

International workshop 'ICT and Migration: Mobility and Cohesion in the Digital Age'
Vienna 24-25 September 2009

ICT in domiciliary care: a focus on migrants. State of the art in four European countries

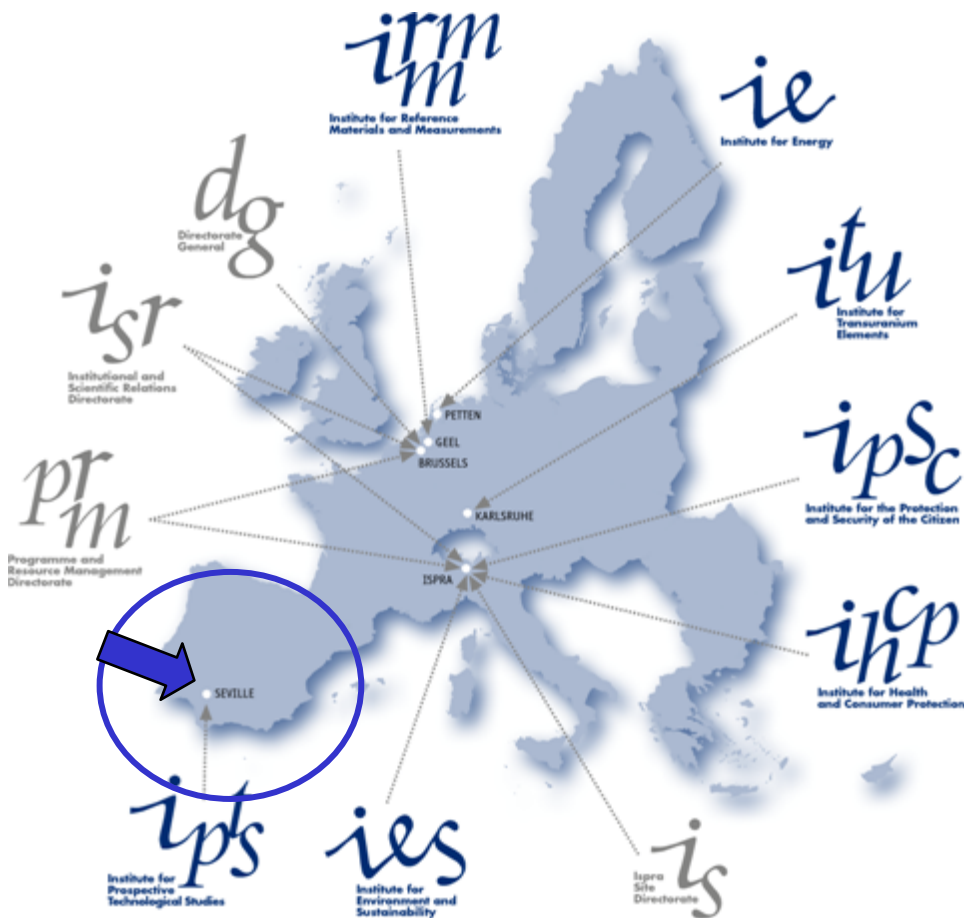
Stefano Kluzer, Christine Redecker, Jose A. Valverde and Clara Centeno
(IPTS Information Society Unit*)

Joint Research Centre (JRC)

The European Commission's
Research-Based Policy Support Organisation

** The views expressed by the authors are not necessarily those of the EC*






IPTS: Part of DG JRC of the EC: 7
Research Institutes across Europe

Mission: "to provide customer-driven support to the EU policy-making process by researching science-based responses to policy challenges that have both a socio-economic as well as a scientific/technological dimension"

Modus operandi: desk research, expert groups, modelling, centres of expertise

Background

- Europe's ageing population -> growing demand for care
 - ✓ early 2000, 25M chronic illness/disability -> 60% (15M) needed help in daily life
 - ✓ 80+: 18M in 2004, 50M in 2050
 - Shrinking numbers of health and care professionals -> formal care supply constraint
 - New lifestyle and family patterns (smaller families, people living alone) -> informal care supply constraint
- 
- The future of care delivery in Europe: at home, through a mix of
 - ✓ (fewer) unpaid family carers
 - ✓ (fewer) paid care workers -> growing share of migrants?
 - ✓ (more) ICT and other technologies
 - IPTS studies on: ICT for health and active ageing
ICT for inclusion and socio-economic participation of IEM

Research questions – broader

- Actual diffusion of ICT in care provision? Which tools/applications for which users?
- Attention to/role of informal caregivers in different national/local socio-health care systems?

