CARICT

ICT-based solutions for caregivers:
Assessing their impact on the sustainability of long-term care in an ageing Europe

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Final report containing case-by-case detailed description and analysis of selected 12 Good practices

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CAMPUS

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Website:	www.anzianienonsolo.it/?page_id=21
Region(s)/Country:	Emilia-Romagna/Italy

> "Campus is a system for distance learning and in presence education targeted at social and care services professionals. It is designed for people with low expertise in ICT, it includes audio and video courses, skills tests, exercises, which ease the contacts and interactions between students and teachers, also at distance."
>
> *from CAMPUS website*

Methodological note

Unless differently specified, all information for this case study report have been retrieved from the documentation available in the project coordinator website (www.anzianienonsolo.it), in the website of the project PIC Equal ASPASIA (www.equalaspasia.it). Direct information was gathered through both interviews with the project coordinator Licia Boccaletti, who is the director of the social cooperative Anziani e Non Solo, and questionnaires to users of the services. Quantitative information regarding users' and financial aspects of the initiative have been provided by project coordinators.

DESCRIPTIVE INFORMATION

The CAMPUS project is an ICT based initiative (initially funded by an Equal project) for social and professional inclusion of care workers. The rationale behind this initiative has to be found within the broader context of the Italian Long-term Care system.

Whereas Italy is among the oldest countries in Europe, only 3% circa of dependent elderly receive formal care services in public or private institutional facilities. The vast majority of older people are cared at home, but the supply of Italian public social and health care services for the elderly is inadequate to the needs of care. In recent years, the families have increasingly resort to migrant care workers (MCW) in order to meet long-term care need of their dependent elderly relatives. An extensive private care market has developed in the Country, representing this, a sort of "hidden welfare" to meet the growing needs of elderly home care. Cultural changes have indeed contributed to such changes, as for instance the

increasing participation of Italian women in the labor market has determined the need to hire staff for home care for the elderly.

The large supply of immigrant labor (especially foreign women) in the care sector has filled this need, but drawbacks of this phenomenon started to be clear soon. In many cases the MCWs have low or little qualification, thus lacking the knowledges needed for caring after a dependent health-impaired person. The control over the quality of care provided by MCW is difficult because their work is often undeclared and the homes of the older people are not easily accessible. In addition, the large prevalence of irregular work in the care market is associated with high risk of exploitations from both sides. Episodes of elder abuse and neglect in both directions (perpetrated and suffered by MCWs) are far from being uncommon in the Italian context (Ligabue 2010). Last but not least, the live-in option, although solving the accommodation problems for the MCW and lowering the cost of care for families, may represent an obstacle to the socialisation and to the progressive integration of the migrants into the Italian society. As a proof of the stressful conditions experienced by MCW, the literature report the effects of the so-called "Italian syndrome" affecting Ukrainian migrant women returning back home with symptoms of paranoia and other mental diseases, following a very isolated, unhealthy life as elder care workers in Italian households (Tolstokorova 2009, Delsere 2009).

In such context, the aim of the initiative is to provide skilled training to caregivers of older people (the so called "badanti") using ICT (i.e. the platform *CAMPUS*), promoting the use of ICT-based solution also among those people without computer skills. The main rationale for setting up the initiative was to use ICT to develop innovative and low cost methods for the training of caregivers, which could be easily transferred in others areas. Last data available show that the initiative and in particular its training activities reached more than 1,350 caregivers (both by self-learning and integrated with classes), that improved their abilities in using ICT and PCs, their professional and language skills useful for their care duties and their social integration. It is undoubt that the CAMPUS initiative contributed to fill in a gap in the provision of education and training for migrant care workers in Italy. Beside CAMPUS, no other initiative using new ICT specifically targeted this group, and most of existing (fragmented) educational and training opportunities for migrant care workers use only traditional (in presence) methodologies.

