



Digital Mindset for Carers

# NATIONAL REPORT ON TECHNOLOGY'S ROLE IN CARE PROFESSIONS: ITALY

TRAINING NEEDS, DIGITAL COMPETENCE, AND  
PROVISION GAPS FOR CARE ASSISTANTS AND  
HOME CARERS

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## PROJECT INFORMATION

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## DiMiCare DESK RESEARCH – ITALY – ENAIP VENETO I.S.

### EXISTING PRACTICES

#### THE PRESENT STATE OF TECHNOLOGY USE IN LOWER QUALIFIED CARE PROFESSIONS IN ELDERLY CARE

In Italy, which has a lower level of institutionalised elderly care, the uptake and use of technology in elderly care is also lower. There is a lack of data regarding the diffusion and use of telemedicine solutions in Italy, which is most likely related to the country's less institutionalised elderly care. However, a recent report (EC 2020) stated that the majority of nursing homes in Italy already have the required digital systems to carry out video calls or similar alternatives.

### ANALYSIS

#### NATIONAL PROJECTS AND INITIATIVES

##### E-HEALTH INFORMATION STRATEGY – ITALIAN MINISTRY FOR HEALTH

E-health refers to 'the use of information and communication technology-based tools to support and promote the prevention, diagnosis, treatment and monitoring of disease and the management of health and lifestyle'.

Against this backdrop, the government programme of the National Health System, **the e-health Information Strategy**, comes into play. Its main objective is to ensure a coherent and sustainable development of information systems on the ground to aid patient care.

E-health services are mainly intended to support the monitoring of essential levels of care, the integration of health and social services and the efficiency of primary care. In addition, they are designed to contribute to the integration of active prevention interventions, to improve the quality of health services and to foster the consolidation and development of excellence through continuing medical education.

Among the others, the most significant e-health services with reference to the digital support for the caring professions are the following:

- **Electronic health record** for storing and accessing individual health information.  
To date, fifteen Italian regions are already using their regional electronic health record, while the others are still completing its development. In order to stimulate use, it was hoped that general practitioners and paediatricians would be more involved, so that they could enter their patients' information in the electronic health record, linking this to performance indicators.
- **Telemedicine.** This field it is still under development, but in 2022 the Ministry of Health launched the survey to acquire proposals from qualified economic operators to set up the National Telemedicine Platform, as envisaged in Mission 6 - Health of the PNRR (National Recovery and Resilience Plan).  
The aim is to bridge the gap between territorial disparities and provide greater integration between regional health services and national platforms through innovative solutions. The development of telemedicine is among the interventions to make the home the first place of care.
- **eHealth training for health operators.** Training courses for supporting and strengthen digital and soft skills for operators will be included in the most relevant training path for formalised care professions.

##### ALEXA SMART PROPERTIES FOR SENIOR LIVING (AMAZON)

Some private Italian RSA (Health Care Residences) has adopted the Alexa Smart Properties for Senior Living (by Amazon) or similar solution. These allow retirement homes to integrate Alexa into their facilities and offer an experience specifically tailored to the needs of the elderly and their caregivers

through the simple use of voice. The device allows residents of RSAs to easily contact their loved ones through Alexa-to-Alexa calls and see each other in peace, via video calls. This new solution can also support facility managers to personalise residents' experiences and assist them in various daily activities, for instance by displaying tasks, menus and reminders.

Furthermore, thanks to this tool, staff in RSAs can communicate more efficiently with guests by taking advantage of Alexa's features, which allow them to make announcements, voice and video calls to other Alexa-integrated devices within the facility.

#### DOM-INO LAB: THE DIGITAL CAREGIVER –BETTER SAFE THAN SORRY

Domino-Health is a complex innovative device created by the Calabrian start-up DOM-Inno Labs s.r.l. It is a hardware system for data collection and an APP, capable of addressing and improving the living conditions of people with frailty and of supporting and facilitating the work of caregivers. Limiting hospitalisation and at the same time leaving dignity and freedom to the caregiver are the main objectives of this device. The objective is to build a model of territorial socio-assistance organisation where the final aim is to leave the person with a disability or semi-disability in his or her own environment, which, however, becomes controlled and safe. It is intended to improve the care, but also the life of the frail person and his or her carer. Designed to anticipate the most at-risk situations that arise in diseases such as Alzheimer's and dementia.

