



Università
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Ca' Foscari
Dorsoduro 3246
30123 Venezia

Italian L2 for Carers

Which kind of Italian should be taught to
carers?

Relatore

Ch. Prof. Graziano Serragiotto

Correlatore

Ch. Prof. Paolo Balboni

Laureando

Sabrina Oliva

Matricola 812446

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INTRODUCTION

La mia tesi nasce da una domanda che mi sono posta durante il mio tirocinio al CTP di Belluno: quale italiano insegnare ai badanti?

Oggi, la presenza dei badanti nelle famiglie italiane è diventata sempre più diffusa e indispensabile. La maggior parte di essi arriva in Italia senza conoscere la lingua e, di conseguenza, i problemi comunicativi non facilitano la loro integrazione.

Durante il mio stage ho avuto l'occasione di poter frequentare i corsi di Italiano per badanti e conoscere da vicino la realtà in cui queste donne (e uomini) si trovano. Con questo mio lavoro pertanto, vorrei far presente le esigenze e le problematiche esistenti, nella speranza che il questo possa essere utile a chi si occupa dell'insegnamento dell'Italiano come lingua seconda.

Ringrazio il Professor Paolo Balboni che ha creduto nella mia idea e il Professor Graziano Serragiotto che mi ha sostenuto e aiutato durante la realizzazione di questo progetto,

la Professoressa Antonella Celato del CTP di Belluno che mi ha seguita per tutta la durata dello stage e mi ha dato preziosi suggerimenti per la stesura,

Sally Booth che mi ha supportato dal punto di vista linguistico,

E infine, il preside del CTP di Belluno, il Professor Salvatore Oliva, mio padre, perché mi ha dato la possibilità di conoscere questa realtà e di portare a termine tutto questo.

My thesis arises from a question I asked myself during my internship at the CTP of Belluno: which kind of Italian should be taught to carers?

Today, the presence of carers in Italian families has become increasingly popular and indispensable. Most of them arrive in Italy without knowing the language and, consequently, their difficulties in communication do not facilitate their integration. During my internship I had the opportunity to attend Italian courses for carers and get to know the reality in which these women (and men) live. With my work I would like to point out the needs and existing problems, hoping that such effort will be useful to who is involved in teaching Italian as a Second Language.

I thank Professor Paolo Balboni, who believed in my idea and Professor Graziano Serragiotto who supported and helped me in the realization of this project,

Professor Antonella Celato of the CTP of Belluno who supervised me for the duration of the my internship and gave me precious suggestions for the drafting,

Sally Booth who sustained me from the linguistic point of view,

And finally, the headmaster of the CTP of Belluno, Professor Salvatore Oliva, my father, because he gave me the opportunity to know this reality and to accomplish my studies.

CHAPTER 1

1. Immigration to Italy

Immigration to Italy is a recent phenomenon of the last 20 years. In fact, according to the Italian Caritas and Migrantes foundation 2011 dossier, the great immigration began in 1991.

In 1861, the year of the unification of Italy, the number of foreigners was quite irrelevant, they were only 0.4% (88.639) of the whole population of 22.182.000 units. The situation did not change after the Second World War, in 1951, the year of the first post-war census, the immigrants were 130.000 out of 47.516.000 inhabitants (0.27%).

It was only in 1991, that immigrants became 1% of the Italian population (625.000 out of 56.778.000 inhabitants) and since that year, the great immigration spread throughout the peninsula. Ten years later, in 2001, foreigners were more than 1 million people. In 2011, of 60.626.442 residents in Italy, 4.570.317 were immigrants.

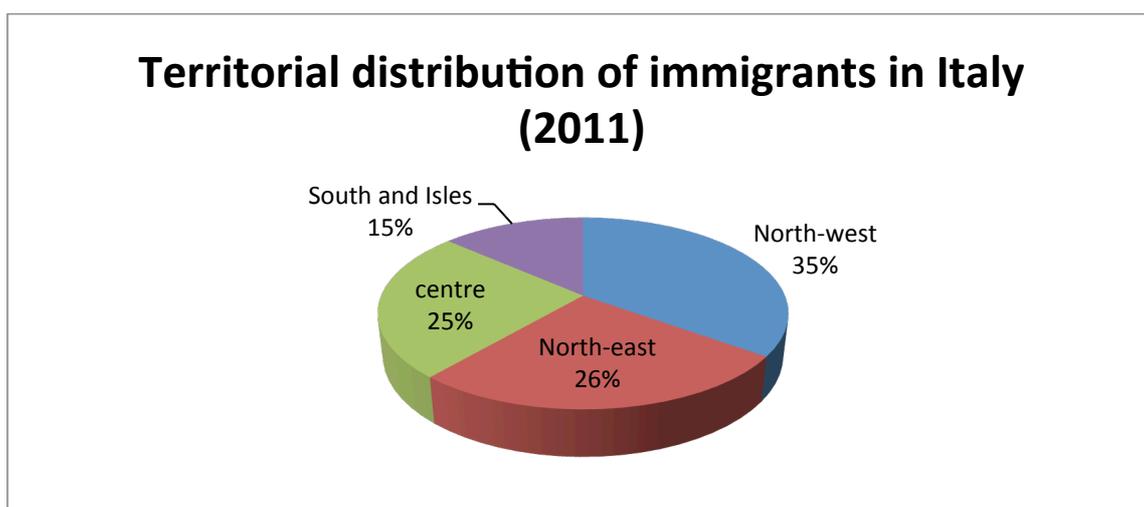
According to ISTAT, in 2011 the Italian population has grown to 60.626.442 units and 4.570.317 of them are foreigners. Now the percentage of the population is about 7.5% which is 52 times higher than 1861. Moreover there are at least 40 thousand of people that are not yet recorded in the register, so, the final number of immigrants present in Italy is probably around 4.968.000.

year	Number of Immigrants residents in Italy	Percentage of the population
------	---	------------------------------

1861	22.182.000	89.000	(0.4%)
1951	47.516.000	130.000	(0.27%)
1991	56.778.000	625.000	(1%)
2011	60.626.442	4.570.317	(7.5%)

Fonte: Caritas 2011

The territorial distribution of immigrants in Italy is as follows: North 61% (North-east 26%, North-west 35%), Centre (25%) and South and Isles (14%).



Fonte: Caritas 2011

1.1. Immigration to the Veneto region - territorial distribution of immigrants in the Veneto Region

According to Istat data in 2008, foreign residents were 9.3% of the total population of the Veneto region (about 457.000 foreigners). As

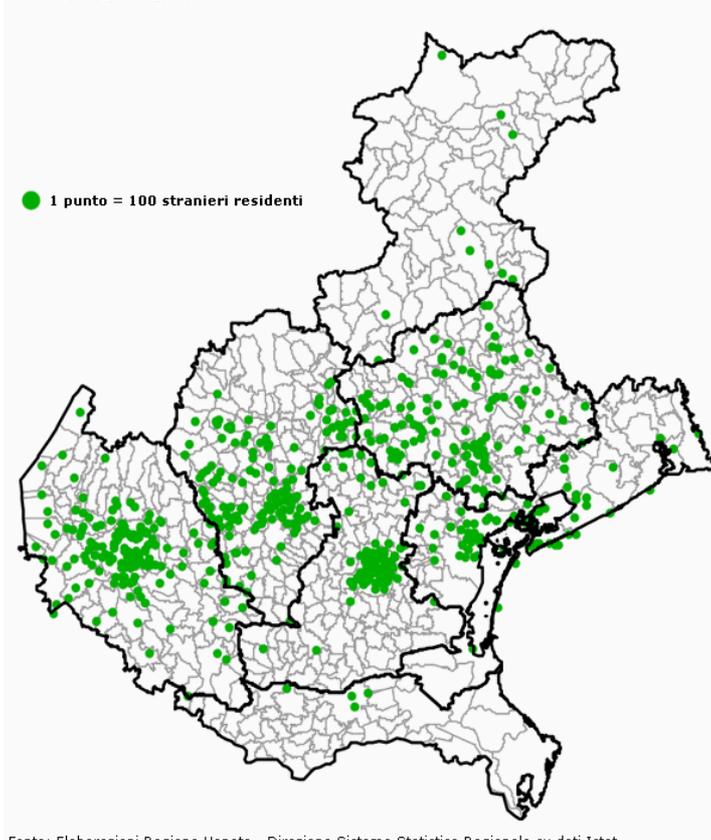
the incidence of immigrants in the population is higher than the national average (6.5%), the Veneto is the third Italian region for number of foreigners (on a par with Lombardy).

The Veneto is very attractive for foreigners, in fact about 11.7% of immigrants have chosen our region to settle and the flow does not seem destined to stop. In fact, according to Istat forecast, in 2020 foreigners will reach 800.000 units (i.e. more than 15% of the total population) and in 2030 they will be around 1 million.

The immigrant population is more concentrated in the industrialized areas of the region which offer more job opportunities .In fact in cities such as Treviso, Vicenza and Verona, the presence of foreigners reports an incidence of 10% of the population.

In the course of a decade, the presence of immigrants in the Veneto region has changed significantly: at first, the immigrants choose to settle in Venetian capital cities because they are attracted by more job

Fig. 8.13 - Distribuzione territoriale degli stranieri residenti.
Veneto - Anno 1997

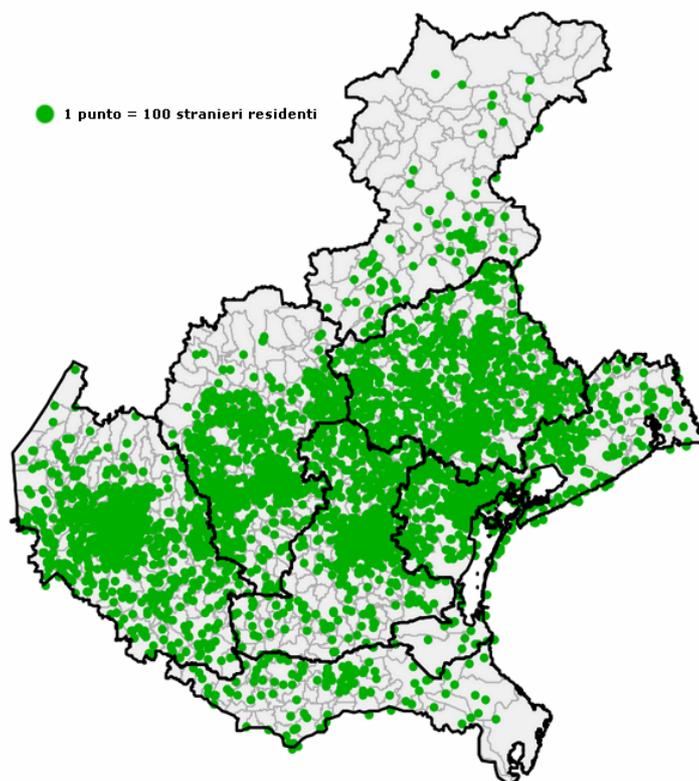


Fonte: Elaborazioni Regione Veneto - Direzione Sistema Statistico Regionale su dati Istat

opportunities, by the easier access to services and convenience of travelling by public transport.

After an appropriate period of settlement, they prefer to move to the towns of the province, which record higher integration rates than capital cities (in terms of social stability, job security and stable housing). On the contrary, foreigners from high cultural backgrounds prefer big cities and metropolis. Compared to the picture of ten years before, in 2007 capital cities are still densely populated by foreigners - especially the central provinces - but neighbouring municipalities are equally populated. In fact, in the second picture it can be seen how the territorial distribution of foreigners becomes more widespread, either because they have increased or for their high propensity to mobility through the territory.

**Fig. 8.14 - Distribuzione territoriale degli stranieri residenti.
Veneto - Anno 2007**



Fonte: Elaborazioni Regione Veneto - Direzione Sistema Statistico Regionale su dati Istat

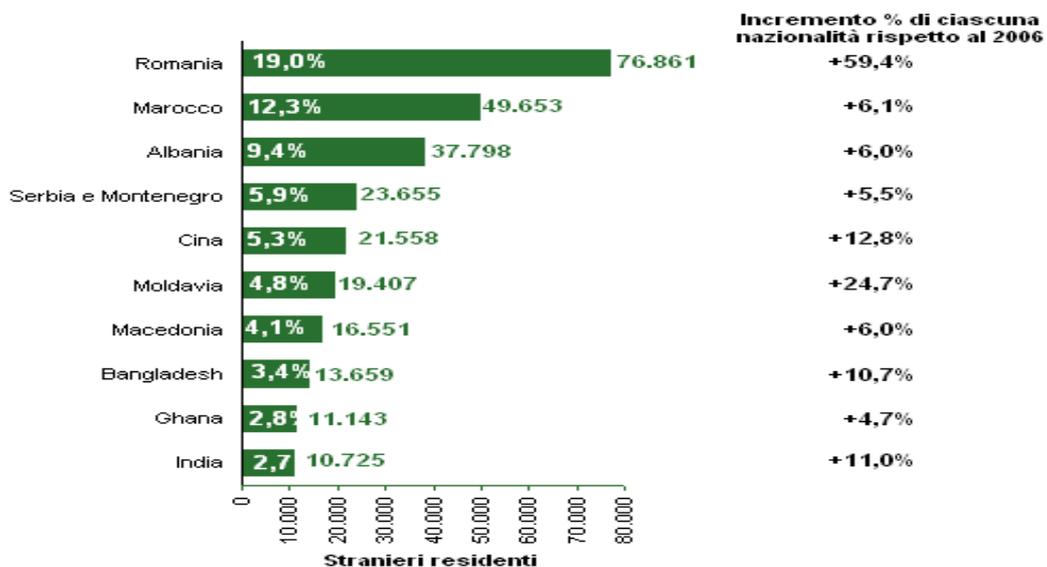
1.3 Provenance of immigrants (of Veneto)

The Veneto region is characterized by foreigners from a variety of countries of origin, thus confirming this peculiarity of immigration in Italy. In fact, the variety of ethnic groups in the region dates back to ancient times. Throughout history, various changes in migration flows (both in terms of quantity and nationality) have taken place and contributed to the melting pot.

As in the rest of Europe, a first phase of immigration was characterized by changes of a geo-political nature – for example the fall of the Berlin wall – as well as geographical factors that have made possible flows of immigrants especially from Northern Africa. The Balkan wars of the early 90s have intensified the exodus of many citizens of these areas to the Veneto. Moreover, the enlargement of the European Union has allowed people from Eastern Europe to cross frontiers easily, and concerning the Third World, conflicts, wars, population pressure and the fragile economic situations (including public debt) are crucial for the migration.

In Veneto foreigners increase by about 54.000 units per year, and

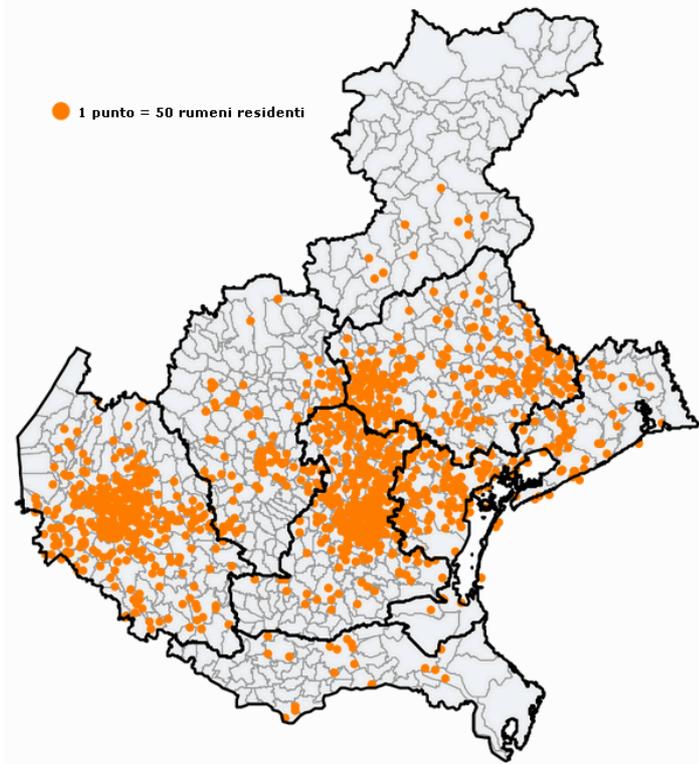
Fig. 8.15 - Graduatoria delle prime 10 cittadinanze di stranieri residenti (valore assoluto, distribuzione percentuale e var. % 2007/06). Veneto - Anno 2007



Fonte: Elaborazioni Regione Veneto - Direzione Sistema Statistico Regionale su dati Istat

this is the highest variation of the last period. Most of the new entries are related to Rumanian citizens; a consequence of the fact that Italy has not taken advantage – unlike other nations – of the option to apply the transitional arrangements for labor market access to Rumanians and Bulgarians. In fact, when Rumania and Bulgaria

Fig. 8.16 - Distribuzione territoriale degli stranieri residenti di origine rumena. Veneto - Anno 2007



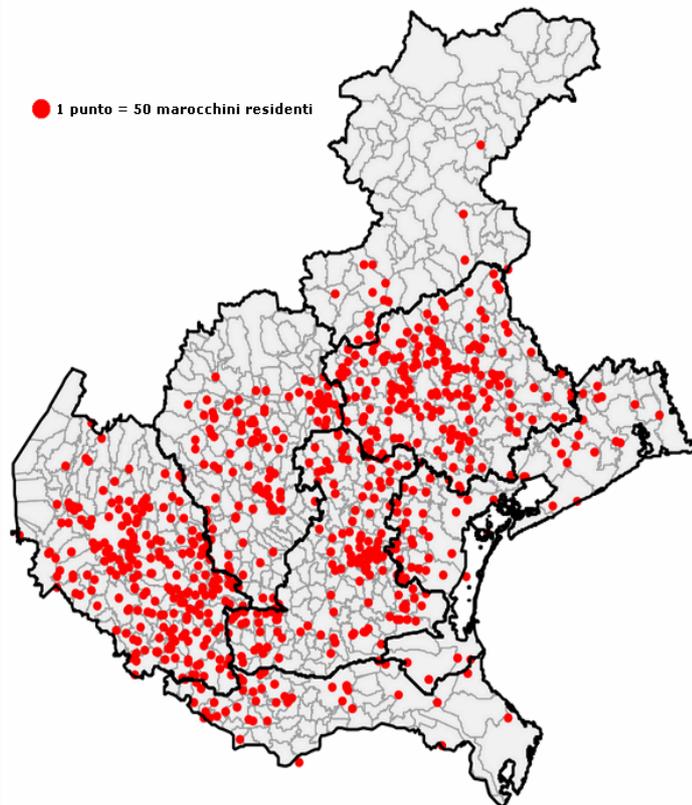
Fonte: Elaborazioni Regione Veneto - Direzione Sistema Statistico Regionale su dati Istat

became members of the EU in 2007, their citizens were thus able to benefit immediately from the new rules concerning free movement and residence which were applied in Italy from April 2007.

In recent years, also Moroccans and Albanians have become a significant number. According to *Regione Veneto* Moroccans, Albanians, Rumanians, Montenegrin-Serbs and Chinese constitute more than half of all foreigners who live in the region. Making a comparison with the years before (2006), Rumanians, Moldovans and Chinese are all populations of recent immigration which have increased the most through the year. On the other hand, more historic flows concern Morocco and Serbia-Montenegro, whose reasons for leaving their country are related to conditions of hardship and conflicts of ancient origin.

The various communities - which show very different socio-demographic profiles - follow different models for residential and business integration. Rumanian citizens, who have been present in Veneto for a relatively shorter time, are concentrated mainly in the capitals - especially in Verona, Padua and Venice - as is typical for newly arrived citizens.

Fig. 8.17 - Distribuzione territoriale degli stranieri residenti di origine marocchina. Veneto - Anno 2007



Fonte: Elaborazioni Regione Veneto - Direzione Sistema Statistico Regionale su dati Istat

They are more evenly distributed in the province of Treviso, even if the municipalities bordering Pordenone eastern and western the territories of Padua and Vicenza show a significant density. (picture 8.16)

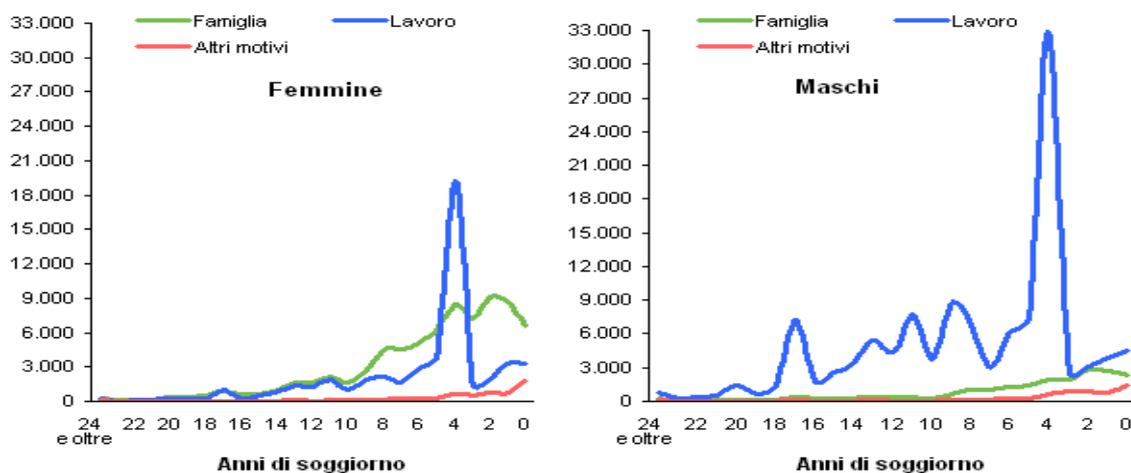
Albanians and in particular Moroccans, which arrived in our country many years ago and progressively stabilized, have spread over the territory in a more homogenous way. In fact, they reside mainly in the central provinces of Verona, Vicenza, Treviso, Padua and Venice. Serbians and Montenegrins live mainly in the towns of Vicenza and Treviso. The Moldavians, newly arrived, are located in the Venetian capitals, showing a strong concentration especially in Padua, Venice and Verona.

