



IMMIGRANTS, PERSONAL CARE JOBS AND ICTS

A STUDY ON THE ITALIAN CASE

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Introduction

The role of immigrant labour force in providing personal social care in Western countries has raised a remarkable interest in literature, combining a social welfare and a migration studies approach (e.g. Parreñas, 2001; Hondagneu-Sotelo, 2001; Misra et al., 2006; Yeates, 2005). In the recent debate on evolving care needs for vulnerable persons – such as the elderly, in their own domiciliary settings – the use of new technologies has also raised increasing attention, in terms of their contribution to safer and more effective care arrangements, facilitating older persons' autonomous living (Miskelly, 2001; Leys and De Rouck, 2007). “Personal care”, “ICTs” and “Immigrant careworkers” should thus result in a potentially rich common ground for a highly integrated, personalized and even – once systematically implemented – cost-effective arrangement in social and health care provision.

Whether, and under which circumstances, this may be the case in Italy, is the core issue of this Report. Never so far, to our knowledge, have the three “pieces” be reunited into one overarching “puzzle”; neither in the theoretical debate, nor in the practice of social care services to older people. Our attempt, thus, is a preliminary – explorative one, combining different (and even disarticulated) research domains, in theoretical terms; building on feasibility judgements, or – at best – on local good practices, in empirical terms.

This Report delivers the results of our efforts, within a framework characterized in Italy by the lack of information on the topic, and the poor coordination between relevant local agencies, in a notoriously fragmented and less than generous social welfare regime, as the Italian one (see for instance Ferrera, 1997).

The contents of this research report, written on behalf of the European Commission, Directorate JRC, Institute for Prospective Technological Studies¹, are as follows:

- (1.) A literature review on the impact and potentialities of new technologies in personal care to the elderly, facilitating their autonomous living at home;
- (2.) The results of our empirical research on the Italian case, as to the potential role of immigrant careworkers in facilitating elderly's access to ICTs, and in mediating their everyday use;
- (3.) Immigrant carers' potential contribution in mediating, via ICTs, communication and relationships between an older person's domiciliary setting and the external network of welfare institutions, care providers and other relevant actors;
- (4.) The potentialities of ICTs in facilitating immigrant's training and professional development, given immigrant careworkers' own skills, expectations and life projects.
- (5.) As a way of discussion, the main evidence emerging in fieldwork for each of the key issues identified in our study, which has paved the way for our empirical work.

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Some conclusions will be sketched at last, on two aspects: *(i.)* as to the possible trade-offs between a massive, unregulated resort to immigrant careworkers and greater investments in ICTs, given Italian welfare arrangements, along with the prospects for avoiding “zero-sum” solutions; and *(ii.)* concerning the positive outcomes that a greater public investment in the sector – and in immigrant carers’ training and empowerment – could generate.

Key definitions

In this report we will use the following terms to refer to different “carers” profiles.

Informal, immigrant careworkers: paid worker attending to people in need of daily support (especially elderly), in their home environment - whether in a live-in or in a live-out arrangement. Their employment qualifies as "informal" insofar as it results from a grassroots, face-to-face agreement between a careworker and the person to be assisted. Many of them work in the black market, on an unskilled basis (see Annex 1). They are the main focus of this report.

Formal careworkers, whether Italian or immigrant: similar tasks are carried out, but they are employed by a formal organization, typically a public local authority: welfare agency or primary care unit.

Family carers, or caregivers: relatives, friends and neighbours of the person in need may play a relevant role in looking after them. Their relevant contribution, which however may prove insufficient, enjoys a very poor recognition in the local welfare debate in Italy, compared with other European countries such as the United Kingdom or France. Both for this reason, and for the aims inherent in this research project, the role of family caregivers has been left purposefully out of the scope of our empirical investigation.

1. ICTs, elderly care and immigrant careworkers

1.1 On the impact of new technologies in the elderly's everyday lives

The connection between older people and new technologies should be understood, in principle at least, as a bidirectional one: on the one hand, new technological devices may be a valuable resource in mitigating the decline of personal capabilities inherent in ageing processes, as in the case of elderly domiciliary care; on the other hand, some ICTs may be actively used by elderly people themselves, for many a reason. From either viewpoint, attention should be paid not only to strictly health or assistance matters, but to the wider role of new technologies in facilitating older people's autonomous living and their ongoing social life. As a recent article puts it, "ambient intelligence" – or the availability, in one's home environment, of intuitive interfaces facilitating one's everyday activities –

Can provide a range of opportunities to support an ageing population: enabling the containment of the overall costs of care; remote monitoring of activity and physical wellbeing...; adaptive interfaces for people with physical disabilities; and a responsive and proactive environment... which enables easy communication with healthcare professionals, friends, family and the wider community. (Cabrera and Rodriguez, 2005)

Generally speaking, three at least are the perspectives worth being taken, for a better understanding of the role of technologies in supporting older people in their everyday life (Andrés Del Valle et al., 2005):²

- "sensing the older people's environment" – which relates to equipments monitoring people's life spaces, thus preventing risks inherent in the ordinary use of domestic tools, in their poor health state, or in the very condition of living alone;
- "enhancing the way they communicate with their external world", i.e. facilitating both communication with family members and connectedness to relevant services. Besides mitigating isolation, this may be an invaluable source of external help, when needed;
- "supporting their daily activities, to help them control their own well being". This involves technologies (for instance "context aware computing") providing the elderly with reminders and personalized, timely information on their everyday habits and needs. Nowadays, a rich spectrum of technologies, potentially ranging from monitoring and alarm systems to properly ICTs, can therefore be exploited in any of these domains, with relevant implications for home help services and for the very careworkers involved.

² Another substantive classification divides ICTs supporting elderly care into two subcategories (Biocca and Dewsbury, 2003):

- *First level systems*, including "products, tools and/or technologies... suitable for elderly with good abilities... or with no need of specific support" (i.e. home safety systems and other technologies – sensors, alarms, etc. – aimed at controlling and facilitating basic home routines);
- *Second level systems*, that is "technologies and supports for specific needs, which mostly take advantage of informatics... or communication tools". Relevant examples, in this case, are tools supporting users with cognitive problems in performing their everyday activities; or equipments dedicated to monitoring health data, risks of "wandering" or other behaviours and even personal lifestyles.

1.2 On the potentialities of new technologies in elderly care: protection, assistance, autonomy, well-being

What do we actually mean by new technologies, in the field of elderly domiciliary care? And what about their characteristics, impact, diffusion, accessibility – as well as the opportunities and limitations inherent in their use? The overall label of *assistive technology* generally applies, in ageing and social welfare literature, to

Any device or system that allows an individual to perform a task that they would be otherwise unable to do, or increases the ease and safety with which the task can be performed. (McCreadie and Tinker, 2005)

Video-monitoring and health monitoring, portable alarms, electronic sensors and detectors are just a few of several equipments that may be adopted in elderly home care, and even integrated into their own everyday life environment (drawing also on housing adaptations, in a domotics perspective). The underlying assumption, which draws on a “domiciliarity” approach and on a “social model” of impairment, is that being able to keep living at home, for older people, is a value making sense in its own right; and that, given the gradual decline in their earlier capabilities, “the problem” lies in an everyday environment that needs to be adapted (as a condition for their autonomy),³ rather than in a fault or an inadequacy of theirs.

Manifold are the devices and the telematics applications which may be adopted, developed, integrated to various degrees and with different costs to home settings (see, for instance, Miskelly, 2001; Biocca and Dewsbury, 2003). Their actual diffusion and impact may depend not only on the resources available, or on architectural barriers, but also on the approach underlying home care interventions, within local welfare systems. Another fundamental variable lies in older people’s attitudes, reactions and abilities to cope with new, and possibly sophisticated, devices.

The basic objective of assistive technologies, in a home care setting, is therefore enhancing security, perceived safety and autonomy of those involved, much more so if living alone. Beyond facilitating their permanence at home, such technologies may make a relevant contribution both to their personal well-being (i.e. countering isolation and supporting their cognitive capabilities), and to their wider social integration, out of a strictly domiciliary domain. Indeed, new technologies may be useful also in facilitating older people’s communication with their family members or acquaintances, as well as with the networks of supportive welfare agencies. A broad spectrum of their emerging needs – with respect to security, health monitoring, everyday life management, socialization – may thus be given an answer. In other words, ICTs may be contributing, if properly usable and accessible, to processes of “active ageing”.