## MAPPING OF NATIONAL TRAINING NEEDS AND OFFERS FOR HOME HELPERS AND CARE ASSISTANTS WITH REGARD TO DIGITAL COMPETENCES

Specific and official reference to digital competence, are to be found only in the most specialized training courses (Social and Healthcare Operator or Degree in Healthcare assistant). In the other care professions or in the related training courses, there are no references to digital training.

Interviews and questionnaires, on the other hand, showed that in each Care Institution, an informal training take place on internal software for tracking deliveries and recording activities, for collecting patient assessment forms, for managing meals and for managing the devices and/or equipment used in care activities, in addition to equipment such as beds or electric lifts.

## MAPPING OF NATIONAL FORMAL CARE PROFESSIONS/ NATIONAL VET SYSTEMS AND REGULATIONS OF CARE PROFESSIONS

### FORMALISED CARE PROFESSIONS

#### HEALTHCARE ASSISTANT

The healthcare assistant is the healthcare provider whom, owning a qualifying university degree and professional registration, oversees prevention, promotion, and health education. Their activity is aimed at the person, family, and community; it finds healthcare needs and priorities of early, educational and recovery intervention. It contributes to supporting staff training and competes directly in updating one's professional profile. The healthcare assistant carries out their activity in public and private establishments, either under a regime of dependency or as a freelancer.

#### **Requirements**

To exercise the healthcare assistant profession, it is necessary to be registered in the healthcare assistants' professional register, to which you gain access by getting a Healthcare degree, L/SNT04 – Class of degrees in Prevention Health Professions, or equivalent qualifications.

The degree course final test counts as State Examination and is qualifying for professional practice.

#### **Legislation**

Ministerial Decree January 17th,1997 69 – Professional profile of the healthcare assistant.

Act January 11th, 2018, n. 3 - Delegation to the Government in the field of pharmaceutical clinical trials as well as dispositions for reorganizing healthcare professions and for the healthcare leadership of the Ministry of Health.

Decree March 13th, 2018 – Establishment of the registers of technical, rehabilitation and prevention health professions.

#### SOCIAL AND HEALTHCARE OPERATOR (in Italian Operatore Socio Sanitario-OSS)

##### **Description**

The Social and Healthcare Operator is the one whom, after obtaining the qualification certificate at the end of a specific professional training, carries out activities aimed to fulfil a person's primary needs, in the field of their own areas of expertise, in both a social and sanitary context.

##### **Requirements**

The training for Social and Healthcare Operators is under the authority of regions and independent provinces, which supply the organization of courses and didactical activities.

To access the training courses, it is necessary to have a secondary school diploma and to have reached the age of seventeen at the day of registration to the course.

##### **Legislation**

D.Lgs December 30th, 1992, n.502 - "Reorganisation of healthcare regulations, pursuant to Article 1 of the Act October 23rd, 1992, n. 421". State-Regions Agreement February 22nd, 2001 – Agreement between the Ministry of Health, the Ministry of Social Solidarity and the Regions and the Independent provinces of Trento and Bolzano, to identify the healthcare social worker's figure and related professional profile.

#### SOCIAL WELFARE OPERATOR

##### **Description**

The Social Welfare Operator is an auxiliary medical figure, recognized by the Italian Ministry of Education, University and Research, trained, and prepared to directly help people in carrying out daily activities, to help keeping and regaining autonomy, offering support for the assisted person's psycho-physical well-being, reducing and avoiding social confinement and exclusion. The Social Welfare Operator performs the activity of helping non-self-sufficient patients, at both the user's domicile and social welfare facilities. He/She deals with facing the needs for material and emotional assistance, from hygiene care, to nutrition, to the living environment of individuals in a situation of great distress (mainly disabled people, non-self-sufficient elderly people, subjects with psychological distress, troubled minors, addicts) tending towards encouraging their autonomy and self-determination and to better their relationship with the context. They collaborate with other professional figures in the healthcare and social services areas: doctors, nurses, physiotherapists, social assistants, educators, psychologists, etc.

##### **Requirements**

To become a SWO, it is necessary to attend a training course, of the duration of about 800 hours total with attendance obligation, in addition to conducting and internship at an accredited facility. The course is articulated on a period of about 9-10 months.

##### **Legislation**

Decree of the President of the Republic. March 27th, 1969, n. 128 ("Internal organization of hospital services"), was set up by the State-Region Conference with the agreement February 22nd, 2001 ("Agreement between the Ministry of Health, Ministry of Social Solidarity, the Regions and the Independent provinces of Trento and Bolzano").