Finally, Indians are particularly concentrated in certain areas, which lie almost exclusively in the towns between Verona and Vicenza, where the tanning industry of Vicenza is condensed.

In order to know the reasons that led the flow of new foreign citizens to our region, it is necessary to refer to information coming from residence permits, although they represent only a part of the migration phenomenon. Since 2002 an exceptional peak of foreigners has been registered which is the consequence of the law of regularization of immigrants (Bossi-Fini laws 189 and 222, 2002). In fact, the decree marked a significant impact on the stock of immigrants, the vast majority of whom arrived in Veneto for work. From the following year, the increase in permits is due almost exclusively to family reunification of relatives of workers already arrived. The previous peak of permits for work purposes is due to regulatory changes that occurred over the years, especially for fiscal amnesties.

Since the early years, foreign men are attracted to our country mainly for work, while for women the main reason is especially family reunification. In 2007, the analysis of permits reveals that 58.2% of foreign women reside in our territory for family reasons, compared with 15% of males. The work-related reasons affect 38.4% of foreign women whereas they involve almost 81% of foreign men.

Fig. 8.19 - Distribuzione dei soggiornanti in Veneto secondo la durata e il motivo del soggiorno. Veneto - Anno 2006



Fonte: Elaborazioni Regione Veneto - Direzione Sistema Statistico Regionale su dati Istat

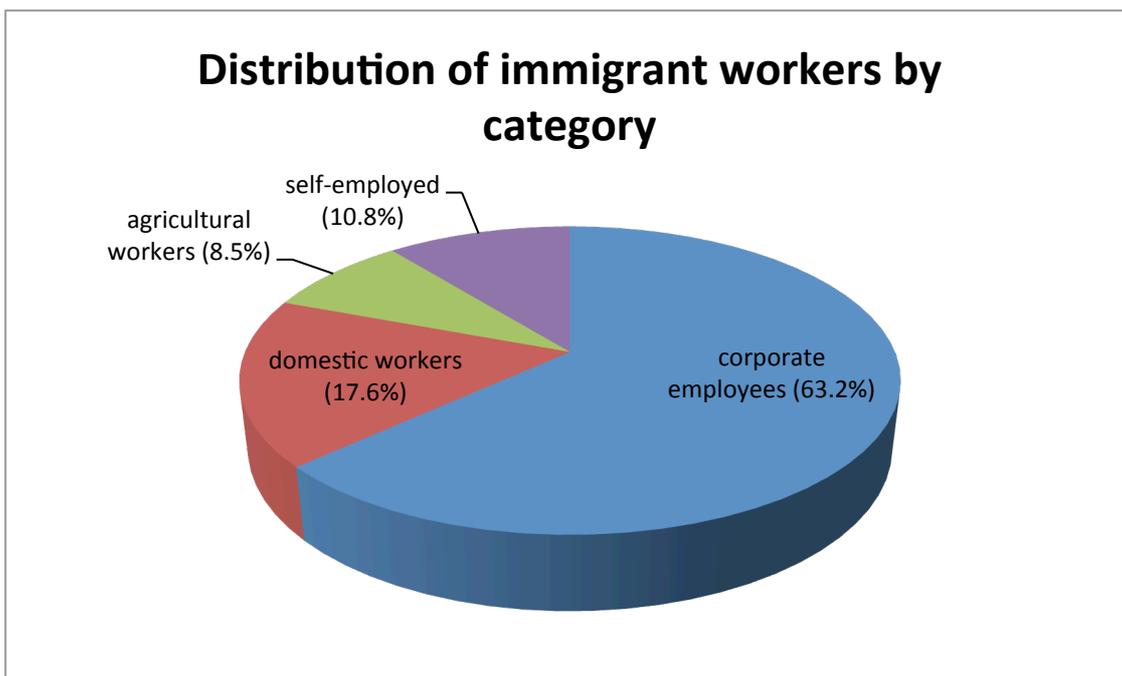
1.4. Employment sectors of foreigners in Italy

Immigrants play an important role in Italian society because they supply the demographic and employment problems. In fact, immigration could be considered a sort of remedy against the ageing of the population and the low fertility rate (1.29 for Italian women against 2.13 for foreigners).

Regarding the occupational problem, immigrant workers constitute a tenth of the workforce. According to Istat, they are 2.089.000 and there would be about 200.000 non-resident workers. In the Italian case, the immigrant 's role is decisive in several productive sectors and moreover they reinforce the labor market due to a higher activity rate, to their willingness to do even less qualified jobs.

Immigrant workers insured at INPS are divided in four categories according to the four main social security archives. According to Inps, in 2011 1.722.634 corporate employees were regularly ensured, 479.133 domestic workers, 293.824 self-employed workers and 231.663 agricultural workers.

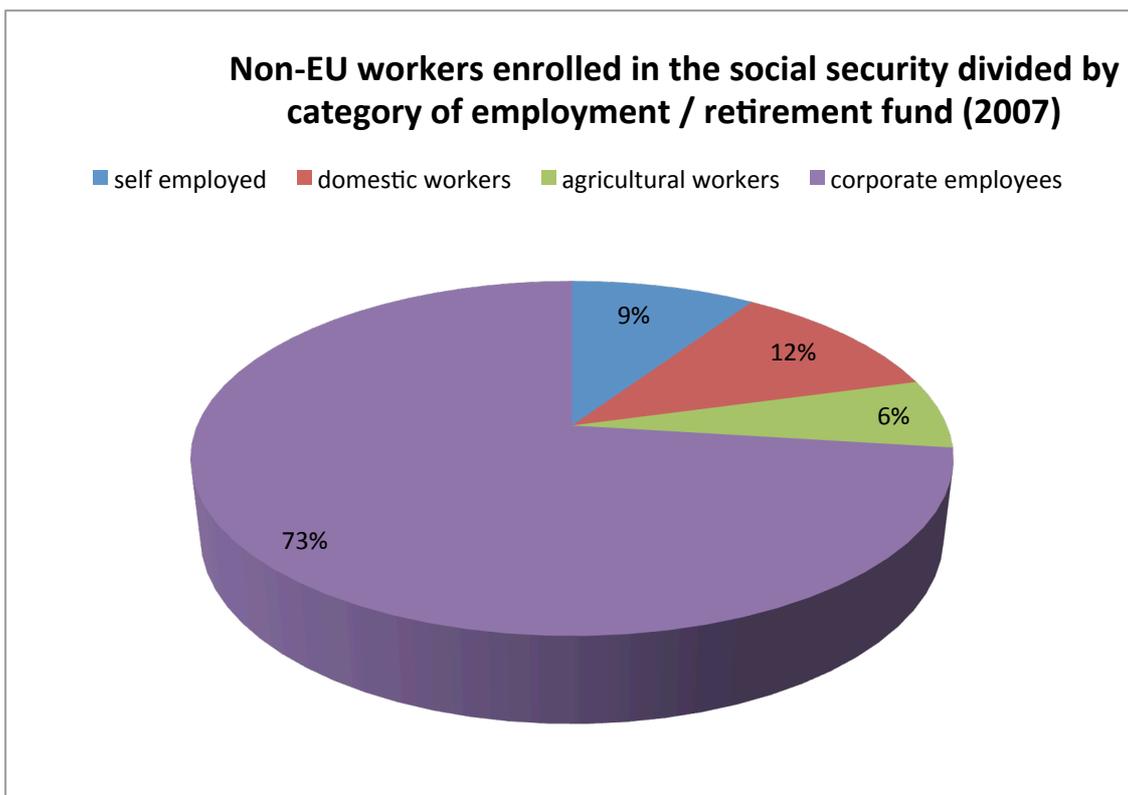
As can be seen from the aerogramme, every 10 migrant workers, 9 are employees (in families, in agriculture and in enterprises: 89.2%) and 1 is a self-employed worker (10.8%). It is also important to underline that the health and social care sector, which concerns domestic workers and carers is constantly growing year by year and creates new jobs.



Fonte: Caritas 2011

1.5. Employment sectors of non- EU foreigners in the Veneto

According to INPS data in 2007, in the Veneto there are 331.843 non-EU workers regularly insured. According to the four categories division it is possible to observe that a great number of immigrants works as corporate employees (239.150 units, of which 11.358 are temporary workers-73%), 9% are self employed (32.059) and only 6% (21.640) work in the agricultural sector. The second sector that employs the majority of non-EU foreigners in the Veneto is the health and care sector where 38.994 immigrants work (12%).



2.The health and care sector

In Italy, carers or domestic workers have become a substantial number since 15 years: in fact, at the end of the 90' their number begin to grow exponentially. In the same years, the Italian term "badante" (that in English can be translated as carer or domestic worker even if the original Italian meaning is slightly different) entered in the common language. Since then, the phenomenon has increased a lot throughout the territory.

2.1 Domestic workers and carers in Italy

According to *Rapporto 2010 sulla non autosufficienza*, the non-self-sufficient people kept in the household are 2,6 million, that is the

4.8% of the Italian population (2 million of them are old people) . It is also important to consider that, in a context of an ageing population, the impact of disability is 9.7% among a population aged between 70 and 74, 17.8% among a population aged between 75 and 79 and 44.5% among octogenarians. Censis and Serono Foundation estimated that currently there are 4,1 million disabled people in Italy. In a country like Italy, the home assistance to old and disabled people found fertile ground. In fact, carers and domestic workers are a considerable help especially in those Italian families where all the women work. In fact, 6.6% of old people over 65 is helped by a domestic worker; the percentage increases in the North of Italy where 1 elderly person out of ten needs to be cared for. According to ISTAT, 51.8% of immigrants are women, they are relevant in the labor market. In 2010, they had a bearing upon half of the new intake but they are disadvantaged because of the impossibility to conciliate work and family.

In 2008, 774.000 women were working in Italy as carers or domestic workers, of which 700.000 were from abroad. In fact, immigrant domestic workers or carers registered in social security (INPS) in 2007 are women in almost 9 out of 10 cases (86.9%), it is an overwhelming prevalence but less pronounced than between the Italians (95.4%). This confirms the greater willingness of immigrants, both men and women, to carry out tasks often scorned by Italian people.

Anyway, the entire category has increased its consistency more than 2.5 times over the course of a decade (1998-2007: +157.3%) thanks to immigrants who have increased by more than 4 times (+330.4%). According to more recent studies (Leone Moressa Foundation in 2010/2011), by the end of 2010 the number of carers officially registered in the records of INPS were over 871.000. 81.5% of them was from abroad (710.000 units) and, among these, 71.8% came

from non-EU countries. From 2001 to 2010 only the foreign community has grown: in ten years their number has increased nearly fivefold (+408.3%), while for Italians it is just of 23.7%.

Domestic workers in Italy, 2010	
Number	871.834
Of which foreigners	710.938
Of which from EU	200.514
Of which from non-EU	510.424
Of which italians	160.896
Foreigners (total %)	81.5%
Immigrants non-EU (total %)	71.8%
Var. % 2001-2010	222.9%
Of which foreigners	408.3%
Of which Italians	23.7%

Fonte: FLM, 2010

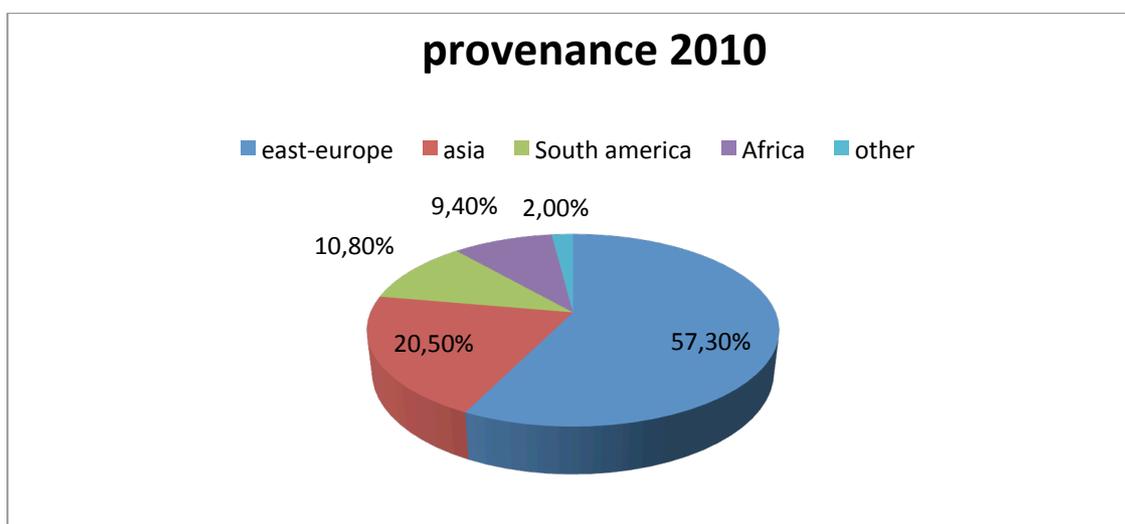
2.2 Provenance of carers

As regards the origin of immigrants, I have considered two types of data: the first table refers to all the carers (men and women) insured through social security (INPS) and the others refer to an estimate made by IRS about women-carers who work in Italy with or without insurance.

According to Leone Moressa Foundation (FLM) which analyses INPS data in 2010, more than half of foreign domestic workers came from Eastern Europe (57.3%), 20.5% from Asia. The remaining part is divided between South America (10.8%%) and Africa (9.4%).

	Incidence (%)	Var. 2001/2010
East Europe	53.7%	1270.5%
South America	10.8%	245.9%
Asia	20.5%	148.1%
Africa	9.4%	199.2%
Other countries	2%	107.6%
Tot.	100%	408.3%

Fonte: FLM, 201

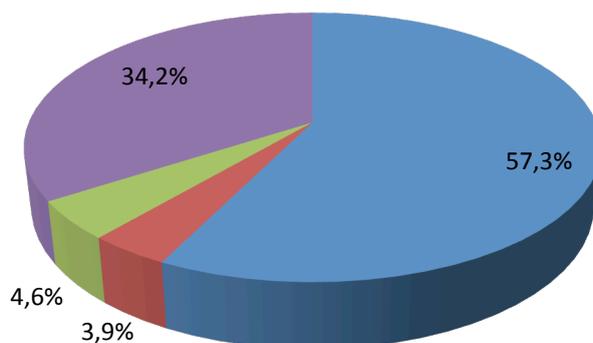


Fonte: FLM, 2010

While the previous data refers to carers regularly enrolled in the social security system in 2010, the following data concerns an estimate made by IRS about the provenance of all the women who work as carers in Italy. According to IRS, the vast majority of carers comes from Eastern Europe (especially Ukraine, Romania and Moldavia) and from South America (especially Ecuador and Peru). Analyzing the data provided by Caritas and Migrantes Foundation in 2007, IRS found out that some data differs from INPS.

provenance 2007 (IRS, Caritas and Migrantes)

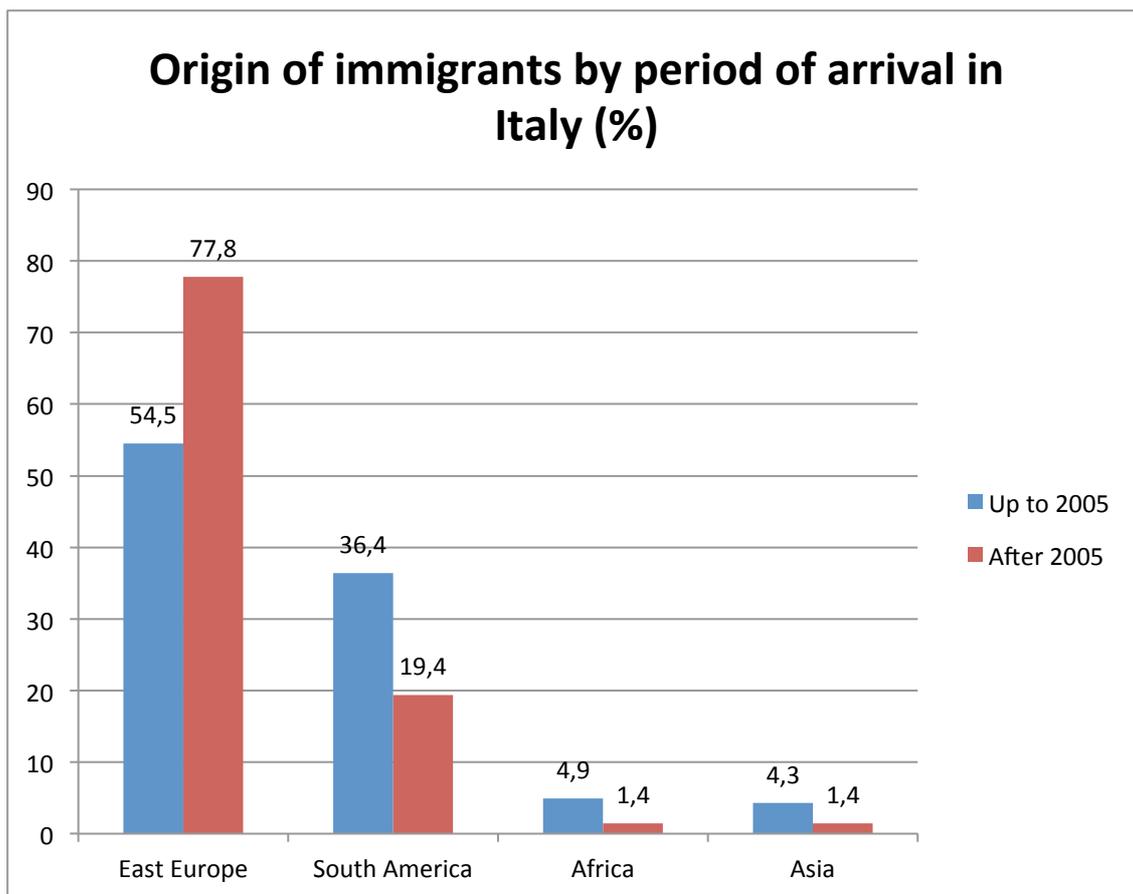
■ east-europe ■ asia ■ africa ■ south america



Fonte: Irs, 2008

As far as the framework of 2007 is concerned, IRS analyzed the trend of origin of immigrants in the last years. Overall, the provenances from Eastern Europe had increased (77.8%). According to the research, a reduction of flows of carers from South America was found. In fact, flows were very large at the beginning of this decade, and then they decreased, although this reduction varies significantly from one area to another. In other words, it is not so much the South American women who decreased, as Eastern European women.

Romanian women swell the ranks of the new carers: they constitute 39% of the new arrivals. The increase of immigrants from this new EU country is in line with INPS data. In fact they confirm that the number of Rumanian is increasing in Italy. Especially during 2007, there was an increase of almost 300 Romanian citizens.



Fonte: Irs, 2008

Since Romania has become part of EU, Romanians are allowed to move freely in Italy and in all the countries of the European Union. As for all EU citizens, it is possible to stay in Italy for three months; after that you have to declare a domicile and the capability to maintain yourself. Today, 3 and an half million foreign citizens are legally residing in our country, of which 640.000 are Romanian citizens. They represent the largest foreign group by country of origin.

Country of origin of carer by period of arrival (%)

	Up to 2005	After 2005
Ucraina	25.6%	15.3%
Equador	18.1%	2.8%
Perù	12.8%	5.6%
Romania	12.6%	38.9%
Moldavia	9.8%	5.6%
Albany	3.3%	2.8%
Bolivia	2.8%	4.2%
Other countries	15.0%	24.8%
Total	100%	100%

Fonte: Irs, 2008

2.3 Sketch of the domestic worker or carer

Today, after 15 year from the beginning of this phenomenon, it is possible to underline some common characteristics of carers.

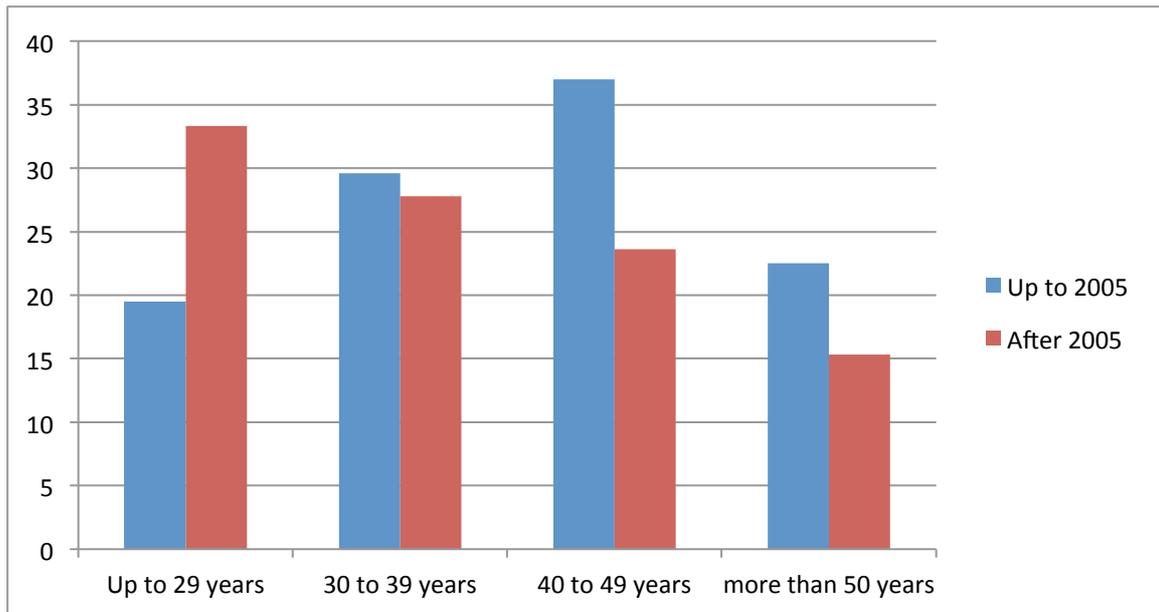
As explained above, domestic workers and carers are in the vast majority women, for both Italian and foreign workers. According to FLM, Italian women are averagely 46 years old, they work 20 hours a week and declare 36 working weeks per year. They receive a salary of about 4.805€ per year and pour into INPS coffers 834€ each. Foreign women who work as domestic workers or carers are younger than Italian women, they are averagely 41 years old or 43 if they are from an EU country. They work 28 hours a week (therefore 8 hours more than Italians) and declare 34 working weeks per year or 33 if they are from an EU country and they receive averagely a salary of 5.828 € per year. The amount of money they pay to INPS is slightly

higher for women who come from an EU country (1000€) compared to a woman who come from other countries (946€).