The scope of this report, however, involves only ICTs’ interactions with personal care issue. At the same time, potential limitations of assistive technologies should not be

³ The emphasis on the adaptations required to older people’s living environment, in order to meet their “desire to remain independent at home while controlling home health care costs”, tallies with the notion of “smart homes”, which refers to an application as pervasive and integrated as possible of assistive technologies in the domicile. Several pilot projects have indeed been developed, mostly in the US and in Europe, to try out the model of “a residence equipped with technology that enhances safety of patients at home and monitors their health conditions... [thus addressing both their] functional limitations and social and health care needs” (Demiris et al., 2004).

neglected. An ordinary use of technologies within one's life ambient, for accessible and user-friendly they may be, should not be assumed as obvious, nor natural – much less so for the elderly living alone in their domestic spaces. The actual usability of ICTs and assistive technologies, in other words, may be conditional on several relevant elements:

Not everyone will benefit from or accept new technological aids and devices, and each individual's situation must be carefully assessed. Many people may welcome the technology although a few might view it as an invasion of privacy. Some equipment... is relatively unexpensive, while video-monitoring is quite expensive. Elderly people who have visual, auditory or speech disabilities may not be able to use some of the technology. Finally, those who have other physical or cognitive impairments may have difficulty with some equipment. (Miskelly, 2001)

A fundamental issue has to do indeed, whatever the feasibility or the costs of home assistive technologies, with their personal acceptability. At stake, here, are people's own preferences, their (self-)perceived needs, the perceived usefulness of technologies and the visible impact of the latter on their ordinary activities. If "the problem" lies in "the gap between an individual's capacity and their environment", such a gap can hardly be filled, unless the very people concerned acknowledge the need to do so. As a result, a key question should be put before implementing any new equipment in one's home: "How acceptable is it to the user?" (McCreadie and Tinker, 2005).

Several factors, as the authors suggest, interact in making more or less "acceptable" assistive technologies: on the one hand their availability and costs, and the very housing arrangements of those involved; on the other hand, the "need to be assisted" they actually feel, as well as their own preferences, and the "quality" – i.e. "the efficiency, reliability, simplicity and safety" – they perceive in any device. Whatever the case, the subjective impact of new technologies is a variable that cannot by any means be discarded (Demiris et al., 2004); much more so for ICTs, which are definitely "new" (and likely to generate rejection) for many older people.

Given the relevance of the elderly's perceptions and expectations, a key variable for the success of assistive technologies lies in the participation of end users, and in a reference to their views, all along the designing process. Though arguably expensive and time-consuming, a process of systematic consultation with final users – provided their declining capabilities allow for this – should be preferred to a merely "last resort", or even a tokenistic one (Dewsbury et al., 2005; Desbury and Biocca, 2003).

For all these reasons, the issue of how elderly people interact with new technologies, even with those potentially more accessible and usable (such as the internet), warrants further reflection. So does the involvement of those who, on a professional basis, support their everyday life at home.

1.3 On the use of ICTs in elderly care in Italy: some preliminary remarks

Research on the Italian case is relatively undeveloped, with respect to international standards: either on the impact of new technologies on home help services – which seems to be comparatively limited; or on the elderly's own employment of new technologies. Some general remarks can however be made – bearing in mind, first of all, the growing demand of immigrant female labour in personal social care, over the

last decade (Gori, 2002; Da Roit and Castegnaro, 2004; Pasquinelli, 2006). Further Italian peculiarities can be identified, from a demographic point of view, in very low fertility rates, combined with a growing incidence of the elderly population (Istat, 2007; Eurostat, 2006); from a welfare arrangement viewpoint, in the relatively poor development of personal social services to the elderly, as well as in the prominent role of the family and of an informal domiciliary setting – though with an increasing resort to paid immigrant carers – in their everyday assistance (Saraceno and Naldini, 2003; Ambrosini, 2005).

Even in the wider field of the older population's access to ICTs, the Italian case still seems a quite “backward” one, with respect to the U.S. or to Northern Europe countries.⁴

From a “supply” side, no local case has been found out in Italy, during the whole research itinerary, regarding a purposeful involvement of immigrant carers in facilitating the elderly access to, and use of, new technologies (whatever the applying definition).

Quite similar remarks can be made, generally speaking, about the “other face” of the ageing-ICTs connection: domotics and assistive technologies, in the wider framework of domiciliary care. From this viewpoint, indeed, the Italian experience amounts to a patchy and diverse combination of single local initiatives, mostly experimental, out of any nation-wide strategic design. Even scarcer is relevant literature, except for a few descriptive case studies of local initiatives. As a key informant (see annex 3) explains it,

In the Italian context, family caregiving... relies on an insufficient definition of the specific professional performances that any careworker is expected to provide. [...] This makes extremely difficult an effective mainstreaming of new technologies. (KI-2)

This overall scenario warrants, however, a far deeper empirical analysis, with particular attention to the role – in actual and (especially) in potential terms – of immigrant careworkers.

1.4 Immigrant careworkers: an emergent (though hardly visible) actor in home care provision in Italy

Totally disregarded has been so far, in the debate on the application of new technologies in elderly care, the role of those who take care of older people in domiciliary settings: whether family members or paid careworkers and, in the second case, whether in a live-

⁴ The more recent figures provided by the National Institute of Statistics (Istat, 2007), drawing on a nation-wide representative sample, are crystal clear: within Italian population, those using a personal computer (sometimes at least) account for 7% of the cohort 65-74 years, and only for 1.4% in the following cohort (75 and beyond). Figures on internet use (sometimes at least) are even lower: 4.8% in 65-74 cohort and just 0.9% in the over-75 population. Under both respects, a very significant gender difference emerges: while in the male population the internet access score is at 8.3% (65-74 cohort) or at 1.9% (over-75 cohort), the scores of its female counterpart are, respectively, 1.7% (65-74) and 0.3% (75 and beyond). Against these data, discourse and rhetoric on “cyberageing” or “grey surfers” have still, much more so in Italy, far greater currency than the real facts. Access to the web is for now, as far as older people are concerned, a very selective and gendered phenomenon, notoriously correlated with high levels of education and/or of social and professional background (and, for sure, with a customary ICT use in one's family younger generations).

in or in a live-out arrangement. Domiciliary paid caregiving has resulted in Italy, over the last decade, in an increasing supply of immigrant labour, mostly female, often employed in irregular terms or – however – in quite informal and unregulated work conditions (CNEL, 2003; Colombo and Sciortino, 2005). The topic has been recently dealt with in some empirical research, from different angles of interest: the life and job trajectories of the immigrant workers in domestic and home care jobs, and the role of gender, ethnicity and social class in accounting for their insertion in this labour market niche (Colombo, 2003); their evolving relationships with employer families, along with the reciprocal expectations involved (IREF, 2007; Lazzarini et al., 2007); their position in, and potential interactions with, the wider system of personal care services to the elderly, with respect both to institutional and informal actors (Gori, 2002; IRS, 2007).

The present analysis focuses on immigrant paid careworkers, dealing with caregiving unskilled activities in the elderly's domiciliary settings. Our attention is specially devoted to immigrant careworkers, mostly women, employed in personal homecare to the elderly (either in a live-in or in a live-out arrangements). Our analysis, therefore, does not concern with the family members of those in need of personal care, but only with *paid* careworkers.

The latter in Italy happen to be mostly immigrants, as far as the demand of personal homecare, in the last few years, is concerned. Their employment may be defined as an *informal* one – as it is a result of grassroots, interpersonal arrangements, with a very weak institutional mediation. A part of the immigrant labour force in the sector, however, works in illegal terms – i.e. without a legal contract – or may even be undocumented (see Annex 1).

Overall, no evidence really exists as to their access to ICTs and, even less, on their utilization of any technological device in a domiciliary setting. This does not equate to saying, however, that they do not use ICTs at all – nor that, in potential terms, there is no scope for a greater utilization by them of ICTs, in some key respects, for elderly care.

