

# Conclusions of the Workshop on Long-term Care Challenges in an Ageing Society: the Role of ICT and Migrants

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We would like to express our gratitude to all workshop participants for their valuable input and an interesting and insightful debate. Particular thanks go to Ricardo Rodrigues and Lutz Kubitschke for their opening presentation which set the scene for a lively debate. We are equally grateful for the contributions from our research partners, Heidrun Mollenkopf, Gary Fry and Stefano Kluzer.



## PREFACE

Launched in 2005 following the revised Lisbon Agenda, the policy framework ‘i2010: A European Information Society for Growth and Employment’ established digital inclusion as an EU strategic policy goal. Building on this, the 2006 Riga Declaration on eInclusion<sup>1</sup> defined eInclusion as meaning “both inclusive ICT and the use of ICT to achieve wider inclusion objectives” and identified, as one of its six priorities, the promotion of cultural diversity in Europe by “improving the possibilities for economic and social participation and integration, creativity and entrepreneurship of immigrants and minorities by stimulating their participation in the information society.”

In the light of these goals, and given the dearth of empirical evidence on this topic, DG Information Society and Media, Unit H3 (eInclusion) asked the Institute for Prospective Technological Studies (IPTS)<sup>2</sup> to investigate from different angles the adoption and use of ICT by immigrants and ethnic minorities (henceforth IEM) in Europe and the related policy implications. In response to this request, IPTS carried out the study “The potential of ICT for the promotion of cultural diversity in the EU: the case of economic and social participation and integration of immigrants and ethnic minorities”,<sup>3</sup> accompanied by complementary studies dedicated to exploring specific aspects in more depth.

As one of these specific aspects, IPTS decided to investigate the use of ICT for immigrants in low-skilled occupations, and chose as an example home care, which is known to rely intensively on migrant workers in many EU countries. The role of technology and migrant labour in this sector is a particularly important topic, given the ageing of the European population, the declining workforce and the ensuing challenges to maintain adequate levels of long-term care provision.

In Summer 2008, as part of this research effort and following a pilot study performed a few months earlier in Italy, IPTS issued three tenders for parallel, linked studies to be conducted in Germany, Spain and the UK on the “The potential of ICT in supporting the provision of domiciliary care, with particular attention to the case of migrant care workers and informal carers”. Given the widespread presence of migrant workers in both formal and informal long-term care services and, at the same time, the growing diffusion of ICT-based tools and services in the provision of care in domiciliary settings, the studies aimed to broadly assess the current level of ICT diffusion in those settings and the current and potential support they provide to the diverse range of caregivers involved (paid and unpaid, qualified and authorised or not), including those from a migration background.

To disseminate and discuss the main findings of this research, the European Commission invited experts and policymakers to a workshop on “Long-term care challenges in an ageing society: the role of ICT and migrants”, on 19 January 2010. This document reflects the workshop discussions and outlines, in particular, future challenges and research needs, as they emerged from the debate. All presentations at the workshop and additional background documents are available at: <http://is.jrc.ec.europa.eu/pages/EAP/eInclusion.html>.

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<sup>1</sup> Available at [http://ec.europa.eu/information\\_society/events/ict\\_riga\\_2006/doc/declaration\\_riga.pdf](http://ec.europa.eu/information_society/events/ict_riga_2006/doc/declaration_riga.pdf).

<sup>2</sup> IPTS is one of the seven research institutes of the European Commission’s Joint Research Centre.

<sup>3</sup> The results of this research are available at the URL: <http://is.jrc.ec.europa.eu/pages/EAP/eInclusion.html>.



# 1. INTRODUCTION

In an ageing society, with expected increases in the number of people in need of long-term care; shrinking numbers of health professionals and dedicated carers; high level health technology; and growing costs for national budgets, two complementary trends are likely to emerge as components of a supply-side solution to meeting the demand for home care: migrant care labour to complement and supplement professional healthcare provision, on the one hand, and ICT devices and applications supporting care functions, like monitoring and surveillance, on the other.

To better understand how these two trends interact and how they potentially counteract or complement each other, DG JRC IPTS launched a research project on “The potential of ICT in supporting informal domiciliary caregivers, with particular attention to the case of immigrant care-workers” which was carried out in four countries (UK, Italy, Spain and Germany) during 2008-2009. This research was undertaken in collaboration with DG INFSO and in support of eInclusion policies.

## 1.1. RESEARCH QUESTIONS AND SCOPE

The eInclusion Ministerial Declaration signed by EU Member States in Riga in June 2006 (European Commission, 2006), identified as two of its priority areas for eInclusion, (a) independent living initiatives and ICT-enabled services for integrated social and healthcare, which are designed to increase quality of life, autonomy and safety, while respecting privacy and ethical requirements; and (b) the promotion of cultural diversity in relation to inclusion by improving the possibilities for economic and social participation and integration of immigrants and minorities by stimulating their participation in the information society. This research focuses on the interface between these two priority areas by addressing the question:

*What is the actual use and the potential of ICT-based tools and applications for IEM people in their role as informal caregivers in long-term care delivery at home?*