Nationality	Italian women	Foreign women	...of which from EU	...of which from abroad
Gender	female	female	female	female
Age	46 years old	41 years old	43 years old	41 years old
Hours a week	20 hours	28 hours	28 hours	27 hours
Working weeks declared	36 weeks	33 weeks	32 weeks	34 weeks
Annual salary	4.805€	5.828€	5.631€	5.905€
Annual contribution to INPS	834€	985€	946€	1000€

Fonte: FLM, 2010

The histogram below confirms what FLM states and shows a specific characteristic of the carers who arrived more recently in Italy: their age. New carers are younger: they are on average 37 years old compared to 42 of the women who came before 2005. Analysis by age shows that the newly arrived carers are under 30 year in one case out of three.



Fonte: Irs, 2008

According to IRS, the number of foreign carers continues to grow, although at a slower speed than in the past. There is also a continuous replacement of them: according to various sources and collected data, new arrivals of carers are continuously reported, some of which are added to the existing stock and replace those who return to their homeland and those who dedicate themselves to another job. Moreover, in Italian families, carers' help is increasingly considered to be the answer to the problems of caring for a member in need. Not only as a temporary response as it was initially perceived, but now it is considered as a physiological possibility for care needs.

To sum up, the help of carers has become indispensable for Italian families in difficult situations but, the continuous change of carers is not always favorable to establish an ideal working environment. In fact, most of the Italian families report communication problems with their carers, especially if they are foreigners of recent immigration. Such problems affect the quality of work and are harmful for both the worker and for the people they assist.

To deal with this need and to improve the dialogue between carers and employers, in several cities are organized Italian language courses for domestic workers and carers.

2.4 Number of carers in Italian provinces.

Rome, Milan and Turin are the top three Italian provinces for number of carers. In fact, the capital of Italy, with its 104.000 members insured through INPS, collects 14.7% of the total number of foreign carers in Italy, Milan 11.5% and Turin 4.4%.

Although in all Italian areas the foreign presence is very strong, the northern provinces show a slightly higher incidence than the southern ones. The only exception is Sardinia, where usually the caregivers and domestic workers are mostly Italian.

Taking into consideration the proportion between the number of domestic workers (or carers) to the total number of senior citizens over 75, it is observed that Rome and Milan are distinguished again from the other provinces. The results show that every 1000 people over 75, 259 carers are present in Rome and 209 in Milan, while the national average is just 116 carers every 1000 senior citizens over 75.

2.5 Carers and domestic workers in Veneto

According to the data provided by FLM, Padua is the first city in Veneto for the number of foreign carers (ninth on the national scale). Follow Vicenza, Venice, Verona and Treviso, (respectively thirteenth, fourteenth, fifteenth and sixteenth on the national scale, Rovigo and Belluno (71th and 75th on national scale).

Colf / badanti stranieri per provincia, anno 2010

	Stranieri valore assoluto	Distrib. %	Stranieri / totale (in %)	Lavoratori domestici per 1.000 over 75		Stranieri valore assoluto	Distrib. %	Stranieri / totale (in %)	Lavoratori domestici per 1.000 over 75
Roma	104.740	14,7%	89,5%	259	Cagliari	3.723	0,5%	23,6%	nc
Milano	81.854	11,5%	91,0%	209	Cremona	3.637	0,5%	82,5%	92
Torino	31.459	4,4%	77,8%	126	Viterbo	3.571	0,5%	80,4%	105
Napoli	22.711	3,2%	83,5%	108	Lecco	3.519	0,5%	85,5%	109
Firenze	20.465	2,9%	87,7%	167	Prato	3.519	0,5%	79,3%	140
Bologna	18.803	2,6%	90,8%	154	Grosseto	3.510	0,5%	83,7%	121
Brescia	18.498	2,6%	90,6%	167	Savona	3.370	0,5%	79,0%	84
Genova	15.693	2,2%	83,3%	126	Bolzano	3.294	0,5%	65,4%	76
Padova	13.156	1,9%	83,8%	147	La Spezia	3.293	0,5%	83,1%	104
Perugia	12.639	1,8%	84,0%	158	Cosenza	3.090	0,4%	79,8%	42
Modena	11.944	1,7%	88,9%	159	Pescara	3.025	0,4%	73,9%	86
Bergamo	11.193	1,6%	86,1%	123	Ascoli Piceno	2.825	0,4%	77,2%	112
Vicenza	10.981	1,5%	86,9%	141	Avellino	2.784	0,4%	77,5%	60
Venezia	10.812	1,5%	88,6%	121	Frosinone	2.708	0,4%	71,7%	52
Verona	10.716	1,5%	82,8%	121	Sassari	2.636	0,4%	30,2%	nc
Treviso	9.702	1,4%	86,2%	119	Imperia	2.492	0,4%	75,2%	84
Varese	9.342	1,3%	83,6%	107	Asti	2.471	0,3%	71,0%	87
Reggio Emilia	9.209	1,3%	90,9%	170	L'Aquila	2.451	0,3%	85,8%	67
Palermo	8.904	1,3%	72,8%	80	Rovigo	2.306	0,3%	70,7%	78
Parma	8.575	1,2%	90,2%	166	Foggia	2.186	0,3%	74,4%	37
Salerno	7.628	1,1%	76,0%	75	Massa Carrara	2.169	0,3%	77,0%	84
Bari	7.191	1,0%	67,3%	65	Teramo	2.157	0,3%	75,3%	65
Cuneo	6.445	0,9%	76,0%	97	Belluno	2.111	0,3%	81,9%	86
Caserta	6.229	0,9%	87,0%	98	Trieste	2.039	0,3%	81,4%	61
Messina	6.163	0,9%	85,6%	88	Chieti	1.988	0,3%	73,1%	43
Pisa	6.059	0,9%	77,7%	128	Lodi	1.967	0,3%	83,7%	97
Ancona	5.974	0,8%	86,0%	103	Rieti	1.925	0,3%	79,5%	100
Como	5.930	0,8%	84,2%	104	Catanzaro	1.865	0,3%	74,9%	52
Reggio Calabria	5.889	0,8%	91,7%	106	Biella	1.772	0,2%	75,0%	73
Pesaro Urbino	5.651	0,8%	82,6%	137	Potenza	1.740	0,2%	69,6%	40
Pavia	5.600	0,8%	80,0%	88	Vercelli	1.720	0,2%	78,3%	73
Lucca	5.571	0,8%	74,4%	120	Taranto	1.635	0,2%	61,6%	32
Mantova	5.311	0,7%	85,4%	115	Verbania	1.621	0,2%	84,9%	85
Rimini	5.247	0,7%	88,2%	153	Benevento	1.508	0,2%	67,9%	46
Arezzo	5.210	0,7%	82,0%	125	Aosta	1.377	0,2%	79,1%	105
Livorno	5.018	0,7%	82,0%	119	Ragusa	1.334	0,2%	78,9%	46
Ferrara	4.995	0,7%	84,9%	105	Trapani	1.324	0,2%	60,8%	30
Udine	4.952	0,7%	76,9%	83	Sondrio	1.226	0,2%	74,7%	67
Forlì-Cesena	4.909	0,7%	85,6%	109	Siracusa	1.220	0,2%	75,6%	35
Ravenna	4.908	0,7%	86,8%	99	Agrigento	1.161	0,2%	73,3%	25
Alessandria	4.894	0,7%	78,8%	82	Brindisi	1.003	0,1%	59,9%	26
Catania	4.698	0,7%	72,6%	50	Nuoro	992	0,1%	18,4%	nc
Siena	4.618	0,6%	81,4%	127	Gorizia	941	0,1%	81,2%	53
Terni	4.595	0,6%	85,3%	150	Matera	893	0,1%	83,3%	44
Trento	4.482	0,6%	84,6%	87	Vibo Valentia	792	0,1%	74,2%	47
Novara	4.433	0,6%	82,2%	111	Caltanissetta	761	0,1%	72,5%	30
Piacenza	4.426	0,6%	87,6%	122	Campobasso	662	0,1%	64,0%	24
Pistoia	4.264	0,6%	75,5%	126	Oristano	600	0,1%	21,4%	nc
Macerata	4.013	0,6%	74,9%	100	Enna	587	0,1%	80,7%	33
Pordenone	3.970	0,6%	85,0%	127	Crotone	552	0,1%	78,7%	38
Lecce	3.884	0,5%	57,1%	47	Isernia	495	0,1%	71,1%	44
Latina	3.838	0,5%	82,3%	83	Totale	710.938	100,0%	81,5%	116

Elaborazioni Fondazione Leone Moressa su dati Inps

3. Immigration in the province of Belluno

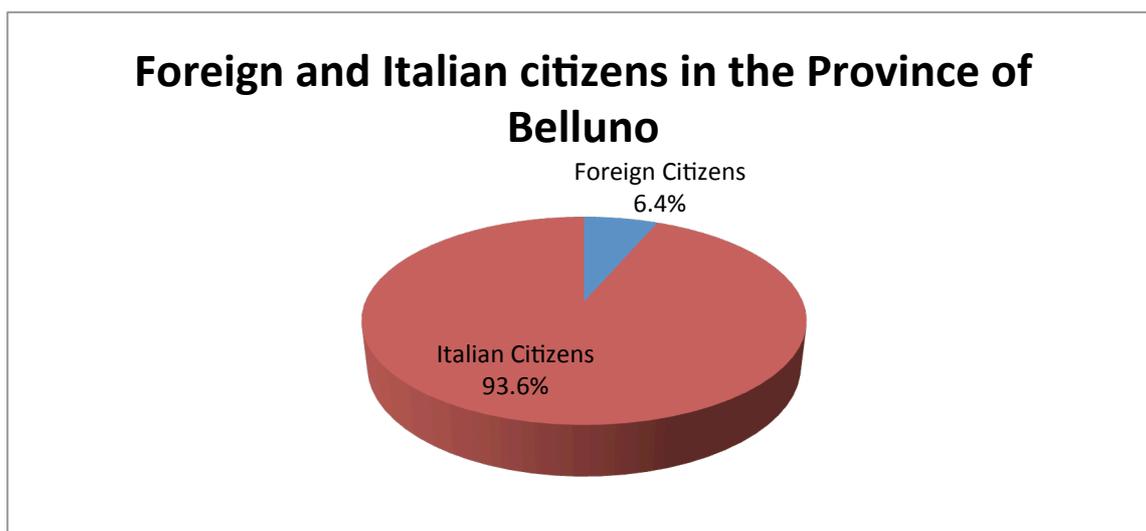
The province of Belluno (provincia de Belùn in local dialect, provincia di Belum in Ladin and Provinz Beilun in German) is an Italian province in the Veneto region. The province is both the least populated (213,474 inhabitants) and the largest (3,678 km²) of the region. The province occupies the northern part of the Veneto region and is characterized by a typically mountainous territory, most of the Dolomites are included within its borders, so it can be considered the true province of the Dolomites. This particularity causes several problems and diseases such as an ageing population, depopulation



and the consequent lack of services. The river Piave, which crosses it from North to South, is the main watercourse.

The province of Belluno is very vast, and almost entirely occupied by mountain areas. It includes the natural and historical regions of Bellunese, Alpagò, Feltrino, Cadore, Agordino, Val di Zoldo, Comelico and Ampezzano.

Since the mid-nineties, there has been an increase in the foreign population: if at a provincial level the percentages remain low - according to ISTAT - at the beginning of 2011 immigrants in the province of Belluno were 13,731 or 6.4 % of the population. (All the people who are not Italian citizens and have their usual residence in Italy are considered foreign citizens).

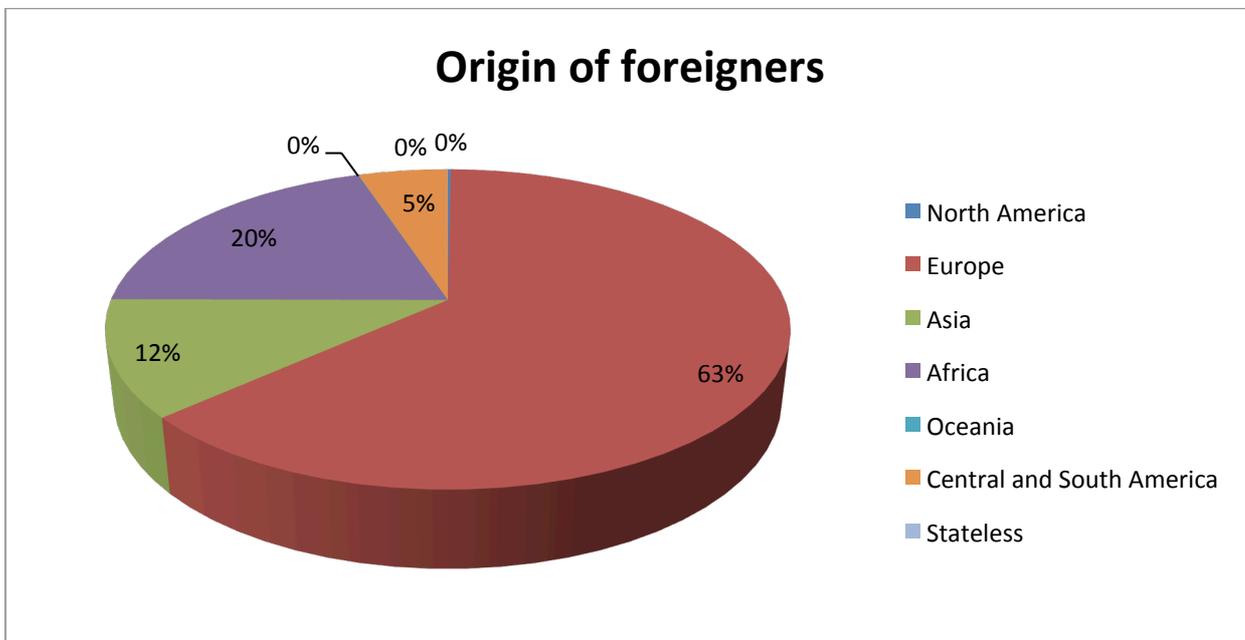


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<http://www.tuttitalia.it/veneto/provincia-di-belluno/statistiche/cittadini-stranieri-2011/>

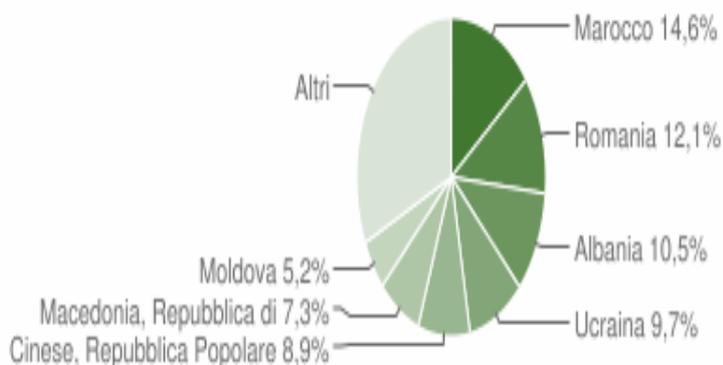
According to ISTAT data, most foreigners come from Europe (from both EU and non-EU countries), in fact they reach 8.677 units that is 63.19% of the total population of foreigners. A considerable number of immigrants come from Africa (19.84%, 2724 units). The remaining part is divided between Asia (11.73%, 1611 units) and Central and

South America (5%, 619 units). Canadian, U.S. Oceania citizens are a small number (less than 50 units) and do not appear in the graph.



www.tuttitalia.it/veneto/provincia-di-belluno/statistiche/cittadini-stranieri-2011/

The largest foreign community is from Morocco with 14.6% of all foreigners in the area, followed by Romania (12.1%) and Albania (10.5%).



<http://www.tuttitalia.it/veneto/provincia-di-belluno/statistiche/cittadini-stranieri-2011/>

However, since the whole area of the province is rather wide, the territory involved in my research concerns Belluno and its surrounding municipalities belonging to district 3 (in blue on the map of the province). District 3 includes the municipalities of Belluno (36,645 inhabitants), Ponte nelle Alpi (8,533), Longarone (4038), Forno di Zoldo and Zoldo Alto (2,489 and 1,304), Sedico (10,005), Sospirolo (3,197), Limana (5,027), Trichiana (4,810), Mel (6,272), Lentiai (3,018), and the municipalities of Alpago (10,163). According to the "Questura of Belluno" (police headquarters) in district 3, in 2006 non-EU immigrants were 4259 units and in December 2012 they were 4194 units.

According to data in the table below, the number of immigrants has remained stable, to be it precise has slightly decreased. This may be due to acquisition of citizenship (usually through marriage) or further emigration abroad or return to the homeland. however, the police headquarters of Belluno registers continuously new arrivals of immigrants.

Immigrants in district n.3 (Belluno)

Municipality	Number of immigrants at 5.06.2006	Number of immigrants at 23.10.2012
Belluno	1642	1872
Ponte nelle Alpi	407	358
Longarone	309	213
Forno di Zoldo	50	38
Sedico	410	390
Sospirolo	88	87
Limana	176	164
Trichiana	156	170
Mel	251	237
Lentiai	184	190
Chies d'Alpago	28	31
Farra d'Alpago	369	273
Puos d'Alpago	124	146
Tambre and Pieve d'Alpago	65	25
Totale	4259	4194

Fonte: Questura di Belluno

CHAPTER 2

1. Introduction to the project

As mentioned in the previous chapter, my thesis would like to answer this question: Which kind of Italian should be taught to carers? My research refers to data collected in the territory of Belluno and some neighboring municipalities (respectively the municipalities of Belluno, Ponte nelle Alpi, Limana, Trichiana, Mel, Lentiai, Sedico, Sospirolo, Castellavazzo, Longarone, Zoldo valley, Alpago valley and Agordino valley). I decided to investigate what communication problems (of linguistic and cultural nature) exist between the foreign carers and health workers) especially among those who are of recent immigration (the data refer to only those foreigners who work with old people).

In order to identify these issues I have used the following materials: a specific questionnaire distributed to 100 families of Belluno with carers and interviews with directors of nursing homes located in the Belluno area where carers and health workers from abroad are employed. I compared the findings from both questionnaires and interviews with my expectations and then I drew a picture of the needs of employers towards workers (from the cultural and linguistic point of view).

Finally, needs, considerations and suggestions that emerged from the analysis of the results were compared with the program of the Italian

course for carers of CTP Belluno, but this topic will be addressed in the final chapter.

When I decided to tackle this subject – i.e. which communication difficulties have foreign domestic workers, carers and health workers - I thought that only those who work and / or live in close contact with them could give valid answers: families and staff of nursing homes. Hence came the idea of questionnaires and interviews which I will explain in detail.

1.1 The questionnaire for families with carers

The following questionnaire for families with caregivers was distributed to 100 families residing in the town of Belluno and in neighboring municipalities always belonging to the province of Belluno. The families were chosen randomly: some copies were distributed to families known to me personally, other copies were distributed by my relatives, friends and acquaintances to families they know. I received some questionnaires on paper and others in digital form (Microsoft Word via email). The data were collected and analyzed with Microsoft Excel (software). The questions were in Italian (because the interviewed people do not speak English) then translated into English at the moment of analysis.

The questionnaire was made up of 12 questions or items mostly multiple choice. I decided to develop a multiple-choice rather than one open-ended question firstly to have unequivocally clear answer and secondly to be able to analyze all in a systematic way. In fact, for the success of any investigation the questions should not be difficult or ambiguous and the questionnaire should not be too long or boring.

Moreover, in some questions I left the possibility to add a comment or a suggestion in order to amplify the points of view.

Below is a copy of the original questionnaire accompanied by a translation into English, comment and explanation.

Questionario per famiglie con badanti.

Buongiorno, sono una studentessa dell'Università Ca' Foscari di Venezia, iscritta alla facoltà di Scienze del Linguaggio. Sto facendo una ricerca per la mia tesi di laurea magistrale, attraverso questo questionario vorrei capire quali difficoltà comunicative sussistono tra voi e il vostro badante. Il questionario è anonimo e serve unicamente a scopo accademico, i dati saranno trattati nel rispetto della privacy. Vi ringrazio per la preziosa collaborazione e vi prego di riconsegnare il questionario compilato via email o in formato cartaceo a me o eventualmente alla persona che ve lo ha passato.

Sabrina (sabry1988@virgilio.it)

Comune del bellunese di lavoro del badante.....

Parte 1- Il badante

1) Sesso : F M

2) Età : Fino a 29 anni da 30 a 39 anni da 40 a 49
anni più di 50 anni

3)Provenienza : Europa(est): Russia Ucraina Romania
Moldavia Albania Altri paesi.....

Asia: Filippine Altri paesi.....

Sud America: Perù Ecuador Bolivia Altri paesi.....

Africa: Marocco Altri paesi.....

4)Da quanti anni il vostro badante è in Italia?

-meno di un anno

-da 2 a 4 anni

-da 5 a 10 anni

-più di 10 anni

5)Da 1 a 10 quanto il vostro badante conosce la lingua italiana?

