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SOCIOLINGUISTIC AND STATISTICAL METHODS TO SURVEY THE COMMUNICATIVE NEEDS OF HOME-ASSISTED ELDERLY, THEIR FAMILIES, AND FOREIGN CAREGIVERS IN NORTHERN ITALY[2]

Abstract

This contribution reports on the latest developments of Age. Vol.A. (Ageing, Volunteers, Assistants. Multilingual tools for assisting the ageing), an ongoing funded research project on ageing issues in Northern Italy's Varese province. Its main aim is to facilitate communication between the home-assisted elderly, their families, and foreign caregivers and, in so doing, ultimately improve elderly care.

After statistically analysing the socio-demographic background of the geographical area involved, the study describes how surveying tools to obtain information from the three groups addressed were devised. Based on a multidisciplinary methodological approach drawing upon sociolinguistics, socio-anthropology and statistics, these tools were first submitted only to the home-assisted elderly's families and relatives, from whom secondary data about the home-assisted seniors and foreign carers were also obtained.

Findings highlight that the latter are mainly migrants from Eastern Europe and Central and South America, who have been working with their current senior for less than two years. A large portion of the sample works more than five days a week and more than 20 hours a week. Finally, most of the caregivers spend almost as much time with their seniors than before the current global pandemic, which means that COVID-19 has had no major impact on their working lives.

Keywords: Northern Italy, elderly care, foreign caregivers, intercultural and intergenerational communication, sociolinguistics, statistics

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1. *Introduction*

This chapter reports on Age.Vol.A. (Ageing, Volunteers, Assistants. Multilingual tools for assisting the ageing), a funded (Cariplo Foundation, 2017) multidisciplinary research project on ageing issues in Varese, Northern Italy (Euromonitor International 2015, Provincia di Varese 2017, Urbistat 2017). It begins with the assumption that, reflecting a general European (e.g. Germany) and worldwide (e.g. Japan) demographic trend, the Italian population, but also that of foreign caregivers working in Italy, is ageing rapidly (Censis 2019, p. 16, Vicentini and Grego 2019, Vietti 2019). Its main aim is to facilitate (It: *agevolare*) communication between home-assisted elderly and foreign caregivers and ultimately improve elderly care. The cultural and communication barrier existing between the latter is likely to be removed or at least reduced by creating online multilingual resources (a web portal and a smart device application) aimed at providing in-house carers with terminology and practical information related to their assisted parties and institutions (such as the healthcare system, charities, labour associations and others) they usually deal with in the caregivers' own language(s) (Vicentini, Grego and Russo 2018b, p. 26, Vicentini and Grego 2019, p. 5).

To carry out the project, three main phases were envisaged: 1) a study of the province's population of the elderly and foreign assistants, paying special attention to the languages spoken by the latter, usually Ukrainian/Russian and Hispanic-American (INPS[3] 2019a); 2) the development of theoretical communication models, and 3) the design and implementation of multilingual communication tools. In order to create and populate the latter, analyses of the various social actors involved (seniors, caregivers, families, the local government, public healthcare, pension and welfare service) were carried out – and are still being carried out – by means of field research involving interviews, questionnaires, statistical surveys and active communication with public institutions, private associations and the local government. In particular, after mapping the context of the social actors involved and by meeting with local institutions and voluntary associations (Vicentini, Grego and Russo 2018a, 2018b), we conducted preliminary interviews with foreign communities, volunteers, doctors and social workers in Varese to study their experience and needs in relation to domestic care. Questionnaires were then designed following quantitative

3 INPS (Instituto Nazionale Previdenza Sociale) is the main social security institution of the Italian public pension system, in which all public or private employees must be enrolled as well as most of the self-employed workers who do not have their own autonomous pension fund.

methods (Rasinger 2008, Agresti and Finlay 2015) and qualitative approaches drawn from sociolinguistics (Coupland and Jarowski 1997, Irwin 2010, Schleef and Meyerhoff 2010) and critical discourse analysis (Fairclough 1995, 2003) (see also Russo *et al*. 2019) (§3).

The study illustrates the latest developments and outcomes of the research. First, it offers a detailed socio-demographic analysis of the geographical area (i.e. Varese and its province, Italy) and the social groups involved (§2) as a necessary premise to interpret the survey's preliminary findings (§4). Second, it provides a thorough description of how the questionnaires, which can be viewed in Appendix A, were devised for submission to a statistically relevant number of informants from the three groups of actors making up the research project's target population, i.e. the elderly, their families and foreign caregivers (§3). Due to the COVID-19 global pandemic, the questionnaires were, in the main, answered only by the families of the assisted elderly, from whom secondary data relating to the other two groups under analysis (i.e. the elderly and their carers) were also obtained. Results highlight the interviewees' differing self-perceptions, experiences, and relationships in the complex interaction of home care as well as their needs and expectations.

2. *The demographic background*

This paragraph contains a sociodemographic overview of the evolution of the Italian population over the last decade, focusing especially upon the province of Varese. Globally, at the beginning of 2020 the population of Italy amounted to 60,244,639 individuals, with a 0.19% decrease compared to the previous year (Istat[4] 2020b). Considering the demographic forecasts, the active population (15 to 64) will decline, making up 52% of the world population over the next 30 years (Michel and Walston 2018, Barsukov 2019, Eurostat 2020). The same percentages are mentioned in Ilmarinen and Costa (2000), predicting a significant reduction in the active population throughout the European Union. Nowadays, those over 65 constitute a growing share of the Italian population (13 out of around 60 million citizens), and at the beginning of 2019 those aged over 85 accounted for 2.2 million citizens (Istat 2019). As age-related pathologies,

4 The Italian National Institute of Statistics (Istat), a public research organization, is: "the main producer of official statistics in the service of citizens and policy-makers. It operates in complete independence and continuous interaction with the academic and scientific communities" (https://www4.istat.it/en/about-istat).

psychological problems, and social implications are many, there is a need for prevention and commitment on the parts of both public and private bodies. These data are coherent with Massimo Livi Bacci's research (2017, 2018a, 2018b), according to which Italy is the second oldest country in the world after Japan. This seems to be corroborated by the fact that over 7.5% of the Italian population is now 80 or older, while in France and the UK this indicator is below 6% (AGI 2020). Moreover, in 2018 only 439,000 live births were registered, i.e. around 140,000 fewer than in 2008 (Istat 2018). Figure 1 shows the distribution of the entire Italian population in 2020 compared to 2011,[5] highlighting an increase in elderly people.

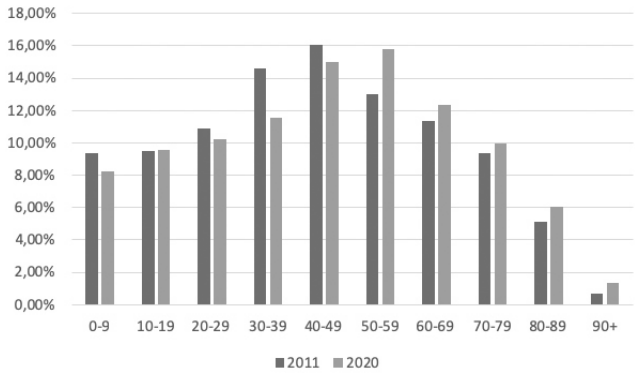

Figure 1. Age distribution in Italy (2011-2020) (Source http://demo.istat.it/).

2.1 *The Province of Varese*

The area concerned is a province in Lombardy, Italy, whose main city is Varese. With a population of 890,768 inhabitants, it is the fourth most populated province in the region and is located between the Po Valley and the foothills of the Alps, in the northern part of the historical-geographical region of Insubria. Demographically, this province presents the same trends as Italy as a whole (Figure 1), as shown in Table 1 and in Figure 2. In

5 We decided to use 2011 as a reference year because this is when the last census in Italy took place. A new procedure has recently been adopted, which takes into consideration only some samples of the population (Istat 2020a).

particular, between 2011 and 2020 there was a different and asymmetrical demographic distribution, with an increase in the population's average age. Indeed, in 2011 the percentage of the population which was at least 50 years old was 40.11%, while in 2020 it reached 46%.

