

Fighting discrimination and exclusion: Civil society and immigration policies in Italy

MAURIZIO
AMBROSINI*

Abstract

Migration policies in recent years have turned to growing restrictions and tighter controls in most countries, not only at national level but often also at local level. But several actors from civil society have tried to counteract this trend, protesting, organizing advocacy actions, providing services and promoting networks. Italy is a case in point: from the beginning of the arrival of immigration flows in the '80, the reception of the newcomers and the defence of their rights has been provided mainly by non-public actors: trade unions, voluntary associations, social movements, catholic institutions. In the last decade, Italian immigration policies have hardened, above all in the period 2008-2011, with the advent of a securitarian discourse. Many civil society organizations struggled against these policies. The article will present two case studies: 1) the Association "Avvocati per niente", that defends the immigrants against local policies of exclusion; 2) NAGA and OSF, two Associations engaged in health care for irregular immigrants in Milan. The articles explore motivations, discourses, strategies, alliances and outcomes of their action.

Keywords: migration policies; civil society; irregular immigration; health care; advocacy.

Introduction

Immigration is an extremely sensitive issue; it mobilizes moral positions, social values, and world views. This is true of governmental migration policies (Bonjour 2011), but above all of civil society actors (Eastman 2012). On the one hand, there are nativist and anti-immigration movements which hoist the flag of a national identity or public order under threat (Balibar 2012), while on the other, altruistic values and religious convictions feed a grassroots activism (Fernández-Kelly 2012) expressed in terms of demonstrations, advocacy, and various forms of aid, as well as the supply of specific services. The principal beneficiaries of this are the weakest members of the immigrant population, such as asylum-seekers, irregular immigrants, and victims of human trafficking or mistreatment.

This is especially true in a country such as Italy, where the limits of state action have traditionally been counterbalanced by the vitality of other social actors, from families to local communities, from the Catholic Church to trade unions. On the immigration front, the commitment on the part of civil society is a salient feature of Italy's transition to a multi-ethnic society (Ambrosini 2013a; Zincone 1999).

* Maurizio Ambrosini is Professor of Sociology of Migration at Faculty of Social, Political and Economic Sciences, University of Milan, Italy. E-mail: maurizio.ambrosini@unimi.it.



In recent times, however, and particularly in the period between 2008 and 2011, pro-immigration actors have had to face the hardening of migration policies, a key item on the election manifesto of the centre-right majority of that time, which emerged as a clear winner in the 2008 general election and in local elections in various northern Italian cities.

The opposition between policies aimed at closing the borders and a social commitment to immigrants has generated high levels of social mobilization and political conflict in various countries. The role of civil society as a factor in the contestation, change, or integration of public policies on immigration is a well-known phenomenon (see e.g. Geddes 2003), but it has not yet been adequately explored at the micro level of the activities, everyday practices, and narratives with which non-government actors seek to change the regulation of immigration and the destinies of migrants. In this way, through actions developed on the ground, the meaning, the innovative scope, and the limits of active citizenship confront themselves with the state institutions on one of the most symbolically sensitive of terrains: that of state sovereignty over borders and the right to reside on national territory (see Eastman 2012).

In this article, I will present two much-debated issues: that of the medical treatment of undocumented immigrants, and that of local policies of exclusion. I will focus on civil society actors and their actions to combat these measures in the Italian case.

Migration policies and civil society: the case of Italy

In common with the other southern Mediterranean countries, just over twenty years ago Italy joined the list of nations experiencing significant migration inflows. According to sources, between 4.6 million (Caritas-Migrantes 2011) and 5.4 million foreigners were living in Italy at the end of 2010, including an estimated 400,000 irregular immigrants (Fondazione ISMU 2012).

State institutions were caught unprepared by a phenomenon which contradicted the still widespread image of an over-populated country, suffering high unemployment, with profound territorial disparities and pockets of poverty: a country that had no jobs to offer or resources to share with people arriving from abroad. For a long time, therefore, immigration was managed as though it were an emergency, and *a posteriori* regularization measures for those who had managed to find work, despite not being registered as legal sojourners, have been the main instrument of migration policies to date (Ambrosini 2013a; Colombo 2012): including the one just enacted (October 2012), there have been six such measures in 25 years, as well as other minor or concealed ones.