-10 madrelingua perfetto

-9 ottima conoscenza.

-8 buona conoscenza, comunicazione piuttosto scorrevole.

-7 discreta conoscenza, comunicazione abbastanza scorrevole ma con leggere incomprensioni.

- 6 sufficiente conoscenza, minima per la comunicazione.

-5 appena sufficiente, alcuni problemi di comunicazione.

-4 conoscenza insufficiente della lingua, parecchi problemi di comunicazione e comprensione.

- Da 3 a 1 (conoscenza scarsa-scarsissima, gravi problemi di comunicazione- incomprensione totale).....

6)Il vostro badante frequenta un corso di italiano?

-si

-no

-non so

Parte 2-Difficoltà di comunicazione

7)Ricontrate o avete riscontrato difficoltà di comunicazione con il vostro badante?

-si

-no

-se si quali?.....

8)Il vostro badante ha difficoltà di comunicazione quando deve interagire con persone esterne alla famiglia? (es. il farmacista, il postino, personale di uffici, personale del negozio dove si reca a fare spese per l'assistito ecc...)

-Si

-No

Se si quali?.....

9)Il vostro badante ha problemi di comunicazione con il medico che cura la persona affidatagli?

Sì

No

Se si quali?.....

10)Il vostro badante ha problemi di comunicazione con l'assistito?

Sì

No

Se si quali?.....

11) L'assistito si rivolge al badante principalmente in italiano o dialetto?

- italiano
- dialetto

12) Se il vostro badante frequentasse un corso di italiano, oppure, se il vostro badante frequenta già un corso di italiano, cosa ritenete che gli sia utile imparare per rendere più facile la sua interazione con voi, con l'assistito e con gli altri? Mettete in ordine di importanza

- nozioni e vocabolario riguardanti la cucina italiana
- frasi e vocabolario (inclusi termini specifici) riguardanti il settore medico-sanitario-assistenziale, termini medici essenziali
- nozioni base di dialetto bellunese
- nozioni di cultura generale italiana/cultura e tradizioni locali (orari dei pranzi, messe, routine, usanze, festività ecc...)
- terminologia e frasi che potrebbero aiutarlo nella vita quotidiana, dalla spesa alle commissioni varie in uffici, poste, banca , biglietteria ecc...
- altri suggerimenti per migliorare il dialogo
.....

2.1 Commentary and Explanation

Translation of the presentation of the questionnaire: "Hello, I am a student at Ca' Foscari University of Venice, I am enrolled in the faculty of Language Sciences. I am doing research for my degree thesis, through this questionnaire I would like to understand which kind of communication difficulties exist between you and your carer.

The questionnaire is anonymous and is used only for academic purposes, privacy right will be respected. Thank you for your valuable assistance and please return the completed questionnaire by email or in hard copy to me or to the person who gave it to you.”

According to Prof. Mancarella of University of Salento,¹ the presentation of the questionnaire ought to arouse curiosity and interest, thus limiting the possibility of rejection. It is therefore necessary to write an introduction which explain the objectives of the questionnaire, ensuring that privacy rights are respected and the use of sensitive data will be used solely for the purpose of the test. It is also useful to include a thank you.

Before the beginning of the questionnaire, the municipality of Belluno is asked to write where the carer works. The indication of the town is important for two reasons: firstly it allows to understand which municipalities of Belluno participate in the survey and secondly it is useful to discard any questionnaire not belonging to Belluno and its surrounding area. In fact, they distort the result.

As mentioned before, the questionnaire consists of 12 questions and is divided into two parts of six questions each. The first part refers to the carer, the second part to the problems of communication between the worker and the employer (in this case, the family of the assisted person-the patient).

¹ P. Mancarella, Come costruire un questionario, Corso di Metodologia e Tecniche della Ricerca Sociale, A.A. 2010-2011
www.unisalento.it.

First Part- the carer

In this part, the family will have to answer some questions that concern their carer from a personal and social point of view. These data, collected anonymously, are certainly useful for the investigation; in fact, the personal and social data are a set of characteristics determined for each individual and they are used to produce new knowledge about the target population (in this case the population is the carers of Belluno and its surrounding area).

The first item asks if the carer is a man or a woman. According to INPS data in chapter 1, 86.9% of the foreign carers who work in Italy are woman. So, my expectation will be similar to the national result.

The second item concerns the age of the carer, it is a multiple-choice question with 4 different options: Up to 29 years, 30 to 39 years, 40 to 49 years and more than 50 years. According to FLM data, foreign women who work as carers are averagely 41 years old or 43 if they are from an EU country. Also in this case I expect the result of Belluno to be similar to the Italian average.

The third items refers to the provenance of carers. It is a multiple-choice question with 4 different options (Eastern Europe, Asia, South America and Africa) and moreover the possibility to cross or write down the country of origin of the carer. I have included the most common countries of origin which are Russia, Ukraine, Romania, Moldova, Albania, Philippines, Peru, Ecuador, Bolivia and Morocco but, if the caregiver does not come from any of these countries, it is possible to write next to the phrase "other countries" his place of origin. According to data in chapter 1, from both INPS, IRS and Caritas and Migrantes, the majority of carers (more than half of them: 57.3%) come from Eastern Europe. Some sources report that

the second continent of origin of carers is South America and others indicate Asia, while Africa remains in fourth place. According to the collected data, I expect that also the territory of Belluno would reach similar results. As regards the countries of origin of carers, in 2008 IRS reported that 38.9% of carers are Romanian, 15.3% Ukrainian, 5.6% Moldavian and 2.8% Albanian, 4.2% Bolivian, 2.8% Ecuadorian, 5.6% Peruvian and 24.8% from other countries (for example Philippines or other countries from Eastern Europe). In my investigation, I expect the emerged data will be generally the same as in the rest of Italy: the majority of carers would come from Romania and Ukraine and the results from other countries of origin would be alike.

The fourth item asks how many years your carer has been in Italy. It is a multiple-choice question with 4 different options: less than an year, from 2 to 4 years, from 5 to 10 years and more than 10 years. In my opinion this is a fundamental question, in fact, foreign people that have been living in Italy for 5 or more years are more integrated and have fewer communication problems. As regards the carers, the number of years lived in Italy can help understand if communication problems are due to the recent immigration. Moreover, as explained in chapter 1, this data could also be useful to show if in Belluno there is a continuous replacement of carers as in the rest of Italy. In other words, if the phenomenon is repeated in the analyzed territory, there should be a high number of carers who are of recent immigration.

The fifth item concerns the knowledge of the Italian language. In this multiple-choice question, I asked the families to rate from 1 to 10 their carer's mastery of Italian, according to their experience and personal opinion. To help in the evaluation and to get answers as objective as possible, I have provided a scale: 10= Native speaker; 9= Excellent knowledge; 8= Good knowledge, fairly smooth

communication; 7= Fair knowledge, generally clear communication, but with slight misunderstandings; 6= Sufficient knowledge, at least for basic communication; 5= Barely adequate communication with problems of comprehension; 4= Insufficient knowledge of the language, heavy communication problems. From 3 to 1= Poor knowledge, scarce, serious communication problems, total lack of understanding. With this item I would understand how knowledge of the language is evaluated and if families believe that the mastery of Italian is good, adequate or poor.

The sixth item is used to find out if the carer attends or not an Italian language course. The three options in the multiple choice question are "Yes", "No" and "I do not know". The purpose of this question is first of all to count how many carers actually attend an Italian language course and through the answer "I do not know" whether families are interested in this topic or not.

Second Part- Communication Difficulties

The second part of the questionnaire is the essence of the research. I tried to summarize in six items the main issues that concern communication difficulties between carers and the people they meet. To prepare the question, I interviewed some employment agencies about the prerequisites that people who want to take up the job of carer or domestic worker must have.

Also my stage at CTP of Belluno was very useful; from February to June 2012 I attended the Italian course for carers held by Professor Antonella Celato. This experience helped me to better understand what difficulties foreign carers have and the importance of communication as a factor of integration.

The following questions concern the main socio-linguistic issues that a foreign carer has to face. As explained previously, the family (which in this case act as both interlocutors as employers) has a more objective point of view because they observe the collaboration between carer and patient.

The seventh item is about communication difficulties in general and asks the family if there are such problems with their carer and what they are. It is a multiple-choice question with two different options (yes or not) and an open question (if the answer is yes, which ones?).

The form of the eighth item is similar to the seventh item but the subjects are different. It can be translated as follows : "Does your carer have communication difficulties when he has to interact with people outside the family? (eg . the pharmacist, the postman, staff offices, staff of the stores where he goes shopping for himself or for the patient etc...)". The possible answers are "Yes" and "No", and "If the answer is yes, which ones?" like in the previous question.

The ninth item deals with an essential topic that is communication difficulties when the carer has to interact with the patient's doctor. I decided to divide this question from the previous one because the language used by doctors is very formal and full of technical terms it becomes particularly difficult for those accustomed only to the colloquial language. In fact, often foreign carers are unable to communicate with the doctor and need the help of an intermediary (that is usually a member of the patient's family). The question is: "Does your carer have communication difficulties when he has to interact with the patient's doctor? The possible answers are "Yes" and "No", and "If the answer is yes, which ones?" like in the previous question.

The tenth item asks if the carer has communication problems with the patient. This is another multiple choice question (Yes or No) with an open question (if the answer is yes, which ones?). According to employers and employment offices, good communication between patient and carer is essential to create an ideal working atmosphere. It is also important to know which difficulties there are: I expect language ones, for example due to poor lexicon or pronunciation problems or else due to the use of dialect which is the topic of the next item.

The eleventh item concerns the use of dialect. In this multiple-choice question it is asked whether the patient talks in Italian or in dialect with his carer. In fact, in the area of Belluno, most of the people over 60 use dialect in everyday communication, both with people from Belluno both with people from other parts of Italy or from abroad. Some of them do it out of habit, others because they do not know Italian. In some circumstances, communication difficulties may be provoked by the use of dialect instead of the use of Italian. A thick local dialect is often very difficult to understand also for Italians from other regions.

The twelfth item is quite different from the previous ones. In fact families are asked to number from 1 to 5 some linguistic and cultural goals which could be taught in a possible Italian course (1=more important, 5=less important) and eventually indicate a suggestion in order to improve dialogue. The question can be translated as: "If your carer attended an Italian language course or, if your carer already attends this kind of course, what do you believe it would be useful to learn in order to facilitate his/ interaction with you, with the patient and with other people? Put in order of importance". The five topics are: "Concepts and vocabulary related to Italian cuisine"; "Idiom and vocabulary (including specific terms) related to the health

sector, essential medical vocabulary”; basic dialect of Belluno; “notions of Italian civilization/local civilization and tradition (meal times, masses, routines, customs, festivities etc ...)”; “Terms and expressions that could help in daily life, from shopping to various commissions in offices, post office, bank, railway station ticket office etc.” Moreover, whether the compiler deems it appropriate, it is possible to add “Other suggestions to improve the dialogue”.

3.The questionnaire for NURSING HOMES

The following interview was used to collect information on foreign carers and health workers who work in nursing homes in the province of Belluno.

The names and addresses of the retirement homes were found on the site of ULSS 1 of Belluno (which includes the districts 1-Cadore, 2- Agordo and 3-Belluno) and ULSS.2 of Feltre. Most of the questionnaires were filled in by me: I went into the facilities and I asked to speak with a person in charge, except for Agordo and Taibon Agordino that were filled in by a trusted person who lives in Agordo. As for the questionnaire for families with carers, the collected data were processed and analyzed with Microsoft Excel. The interviews were in Italian but then translated into English at the moment of analysis.

The retirement homes in the province of Belluno are the following:
ULSS n.1

District n.1 – Cadore (Green)

1)AURONZO DI CADORE – Residenza per anziana"Beata Gaetana Sterni"

2)CORTINA D'AMPEZZO - Casa di Riposo Comunale

3)PIEVE DI CADORE - Centro Socio Sanitario Distrettuale Cadore

4)SANTO STEFANO DI CADORE - Casa di Soggiorno "Giovanni Paolo II"

District.2 – Agordo (Blue)

1)AGORDO - Struttura Residenziale per anziani non autosufficienti

2)LIVINALLONGO – Residenza per anziani "Villa S. Giuseppe"

I considered also a private nursing home which does not belong to ULSS n.1, which is

3)TAIBON Agordino – Associazione Casa di Soggiorno O.N.L.U.S.

District.3 – Belluno (Yellow)

1)BELLUNO - Casa di Riposo "Maria Gaggia Lante"

2)FORNO DI ZOLDO - Casa di Riposo "A. Santin"

3)LIMANA – Casa di Soggiorno per anziani

4)LONGARONE - Casa di Soggiorno per anziani

5)PONTE NELLE ALPI - Casa di Soggiorno per anziani

6)PUOS D'ALPAGO - Casa di Soggiorno per anziani

7)FARRA D'ALPAGO - Villa "Don Gino Ceccon"

ULSS. N.2- Feltre (Pink)

1)ALANO DI PIAVE – Casa di Riposo "Sant'Antonio Abate"

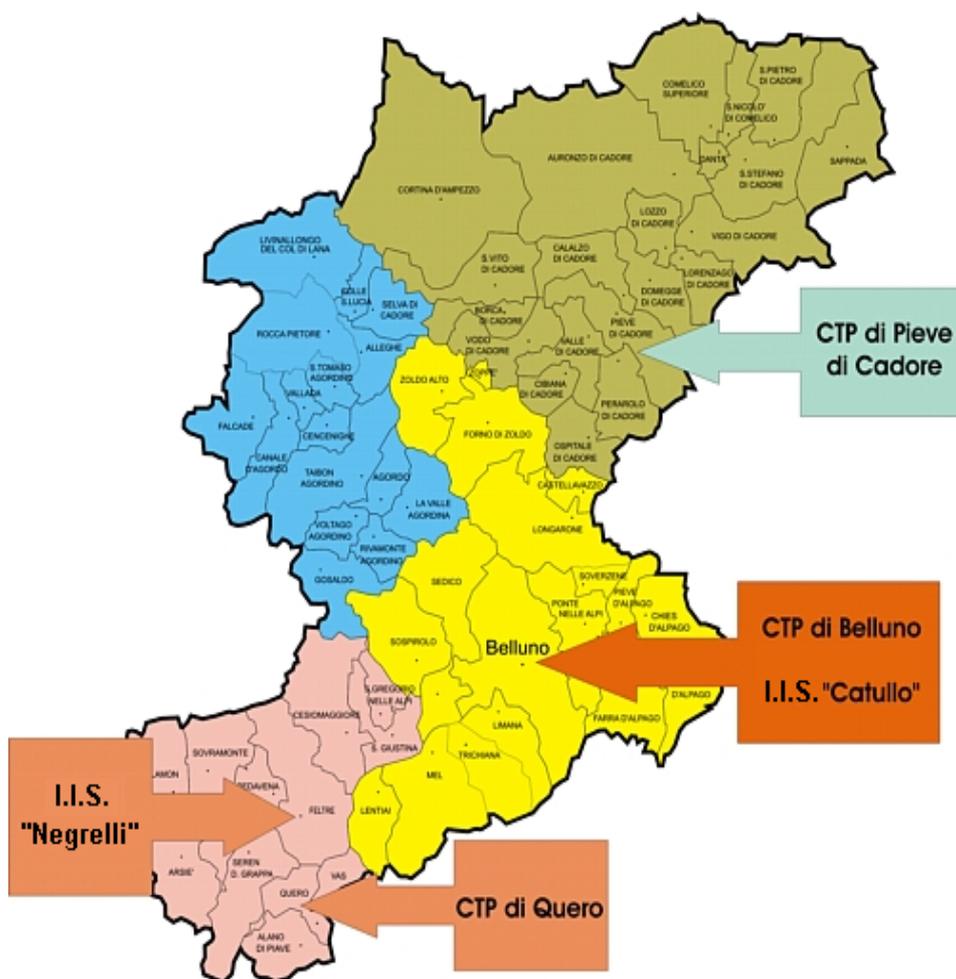
2)ARSIE' – Casa di Riposo "San Giuseppe"

3)CESIOMAGGIORE - Casa di Riposo "Don G. Rostirolla"

4)FELTRE - Casa di Riposo "A.Brandalise"

5 e 6)FONZASO - Casa di Riposo "Sant'Antonio" e Ist. Canossiano "G.Barkita"

- 7) LAMON - Casa di Riposo "casa Charitas"
- 8) LENTIAI - Casa di Riposo "R. ed Ettore Mione"
- 9) MEL - Casa di Riposo Comunale per Anziani.
- 10 e 11) PEDAVERA - Casa "Padre Kolbe" e Casa di Riposo Santa Maria Gloriosa.
- 12) QUERO - Casa di Riposo "San Giuseppe".
- 13) MEANO- S. GIUSTINA- Casa di Riposo di Meano.
- 14) SEDICO - Casa di Riposo Comunale.
- 15) SEREN DEL GRAPPA – Casa di Soggiorno per Anziani "Soteria".
- 16) TRICHIANA - Casa di Riposo "Madonna della Salute".



Font: www.istruzioneebi.eu

As can be seen from the map, the area of the province of Belluno is very vast. In my research I take into consideration all the 7 retirement homes of district 3 (ULSS n1) of Belluno, from district 2 Agordo, the private nursing home of Taibon Agordino and some retirement homes of ULSS n2 that belong at present to the territory of Belluno (see map), which are respectively Sedico, Lentiai, Mel and Trichiana. I decided to include Agordo in my research because in its territory the Italian courses are organized by the CTP of Belluno.

I chose not to include the district 1 in my interviews because in the territory of Cadore there are several areas where minority languages are present. In fact, Ladin and German are spoken as mother tongue in many villages so also misunderstandings and difficulties in communication due to German and Ladin should be taken into consideration. For the same reason I did not interview the nursing home of Livinallongo of district 2 (Agordo). Moreover, in Cadore courses for carers are managed by the CTP of Pieve di Cadore, precisely because of the specificity of the territory. As regards the ULSS n.2, I decided to interview only those retirement homes that are between Feltre and Belluno, and belong at present to the "Bellunese area". Moreover, in the territory of Feltre, Italian courses for carers are organized by the third CTP of the province that is in Quero.

The questionnaire was made up of 8 items mainly multiple choice, short answers and "yes or no" but, in some questions I left the possibility to add a comment or a suggestion. The decision to develop a multiple-choice rather than one open-ended question also for nursing homes is due firstly to the desire to have unequivocally clear answer and secondly to be able to analyze everything in a systematic way. As I wrote in the explanation of the previous questionnaire, for the accomplishment of any investigation the items should not be

difficult or ambiguous and the interview should not be too long or boring. I chose to interview a person in charge instead of a worker, because he has a more objective point of view and can observe the work and the dialogue between Italian workers, foreign workers and patients.

Below is a copy of the original interview accompanied by a translation into English, comment and explanation.

Buongiorno, sono una studentessa dell'Università Ca' Foscari di Venezia, iscritta alla facoltà di Scienze del Linguaggio. Sto facendo una ricerca per la mia tesi di laurea magistrale, attraverso questo questionario vorrei capire quali difficoltà comunicative sussistono tra voi e il personale straniero della vostra casa di riposo. Il questionario è anonimo e serve unicamente a scopo accademico, i dati saranno trattati nel rispetto della privacy. Vi ringrazio per la preziosa collaborazione.

Sabrina

Casa di riposo del comune di.....

1) Quanti badanti/operatori socio-sanitari (OSS)/infermieri stranieri lavorano nella struttura (arrivati in Italia da meno di dieci anni).....

Quanti uomini?.....Quante donne?.....

2) Età dei badanti/OSS (indicare per fascia d'età il numero di persone presenti nella struttura)

Fino a 29 anni da 30 a 39 anni da 40 a 49 anni.....
più di 50 anni.....

3) Provenienza : Europa(est): Russia Ucraina Romania
 Moldavia Albania Altri paesi.....
 Asia: Filippine
 Altri paesi.....
 Sud America: Perù Ecuador Bolivia
 Altri paesi.....
 Africa: Marocco
 Altri paesi.....

Parte 2-Difficoltà di comunicazione:

4) Ci sono o ci sono stati problemi di comunicazione relativi alla lingua italiana tra personale italiano e personale straniero (badanti/OSS/infermieri) presente nella struttura? (es. lessicali, dialettali, grammaticali ecc...)

-Si

-no

Se sì, quali?.....

5) Il personale straniero padroneggia il lessico medico/socio sanitario e sa interagire con il personale medico?

-si

-no

6) Il personale straniero ha problemi di comunicazione con i pazienti?

-si

-no

-se sì, quali?.....

7) Quanto ritenete importante una formazione specifica per badanti/OSS dal punto di vista della lingua italiana (per esempio frequentare un corso d'italiano per OSS e badanti) da 1 a 5? Indichi barrando il numero.

5:moltissimo, 4:molto, 3:abbastanza, 2:poco, 1:per nulla

8)Se il vostro badante/OSS andasse a un corso d'italiano, oppure, se va già a un corso d'italiano per badanti/OSS, (AD ESEMPIO IL CORSO DEL CTP DI BELLUNO) cosa ritenete che gli sia utile imparare per facilitare la sua interazione con voi, con gli assistiti e con i colleghi italiani? Mettete in ordine d'importanza.

- a) nozioni e vocabolario riguardanti la cucina italiana
- b) frasi e vocabolario (inclusi termini specifici) riguardanti il settore medico-sanitario-assistenziale, termini medici essenziali
- c) nozioni base di dialetto bellunese
- d) nozioni di cultura generale italiana/locale (orari dei pranzi, messe, routine, usanze ecc...)
- e) terminologia e frasi che potrebbero aiutarlo nella vita quotidiana, dalla spesa alle commissioni varie in uffici, poste, banca, biglietteria ecc
- f)altri suggerimenti per migliorare il dialogo.....