CAMPUS in a nutshell

Total users	More than **1,350**
Caregivers skill assessment	More than **350**
Year of start	**2004**
Editions of courses for private care workers held so far	**8** (in Ferrara, Prov. Bolzano, Palermo, Bagnolo in Piano, Easy Care, Carpi 1st ed., Medio Campidano, Carpi 2nd ed.)
Cost of course for MCW	**Free**
Cost of services for family caregivers	**€ 140.00**
Main source of funding	EU (during the initial stage) and Regional and Municipal authorities

The initiative CAMPUS is managed by the social cooperative *Anziani e Non Solo*. This cooperative works since 2004 with a specific focus on management of project and promotion of products and services in the field of welfare and social inclusion. The activities carried out by *Anziani e Non Solo* concerns, *inter alia*:

a) active ageing and support to frail and dependent elderly;
b) training and support to family carers, informal and formal carers;
c) support to social inclusion of disadvantaged people.

Its areas of competences are: project management and social research, training and e-learning, validation of informally acquired skills, social information, development of software packages for social care and employment services workers.

Target user groups

CAMPUS have four different target users groups. The main target group of the *CAMPUS* initiative are MCWs, the so-called "badanti" (in Italy, they are estimated to be around 1 million of people). These workers are mostly migrant women aged over 45. In the most of cases, they are employed directly by families on irregular basis (and/or often they do not have a regular permission for living in Italy) receiving low level salaries and co-habiting with the care recipient. They often are on duty 24 hours a day, while they normally have one to one and a half free day during the week. As noted, they usually do not have any (or few) qualification or training in the area of care, nor they have access to up to date technologies, and often suffer from social isolation.

The second target group is represented by the increasing number of Italian women who aspire to work as private paid caregivers. They are often unemployed and looking for a professional outplacement in the field of caregiving. These people do not have adequate knowledge and skills about caring, so they need training.

A third target group can be found among formal care staff and temporary work agencies. In this case, the initiative eases the matching between supply and demand of regular and trained care workers.

Last but not least, an "indirect" target group (of the initiative CAMPUS, although this specific service was not developed in the context of the *ASPASIA* project) is represented by the informal family-caregivers, to whom is addressed another secondary ICT-based service, i.e. an online training course, based on the Wordpress platform, with advantages in terms of graphics and ease of use.

Type of activities and services offered

As migrant care workers access to educational opportunities is constrained by the aforementioned conditions, the project aimed to develop a method to provide them with a basic (or better) training, taking into account the following issues:

a) time: MCW cannot attend traditional classes; in fact, usually the training courses organized by municipalities, provinces or regions (often by public social services staff in collaboration with non-profit and for-profit organization or associations) are realized through training modules in classes that the "badanti" can't easily attend because of the few free time available.

b) language: Italian is not their first language and it is not fluently spoken in many cases;

c) costs: they can't afford to pay the training themselves and neither can their employers (i.e. households).

The solution identified by the *ASPASIA* project was to develop a training course that could be used as a self-learning tool, but also combined with some class meetings to support their social inclusion.

The courses are accessible either via e-learning platform (*CAMPUS*) and DVDs – for those without a pc and an Internet connection – and are translated in seven languages. The costs of such training are notably lower than those of a traditional training course and, moreover, users do not have to pay a fee. Funding to the courses was provided by EU resources and from other local resources (municipalities, inter-professional funds, etc.).

The training for caregivers involved in the project is held in two ways:

1) e-learning activities (through the so-called *CAMPUS* platform; self-education, distance learning);

2) both e-learning activities and in-presence education: people can participate online and/or in classroom courses organized locally.

It is also possible use training courses on DVD (with a portable DVD player borrowed on request), to facilitate participants without Internet access at home.

CAMPUS homepage

Technologies used and functions of ICT tools

In the context of CAMPUS, technologies are used to support quality of care through carer's education, support carer's quality of life and enhance migrant participation to social life.