Age	2011	2020
0-9	9.45%	8.52%
10-19	8.94%	9.60%
20-29	10.09%	9.70%
30-39	14.88%	11.24%
40-49	16.54%	15.38%
50-59	12.97%	16.06%
60-69	11.83%	12.21%
70-79	9.64%	10.46%
80-89	4.88%	6.42%
90+	0.79%	0.40%

Table 1. Demographic distribution in the province of Varese (2011-2020) (Source http://demo.istat.it/).

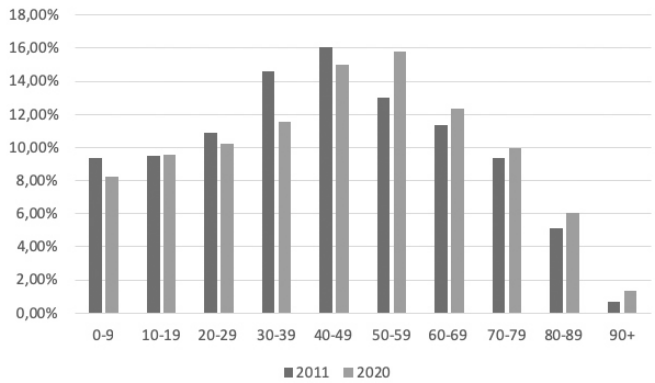

Figure 2. Age distribution in the province of Varese (2011-2020) (Source http://demo.istat.it/).

2.2 *The foreign population of Varese*

At the end of 2019, the total number of foreign people in Varese, one of the main actors involved in the Age.Vol.A research project, was 5,306,548 (Istat 2019). Foreigners living in the province during the same period amounted to 77,538 and represented 8.7% of the total population, while in 2011 the figure was 66,504 (Istat 2012). Of these, 48% live in the province's five most densely populated cities and towns. The following figures show the most relevant nationalities and demographic distribution of foreign nationals living in the province, compared with the total population of Varese.

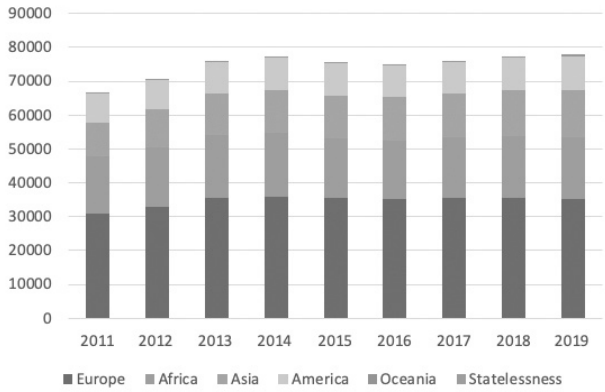

Figure 3. Demographic distribution of foreigners, province of Varese (2011-2019) (Source http://demo.istat.it/).

Figure 3 illustrates the clear predominance of European foreigners compared to those coming from other continents. In more detail, Figure 4 indicates that more than 50% of the foreigners living in Varese come from only six countries: Albania, Romania, Morocco, Ukraine, China, and Pakistan.

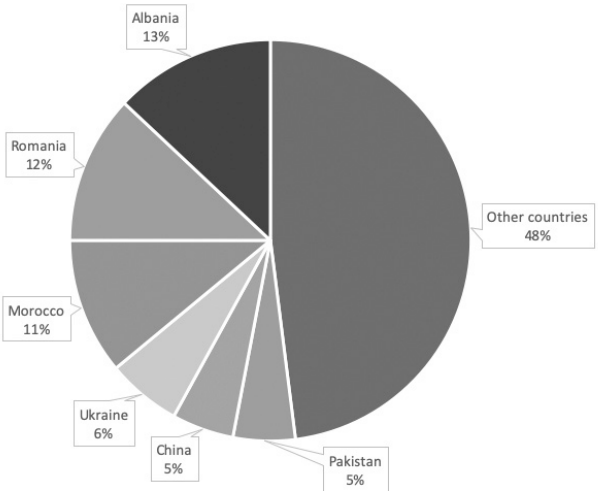

Figure 4. Percentage of foreigners in the province of Varese, 2019
(Source http://demo.istat.it).

Considering the sample as a whole (Figure 5) and differentiating by gender, it is possible to identify a constant trend for the period 2010-2019, in which men and women are evenly distributed. Moreover, the number of foreign nationals living in the province has slightly increased over the last 10 years.

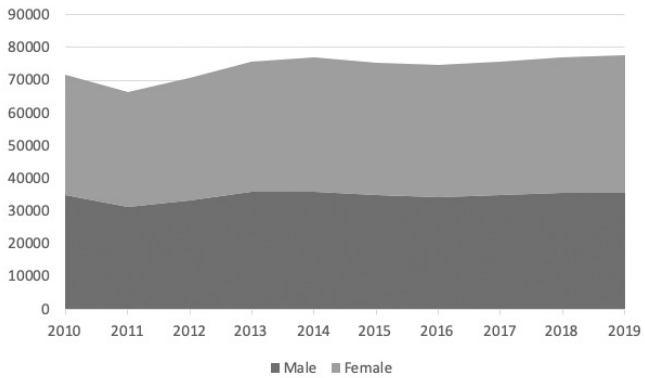

Figure 5. Gender distribution of foreigners, province of Varese (2010-2019)
(Source http://demo.istat.it/).

Age	2020 Foreigners	2020 Italians
0-9	13.52%	8.52%
10-19	10.33%	9.60%
20-29	13.50%	9.70%
30-39	21.18%	11.24%
40-49	19.20%	15.38%
50-59	12.51%	16.06%
60-69	6.33%	12.21%
70-79	2.40%	10.46%
80-89	0.92%	6.42%
90+	0.11%	0.40%

Table 2. Demographic comparison in the province of Varese 2020 (Source http://demo.istat.it/).

A clear difference (which also applies to the whole country) emerges from these trends (Table 2), as the percentage of foreigners aged over 50 is significantly lower than that of Italians of the same age living in the province. For example, 2.40% of foreigners vs. 10.46% of Italians are aged from 70 to 79 years old. This also reflects the most recent national data (Ministero della Salute 2020), which show that the average age of the foreign population in Italy is around 35 years, while that of Italians is about 46. Regarding domestic workers in the province of Varese, foreign workers by far outnumber Italian workers, being 75% of 10,768 workers in total. In Lombardy as a whole, this trend is even more evident, as there are 128,159 foreign domestic workers, namely 82% of the total. These data refer to a macro-group including all categories of domestic worker (e.g. cleaning ladies, carers, family assistants, babysitters, etc.); therefore, to have a clear picture of the situation it is necessary to extrapolate only those who work as caregivers. Based on the most recent available INPS data (INPS 2019b), we observe that 41.6% of domestic workers are classified as caregivers/ family carers and 82% of these are foreigners. Thus we can estimate, in the absence of official data, that in the province of Varese the number of foreign family assistants is approximately 3,620 units, 12-14% male and 86-88% female (INPS Varese 2018).

3. *Developing surveying tools to study the home-assisted elderly, their families and caregivers*

The aim of the Age.Vol.A. project makes it necessary to expand our knowledge of the three populations under scrutiny. For this reason, three questionnaires were designed to survey the backgrounds, behaviours and attitudes of these groups in various contexts. In particular, the survey focuses upon the communication needs of foreign caregivers as healthcare providers for the elderly they assist. According to Pasquinelli (2015, p. 9), a care assistant carries out nursing activities for people with various levels of psycho-physical self-sufficiency (elderly and/or sick and/or disabled), contributing to maintaining and prolonging the autonomy and well-being of the person they assist. There are three main areas of care involved: (1) providing domestic, hygienic, sanitary and medical help; (2) contributing to the psycho-physical well-being of the assisted person and (3) supporting the maintenance and recovery of physical and mental autonomy of the assisted person so as to reduce the risk of isolation. Therefore, considering their role in the administration of medication and assistance in medical consultations, carers can be viewed as the interface between healthcare institutions, the elderly and the families of the assisted elderly.