3.1 Commentary and Explanation

As in the questionnaire for carers, I decided to write a short introduction in case the person in charge preferred to fill it in later, or in case I had to delegate a person to bring it to the retirement home. The introduction can be translated as: "Hello, I am a student at Ca' Foscari University of Venice, I am enrolled in the faculty of Language Sciences. I am doing research for my degree thesis, through this questionnaire I would like to understand which kind of communication difficulties exist between you, your colleagues and the foreign staff of your retirement home. The questionnaire is anonymous and is used only for academic purposes, privacy right will be respected. Thank you for your valuable assistance. Sabrina.

Before the beginning of the real questionnaire, it is indispensable to write down in which municipality the retirement home is located. The interview can be divided into two parts: the first part is used to collect the personal data of all the workers of the retirement home and it is made up of three items. The second part is actually the object of the research; it serves to analyze the difficulties in communication in five items.

First part- the worker

The first part of the questionnaire is useful to find out personal and social data of the foreign people who work in the retirement home as carers, health workers or nurses. These kinds of data are very useful to get an overview of the target population. I was able to include fewer questions of this type compared to the previous questionnaire for obvious reasons: in fact, it is quite difficult to know whether the

worker attended or not an Italian course, to sign for each health worker or carer the level of knowledge of Italian language or for how many years the worker has been living in Italy.

The first item asks how many foreign carers/health workers/nurses work in the homes (who arrived in Italy less than 10 years ago). I decided to consider only those who have been living in Italy less than 10 years because on average after that period of time, the communication difficulties of those foreigners who work in contact with other people are often overcome and also because of the difficulties explained in the previous paragraph. This item also asks how many men and women there are.

The second item concerns the age of the workers; here I ask to indicate the number of workers according to age. The third item is much similar to the question present in the questionnaire for families with carers. The only difference here is that I ask the person in charge to mark the origin of all the workers in the home.

As far as my expectation is concerned, I refer to what I wrote in the commentary to the previous questionnaire. In fact, INPS and IRS data from where I got my expectations refer to the health and social sector as a whole. Therefore, I expect to find a high percentage of women from the countries of Eastern Europe mostly between 40 and 49 years of age.

Second part- Communication difficulties

The second part of the interview follows in part the items in the questionnaire for families with carers. For reasons related to the diversity of the context, I deleted the item number eight (Does your carer have communication difficulties when he has to interact with

people outside the family?) because it would be impossible to know which communication difficulties carers and health workers have outside the work place and the item related to the use of dialect because the patients are several and the answer would not be precise. This part consists of 5 questions, the types are: "yes or no" questions (some of them with the possibility to integrate it with a short answer) multiple-choice and a question that asks to number from 1 to 5 (or 6).

The fourth item asks "Are there or have there been communication problems between Italian staff and foreign staff (carers / health workers / nurses) related to the Italian language? (e.g., vocabulary, dialect, grammar, etc ...)". The possible answers are "Yes" and "No", and moreover there is an open question "If the answer is yes, which ones?" This question is designed to see if there are communication difficulties between colleagues. My aim is to compare this answer with the answer to the item number 6 of the questionnaire intended for families. My expectation is that domestic workers have more communication difficulties than nursing home workers. This is mainly due to the fact that the nursing home staff is accustomed to speaking with several different people every day.

The fifth item is a "yes or no" question and concerns communication difficulties with the medical staff of the home. The person in charge is asked whether the foreign worker mastered the medical, social and health vocabulary and if they are able to interact with the medical staff. Also for this question, it would be interesting to compare the answer given by domestic workers and those given by the retirement home workers. I expect that health workers understand better the medical terms than domestic workers. This may be due to the fact that they have attended a course for social or health workers.

The sixth item asks if there are communication problems with the patients. This is another “Yes or No” with an open question (if the answer is yes, which ones?). Since I could not insert the item that regards the dialect, I expect that this issue will emerge.

The seventh item it is about the importance of a specific formation for health workers and carers. The multiple-choice question asked how important you feel a specific Italian language course for carers or health workers would be from 1 to 5. The possible answers are: 5: extremely important, 4: important, 3: fairly important, 2: of little importance, 1: not important.

The eighth and last item is the same as the previous questionnaire. The person in charge is asked to number from 1 to 5 some linguistic and cultural goals which could be taught in a possible Italian course (1=more important, 5=less important) and eventually indicate a suggestion in order to improve dialogue. The question can be translated as: “If your carer attended an Italian language course or, if your carer already attends this kind of course, what do you believe it would be useful to learn in order to facilitate his/her interaction with you, with the patient and with other people? Put in order of importance”. The five topics are: “Concepts and vocabulary related to Italian cuisine”; “Idiom and vocabulary (including specific terms) related to the health sector, essential medical vocabulary”; basic dialect of Belluno; “notions of Italian civilization/local civilization and tradition (meal times, masses, routines, customs, festivities etc ...)”; “Terms and expressions that could help in daily life, from shopping to various commissions in offices, post office, bank, railway station ticket office etc.” Moreover, if the person in charge deems it appropriate, it is possible to add “Other suggestions to improve the dialogue”.

This question has been left the same for a specific purpose. In fact, it would be interesting to compare the needs - from a cultural and linguistic point of view - of individuals (families) with those of the public (municipal nursing homes).

4 Carers – Results

As explained in the previous section, I distributed more than 100 questionnaires to families with carers in order to collect the data. The collection of the interviews was a little complicated because many families refused to cooperate and also because there are numerous municipalities. Of the 100 questionnaires distributed I got back only 94. Of these 94, I had to discard 9 as operational errors because they did not belong to the municipalities of Belluno and the lower Agordino Valley (In fact they were from Vittorio Veneto TV, Quero, Cortina, Pieve di Cadore, Caprile).



Figura 2- fonte: www.comunitamontana.it

Quero, Cortina, Pieve di Cadore, Caprile).

To conclude, I analyzed a total of 85 questionnaires.

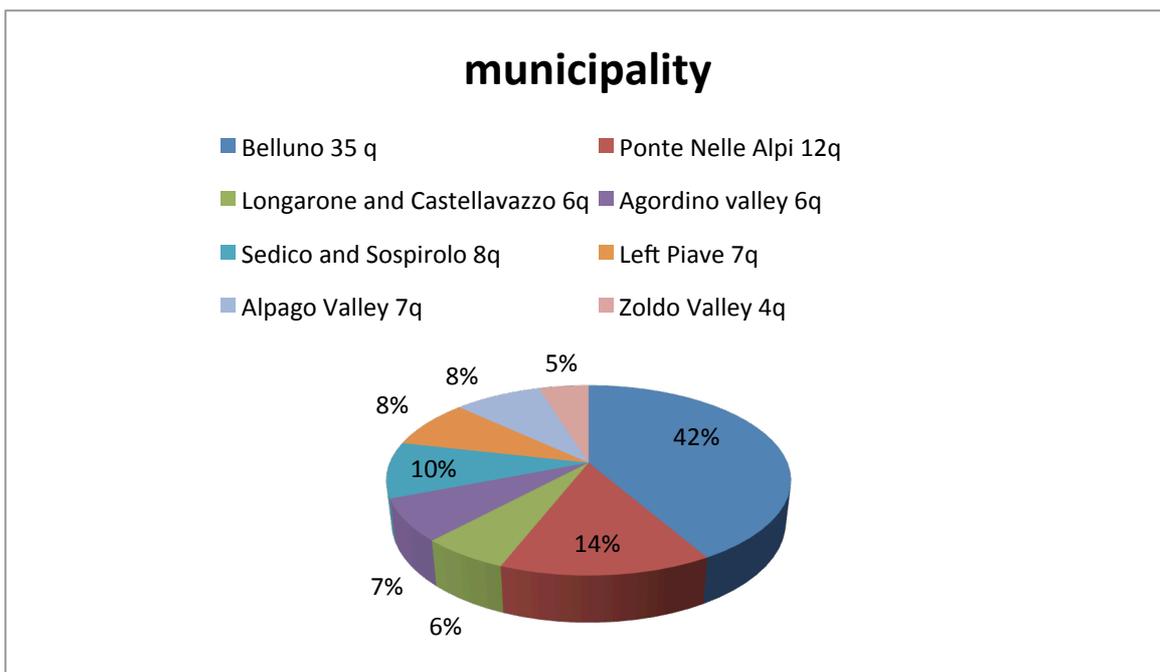
The areas taken into consideration are the Belluno valley (which includes also all the municipalities of Alpago and Zoldo) and the Agordino valley. As regards the territory of Agordo, in the previous chapter I have explained that in the area, the Italian courses are organized by the CTP of Belluno. But, in the Northern part of the

territory, the official language spoken is Ladino. For this reason, my interviews (both with the families with carers and for the retirement homes) include only the surrounding municipalities of Agordo (in yellow on the map) and not Caprile.

Before the beginning of the questionnaire, it was asked to write in which municipality the carer worked. This indication was helpful not only to discard the non pertinent questionnaires but also to analyze the origin of the results.

To make it easier to read and analyze the results to those unfamiliar with the area, I decided to group some municipalities by geographic areas: The "Left Piave" includes the municipalities of Limana, Trichiana, Mel and Lentiai (7 questionnaires) , the "Alpago valley" comprehends all the municipalities of Alpago (8 questionnaires), the "Zoldo Valley" includes Forno di Zoldo and Zoldo Alto (4 questionnaires) and the "Agordino valley" all the municipalities that belong to the South of the territory of Agordo (6 questionnaires) . Moreover, the small municipalities of Castellavazzo and Sospirolo were analyzed together with the neighboring municipality, respectively Longarone (6 questionnaires) and Sedico (8 questionnaires). Otherwise, they would have been excluded from the chart.

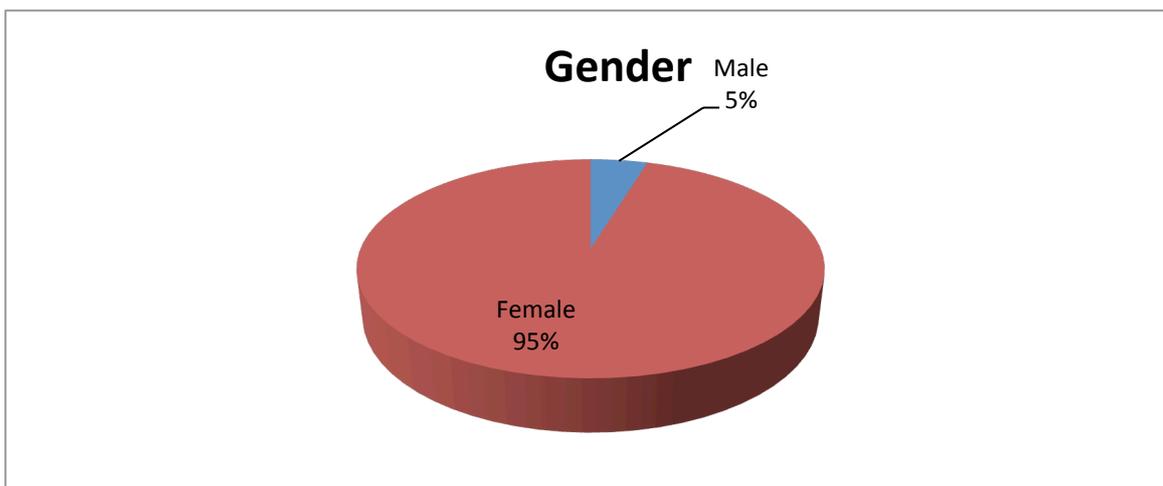
The largest number of questionnaires were collected in Belluno (35) and Ponte nelle Alpi (12). The reasons are several: Firstly, Belluno is the provincial capital city and it is also the biggest one. Secondly, many questionnaires were distributed at the headquarters of the CTP of Belluno. Last but not least, I live in Belluno as do most of the people I gave the questionnaires to. Ponte Nelle Alpi is the biggest municipality in the Belluno valley and also the closest one to Belluno.



First part: the carer

Item n.1- Gender of the carers.

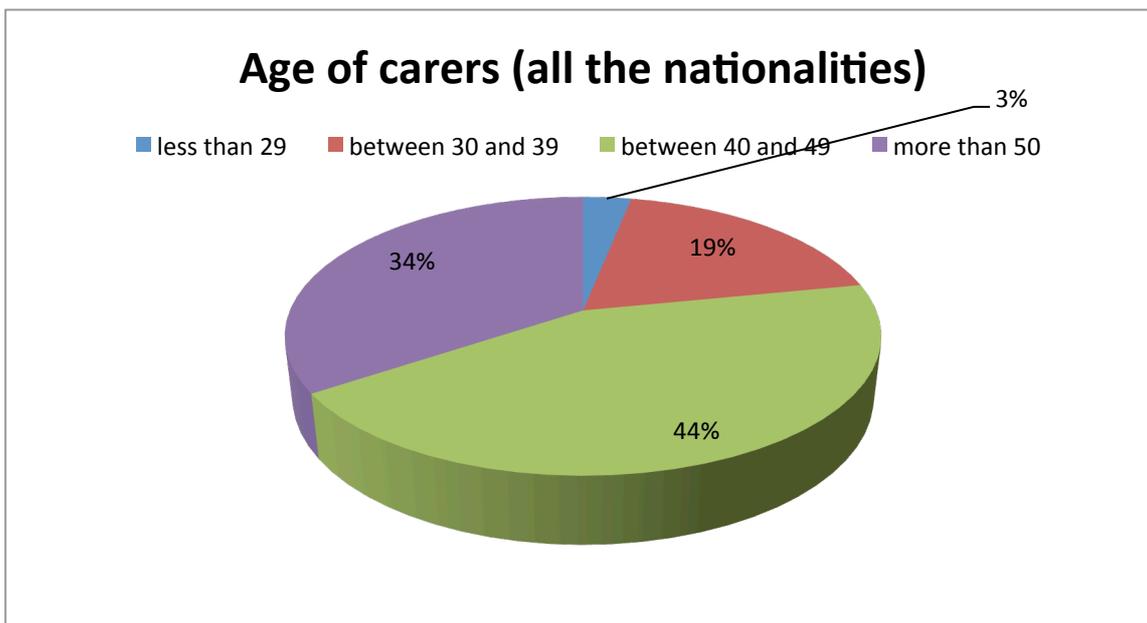
According to the collected data most of carers are women (95%) while only 5% are men. There are more foreign men who working in nursing homes than as carers, in fact they reach 9%. According to INPS data in chapter 1, 86.9% of foreign carers in Italy are women and only 13.1% are men. The results of Belluno are quite different, only 4 carers out of 85 are men. The emerged data are much similar to the national average of Italian carers where 95.4% are women.



Item n.2 – Age group of carers.

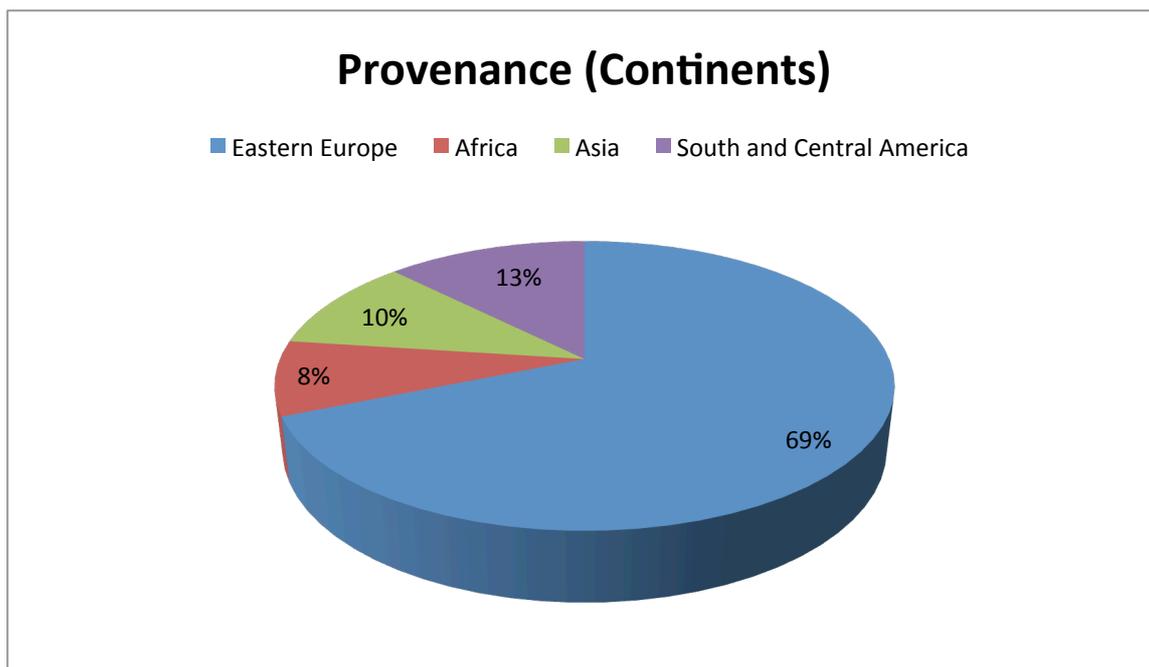
Differently than for the workers, I decided not to separate the 4 men from the women because they were only a small number. However, I have noticed that male carers are younger than women: all the 4 men are between 30 and 39 years old.

As can be seen from the graph, local results are quite similar to Italian results reported in chapter 1: most of carers are between 40 and 49 years old and a great percentage is over 50. A difference from the national average concerns young carers. In fact, in Belluno only 19% of carers are between 30 and 39 (14% women and 5% men) and only 3% of carers are under 29. Compared with the national result, the local result is much lower.



Item n.3 – Provenance of Carers

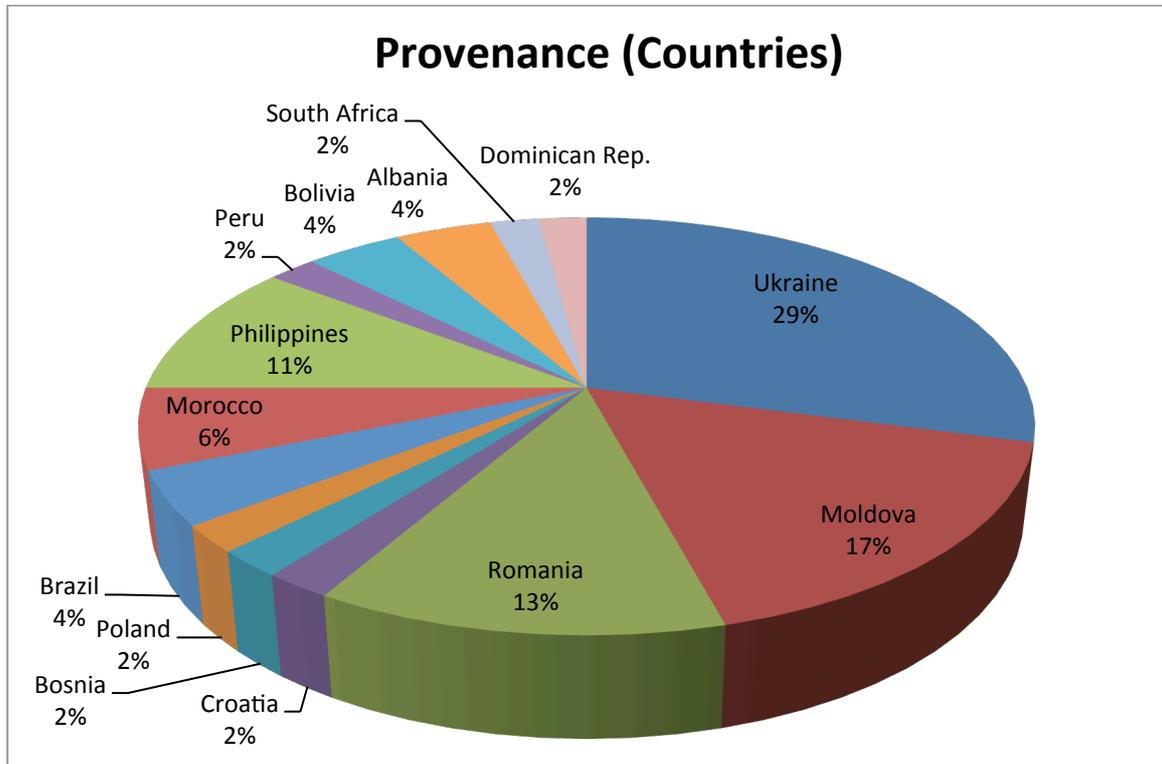
According to the collected data, more than half of carers of Belluno (69%) come from Eastern Europe (both EU and not). 13% are from South and Central America, 10% from Asia and only 8% from Africa. The presence of carers from Eastern Europe is much pronounced also at the local level: according to IRS, the national average has increased from 54.5% up to 2005, to 77.8% after 2005. The results of immigrants from Central and South America, Africa and Asia are similar to the average national INPS (Leone Moressa Foundation) and IRS data in chapter 1. Moreover, if the results of carers are compared with those of health workers, it can be observed that they are similar except for the absence of Asian workers in the retirement homes.



As regards the countries of origin, Ukrainians swell the ranks of the carers with 29%. In second place there is Moldova with 17% and in the third place there is the new EU country Romania with 12%. In the fourth place we find the Philippines which is the only Asian country present with 10%. In fifth place there is Morocco with 6%. Comparing local results with national ones, we can observe that the number of Ukrainian workers resembles the Italian data up to 2005. On the contrary, in nursing homes Romanians and Moldovans exceed the Ukrainians: the increase is definitely related to the entry of Romania into the EU.