The training tool has a user-friendly and age-friendly design, to meet users' need of accessibility. It is structured to ease both contact and interaction with teachers/trainers (even not in presence). The e-learning platform *CAMPUS* is based on <u>Moodle technology</u>. It should be noted again that the course designed is accessible either via the e-learning platform and DVDs, for those not having a pc and an Internet connection. The course for family informal caregivers is developed using <u>Wordpress technology</u>: this system does not track users' activities as Moodle does (as it is not meant for professional training), but has advantages in terms of graphics, ease of use and manageability.

This training system aims at empowering/raising awareness on issues of long-term care and updating knowledge and skills of family caregivers and private care workers, in particular migrant care workers. Therefore, the specific objective of the initiative is to provide vocational skills to participants.

The training tool consists of <u>23 didactic units</u> and the learning modules include: audio-courses, video-courses, classroom and distance learning. The multimedia contents includes: video, slides, animated show, for a, comprehensive material, tests and tutorials. Slides and videos are accessible either through e-learning platform or DVDs, while tests are accessible via e-learning only. There are several topics covered (i.e. understanding the role and challenges of caregiving; orientation in the social and professional context; care work; local health and social services organisation; major diseases related to ageing; the mobilisation of the cared person; personal hygiene of the elderly; preparation of food and feeding the elderly; etc.).

At the end of the course, users who studied at home (via DVDs or e-learning) can be tested in presence (in specific centres, usually located in the offices of the local social services).

It is also possible for users with over 1 year of work experience to self-assess their skills through a Moodle based tool (the ICT platform). In this case users undergo different kind of exercise (fill the blanks, quizzes, matching...) and, after the self-assessment, they are addressed to study those modules of the training course that were not validated (thus saving time and enhancing the skills they already have).

In any case, all users are tested and assessed (in particular the skills acquired) in presence by teachers/trainers. In order to do this, the project coordinator *Anziani e non solo* drew up a specific system of validation of skills of users.

Module sample, providing information on how to use thickening agent for liquids

Development methodology

The initiative was set up thanks to the support and funding of the Equal project *ASPASIA* (Elderly home care: integrated system of services for people and firms), running between 2004 and 2008. Partners of that PIC Equal were: the social cooperative *Anziani e Non Solo* (project coordinator), the Association *Infojob*, *Anci* Services, the Association *Aequinet*, the Consortium *Madre Teresa di Calcutta*, the Consortium *Quarantacinque*. The project was also supported by a network composed by the municipalities in which the initiative takes place and by local structures of two cooperatives (*League of Cooperatives* and *Confcooperative*)[3].

After the conclusion of the project period, the training courses model developed have been implemented in other local editions, addressing both care workers (including migrant care workers) and family caregivers. Today these courses are active in several Italian regions and municipalities and CAMPUS methodology is now fully operational and is carried out by the former EQUAL project coordinator, the social cooperative *Anziani e Non Solo*.

The initiative is now fully operational, but it could be further developed by recognising national educational and professional profiles for home carers, which today are still lacking. Only some Regions outlined some of the requirements of these profiles and in some local areas it has been realized a summary of the profiles for the purpose of developing educational and training contents. These experiences have influenced the

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[3] Aims of the project were: a) to create an integrated system of methodologies, models, technologies and services to support social inclusion; b) to improve training and professional qualification of migrant care workers and develop innovative models for home care services; c) to develop an integrated information network between institutions and the third sector; d) to promote synergies and a co-design system between the stakeholders of local welfare.

development of the initiative, especially the identification of topic areas of competence for the design of the training course "units". In these short educational units (20 minutes maximum per module) it has been used a simple language (with translations in 7 languages, i.e. Italian, French, English, Polish, Russian, Arab, etc.) and multimedia materials (eg. slides and videos). The course contents were realized by professionals from various sectors (including medical doctors, nurses, etc.). The ICT platform *CAMPUS* was implemented using a user-friendly technology (Moodle), specifically designed for people with low ICT experience (to reduce digital and competence divide).