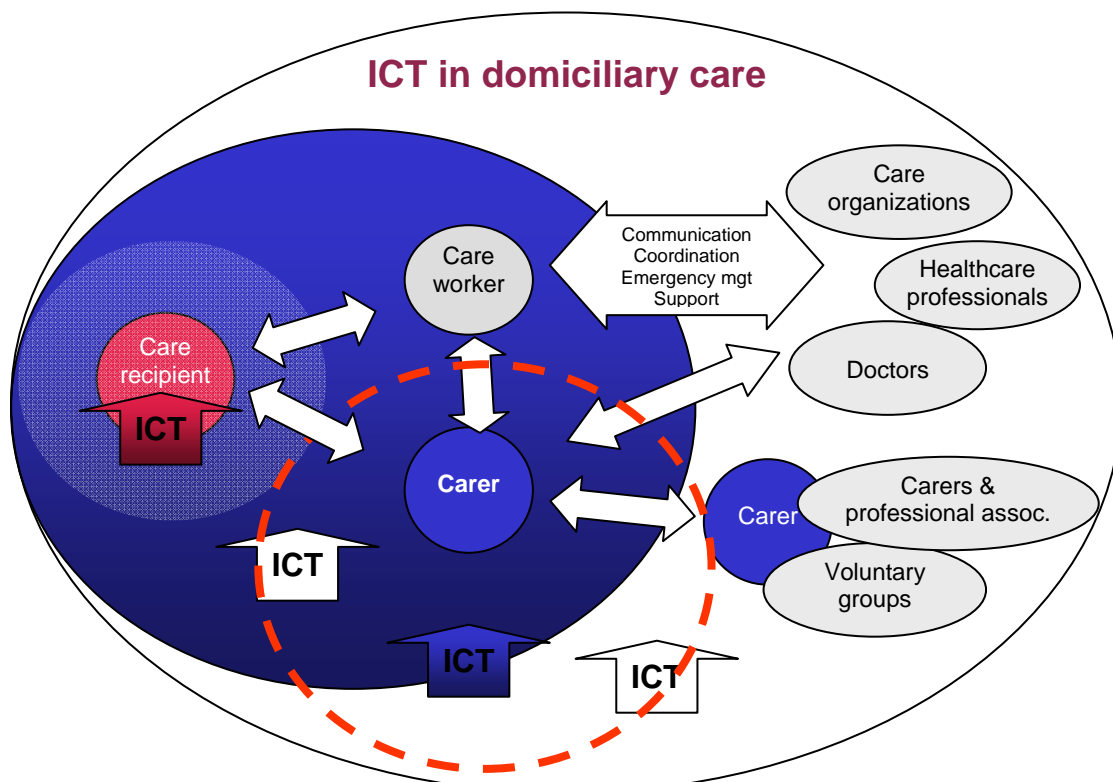


Figure 1: The landscape of ICT use in domiciliary care and IPTS research scope

As Figure 1 illustrates, in the long-term care context, different stakeholders interact, giving rise to multiple needs for information, communication and coordination. These actors include: the person cared for; the close family, relatives, friends and volunteers who may (or may not) provide care to some extent and are affected by the care situation; formally or informally employed caregivers; healthcare actors (doctors, nurses), both in institutional and in domiciliary settings; social care actors and care workers; and diverse associations supporting elderly people, their families and/or carers (i.e. Alzheimer Associations or carers' networks). ICT can, for each of these interested parties, facilitate communication and coordination. Additionally, it can offer support and guidance for caregivers and care recipients. While ICT can fulfil different functions and support diverse needs, IPTS research focused on the crucial role of the informal caregiver – i.e. family carers and/or care assistants informally employed in the household of the person cared for – and on the ways in which ICT can support them.

In the past, research efforts in this area focused on the potential of ICT applications for Independent Living (Malanowski et al., 2008; Comyn et al., 2006; Kubitschke et al., 2008) and for healthcare (Christodoulou et al., 2008; Braun et al., 2004; Cabrera et al., 2004). Also, as of 2007, IPTS had started investigating the actual use of ICT by IEM in general, as exploratory research into a complex and largely unexplored topic (Borkert et al., 2009; Diminescu et al., 2009a; Kluzer et al., 2009).

However, ICT use in support of/by the informal caregivers who help and assist the elderly or dependent people is still an under-researched area. Similarly, very limited systematic information was and is available on the other two domains addressed by the above question: the number and conditions of migrants working in/for families in long-term care; and the use of ICT by IEM people in general and even more so in specific occupations such as care delivery. To support policy in this area, a clear need was identified to better understand the role and needs of informal caregivers and the opportunities and barriers for ICT tools and applications in this respect. Reflecting on these observations the main research objective was to start gathering evidence on the following questions:

For informal caregivers in general, and in particular for migrants:

- What is the role of informal caregivers in long term care?
- What are their needs?
- Are there specific supporting policies?
- What ICT applications / tools are used to support domiciliary caregivers?
- What are opportunities and barriers for ICT use?

To address these questions, a 4-month pilot study on Italy was launched in early 2008, followed in early 2009 by three parallel studies (5 months each) on the situation in Germany, Spain and the U.K. Italy was chosen for the large number of migrant workers who play a crucial role in domiciliary care (about 700,000). Spain was selected for comparison, given the similarities with Italy as concerns the care model (mainly family-based and reliant on migrant workers) and the presence of new initiatives for telecare. Germany and the UK (in fact, England) were selected for their different welfare systems, more reliant on professional provider organizations, and for the already wider use of ICT at societal level and in care provision.

## **1.2. RESEARCH METHODOLOGY AND PARTNERS**

The research was carried out as follows. First, desk-based analysis was done, based on official statistical sources and recent studies about the main features of social care provision, organization and related policies (specifically on ICT-based innovation) and about the presence and role of migrant labour in this sector. Second, web searches and interviews with key informants were conducted to identify and assess representative ICT-based initiatives and services targeting domiciliary care. Third, in Germany, Italy and Spain a total of 40 migrant family care assistants were interviewed to explore their knowledge, use and expectations regarding ICT in care delivery.

IPTS outsourced the study to local research actors: in England, CIRCLE (Centre for International Research on Care, Labour and Equalities) University of Leeds; in Germany, the Association of Senior Citizens' Organisations (BAGSO); in Italy, Istituto per la Ricerca Sociale (IRS); and in Spain, Consultores Euroamericanos Asociados (CEA) and Innovation Institute for Citizen Welfare (i2BC).

## **1.3. WORKSHOP OBJECTIVES**

In January 2010, in connection with the forthcoming publication of the four country reports, DG JRC IPTS and DG IFNSO H3 invited experts and policymakers to a workshop on “Long-term care challenges in an ageing society: the role of ICT and migrants”. The objectives of the workshop were to:

- disseminate and discuss these results among experts;
- discuss the potential policy implications;
- understand what the DG s priorities for further research are.

The findings of this workshop will be presented in the following chapters. IPTS would like to thank all workshop participants for their valuable contributions and the interesting insights gathered at this event. All workshop presentations and additional background documents are available at: <http://is.jrc.ec.europa.eu/pages/EAP/eInclusion.html>.



## 2. LONG-TERM CARE CHALLENGES AND THE ROLE OF ICT AND MIGRANTS

Ricardo Rodrigues, European Centre for Social Welfare Policy and Research

This presentation was based on the reports “Who cares?” (Marin et al., 2009) and “Facts and Figures on Long-term Care” (Huber et al., 2009).