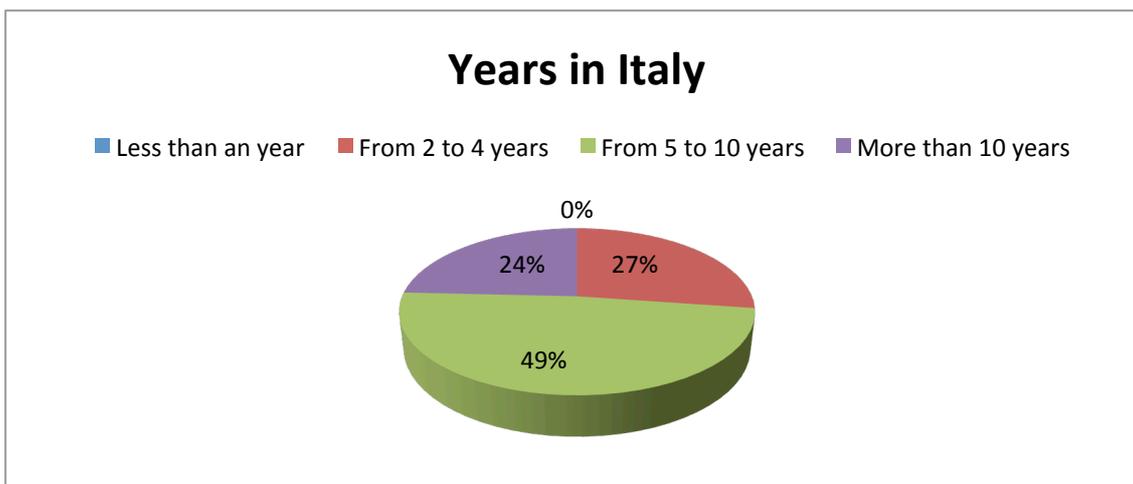
With regard to Europe, EU countries such as Poland are present in low percentages., There are also presences from the Balkan countries such as Albania, Croatia and Bosnia. Unlike other continents, there are not groups with large percentages from Central and South America: Brazil and Bolivia are both 4%, and Peru and Dominican

Republic both 2%. Except for Morocco which is in North Africa, there is only a small percentage of workers from South Africa (2%).



Item n.4 – Years in Italy

Looking at the chart, the modal value is “from 5 to 10 years” of residence in Italy and corresponds to half of carers. The remaining part is composed of carers of recent immigration that have been residing in Italy from 2 to 4 years and carers who have been living in Italy for more than 10 years (24%). No carers have just arrived in Italy (less than 1 year). To conclude, carers of Belluno are averagely of middle-recent immigration.



Item n.5- Knowledge and mastery of Italian language

Through these questions, the families have expressed their opinion about their carers' knowledge and mastery of the Italian language. This data has limitations because it is a little objective. In fact, although the scale is explained, the yardstick is personal and depends on many variables and motivations. However, it is useful to understand the perception of families and to anticipate whether or not there will be communication problems in the second part of the questionnaire.

According to the results, families have assigned marks from 9 to 4: there are no "Native Speakers" or carers who cannot express themselves at all.

The lowest assigned mark was 9, in fact only 6% of carers got it. It is very interesting to note that only carers from Eastern Europe (especially Ukrainians, Romanians and Moldovans) with at least 5 years residence in Italy received 9 from their families. Although these are mere opinions, the results show that the carers of Eastern Europe have a language proficiency higher than that of their African, South American and Asian colleagues.

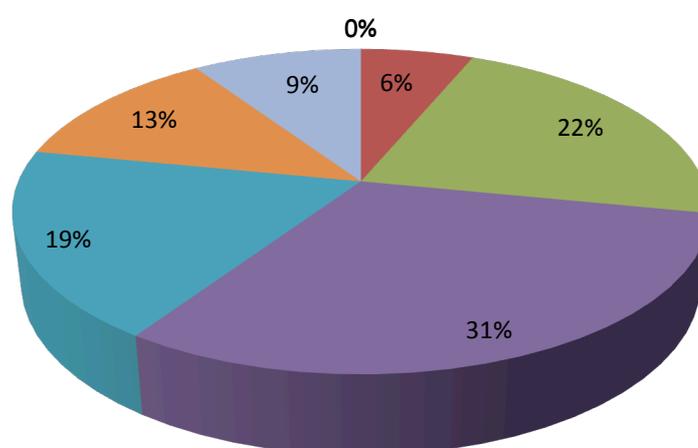
As regards 8, the percentage is higher (22%) and it is made up of Eastern European carers, only one Brazilian man and only one Moroccan woman.

7 represents the average value, the most quoted mark, and reach 31% of the preferences. In this group the majority of carers are from South American, but there are also some Asian (Philippines), some Europeans and some Africans (both from North and South); the same origins are found in 6 (19%). In these two sectors there are all the South American carers of the interview, either they have been living in Italy for 2 years or more than 10. In fact, Latin American immigrants (both Spanish and Portuguese), thanks to their mother tongue do not have big problems of comprehension and can communicate even if they have just arrived in Italy, although with some difficulty. This advantage can become an obstacle for learning the correct form of Italian. In fact, many immigrants become so accustomed to speaking an understandable but incorrect Italian - a mixture of Italian and their mother tongue - that it becomes difficult to unlearn in order to learn the correct one. On the other hand, 20% of carers have several communication difficulties (of which 9% are serious).

As mentioned before, in these two sectors there are not carers from Central and South America; most carers are from the Philippines and Africa and a few from Eastern Europe. In conclusion, African and Asian immigrants have trouble with learning Italian, the Europeans have some initial difficulties but then most of them reach very high levels of mastery. Latin Americans do not have big problems of communication but without a proper education may stay at the level of basic Italian without any progress.

Knowledge and Mastery of Italian Language

- | | |
|------------------------------|--|
| ■ 10 = Native speaker | ■ 9 = Excellent Knowledge |
| ■ 8 = Good Knowledge | ■ 7 = Fair Knowledge |
| ■ 6 = Sufficient Knowledge | ■ 5 = Barely adequate communication |
| ■ 4 = Insufficient Knowledge | ■ from 3 to 1 = scarce/ no communication |



Item 6 – Does your carer attend an Italian language course?

According to the collected data, only 12% of carers attend or has attended an Italian language course. Most carers (70%) do not attend any Italian course and, since their families affirm they have communication difficulties with them, a language class may be a solution to improve the dialogue. There is also 16% of carers of which we do not know if they attend/ have attended or not any Italian course.



Second Part – Communication difficulties

The second part of the questionnaire concerns communication difficulties. Since the questions were similar, I decide to analyze all the four items which deal with communication difficulties together. Item number 7 asks families if there are communication difficulties with their carers and which ones; the eighth deals with communication difficulties with other people (shop assistants, pharmacist, offices staff etc...); question number 9 is about communication problems with the doctor, it asks whether the carer is able to speak with his or her patient's doctor and the last one concerns difficulties in communication with the patient.

Item 7 – Communication difficulties with the family.

47% of families (40 out of 85) has communication difficulties with their carer. although this is more a perception than a scientific fact, the result is very powerful. The emerged data is quite negative because it means that one carer out of two has an inadequate knowledge of Italian and the communication is compromised. The mastery of communication skills is essential to create a good working environment and promote integration. In fact, all the families who have given 9, 8 and 7 in item number 5 are part of the 45 families who have no communication difficulties with their carer (or they have difficulties only when they deal with complex issues e.g. taxes). Communication problems encountered by families are of different types: linguistic (due to poor vocabulary, incorrect use of tenses, irregular syntax, pronunciation, etc ...), pragmatic (difficulties of interaction, difficulties of expression, difficulties in understanding and being understood etc..), but also of a paralinguistic nature.

Item 8 – Communication difficulties with other people.

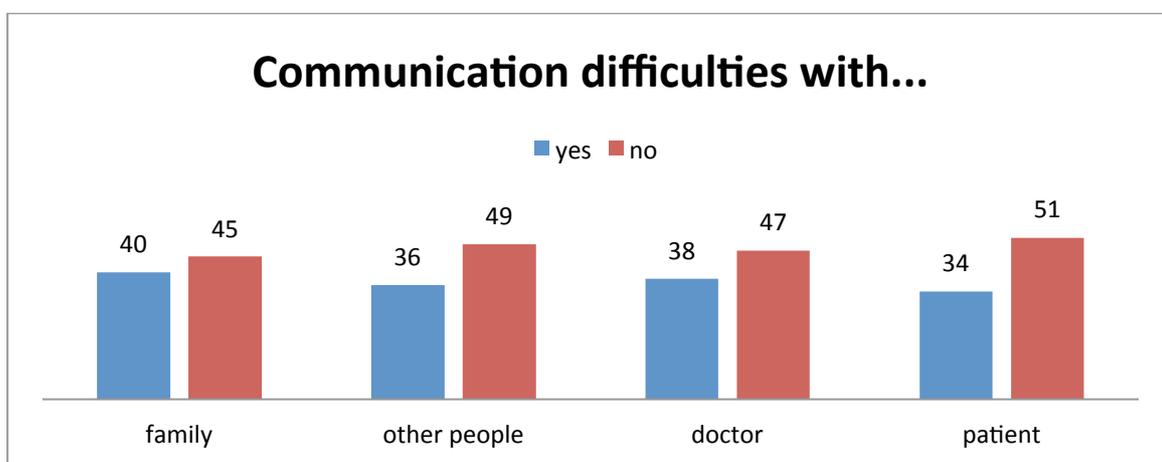
According to the results, 42.5% of carers also have difficulties when they have to speak with people outside the family (for example shop assistants, the pharmacist, the staff of restaurants, post-offices, ticket-offices). The difficulties are always of a linguistic, pragmatic and paralinguistic nature similar to those explained in the previous paragraph. In addition, families explain that carers have fewer communicative difficulties in this field: often the locations the actions that take place are always the same, the expressions have become habitual. In fact, some families have added that the vocabulary is limited except for recurring events.

Item 9 – Communication difficulties with the doctor

Difficulties in communicating with the doctor persist for 45% of carers. To be precise, Some of the 47 families - who stated that their carer is able to interact with the doctor - added that : "she/he can understand simple words and explanations, but more detailed terms and discourses become too complicated for her/him". In other words, among 55% of carers who can interact with the doctor, about 15-20% can understand only simple things and can answer only for recurring things that have been taught. In fact, the medical terminology is much more complex than everyday vocabulary, and even foreigners who know Italian well, may experience some difficulties.

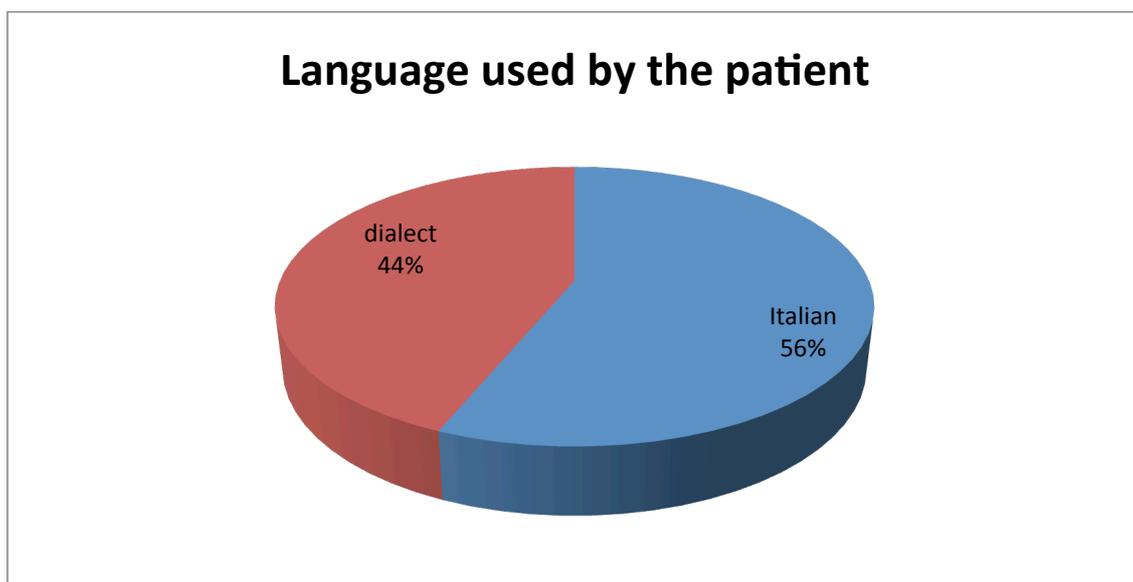
Item 10 – Communication difficulties with the patient

The data arising from this item are not very reliable because most patients are incapable of discernment (Alzheimer, deafness, etc...). However in the few cases in which the data can be deemed valid, there are problems of a linguistic nature (poor lexicon) and due to the use of dialect. In fact, many old people cannot speak Italian.



Item 11- does the patient use dialect or Italian?

In the last item the problem of dialect was mentioned: in fact, the dialect spoken in the territory of Belluno is a very strong variation of the Veneto dialect. The graph shows that 44% of patients speak in dialect with the carer, so the dialect plays a very important role in communication.



Item 12 – What cultural language and vocabulary can it be useful to teach/ learn in a course for foreign workers? Number from 1 to 5 (1=more important, 5=less important) and eventually indicate a suggestion in order to improve dialogue.

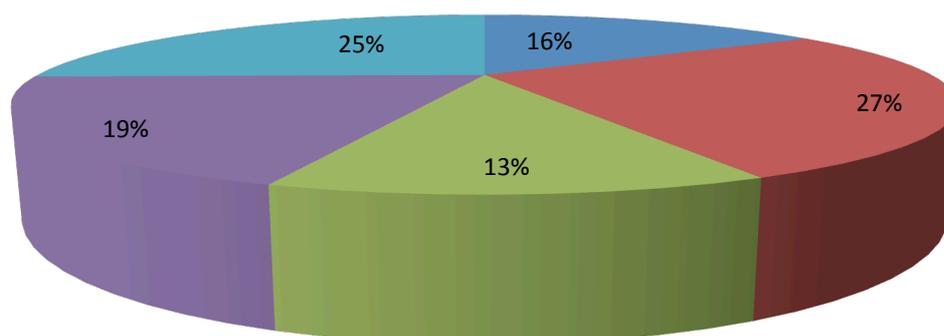
The analysis of the eighth and last item was particularly complex. After several attempts, I decided to give a numerical value to each option in order to enhance the result as a whole. I gave 5 points to the option which was considered the most important one, 4 to the second, 3 to the third, 2 to the fourth and finally, 1 to the last one.

Before reading the results, I would like to specify that some of the people interviewed did not indicate all the 5 options and marked only 2 or 3 possibilities.

According to the families, the most important linguistic goal to be taught is "idiom and vocabulary (including specific terms) related to the health sector, essential medical vocabulary" that reached 27%. The second element in order of importance is "terms and expressions that could help in daily life, from shopping to various tasks in offices, post office, bank, railway station ticket office etc." which scored 25% of preferences. "Notions of Italian civilization/local civilization and tradition (meal times, masses, routines, customs, festivities etc ...)" reached 19% and it ranked third. "Concepts and vocabulary related to Italian cuisine" reached 16% which is a little bit more than in retirement homes. This is probably because carers cook and health worker do not. As regards the dialect, it scored only 13%. According to families, it is a less important task and it would be preferable to focus on the Italian language. In the nursing homes, the results of the scale were the same.

What cultural language and vocabulary can it be useful to teach/learn in a course for carers?

- Concepts and vocabulary related to Italian cuisine
- Idiom and vocabulary (including specific terms) related to the health sector, essential medical vocabulary
- basic dialect of Belluno
- notions of Italian civilization/local civilization and tradition (meal times, masses, routines, customs, festivities etc ...)"
- Terms and expressions that could help in daily life, from shopping to various commissions in offices, post office, bank, railway station ticket office etc."

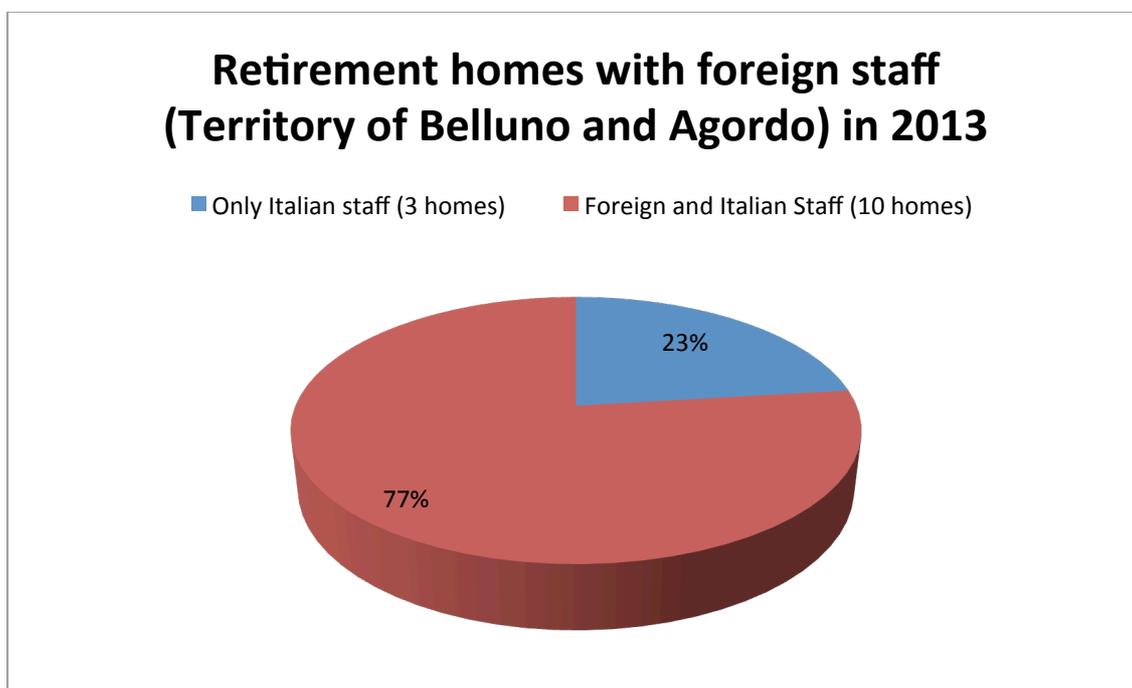


5 Retirement homes – Results

As explained in the previous section, the retirement homes surveyed were 13, they belong to Belluno and the surrounding municipalities (the "Bellunese area") and the municipality of Agordo. The homes were respectively Agordo and Taibon Agordino (for district 2 of ULSS n1), Belluno, Ponte nelle Alpi, Puos D'Alpago, Farra d'Alpago, Limana,

Longarone (and the detached branch of Tai di Cadore), Zoldo (for district 3 of ULSS n1)Trichiana, Sedico , Lentiai and Mel (for ULSS n2). Data collection in nursing homes has been more complex than families. In fact, for some retirement homes it was hard to find a person in charge available to fill in the questionnaire.

From what has emerged from the interviews, health workers and nurses are present among the staff but carers do not work in any retirement home. In addition, foreign staff work only in some nursing homes. In the retirement homes of Agordo and Lentiai, all the health workers and carers are Italian and in Trichiana there are three workers of foreign origin but they do not have any communication difficulties since they have been living in Italy for 15 or 20 years. Moreover, two of them are married to an Italian man and have acquired citizenship too. In conclusion, in only 10 retirement homes out of 13 there are foreign workers.



As can be seen from the data, in 77% of the nursing homes of Belluno and Agordo work foreign staff of recent immigration (less than ten year residence in Italy).

First part: the worker

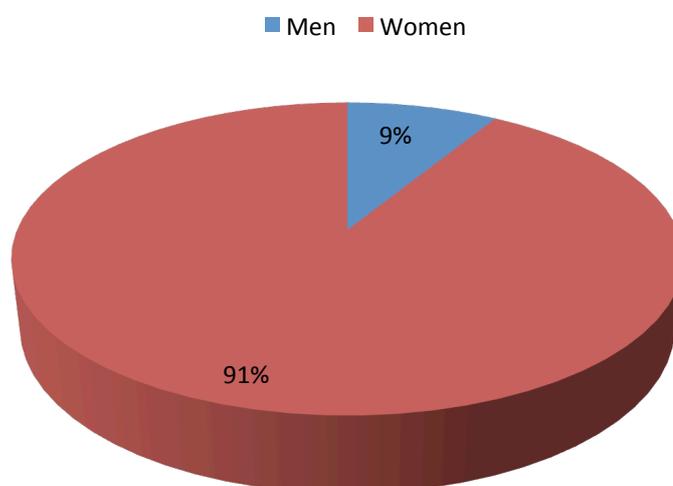
Item n.1- How many foreign health workers /nurses (resident in Italy for less than 10 years) work in the retirement home . How many men? How many women?

According to the collected data, if we consider only the foreigners who are recent immigrants there are 6 men and 63 women (totally 69 workers). In other words, in the 10 retirement homes (with foreign staff) most of the workers are women (91%) while men are only 9%. This result is slightly different from the national average: in fact, according IPASVI², in Italy, 77% of nurses are women and only 23% are men. As regards the health workers, Conf. Cooperative Torino³ affirms that the percentage of women is much higher: 88% of women compared to 12% of men. however the percentage of male health workers in Belluno is higher than that of the male carers.