#### TECHNICAL SERVICE OPERATOR

The Technical Service Operator carries out their activity in the following fields and operates under the direct responsibility of the professional worker in the coordinator category (Head nurse) or, in their absence, of the vocational nurse responsible for the work shift: - hotel activities; - cleaning and

maintaining utensils, equipment, garrisons used by the patient and medical and nursing staff for assisting the sick; - in collaboration with the vocational nurse for simple acts of care to the patient.

### **Legislation**

For the technical service operator, the specific title is the one planned by DM n. 295/1991.

## **CAREGIVER**

### **Description**

The Caregiver is a support operator to the family and person, able to help a fragile elderly person, a disabled person, a temporarily or permanently non-autonomous person with the activities of the daily life. Their role consists in easing or taking over in the cleaning and hygiene activities of the house and the person, preparation and administration of meals, surveillance e company. The Caregiver is also able to handle situations of need, activating the existing resources on the territory and has a good knowledge of social and medical services to supply help to the person. The Caregiver is part of the welfare network of the patient. The Caregiver carries out their activity at the house of the nursed person, either by the hour or under family cohabitation arrangements; they do support activities with people with various levels of non-self-sufficiency (elderly, fragile people) particularly in those moments when a support to carry out daily activities is needed. The Caregiver guarantees the functions typically done by the family in those moments/phases during which the family is absent or unable to take care of the fragile person. Where required by the user and/or the family they work with vocational operators in charge of socio-health help. The Caregiver can work as an employee hired by the family (employer) or as a collaborator of family service providers, observing in any case the CCNL of reference.

### **Requirements**

The Caregiver profession requires to have reached the age of 18 and the fulfilment of compulsory education. In the case of foreigners, it requires the possession of a permit of stay and an elementary level of both written and oral knowledge of the Italian language.

### **Regulation**

Act 328/2000 "Framework law for the realization of the integrated system of interventions and social services" - "Framework law for the realization of the integrated system of interventions and social services" - Italian Parliament.

## **SPECIALISED SOCIO-SANITARY AUXILIARY**

### **Description**

The specialised socio-sanitary auxiliary ensures the cleaning of diurnal and domiciliary medical in-patient environments, including the nightstand ones and the ones of the bed head equipment. They supply transportation of the infirm on stretchers and wheelchairs and accompaniment to walkers in difficulty. They collaborate with the nursing personnel in cleaning the bedded patient and in the positioning manoeuvres into the bed. They are responsible for the correct execution of the tasks given by the head nurse and take part to the programming of welfare interventions of the in-patient. The personnel, who does not perform healthcare activities towards the patient.

### **Legislation**

Decree of the President of the Republic December 20th, 1979, n. 761 which regulates the legal status of the local health units' personnel.

## **RECOGNISED VOCATIONAL COURSES**

**SOCIAL AND HEALTHCARE OPERATOR (in Italian Operatore Socio Sanitario-OSS) - 3 EQF level**

Social and Healthcare Operator is the professional figure whom, in the field of their areas of competence, satisfies the person's primary needs in both social and medical working environments; based on their own competences and collaborating with other professional figures, they encourage the user's welfare and autonomy.



To become Healthcare Operator, it is necessary to attend one of the training courses recognised by the Region.

The training has an annual duration and it is structured in modules and disciplinary areas, for a number of hours not inferior to 1000, articulated according to the following didactical modules:

- basic module: type of theoretical formation, number of hours 200;
- professionalising module: type of theoretical formation, number of hours 230;
- internship, number of hours 520.

All courses include a guided internship, at the facilities and services in which the professional figure of the socio-health care worker is envisaged, a final examination and the issuing of a certificate.

Candidates who already have the ASA certificate can attend a 400-hour training course to obtain the social and healthcare operator qualification.

#### BASIC CARE WORKER COURSE (ADB Course) – EQF level 3

The basic care worker courses train a professional figure with a third level qualification, the Social Worker Operator or the Technical Service Operator (TSO) able to intervene in medical and aid facilities, promoting the person's autonomy and welfare.

The training is assigned to the Regions and Autonomous Provinces and is provided by accredited bodies. To obtain the qualification is necessary to attend a course, which generally has a duration of about 900 hours (450 theory hours and 450 internship hours), with a final exam to obtain the certificate.