### 2.1. PRESENTATION CONCLUSIONS

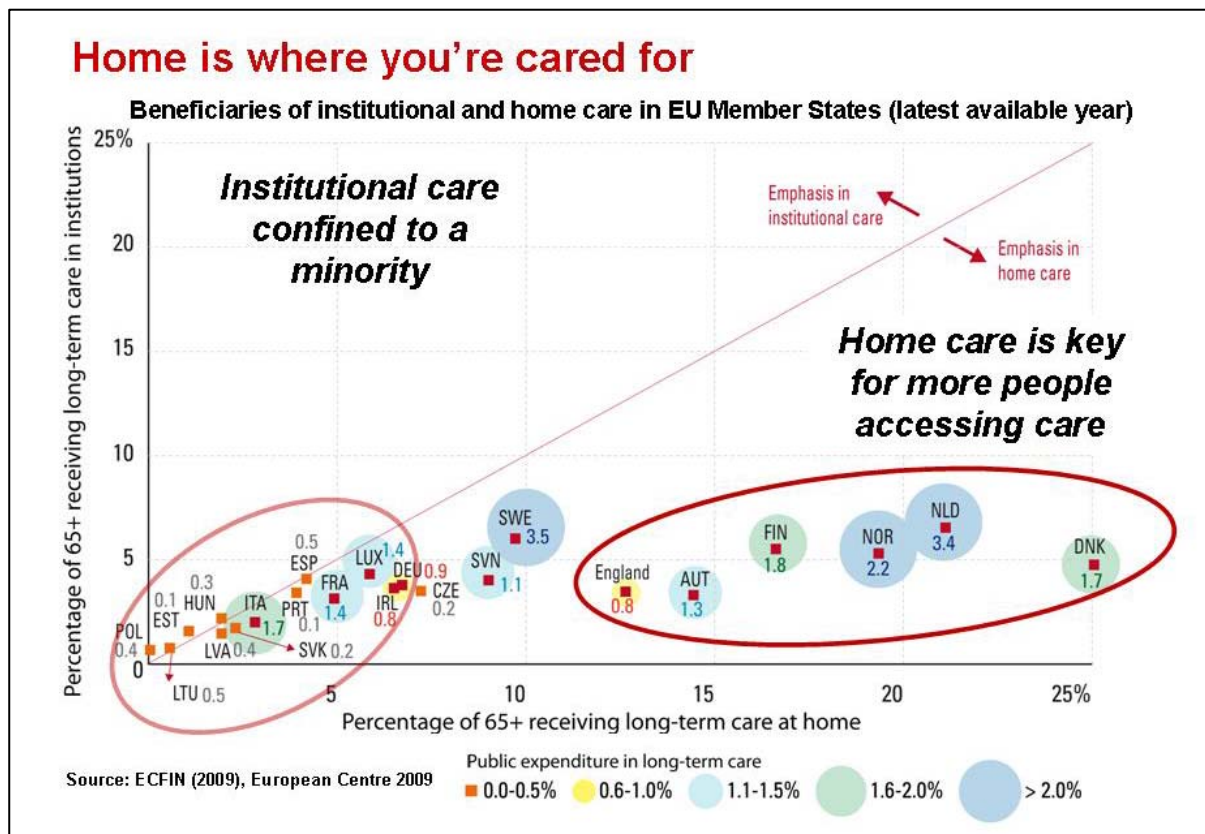


Figure 2: Share of old people receiving long-term care in different EU Member States

Long-term care is a latecomer to social policy, and has only been recently addressed by social systems in many EU Member States. However, it is an area in which many changes are happening and the financial sustainability of social care systems all over Europe is being challenged. Currently, we observe all over Europe an emphasis on home care over institutional care. As indicated in Figure 2, a common characteristic of long-term care services in the EU is the much larger share of people aged 65+ who receive care in their own homes (on average 7.6%) in comparison with those receiving care in institutions (on average 3.3%). While in the majority of European countries, the proportion of people aged 65 or older who are (recognized as) receiving long-term care at home is below 10%, in some countries (particularly Northern European countries) the share is substantially higher, reaching over 25% in Denmark.

In the future, long-term care will become more important (due to demographic change) and at the same time more demanding, namely because higher quality standards will need to be implemented. Informal care will still take the burden of care. However, due to decreasing fertility, changing living arrangements, and increasing participation of women in the labour market, informal care provided in the family may become less frequently available.

Migrant caregivers are key to the financial sustainability of many Long-term Care systems, even if their contribution is often based on unsustainable arrangements. It is unwise to disregard the significance of migrant labour in the long-term care sector or otherwise take only half-hearted measures that fall short of completely integrating migrants.

ICT use and impact has fallen short of its potential in long-term care. It is limited to some services or confined to pilot programmes and initiatives and there is little evidence-based knowledge of its impact available. The key question remains: which strategies are best suited to enhancing ICT use in long-term care?

## **2.2. DISCUSSION SUMMARY**

*Possible trade-offs between human and ICT-based care.* It was discussed whether, in the future, the use of “cheap” labour, such as immigrants, and the more widespread deployment of ICT could become competing forces in the domiciliary care sector. It was pointed out that labour market solutions provide more flexibility in responding to changing demands compared to the complexities involved in deploying ICT-based systems. This favours, at least for the moment, the former. The evidence shows, however, that a mix of solutions exists in the market place, although the ICT-based solutions are not widely deployed yet. Japan was cited as an example of one of the first countries to face ageing challenges. Up until now, Japan has supported ICT-based solutions but recently it has opened its borders to immigrants to work in domiciliary care, giving them a “pink card” to legalise their status. This move could be interpreted as an indication that immigrants will be an inevitable component of the future sustainability of the domiciliary care sector. It was observed that in different countries different combinations prevail, showing that, both ICT and migrant labour will be important ingredients to a solution, most probably complementing rather than counteracting one another. More attention should therefore be paid to the interplay between caregivers and technology.

*The future of long-term care.* The future picture appeared unclear and opinions diverged. Some participants believed that the gap between salary levels in host and origin countries will reduce over time, and that this, together with an expected insufficient labour force, will lead to the need for ICT-based solutions to reduce or limit the need for labour. Others believed that the size of immigrant “cheap” labour force available (from Africa, South America) will be such that it will be able to continue supplying according to demand. Nevertheless, there was consensus that, in the future, solutions for long-term care will incorporate a mix of ICT and migrant caregivers.

*Diverse contexts.* It also appeared that the number of illegal migrants in domiciliary care in a country was influenced by many contextual factors. For example, geographical and cultural proximity (Austria and Slovakia, Spain and South America, Italy and Romania) has an effect. Host country immigration regulations and the effectiveness or willingness to enforce them, design of cash for care benefits (such as attendance allowances), etc are other important factors.

*ICT support for caregivers.* It was pointed out that ICT can be employed to fight isolation or relieve carers from some monitoring tasks. For migrant caregivers, ICT can facilitate integration and social inclusion by, for example, supporting communication with their peers, distant friends and relatives.

*ICT support for training and qualification.* Given the fact that migrant labour and ICT are expected to complement each other, ICT should be better deployed to assist in training and on-the-job support for caregivers. In France, FEPEM (an eLearning programme launched to train domestic employees for child care, household tasks such as cleaning, ironing, etc and for

elderly care) is a very relevant example in this respect. The first step was the implementation of a centralized platform. FEPEM covers 3.5 million family employers and 1.6 million domestic employees. 87% of the domiciliary care sector is composed of family employees, with a limited “grey” component. The decision to deploy the eLearning platform in France was motivated by the following factors. Firstly, the domestic sector, along with the construction sector, is the biggest. It is also the only growing sector in France and is expected to continue to grow, as population ageing will create an increase in the demand for carers vs. a decreasing supply. Thus the strategy is to improve care work, to make domestic care in France a professional service available to average families, and to support the development of the sector, i.e. to recruit more people. Three professional qualifications were agreed in 2005 for the three domestic job types. In addition, in 1995 the government provided a tax refund benefit for families and simplified the procedure for “legalising” or declaring their domestic workers. In two years, the number of declared domestic workers rose from 500,000 to 1,200,000. This increased tax income to 3.5%, thus the overall result of the policy has been financially positive.