² <http://www.ipasvi.it/ecm/rivista-linfermiere/rivista-linfermiere-page-1-articolo-10.html>

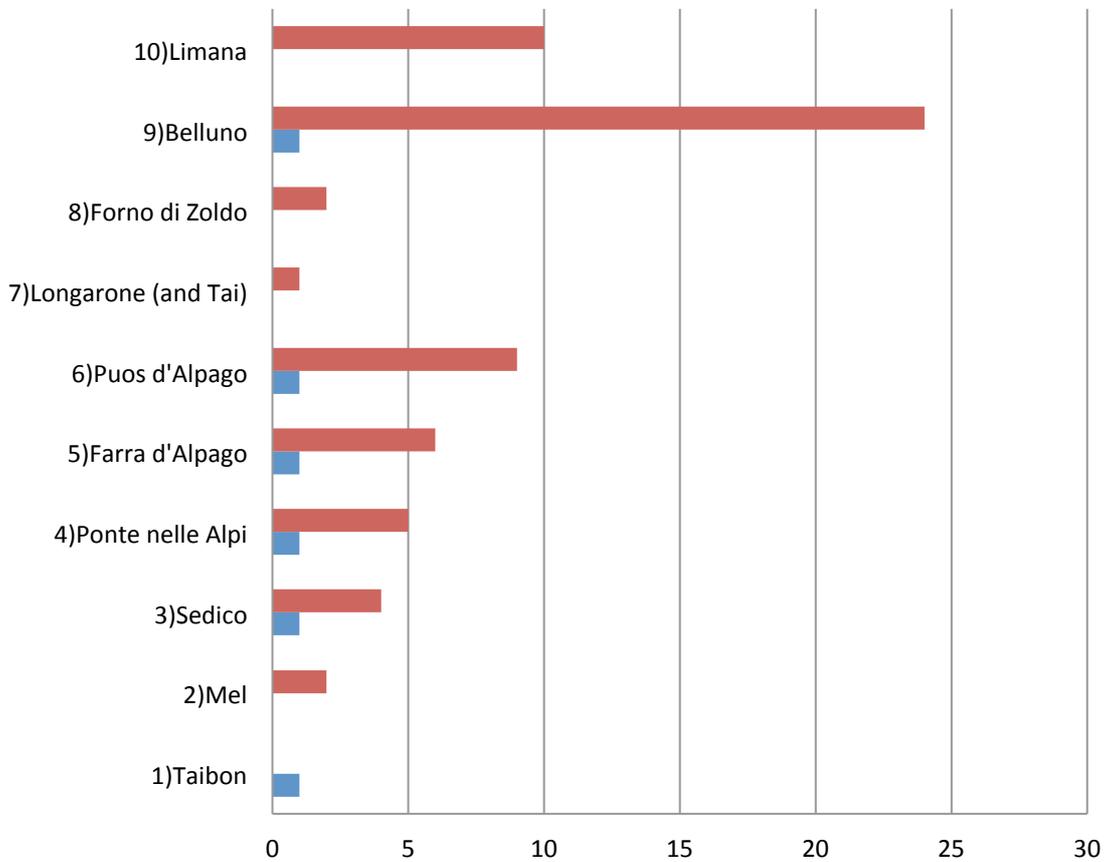
³ http://www.torino.confcooperative.it/C13/Domiciliarit%C3%A0/Document%20Library/10562_CCIAATO_842010.pdf

Health Workers and nurses - Gender n.1



Analyzing the data in a more detailed way it can be observed that in only one retirement home (Taibon Agordino) works a foreign man, in 4 homes work only foreign women and in 5 homes out of 10 both foreign men and women work (one man for each structure). The majority of foreigners work in the nursing homes of Belluno (which is the biggest one), Limana and Alpagò; in Belluno there are 25 workers (24 women and 1 man), in Limana 10 women, in Puos there are 10 workers (9 women and 1 man) while in Farra 7 (6 women and 1 man).

Health workers and nurses - Gender n.2



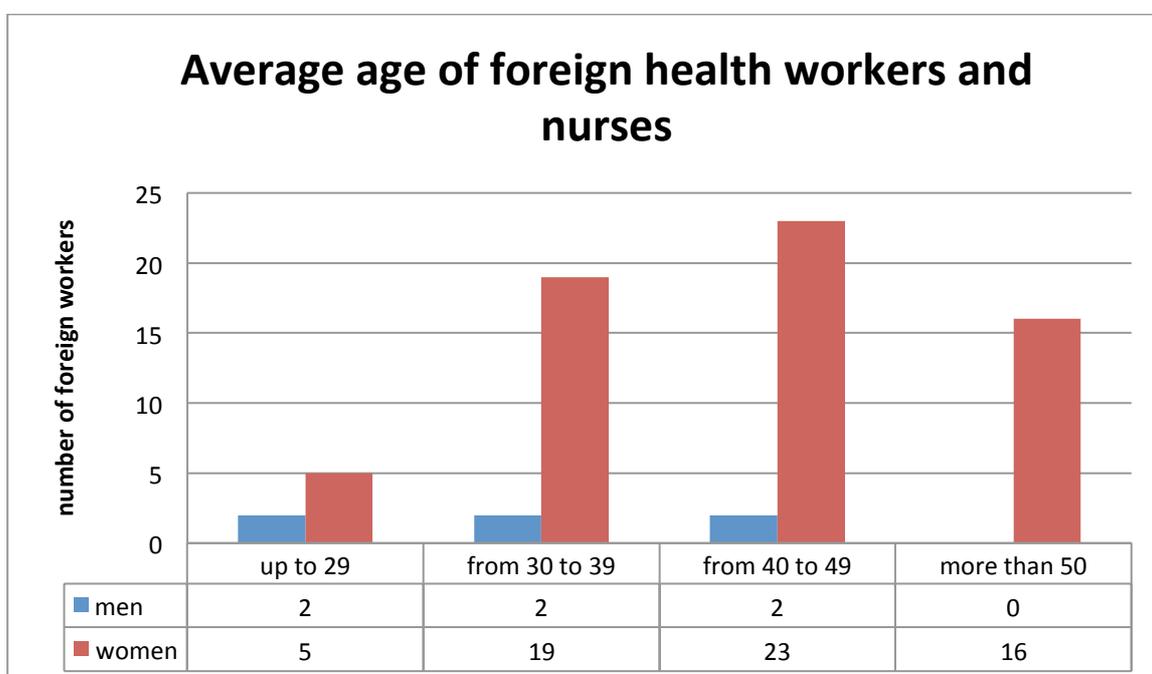
	1)Taibon	2)Mel	3)Sedico	4)Ponte nelle Alpi	5)Farra d'Alpago	6)Puos d'Alpago	7)Longarone (and Tai)	8)Forno di Zoldo	9)Belluno	10)Limana
women	0	2	4	5	6	9	1	2	24	10
men	1	0	1	1	1	1		0	1	0

Item n.2 – Indicate the age group of workers between the 4 available.

The second item concerns the age of the workers. According to the collected data, the majority of workers are between 40 and 49 years old (25 people : 23 women and 2 men). The second largest age group is “between 30 and 39 years old” with 21 workers (19 women

and 2 men). Men are averagely younger than women: it is interesting to notice that in the age group 50 or more (the third age group, 16 women) , male counterparts do not appear. In "less than 29 years," there are only 7 workers (5 women and 2 men), as young Italians, also young foreigners struggle to find work.

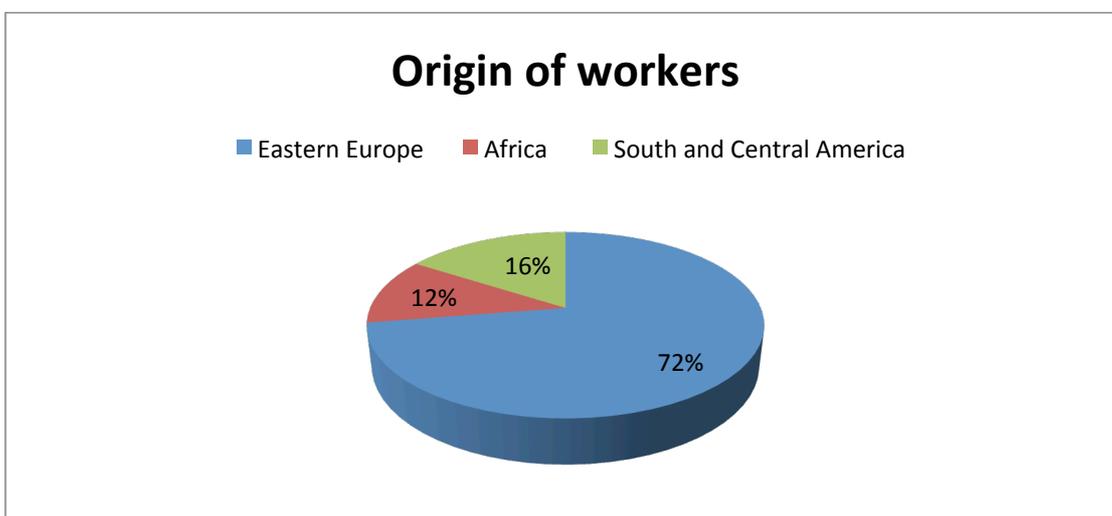
An interesting observation is that social and health workers are averagely younger than carers: the majority of carers in Belluno is more than 40 years old, a few is below 39.



Item n.3 – Where do the workers come from?

The third item concerns the origin of workers. As regards this question, I decided not to divide men from women because the results were not so different. The most obvious data concerns the total absence of Asian workers in the retirement homes. In fact, analyzing the result of carers there was a substantial presence of

Asian people, especially from the Philippines. The results show that the vast majority of foreign health workers and nurses comes from Eastern Europe (72%). According to INPS (see Chapter 1) the absolute majority of foreign workers at national, regional and local level come from Eastern Europe, both for domestic workers and employees (to which category belong nurses and health and social workers). The remaining part is divided between South and Central America (16%) and Africa (12%).

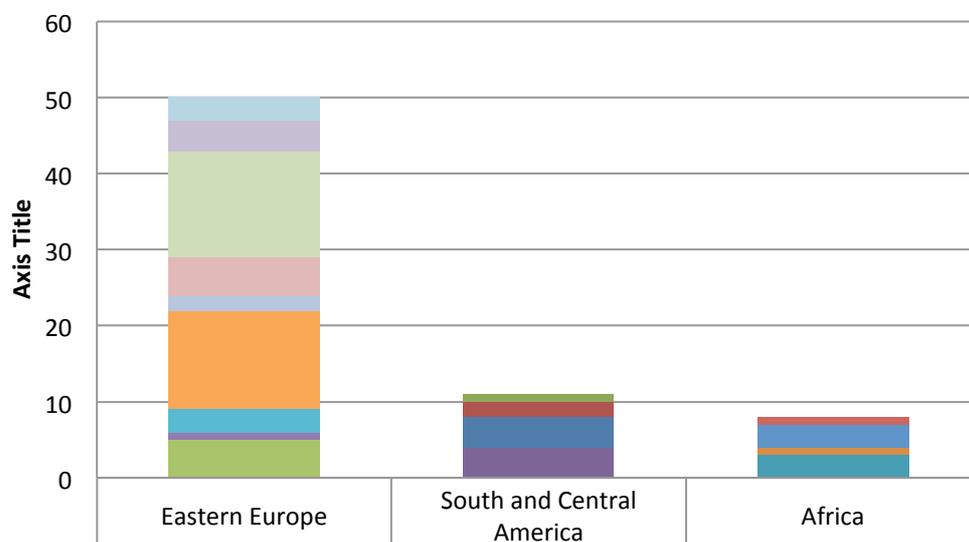


With regard to the countries of origin, the findings seem to confirm the national average : Romania and Moldova are the countries from which the majority of workers come. On the contrary, there are few Ukrainian workers in nursing homes: compared to carers, this result is considerably different. In fact, carers are mostly Ukrainian. Moreover, there is also a huge number of workers from the Balkans (Albania, Serbia, Croatia) and also this data differs from carers' results.

As regards South and Central America, the vast majority of health workers come from the Dominican Republic while there are no carers from this country.

Taking into consideration Africa, the health and social workers come mostly from Central and South Africa and there are few workers from North Africa (in particular Morocco). On the other hand, carers and domestic workers from Africa are mostly Moroccan.

Origin of health workers and nurses (men and women)

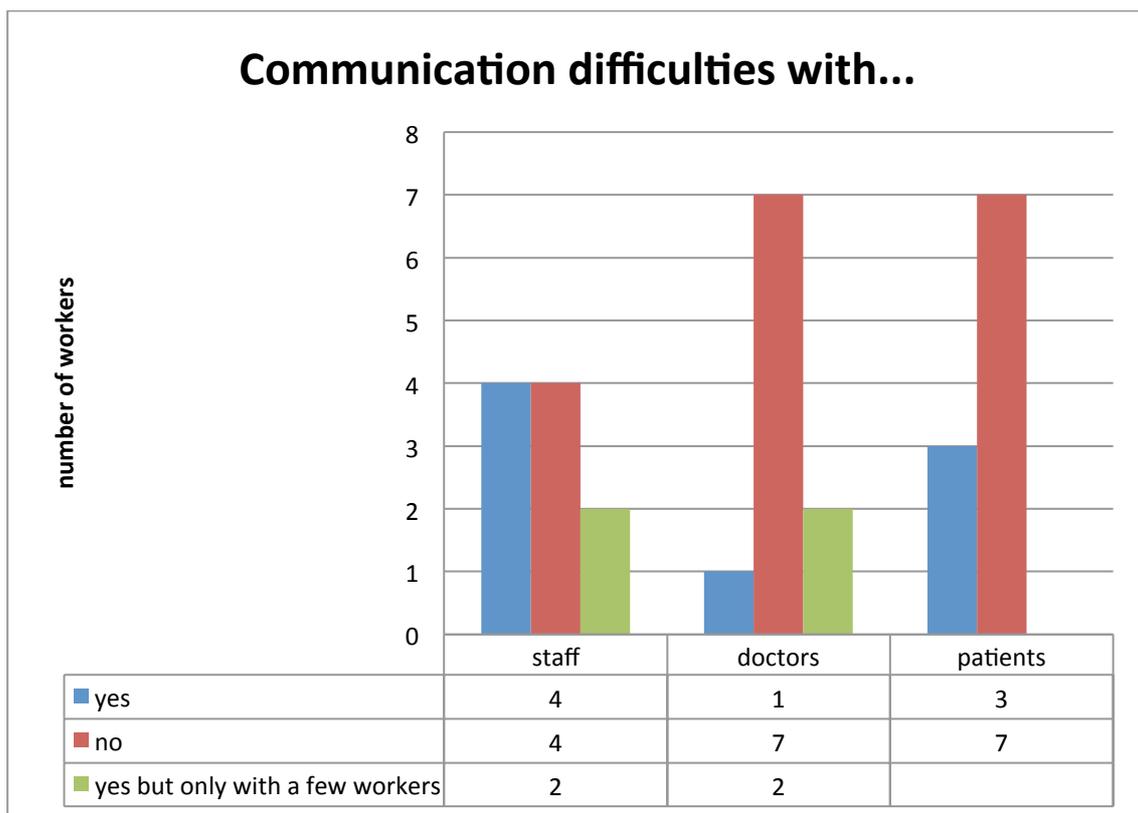


Eastern Europe	South and Central America	Africa	
Serbia	3		
Albania	4		
Romania	14		
Ukraine	5		
Croatia	2		
Moldova	13		
Polonia	3		
Slovakia	1		
Russia	5		
Morocco			1
Camerun			3
Bangladesh			1
South Africa			3
Equador		1	
Cuba		2	
Brasile		4	
Dominican Rep		4	

Second Part – Communication difficulties

The second part of the interview concerns communication difficulties. I decided to analyze the three items (respectively 4,5 and 6) which deal with the communication problems of foreigners in the same histogram. The fourth item refers to communication problems with co-workers, the fifth with medical staff and the sixth with patients.

For reasons related to privacy and the processing of sensitive data, I decided not to mention the names of nursing homes where there are communication problems.



Item 4 - Are there communication problems with the staff? If yes, which ones?

According to the collected data, three nursing home have declared that they do not have any communication problem with the foreigners in their staff. On the other hand, two retirement homes state that there are several communication difficulties among Italian and foreign colleagues. In particular, the difficulties are related to the language: foreign workers have a very poor vocabulary, there are often misunderstandings both in reading and comprehension than in written and oral comprehension (problem are evident when they have to exchange written information). Moreover, the use of dialect confuses them. A person in charge has reported that foreigners often feel under attack, they found it difficult to accept any criticism, it is difficult for them to understand the jokes. Finally, there are two nursing home that declare they have found communication problems only with a few workers (for example there have been problems caused by the use of dialect with a South American women or some workers misunderstand of particular words etc...).

To sum up, 40% of the retirement homes have no communication problems with foreign staff, 40% declare that they have communication difficulties only with some workers and the remaining part (20%) has several difficulties of both communication and comprehension. It is definitely a positive result that 40% or 60% of the interviewed (if we include also the data that concerns communication difficulties with only a few workers) can communicate with the foreign staff without any problems.

Item 5 – Are there communication problems with the medical staff?

As regards communication difficulties with the medical staff the result is absolutely positive. 70% of the retirement homes (7 out of 10) has stated that their staff is able to interact with doctors and master properly medical and health vocabulary. This is due to the fact that workers have attended the course for health and social worker and they have studied the medical microlanguage. Only one retirement home (10%) has stated several communication problems among foreign and medical staff: the foreigners are unable to interact with the medical staff and they need the help of an Italian colleague. To conclude, two structures (20%) have reported communication difficulties but only one particular worker.

Item 6 – Are there communication problems with the patients?If yes, which ones?

According to the collected data, communication difficulties with the patients are several and of different nature. Some nursing homes reported problems due to lack of vocabulary, others for the use of dialect, the latter is also present with staff of other Italian regions, and are therefore not deemed important. As regards the mountain area of Zoldo it is important to underline that the dialect spoken in the territory is very strong and also Italian people from other regions have several problems of comprehension and communication.

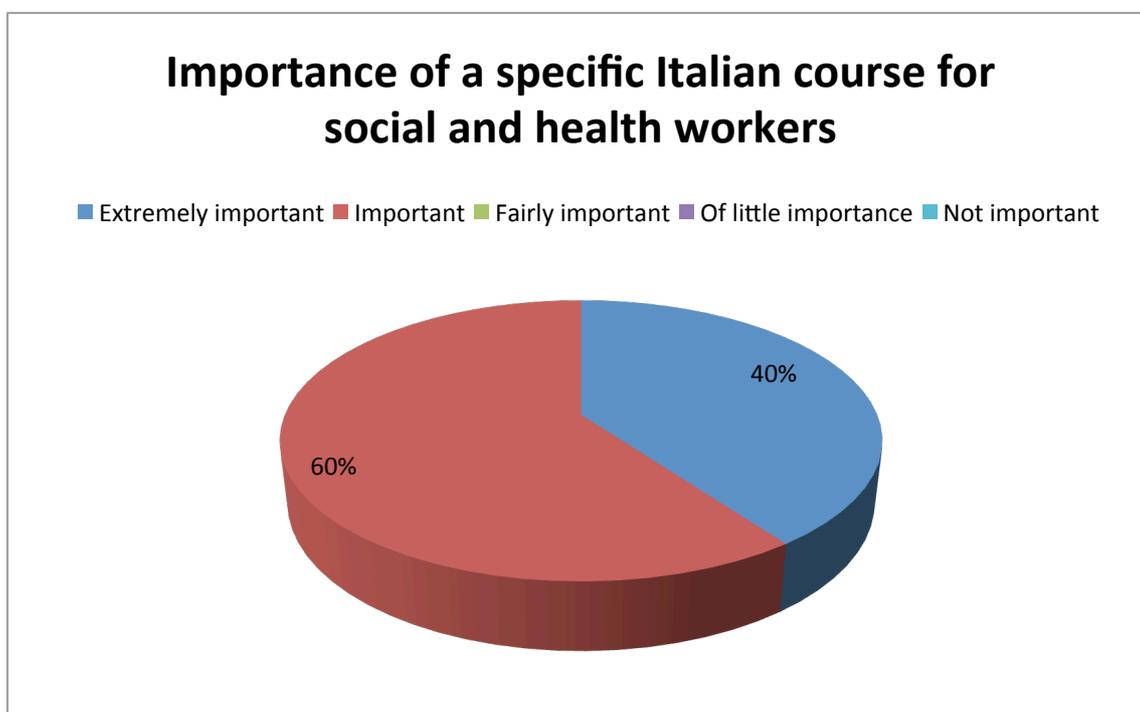
On the other hand, nursing homes that do not have communication problems (the majority: 70%) often report that foreign staff knows both Italian and dialect. Moreover, the presence of foreigners in the staff can become very important if foreign patients reside in the home. Finally, although communication difficulties are several, they

are present in only 3 nursing homes out of 10: this is a very positive result.

Item n.7 - How important do you feel a specific Italian language course for health workers?

A specific Italian course for health and social workers is considered very important. In fact, all the retirement homes have answered "Important" (60%) or "Extremely important"(40%) and the possible answers " Fairly important", "Of little importance" and "Not important" were not taken into consideration.

Some retirement homes have specified that this kind of course is important for all the foreign health workers, but for a professional nurses it becomes extremely important.



Item 8 – What cultural language and vocabulary can it be useful to teach/ learn in a course for foreign workers? Number from 1 to 5 (1=more important, 5=less important) and eventually indicate a suggestion in order to improve dialogue.

The analysis of the eighth and last item was particularly complex. After several attempts, I decided to give a numerical value to each option in order to enhance the result as a whole. I gave 5 points to the option which was considered the most important one, 4 to the second, 3 to the third, 2 to the fourth and finally, 1 to the last one. Before reading the results, I would like to specify that some of the people interviewed did not indicate all the 5 options and marked only 2 or 3 possibilities.