In the next paragraphs, our main fieldwork results will be systematically discussed. Given the actual lack of dedicated literature, as far as the Italian case is concerned, two levels of analysis will be necessarily combined:

- a factual, experiential (more than theoretical) one, concerning both the social relationship between careworkers and older people (as a key channel in relieving the impact of new technologies and in facilitating their use in practice), and immigrants' own attitudes with respect to new technologies;
- a much more hypothetical, perspective one, relying on reasonable assumptions but in fact on few, if any, experiences implemented in the field, as far as immigrant careworkers' mediation with ICTs to the elderly is concerned – whether in their very home settings or in their interactions with service providers.

Factual analysis will thus intermingle with a preliminary evaluation of sheer potentialities, though with a clear emphasis on the distinction between the former and the latter.

This being the premises, our fieldwork has resulted in an attempt to explore the potential contribution of immigrant careworkers as mediators between ICTs and those assisted, on the one side; social welfare institutions and agencies, on the other. Attention has been paid also to ICTs as a potential resource for immigrant workers' own training and qualification. For sure, the use of ICTs in domiciliary care is a relevant issue in its own right, whatever the role of careworkers. Still, when it comes to mediating new technologies' impact in a domiciliary setting, the latter may prove to be a significant resource. As a key informant put it, the challenge ahead lies indeed in bringing ICTs' use in common people's customs and frames of mind, which – in the case of elderly people – are likely to be especially conservative and resilient to change. It is worth wondering about the potential role of careworkers, and much more so of immigrant ones, in this critical “mainstreaming” process – both in technological and in cultural terms.

The point is to bring [ICTs] resources already existing, into the context of ordinary people social life. The employment of personal careworkers should not really be seen as a sheer alternative [to ICTs' employment], but rather as a form of mediation, in every respect: a mediation with the person being assisted, as technology facilitates personal care; a mediation with the carers themselves, who can build on technology to qualify their own skills; a mediation in the ways of interacting with the welfare agencies network. Much is dependent, however, on any given context... (KI-3)

These remarks resonate with a wider observation that needs to be made, before focusing on immigrant careworkers' contribution. Whatever the characteristics of a given technological device, the ways of relating it to the final users, and the specific needs of the latter, should always be given the right emphasis. Quoting another key informant (KI-2), “technology resources may have poor success, in themselves, unless they are connected to relevant activities with respect to prevention and social care work – that is pre-existing activities, as well as the ones that will continue even after a state of alarm has been detected”. Hence the need of an integrated approach, where the use of technology should be a part of wider prevention activities.

2. In-home mediating? Immigrant carers as a potential resource for an easier use of ICTs in elderly home care

A first research question has involved the role of immigrant carers in facilitating the ordinary access and use of some technological devices, inside older people's home environment. Acceptability, accessibility and usability issues will thus be addressed. "Mediating", from careworkers' viewpoint, should involve helping the elderly in using a simple technology, overcoming their concerns with this, and even – when it comes to purchasing simple aids – advising them about the more viable options at hand.

A preliminary point to be addressed, here, has to do with the main beneficiaries of a possibly greater ICTs development, in a domiciliary setting. In other words: *which elderly* should reasonably be the key target, due both to their specific needs, and their residual capabilities for autonomous living? The answer, as a key informant suggests, should involve a quite distinct "segment" of the older population – one that, however, does resort to personal careworkers, whether in a live-in or in a live-out arrangement.

Sometimes social and health services do not reach target populations that would benefit more [from new technology applications], as many new technologies are addressed to a population intermediate between self-reliant and non-self-reliant elderly – which, today, is covered only by general practitioners. The latter have their own prejudices, as they think they already have themselves an answer for any patient's needs – lacking is the awareness of the very contribution of these technologies, as they answer to an area of needs which does not completely overlap with health, nor with social care ones. It is an area of need in its own right, quite unexplored – still, a relevant one. It is a matter of lack of interest and of poor communication – a matter of culture. It is this, above all, what is hampering new technologies' diffusion. [...] Dealing with these technologies should result in creating a sort of protection network, to cover that part of the elderly population being still relatively self-reliant (and thus living still at home); or, however, to improve domiciliary care, as instead of visiting them twice a week, once can be enough... (KI-5)

Our empirical research has focused on some regions of Northern and Central Italy, with comparatively high standards in elderly social and health care provision – and even, for that matter, in the recruitment of immigrant care workers: Lombardy, Emilia-Romagna, Tuscany. The picture emerging out of it, as to the real currency and impact of new technologies to older people (let alone the role of their carers), is however a quite sketchy, fragmented and basically poor one.

A broad distinction should be made, in the first place, between different new technologies, on the grounds of their purpose, degree of sophistication and scope for application. An illustrative continuum can thus be built, in terms of their increasing complexity and decreasing spread and accessibility:

- personal alarm devices (allowing to keep easily in contact with a family member, or a social worker);
- environmental safety sensors, ranging from devices preventing gas or water leaks, to antitheft alarms;
- advanced monitoring devices, both in social and health care, allowing for a systematic control (and evaluation) of one's everyday actions and habits – in order to keep watch, for instance, on an older person's cognition decay; or with the aim of collecting data on specific health standards, concerning one's evolving pathologies; or even, and more simply, as practical reminders – via proper interfaces: TV set, mobile phone, etc. – of any relevant activities (e.g. medications to be taken at given times, appointments with other people, etc.). The latter may be integrated with pre-existing communication channels (audio or video ones) involving family members, care workers or further "significant others".

The fact remains that, the higher the technology sophistication, the lower the contribution one should expect – in the short term at least – from careworkers, in mediating their use; from social agencies, in recognizing their importance and disseminating their use; and of course, from older people, in accepting their impact. Especially when it comes to computing and internet applications – which however may prove useful for careworkers’ training, as we will illustrate below – a significant employment for in-home social and health care is unlikely, for the time being at least. A key informant has summoned up in quite effective terms the issues at stake here.

As far as computing and internet are concerned [as to their applications in the elderly’s home care], Italy is too backward – which applies also, even more, to immigrant careworkers’ countries. More basic tools, here, work much better. Internet can be helpful for training, rather than for coping with the problems inherent in elderly care. E-learning and training at distance are no doubt facilitated by employing new technologies. The fact remains, yet, that in Italy you just don’t need to train careworkers in using them, since their very assisted ones (and their families) don’t know anything about them – nor do they use them. (KI-4)

Altogether, most applications of ICTs to elderly care in Italy are a result of local pilot initiatives, hardly ever supported by wider, co-ordinated institutional strategies. More often than not, such initiatives do not turn into patterns of ordinary service provision, relying on suitable actions of monitoring, assessment and evaluation. Lacking are systematic trials of most ICTs potentially relevant devices, due both to a paucity of specific skills and expertise in care service providers, and to a sheer matter of related costs, along with a pervasive scepticism as to the real contribution of some devices. Hence a diffuse lack of reliable information, even on the scope and accessibility of already existing technological devices.

In fact, while new technologies’ accessibility may prove difficult for the elderly, and should not be taken for granted for those assisting them, a further premise should be made: even within relevant public authorities, as well social care agencies providing in-home services, knowledge of new technologies’ potentialities is by no means widespread – and far less so the interest in investing on them. Quoting two interviewees,

You need a common vision: the very idea [of new technology applications] should be a widely shared one, otherwise it will never start. If a project [involving ICTs] is well developed, in technical terms, those promoting non-self-reliant elderly care should be more and more informed about this. Although the basic idea is provided by a technician, you need a common, and quite agreed upon, caring project. [...] Some of them [social practitioners in local authorities and in service providers] haven’t even heard of active lifters... (KI-3)

In order for ICTs to be employed on a wide scale, a problem of significant prejudices has to be coped with, involving services first of all. Unless these prejudices are removed, the use of new technologies may remain still limited to a few trials. The problem with new technology has also to do with social workers’ inability to promote them, or to convince the elderly to make a good use of them. [...] It is not only a matter of “cultural resistance” on users’ and families’ side, but also on the side of service providers, as they don’t understand that they just can’t find an answer to any need within the scope of their own service provision. (KI-5)

Nor should one forget, on the demand side, the intricacies of – hence the professional investments required by – a proper adaptation of technologies to the elderly’s attitudes and specific needs. The latter – apart from older people’s perceptions and attitudes, being a challenge in its own right – result in quite different degrees of employability of technological devices. The potential contribution of those living with them – more specifically, of immigrant careworkers – would then develop on two levels: a trust

mediation one, facilitating an older person's acceptance of any new technology, as a routine – or at least a not too intrusive – object, within their home environment; a more practical (and maybe less critical) one, in that careworkers themselves are expected to apply a technology, insofar as the older person is unable to provide for it. Before an investment on either level is made, however, wider social factors should be taken in account. This results in a generally scant and unsystematic employment of new technologies in the realm of elderly care provision; as well as in poor integration – both between different technological devices, and between the agencies providing them and the mainstream social welfare services. As an interviewee expert in assistive technologies puts it, the costs involved – though often relevant – are by no means the only issue at stake here.