### 3. ICT AND AGEING, THE CARE RECIPIENT'S PERSPECTIVE

Lutz Kubitschke, Empirica, Germany

This presentation was based on the report "ICT and Ageing. European Study on Users, Markets and Technologies" (Kubitschke et al., 2008).

#### 3.1. PRESENTATION CONCLUSIONS

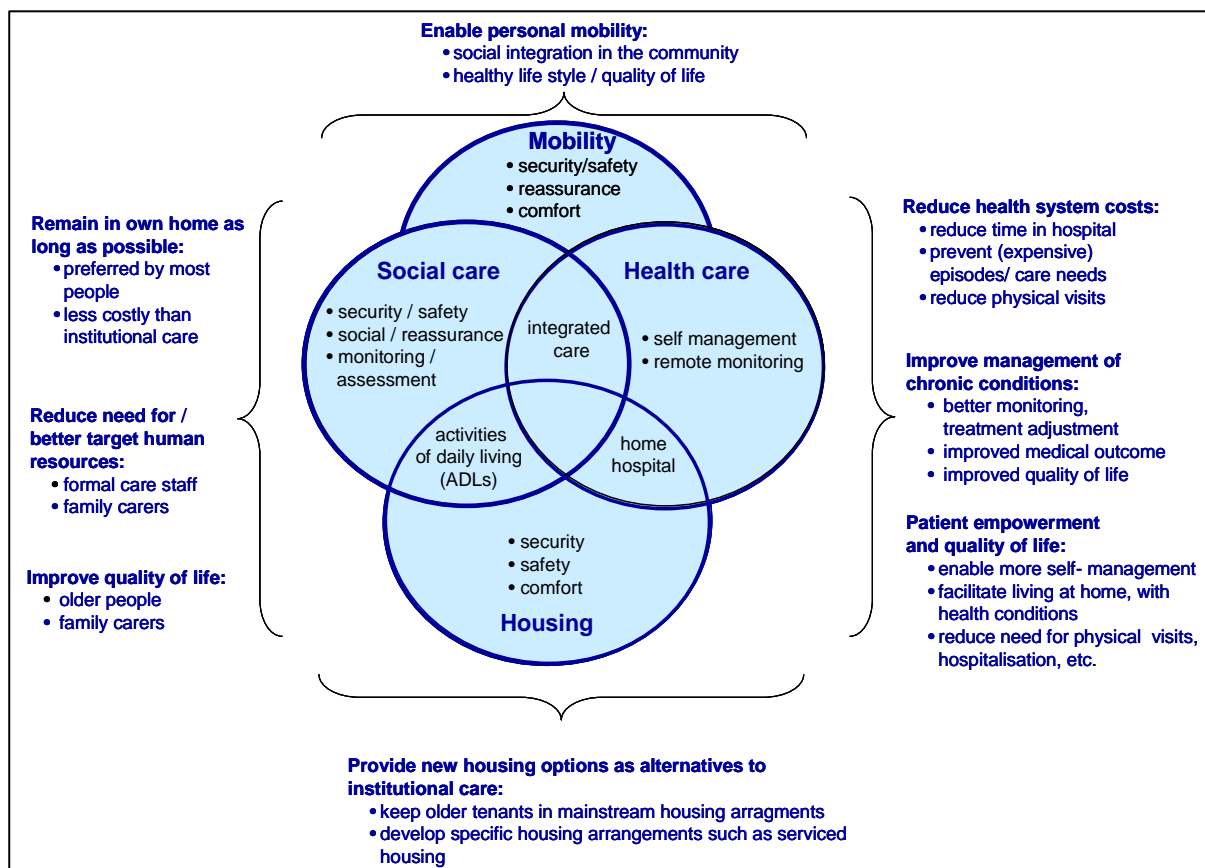


Figure 3: Service domains and key opportunities for ICT in home care

As illustrated in Figure 3, ICT can contribute to improving home care in four different dimensions and corresponding objectives. ICT can enable people to remain in their own homes as long as possible and as independent of other people's help as possible, thus improving the quality of life of the cared-for and their carers, while at the same time reducing costs. Furthermore, ICT can increase personal mobility, safety and comfort and offer housing arrangements tailored for ageing people and adapted to their mobility needs. ICT can also be employed to reduce healthcare costs, by reducing and avoiding time in hospital and enabling the remote monitoring of chronic health conditions, thus also facilitating patient empowerment and quality of life.

Roughly four different kinds of ICT solutions have been developed to help people in need of care to stay in their own homes as long as possible, namely:

- 1) Telecare solutions, i.e. devices which enable social care from a distance. This category comprises first generation devices, like push-button alarms that are already being used relatively frequently by elderly people, with penetration rates ranging in mature markets from 3% to 15% of the 65+ population; 2nd generation alarms, i.e. 'passive' or automatic

alarms, for which the level of take-up only reaches or even exceeds 1% in the UK, while most other EU Member States have very low levels of provision and take up; 3rd generation telecare services, e.g. advanced sensors, life style monitoring, mobile telecare (mobile alarms), and video-based telecare (visual communication with formal care staff, family carers), which is only available in regionally restricted and/or pilot or experimental settings.

- 2) Home telehealth, which refers to medical care from a distance, in particular to enable chronic disease monitoring/management and facilitate early discharge from hospital, and comprises remote monitoring, self-management and home treatment;
- 3) Smart homes, i.e. automated/intelligent home environments, including environmental controls, robots, cognitive aids, and object locators. Only in a very few countries have there been policy initiatives to bring these technologies to the market.
- 4) Holistic or integrated care approaches which include the integration of social and medical care and housing components.

The level of use of these ICT devices varies considerably among countries, even for established technologies. On the whole, while the idea of using ICT in home care is not new, in reality most solutions have not reached market maturity yet. There is quite a wide spectrum of ICT available, and a corresponding wide spectrum of needs that could in principle be addressed. The main aims of the core service domains, where ICT are starting to be used are: to enable older people to remain in their homes as long as possible; reduce the need for human resources, and better target the human resources available. Family carers played a role in the development of some of these solutions, under the heading of reducing healthcare costs.

### **3.2. DISCUSSION SUMMARY**

*More impact assessment needed.* The most widely deployed telecare solutions are first generation alarms. However, it is unclear in what way the deployment and usage of these solutions have impacted the organization or quality of care, or have reduced the need for care. Hardly any projects or initiatives have analysed impacts.