#### SOCIAL ASSISTANT AUXILIARY (ASA) – EQF level 3

The Social Assistant Auxiliary is a Social Worker who carries out activities aimed at guaranteeing the person's psycho-physical wellness and reducing the risk of isolation, helping them in personal functions and daily activities.

The ASA course has a duration of 800 hours articulated in 450 in face to face lessons, of which 100 of tests and assessments, and 350 of internship to be done in Nursing Homes and social facilities.

At the end of the training course after the final exam the candidate obtains the Qualifying Certificate.

Candidates who already have the ASA certificate can attend a 400-hour training course to obtain the Social and healthcare operator qualification.

#### FAMILY CAREGIVER – EQF level 2

The Family Caregiver is a regulated professional figure who performs personal, domestic and hygiene services contributing to the psycho-physical well-being of the person

They also perform support interventions for maintaining and recovering the assisted person's physical and psychological autonomy reducing the risks of isolation.

The training will transmit the competences useful to the care and hygiene of the person with a low assistance need: meal preparation, communication and relation with the assisted person and their family, domestic hygiene.

At the end of the course a Certification of Competences will be performed, which will entitle to the final certificate.



## MAIN FINDINGS OF INTERVIEWS

N° of interviews: 6 (Annex 1- List of interviewees and agenda)

Target: 2 HR manager and 4 Social and Healthcare operators

The interviews have been conducted with two Human Resources Industry Managers and with four healthcare workers (Annex 2- Interview guides in Italian)

### HR MANAGER INTERVIEWS

#### O.A.S.I. FOUNDATION

In relation to the HR managers, the first was the director of Foundation O.A.S.I. (Social Assistance Works and integrated services), responsible for one of the 9 Elderly facilities (doc. Marco Levorato).

O.A.S.I. Foundation employs not only social and healthcare operators, but also some generic operators (EQF levels 1 and 2) as foreseen by the actual national legislation. Some of the generic workers are currently attending training courses for the attainment of the social and healthcare operator qualification.

In the organization the use of digital tools is becoming increasingly prominent, particularly for tracking welfare activities and planning treatments. Each worker receives personal credentials for using the management software on which the deliveries of aid activities are registered, the carried-out activities are registered, and the patient's evaluation sheets are stored and made available.

All the registrations performed are nominative, each worker must use personal credentials.

O.A.S.I.'s aim is to reduce the use of paper and a greater and easier tracking of the patient's activity and welfare history.

In the personnel **hiring phase, digital skills are not needed**, the employees are trained by the company on the instruments that they are going to use. It has not been detected major difficulties in making the tools understood, but it persists **a wide resistance from the workers in wanting to use those tools**.

The most often adduced justification by part of the workers, is the wasting of time and the non-comprehension of the benefits that the use of digital tools can bring.

The workers are also asked to use a management system for meal evaluation. At the end of every meal the worker must fill out a Google Form questionnaire where the patient's approval rating or the reasons for the patient's possible rejection are noted.

A smaller group of workers is also asked to use a management system for the administration of the stocks of devices and equipment necessary for aid.

#### **Digital management of the employment relationship**

Low level of usage of digital means for managing administrative and bureaucratic issues:

attendances are detected through badge but the requests for licences, holidays, or other institutions are still through oral or written request to the Facility Manager without using any dedicated software.

Workers receive payslips via e-mail, but the proficiency level of the proper use of an e-mail address is not clear. In the recent days, the institution is trying to improve the use of digital tools, by supplying the workers a dedicated area on their own website for the company documentation (internal rules, service charter, ethical code, safety management...).

#### **Digital tools and care activities**

With regard to the use of digital devices such as the telephone, tablet or else during assistance activities, O.A.S.I. prohibits employees from using personal device, but, in particular following the Covid-19 health emergency, it made tablets available to support patients to make video calls with relatives. Generally speaking, educators are in charge of such activities, but, especially during the Covid-19 isolation phases of some wards, caregivers were also assigned to carry out this type of activity.

Some major difficulties have been detected in making employees understand the correct use of the tools, limited to professional activities. Finally, it sometimes notes difficulties in making everyone understand the necessary care to be taken in handling personal and sensitive data and in prohibiting the use of devices on occasions that might not fully respect privacy. Although there seems to be

awareness on ethical issues related to digital data, there seems to be less established practical correspondence in managing the use of the tools.

### ASSIXTO VERONA

The second manager interviewed was the Human Resources Manager of Assixto Verona, Dr. Aronne Marini.