OPERATIONAL INFORMATION

As before mentioned, the initiative was set up and implemented thanks to the support and funding of the Equal project *ASPASIA* (2004-2008). Within the project, the tool was piloted among 150 users. It was afterward implemented (with more languages made available, new videos...) and its use was finally consolidated after the end of the project. Its user-friendly structure allows an easy transferability and reproducibility in others national contexts. At the end of the PIC Equal, the project continued its activities also with several local editions (i.e. in the Provinces of Milano in Lumbardy; Venice in Veneto; Ferrara, Reggio Emilia, Rimini, Bologna and Modena in Emilia-Romagna; Medio Campidano in Sardinia; Palermo in Sicily; in the municipality of Bolzano in Trentino-Alto Adige, etc.) of training courses for care workers (including migrant care workers) funded by local authorities (i.e. Provinces, municipalities) and by other sources (i.e. inter-professional funds). The *CAMPUS* platform has been used also in these courses.

The characteristics of single courses (duration, participants) can vary in the different local context. In general, the training courseslast three months for a total of 138 hours of which 86 in e-learning (by DVD or *CAMPUS* platform) and 52 in classes, even if they can have a different numbers of users.

It should be noted again that, following this project, in many municipalities of the province of Ferrara (Emilia-Romagna) and in other areas, several offices have been activated for matching supply-demand of care work. In this regard, the project prevented also the emergence of undeclared work and the enrolment of *ASPASIA* users to professional registers of trained caregivers. In general, funded by Regions, Provinces and some municipalities, the project implemented "*ASPASIA* points" in municipalities of three Regions (i.e. Ferrara, Cento, Codigoro, Copparoto in Emilia Romagna; Ragusa in Sicily; Brindisi in Apulia), also with the partnership of some health local authorities (i.e. Ferrara's AUSL), to provide information, counselling, orientation support, training opportunities, matching of offer and demand of care work, to caregivers and families interested in employing care workers, supporting regular employment in the field of in-home assistance.

Funding and budget

As what concerns the funding and budget to sustain the initiative, users have to pay a fee to benefit from the services for family caregivers (those using Wordpress technology). In this case, this initiative is market-oriented, while those promoted by the project ASPASIA had/have the explicit aim to not charge end-users of training activities. The cost of these training courses for participants is € 140.00 (VAT included) and registration grants access to course contents (online) for 180 days (6 months).

Conversely, courses for migrant care workers are free-of-charge (e-learning + classes). Editions of these courses have been carried out in different Italian regions (Emilia-Romagna, Lumbardy, Sicily, Trentino-Alto Adige, Apulia, Sicily and Sardinia), also benefiting from public funding.

The initiative benefits from infrastructure (personnel, organisations, equipment etc.) from outside its budgetary capabilities only to a minor extent. These benefits consist mainly in the activities of public bodies (Regions and Municipalities) personnel in advertising the initiatives and in the use of public facilities for the courses.

Stakeholder involvement

The consensus-building process prior to the implementation of the initiative was facilitated by the public awareness regarding the relevance of the issue of qualification and training of care workers in the Country. In this regards, it is worth mentioning that Italy, although being among the oldest countries in Europe, has a limited provision of LTC public services and family relies heavily on the care provided by its members and increasingly by migrant care workers. In addition the availability of EU funding fostered the involvement of the many institutional stakeholders (e.g. municipalities and regions). Consequently, the availability of a free training programme was "warmly" accepted both by public bodies and by the wide audience of migrant private care workers who desired to improve their skill and knowledge.

BOX1 – The stakeholders of ASPASIA project

Among the stakeholders involved in the project there are different Italian Regions (i.e. Emilia-Romagna, Lumbardy, Sicily, Trentino-Alto Adige, Apulia, Sardinia) and many local authorities within these Regions.

These stakeholders funded the project initiatives in several local areas and collaborated (with their personnel, facilities, etc..) with project partners to the implementation of training courses (in classes) and to the creation of "info points". They also conducted an information campaign and structured networks of collaboration with other relevant actors for the project initiatives (eg. Employment agencies) in their territories.