In this way, a great number of the activities aimed at sensitizing public opinion and politicians, compiling statistics and documentation on the phenomenon, representing at political level and requesting legislation, giving assistance with regularization procedures, and above all providing services, have been, and still are, performed by non-governmental actors (Campomori 2008;

Kosic and Triandafyllidou 2007). Various institutions of the Catholic Church, trade unions, many voluntary associations and NGOs, and social movements are active in this field, and although they start from very different ideological and political assumptions, they all agree on the moral principle that immigrants should be welcomed with no distinction based on race, nationality, religious belief, or status (Ambrosini 2000). Services such as the distribution of information, the teaching of Italian, assistance at school for minors experiencing problems, meals for persons in need, and medical care for those who cannot access the national health system are provided by civil society organizations, with the widespread participation of volunteers, which is often essential if these services are to function. For other types of service, on the other hand, collaboration with public institutions, especially at local level, allows these organizations to receive funding, and to organize their activities on a professional basis (Campomori 2008): the most significant case in the past two years has been the reception of over 50,000 refugees from North Africa (Forti and Tornesi 2012). However, mention should also be made of the numerous support and reception initiatives for women fleeing from networks that exploit prostitution (Abbatecola 2010) or unaccompanied minors (Valtolina 2011), projects to integrate adolescents of immigrant origin (Ambrosini 2004), and local bureaus that furnish initial reception and orientation services.

In recent years, this diversified set of organizations and services has been put under pressure by a toughening of government policies, above all in the years between 2008 and 2011. The emphasis placed on security and the fight against irregular immigration has translated into a number of provisions, prominent among which are the definition of unauthorized residence in Italy as a crime, and the controversial agreements with Libya on the blockade at sea against migrants seeking to reach the Italian coast, many of whom are potential refugees. In this context, a proposal put forward in the Italian Parliament by the Northern League called for an obligation on healthcare personnel to file police reports on foreigners who refused to produce an identity document when seeking medical care in hospitals.

A further provision included in one of the so-called security packages gave more power to mayors and city councils in the area of the protection of public order in cities. This gave rise to a large number of ordinances (788 of them were issued by the 445 municipalities involved between the summers of 2008 and 2009: Cittalia 2009), ranging from a ban on wearing veils to a prohibition against assembly in certain locations. Other local decrees were added to these ordinances with the direct or indirect purpose of excluding immigrants in some way from enjoying locally-issued welfare benefits (for example, subsidies for new-born babies), reducing opportunities for opening commercial businesses, preventing the opening of places of worship, and more. I have elsewhere defined this set of measures as “local policies of exclusion” (Ambrosini 2013b; Ambrosini and Caneva 2012).

Various social actors have given battle on both fronts, even though they have had to fight against a cultural and political context that showed wide

support for the government's positions. In the following sections, I will provide a more detailed analysis of the two cases. In what follows, the two case studies jointly show diverse aspects of the activities of civil society organizations in regard to migratory policies. The first illustrates the combination of political mobilization and protest activities with the supply of direct healthcare services to irregular immigrants. The second describes a free legal protection activity which seeks to cancel various discriminatory measures introduced in recent years at local level.

Medical treatment for irregular immigrants¹

The medical treatment for undocumented immigrants is a typical issue on which contrasting values and logics compete against one another. Over the years, successive governments, acting in the name of national sovereignty and the defence of the national territory against infiltration by unwanted foreigners, have strengthened the so-called "internal controls" (Engbersen and Broeders 2009), above all since 2001: these entail exclusion from a series of public services, among them healthcare. On the other hand, the humanitarian values themselves of a democratic state require that individuals who are seriously ill, pregnant, or the victims of accidents be treated regardless of their legal status (Castañeda 2008; Fassin 2005). Hygiene considerations would also suggest that the health of the entire resident population, legal or undocumented, should be protected in order to prevent the spread of contagious diseases. Financial problems may translate into an incentive to select those who will benefit from medical care; conversely, a lack of investment in the prevention and treatment of the initial symptoms of an illness may later lead to a need for hospitalization and far more costly interventions (Portes, Fernández-Kelly and Light 2012). We should add that from the political point of view, while electoral results in many countries, including Italy, demonstrate that the electorate is opposed to irregular immigration in abstract, general terms, when it comes to actual flesh and blood individuals, who may have their families with them, and who are known in the neighbourhood, these positions may change, and even be reversed, as Ellermann (2006) observes in the case of Germany.