Recent literature (Maioni and Zucca 2016, Cavallari 2018) points out that the main issue in elderly care in Italy for both individuals and their families is the gradual lack of self-sufficiency, which includes medical, organisational, psychological and economic aspects. All parties require information, counselling, indications about the services and support they can receive or are entitled to. For this reason, one of the main aims of our questionnaires is to study the source and quality of information received by families and professional caregivers in relation to the services that they require for the care of the elderly on a daily or regular basis.

The three questionnaires collect key demographic data on the respondents (age, gender, country of origin, residence) and on the medical conditions of the elderly seniors they assist. The survey questions are roughly divided into a sociolinguistic section, which deals with the language difficulties that hinder communication for foreign caregivers, and a socio-anthropological section, which deals with the foreign caregivers' personal and professional communication needs. Consonant with this theoretical approach and for the purpose of designing the questionnaires, 20 in-depth preliminary interviews (Russo *et. al.* 2019) were carried out with a sample of all the actors involved in the province: the assisted elderly, their families, and caregivers. Moreover, practitioners specialised in elderly healthcare

were included in the preliminary conversation as subjects involved in the communication processes between these populations. The interviewees were selected from the project's network of contacts[6] – i.e. senior citizens' organisations, associations of foreign nationals, nursing homes, the staff and students of the University of Insubria, Varese – to reflect the most common general characteristics, i.e. elderly people living alone and in need of care, almost always provided by carers who are frequently foreign women, whose work is mediated by the families. The interviews, in some cases taking place over several meetings, were carried out in the interviewees' everyday locations, namely in old people's homes or nursing homes, or in private homes. A deliberately non-neutral setting was preferred precisely because of the methodological assumptions of the research, which is based on the importance of dense relationships between the subjects who, from a socio-anthropological perspective, should be investigated in their habitual context. For the same reason, the interviews were hardly ever individual: in some cases, focus groups or collective interviews were carried out. Interviewing caregivers at their workplaces also implies establishing a dialogue with the assisted elderly (if and when possible). The balance between individual interviews and group interviews, therefore, serves to highlight any discrepancies or reticence conferred by the difference in settings.

3.1 *The sociolinguistic section of the questionnaires*

The approach taken in the sociolinguistic section of the questionnaires derives from the social constructivist tradition (Coupland and Jarowski 1997, pp. 70-72), which revolves around the notion of language as a fundamental aspect of an individual's identity (Fairclough 1995; Irwin 2010, pp. 100-106). The questionnaire design is cross-sectional, since it provides "an overview of how a particular variable is distributed across the sample at a particular moment in time" (Rasinger 2008, p. 36). The anonymous survey carried out in this project employs the mentalist theory (Ihemere 2007, pp. 119-120), accompanied by the direct method (Ng and Wigglesworth 2007). The method of (direct) choice is preferred mainly for its utility given the aims of the Age.Vol.A. project, as interviewees are specifically asked about their own language choices, habits and attitudes.

6 In particular, we would like to thank the Associazione Volontariato Anziani (AVA) (www.avavarese.it,Varese, Italy) and the Associazione Anna-Sofia (Varese, Italy) for their collaboration.

The questions entail quantitative approaches, i.e. single-answer questions, multiple-choice questions, yes/no-questions, rating scale questions, dropdown questions. Thus, the results can be used for statistical analyses and generalised to the target population (a quantitative approach), but they also provide a more detailed insight (a qualitative approach) into the sociolinguistic issues under examination.

Regarding the contents of the sociolinguistic section of the survey, the questions addressing caregivers roughly tackle two main themes: their language skills and linguistic performance. First, caregivers are asked about their native tongue(s) and second their (foreign) language(s). Then more specific questions deal with their acquisition of Italian, i.e. whether and how the caregivers had studied it before moving to Italy and how they self-evaluate their proficiency. In groups of questions related to linguistic performance, caregivers are asked to evaluate their language level in a number of scenarios: at the hospital, at the physician's, at the supermarket, in shops, when cooking, at the embassy, at the police station, filling in paperwork, in casual conversations with strangers, etc., both for personal and professional purposes. They are also asked to identify their own coping strategies to overcome these communication issues (e.g. dictionaries, glossaries, machine translation applications). Finally, two questions focus upon their command of the local vernacular (commonly referred to as 'dialect' in Italy). Furthermore, the questions addressing the assisted elderly and their families also focus upon their linguistic preferences and how these shape their communication with foreign caregivers.[7]

3.2 *A note on the language*

A brief comment should be made on the language used in the questionnaire. In order to obtain valid information, the questions should be easy to understand (especially considering that one of the demographics surveyed consists of non-native speakers) and include a limited, albeit comprehensive, range of answers. As can be seen in Appendix A, the questions are in Italian, as it is the main language spoken by all parties involved in the phenomenon that we are investigating (the elderly, their families and caregivers), although it is not the native tongue of most caregivers in the area under examination. Special attention was paid to

7 Caregivers are asked whether they can understand the local dialect and whether the senior that they assist addresses them using the dialect, standard Italian or both. Similarly, seniors and their families are asked whether, in their family, they prefer to speak in standard Italian, in the dialect or in both.

wording and lexis so that respondents can understand questions and answers with at least a basic level of Italian. For these reasons, since there is no formalised version of 'simplified' or 'basic' Italian (the notion of simplified or basic language will be described later), some past models of controlled language applied to the English language were used as a source for our criteria for a controlled version of Italian. The first source of inspiration was Basic English, an English-based controlled language created by linguist and philosopher Charles Kay Ogden (1930; 1968) both as a lingua franca and as a means for teaching English as an L2. Basic English is essentially a simplified subset of regular English, which means that it is based on the standard English morphosyntax but involves a core vocabulary of the most common words in the English language (in Ogden's revisions of Basic English this list of words varies from 850, 1200 to 2000 words). Basic English is also used in Simple English Wikipedia (2020), a special edition of the online encyclopaedia launched in 2001 for the purpose of providing a source of knowledge for "people with special needs, such as students, children, adults with learning difficulties, and people who are trying to learn English". Ogden's work inspired other more recent models of simplified English, in particular Simplified Technical English (STE, also known as ASD-STE100, 2020), another English-based controlled language originally developed in the early-1980s for maintenance manuals in the aerospace and defence industries. Unlike Basic English, which was to be used in a large variety of contexts, STE has precise 'writing rules', i.e. a set of stylistic or morphosyntactic choices to avoid ambiguity, e.g. use the active voice, use simple verb tenses (simple past, simple present, future), avoid present participles and gerunds, restrict the length of noun clusters to no more than three words, restrict sentence length to no more than 20 words, restrict paragraphs to no more than six sentences. Another approach to controlled language is the Plain English Campaign (PEC) (2020), an editing and training campaign whose aim is to persuade organisations in the UK and other English-speaking countries to communicate with the public in plain language. PEC has been described as a pressure group campaigning against overly specialised jargon or unnecessarily complex wording of texts in public information. The analysis of these models and resources for the English language resulted in the linguistic criteria used in drafting the Age.Vol.A. survey questions. To prevent respondents, especially those who are not Italian native speakers, from partially or completely misreading the questions, the following morphosyntactic and semantic criteria were applied to the wording of questions and answers: (a) informal or familiar language (especially in relation to verbal forms

and pronouns) was preferred over formal expressions (which can lead to misunderstandings, as Italian uses third person singular pronouns and verb conjugations to express politeness and/or courtesy towards the addressee); (b) most verbs are conjugated in the present tense, with limited use of past tenses; (c) coordination was preferred over subordination, with few instances of very basic subordinating conjunctions (e.g. *perché* 'because'); (d) the lexicon used in the questionnaire belongs to the list of the 2000 fundamental words of the Italian language (De Mauro, 2016); (e) more specialised expressions are explained in the same sentences (e.g. "Marital status: are you married?"); (f) concrete vocabulary was preferred over abstract vocabulary, and (g) both questions and answer options are no longer than 15 words.