The actual utilization of these tools is still conditional, all the time, on the start up of new trials, with – say – 50, 100 users, often with no further development of service provision models, nor of any impact validation. Public authorities are not yet responsive enough, in this respect... often as they have not money enough, so they give up impact validation. The case may be, however, that an interface is not always appropriate in itself, but it may provide a good answer – on a not so good one – depending on the user. For an older man, for instance, a TV set can be a very good interface, as he is accustomed to using a remote control. If he has any limitations manual skills, however, it all comes to nothing. I mean: if you don't make a preliminary analysis of what is really appropriate, you run the risk of just stating "it cannot be applied", even if the real problem was the lack of an integrated analysis. (*KI-1*)

Moving now to the "supply side" of personal social care, facilitating the impact of any technological assistive device, as this enters the delicate realm of the elders' habits and life spaces, is the first issue to be debated. There are reasonable grounds to expect – according both to literature (e.g. McCreadie and Tinker, 2005) and to our key informants – an older person to have a negative reaction at the beginning. Whatever the technologies implemented, it is a matter of accepting something new, unknown, inevitably modifying – as little as this may amount to – one's own everyday life sphere. Crucial, here, is the role of those living with them – or of those they do trust of – in facilitating acceptance, at first; in explaining daily utilization, or in utilizing the technologies themselves, later on. From both viewpoints, immigrant careworkers – provided a trust relationship is built between them and those they care for – are a valuable resource. Their constant support, for the elderly still living at home, makes many of them the only figures that could play a role in facilitating the use of simple technologies, or in administrating them, or however in monitoring their utilization. This may apply, for instance, to safety systems such as alarms, sensors or detectors, or even for e-health or remote assistance applications.

A potentially fertile ground for a further involvement of careworkers has especially to do, in some key informants' judgements, with telemedicine, on the one hand; with domotics in a wider sense, on the other. As to e-care, a live-in careworker could, for instance, be trained in helping an older person – provided they are relatively autonomous – to apply medical checks (e.g. a pressure control or an electrocardiogram) on a periodical basis, sending then relevant data to health services. As to domotics, some simple technological device can be helpful in alleviating a careworker's activities, such as moving on raising the person to be assisted – or they may allow to do in safer conditions. The very careworkers could also teach the elderly to use some instruments by themselves, thus maintaining a reasonable degree of personal autonomy.

No matter how user friendly an assistive technology may be, its introduction in the elderly's life sphere calls for a mediation function – in accepting it, in understanding its mechanisms, even in using it – which a trustworthy careworker, as long as receiving adequate training and incentives, should be able to provide. Immigrant careworkers'

training and active involvement, therefore, is an issue to be addressed in its own right. Before that, some further remarks are worth being made on the contribution of some ICTs, via careworkers' mediation, in facilitating communication and interactions between a domiciliary setting and relevant actors, both institutional and informal ones, within the local system of health and social care to the elderly.

3. Mediating with the outside?

Immigrant carers as a potential link between elderly needs and the social and health care system

The second key question underlying empirical research has to do with the “external side” of homecare practices: that is, the relationships between older people, while living still at home, and ordinary health and social care services. Provided that using new technologies may facilitate contacts and communication with external care resources, what about the potential role of carers, in mediating or even accelerating – via new technologies – contacts, communication, problem solving solutions, spanning between older people in need and local welfare agencies?

A caveat, once again, is in order here: our fieldwork indicates a definitely poor state of the arts, as to systematic experiences implemented in local welfare arrangements. Potential interventions, rather than already existing ones, are thus to be focused in this perspective. A much wider process of “maturation”, as far as Italy is concerned, should be earlier necessary: both in cultural terms, and in the underlying mechanisms of professional training, service co-ordination and governance – let alone the sheer need of a significant “technology upgrading”, in the very care or health service provision.

ICTs may facilitate carework, first of all, insofar as they alleviate the burden of one’s daily tasks. From the vantage point of professional careworkers (whether immigrants or not), a favourable repercussion of some technological applications has to do with the opportunity of sparing time in housework related practical matters – hence of investing more energies and time in properly caring relationships. Much more attention to the relational side of a careworker’s work, in other words, can be given. Quoting an interviewee,

It is an opportunity, for care workers, to be much more effective in what they do. They have just a limited time for each user: if they can rely on a telematic system for booking service provisions, without going all the time there to collect a prescription, to do shopping, or whatever, as these services are managed in a different way, well – their working time then is really dedicated to those they care for. Otherwise they just fetch and carry for the elderly. If you can rely on some telematic service provision, therefore, careworkers’ performances will get better, and even their professional skills will – as far as there is more scope to practise them. (KI-1)

As another key informant puts it, in wider terms, the contribution of ICTs – as far as their implementation should result in a network connecting a domiciliary setting with formal and informal welfare agencies – is likely to leave scope for a more effective caregiving intervention.

New technologies, such as internet or telematic networks, can improve the connection between an older person, volunteers, associations and social or health services. This is definitely an added value that can be provided by new technologies. Telematic networks, insofar as they allow for a connection between different actors, can reduce the impact on services, improve their utilization, and therefore to give value to professional careworkers’ contribution. If an older person can be connected in real time with voluntary associations, with care services, with anybody checking their conditions via phone monitoring – and if the data so collected result in a dataset quite accessible to anybody – that’s a big advantage. (KI-5)

The key point here, lies in the role careworkers could play both in mediating elderly’s real time connections to outer agencies – assuming most of them may be unable to do

that on their own; and in facilitating the collection of relevant data, acting as a “personal interface” with the very technological devices. The contributions of careworkers and of specific ICTs, indeed, can feed each other, in a domiciliary environment, when it comes to collecting detailed and long-term information on the person being assisted, to be then provided to social and health care agencies.

Data systematically collected by a special device – on any relevant aspect of an older person’s attitudes or behaviours – can be integrated by the careworker’s own perceptions. The latter, though inevitably subjective, rely on an everyday frequentation of the person concerned, which may result in a valuable source of insight, somewhat “integrating” – in qualitative terms – technical data collected via ICTs. A key informant summons up as follows both the potentialities and the limitations inherent in immigrant contribution as “information providers”, via ICTs:

So many relevant information could be collected, thanks to the mediation of these careworkers... who, after a while, have a good idea of the person they are assisting, of their wider environment – the physical and the social one; the relational and the family one; the wishes and the inabilities of those they care for...– They could really be a rich source of information... once you find a way to respect [the assisted person’s] privacy, even in computing terms... it could even be a two-way information exchange [between careworkers and welfare agencies]: I will tell you this, you will tell me that... there is huge scope for developing this. It’s not even a matter of *new* technologies, which one should create for the very purpose... I mean: you just need a phone line and a questionnaire... (KI -3)

With respect to the interaction with external social care agencies, careworkers’ contribution – with the help of dedicated interfaces, interconnected with service providers via web – can be even a more direct one. Given the emergence of some apparent social and health needs – provided they are not emergency ones –, careworkers could be enabled to enter straight in contact with relevant social and health institutions. By means of a special intranet network, faster and more flexible professional interventions could thus be facilitated. Quoting another key informant,

When it comes to self-reliant – or nearly so – older people, a care giver – especially a live-in one – can be helpful even as a “tool”, in detecting a social or health need which stretches beyond a careworkers’ own expertise. Hence the perceived necessity of having a clinician making a domiciliary visit. Provided a web connection exists, a careworker could send information this way, and not necessarily by phone. They could get in touch with a central service managing web communication, which would allow for quicker interventions... given the symptoms and problems already described... as it is more and more difficult to find the right person by phone only... a careworker could be trained in using a software, allowing for a direct contact with relevant welfare agencies... they would act as mediators between an older person and social or health services, thanks to computing networks, in order to communicate faster... this mediation, thanks to the careworker, could apply also between the elderly and their families. While the health system is more and more complex, and you may even not get in touch with the right person by phone, here the case is a different one: a careworker send quick and proper signalling, via web. They should basically follow a standardized computing track. (KI - 5)

4. Mediating with one's prospects for development? On the potentialities of ICTs in qualifying immigrant social welfare professions

The last key question, in the development of our empirical research, has shifted the focus from the demand to the supply side of personal care. What is, given immigrant carers' own skills, expectations and life projects, the potential contribution of ICTs, both in facilitating their technical training or ongoing learning, and even in stimulating their human capital growth? Could a greater ICT employment pave the way for a better job inclusion of theirs – either in the care sector (even with distinct roles or responsibilities), or in different work domains?