Many states have identified a partial solution to the dilemma by restricting access for undocumented immigrants to only urgent, necessary treatment, but aside from the problem of determining when treatment is urgent and necessary, the issue of basic medical care remains unresolved. Interventions by NGOs and other non-state actors allow a response to be given to this part of the dilemma, although it is imperfect and inconsistent: the state reaffirms its sovereignty and reiterates the firmness of its policy regarding irregular immi-

¹ This section is based on the results of a study carried out by the author with Deborah De Luca as part of the project entitled "Immigrant Workers and Systems of Representation: Organizational inclusion, forms of participation, and access to social benefits", funded by the Italian Ministry for Universities and Research (*Ministero dell'Università e della Ricerca*). The research is based on two studies of cases of the Milanese NGOs Naga and OSF.

grants, but individuals receive treatment, and public health is protected. It is for this reason that in several cases, the public authorities – above all locally – promote the intervention of NGOs in some form by providing facilities, favourable terms, and, in some cases, subsidies.

The civil society actors involved in this area therefore move on two fronts: ensuring the accessibility of public healthcare facilities by broadening the meaning of the term ‘necessary and urgent treatment’, if possible; and organizing medical services alternative and complementary to public services, and also free and accessible to immigrants without stay permits.

In Italy since 2008, when the Berlusconi government revealed its intention to compel medical personnel to report irregular immigrants, several protest campaigns have been started. These have involved not only NGOs, but also medical associations and boards that regulate the health professions. A prominent role has been played by SIMM (the Italian Society of Migration Medicine) and by the Regional Migration and Health Groups (GRIS). The Italian branch of the international NGO Doctors Without Borders (MSF), the main trade unions (CGIL and CISL), the Association of Family Doctors, representatives of paramedic professions (IPASVI, the National Federation of Professional Nurses, Health Assistants and Child Minders), and the Association of Catholic Doctors have all undertaken various initiatives, such as filing appeals, collecting signatures, and staging demonstrations.

The protest reached its peak on a day of national mobilization, 17 March 2009, when health professionals, social actors and migrants' associations demonstrated against the new regulation in a number of Italian cities. Their shared slogan was: “We are doctors and nurses, not spies” (Geraci and Bodini 2011). The battle was successful, and in April 2009, the government was finally forced to drop its controversial provision.

On the other hand, the NGOs engage in the supply of basic healthcare services for immigrants excluded from the public health system, above all in those Italian regions where the local laws are particularly restrictive.² We have studied two organizations based in Milan: NAGA and OSF.³

The best-known of the NGOs in Milan providing free health care to irregular immigrants is NAGA. Founded 25 years ago, in 1987, it is an ideologically left-wing, secular (that is, non-Catholic) association that combines the provision of direct services with the promotion of political positions and legal campaigns. Every year, NAGA provides approximately 15,000 health services, about 80 per day, ranging from basic to specialized medicine.

More important in terms of the provision of free, minimum level health services dedicated mainly to irregular immigrants is the Opera San Francesco (OSF) clinic, a branch of a charitable activity that has been carried out by

² In Italy, as in various other countries, certain areas of the healthcare system are governed by regional laws.

³ Deborah De Luca cooperated with me in this research study.

Capuchin friars in Milan since 1959. The clinic has been active in Milan for several years, but was renovated and enlarged in 1996. The services delivered by OSF annually increased six-fold between 1997 and 2011: in 1997 they numbered 10,957, in 1998 (the first year at full operating strength) 22,203, followed by a record number of 39,215 in 2004, and levelling off between 2006 and 2011 to 32,000/33,000 visits, an average of 140 per day.