3.3 *The socio-anthropological section of the questionnaires*

One of the main focuses of the socio-anthropological section of the questionnaires is the caregivers' relationship with technologies and the Internet, especially when they seek information for professional purposes (e.g. whether they obtain professional information via websites, forums, social media, apps). One question specifically deals with the use of smartphone applications to improve their communication skills in Italian (by listing language learning apps, online dictionaries, automatic translation services, etc.). Over recent decades, the fulfilment of care and treatment needs for the elderly have burdened families, especially in Italy (Bevilacqua *et al*. 2017, p. 174). These families thus increase the demand for quality care that Italy's public welfare system is unable to cope with. This context will require an additional effort, in order to support professional caregivers through solutions that can balance healthcare activities with other duties and responsibilities. Information and Communication Technology (ICT) can support caregivers in various ways, but the available evidence shows that, to date, only a small minority of professional caregivers have used support services specifically dedicated to their needs, and this is even more evident in the case of technological support services (Lamura *et al.* 2008, p. 753). Although it is internationally accepted that technology-based care solutions have the potential to provide cost-effective services to alleviate the burden of family carers, the implementation of such tools is still limited in most countries (Lamura *et al.* 2008, p. 768). As suggested by the interviews, a number of factors or barriers underlie this situation. For instance, the low-medium level of education of many domestic caregivers is indeed a predictor of a low level of digital skills. Moreover, ethical

concerns about privacy and monitoring, as well as general resistance to change in workplace habits, may further prevent many from using ICT devices, fearing that this could lead to the disclosure of sensitive information (Lamura *et al*. 2008, pp. 759-61). In-house caregivers often suffer from psychological disorders and social isolation as a result of the direct impact on their own psycho-physical health of caring for a non-self-sufficient older person. Additionally, in many cases these caregivers lack adequate information on healthcare practices and services, therefore they encounter numerous barriers in accessing and using health and social care services. Caregivers, then, often report problems managing work-related and personal responsibilities, with obvious negative consequences for their health and income (Lattanzio *et al.* 2014, pp. 465-66). In such a context, the opportunities offered by ICT might be considerable. Furthermore, in recent years various types of web-based service for professional carers have begun to address their needs by using online networks such as virtual environments (e.g. forums, blogs, social media groups) (Hamm *et al*. 2013). These initiatives, however, remain limited in terms of membership, duration and, above all, integration with institutional care services.

The research method for the socio-anthropological section of the questionnaires is both qualitative and quantitative. The general approach is strongly influenced by ethnomethodology (Garfinkel 2002) which, along with a focus upon communication and relational aspects, is a useful tool for the qualitative investigation of home care involving several social actors, as in the present case (elderly people, families, and foreign carers). The methodology of this qualitative research is therefore based on the study of intercultural relations, in which the subjectivity of the experience is both structured and mediated by the subject's relational context (Demetrio and Favaro 2002).

The focus of the socio-anthropological section of the questionnaires is two-fold: the (self-)perception of foreign caregivers as healthcare providers and their migration plan. As the preliminary interviews pointed out (Russo *et al*. 2019), for many caregivers the personal experience of assisting an elderly person represented the trigger for their decision to pursue a career in geriatric care. This is particularly evident in the case of former caregivers who decide to improve their professional status by taking ASA/OSS (Health and Social Care Worker) courses to find employment in nursing homes for the elderly. The questions in this section concern in more detail the caregivers' migration plans (how long they have been in Italy, whether they intend to remain there permanently, whether they moved with their family etc.) and their professional status as caregivers

(their educational background, whether they received or intend to receive professional training in healthcare). Moreover, caregivers are asked how they define themselves professionally in Italian and their perception of the term *badante* (It. *badare*, 'to care for'), which is the most popular term used to refer to that profession in informal Italian, but is perceived as derogatory by many native speakers (Russo *et al*. 2019).

Another aspect that emerged during the interviews and has already been reported by other authors (Vianello 2010, 2012, Vietti 2019) is the very high level of emotional response in each interview, which results from the density of relationships existing within families, between the elderly and their caregivers, as well as in the family background of the latter. Hence this section of the survey seeks to ask whether difficulties in communication shape building a positive relationship between the parties involved, and how improved communication resources may result in higher efficiency in caregivers' daily healthcare-related tasks. To test this, the questionnaires include questions in which the interviewees are asked about the level of their linguistic/cultural understanding in certain daily situations (e.g. cooking, cleaning, shopping, medical visits).

The questionnaires were developed using SurveyMonkey, an online cloud-based survey development software (Waclawski 2012), and were distributed via the newsletter of the University of Insubria, Varese, the local press, and social media such as Facebook, Twitter, Instagram, and LinkedIn, and in the WhatsApp groups of migrant communities in Varese. They were also supposed to be administered in person through meetings with senior citizens' organisations, associations of foreign nationals and nursing homes. Nevertheless, the COVID-19 pandemic has hindered the team from carrying out such meetings. Currently, a group of students collaborating on the Age.Vol.A. project is administering the surveys by phone.

4. *Outputs of the Age.Vol.A. survey: families and relatives*

The following results emerged from the questionnaire that was administered to the families and relatives of the assisted parties from April 2020 to July 2020. Due to the pandemic, we are still collecting data from the questionnaire aimed at foreign caregivers and, for this reason, the results included in this paragraph relate to the questionnaire administered only to relatives and families. In total, 106 valid questionnaires were received, 78% of which are from the province of Varese. Respondents are family members who take care of the elderly

person. Owing to the diffusion target,[8] nephews and nieces represent 70% of the respondents and, with regard to gender, 76% are women and 23% men. Of the sample, 27% claim to take care of two or more family members. Moreover, in the first part of the survey interviewees are asked about the time spent with their elderly relative and it has emerged that a large majority (66%) of relatives spend at least three days a week with them.

The second part of the questionnaire for families relates to the personal information and working skills of the professional caregiver. Results highlight a relevant turnover, as 60% of professional caregivers have been working with their current senior for less than two years. As for their working week, 86% of the sample work more than five days a week and 75% more than 20 hours a week.

Figure 6. Nationality of professional caregivers[9]
(Source: Our elaboration by using Bing and Microsoft Excel).

8 The questionnaires were firstly publicised to the students and the staff of the University of Insubria, Varese, Italy, through the University's newsletter and social media.

9 One response for Armenia, Belarus, Botswana, Brazil, China, Costa Rica, Czech Republic, Georgia, Lithuania, Russia, Tunisia; two responses for Bulgaria, Dominican Republic, Ecuador, El Salvador, Morocco, Nigeria, Perù, Sri Lanka; three responses for Albania, Romania, Venezuela; four responses for Philippines,

Our sample shows that the three most represented countries of origin are Ukraine (32%), Italy (20%)[10] and Moldova (6%) but, as shown in Figure 6, professional caregivers come from 28 countries. As for the sections of the questionnaire dedicated to description of the elderly, the sample is made up of 66 women and 40 men, with a median age of 82, 41% of whom are not self-sufficient. Only 40% of them are able to eat and get dressed independently. Two questions deal with the health conditions of the elderly, in order to obtain a complete picture of the main physical and mental problems that affect these patients: nine people out of 106 reported that their assisted have no diseases, while the four most common diseases are hypertension (29%), diabetes (21%), arthrosis (21%), and arthritis (21%) (see Figure 7 below for the whole range of health conditions).