No answer, indeed, can be given in general terms. Some key distinctive variables – i.e. education, age, expertise in (and satisfaction with) personal care jobs, expectations underlying one's migration process – should rather be taken in account.

Although, in the past few years, some empirical research has been conducted in Italy, involving also careworkers' own perceptions and (reported) future expectations (e.g. Colombo and Sciortino, 2005; Lazzarini et al., 2007; Ambrosini, 2005), the paucity of factual evidence on the topic is still striking. Once again, a register of potentialities should be adopted here, rather than a “factuality” one.

Literature suggests, for instance, that Eastern Europe careworkers – such as Ukrainian or Polish women – on average rely on higher human capital levels, and higher education than their counterparts from different countries (CeSPI, 2007); or, for that matter, in respect with Italian careworkers (Boccagni, 2007). The same generally applies to younger cohorts of careworkers, with respect to their older counterparts.

Further issues concern immigrants' relative stability within a local labour market, on the one hand; with their orientations to remain in a live-in arrangement, or however in the personal care market, on the other hand.

Furthermore, another factor which may encourage their use of internet has to do with communication at distance with family members at home. This is an especially significant need when it comes to “transnational mothers” – an ambivalent parental role that still applies, in Italy, to many migrant women employed in personal care (CeSPI, 2007; Ambrosini and Boccagni, 2007).

In principle, one could expect ICTs to be a valuable resource for immigrants' professional training, due both to the adaptability to different language backgrounds, and the possibly for ICTs to be considered an alternative to conventional training (which is often considered non favourably by immigrants, being an economic loss in terms of gaining through their job). As one of our interviewees has put it:

As far as training is concerned, technologies provide an answer to the needs of training at distance, with just a few group lessons in a class setting. Nothing better than using technologies, when it comes to the training of personal careworkers coming from a thousand different countries, with as many different levels of education, habits, past experiences with technologies and even with different age classes... (KI-3)

Our own empirical research, drawing on 24 interviews to immigrant women careworkers (see Annex 3), has however provided quite modest evidence: both as to the actual need of ICTs in their everyday activities, and to their skills in this respect. For

many of them, the interview has resulted in a sort of “disclosure” experiences, as it has raised their attention to issues *potentially* of interest – both for them and the families, or services, employing them – but in fact completely marginal, in their own everyday practice. Whatever the personal and professional trajectory of the interviewees, some commonalities are worth being underlined.

In the first place, none of the interviewees reports ever using relevant technologies, apart from electric lifts, in any domiciliary setting.

A slightly different case applies only for mobile phones, which may be regularly used even by older people. Official data (Istat, 2008) report, nevertheless, the average use in over 75 years old people to be much lower (26,6%) than in younger age classes (the values gradually declining from 89,8% for 45-54 years old, to 58,5%, for 65-74 years old people). Using mobile phones may facilitate contacts with family members and “significant others” living elsewhere. No specific initiative has been found in the field, however, in so far as mobile telephony as a leverage for social care is concerned.

Most of immigrant careworkers interviewed – even in the case of participants to training programs – have not given much emphasis on new technologies. Some of the immigrants, however, show some familiarity with ICTs – arguably depending on their education and length of permanence in Italy – as far as internet using is concerned, especially when it comes to communicating with one’s home country. As to their own vision of ICTs’ potential contribution to personal care, emphasis is given to possibly positive outcomes, both in terms of alleviating their own physical endeavours, and in giving greater scope for autonomy to the person being assisted.

Three excerpts, from the interviewer’s field notes, shed further light on the main issues at stake here.

Today’s three interviewees have happened to use only electric lifts, as far as technology is concerned. [...] Two of them use a PC on their own, when they need to communicate or to look for some information. The younger of them uses it quite a lot – looking even for information related to her job (e.g. on Alzheimer’s disease). Sometimes she also looks for information relevant to the older person she assists, who has not a PC. [...] None of those assisted by the interviewees has ever had a PC, apart from two disabled persons, in their fifties, who use it a lot. [...] The three of them seem well convinced of the utility of new technologies, when it comes to – as they put it – electric lifts, recline chairs, electric wheelchairs with remote control, diabetes measuring devices, and computers. While a lifter is perceived as very useful in moving weighty persons, the other devices seem helpful in strengthening older persons’ autonomy (“there would be less of a need of their relatives’ help”). A computer may be useful, as they put it, both in planning activities and the drugs an older person should have, and as a means to do some acts (e.g. banking) without leaving home. [...] The only hint to new technologies, they’ve heard of in their training course, had to do with electric lifters.

[Interviewer’s field notes, 19.02.2008]

Today’s interviewees are absolutely distant from ICTs’ world, although they sound curious about it. For that matter, the domiciliary environments of those they assist are quite devoid of any care-addressed technological device. [...] PC and the internet are for them, at most, a source of information on their jobs and of communication with those left behind. [...] Talking about technological supports for their work, they say they may be useful for older people with moving difficulties. The more expert of them sounds nearly suspicious – as if, given her lack of skills in managing new technologies, she did trust much more in her own physical strength. *[Interviewer’s field notes, 05.02.2008]*

Today's interviewees have had a chance to try some devices, during their training course. As all of them say – however – the topic should be dealt with more in depth. They say technologies can facilitate their work – for instance they can leave an older person safely alone for some hours (thanks to remote assistance devices). Often, as they argue, a domiciliary careworker is seen as a *factotum*, while she should dedicate much more time to be truly a companion for those assisted. None of them, however, uses a PC or internet, nor even on communication grounds. [Interviewer's field notes, 19.02.2008]

As to the contents of training courses – which are still a quite marginal phenomenon, much more so involving ICTs – some more remarks can be made. A significant potentiality has to do, first of all, with self-training initiatives, drawing – for instance – on video-formats, exemplifying correct behaviours and good practices. As other studies suggest, indeed, the “training demand” of immigrant careworkers has often to do with practical tools and ideas for everyday's problem solving, rather than with wider – and less directly employable – theoretical questions (Boccagni, 2007). Even earlier than that, self-training through visual interfaces (or even PCs) may be a tool, simple though effective, in order to improve one's linguistic skills. In more punctual terms, an especially favourable domain for empowering careworkers' skills in ICTs is arguably that of telemedicine. As a key informant points out,

Training [to immigrant careworkers] with respect to new technologies may be more effective when it comes to telemedicine. Here you need someone capable of setting sensors in the right position, of testing pressure... maybe an older person is unable to do that alone, and a careworker can be helpful... it's really a good idea – here [a proper training] would have a very good effect, and every older person with a careworker could be easily monitored by means of a pressure or a heart check, made at distance... (KI-5)

The fact remains, altogether, that training for immigrant careworkers is still a critical issue in its own right – whatever the prevailing contents (which may include a basic utilisation of some technological device; and, indeed, may draw on some ICT mediated support).

The main reason for this is that a regulated market has not yet grown enough. Two thirds of this market is unregulated: see Annex 1. Such a situation means that still lacks a regulated framework capable to “receive” and give value to immigrant careworkers who are trained.

Local training initiatives, aiming at a better qualification of immigrant careworkers, have been growing in the last few years. While many of them, in potential terms, could develop some attention to ICTs applications in homecare and in careworkers' own training, in fact this has proved very rare. A local experience deserving a special mention is, however, an Equal project developed in Tuscany - namely: Aspasia - "Homecare to the elderly: an integrated system of personal and enterprise services". Here, the use of some basic multi-media facilities has been actively promoted in favour of immigrant careworkers, in order to facilitate their self-training to the fundamentals in personal homecare. Such experiences are however quite exceptional, given the wider scenario of poor concern for the topic.