Research questions – migrant specific

- Migrants, especially personal care workers, already using ICT for domiciliary care provision ... or for other purposes?
- ICT used to support migrant personal care workers?
- Opportunities and barriers for ICT use by/for migrant personal care workers?

Research method ... given lack of previous evidence

- Desk-based analysis of reports and statistics -> social care (provision, organization and policies, specifically ICT-related) + migrant labour in care
- Web searches and interviews with key informants -> ICT-based initiatives and services for domiciliary care this sector
- in DE, IT and ES, tot. 40 migrant personal care workers interviewed about knowledge, use and expectations regarding ICT in care delivery

Countries analyzed and research partners

	Care organisation	Expected ICT diffusion
Italy	Family	Low
Spain	Family	Low +
Germany	Professional (non-profit) services	High
UK -England	Professional private services	High

- England: CIRCLE (Centre for International Research on Care, Labour and Equalities) University of Leeds, Prof. Sue Yeandle
- Germany: Association of Senior Citizens' Organisations (BAGSO), Dr. Heidrun Mollenkopf
- Italy: Istituto per la Ricerca Sociale (IRS), Sergio Pasquinelli
- Spain: Consultores Euroamericanos Asociados (CEA) and Innovation Institute for Citizen Welfare (i2BC)

Who are the caregivers

The person who provides social or socio-health (i.e. at the border of health) care to a person in need of care. They can be: professionally qualified or not; paid or not, by public or private institutions, by the family or cared person; working in an institutional-residential or a domiciliary setting.

We focus on domiciliary settings and differentiate between 3 type of caregivers:

- a. Unpaid carers, family members or friends, neighbours, volunteers. In general, not professionally trained to provide care
- b. Professional qualified caregivers, or care workers, employed by public or private care providers
- c. Personal care workers, paid caregivers, usually not formally qualified, employed by dependent people or their families. Called household assistants in Germany, *badanti* in Italy, home care workers or personal assistants in the UK and informal carers in Spain. Under this category one often finds illegally employed workers, i.e. without working contract. In case of migrants, often undocumented as well.

a) + c) = informal caregivers

The role of informal (migrant) caregivers

- In all 4 countries public schemes only supply essential services for those in most severe conditions. Insufficient to allow all people in need of care to continue living independently, healthily and safely in their homes. Hence, much demand for domiciliary care from private service providers and from informal caregivers ... including migrants
- Some figures/estimates of migrant personal care workers
 - ✓ Germany: 50-100,000 or 100,000 (illegally employed alone)
 - ✓ Spain: 200-600,000
 - ✓ Italy: 740,000 in 2006 (42% undoc.; 25% doc./ no contract; 33% doc. + job contract)
 - ✓ England: >10% of care workers are BME, but little migrant 'grey labour'
- Some key features
 - ✓ Almost only women
 - ✓ Different migration projects, residence and work contractual status
 - ✓ Different (mostly high) vulnerability levels (reflecting often low rights)

The challenges and need of informal caregivers

- extensive amount of time devoted to care (up to 24/7)
- restricted socialisation opportunities and isolation
- emotional stress and need to share experiences with others in similar situation
- need information, training and other support on medical/care aspects, emergency situations, but also every day tasks (which become complex)
- not aware of the opportunities that exist to improve care (including technology-based ones)