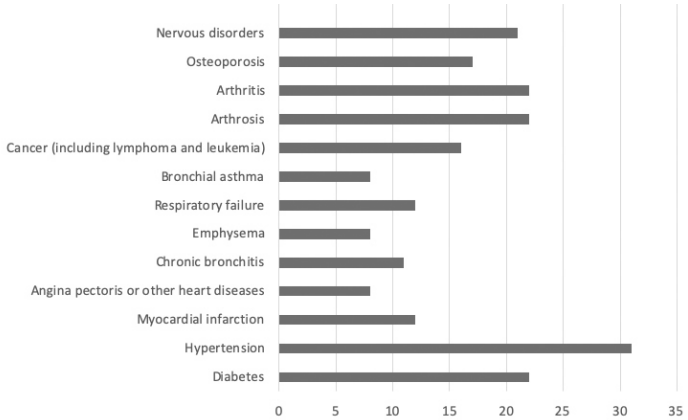

Figure 7. Health conditions of the assisted.

One of the objectives of the Age.Vol.A. research project is to understand whether local dialects play a role in intergenerational communication. Relatives and seniors mainly communicate in Italian, about one third of the sample speak standard Italian and their dialect interchangeably, and only 5% exclusively use the local dialect (Figure 8).

Poland; five responses for Moldova; 20 responses for Italy; 34 responses for Ukraine.

10 For the purposes of this preliminary analysis, we decided to use the entire sample, including Italian caregivers, to discuss more data concerning the elderly.

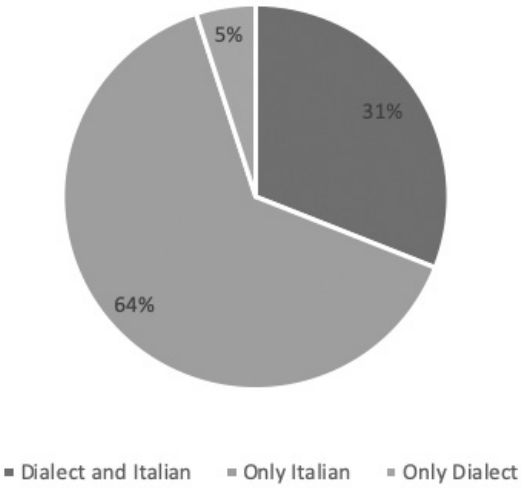

Figure 8. Languages used to communicate between seniors and relatives.

Another part of the questionnaire aims at evaluating the caregiver's skills: through a Likert scale[11] (1-5), relatives are asked to express their opinion about some of the carers' skills. The results are displayed in Figure 9: apart from cooking and, to a lesser extent, house cleaning, no critical aspects emerge. It can be affirmed that, on average, there is an acceptable level of satisfaction, since all the results are above average (2.5). The sample can be considered statistically relevant due to its numerosity; hence, it can be safely stated that the professional caregiver can averagely meet the senior's needs.

11 A Likert Scale is a type of rating scale used to measure attitudes or opinions. For further information see Croasmun and Ostrom (2011) and Leung (2011).

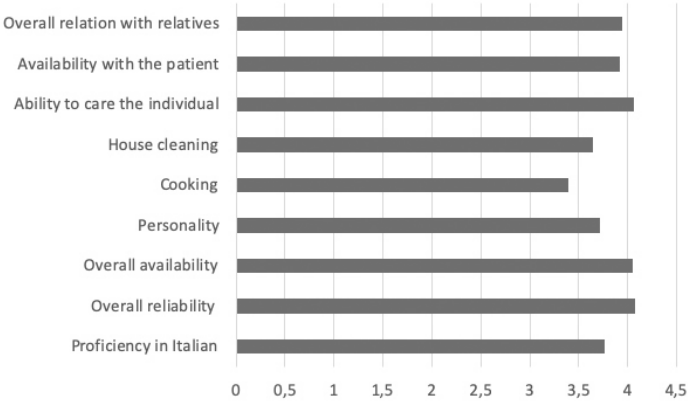

Figure 9. Evaluation of the carer's ability by the family.

A final point that emerges from the questionnaire concerns the technological skills and habits of the professional caregivers. In particular, it is investigated the frequency and ability to use smartphones and other devices to communicate in different moments of their daily life. Figure 10 shows an overview of the apps and social networks used by the participants and Figure 11 illustrates for what purposes they are employed.

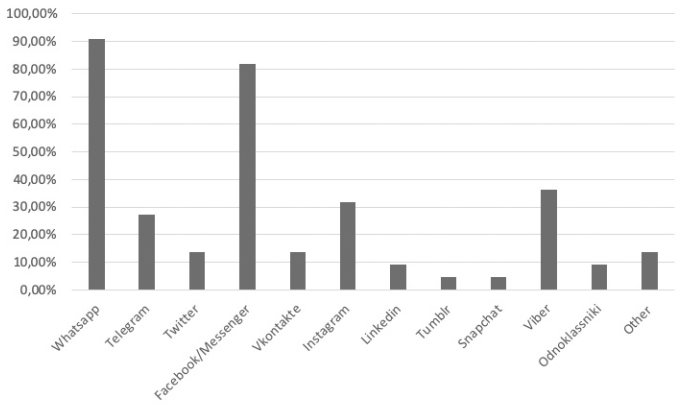

Figure 10. Apps and social media used by professional caregivers to communicate in their daily life.

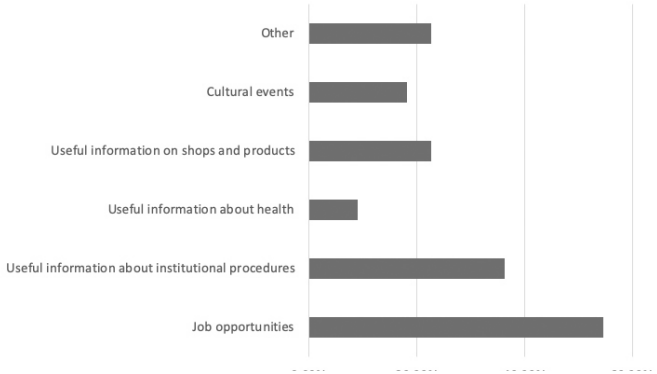

Figure 11. Caregivers' use of apps.

All the participants have affirmed that they daily use mobile phones and other devices for various reasons (both personal and work-related). The main one is represented by job opportunities and job-related issues. There seem to be no significant digital divide issues concerning the respondents, which bodes well, given the objectives of the Age.Vol.A. project.

4.1 *COVID-19 and caregivers*

The global COVID-19 pandemic has affected the daily lives of millions of people around the world, especially those of older citizens, their daily contacts and their activities. For this reason, we have decided to include some questions in relation to possible changes in the behaviour of families, caregivers and seniors during this period. Results show that, as for the working relationship between caregivers and seniors, 73% of respondents declare that the caregiver spends at least the usual amount of time with the assisted senior.

The results show that 73% of the professional caregivers sampled spend the same amount of time (or even longer) with their assisted seniors than before the pandemic. This means that for the majority of the sample there have been no major changes in this respect.

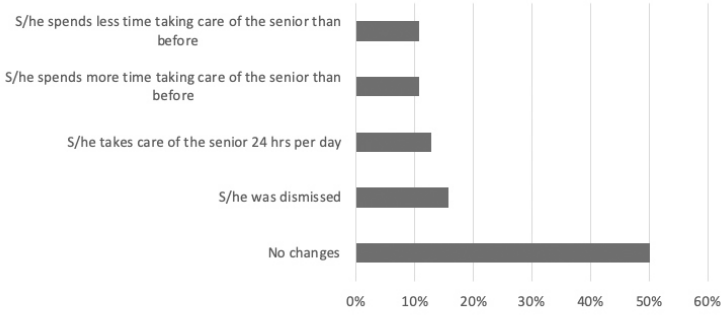

Figure 12. COVID-19 impact on caregivers' jobs.

Furthermore, as regards relationships within the family, 49% of respondents affirm that they spent less or no time with their elderly relatives during the pandemic (Figure 13).