*The relation of ICT and human support.* The myth that telecare will replace human care was also discussed. In reality, telecare is about both technology and people, as once a call is issued, a care worker goes to the elderly person's home and provides support. It appears that the introduction of telealarms has even increased the need for labour, as with these, care organizations are alerted when there is a problem and action needs to be taken. Before telealarms, these events were unknown. Therefore, in some care organisations, scepticism is growing with respect to telecare as it increases the workload.

*Deployment and demand.* It was pointed out that a possible parallel or connection could exist between current low deployment of telecare solutions and the "inexistent demand" for personal health systems (PHS), a conclusion drawn in a recent IPTS study on the market potential for PHS (Pascu et al., 2009). Therefore, a strong correlation could exist between the expected demand for social care and for health care.

*Barriers to deployment.* A research report on the region of Lombardia revealed that only 3% of older people used telecare solutions, while 30% of those interviewed were interested in ICT solutions. Differences were found in respondents' socio-economic status: the higher it was, the more likely they were to use ICT. Economic and cultural barriers to the diffusion of telecare prevail over age-barriers. Policy action is needed to break these barriers.

## 4. THE CARER PERSPECTIVE: THE CASE OF THE UK

*Sue Yeandle & Gary Fry*, Centre for International Research on Care, Labour and Equalities (CIRCLE), University of Leeds, UK

This presentation was based on the report “The Potential of ICT in Supporting Domiciliary Care in England” (Yeandle & Fry, 2010), available at:

<http://ipts.jrc.ec.europa.eu/publications/pub.cfm?id=3019>.

### 4.1. PRESENTATION CONCLUSIONS

Prompted by both public sector investments and private sector technology, telecare is developing rapidly in domiciliary care in England. There is a range of support services that are now available to carers on-line and through assistive technology, enabling them to access information and manage their caring roles. Academic evidence for the impact of ICT interventions in social care is growing, but has not yet convinced public agencies to make major budget shifts. Case studies confirm that ICT can support carers and care workers. However, its impact on home care agencies is patchy. The pace, scale and range of developments are also constrained by funding, expertise and awareness.

There are almost 5 million (family) carers in the UK, including 3.6 million of working age. The peak age for caring is 45-64 for both women and men. Higher concentrations are found in some ethnic minority groups, especially among younger people from Asian backgrounds, where over 1 million carers provide 20+ weekly hours of care. Carers can be found in all social groups and often face social exclusion, health and financial problems (the carer ‘penalties’).

There is an effective ‘carers’ movement’, linking and supporting caregivers, with policy influence which, at the national level focuses on lobbying, research and information, and on the local level, focuses on supporting carers’ centres, services and support. As a consequence of policy awareness of caregivers’ vital role, training, qualifications and certification are promoted, including the use of ICT. Further key elements supporting the deployment of ICT in domiciliary care include a de-fragmented market structure which allows for supply (e.g. Tunstall) and demand (network of local authorities, grant schemes, etc.) to develop; and the generation of an evidence base (e.g. whole systems demonstrators).

At the policy level, ICT and telecare are generally expected to emerge as central to the sustainable development of the social care system. A Green Paper<sup>4</sup> (July 09) and a Personal Care at Home Bill 2009 indicated that policy actions in the area of ICT for long-term care will follow the 2010 General Election, whichever party wins. However, the scientific evidence base is developing, but not yet viewed as sufficient to support major reallocation of social care / health budgets. Case studies show that carers, domiciliary care workers and support agencies believe real benefits can be achieved in ICT-facilitated home care support. At present, there is minimal data about immigrant and ethnic minority carers / care workers and ICT telecare.

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<sup>4</sup> Shaping the Future of Care Together, Dept. of Health, 2009.

## 4.2. DISCUSSION SUMMARY

*Driving factors for ICT deployment.* The debate focused on identifying the driving (or “enabling” or “success”) factors accounting for the relatively mature telecare market in the UK, which could be possibly replicated in other countries. The following factors contributing to the deployment of ICT were identified:

1. Strong policy and funding support by government: financial incentives from the national government to the local authorities, which are in charge of providing care solutions, to deploy ICT-based solutions. Also, technology grants for projects to stimulate deployment seem to have played a role in making telecare known among the care community.
2. It was questioned whether the market structure – in the UK characterized by one major strong supplier, Tunstall – facilitated deployment or whether a more fragmented supply market would be more beneficial to deployment.
3. The need for evidence (in particular on cost savings) of ICT-based solutions was raised as an important element to convince authorities. Evidence could be built around statistical information analysis and/or case-based analysis, depending on the availability of data, to provide both quantitative and qualitative information. However, existing policies have been developed without this evidence.
4. A strong carers’ movement with a relatively long history with a significant impact on policy and these family carers’ need to combine home care tasks with the demands of their own personal and professional lives.

*Further research needs.* It was also discussed that it is necessary to have more evidence on the real needs for care; on what type of care is needed; and on understanding under what circumstances, with what effect and to what extent, telecare solutions can effectively be employed in long-term care.

*The role of ICT.* The importance of ICT was discussed in particular with regard to the following two areas:

- linking carers to get professional, personal and emotional support;
- supporting carers’ skilling and certification.

## 5. THE CARER PERSPECTIVE: THE CASE OF GERMANY

*Heidrun Mollenkopf*, German National Association of Senior Citizens Organisations (BAGSO), Germany

This presentation was based on the report “The Potential of ICT in Supporting Domiciliary Care in Germany” (Mollenkopf et al., 2010), available at:

<http://ipts.jrc.ec.europa.eu/publications/pub.cfm?id=3079>.

### 5.1. PRESENTATION CONCLUSIONS

In Germany, 2.25 million people were in need of care in 2007, 1.54 million of which (68%) were cared for in domiciliary settings, and more than 1 million of these were exclusively cared for by family members. Estimates of the number of migrant care assistants in Germany range from 50,000 to more than 100,000. Studies indicate that family caregivers and outpatient care providers consider the tasks that migrant care assistants perform in home care essential for the well-being of people in need of care. Case studies suggest that technology could support home care in a way that benefits everybody concerned: older people are happy to use technologies if they address their needs; are accompanied with social attention and support; and if they receive the necessary training. Caregivers are relieved of some of their burden.

Barriers to ICT uptake among older people include a low readiness to inform themselves before they need care; little knowledge about the possibilities ICTs offer, their costs and the funding available; a widespread fear of being dependent on or not being able to use technical devices; and a reluctance to use technology as this would be perceived as an acknowledgement of needing support. Among caregivers the barriers are lack of information, time, and money for selecting and installing technical devices; limited opportunities for information, counselling, training; a lack of adequate training materials (e.g., in mother tongue); a high fluctuation of employees in the domiciliary care sector; and their lack of interest in and acceptance of ICT. Family carers tend to be more concerned about offering suitable ICT solutions to care recipients while (migrant) care assistants are more concerned about improving the quality of their work.