Assixto is a network that offers home care services for the whole family and for people such as the elderly, disabled, children, the sick, especially in times of greatest difficulty and it works mainly with unqualified operators (EQF 1 and 2), as carers or family assistants.

With regard to unqualified professions, the greatest difficulties are encountered in relation to understanding the Italian language. With regard to the use of some tools such as smartphones, also given the increasingly younger age of the carers, no particular criticalities have been found.

#### Digital tools and care activities

The critical points are to be found in knowing what use to make of the tools in care activities. In most cases, carers know how to use smartphones on a personal level, but do not know, for example, how to carry out useful searches for the assisted person, how to download certificates, and how to move around in the Italian context for care-related needs; they struggle to use Spid (digital system with username and password to access to the digital services of local and central administrations) or to access the personal health record.

In addition, some of them face difficulties when they have to communicate in writing, for example by e-mail. Less formal channels (e.g. WhatsApp) are considered easier to use and the importance of using formal channels is often not understood.

In assistance activities it is sometimes required to support the assisted person in using a smartphone for video calls and no difficulties are encountered in this respect. There is no request to use tablets or computers.

The instruments that may sometimes be required are those needed to measure parameters such as body temperature, blood pressure or other, but on this there is generally a fair degree of competence. The company is carrying out a plan to implement the use of digital tools with its employees, also with regard to contractual aspects and in the delivery of shifts, also in order to facilitate the use of digital tools in assistance activities.

### SOCIAL WORKERS INTERVIEWS

One part of the interviews focused on the experience of carers. Three caregivers were interviewed, two Italians (25 and 66 years old), and a foreign caregiver of 40 years old. One 27-year-old Italian operator was also interviewed.

All the operators interviewed work or have worked as family carers, three of them are also carrying out a curricular traineeship in residential facilities for the elderly (different structures) within a training course for the qualification of socio-healthcare operator.

Regarding the home care experience, despite the different ages, the element that emerged most, even in the youngest operators, is the **difficulty of knowing for which purposes and in which way to use the most common digital tools**.

All the interviewees stated that they had no difficulty in using digital tools, e.g. smartphones or tablets or PCs, but they emphasised the **difficulty in understanding how to move around in the Italian healthcare context, especially for bureaucratic or administrative issues**.

As for the foreign health worker interviewed, she was the only one who had some difficulty in using tablets or computers. With regard to using a smartphone, she did not declare any difficulties. She has been living in Italy for about 20 years and has worked in elderly care since the beginning, mainly at home, also living with the assisted persons. The persons assisted so far were almost all suffering from Alzheimer's disease.

In the day-to-day care activities, she has so far found no need to use digital tools, probably also due to the degree of illness of the assisted persons and to the fact that the activities of managing health records, booking visits or other have always been managed by the relatives of the assisted person.

However, **she found it difficult to access different job positions, again in the personal care sector, precisely because of her lack of digital skills.** With a view to increasing her professional opportunities, in fact, she enrolled and is currently attending the training course to obtain the professional qualification of Social and Healthcare Operator (OSS qualification in Italian), which also includes a 10-hour applied IT module.

With regard to digital skills, she believes that the entire training pathway, in addition to the specific IT module, favours the participants' learning of transversal digital skills thanks to the constant use of platforms for managing distance learning and for the management of the didactic material that is made available to users.

On this aspect, with regard to the training courses, one consideration that emerged from the interviews of all the operators is **the need to implement as much as possible the contents of the technical-operational training areas with digital skills strictly applied to the healthcare context**, both on the tools and applications that can be useful in home care but also on the possible applications that can be more commonly found in the various residential facilities.

Concerning the experiences that the interviewed operators are carrying out in residential facilities for the elderly, we can note that the digital tools used in the workplace are generally those indicated in the interviews carried out with the managers of the sector; mainly management software for tracking deliveries and recording activities, for collecting patient assessment forms, for managing meals and for managing the devices and/or equipment used in care activities, in addition to equipment such as beds or electric lifts.

From what emerged, the electronic equipment used in the workplace is easy to use, on the other hand, there is some more difficulty in learning how to use it and how to enter data correctly.

The importance of using digital tools and the value that their use in care management can bring, also in terms of increased confidentiality, privacy and better data storage, is not always fully understood.