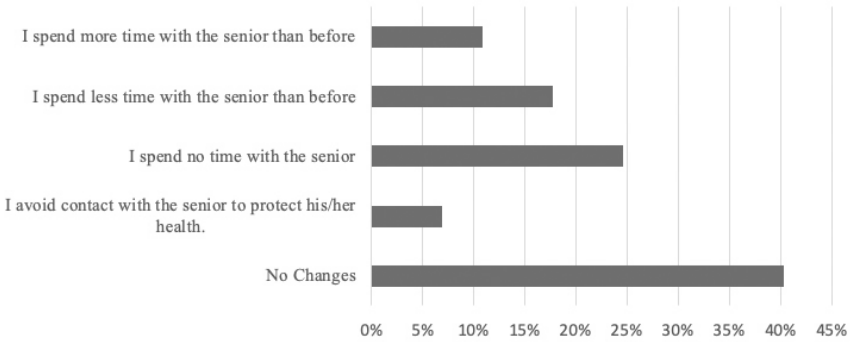

Figure 13. Impact of COVID-19 on the relationship between seniors and their relatives.

COVID-19 has partially changed the habits of seniors and caregivers, as well as their relationship, according to a third of all respondents. Considering family relationships, there was a decrease in contacts between family members meant to curb the spread of Coronavirus and to preserve the health of the assisted elderly.

5. *Conclusions*

Age.Vol.A. is an ongoing project, expected to conclude by the end of December 2022. The results reported in this work are therefore preliminary, and reflect the current stage of the investigation of the population of home-assisted elderly in the province of Varese, their families and foreign caregivers. Demographically, the increase in the population of over-50s is both a long and well-known trend. Significantly for this project, the percentage of seniors aged 70-79 went from 2.40% in 2011 to 10.46% in 2020, those aged 80-89 from 0.92% to 6.42%, and those of 90+ from 0.11% to 0.40% (Table 1). Foreigners living in the province also increased by around 10,000 units in the same period and they are consistently more numerous than their Italian counterparts, when considering age groups up to 50-59; the trend is dramatically reversed in older age groups (Table 2). Considering working-age adults, the fact that the foreign population of the Varese area is younger, on average, than the Italian population suggests that migration may be strongly related to job-seeking. Of the foreigners considered, 33% work as caregivers to home-assisted Italian seniors and about 88% of them are female. All the above data thus confirm the social relevance of the Age.Vol.A. research to the geographical area considered.

The development of the surveying tools to obtain information from the assisted elderly, their families and caregivers was the focus of this specific stage of the investigation and is possibly the most interesting result from a methodological perspective, since the tools were a) developed *ad hoc* for the purposes of the study (social customisation); b) designed based on qualitative and quantitative theoretical inputs from a variety of research domains as per §3 (multidisciplinary approach), and c) tried and tested before and during their administration, so far providing substantial and interpretable data (successful application).

An obvious limit is the ongoing nature of the Age.Vol.A. research, which implies that the next two stages of the project, i.e. the development of theoretical communication models and the design and implementation of multilingual communication tools (§1), still need to be addressed. The information returned by the questionnaires administered so far (with the caveat that we have mainly obtained data from families at the time of writing) will be employed in the next stage of designing effective models to communicate with and among the social actors considered based on their individual communication needs. In particular, the data on the linguistic aspects of the interaction between them shall also contribute to shape the third and last aim of the project: the development of multilingual tools.

Another limit was – understandably, we believe – represented by the health emergency that hit the world in 2019-2020 and, within Italy, the north of the country, where Lombardy is situated. In this region, cases of the first wave of COVID-19 were concentrated mainly in the March-May 2020 period. As of May 31, the total number of cases in Lombardy was 88,968, representing 39% of the country's total cases. Whereas this hindered administration of the questionnaires and in-person interviews with the targeted respondents, the results that we did obtain from the surveys that could be carried out report a very interesting datum: the fact that visits to seniors by family members decreased, while the presence of their caregivers remained largely unchanged. Of course, the reason why families visited or took care of their elderly to a lesser extent during the COVID-19 emergency is attributable to their wish to protect and not neglect their older and valued family members. However, it also undoubtedly evinces the crucial role played by their foreign caregivers in that these individuals did *not* cease caring, bearing in mind too that many caregivers are live-in workers. This results in the increased relevance of foreign carers in the social setting considered but also resulted in a heavier professional and psychological workload on their part. The hypothesis will need to be confirmed by extending the survey to the caregivers' target group, which the research team is addressing in the next step.

Future developments thus include completing the surveying phase to meet the objective of painting a clear and updated demographic picture of the Varese area, using the resulting information to develop an innovative and customised multilingual communication model for the social actors considered (employing discursive and statistical approaches) and, finally, through ICT and translation studies, developing the envisaged technological tools such as a web-based portal and a smartphone/tablet application that should represent the tangible outputs of the Age.Vol.A. research project.

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APPENDIX A: THE QUESTIONNAIRE

* 1. Chi sei?
Sono oppure sono stata/o ...
- una/un badante
- un anziano assistito da una/un badante
- un familiare di un anziano assistito da una/un badante

L'assistente domiciliare

* 2. Sei o sei stata una/un badante?
- Sì
- No

* 3. In che comune abiti?
……

* 4. Il tuo anno di nascita
……

* 5. Il tuo sesso
- Uomo
- Donna
- Preferisco non rispondere

* 6. Stato civile: sei sposata/o?
- Sposata/o
- Separata/o
- Divorziata/o
- Vedova/o
- Single

* 7. La tua nazionalità: da che paese vieni?
……

* 8. Hai la cittadinanza di un paese dell'Unione Europea?
- Sì
- No

* 9. Hai la cittadinanza italiana?
- Sì
- No

* 10. Hai il permesso di soggiorno?
- Sì
- No
- Non ne ho bisogno

* 11. Per quanti anni hai lavorato/lavori come badante?
……

* 12. Da quanto tempo vivi in Italia?
……

* 13. I tuoi figli
- Non ho figli
- I miei figli vivono nel mio paese di origine
- I miei figli sono tutti con me in Italia
- Alcuni dei miei figli sono con me in Italia

* 14. Con chi abiti?
- Con la persona che assisto
- Con i miei figli minorenni
- Con i miei figli maggiorenni
- Con marito/moglie/partner
- Con altri/e
- Vivo da sola/o
- Anni di studio

* 15. Per quanti anni hai studiato? Conta tutti gli anni in cui sei stata/o a scuola, fin dalle elementari.
……

* 16. Sei andata/o all'università?
- Sì e mi sono laureata/o
- Sì, ma non mi sono laureata/o
- No

* 17. Nel tuo Paese hai fatto corsi nell'area sanitaria?
- dottore
- infermiere
- assistenza alle persone ammalate
- assistenza alle persone anziane
- Corsi ASA/OSS
- non ho mai fatto corsi di questo tipo

* 18. In Italia hai fatto corsi nell'area sanitaria?
- dottore
- infermiere
- assistenza alle persone ammalate
- assistenza alle persone anziane
- Corsi ASA/OSS
- non ho mai fatto corsi di questo tipo

* 19. Cosa pensi dei corsi di formazione per badanti?
- Servono per fare meglio il proprio lavoro
- Servono per guadagnare più soldi
- Servono ad avere sempre lavoro
- Non servono a niente

* 20. Nei prossimi 10 anni pensi di rimanere in Italia?
- Sì
- Sì, fino a quando lavorerò, poi tornerò nel mio Paese
- No, intendo andare in un altro Stato

* 21. Per quanto tempo pensi di continuare a fare la/il badante?
- Per sempre
- Per qualche anno ancora
- Non so

* 22. Sei iscritta/o ad una associazione di badanti?
- Sì
- No

* 23. Sei iscritta/o a una associazione culturale del tuo paese?
- Sì
- No

* 24. Qual è la tua lingua madre? ……
Quali sono le lingue che parli dalla nascita?
- Arabo
- Bielorusso
- Bulgaro
- Cinese
- Francese
- Greco
- Hindi
- Inglese
- Italiano
- Giapponese
- Persiano
- Polacco
- Portoghese
- Romeno
- Russo
- Serbo/croato
- Spagnolo
- Tagalog
- Tedesco
- Ucraino
- Ungherese
- Urdu
- Altro (specificare)
-