The challenge ahead is acknowledging immigrant careworkers' labour market and welfare role – in terms of regular work conditions, and greater connections with the networks of public social and health services.

A more structured co-ordination with other welfare providers, and a better governance of the personal care system are thus, as far as immigrant care work is concerned, a precondition for possible training and ICT use. This awareness is growing among public officials and at the policy making level.

5. Conclusions: possible dilemmas and future prospects

It is worth, now, to summarize the evidence provided by our fieldwork. The overall research aim was, indeed, to make sense of the role of immigrant careworkers, *both in actual and potential terms*, in performing four functions, related to personal care provision (1. and 2.), as well as to their technical capabilities in care jobs (3.) and to their wider social inclusion in receiving societies (4.). In table 1, the left column shows the main issues addressed, the right column summons up – for each of them – evidence substantiated in fieldwork.

This last paragraph will then suggest, in more interpretative (and perspective) terms, the questions to be addressed for a greater development of ICTs applications – and a greater involvement of immigrant careworkers – given the still poor “technological side” of Italian personal care system.

Table 1 – Key issues addressed in the study and evidence provided in fieldwork

Purposes of ICTs’ use by immigrant careworkers: project expectations	Fieldwork evidence
<p><i>(1.) To mediate the access of the people they assist in digital services</i></p>	<p>This seems to be infrequent, as far as properly information technologies are concerned. Insofar as older people use the latter (which, for PCs, is uncommon), this is rather a result of their own previous skills or experience.</p> <p>Generally speaking, the role of assistive technologies in home care provision in Italy is a very poor one. The contribution of careworkers, for now scarcely relevant in this respect, should be framed in potential terms – at least for easily accessible devices. No local policies for developing such potentialities have been documented. However, current trends of poor public investments in ICTs for personal care, and prevailing patterns of employing immigrant careworkers in Italy, would hardly warrant specific investments.</p>
<p><i>(2.) To mediate and enable health care in favour of the elderly they assist, e.g. through remote monitoring etc.</i></p>	<p>No evidence has been provided, as to care services promoting this function (which does not rule out that, in a few cases, careworkers already may play some elementary role in the respect).</p> <p>In potential terms, the “mediating with the outside” role (see chapter 3.) is judged as relevant, in two domains at least:</p> <ul style="list-style-type: none"> - providing relevant information to specific health agencies, through dedicated intranets, building also on a careworkers’ everyday perceptions of those assisted;

	<p>- performing relatively simple telemedicine tasks (e.g. blood pressure taking).</p> <p>Much wider are the potential impingements of this function, when it comes to immigrants facilitating communication between elderly and care agencies, relevant institutions (e.g. banks, supermarkets), informal support networks.</p>
<p><i>(3.) To develop knowledge and understanding and to improve technical capabilities in delivering personal social care</i></p>	<p>This is conditional on two factors at least:</p> <ul style="list-style-type: none"> - on the one hand, the accessibility and the “technology orientation” of training initiatives to immigrants (while the former is sometimes problematic, the latter is generally lacking); - on the other hand, personal variables such as immigrants’ human capital and previous ICTs skills (by no means to be taken for granted), and even more on their job and life projects. <p>Working in personal care as an expected short time, provisional solution provides little incentives for investing in one’s training – even less so when it comes to ICTs.</p> <p>Only a very few pilot experiences, building on ICTs for immigrant careworkers’ self-training, have been documented in the field.</p>
<p><i>(4.) To improve immigrants’ quality of life and their integration in society</i></p>	<p>While ICTs are potentially a resource both in facilitating integration, and in maintaining significant ties with the motherland, the constraints already emphasized in (3.) do apply. Structural conditions, i.e. one’ success (in individual and family or group terms) in economic and social inclusion, are likely to account for their patterns of ICTs using. Prevailing work arrangements in personal care jobs, however, may result to be an impediment – whatever an immigrant’s own interests – for ICTs access.</p>

Backwardness, in technological applications to elderly care in the country, is a sort of a common denominator, along with a generally poor interest – an even lesser incentives – to invest more in the area. On the other hand, insofar as careworkers’ own contribution is perceived as a merely “emergency-covering” one, with no further scope for a professional development in its own right, perspectives for greater ICTs applications will be scarce – let alone careworkers’ active involvement with them. In so far as in-home caregiving is approached – by families, and even by welfare agencies – as a sheer matter of “behaving well”, or of displaying attitudes and gestures supposedly “natural for any woman” (although some national groups are perceived as much fitter than others), all the stakeholders involved would hardly see any reason for investing more in ICTs.

Many variables, somewhat interrelated, account for this state of the arts. First, the still precarious – or even irregular – job arrangements of many immigrant careworkers may be perceived in the short term as convenient for both sides: as a matter of saving money

for families, and of maximizing incomes – within the scope of a migration process supposed to be short – for the very careworkers. For many of the latter, indeed, domiciliary caregiving – much more so in live-in conditions – is perceived as a preliminary, necessary step of a wider job trajectory; one often leading to other niches of personal services, although not necessarily amounting to any “professional mobility”. In the second place, such issues as technology costs, lack of experience in their use, and even their cultural acceptance and diffusion – both from the vantage point of final recipients and of many social welfare agencies – account for another key fact: the mostly poor impact of ICTs emerging, even apart from the role of immigrant careworkers, in elderly home care provision in Italy.⁵

Nor could one really doubt, despite the poor evidence existing in the country, of the positive outcomes potentially at stake. In immigrant careworkers’ work experience; it would be definitely a tool for greater qualification, transferable even in different job domains. In terms of elderly care provision, along with strengthening older people’s autonomy and alleviating care provision, a relevant added value of a greater technology development should lie in maintaining and accelerating communication between relevant actors, both formal and informal ones. One more quotation is worth being made, from a key informant, about this “networking” perspective:

One of the ways of using new technologies involves maintaining and developing communication between different actors – hence an added value to the pre-existing network, which is enabled to work better. A well-functioning network should then include older people, their families and careworkers, physicians, volunteer associations and social and health services – and even agencies concerned with careworkers’ recruitment and training. All of these must be able to communicate in real time, in order to warrant an adequate and continuous caring. (KI-5)

A crucial question underlies the overall reflection developed so far: whether a trade off exists – and if so, how it could be solved – between ICTs’ employment, and resort to immigrant careworkers (at least in the massive, unregulated and “gap-filling” form that has taken place in Italy, over the last decade). To put it in scathing terms: the more *badanti* (a colloquial term for immigrant live-in careworkers) will be employed, the less new technologies will be applied to elderly care? Is it a matter of a zero-sum game? As to what our fieldwork suggests, this is not necessarily the case.

The currently widespread resort to immigrant careworkers, in Italy, arguably displays a “mirroring function” quite notorious in migration studies (Sayad, 1990).⁶ By no means do immigrant carers account for the poor use of ICTs in the sector (a process with far preexisting and more complex roots). However their conventional employment does prove how piecemeal and inconsistent, and thus hardly favourable to ICTs, are personal care arrangements in the country.

⁵ In the mid-term, however, a “generation replacement” factor may be at stake here: higher ICT skills of today’s mature adults are likely to result in their greater familiarity with technological devices, compared to currently older generations. Prospects for ICT-enabled “active ageing”, however, should always consider the need for greater usability and accessibility of ICTs also for tomorrow’s older people.

⁶ This hints at the fact that migration, in receiving societies, makes more visible (and even glaring) social transformations already under way, more often than it causes them, in its own right. The case applies, here, both to the unsatisfied need for homecare to the elderly, and to the poor application of ICTs in personal services to them. Both phenomena far pre-exist the massive use of immigrant labour in the sector, but have become much more visible than earlier, as a result of immigrant careworkers’ widespread employment.

In principle, a home care arrangement where at least some basic ICTs are introduced, and careworkers mediate their access and use – in other words, a mix between technological and personal care – is a by far preferable perspective. Many conditions, nevertheless, should apply for this to be the case.

A further development in ICTs to the elderly – via careworkers – should result, in most experts' expectations, in a less expensive and more flexible care provision. The risk may emerge, however, for technological assistance to turn – on cost saving grounds – into a mere “functional equivalent” of physical co-presence in an older people's everyday milieu. In other words: the greater the scope of technological applications, the lesser the need for someone being physically there, for some time at least.