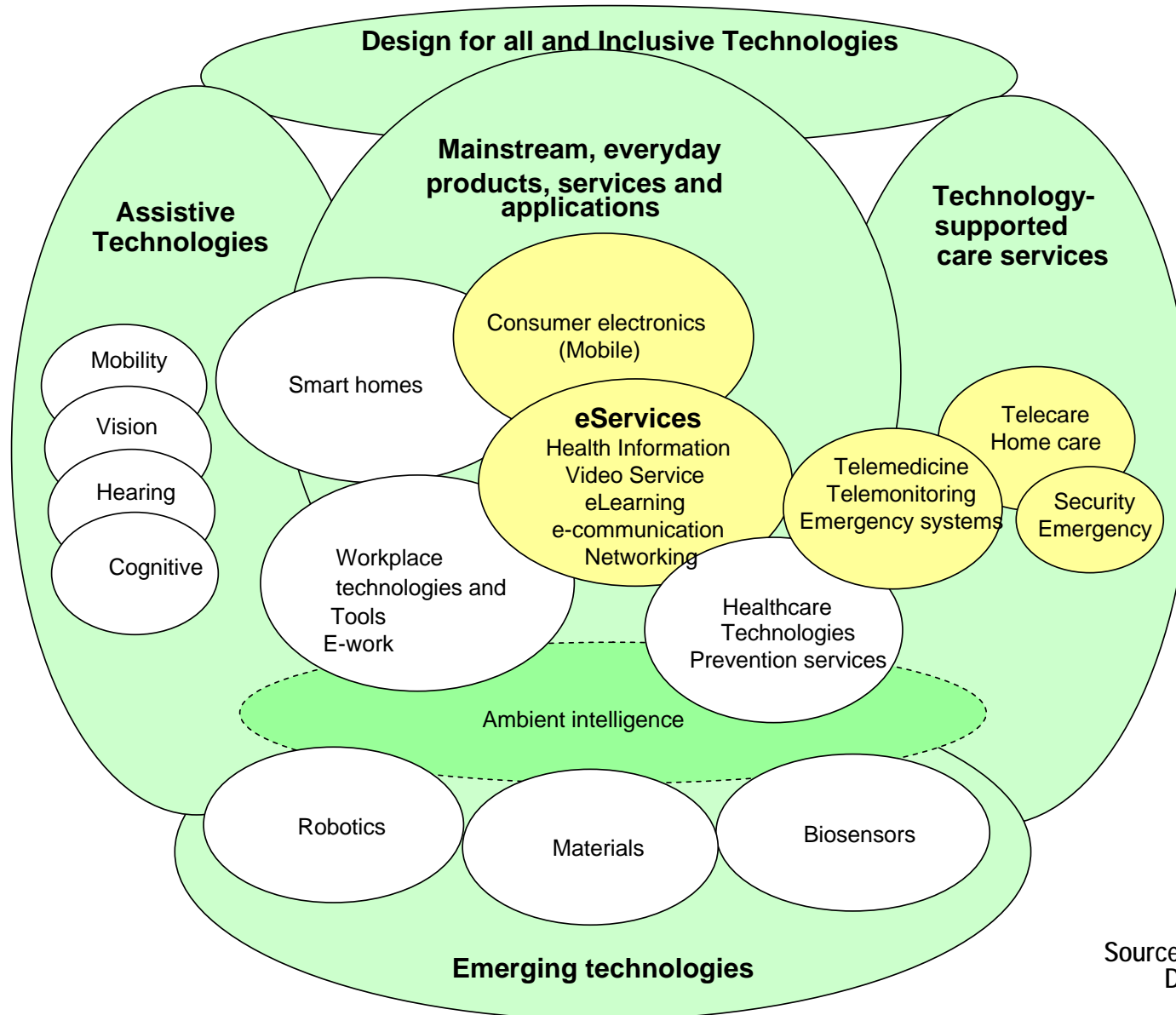
Additionally, **migrant personal care workers** (especially for new arrivals and high cultural-linguistic distance):

- often lack a social network when they are overwhelmed by their tasks, need help or advice, or simply someone to talk to
- suffer from intercultural and language barriers increase isolation and misunderstandings
- lack understanding of socio-health care context (players, rules etc.)
- are not recognised as partners in the caring process or targets for training and other support, due to often semi-illegal working situation and undocumented status

ICT in domiciliary care

Three broad categories of technologies and applications:

- a) ICT for cared person, which affect also the caregiver
- b) ICT for care workers and care providers (management, coordination, organization of care)
- c) ICT for informal caregivers (carers and personal care workers helping them)