* 25. Lingue seconde.
Quali lingue hai studiato a scuola o hai imparato da adulto/a?
- Arabo
- Bielorusso
- Bulgaro
- Cinese
- Francese
- Greco
- Gujarati
- Hindi
- Inglese
- Italiano
- Giapponese
- Coreano

- Persiano
- Polacco
- Portoghese
- Romeno
- Russo
- Spagnolo
- Tedesco
- Tagalog
- Ucraino
- Ungherese
- Urdu
- Non ho imparato lingue a scuola
- Altro (specificare)

* 26. Secondo te, quanto parli bene italiano?
0 (male) – 10 (benissimo)
……

* 27. Avevi studiato italiano prima di trasferirti in Italia?
- Sì
- No
- Numero

* 28. Quante parole (circa) di italiano conoscevi prima di venire in Italia?
……

* 29. Hai fatto esami di lingua italiana?
- Sì, nel mio paese di origine
- Si, in Italia
- Sì, in altri paesi
- No

* 30. Come hai imparato l'italiano?
- Parlando con le persone in Italia
- Ascoltando la radio italiana
- Guardando la televisione italiana
- Ho studiato da sola/o con un libro
- Ho studiato da sola/o con una app (per esempio Duolinguo, Babbel, Memrise)
- Ho studiato italiano a scuola

- Ho fatto un corso nel mio Paese
- Ho fatto un corso in Italia
- Altro (specificare)

* 31. Quali app usi per comunicare con gli amici del tuo Paese in Italia?
- Whatsapp
- Telegram
- Twitter
- Facebook/Messenger
- Vkontakte
- Instagram
- Linkedin
- Tumblr
- Snapchat
- Viber
- Odnoklassniki
- Altro (specificare)

* 32. Perché usi queste app?
- Per opportunità di lavoro
- Per informazioni utili su pratiche istituzionali (questura, polizia, ambasciata...)
- Per informazioni utili su sanità (ospedali, dottori, specialisti)
- Per informazioni utili su negozi e prodotti
- Per eventi culturali (festività, concerti, gite...)
- Altro (specificare)

* 33. Sono utili le informazioni che trovi su queste app?
0 non utili – 10 molto utili
……

* 34. Al lavoro, quali sono le situazioni in cui hai più problemi con la lingua/cultura italiana?
- Dal dottore, in ospedale
- In farmacia, con le medicine
- Al supermercato
- Nei negozi
- In cucina (ingredienti, preparazione, dieta)
- Nella pulizia della casa (Prodotti di pulizia, metodi di pulizia)
- Parlare con le persone che non conosco

- Parlare con l'anziano che assisto
- Parlare con i datori di lavoro
- Altro (specificare)

* 35. Fuori dal lavoro, quali sono le situazioni in cui hai più problemi con la lingua/cultura italiana?
- Dal dottore, in ospedale
- In farmacia
- Alla posta
- In questura
- In ambasciata
- Alla polizia
- Al supermercato
- Nei negozi
- In cucina (ingredienti, preparazione, dieta)
- Nella pulizia della casa (Prodotti di pulizia, metodi di pulizia)
- Parlare con le persone che non conosco
- Burocrazia (capire i moduli e i documenti, parlare con le
- persone agli sportelli)
- Altro (specificare)

* 36. Che cosa fai per superare questi problemi di comunicazione?
- Uso una app di traduzione automatica (per esempio Google Translate)
- Uso un dizionario sullo smartphone
- Uso un dizionario di carta
- Chiedo a una persona che parla italiano meglio di me
- Uso disegni e gesti con le mani
- Altro (specificare)

* 37. Capisci il dialetto?
- Sì, bene
- Sì, un po'
- No

* 38. Dove senti parlare in dialetto?
- L'anziano che assisto parla in dialetto
- Le persone che incontro ogni giorno (datori di lavoro, nei negozi, amici...) parlano in dialetto
- Quasi tutti gli italiani che incontro parlano in dialetto

- Nessuno parla in dialetto
- Altro (specificare)

* 39. Da quanto tempo lavori con l'anziano che assisti ora o con l'ultimo anziano che hai assistito?

Fai riferimento alla persona con la quale lavori o l'ultima con la quale hai lavorato.

……

* 40. Quante ore lavori in una settimana con l'anziano che assisti o che hai assistito?

- Meno di 20 ore alla settimana
- Più di 20 ore alla settimana

* 41. Quanti giorni alla settimana lavori a casa della persona che assisti o che hai assistito?

……

* 42. Hai (o hai avuto) un contratto di lavoro scritto come badante?

- Sì
- No

* 43. La persona che assisti (o l'ultima che hai assistito) è uomo o donna?

- Donna
- Uomo

* 44. Quanti anni ha la persona che assisti?

- Meno di 60 anni
- 60 - 75 anni
- 75 - 80 anni
- 80 - 85 anni
- 85 -90 anni
- Oltre 90 anni

* 45. La persona che assiti:

- Vive da sola e nessuno la può aiutare se ha bisogno
- Vive da sola, ma vicino a qualcuno che la può aiutare se ha bisogno
- Vive con altre persone
- Vive con marito/moglie/partner
- Vive con i figli
- Vive con fratelli/sorelle

- Vive con i nipoti
- Vive con me
- Altro (specificare)

* 46. Secondo te, quanto è indipendente la persona che assisti?
0 pochissimo indipendente – 10 molto indipendente
……

* 47. Quali di queste malattie ha la persona che assisti?
- diabete
- ipertensione arteriosa
- infarto del miocardio
- angina pectoris o altre malattie del cuore
- bronchite cronica
- enfisema
- insufficienza respiratoria
- asma bronchiale
- malattie allergiche
- tumore (incluso linfoma e leucemia)
- ulcera gastrica e duodenale
- calcolosi del fegato o delle vie biliari
- cirrosi epatica
- calcolosi renale
- artrosi
- artrite
- osteoporosi
- disturbi nervosi
- nessuna
- Altro (specificare)

* 48. Oltre che da te o dalla sua famiglia, la persona che assisti è seguita, a casa, da altre persone?
- Altre badanti
- Assistenti sociali
- Infermieri
- No, la seguo solo io
- Altro (specificare)

* 49. Chi spiega ai medici o alle altre persone coinvolte come sta il tuo assistito?
- Io
- Un familiare
- La persona che assisto
- Altro (specificare)

* 50. Come definiresti il lavoro di badante
- Facile
- Difficile
- Bello
- Brutto
- Poco apprezzato
- Molto apprezzato

* 51. Pensi di essere capace di fare tutte le cose per far star bene la persona che assisti?
- So fare tutto
- Su alcune cose vorrei migliorare
- Ci sono molte cose che vorrei fare meglio
- Non so

* 52. Secondo te, la parola "badante" in italiano è:
- una parola offensiva
- la parola giusta per dire quello che faccio
- una parola qualsiasi
- preferisco un'altra parola

* 53. Quale parola preferisci per indicare il tuo lavoro?
- Badante
- Assistente domiciliare
- Assistente familiare
- Altro (specificare)

* 54. Secondo te la gente sa quanto è importante il lavoro di badante?
- Sì
- Abbastanza
- Poco
- Per niente

L'assistito

* 55. Hai o hai avuto una/un badante che ti aiuta?
- Sì
- No

* 56. Chi risponde al questionario? Chi è la persona che ti aiuta a rispondere al questionario?
- Io da solo/a
- Il coniuge/compagno dell'assistito
- Il figlio/a
- Il nipote
- La/il badante
- Altro (specificare)

* 57. Sei uomo o donna?
- Uomo
- Donna
- Preferisco non rispondere

* 58. Quanti anni hai?
- Meno di 60 anni
- 60 - 75 anni
- 75 - 80 anni
- 80 - 85 anni
- 85 -90 anni
- Oltre 90 anni

* 59. In che comune abiti?
……

* 60. Con chi vivi?
- Marito/moglie/convivente
- Figli
- Fratelli/sorelle
- Nipoti
- Badante
- Vivo da solo/a
- Altro (specificare)

* 61. Quando sei da sola/o, cosa riesci a fare:
- Fare la spesa
- Prendere un mezzo pubblico (autobus, tram, treno)
- Andare in banca o in posta
- Andare dal medico o in farmacia
- Andare all'ospedale
- Attività ricreative (Cinema, Bar, Ristorante)
- Occuparmi delle faccende domestiche (pulire la casa)
- Lavarmi
- Vestirmi
- Mangiare da sola/o
- Nessuna di queste attività

* 62. Secondo te da 0 (poco indipendente) a 10 (molto indipendente), quanto sei indipendente?