In both the cases just described, and in other similar cases as well, services are provided by hundreds of doctors, dentists, and pharmacists, as well as ordinary citizens who undertake support activities voluntarily and without pay. Private donations guarantee funds for the salaries of the small number of employees, equipment, and maintenance of the facilities.

In Milan, therefore, as in other Italian cities, there is a parallel supply system for healthcare services which communicates with the official service in some cases (for example, the analysis of blood samples) and supplements emergency services, replacing basic medical care. Thanks to this system, irregular immigrants can meet their primary needs, work, and wait for the opportunity to obtain stay permits.

Advocacy actions against local policies of exclusion⁴

Local policies have customarily been seen as positive measures adopted by city governments to provide benefits for immigrants (CLIP 2010, UNESCO 2010). They often compensate for the limitations and shortcomings of national policies, and offer useful resources and services for immigrant integration. Housing policies, assistance to families in difficulty, and employment services are usually provided at a local level.

In recent years, however, one has observed the appearance in a number of countries of a wave of local policies aimed at excluding immigrants from the legally-resident community (see, for the United States, Bloemraad and de Graauw 2011; for Catalonia, Burchianti and Zapata-Barrero 2012; and for Italy, Manconi and Resta 2010).

“Local policies of exclusion” can therefore be defined as measures adopted by local authorities with the purpose of excluding migrants and separating them from the native component of the population by establishing specific – albeit often implicit – prohibitions against them. These may be indirect or hidden, or may set up special screening procedures or limit access to benefits and local social policy resources. These policies fix the boundaries of the legally-resident local community, and reinforce a duality between lawful members (insiders, who are natives or otherwise of Italian nationality) and

⁴ This section is based on the results of a study carried out by the author with Elena Caneva within the ambit of the European project entitled ‘Accept Pluralism’, on the basis of an analysis of institutional documentation (resolutions of various local authorities in Lombardy), an analysis of the local and national press, and 15 detailed interviews of privileged witnesses: see Ambrosini and Caneva 2012.

outsiders, whose right to residence tends to be defined in more limited and conditional terms. They offer the natives reassurances regarding the priority of their status compared to that of outsiders, and send them the message that they are being actively defended against an ‘invasion’ of their urban space, which they feel threatened (Ambrosini and Caneva 2012).

Policies of exclusion may be divided into five categories:⁵

(1) Civil exclusion: for example, limitations on the right of foreigners without a certain income level to request residency in certain municipalities;

(2) Social exclusion: exclusion from certain benefits disbursed at a local level, such as subsidies for new-born babies, deserving students, or the unemployed;

(3) Cultural exclusion: legislative barriers to the opening of religious centres for minority religions, or a ban on wearing veils that cover the face;

(4) Security exclusion: local legislation with the purpose of preventing or restricting the gathering of immigrants in public areas, or promoting the more aggressive pursuit of irregular immigration by using the municipal police or encouraging anonymous informing;

(5) Economic exclusion: interventions that tend to limit opportunities to open ‘ethnic’ stores, such as kebab restaurants or phone centres, or reducing the opening hours of stores in areas where there is a high density of minority-owned commercial activities.

The introduction of these measures provoked reactions from various civil society actors, who opposed them not only through public protests but also by legal action. In Lombardy, the Associazione Avvocati per Niente (Association of Pro-Bono Lawyers) has been especially active in this area, and has been the protagonist of many legal battles in defence of migrants. The Association was founded in 2004, and has the aim of guaranteeing justice for the weak, with the *pro-bono* participation of more than 50 lawyers. It is promoted by Caritas and supported by a number of civil society organizations (Trade Unions, ACLI – the Christian Associations of Italian Workers), and certain foundations that work with the homeless and the unemployed.

The association has won some important legal battles: against the municipality of Milan for the exclusion of the children of irregular immigrants from nursery schools; against the municipality of Brescia for the exclusion of new-born babies of foreign citizens from financial benefits; against various town councils for the ban on wearing a veil; and against ATM of Milan (the Municipal Public Transport Company) for excluding a foreign citizen from a competition to select new drivers.

⁵ This typology is based on an analysis of 70 measures passed by 47 local authorities in Lombardy (Northern Italy) carried out by the author with Patrizio Ponti.