Formal care staff and employment agencies are involved in the initiative in order to facilitate the matching between supply and demand of regular and skilled care workers.

Personnel involved in the initiative

People involved in running this initiative are the whole *Anziani e Non Solo* staff, composed by 9 professionals in welfare, caregiving issues, training, e-learning and new technologies, with the contribution of a group of ICT and communication experts that developed both the CAMPUS platform and e-learning courses.
In addition, the initiative benefited from the contribution of a multidisciplinary team, which involved social workers, medical doctors, nurses and ICT professionals in the development of training modules.

Users

As what concerns the number of users reached by the initiative, so far the training tool has been used by over 1,000 caregivers (around 40% Italians and 60% migrants) in different Italian regions, both as a self-learning tool and integrated with classes. In addition, the skills of over 350 caregivers' skills have been assessed. Summing up, more than 1,350 caregivers improved their confidence in using ICT and computers, their professional and language skills. Drop-out rate from classes was extremely low. Caregivers self-esteem was improved as well from the "official" recognition of their work. Overall, the results seem positive, showing also the presence of a latent demand for training and qualification for caregiving activities, which could be met through a further expansion of the use of ICT tools.

Requirements for usage

As noted above, the ICT platform was designed to facilitate the use of new technologies by people with low ICT experience and to facilitate users without Internet access at home it is possible use training course on DVD. Therefore, no specific ICT skills are required to use this training tool. If necessary, users/carers acquire the ICT skills needed to use the platform *CAMPUS* thanks to a project operator who shows at home how to use they system. The carers/users could also refer to operators in the "*ASPASIA* points" created in the municipalities (at local social services) or employment agencies partners in the areas in which the initiative took place.
However, in general, the acquisition of the ICT skills to use the training tools is very easy, due to the user-friendly interface and the simplicity of access to its content.
Carers get knowledge about ICT-supported services available also through extensive communication and promotion activities carried out by stakeholders, as well as through special arrangements such as the distribution of advertising material in public places such as shops (including ethnic), and parks. An important role is played by word of mouth information as well.
There were no particular problems in the design and implementation of the project and specifically in the development of the platform *CAMPUS* and of its contents. The main challenge was represented by the need of developing a simple design that could ease access

to people with low ICT skills. In this regards, results seem satisfactory (e.g. in terms of users). One of the key factors (drivers) that allowed the initiative to develop, spread and take root, is that carers highly regards the possibility of following free training courses at home. Formal training courses are, in fact, characterized by high drop out rates because they do not allow reconciliation between care work and training activities outside the home.

ENABLING CONDITIONS AND SUCCESS/FAILURE FACTORS

As for the expertise and resources needed to develop the initiative, an important factor was the opportunity given by both EU funding and budget contribution from the Italian stakeholders. In addition, the initiative took advantage from the affordability of the technologies used: the MOODLE tool represents a valuable resource released with an open source licence available worldwide to private and public actors. The initiative could not be realised without the contribution from a multidisciplinary team, which involved social workers, medical doctors, nurses and ICT professionals.
Some other considerations concerning adoption patterns:

- *Other local context conditions favouring / preventing a wider adoption of the ICT solution:* in the local contexts in which the initiative has first developed there was a strong involvement of stakeholders, which cooperated encouraging the use of ICT in the elderly care sector. The creation of partnerships with employment agencies and formal care staff encouraged the matching between supply and demand for care work, contributing to the regularization of illegal work in this sector.
- *Success and failure factors:* as noted above, the results of the project were certainly positive, involving a large number of caregivers and obtaining a direct involvement of various stakeholders who have allowed the spread of the initiative in various Italian regions. Among the contributing factors of the project, it is important to mention the ease of use of the ICT platform, the appreciation of carers for the possibility of following training at home (and/or attending classroom courses) and the relevant impact on the facilitation of the matching of supply and demand of care work, with positive effects on the emergence of undeclared employment, on quality of care and on quality of life of carers involved.

IMPACT ASSESSMENT

What has already been measured?