……

* 63. Quali di queste malattie hai?
- diabete
- ipertensione arteriosa
- infarto del miocardio
- angina pectoris o altre malattie del cuore
- bronchite cronica
- enfisema
- insufficienza respiratoria
- asma bronchiale
- malattie allergiche
- tumore (incluso linfoma e leucemia)
- ulcera gastrica e duodenale
- calcolosi del fegato o delle vie biliari
- cirrosi epatica
- calcolosi renale
- artrosi
- artrite
- osteoporosi
- disturbi nervosi
- nessuna
- Altro (specificare)

* 64. Informazioni sulla badante che ti assiste (nel caso tu non sia più assistito da una badante riferisciti all'ultima che ti ha assistito). Da che paese viene?

……

* 65. La/il badante è uomo o donna?
- Uomo
- Donna

* 66. Quanti anni ha la/il badante?
- Meno di 30 anni
- Dai 30 ai 40 anni
- Dai 40 ai 50 anni
- Dai 50 ai 60 anni
- Oltre 60 anni

* 67. La/il badante ti assiste da:
- Più di 5 anni
- Da 2 a 5 anni
- Da 1 a 2 anni
- Meno di un anno

* 68. Quante ore effettive in una settimana è/era con te?
- Meno di 20 ore alla settimana
- Più di 20 ore alla settimana

* 69. Quanti giorni alla settimana sta/stava a casa tua?
- 7 giorni su 7
- 5-6 giorni su 7
- 3-4 giorni su 7
- 1-2 giorni su 7

* 70. Ti accompagna/ha accompagnato a fare le visite mediche o in ospedale se ne hai/hai avuto bisogno?
- Sì
- No

* 71. Preferisci parlare di più in italiano o in dialetto?
- Preferisco parlare di più in italiano
- Preferisco parlare di più in dialetto
- Li parlo entrambi

I familiari

* 72. Hai o hai avuto una/un badante che ti aiuta nel lavoro di assistenza ai tuoi cari?
- Sì
- No

* 73. Quale è il tuo grado di parentela?
- Il coniuge/compagno dell'assistito
- Il figlio/a
- Il fratello /sorella
- Il nipote
- Nuora/genero
- Altro (specificare)

* 74. Sei uomo o donna?
- Uomo
- Donna
- Preferisco non rispondere

* 75. In che comune abiti?
……

* 76. Quale è la tua attività lavorativa prevalente?
- Lavoro a tempo pieno
- Lavoro a tempo parziale
- Pensionato
- Studente
- Casalinga
- Altro (specificare)

* 77. Con chi vivi?
- Vivo da solo
- La persona che necessita assistenza
- Il coniuge
- Vivo con i miei genitori
- I figli minorenni
- I figli maggiorenni
- Altro (specificare)

* 78. Di quanti anziani sei o sei stato/a responsabile?
(nel caso, attualmente, tu non sia responsabile di alcun anziano riferisciti all'ultima esperienza)

- 1
- 2
- Più di 2

* 79. (Rispondere considerando le condizioni della persona che ha bisogno di maggior assistenza)

- È uomo o donna?
- Uomo
- Donna
- Preferisco non dichiarare

* 80. Quanti anni ha?

- Meno di 60 anni
- 60 - 75 anni
- 75 - 80 anni
- 80 - 85 anni
- 85 -90 anni
- Oltre 90 anni

* 81. Con chi vive l'assistito?

- Vive da solo
- Marito/ moglie/ convivente
- Badante
- Figli
- Fratelli/sorelle
- Nipoti
- Altro (specificare)

* 82. Quando è da solo, la persona che assisto è capace di:

- Fare la spesa
- Prendere un mezzo pubblico (autobus, tram, treno)
- Andare in banca o in posta
- Andare dal medico o in farmacia
- Andare all'ospedale
- Attività ricreative (Cinema, Bar, Ristorante)
- Occuparsi delle faccende domestiche (pulire la casa, farsi da mangiare)

- Lavarsi in modo autonomo
- Vestirsi in modo autonomo
- Mangiare da solo
- Non è in grado di svolgere alcuna attività tra le precedenti

* 83. Secondo te da 0 (poco indipendente) a 10 (molto indipendente), quanto è indipendente la persona che assisti?

……

* 84. Quali di queste malattie ha?
- diabete
- ipertensione arteriosa
- infarto del miocardio
- angina pectoris o altre malattie del cuore
- bronchite cronica
- enfisema
- insufficienza respiratoria
- asma bronchiale
- malattie allergiche
- tumore (incluso linfoma e leucemia)
- ulcera gastrica e duodenale
- calcolosi del fegato o delle vie biliari
- cirrosi epatica
- calcolosi renale
- artrosi
- artrite
- osteoporosi
- disturbi nervosi
- nessuna
- Altro (specificare)

* 85. Da quanto tempo ti occupi della persona che necessita assistenza?
- Più di 5 anni
- Da 2 a 5 anni
- Da 1 a 2 anni
- Meno di un anno

* 86. Per quanti giorni alla settimana sei a casa della persona che assisti?
- 7 giorni su 7
- 5-6 giorni su 7

- 3-4 giorni su 7
- 1-2 giorni su 7
- Meno di una volta a settimana

* 87. Oltre a te ed alla/al badante, la persona che assisti è seguita da altre persone?
- Assistenti sociali
- Infermieri
- Il coniuge/compagno dell'assistito
- Il figlio/a dell'assistito
- Il fratello/sorella dell'assistito
- Il nipote
- Nuora/genero
- No, non è seguita da altre persone
- Altro (specificare)

* 88. Che impatto ha avuto l'assistenza dell'anziano sulla tua vita lavorativa?
- Ho dovuto cambiare lavoro
- Ho dovuto ridurre gli orari di lavoro
- Ho dovuto lasciare il lavoro
- Nessun cambiamento

* 89. Che impatto ha avuto l'assistenza dell'anziano sulla tua vita personale?
- Ho dovuto cambiare abitazione
- Ho dovuto sacrificare il mio tempo libero
- Ho dovuto sacrificare il tempo dedicato ad altri familiari
- Ho dovuto modificare la mia abitazione
- Nessun cambiamento

* 90. Da quale paese viene la/il badante?

……

* 91. Da quanto tempo la/il badante lavora con l'assistito?
- Più di 5 anni
- Da 2 a 5 anni
- Da 1 a 2 anni
- Meno di un anno

* 92. Quante ore effettive lavora la/il badante?
- Meno di 20 ore alla settimana
- Più di 20 ore alla settimana

* 93. Quanti giorni alla settimana la/il badante è a casa della persona che assiste?
- 7 giorni su 7
- 5-6 giorni su 7
- 3-4 giorni su 7
- 1-2 giorni su 7

* 94. Chi spiega ai medici o alle altre persone coinvolte come sta la persona che necessita assistenza?
- Io
- Un altro familiare
- La/il badante
- La persona che assisto è in grado di spiegare da sola i propri problemi

* 95. Livello di soddisfazione nel rapporto con la/il badante (da 1 pessimo a 5 ottimo)

	1 pessimo	2	3 neutrale	4	5 ottimo
Conoscenza della lingua italiana					
Affidabilità					
Disponibilità					
Carattere					
Cucina					
Pulizia della casa					
Cura dell'assistito					
Rapporto con l'assistito					
Rapporto con la famiglia dell'assistito					

* 96. Parli in italiano o in dialetto con l'assistito?
- Parlo in italiano
- Parlo in dialetto
- Alterno italiano e dialetto