To seize the opportunities offered by ICT to support caregivers, technologies and systems need to be improved; barriers arising from unsuitable design must be overcome; applications that are independent of language should be developed; more transparency concerning the long-term care system needs to be created, including reimbursement possibilities and conditions; and a centralised, systematic, multilingual online platform providing information about all available services should be set up. Furthermore, the important work done by caregivers from migrant backgrounds needs to be formally recognised by legalising their contractual relations.

### 5.2. DISCUSSION SUMMARY

*The legal status of migrant care assistants.* The need to recognize the role of the informal caregiver such as the migrant care assistant – for example, by legalising her status – was raised as an important measure for improving the quality of care provision. However, the discussion showed conflicting views. On the one hand, temporary migration patterns often prevail, where migrants come to the host country with short-term plans to earn a maximum amount of money to go back to their countries after a couple of months. In these cases, migrant care assistants usually do not want to be legalised, as this would force them to declare

their earnings and thus reduce their income. Also, in some countries (Germany), even when employers are willing to legalize migrants, this is impossible if the country's immigration policy does not allow it. However, for those migrants with a stable situation in the host country, obtaining a legal status might be a useful measure. In Ireland, there is important tax relief as well. The conclusion is that different situations reflect different regulatory and policy contexts and also different migrant maturity levels among countries.

*Legal status and access to training.* A research study<sup>5</sup> was mentioned that investigated the link between eSkills and employability among migrant women in a selection of European countries. This study's findings indicate that unclear legal status can hinder access to (online and offline) training opportunities and obtaining certification for the courses followed. On the one hand, people who are illegally living in a given country usually have restricted access to formal education and to a number of other services depending on the country. For instance, Italian anti-terrorism laws require those using public Internet centres show an identity card and sign in person every time they access the internet, hence irregular immigrants avoid attending these centres. On the other hand, despite their legal situation, a major problem faced by many immigrants across Europe is the long and costly process of validation and recognition of studies. Only 3% of the women interviewed report that their study certificates were recognized, even after several years. In addition, inflexible work permits often prevent them from working and studying at the same time. Not surprisingly, their employment is only weakly related to their field of study: more than half report little or no relationship. In the group of native born women, by contrast, this relationship is stronger, with almost half reporting that their work is completely related to their education or training.

*The potential of ICT.* The potential of ICT appeared in two particular (further) areas:

- ICT makes it possible to dissociate the social component of care from the medical component, which allows for the intervention of new actors, such as volunteers.
- ICT facilitates coordination and collaboration among different caregivers, so that the care tasks and the caregiver role can be coordinated among several people, e.g. in cases where one family member alone cannot take on the whole burden of care.

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<sup>5</sup> Cf. Garrido et al. (2010), Rissola, G. et al. (2009).

## 6. CROSS-COUNTRY ANALYSIS (UK, SPAIN, GERMANY, ITALY)

Stefano Kluzer, EC JRC-IPTS

### 6.1. PRESENTATION CONCLUSIONS

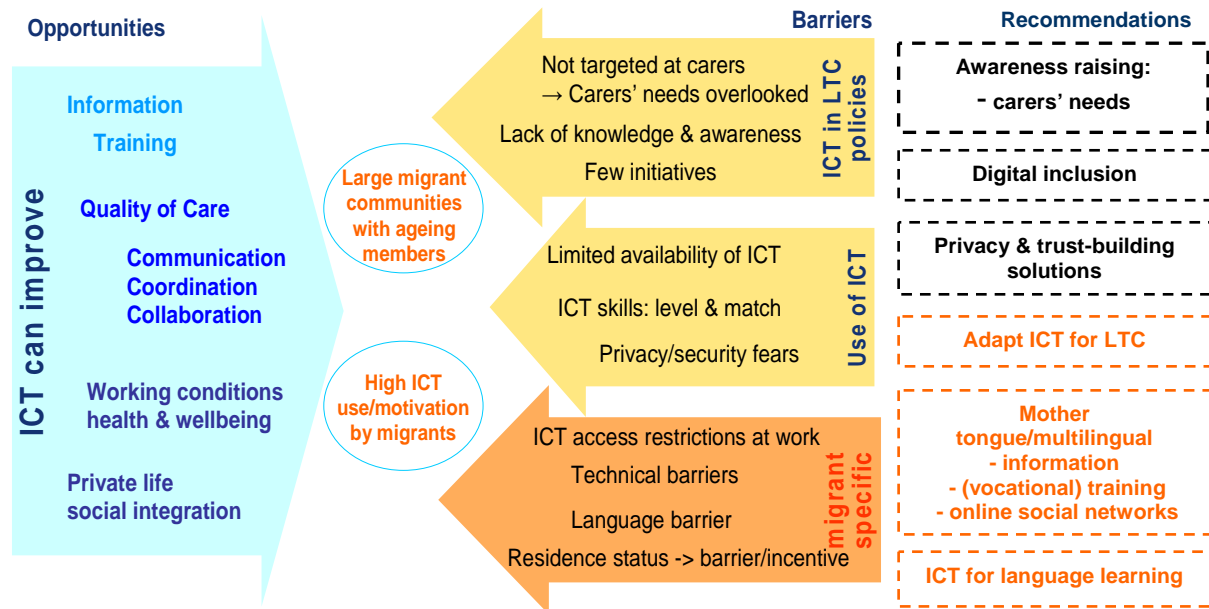


Figure 4: Opportunities, barriers, recommendations

There are significant numbers of migrant caregivers in all 4 countries studied (Germany, Spain, Italy and the UK). Almost all informal care assistants are women. Migration projects, and residence and work contractual status vary from country to country. However, in all the countries studied, the situation of migrant care assistants is highly vulnerable, reflecting the fact that they have few rights.

The critical conditions for all informal caregivers – family carers and informal care assistants – are: the extensive time devoted to care (up to 24/7); emotional stress, arising from isolation and lack of social support networks; limited experience and skills; limited knowledge of services and support opportunities (including technology-related); lack of knowledge of how to deal with sensitive personal information (their own and that of the care recipients).

Corresponding needs include: a better work-life balance; better coordination with service providers and professionals; remote access to basic services (shopping, banking etc.); communication with others; sharing of emotions and experiences with other caregivers; specialized and targeted support, e.g. information and training; available and fast access to information and guidance; and communication paths that respect security and privacy concerns.

Migrant caregivers in particular lack social support networks and face intercultural and language barriers. They often lack a basic understanding of the care context (players, rules etc.) and they are, due to their work/residence status, invisible to public authorities and thus often face difficulties in accessing training and support.