## MAIN FINDINGS OF QUESTIONNAIRE

During the research period, the Questionnaire (Annex 3 - Quantitative survey questions in Italian) was sent out to 83 receivers, both trainers and students of the Socio-Sanitary training course of ENAIP VENETO school.

Among the 26 answers received, these were the main findings (only the most relevant question has been taken into account for the drafting of the report).

### Which basic digital competences do you consider necessary in the care profession?

The majority of the respondent agree on the idea that care professions need mainly basic competences in IT: to know the usage of Tablets, mobile phones, PC, basic knowledge on work and office. Most important is to know the usage of the machines for supporting the patient.

### Do you think lower qualified caregivers have the digital skills for operating and implementing digital tools at their workplace? What skills are they mostly lacking?

Respondent notice that Italian caregiver have a higher level of digitalisation, whereas carers with a foreign background face various difficulties both in understanding the software language but also often in the use of the basic digital devices and instruments.

### In your experience, what are the biggest challenges applying digital technology in professional care?

Training to people already ahead of their age who have never used these tools and are in serious difficulty, thus also putting the team in crisis.

To introduce the application of digital technology in all realities and to make workers accept the change, preferably with the right training.

What do you think of official documentation regulations by the authorities regarding professional care?

They should be extended to all caring professions, with more in-depth courses.

It is important that the authorities introduce regular refresher courses for the caring professions in order to keep up with developments in this field

I absolutely agree with a digital evolution of care. To keep up with the times is necessary

My opinion is that I think there is a lot of scope for improving the use of digital systems in healthcare but that these should be exploited.

## REFERENCES

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## Annex 1- List of interviewees and agenda

Name and Surname	Position	Date of the Interview
<b>Marco LEVORATO</b>	Head of the Service Center “Al Barana” - Fondazione Opere di Assistenza e Servizi Integrati (O.A.S.I.) - Assistance Works and Integrated Services Foundation	<b>17/02/2023</b>
<b>Aronne MARINI</b>	Head of Human Resources of Assixto Verona	<b>15/02/2023</b>
<b>Giordana GRAZIO</b>	family assistant currently attending a course for Operatore Socio Sanitario (Health Care Worker)	<b>23/02/2023</b>
<b>Rosa RICCARDO</b>	caregiver, currently attending a course for Health Care Worker	<b>23/02/2023</b>
<b>Giulia RUGOLOTTO</b>	caregiver, currently attending a course for Health Care Worker	<b>22/02/2023</b>
<b>Olga ZADI</b>	caregiver, currently attending a course for Health Care Worker	<b>24/02/2023</b>

## Annex 2- Interview guides in Italian

Numero di interviste da raccogliere: minimo 5

### Contesto di riferimento:

La trasformazione digitale è in atto nell'assistenza agli anziani come nella maggior parte degli altri settori. Le soluzioni tecnologiche di alto livello si stanno sviluppando rapidamente e questo cambiamento crea una forte necessità di nuove competenze per gli operatori professionali. Hanno bisogno di una solida competenza digitale di base e di una competenza digitale legata al lavoro.

Gli obiettivi del progetto DiMiCare sono di migliorare le competenze digitali professionali degli operatori meno qualificati per la trasformazione digitale. Aumentare l'attrattiva delle professioni di cura al fine di comprendere e applicare meglio le tecnologie di cura digitali e aumentare la consapevolezza del ruolo in rapida crescita della tecnologia nelle professioni di cura.

Le interviste agli stakeholder informeranno il partenariato sul supporto formativo di cui ha bisogno il gruppo target.

Nelle domande che seguono si fa riferimento agli **"strumenti digitali"** in senso lato, includendo l'hardware digitale e la tecnologia digitale per l'assistenza a domicilio, come telefoni cellulari, tablet, computer portatili, apparecchiature di telemedicina, apparecchiature mediche digitali, letti di cura digitali, aspirapolvere robot, sciacquoni digitali, rilevatori di cadute digitali, ecc.