ICTs may support, alleviate, even qualify caring relationships. However hardly, and even less for vulnerable people, can a social relationships at distance be utterly equivalent – in emotional and affective terms – to a physical proximity one (Urry, 2002).

There are no grounds, in our opinion, for being against the "automation" perspective as such. We do recognize the benefits deriving from further ICTs applications to the home environment, provided they are properly mediated and accepted. We argue however that ICTs implementation should not be seen as an overall interchangeable resource with human labour, but rather as a complementary one: it does facilitate the immigrant's work, but it does not provide an older person with the "relational added value" inherent in a face-to-face interpersonal relation (provided a careworker is properly trained).

ICTs may well allow a care worker a better allocation of her endeavours - focusing more on “relational” work, rather than on housework, on other petty business, or on mainly physical efforts. ICTs, thus, may even result in a lesser need - in terms of working hours - for a personal care worker.

Incentives to a greater use of ICTs have to do with price and accessibility, on the one hand; and with more positive social policies with respect to ICT, encouraging and spreading their use, on the other.

So, a further development of ICTs applications is likely to require a continuous involvement of personal careworkers – to some degree at least – in order to result in a contribution being accepted, and making sense, to the elderly; without simply depriving them of the affections, and the wider relational resources, that only a proximity relationship – if built on a basis of mutual trust and respect – can really provide.

The fact remains that greater flexibility, older people's residual autonomy maintenance and alleviation of some exhausting personal care tasks are as many reasons, warranting a greater (public) investment on ICTs in domiciliary care.

In prospect

The scope for more effective public policies, summing up, is potentially wide. While a greater adaptation of immigrant workers to ICTs would be a viable result in the short term, if deliberately pursued, further structural variables intervene here, calling for a medium term approach. A significant transformation would be necessary – both in social welfare/immigrant policies and in framing a more effective structure of opportunity for relevant stakeholders (local authorities, welfare services, families and

immigrant careworkers) – for some of ICTs’ potentialities to turn into widespread and accessible tools.

Such potentialities, as our fieldwork suggests, would involve no less than three key areas:

- social communication and information flows, connecting older people with the primary health care system;
- early diagnoses;
- facilitating residual abilities maintenance.

Given the above-mentioned conditions, quite distant from the current state of the art, ICTs would allow for a more effective and aimed practice of elderly social care. They could contribute to reduce isolation and of impoverished social relationships of the elderly. Though not a substitute of caregiving, further ICTs’ applications in the field can helpfully support *personal* social care.

A deeper investment of public authorities in personal homecare provision is a prerequisite for a greater development of ICT applications in the sector, along two key lines:

- providing homecare organizations, along with public agencies supervising them, with a systematic access to a range of basic ICT applications for home environments;
- enhancing training of personal careworkers, and of the whole organizations employing them (if any), with basic skills in their use and functional adaptation.

For both perspectives to be successful, the need of greater economic investments is only one side of the coin. A less obvious reform in cultural terms - involving the attitudes of key social welfare stakeholders, as well as their expertise, with respect to ICT - should also be initiated. A bottom-up diffusion process, in other words, is likely to fail, unless facilitated by strong and qualified public policies efforts.

Future research

Possible future research on the topic addressed in this research is highly recommended. We see two main possible research paths, both of which would be very much enhanced by comparative perspective.

1. The first one focuses on care workers, both formal and informal - as defined in this report (that is: both employed regularly or not by families and employed by welfare units). In a framework in which “although intergenerational solidarity is still crucial, it is expressed less through the direct provision of care and more through the supervision of paid services” (Da Roit, 2007).
The goal here is to explore the role of paid careworkers in mediating the use of ICTs on behalf of the elderly and in using them in their professional endeavours. To this

respect, we take up Madeleine Starr⁷ feedback on the first draft of this Report: *“There could be a comparison in the UK for example with people who are employed directly by families outside the social care system, or within it through our Direct Payments scheme, which allows someone to employ a Personal Assistant who does not have to be trained”*.

A comparative analysis of the role of care workers in using and mediating the use of ICTs in their home work would be the first one carried out in the EU. It would be valuable in terms of determining different “patterns” of social welfare in supporting families and paid careworkers, ICTs current and prospective uses, and possible training programs, among other issues. Also, it would be valuable in comparative terms: learning from each other social trends, social policies and welfare programs aiming to support paid caregiving and ICTs use.

More specifically, different topics could be addressed, such as:

- To what extent care workers use ITC in their activity? For what purpose?
 - Could they play a greater role in mediating ICT-based informal health care delivery?
 - Which specific functions might be supported and which skills are needed? Which opportunities and risks can be identified for the different functions?
 - Which are the main training and support needs of care workers, and how are they currently addressed (for example within immigrant self-help groups)?
 - Can ICT-based solutions help meeting these needs? Are there useful examples of this?
2. The second research path focuses on families and elderly care and their use of ICTs. The main focus here is – on a comparative perspective – on how much, which families use which ICTs, and how this use could be improved, and sustained, *also* considering the care worker role.
- To this respect a standard, comparative sample should be built in the countries involved, the number of which depends on how great the size and scope of the research will be.
- This second research possibility has a focus which has been somehow more investigated in many European countries. But a comparative exploration on how families use ICTs on a comparative basis, and which role is or might be assigned to ICTs in carers’ work, is still missing.
- Different topics could be addressed, such as:
- How much elderly people really use or could be interested in using ICTs? For what purpose?
 - Do carers perceive a digital divide problem? How do they cope with this?

⁷ Strategic Projects Manager at Carers UK.

- Could carers play a greater role in helping the people they assist in using more ICTs ? How? What needs to be done to this respect? Which specific functions could be supported?
- Which opportunity and risks can be identified in relation with a more wide use of ICTs by families and carers?

In both cases, a comparative analysis considering Northern, Central, Southern and Eastern European countries could highlight different patterns in terms of social trends, public policies and possible recommendations, both at the national and the EU levels.

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Annex 1: Immigrant careworkers in Italy

Out of a total population of 59,1 million people, Italian elderly, aged 65 and over, consist of 11,8 million people. As a result, Italy has the largest amount of elderly people in the European Union, as a percentage of the overall population (20%). The increase in the number of elderly who need to be taken care of is coupled with the decrease in the number of family carers (<http://www.felicie.org>).

All these changes occur within the framework of a limited public social welfare system, whose support – compared with other European countries – is quite limited. In particular, public home care assistance covers less than 4% of total elderly population, while for example in France, the Netherlands and England this figure ranges from two to four times as much.

The notion of immigrant careworkers applies, in Italy, to the increasing use of immigrant workers in homecare tasks, in the last decade, with special respect to home care, a phenomenon increasingly investigated (Gori, 2002; Colombo, 2003; Da Roit and Castegnaro, 2004; Ambrosini, 2005; IRS 2006; Pasquinelli, 2006; Lazzarini, Santagati and Bollani, 2007; IREF 2007).

Their employers are families and their duties range from domestic care, hygiene, personal assistance. Three key variables account for this emerging, private, social welfare network:

- demographic trends, resulting in an increasing number of frail elderly people (about 2,5 million, according to recent estimates: Gori 2006);
- from the "demand side", cultural orientations which privilege home care rather than residential settings (which is consistent with the function traditionally played by the family, as a "welfare institution");
- from the "supply side", the relative lack (and high costs) of rest and nursing homes, on the one hand; the long-standing public welfare orientation to spend in money transfers, much more than in "in kind" personal services, on the other.

In sum, the weakening of family supports and a traditional limited public social welfare are the main reasons of the fast growing *badanti*, that is women (immigrant for more than 90%), directly employed by the elderly and/or their families. Recent estimates speak of a total of more than 740.000 immigrant women careworkers, employed by families. Two thirds of these work in the so called black market (IRS 2006; www.qualificare.info). In fact, their composition can be summarised as follows:

- 42% are undocumented, illegally living in Italy;
- 25% are documented, without a regular job contract;
- 33% are documented, with a regular job.

So, this is a phenomenon very much hidden and marked by "informality", which is not only equivalent to "illegal". It also refers to the generally spontaneous, bottom-up development of this phenomenon. Efforts aiming at its qualification and regulation are growing, both at the national level (e.g. dedicated quotas in national immigrant

recruitment policies) and the local level (through training programs, support to family/careworkers mediation and job matching, even a few public registers).

