match and the decision to start exploring the problem was made.

At first, in May 2017 members gathered to study the question and tried to answer the following questions:

- Which are the burning questions asked to religious members involved in providing health care services to migrants?
- Which challenges face religious health care center directors providing health services to migrants?
- Which initiatives can meet unexpected health care needs of migrants?

Thanks to the contribution of Mrs. Civitelli who collaborates with the Scalabrinians, it was possible to better define the question and to reach the following conclusions:

- We are confronted with an extremely complex, constantly evolving and varied phenomenon.
- It is important to acknowledge the principle of the broadest access threshold as a need which requires a “more generous” answer
- The diverse cultural wealth of religious congregations can be put to profit
- There are many religious initiatives but which are often not well known and isolated: it is necessary to improve networking
- It is necessary to support frontline health staff in public health centers who often lack adequate training (on existing laws and regulations, migrants’ rights, including citizens’ rights) and thus end up hampering the therapeutical recovery path
- It is important to be able to recognise the need for psychotherapeutical care while most of our staff, including volunteers, are unable to do so
- It is necessary to form whoever is willing to offer protection and support: the reception of migrants cannot be entrusted to untrained volunteers.
- The response offered by public services as well as by religious ones is unable to meet all specific needs; consider for instance the increasing disabilities among migrants.

At the following meeting held in October, the decision taken was to gain a deeper and through picture of the actual involvement of religious families and the kind of service they are currently providing in facing the multi-faceted problem of migrations.
It was not possible to carry out a formal survey – like the one on AIDS - due to a lack of time and resources, the decision went for a quick and dirty fact-finding analysis with a few specific questions. Major Superiors were asked to answer a short on-line questionnaire which required only a few minutes to fill in. Another important aim of this approach was to collect a list of contacts and addresses for future communications, in case the outcome of the exercise would encourage pursuing activities in this field.
The questionnaire was prepared in time to be approved at the Commission's December meeting and thanks to the support of UISG Communication Office, it was sent to all associated Congregations (approximately 600 for UIS and 200 for USG). Respondents were invited to answer to the on-line questionnaire by the beginning of February in order to be able to assess answers.
At the February meeting, the Commission acknowledged that the answers showed a substantial degree of interest and therefore the Secretariat was invited to analyse data in order to roughly outline the engagement of Congregations with migrants. This brief report is the outcome of the data analysed.

The Questionnaire

The decision made at the December 2017 meeting was to send a very simple questionnaire not to discourage respondents (Superiors/Generals); it was organised with four levels of questions with Yes, No, Don't know as possible answers. The aim was to understand the level of engagement when dealing with migrants' health issues, including the general scope of health services (i.e. whether the Congregation is either directly or indirectly involved by the Health department in terms of managing its own health and or socio-sanitary facilities or rather involved as part of their charism in the management/running of health facilities not owned). The actual 'scope' is useful to identify which Congregations fall under the Commission's remit.
The choice of closed-ended questions with "Yes or No" answers is restricting but at the same time, it provides unequivocal information. The answer "Don't know" about something is also useful information.

Questions asked

After some standard information (Congregation's name, acronym, person filling in the questionnaire, contact person, e-mail address), the following two questions (with a second question in case the first answer was affirmative) were:

First question

Does your Congregation/Institute own in their name (i.e. property of the Congregation's legal entity) health or social care activities?

If the answer is YES go to Questions 1.1 and 1.2, if the answer is NO go directly to Question 2 and following

QUESTION 1.1

Does your Congregation/Institute own in their name (i.e. property of the Congregation's legal entity) health or socio-sanitary facilities exclusively reserved to migrants?

QUESTION 1.2

Within the health activities owned by your Congregation/Institute, are there specific services for migrants' health needs?

Second question

Your Congregation/Institute has staff providing health or socio-sanitary services as part of your charism (directly or indirectly required by your charism)?

If the answer is YES, go to Question 2.1 and following. If the answer is NO, the questionnaire is completed.

QUESTION 2.1

Is any of your staff specifically in charge of migrants' health issues in facilities owned by the Congregation?

Is any of your staff specifically in charge of migrants' health issues in facilities owned by others?

QUESTION 2.3

Is any of your staff specifically in charge of migrants' health issues in services provided locally / at home?

The basic questionnaire is available at **Annex 1** (of the Italian version).

Survey methodology

The questions were prepared by the UISG Communication Office in charge of translations into French, English, Spanish, Portuguese, of developing the data collection system with an excel database which was automatically filled with respondents' answers to the on-line questionnaire. All Superiors/Generals were informed by their relative Unions' Secretaries (see **Annex 4** of the Italian version) about the questionnaire and that the deadline to fill it in was 9.2.2018 (a few days before the Commission's February meeting). The following analysis does not include answers sent after that date (very few in any case).