### Intervista a FORMATORI/DOCENTI/MANAGER/STAKEHOLDERS

<b>Domande aperte</b>
Posizione lavorativa ricoperta
Cosa ne pensa dell'uso di strumenti digitali nel settore assistenziale?
Qual è il livello di equipaggiamento digitale del posto di lavoro?
Quali tecnologie si applicano: <ul style="list-style-type: none"> <li>• Per lo sviluppo/svolgimento delle attività di cura (supporto fisico, monitoraggio sociale, supporto emotivo)</li> <li>• Per l'organizzazione e la gestione sulle attività di cura (pianificazione delle attività, documentazione, questioni amministrative)</li> </ul>
Che tipo di strumenti digitali si usano per documentare le attività assistenziali e per la pianificazione delle cure?
Quali sono le competenze digitali di base che considera necessarie per gli assistenti domiciliari e gli operatori sanitari?
Ritiene che gli strumenti digitali nel settore della cura e dell'assistenza socio sanitaria siano adeguatamente sviluppati?
Quali sono i supporti digitali che conosce nel settore assistenziale?
Quali altri aspetti digitali considera importanti nel settore di cura?
Ritenete che i caregiver meno qualificati abbiano le competenze digitali necessarie per utilizzare e implementare gli strumenti digitali sul posto di lavoro? Quali sono le competenze più carenti??
Come formatore, quali elementi di formazione digitale includerebbe nel curriculum di formazione per assistenti domiciliari?
Secondo la sua esperienza, quali sono le maggiori sfide nell'applicazione della tecnologia digitale nell'assistenza professionale?



Vi sentite competenti e capaci di proporre strumenti digitali rilevanti ai vostri studenti/dipendenti?
Vi sentite qualificati nell'applicazione degli strumenti digitali nell'ambito del vostro lavoro di insegnanti/formatori nell'educazione all'assistenza?
Cosa pensa che i gruppi target debbano imparare in termini di competenze digitali per sentirsi più competenti?
A suo parere, qual è la consapevolezza degli assistenti domiciliari/assistenti sulla protezione dei dati e sulle questioni etiche relative ai dati digitali?

### Intervista a CAREGIVERS, OPERATORI SANITARI, ASSISTENTI DOMICILIARI

<b>Domande aperte</b>
Qual è la sua posizione/titolo di lavoro?
Cosa considera come più importante per lei nel suo lavoro di caregiver?
Cosa pensa dell'uso degli strumenti digitali nel settore dell'assistenza?
Quanto è digitalmente attrezzato il suo posto di lavoro (se lavora in una casa di riposo o struttura simile?)
Quali strumenti digitali utilizzano i vostri clienti (ad esempio, app per la salute, assistenti vocali come Alexa, indossabili, tablet, rilevatori di cadute, altri sensori, ausili per il sollevamento)? A volte hanno bisogno di supporto con i loro dispositivi digitali?
Quali competenze digitali di base ritiene necessarie nella sua professione di assistenza?
Ritiene che gli strumenti digitali sul posto di lavoro siano adeguatamente sviluppati e utilizzati?
Che tipo di sistemi di supporto digitale sono disponibili sul suo posto di lavoro?
Quali altri aspetti digitali considera importanti nel settore dell'assistenza?
Ritiene di possedere le competenze digitali necessarie per utilizzare e implementare gli strumenti digitali sul suo posto di lavoro? Quali competenze vi mancano? Cosa vorreste imparare in questo contesto?
Secondo la sua esperienza, quali sono le maggiori sfide nell'applicazione della tecnologia digitale nell'assistenza professionale?
Ritiene utili gli strumenti digitali selezionati per i suoi clienti/pazienti?
Si sente qualificato nell'applicare gli strumenti digitali come parte del suo lavoro nel settore dell'assistenza?
Siete a conoscenza delle normative relative alla protezione dei dati e delle questioni etiche relative ai dati digitali dei vostri clienti/pazienti?

## Annex 3 - Quantitative survey questions in Italian

- Qual è la sua posizione/titolo di lavoro?
- Quali sono le competenze digitali di base che ritiene necessarie nella professione assistenziale?
- Nella sua opinione, le professioni assistenziali meno qualificate, hanno le competenze digitali necessarie per utilizzare gli strumenti digitali sul posto di lavoro? Quali sono le competenze secondo lei più carenti?
- Secondo la sua esperienza, quali sono le maggiori sfide dell'applicazione della tecnologia digitale nel servizio di assistenza professionale?
- Ritiene di avere le competenze necessarie per applicare gli strumenti digitali durante la sua professione di formatore? Può approfondire?
- Qual è la sua opinione sulle normative ufficiali/regolamenti da parte delle autorità in materia di assistenza professionale?
- Desidera lasciare qualche commento rispetto al progetto e ai suoi obiettivi?
- Inserisca la sua e-mail se desidera rimanere aggiornato sui progressi e sugli strumenti forniti dal progetto.