ICT brings significant opportunities in several dimensions of the work and lives of domiciliary caregivers in general and migrants in particular: for information and training, for easing communication, coordination and collaboration among healthcare and care actors, for

improving the working conditions of the carer by supporting platforms for emotional and professional support, and for easing social integration of carers through on-line applications (web sites, fora, email, etc).

In spite of these opportunities, little deployment has been observed in the four countries analyzed, and few good practices have been found. Some challenges have been identified for the deployment of ICT-based solutions such as: the lack of policies addressing the support informal carers, including those which propose the use of ICT, carers' lack of knowledge and awareness of available ICT-based solutions that could help them in their jobs, limited ICT access (at the older people's homes) and ICT skills, and privacy and security concerns about exchanging online private information. For the latter, the exchange of information in online settings is particularly delicate when it refers to data on health, dependency or other aspects regarding a person's mental and physical well being. Disclosure of information about a care recipient is indeed a challenge and ICT can play a key role here.

For migrant caregivers in particular, the ICT access barrier is exacerbated by the fact that very often carers live at the older peoples' homes, and sometimes the care recipients' families are not supportive in letting the migrants use home computers and other ICT facilities as they do not perceive it as an activity that could be useful for care work. In addition, the language barrier is crucial to access available on-line information, usually in the host country language, and finally, carers' uncertain legal conditions also act as a barrier to them disclosing their identities on-line.

Policy options have been suggested to address the above barriers, including awareness raising campaigns on carers' needs; available ICT-based tools and their benefits; targeted and focused digital inclusion measures; and supporting the development of solutions that are trust and privacy enhancing. For migrant carers, the crucial elements are the deployment of multi-lingual information, training and support services, and taking advantage of ICT for language learning.

## **6.2. DISCUSSION SUMMARY**

*Migrant caregivers and eSkills.* It was discussed how to implement an eSkills programme for informal carers from migrant backgrounds, which organizations they are connected to, and how to access these. A mixed picture emerged across countries: voluntary associations, professional care associations, churches, web, etc.

*Different routes to fostering ICT take-up.* The cases of the UK and France illustrate two different ways of formalizing the market. The UK provides a cash benefit that has to be spent on the use of professional service providers, in order to develop and professionalise the care sector. Direct payments to informal carers have only been introduced more recently. In France, on the contrary, cash benefits granted to families under certain conditions have proved a strong incentive to formalize previously "grey" caring arrangements, thus professionalising the home care sector by training the existing caregivers in place.

## 7. POLICY IMPLICATIONS AND FUTURE RESEARCH CHALLENGES

*Open discussion*

### 7.1. POLICY OPTIONS

Several policy fields, including long-term care, immigration, education and training, employment and social inclusion and eInclusion, overlap in the theme discussed. As a consequence, policy options responding to the specific needs of different migrant caregiver groups (migrants working as migrant care workers, migrants working as informal caregivers, with different legal statuses) can range from digital inclusion measures which aim to increase the opportunities offered by ICT to measures which better address the different needs of the respective groups, by facilitating training, re-skilling and up-skilling opportunities; recognizing qualifications and degrees obtained by migrants in their countries of origin; addressing integration and social inclusion; and enhancing employment and career opportunities. See a detailed illustration in the table below.

	<b>Needs</b>	<b>EU policy options</b>	<b>ICT Opportunities</b>
<b>Informal migrant caregivers</b>	Residence/Job permit; Recognition of prior formal qualification and occupational skills; Legal/legalized employed; Adequate pay/salary	Encourage open immigration quotes for social care profiles; Facilitate formal recognition of studies and competences (EFQM); Facilitate recruitment processes and demand/supply match	Increase awareness of rights and make information available; Support mutual/peer-to-peer learning, care worker networks and communities of practice; Training/qualification opportunities online.
<b>Professional migrant caregivers</b>	Job recognition; Improve specific competences (including eSkills); Innovative solutions; Career development.	Promotion of a European job profile and VET CV for "Social care" which facilitates recognition of competences acquired outside EU	Give more visibility to the profession; Access to VET and non formal training; eLearning; Tools for social care (on site/at distance)

In particular, within the eInclusion policy framework, the following policy options were discussed:

*ICT-based infrastructure development.* It was suggested that policy action could support the development of infrastructure: portals, digital communities, adapted public services, etc. Examples such as the SHARE database, EU SILK (on self-perceived health status) and Alzheimer Europe were mentioned. However, a need for a more holistic and integrated approach was emphasized.

*Awareness raising and training.* Classical and "soft" policy actions were suggested, such as awareness raising and training. Both should take into account the "informal" character of the sector, which has significant numbers of illegal migrants. Training opportunities should cater for the specific situation of domiciliary caregivers, address their particular skill needs and be accessible to them. More specific actions could be taken on skills development, targeted to the needs of different informal caregiver groups.

## 7.2. FUTURE RESEARCH

*Policy rationale and scope.* It was suggested that the future research framework should focus on the following question: how can ICT contribute to the sustainability of Long-term Care? - and, if we look at migrants, how can ICT support the integration of immigrants? This rationale should take into account three basic premises that are confirmed by the research results presented: 1) ageing is driving an increase in the need for care and a decrease in the size of the workforce; 2) ICT can play a role in addressing this challenge; and 3) migrants play an increasing role in this context and need to be considered.

It was emphasized that, in the above context, future research in this field should integrate employment, social inclusion, immigration integration and eInclusion (both digital inclusion and the role of ICT for inclusion) dimensions and the related policies.

*General research needs.* Data is still scarce. There is a need to identify in quantitative terms different dependency profiles; to generate reliable data on different care situations and needs; to find out what kinds of ICT solutions are employed in which situations to what effect and to generate qualitative and quantitative data on the short- term and long-term impact of ICT use.

*Impact Measurement Methodology.* A possible conceptual approach to the definition of an impact measurement framework was suggested. It would start by listing the presumed benefits from ICT use; and then identify and gather evidence of ICT impact with respect to these benefits. Finally, it would develop a modelling tool to explore policy options. This tool would allow us to analyse the impacts of ICT, e.g. increases in access to care; and the quality of care, living and wellbeing. This tool would also measure the efficiency and sustainability of care and the integration and employment of migrants. The existing impact measurement frameworks for eHealth and eGovernment could be used as starting points.

*Caveats:* It was underlined that future research should concentrate on developing and consistently employing commonly-agreed concepts and definitions to ensure reliable data gathering and assessment. Furthermore, it was emphasised that ICT-associated benefits should not be taken for granted, but that possible negative impacts should also be considered and discussed.