The impact of the initiative has been internally evaluated by course responsible persons of the cooperative Anziani e Non Solo. Based on reports of the project manager and questionnaires completed by participants, in some courses users expressed a high level of satisfaction for the training activities, especially appreciating the possibility to attend

distance learning in the home. In addition, training activities have improved job opportunities (occupation results are very good) and at the same time the quality of care provided to the elderly. Interesting results have also taken place in employment. Up to now, 60-70% of the people trained and enrolled in local professional registers, obtained a job within a year time frame. The percentages were significantly reduced in 2010 for reasons related to the economic crisis and to the fact that many migrant care workers, with long-term migration projects, aim to occupational mobility to other tasks.

The interviewees stressed also the importance of testing how the knowledge has been assimilated after training (education assessment). As above mentioned, the skills of over 350 caregivers' skills have been assessed and drop-out rate from classes was extremely low.

It is important to note that the training system *ASPASIA*, in which the platform *CAMPUS* was developed, was recognized as a best practice from various national and international institutions like: the European Union; the Presidency of the Council (Italian Government); the Department of Equal Opportunities; the region of Emilia-Romagna; the region of Sicily; the province of Reggio Emilia (Emilia Romagna region).

What could be measured to have a more detailed impact assessment?

A more detailed impact assessment could address the following areas:

- The most relevant dimensions of impact are those related to the quality of life of paid assistant and the quality of care provided. Indirectly the initiative influences also the quality of life of care recipients, as this group can benefit from the enhanced skills of direct *ASPASIA* users (i.e. the migrant care workers).
- The impacts of the initiative expected and related to the quality of life of the paid assistant are:
    a) the increase in the number of carers reporting a better psychophysical health and independence level (effect of ICT in improving their physical abilities, including the ability for their own activities of daily living; on their mental health and related coping strategies; on the reduction of their pain-discomfort);
    b) the reduction in the number of stressed paid assistants due to the use of ICT (thanks to better performance/efficiency in the workplace and to the recognition of their personal skills and abilities).
- In relation to the improvement of the quality of care provided by informal carer and paid assistant, a possible indicator of such achievement could be the increase of informal carers and paid assistants providing better care to dependent older people (this is possible to assess using various tests already validated in the literature).
- Indirectly, the initiative should improve the quality of life of the care recipient. A possible indicator of such improvement could be the increase in the number of care recipients reporting a better physical level, psychological level and independence

level and eventually the number of people that avoided or delayed the institutionalisation (for further details see the grid used during the interviews).

- As what concerns the outcome actually seen for carers, the initiative promoted their social and professional inclusion. One of the secondary effects achieved by the project is the increased integration of carers in the network of local social services, although this has never been measured. For example, dedicated information points (even in many municipalities) and offices for matching demand and supply of care labour have been established. This has had positive effects also for public services themselves, which have had the opportunity to better understand the needs and problems of these people, allowing them to better plan interventions and services to support caregivers in their work and life. As in the case of social care, there were also positive results in relation to health care, the project has fostered a greater dialogue and integration of caregivers with local services, such as promoting a better collaboration between caregivers and professionals/operators (i.e. GP, nurses) of home care services.

- The project promoted also a greater integration of immigrants in destination Countries society. In particular, although this has not been measured, it has been fostered a greater use of the local network of public social and health services and it has promoted the emergence of the irregular work. Another positive result concerns the increasing (notably thanks to the classroom courses and to the attendance at the information desks) of dialogue and a better relationships with a large number of Italian people (not only caregivers).

- As already mentioned, the initiative improved indirectly the quality of life of the care recipient, as they benefited from the improvement of the quality of care provided by the migrant care workers. Success of the initiatives can be easily assessed in terms of current activities, although further outcomes from the uptake of this service are likely to be observed in the next future.

From a financial perspective, a detailed calculation of the return on investment in setting up the initiative is not available, although data available do not excluded that such calculation would be feasible in the next future.