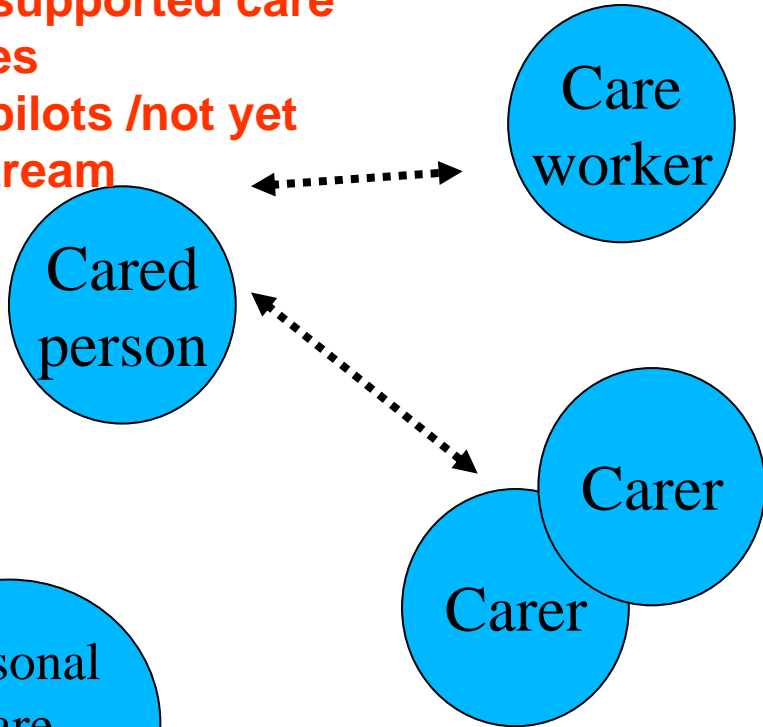
Source: David Cullen, Work Research Center
Dublin 2005, adapted

Adoption barriers for realizing the potential of ICT-based ILS

- Low ICT use in the Health care and even more Social care sector
- Low ICT use by elderly + lack of information (and often skills) among caregivers
- Miss-match between supply and demand
 - Usability, usefulness, functionality, affordability, privacy
 - Insufficient integrated approach to user needs
- Social issues
 - Harm to self image, to self confidence
- Ethical issues
 - Control of decision, privacy rules, intrusiveness

Despite low deployment, prospects are for growth, both from demand and supply sides, as experience shows that the impact is positive

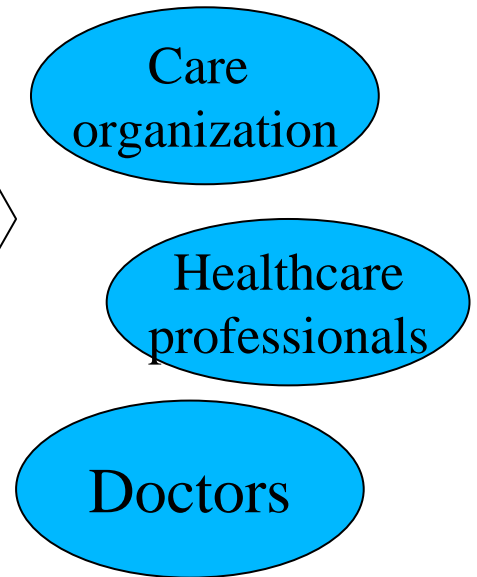
Tech.-supported care services
many pilots /not yet mainstream



Existing in care organization



Many pilots Not yet mainstream



Many phone and web-based initiatives

- Information & guidance
- Help lines
- Peer emotional and social support
- Training



Caregiver	Devices/ Technology	Examples	Services
<i>Migrant (personal) care workers</i>	Websites Phone services Multimedia tools	<p><u>Care workers specific</u></p> <ul style="list-style-type: none"> • Cuidadoras en Red (i2BC, ES) • SEKIS - (Berlin, DE) • Aspasia (IT) <p>All <u>caregivers</u> (no link with M.)</p> <ul style="list-style-type: none"> • Sercuidador (Cruz Roja, ES) • Un cuidador, dos vidas (LaCaixa, ES) <p>All <u>M workers</u> (not care specific)</p> <ul style="list-style-type: none"> • TUC, UNISON, Kalayaan (UK) 	<ul style="list-style-type: none"> • Social networking • Self-help contact and info centre (multilingual) • Training • Training & blogs • Guides, info, phone service <p>Information on:</p> <ul style="list-style-type: none"> • Employment & rights • Health & safety • Policy updates
<i>Employers of M care workers</i>	Websites	<ul style="list-style-type: none"> • Social Care Institute of Excellence (UK) • Skills for care (UK) 	<ul style="list-style-type: none"> • Best practice guide to employers • Guide to international recruitment