*Focussing.* Several options for focusing future research efforts were identified:

- Using ICT for *skilling* of carers in the context of future skills for future jobs.
- Understanding better how to fight the *digital exclusion* of informal caregivers. To this end, more data should be gathered on how many they are; how to reach them; which organizations they are connected to (particularly those caregivers with illegal status); what their needs are; and how the different caregiver groups can be given training which responds to their precise legal working and residence status and is accessible to informal caregivers, even if they are not documented.
- Following the concepts developed under ICT for health, it was suggested that research could pursue the impact of ICT in *quality of care* and living, access to care and efficiency of care, linking to the future sustainability of care.
- ICT for the *integration* of migrants, i.e. how ICT use in this context can help better integrate migrants into society.
- It was also suggested that there is still the need to identify the *critical situations* in domiciliary care, the everyday tasks and how ICT can help, in coordination with non ICT tasks and health. This analysis would be relevant for the professional carer, family carer or migrant carer. This could be linked to the need to better know the *demand for care* in both

quantitative and qualitative terms. This demand analysis should integrate the person in need of care and the caregivers. In both cases, the impact of ICT on quality of life and cost savings should be considered.

- The heterogeneity of legal frameworks and also the high heterogeneity among the older population as far as caring needs are concerned (e.g. deriving from physical vs. cognitive impairments), leads to a diversity in caring situations. For this reason, it might be worthwhile investigating what the different roles of ICT in the different situations are. It would also be useful to know why, in some countries, ICT potential is already exploited, while in others it is still in its infancy. Particular attention should be paid to intra-national differences. Understanding the causes of different developments could help us to identify factors which can trigger or hinder the use of ICT.



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## ANNEX 1: AGENDA

**Joint DG INFSO (ICT for Inclusion) & JRC IPTS (Information Society) Workshop:  
“Long-term care challenges in an ageing society: the role of ICT and migrants “  
Brussels, 19 January 2010,**

Avenue de Beaulieu 25, Room 0/S9, B-1049 Brussels

9.00 – 9.30	<i>Registration and coffee</i>
9.30 – 9.45	<b>Welcome</b> <i>Paul Timmers, HoU , EC DG INFSO, ICT for Inclusion Unit</i> <i>David Broster, HoU, EC JRC-IPTS, Information Society Unit</i>
9.45 – 10.00	<b>Roundtable presentation of participants</b>
10.00 – 10.20	<b>Introduction to the workshop and objectives</b> <i>Clara Centeno, EC JRC-IPTS, Information Society Unit</i>
10.20 – 11.00	<b>Setting the Scene: Long-term care challenges and the role of ICT and migrants</b> <i>Ricardo Rodrigues, European Centre for Social Welfare Policy and Research</i>
11.00 – 11.15	<i>Coffee break</i>
11.15 – 11.50	<b>Setting the Scene: ICT and ageing, the care recipient’s perspective</b> <i>Lutz Kubitchke, Empirica, Germany</i>
11.50 – 12.30	<b>The carer perspective: The case of UK</b> <i>Gary Fry, Centre for International Research on Care, Labour and Equalities (CIRCLE), University of Leeds, UK</i>
12.30 – 13.30	Lunch ( <i>sandwich lunch at the premises</i> )
13.30 – 14.10	<b>The carer perspective: The case of Germany</b> <i>Heidrun Mollenkopf, German National Association of Senior Citizens Organisations (BAGSO), Germany</i>
14.10 – 15.10	<b>Cross-country analysis on: Long-term care challenges in an ageing society: the role of ICT and migrants (UK, Spain, Germany, Italy)</b> <i>Stefano Kluzer, EC JRC-IPTS</i>
15.10 – 15.30	<i>Coffee break</i>
15.30 – 16.30	<b>Policy implications and future research challenges</b> Open discussion
16.30 – 17.00	<b>Conclusions and Close</b>



## Annex 2: Participants

### INVITED EXPERTS

<p><b>Carlos Chiatti</b> Italian National Research Center on Ageing Italy</p>	<p><b>Bernd Marin</b> European Centre for Social Welfare Policy and Research Austria</p>
<p><b>Kevin Cullen</b> Work Research Centre Ireland</p>	<p><b>Heidrun Mollenkopf</b> BAGSO e.V. Germany</p>
<p><b>Augustin de Livois</b> Fairvalue/FEPEM Belgium/France</p>	<p><b>Gabriel Rissola</b> D-O-T Spain</p>
<p><b>Claire Dhéret</b> European Policy Center Belgium</p>	<p><b>Ricardo Rodrigues</b> European Centre for Social Welfare Policy Research Austria</p>
<p><b>Gary Fry</b> University of Leeds United Kingdom</p>	<p><b>Claudie Tallineau</b> Business Solutions Europa (CASA Project) Belgium</p>
<p><b>Lutz Kubitschke</b> Empirica Germany</p>	<p><b>Giovanni Viganò</b> Synergia – Social research institute Italy</p>
<p><b>Sheena McLoughlin</b> European Policy Center Belgium</p>	

### EC MEMBERS

<p><b>European Commission</b> <b>JRC- J04 Information Society</b> David Broster, Head of Unit Clara Centeno Stefano Kluzer Christine Redecker</p>	<p><b>European Commission</b> <b>DG INFSO - H3 ICT for inclusion</b> Paul Timmers, Head of Unit Miguel Gonzalez-Sancho Giorgio Zoia</p> <p><b>European Commission</b> <b>DG INFSO - C.1 Lisbon Strategy and i2010</b> Anna Maria Sansoni</p>
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European Commission

**JRC 58928– Joint Research Centre – Institute for Prospective Technological Studies**

Title: Conclusions of the Workshop on Long-term Care Challenges in an Ageing Society: the Role of ICT and Migrants (Brussels, 19 January 2010)

Authors: Christine Redecker and Clara Centeno

Luxembourg: Publications Office of the European Union

2010

Technical Note

**Abstract**

In an ageing society, with expected increases in the number of people in need of long-term care; shrinking numbers of health professionals and dedicated carers; high-level health technology; and growing costs for national budgets, two complementary trends are likely to emerge as components of a supply-side solution to meeting the demand for home care: migrant care labour to complement and supplement professional healthcare provision, on the one hand, and ICT devices and applications supporting care functions, like monitoring and surveillance, on the other.

To better understand how these two trends interact and how they potentially counteract or complement each other, JRC-IPTS launched a research project on “The potential of ICT in supporting informal domiciliary caregivers, with particular attention to the case of immigrant care-workers” which was carried out in four countries (UK, Italy, Spain and Germany) during 2008-2009. To disseminate and discuss the main findings of this research, the European Commission invited experts and policymakers to a workshop on “Long-term care challenges in an ageing society: the role of ICT and migrants”, on 19 January 2010. This report reflects the workshop discussions and outlines, in particular, future challenges and research needs, as they emerged from the debate.

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