The Association, moreover, offers legal advice to organizations which work with the most vulnerable individuals and provides training for other lawyers on topics relating to discrimination.

Not only do none of the lawyers belonging to the Association receive any payment for their activities, but its regulations require that “each member give the Association the proceeds from pro bono work for at least two cases per year, and from any costs the other party is ordered to reimburse” (Alberto Guariso, Chairman of the Association, in Giorgi 2011: 99). The Association is therefore also a cultural point of reference for those who work for the legal protection of immigrants and other socially weak subjects.

Conclusions - Four types of intervention by civil society

As we have seen, the restrictions included in Italian immigration policies at both national and local level have not been passed without active opposition raised by several civil society actors.

Four main forms of action can be identified: protest, the promotion of networks, the provision of advocacy, and the production of services.

The first form of action belongs in the field of political and public communication, and can be labelled *protest*. It has become particularly incisive in healthcare and eventually led to victory when medical and professional associations joined the fray and lobbied for the priority of their ethical codes over politically-developed directives, as van der Leun (2006) has observed in the case of the Netherlands. In the case of local policies of exclusion, the range of protests was necessarily more limited, but the most significant cases were reported on television and in national newspapers.

The second form of action is the *promotion of networks* in various forms. This takes place on three levels. The first is political: connections and alliances among pro-immigrant organizations and trade unions, professional associations, religious institutions, and the press; an “advocacy coalition” created among subjects very different from one another but which are all sensitive to the need to defend immigrants’ basic rights (see Zincone 1999). The second level is operational, and concerns links and forms of cooperation between NGOs and other institutions and services, including certain professionals and sectors of public institutions. The third is the level of personal relationships: for instance, those between doctors working for NGOs and doctors in public hospitals are often decisive for circumventing restrictions and finding solutions to specific problems.

The third form of action is the *provision of advocacy*. This relates more directly to the struggle against local policies of exclusion, especially when conducted by a professional association such as *Avvocati per Niente*: local governments seeking consensus by passing various discriminatory measures have in many cases encountered combative and competent opposition in the courts. In the

case of medical treatment as well, advocacy to ensure access to the public healthcare system is an integral part of the work of NGOs in the sector.

The fourth form of action is the *production of services*. This concerns mainly medical care. In many local situations, such as in Lombardy, NGO clinics form the cornerstone for the provision of medical care to irregular immigrants. Here, volunteer work and private donations are key aspects of the daily activity of NGOs. As in the case of the United States, we can say that “non-economic factors, including religious and humanitarian narratives, play a large part in the creation and maintenance of medical institutions serving the poor” (Fernández-Kelly 2012: 69).

The vitality of civil society is therefore a factor that impacts on the governance of immigration: that is, on the production and implementation of political decisions, especially at local level, and on the actual processes of integration of immigrant minorities, above all that of their weakest and least protected components. Moral choices and political militancy, humanitarian values and religious convictions feed active forms of citizenship and social commitment. These are valuable resources at a time of restrictive policies and high levels of consensus in several countries in favour of policies hostile to immigrants and refugees.

To conclude, to be noted is an Italian peculiarity: the defence of immigrants’ rights is mounted essentially by actors from Italian civil society. Immigrant associations are still fragile and under-equipped for these battles (Bocagni 2012).⁶ The absence of the right to vote compromises access to public resources, and the comparatively recent settlement of the foreign population weakens engagement and the development of professional skills, for example in the legal field.

The suspicion that Italian organizations are draining resources that would otherwise go to immigrant associations does not appear well-founded, at least in the cases considered here. However, it is to be hoped that future developments will include a greater propensity by immigrants to act as protagonists in claiming their rights, in the fight against discrimination, and in the production of services for those who need them. The mobilization of those excluded has historically been a resource of the highest importance for advancing the frontiers of social inclusion as the alliance with dynamic actors of the national civil society.

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⁶ In other countries, with longer histories of immigration, the active role of movements and associations promoted by migrants themselves is more pronounced: see on this Anderson (2010) with reference to women employed in domestic services in the UK, Chimienti (2011) for irregular immigrants in France and the UK, and De Bernardis (2012) for those in Belgium.

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