Caregiver	Devices/ Technology	Examples	Services
<p><i>Migrant care workers and their organisations</i></p>	<p>eMail (mobile) phones PCs GPS/navigation Websites</p>	<p>Communication and web services (UK and DE) provided by:</p> <ul style="list-style-type: none"> • Umbrella organisations • Professional associations • General info sources • Specialist info sources 	<ul style="list-style-type: none"> • Management, communication and coordination of care delivery • Networking • Information
<p><i>No difference in access and usage of ICT between nationals and migrants</i></p>			
<p><i>Carers (including with M background)</i></p>	<p>Phone help lines Websites Online forums Social Networking sites</p>	<ul style="list-style-type: none"> • 25 websites for carers in ES, only in Spanish • Carers Direct Helpline, UK (multiL) • Nottingham City Council's telecare project, UK (multiL) • Caring with confidence, UK • Active Ageing and Migrant Elders across Europe AAMEE, DE 	<ul style="list-style-type: none"> • Information • Support & guidance • Mutual help & info exchange • Info on assistive tech. • online training (BME target) • Awareness campaign also on ICT opportunities for migrant elders

Migrant personal care workers' experience of ICT at work

- No direct experience with telecare and knowledge of its opportunities (interviews defined a 'disclosure experience')
- Limited ICT availability at workplace and access restrictions (in ES, not in DE)
- Variable digital literacy (25% users in IT, 70% in ES)
- Private needs drive PC/internet use: keeping in touch with family, job search. Few cases of care-related use (health info search)
- Mobile phone crucial for communication and coordination

Barriers

- Technical aspects (keyboards for different languages/alphabets)
- Lack of time/opportunities to acquire digital skills and develop usage
- Lack of information and training materials in native languages
- Uncertain legal status (residency, work) and job prospects -> precarious living conditions -> reduced motivations to learn

Summing up

- A lot of possibilities (services and benefits)
- Little awareness
- Technology exists (phone, PC, internet, websites, forums, social networking) but specific skills are needed to use it. Care givers have in average low ICT skills.
- Many actors involved, in each country and across countries
- Potential synergies among/across actors. For example, web sites with care information developed for care workers can benefit all categories of caregivers ... including migrants
- Cultural diversity entering into the care scene (in DE and UK) thanks to large migrant communities with ageing people and related care needs
- Adding a multilingual feature seems the most common measure, but not enough
- ICT support the migrant to integrate in society beyond her/his care work by enabling: job search, information on employment, health and safety, own rights.

Suggestions on ICT to support migrant personal care workers

- Provide mother tongue online info on host country culture, home care in general and practical job-related support
- Develop ICT-based multilingual offers for vocational training
- Use ICT for distant learning of second language (general and job-related)
- Promote online communities enabling mother tongue exchange of experiences and peer support
- Design ICT devices/applications that are multilingual or independent of language

Along same lines, based on our experience:

- Maintain a wide research scope including carers, personal care workers, professional care providers, as there are similarities and synergies to be built
- Use more structured data collection across countries (e.g. questionnaire on ICT use by M) to allow comparability of data, including with other researches

More broadly, we need more:

- Comparable, reliable, comprehensive statistics on migrants in care jobs
- Knowledge of the profile of personal care workers, tasks they perform, needs, use of ICT (e.g. bottom-up online communities, choice/trust of online info sources etc.)
- Info on recruitment of care workers (abroad and locally) and current/potential role of ICT for matching demand and supply (quantitative and qualitative terms ... e.g. training)
- Understanding of ICT current/potential role to support/'manage' labour mobility, career paths (towards formal care system), return/circular migration processes

Thank you !!!

stefano.kluzer@ec.europa.eu