Possible outcomes for stakeholders, unexpected and new outcomes

The main outcomes identified for institutional stakeholders related above all to the possibility to provide adequate training and education to informal caregivers and migrant care workers. In Italy the provision of such services is very limited despite the size of the demand. As a consequence of the better quality of the care provided by informal caregivers and migrant care workers, efficiency and effectiveness of care are likely to improve, with benefits in terms of economic costs and sustainability of the welfare.

FUTURE PERSPECTIVES

The project and its model of intervention have demonstrated that the ICT solutions developed for the training of caregivers are efficient and transferable to different local contexts. It is possible to use the platform *CAMPUS* constantly and, if necessary, its online course contents can be updated. Its sustainability in terms of economic resources is guaranteed (the platform has been just developed) and also after the end of the PIC Equal, as noted above, the project continued its activities, thanks to the interest and funding from several local authorities (and other sources, like the inter-professional funds) wishing to implement this initiative (also using the platform *CAMPUS*).

- *Scalability capabilities and conditions:* as noted, the ease of use of the ICT platform allows a further implementation of its potential to other local, national and international contexts. A key role in this regard will be played by the choices and investments that stakeholders are willing to spend into the initiative and into the expansion of the provision of training to caregivers. It is especially the initiative addressing migrant care workers which has the potentiality to be offered to a wider market. However, the future of the demand for such services is likely to be influenced by the ongoing financial crisis, which is affecting the number of Italian women who are now unemployed and are again interested in working in the care sector (or, free from work-related duties, are taking back their family care responsibilities). Is not yet possible to predict how the competition between local and migrant workforce will change the characteristics of the care market.
- *Replicability elements:* replicability elements have already been reported (eg. active role and cooperation among stakeholders, dedicated funding, recognition of care work. For more details, see above).
- *Objective conditions for transferability to other local contexts across Europe:* there are evident possibilities for the transferability of the initiative to other contexts across Europe. In order to secure funding at this purpose, two applications were submitted under the "Leonardo program" to transfer methods and tools of ASPASIA in countries such as Greece and Bulgaria, which have suitable characteristics for an effective adoption and implementation of the project. Romania, through ESF funds, requested a cooperation with *Anziani e Non Solo* to take the project initiatives. Moreover, together with other European partners and research institutions, *Anziani e Non Solo* bid for a call regarding the promotion of ICT based projects in the field of caregiving. So, the possibilities of transferability of the initiative to a wider European level are real. If it will happen in the next period, adjustments to the contents of the training modules, and to the technologies used for it, will be required.

POLICY IMPLICATIONS

Main policy implications of the initiative can be summarised as follows:

- *Digital inclusion:* the initiative promoted digital inclusion of a high number of care workers/users. Its impact was especially strong for those with no ICT expertise or skills, thanks both to the ease of use of the ICT platform and support provided by project professionals in the help to the familiarization with the use of training tools by users.
- *Social inclusion, Employment, Social care, Health care and Immigration & integration:* see above at point 46.
- *Lifelong learning:* it should be noted the positive impact of its user-friendly design on carers and on the quality of the care provided. The implications for the lifelong learning are related to the educational opportunities offered to people of all ages to improve their skills as caregivers.

An important issue to address in the future is extending the range and use of the platform, in order to integrate this and/or other ICT application in the framework of the supply of health and social services. These issues concern stakeholders and policy decision makers: should this area be further promoted by public investments or left to the initiative to private non- and for-profit sector? Furthermore, a possible factor that could allow the deployment and use of ICT solutions in the care sector is the public investment in extending the coverage of Wi-Fi network, as well as grants and incentives to purchase PCs or for the payment of internet subscriptions. The potential use of ICT based solutions from caregivers is large, but it is important to build user-friendly and age-friendly tools, which could facilitate people with medium to low ICT skills. Furthermore, it would be important to allow the formalization of professional training courses in e-learning figures for other work, such as the Italian OSS (Operatori Socio-Sanitari; personnel aidants), encouraging the use of ICT tools by many migrant care workers who would be interested in carrying out these jobs.

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