Results

Relevance of the number of replies

The letters sent were: 600 to UISG associated Congregations and 200 to USG associated Congregations. Communication experts had agreed on a 10% minimum response rate (past experience has led to consider this percentage as meaningful with such method). UISG associates' responses were 97.74 and 22 those of USG associates, representing respectively 13% and 11% (12% average rate).

With this kind of method, the result obtained can be considered valid if compared to the 10% target.

	Questionnaires sent	Answers received	%
UISG	600	75	13%
USG	200	22	11%
Total	800	97	12%

Answers were sent in the following languages:

Language of replies		%
Italian	19	20%
English	37	38%
French	27	28%
Spanish	14	14%
Portuguese	0	0%
Total	97	100%

The scope with respect to the Commission's remit

Data obtained indirectly provided information concerning Congregations which own health facilities and/or have their staff working with the Health Department as part of their charism. As a result, 55/97 (57%) of Congregations own (40/97 – 41%) or have staff working with the Health Department (42/97 – 43 %) or both. In analysing the level of overlapping, there are some inconsistencies due to an incorrect interpretation of questions. The list of Congregations classed as above stated, is in **Annex 2** of the Italian version. Indeed, it is unlikely that 13 out of 40 respondents who declare owning the health facilities do not have any of their staff involved. On the opposite, 15 Congregations are collaborating with the Health Department as part of their charism but do not own the health facilities. It will be necessary to verify these results.

Positive answer to scope Question 1 and the following specific questions

Question 1 *–Does your Congregation/Institution own in their name (i.e. property of the Congregation's legal entity) health or socio-sanitary facilities?*

40 Congregations gave a positive answer divided according to following language groups as follows:

Positive answer to the question concerning the property of health facilities (scope question 1)	
Italian	4
English	19
French	12
Spanish	5
TOT	40

Out of these, 9 gave a positive answer to one of the two following questions, confirming that approximately 23% of health facilities owned by religious Congregations are involved in services for migrants.

Question 1.1 – In terms of health facilities owned and exclusively reserved for migrants, 4 Congregations gave a positive answer (3 of the English-speaking group and 1 of the French-speaking group).

Question 1.2. – As regards health services exclusively reserved to migrants within health facilities of property, 5 Congregations answered positively (3 of the English-speaking group and 1 of the Italian and the Spanish-speaking group respectively).

Positive answer to scope Question 2 and to the following specific questions

Question 2 **– *Does your Congregation/Institute* have staff involved in providing health or socio-sanitary services as part of their charism (as directly or indirectly required by your charism)?**

42 Congregations answered positively (out of which 27 also own health facilities) divided in the following language groups:

Positive answer concerning the involvement of their staff in the Health Department as part of the specific mission linked to their charism (scope question 2)	
Italian	9
English	15
French	11
Spanish	7

Question 2.1 – As regards one's staff involved in providing a service reserved to migrants in health facilities of their property; 11 Congregations answered affirmatively (4 of the English-speaking group, 3 of the Spanish and French-group respectively and 1 of the Italian-speaking group). What needs to be clarified is why 4 Congregations answered positively to this question but gave a negative answer to Question 1 (a clear contradiction).

Question 2.2. – Concerning one's staff providing a health service reserved/dedicated to migrants in health facilities not of their property, 14 Congregations gave a positive answer (4 of the English, Spanish and Italian-speaking groups, 2 of the French-speaking group).

Question 2.3 – Concerning one's staff providing a health service for migrants on the field, not in health facilities, 13 Congregations gave a positive answer (4 of the English and French-speaking group, 3 of the Spanish-speaking group and 2 of the Italian group). It is interesting to underscore that 8 of these Congregations also own health facilities.

For a summary of answers, see **Annex 3 of** the Italian version.

Summary of results

The results of this 'quick and dirty' approach can be summarised as follows:

Relevance of replies	Yes, 97 Congregations (12 % of interviewed) replied
Scoping of the health field	55 Congregations (57% of interviewed) own health facilities and/or health staff
Direct engagement with migrants' health issues	25 Congregations (45% of Congregations involved in different ways with the Health Department) have services/activities/people dedicated exclusively to migrants

Conclusion

The analysis herein provided is only the first step towards understanding such phenomenon which is likely to rapidly evolve and change. The most tangible outcome of the initiative, which was not planned for specific results, was to assess two areas: first, the ownership of health facilities and the involvement of its staff in the Health Department; second, the attention of Congregations towards migration issues.

It is still to be decided when and if the Commission should further be concerned with this matter, also in the light of the impact of this first and simple survey on the world of religious life.