The bulk of immigrant careworkers' recruitment still develops along informal networks, mediated by local acquaintances and ethnic ties, or possibly by charitable institutions, but with a still marginal role as far as public welfare agencies are concerned.

Given the dominant black labour market, a big issue concerns training. No overall nation-wide figures are available as to immigrant careworkers' educational and professional backgrounds, nor with respect to training initiatives in Italy, which seem, however, quite episodic and piecemeal ones, overall involving only a small part of carework immigrant supply.

Orientation toward training very much depends on country of origin.

Immigrant careworkers from Eastern Europe – which represent an estimated 55% of total – are generally older, without family in Italy, and have a short-term immigrant project; in compliance with this point of view they feel transient their stay. They seldom apply to training programs.

Differently immigrants careworkers from South of America (about 32% of total) are generally younger and have a long-term purpose linked to bringing their relatives in Italy. They are usually much more eager at training.

For both groups, live-in carework is often perceived as a first-step job condition - not only as it is inherently unstable, but indeed as further and less demanding carework may be preferred, in the middle term. So, in training programs emphasis is being made on skills transferable and relevant even in different carework domains (namely in public services, nursing homes, etc.);

But training is not the only issue if the aim is that to regulate, qualify, support home care made by immigrant workers. Two other core issues are worth mentioning.

- The first one concerns immigration legislation. The new Italian government has announced the willingness of giving documents to a part of the 42% undocumented *badanti*, and discussion aroused around the way to do this (Pasquinelli 2008).
- In second place, a growing number of local welfare services today are committed in building a “regulated market” for these 740.000 *badanti*. The attainment of this aim is being achieved by developing policies for private homecare, improving a network of services dedicated to families and immigrants careworkers: income support, training, case management, and supporting the match between the supply and the demand of personal care.

Annex 2: Fieldwork methodology

This research has developed along three fieldwork lines, corresponding to as many key steps. All of them have been focused, from different viewpoints, on the work conditions and the prospects for development of immigrant careworkers. The emphasis on the supply side has been warranted by the sheer novelty of the topic, as a matter of empirical research. On the demand side (i.e. older people's needs), instead, literature is relatively much more rich, with respect to ICTs uses and impacts.

So, given the time and budget frame, we have concentrated our interviews mostly on the side of immigrant careworkers – rather than that of the elderly - because far less analysed and known until now in our country.

The three fieldwork lines we have followed can be described as follows.

- 1.) A focused evaluation of the actual coverage and usability of new technologies – which may apply where, under which circumstances, for what helping tasks – within the system of welfare services to the elderly in Italy. Attention has been given also to differences related to local contexts, organizations involved, need assessments, available resources, etc. This fieldwork step has mainly addressed experts in technologies supporting elderly care: researchers, elderly care managers and consultants, dedicated civil servants, etc. (see Annex 3 for the professional profile of interviewees). A few of them have been selected on the grounds of their peculiar expertise, or of their participation to remarkable good practices (related either to an effective implementation of ICTs in elderly care, or to the development of older population's skills in the field). Relevant topics dealt with in interviews have included the following:
 - a. An assessment of four “new technology” domains, potentially relevant in elderly care – namely, sensors, detectors and alarm systems; remote monitoring devices (audio/video monitoring, health monitoring); PCs and the internet; domotics in general – in terms of: diffusion; accessibility and usability for the elderly; impacts on home care arrangements and outcomes; impacts on careworkers, i.e. skills they are expected to have, if any, for technologies to be effective;
 - b. If possible, a good practice to be described in each domain;
 - c. A wider evaluation of the general scope and impact of ICTs nowadays, and their perspective potentialities, in the local and national policies and practices of elderly home care;
 - d. A focus on the factors accounting for the more relevant differences, as to ICTs accessibility, scope and impact in elderly care (and in their own everyday lives);
 - e. The potential contribution of immigrant carers in serving, or in being enabled to serve, as intermediaries for e-health (or other new technology) solutions, in elderly home care;
 - f. The potential role of ICTs in immigrant careworkers' training, qualification and professional development; and, more specifically, in immigrant careworkers' mediation between the elderly and the social and health care systems, in its different institutions, actors, levels of intervention;
 - g. The possible contribution of public policies/interventions, in facilitating both ICTs diffusion in elderly care, also via a more active immigrant careworkers' role.

- 2.) A pool of exploratory interviews of 24 immigrant women working in the home care sector (approximately half of them being participants to local training initiatives for personal care provision). Their origin countries were both Southern American (Ecuador, Colombia, Peru) and East-European (Ukraine, Romania), as well as Asian (Philippines): see Annex 3. For all of them, two vocational guidance centres to family careworkers near Milan (in S. Donato Milanese and Sesto S. Giovanni) have been selected as interview settings. This has allowed for a closer understanding of their own experiences and capabilities, attitudes and interests in using new technologies, both on the job and in their own private lives. After investigating their expectations, attention has been drawn to the factors that may account for a greater engagement of theirs with new technologies – whether in their professional training, or in direct care giving, or even in supporting their relationships with the family members left behind in their motherlands.
- 3.) A focus group which has summoned up qualified technical opinions, as well as evidence from good practice already implemented, on the potential contribution of technologies to elderly assistance, on the one hand; on the prospective role of immigrant carers in mediating this contribution, and in profiting from new technologies, on the other hand.

All fieldwork has been carried out between January and March 2008.

Annex 3: Information on the interviewees

Key informants interviewed: a career brief

- K.I. – 1: E.T., Manager of a business specialized in assistive technologies, Firenze
- K.I. – 2: L.L., President of a consortium of social co-operatives providing elderly care services, Carpi
- K.I. – 3: M.C., Manager of a geriatric institution, Milano
- K.I. – 4: V.N., Chief consultant of a private hospital, Milano
- K.I. – 5: W.O., Director of the Elderly department of a health service, Bologna
- K.I. – 6: G.G., Consultant in the development of social care services to older people, Trento
- K.I. – 7: A.C., Consultant of an organization providing technologies for independent living, Bolzano

Participants at the focus group held on March 19th, 2008

Laura Invernizzi (I), Consorzio per la Formazione Professionale e l'Educazione Permanente, San Donato Milanese

Loredana Ligabue (L), co-ordinator Equal Aspasia Project

Canio Di Ruggeri (DR), Cgil Lombardia

Marina Torrente (T), vocational guidance worker, Comune di Milano and Comune di Sesto San Giovanni

Sergio Pasquinelli, Paolo Boccagni, Monia Anzivino, research team, Irs.

Immigrant careworkers interviewed

Case	Gender	Age	Country of origin	Former occupation	Duration of stay in Italy	Use of technology
1	female	53	Colombia	<i>not available</i>	6 years	medium
2	female	43	Ecuador	Nurse (hospital)	10 years	low
3	female	27	Rumania	<i>not available</i>	5 years	medium
4	female	42	Italy	Housewife	-	no use
5	female	45	Italy	<i>not available</i>	-	no use
6	female	45	Ukraine	Private home careworkers	3 years and a half	low
7	female	38	Peru	Private home careworkers	7 years	medium
8	female	51	Peru	<i>not available</i>	3 months	low
9	female	20	Rumania	<i>not available</i>	1 year	low
10	female	35	Rumania	Baker	2 years	low
11	female	41	Rumania	Dressmaker	3 years	low
12	man	33	Rumania	<i>not available</i>	<i>not available</i>	no use
13	female	55	Rumania	Nurse (hospital)	3 years	medium
14	female	31	Ecuador	<i>not available</i>	5 years	no use
15	female	48	Ukraine	Shop assistant	7 years	no use
16	female	38	Philippines	<i>not available</i>	16 years	no use
17	female	43	Ecuador	<i>not available</i>	6 years	no use
18	female	32	Peru	<i>not available</i>	8 months	medium
19	female	38	Ecuador	<i>not available</i>	8 years	no use
20	female	30	Ecuador	<i>not available</i>	8 years	medium
21	female	29	Italy	Housekeeper	-	no use
22	female	49	Ecuador	<i>not available</i>	5 years	no use
23	female	27	Ecuador	Housekeeper	7 years	no use
24	female	52	Peru	Waitress	9 years	no use

Use of technology:

- No use
- Low: use of simple instruments in work activities (electric bed, electric lift).
- Medium: use of computer and possible use of simple instruments in work activities (electric bed, electric lift).
- High: use of computer and advanced instruments in work activities.