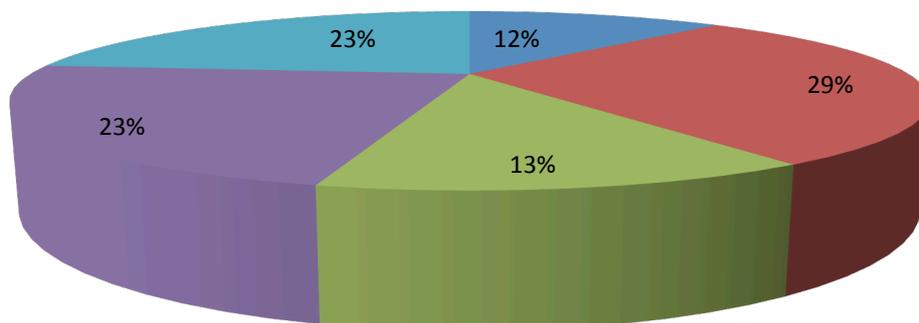
According to various people in charge of the retirement homes, the most important linguistic goal to be taught is “idiom and vocabulary (including specific terms) related to the health sector, essential medical vocabulary” that has reached 29%. The second element in order of importance is “terms and expressions that could help in daily life, from shopping to various commissions in offices, post office, bank, railway station ticket office etc.” which has scored 24% of preferences. “Notions of Italian civilization/local civilization and tradition (meal times, masses, routines, customs, festivities etc ...)” has reached 23% and it is ranked third. The last two options (respectively “basic dialect of Belluno” and “Concepts and vocabulary related to Italian cuisine”) did not reach a high percentage (13% and 12%) and lie in the last two places. As regards Italian cuisine, meal preparation is not a task for health and social workers. On the other hand dialect is considered fairly important in a place of work; surely the health workers that can also speak dialect are advantaged but it is not necessary to work well. As mentioned in the previous

paragraph, the knowledge of Italian is fundamental but, at least in a public place, dialect does not need to be taught.

The result were alike in the questionnaire for carers.

What cultural language and vocabulary can it be useful to teach/learn in a course for foreign workers?

- Concepts and vocabulary related to Italian cuisine
- Idiom and vocabulary (including specific terms) related to the health sector, essential medical vocabulary
- basic dialect of Belluno
- notions of Italian civilization/local civilization and tradition (meal times, masses, routines, customs, festivities etc ...)"
- Terms and expressions that could help in daily life, from shopping to various commissions in offices, post office, bank, railway station ticket office etc."



CHAPTER 3

1.The ctp of Belluno- interview with the headmaster.

The following paragraph is the reported interview with the headmaster of CTP of Belluno, Professor Salvatore Oliva, dated 30 September 2012. The interview will address the following topics: structure, location, aims of the centre and courses available (focusing on Italian L2 classes).

- What is a CTP?

The State School "Ippolito Nievo" has, for many years, been the headquarters of the Adult Education Program (ex 150 hours) which is aimed at achieving the Secondary School Certification (Middle School Qualification). Since 1997, it has been one of the schools in the province of Belluno that hosts a CTP (Permanent Territorial Centre for education and training in adulthood). This facility has been established with the aim of promoting the issues which have always accompanied the need for adult education, but it seeks to go beyond the Middle School Qualification and open a new chapter on adult education also called Lifelong Learning Program.

It is a necessity that has arisen from the social, political and economic changes which require the knowledge and use of new languages. In fact, often situations of widespread illiteracy can emerge, not only among people of "weak" schooling but also among for many foreigners of the area who need some "linguistic tools" for a successful integration.

- Which are the CTPs in the province of Belluno?

In the province of Belluno there are 3 CTPs, respectively in Belluno, Quero and Pieve di Cadore. The CTP Quero operates in the territory of Feltre and the Pieve di Cadore CTP in the territory of Cadore and Cortina. The CTP of Belluno deals with a wider territory, because in addition to Belluno (which includes both Zoldo and Alpiago) it also operates in the territory of Agordo. All the courses are held at the headquarters of Belluno with the exception of some Italian language courses for foreigners that are also held in the separate branches of Ponte nelle Alpi, Puos d'Alpiago, Mel and Cencenighe Agordino.

- What are the aims of the CTP?

The effectiveness of the initiatives already implemented in previous years has been demonstrated by the numerous applications that are constantly received by the secretary of the CTP. The Centre also runs activities concerning education and training at the Prison of Baldenich, where for some time now courses for Middle School Certification (Secondary School Qualification) and continuing education have been organized.

The activities of the "EdA" courses (Adult Education) are open to all citizens aged 16 and over, residents or not in the town of Belluno. The students of the classes are of different ages and backgrounds. Often they have different motivations to enroll: the need to know the language, employment, leisure, the desire of communication in other languages and the widening of cultural horizons in general, but also the wish to accept the challenge of adult lifelong learning. The CTP teaching staff, as well as ensuring the management of courses for certification - both at the headquarters and in Prison - offer Italian language courses for foreigners, also with CILS and CELI certifications, and all the educational offer that is part of the

proposals of EdA. Due to the considerable flow of foreign students this school year, three primary school teachers are working in the Centre: this solution has allowed an increase in the educational offer both as number of courses and time slots, with the presence of at least one teacher also in morning.

According to Ministerial Order 455/97 the teachers assigned to the Centre have the task of organizing the training offer: they provide an analysis of the territorial and socio-cultural origin of the users, they welcome and listen to the students, they are able to recognize the learning credits of the user and prepare individualized training programs. The task of the teachers in the planning should also be mentioned. They are involved in the organization and coordination of all the activities that are carried out in collaboration with other institutions and individuals.

The CTP frequently works together with the Municipality of Belluno, the Province, the Veneto Region, the Conference of Mayors of Ulls¹, the Provincial Office of Education, the secondary education (high schools) of the municipality and the province, training institutions, the CEIS¹ and the cooperative Metalogos² that promote courses for social and health workers, civil protection and cooperatives that have to deal with the welcoming of the refugees in the area.

Moreover, the CTP also works with the Prefecture of Belluno in carrying out assessment tests of Italian language that are necessary for foreign citizens who are entitled to long-term residence permits, and civic education courses for short stay permits. These tests represent a substantial commitment for the structure, as they are held every 40 days, for some sessions it was necessary to activate two committees as over forty people were present to be examined. Moreover, the collaboration with secondary school and training

institutions (formalized through protocols of agreement) is growing and is fundamental to help the education of foreign children enrolled in Professional Training Centers, and secondary schools in the province. In fact, the study courses are arranged and elaborated with the people involved, always according to the different kind of students. Particularly for students from other countries enrolled in high school - who need a Secondary School Certificate or help with the Italian language - an integrated course is implemented. This action is part of the agreement between CTP and all the high schools of the Province of Belluno, with the support of the Conference of Mayors (draft submitted to the Coop Integra for the sixth year).

- Which courses are organized in the CTP of Belluno?

As already mentioned, the CTP deals with adult lifelong learning. Many courses are organized in the centre including computer courses, general education courses (museum guided tours, multiethnic laboratories), art workshops, cinema discussion classes (also in German), English, French, German, Arabic, Spanish courses of different levels (some with the possibility of obtaining a certification). As regards the Italian courses for foreigners, below follows a more detailed explanation.

ITALIAN COURSES L2: In the CTP of Belluno there are several Italian classes for foreigners, the levels range from A1 to C2 (There are also A0 levels classes for absolute beginners). The first step is to verify the starting levels of the foreign students, both in terms of communicative and expressive aspects, than as regards lexical-linguistic ones. The second step is the creation of courses that help to acquire and consolidate the Italian language, from the most common forms of expression and communication, to the knowledge

of the literary language. Most of the courses are organized with the resources of the CTPs while 4 are sponsored by regional projects.

All the courses are usually frequented by foreigners from all nationalities. This year it was possible to activate an Italian course for Chinese students (the teacher is a graduate in Chinese language), and the last few years there has been an Italian course for carers. These two courses were created according to the specific needs of the area. In fact, the demand for specific courses is becoming more frequent.

As regards the home care and the health and social sector, CEIS and Metalogos asked the school to activate Italian language courses for foreigners interested in participating in courses for health workers. From November 2011 to January 2012, two classes of Italian (level A2) were organized. The course was structured in bi-weekly meetings of an hour and a half each, for a total of 25 people. The introduction of a registration fee of 10 Euro was agreed on: it was useful to meet the costs of CTP but especially to make the participants feel responsible.

- CILS: Since the phenomenon of immigration is increasing in our province, in the last years the offer of courses of Italian as a foreign language has been enhanced, also thanks to the doubling of the teachers involved. In particular, in the last year, the presence of elementary teachers has allowed us to cope efficiently with the continuous flow of numerous foreigners that enrolled for a first literacy in our school from September to June. The aim was also to give the opportunity to achieve the CILS certification issued by the University for Foreigners of Siena which is recognized throughout Europe. Structured on four levels with weekly or biweekly appointments of two hours each, the courses have been held mainly

during the evening, but also in different time slots according to users' requests. Over the last school year (September 2011- June 2012) the flow of students was 101 foreigners, mainly from South America and Eastern Europe. Moreover there were five students who have attended the basic course organized in collaboration with "Intercultura" which is reserved to students who are guests in families in the city and who attend high school. 20 students at a time took the CILS certification exam which was in two sessions, in December and in June, subdivided over three levels.

The interview with the headmaster was an introduction to the following topics:

- Italian as a Second Language for carers and health workers.
- Lifelong Learning Program.

The first topic has already been anticipated since the first chapter and the next sections will be discussed in an exhaustive way . As regards the second topic, I would like to focus the attention briefly upon this concept.

2.Lifelong Learning Program

When referring to adult education, we talk about Continuing Education or Lifelong learning. Continuing Education is a choice of education related to the desire of those who benefit (pleasure, desire to expand their knowledge, personal and professional progression etc.). On the contrary, Lifelong Learning is not a voluntary choice but a necessity imposed by an external reality (as in the case of foreigners who learn Italian or Italians who learn English for personal or professional survival).

In many European Countries, lifelong education is becoming not only a decisive factor for employment, but also a strategic perspective of innovation of the whole educational system of the European Union. In an international setting, the democratic rules of the global society can be thrown into crisis by the insufficient level of education and training of people. The question of lifelong learning is not only a problem of ensuring basic education or the training or retraining of workers. In fact, the key issue is the removal of the causes that impede the effective exercise of the right to citizenship. Each person is unique and in continuous evolution in contexts that change rapidly. Furthermore, life is longer than in the past. For these reasons, he can not only learn in childhood and adolescence the knowledge that allows him to interact with others and with the outside world for the whole of his life (or lifelong, precisely).

In fact, education programs for adults are often supported by the European Union and most of them relate to the learning of a foreign language or a second language. A foreign language is the language which is studied in an area where it is not present (e.g. an English course in Italy), a Second language is the language spoken in the

environment in which the student lives and which is different from his mother tongue (as in the case of my research, an Italian course for foreigners in Italy). Therefore, the considerations raised by this section are valid also for adult immigrants who are going to learn Italian in Italy.

THE STUDENT: Firstly, it is indispensable to take into consideration the specificity of the user, that is the adult learner. According to P. Balboni in "Le sfide di Babele"¹, the adult differs from the young for the age, the maturity from a relational and psychological point of view and other social elements. In fact, the adult can decide autonomously and can assume his own responsibilities, in this case relating to his education. Since the teacher and the student are socially equal, the task of the teacher is no more to educate but to instruct. Another important difference is the principle "value for money": the adult spends money on his education and wants to see the results. Therefore, it is necessary that student and teacher agree on the objectives to be achieved and in how much time (in the shortest time possible). With an adult another type of negotiation is needed and that is about the methodological principles of language teaching that should be clarified in order not to confuse the student. In fact, for an adult student it is often difficult to question his knowledge if it is wrong or in conflict with what he must learn. Moreover, a psycholinguistic characteristic must also be considered proper to adults: they acquire language more slowly and less steadily than a young person or a child. Finally, adults have a great need of rules and grammatical structures to be referred to. The necessity of a metalinguistic explanation is often absent in young students.

AN ANDRAGOGICAL APPROACH: the teacher must take into account the characteristics of adult learners, their motivation and their need of clarity. To develop an andragogical approach, he has to start with

the shift from “professor” to learning facilitator. Moreover, the teacher must take into account the experiences of life of their students and ensure his learning autonomy. The teacher must work to ensure clarity so the student can monitor continuously the informative journey and identify the succession of goals and objectives. On the other hand, the students must be able to accept the challenge of learning, to question themselves and to be open minded towards new cognitive experiences.

THE TASKS OF LIFELONG LEARNING: According to P. Balboni, the consequences of lifelong learning in the individual and in society are significant.

Since the motivation is not primarily based on pleasure but on need, the student will follow the course only if he considers the educational offer adequate for his needs and will abandon the course once it has satisfied his needs (unless the teacher convinces him to continue in order to obtain a better result). Moreover, the curriculum of the course cannot be defined beforehand but must be personalized according to the students’ needs (usually the curriculum is based on modules that accomplish their professional needs). In order to adapt the curriculum, it is essential to evaluate the student’s level of knowledge before the beginning of the course. Since the course is customized, teaching material is often authentic material adapted for didactic purposes by the teacher. To conclude, the student is the protagonist of lifelong learning, he becomes “responsible” for the course. Instead the teacher is only a guide, a facilitator of learning. Moreover, self-learning plays a key role. In fact, the student must learn to self-learn and self-assess under the guidance of the teacher.

As regards the Italian as a Second Language course for carers, the above elements were indispensable to be taken into consideration

while planning the curriculum. In fact, it was essential to create a course suited to the needs of carers, to assess their knowledge, to take account of their experiences of life, to find authentic materials and adapt them for educational purposes, to promote their self-learning and self-assessment. This will be the topic of the next section.

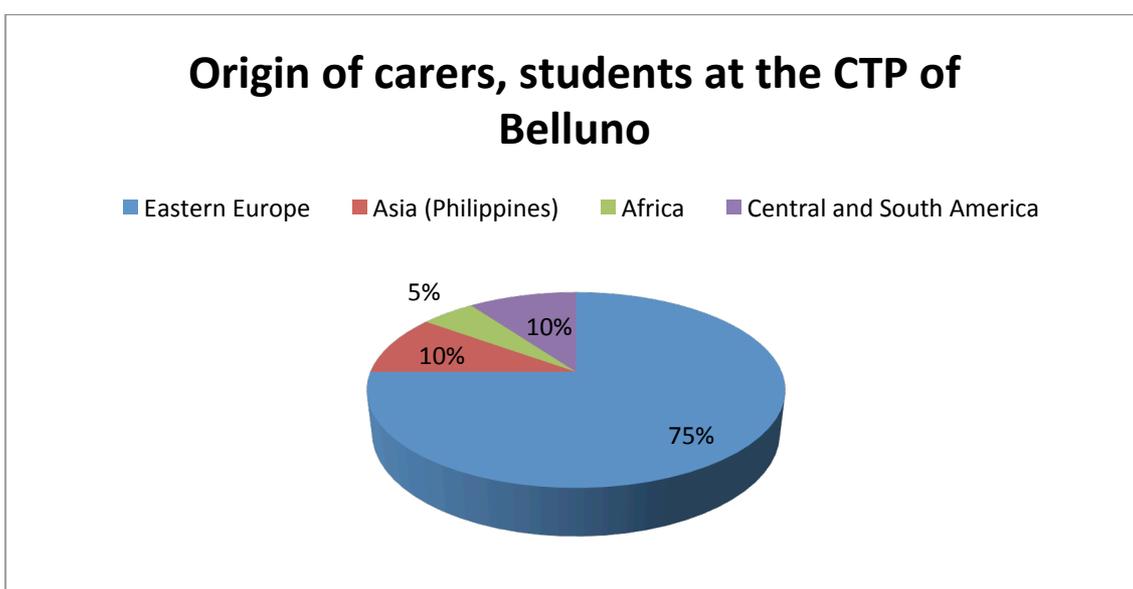
3 Italian as a Second Language for carers and health workers.

The present work was developed during the internship of 150 hours held at the CTP of Belluno from February 2012 to June 2012. During that time, I attended the courses of Italian as a second language and I decided to focus my attention mainly on the Italian language courses for carers. The CTP of Belluno organizes two courses of Italian for carers, which correspond to level A2 for the first course and the level B1 of the Common European Framework for the second. The courses are attended by carers of all nationalities - women but also some men - but also by foreign people, who are about to undertake the course for health workers (some of them have been carers for a while). Professor Antonella Celato has been the teacher in charge of Italian for carers for about 6 years.

THE STUDENTS

As explained in the previous section, in a lifelong learning course it is indispensable to take into consideration the specificity of the user which is, in this case, the foreign carer. According to the application

forms to the course, most of the carers come from Eastern Europe (75%), 10% come from Latin America, all the Asian carers come from the Philippines (10%) and only 5% of carers come from Africa. Most carers of Eastern Europe are Ukrainians, but there are also many Moldovans, Romanian, Russian and some from the Balkans. Data of nationalities confirms the results which emerged in item number 3 of the questionnaire for carers in chapter 2.



The average age of students is around 35 years, the professor explains that the carers over the age of 50 have difficulty to come to classes, although there are some. Moreover, most of the carers had been living in Italy for some years before coming to the course. The course has an absolute majority of women (90-95%), no more than one or two men per year enroll in the class; it confirms the data emerged from the questionnaires for carers and social workers. However, men are quite rare, so I am going to use the feminine when I am speaking of users in general.

The students come from different realities and have differing levels of education. Always with reference to data obtained by the registration form, Eastern European women are the most educated, in fact, they have obtained high school diploma and some have a university degree. The students from the Philippines and from South and Central America have an average education level of about 8 years of schooling. The less educated are African women; those from south Africa have about 8 years of education like their South American and Asian colleagues, while the North African women often have only a few years of school behind them. African men are generally more educated than women, some of them have also attended technical school after primary school.

MOTIVATION: the motivations which push carers to attend the Italian courses are many. The first is definitely the Need. The first is related to the job: if they learn the language, they will have more chances to be hired or to keep the job. Often some carers decide to enroll in the course because they cannot communicate with the family (the employer) and their work becomes more difficult than it is. For carers not from a European Union country, the need is also to obtain a residence permit. According to the Ministry, immigrants must pass an A2 level Italian test to be allowed to work and live in Italy. Most of them, as soon as they get the permit, leave the course because they have satisfied their need.

The second motivation is pleasure, it might be less common but it is what drives most of the carers of the EU (who do not require a residence permit) to attend Italian courses. Carers of Eastern Europe are the most interested in Italian culture. They are not only interested in language proficiency, but also in Italian art, music, history and films. Another motivation linked to pleasure that pushes them to attend Italian classes is the professional progression.

According to Prof. Antonella Celato of the CTP of Belluno, often the carers consider their job as temporary and after a few years working in Italy, they seek more stable employment and wait to attend training for health workers. When they first arrive in Italy, the domestic work may seem the most comfortable and fastest job (no charge for board and lodging, free and immediate accommodation). But, after a few years, since they want to improve the quality of their social life and they have experience in the social and health sector, they look for a paid employment in a public or a private structure such as hospitals or retirement homes. In fact, in the course for carers of CTP, the student can learn the required Italian to attend training for social and health workers.

THEIR STARTING LEVEL AND CULTURAL BACKGROUND: As mentioned in the previous paragraph, the courses for carers are two, one at A2 level and one B1 level of the European Framework. Before inserting the student in one of the two courses, the level of knowledge of the Italian language should be assessed. In fact, some carers come to the CTP with a good mastery of Italian, others with a very limited knowledge. According to Professor A. Celato, the level of education of some carers is not sufficient to start immediately at the lowest level of the course for carers (A2). Usually the less educated carers have more problems with language learning and they should be placed first in a literacy course of Italian (A1 level), and later in the course for carers.

Observing the emerged data coming from the entrance test and the test made during the course, it can be noted that the findings from the item 5 of the questionnaire for carers are similar. In fact, the Eastern women learn the language very quickly even if they start from a very low level of Italian. This result is due to their good schooling that helps them to understand the structure of the

language more easily. In addition, their frame of mind and personal training are strongly influenced by their social and traditional culture of the country of origin. In fact, in all countries of the USSR, almost 100% of children received (and still receive) free and compulsory education in the Russian language for at least 9 years (6/7 -15/16). Therefore the level of literacy is very high (100% for men and 97% for women), and education is held in high consideration by students and parents, despite the difficult economic situation. Eastern foreigners have in fact a good motivation to study the language and want to learn as much and as quickly as possible (which is a typical characteristic of the adult student in lifelong learning).

Latin American immigrants have an advantage in understanding the Italian language and make themselves understood thanks to their mother tongue, in fact they are hardly addressed in the literacy course before enrolling in the course for carers. This initial facility becomes harmful in the long term. In fact, they get stuck in the structures of their own language and struggle to learn the Italian language and reach a B1 level. The reasons are many. Firstly, the similarity of the native language (Spanish or Portuguese, Romance languages such as Italian) with the Italian language confuses them. Secondly, their school experience does not favor them, in fact in the Latin countries the school is not regarded with the same importance as the countries of Eastern Europe. Finally, their approach to the Italian language is purely pragmatic. The students hardly focus on the structural and grammatical aspect of the Italian language, they lack the metalinguistic competence (which does not happen with their East European colleagues).

The carers from the Philippines have difficulty both in written and oral production. This is linked to cultural reasons (they are very reserved) and linguistic (the Filipino language is totally different from the Indo-

European languages). The carers that can also speak English - which is the second official language of the Philippines - or Spanish are advantaged. In fact, these students have less difficulty in language learning.

As regards Africans carers, the problems are more varied. African women, (especially from North Africa), who come from a very low cultural condition and social extraction, have a scarce level of education and they are often illiterate also in their mother tongue. In this case, the course for carers becomes too demanding and therefore they must attend a literacy class. In addition to language learning, they have also difficulties in socializing: they do not interact with Italians and, consequently, their closed attitude is unfavorable for language learning. In fact, they are not motivated and have little interest in learning the language, they make some efforts only in the case of an emergency. However, the women with a higher education are able to learn the language better, some of them have also studied French at school and this is helpful. African men are more educated than women and are often more motivated to learn Italian, the main reason is the need.

THE COURSE: Which kind of Italian should be taught to carers?

ITALIAN OR ALSO DIALECT? The answer is Italian, dialect is not necessary. According to Item 11 in the questionnaire for carers, 44% of patients speak dialect with their carer. In the following item (that was also present in the questionnaire for retirement homes), families and retirement homes were asked what cultural language and vocabulary it would be useful to teach/ learn in a course for foreign carers or social workers. Among the possible linguistic goals there was also the local dialect but it was considered the least important

element. According to most families and retirement homes, it is not a fundamental task and it would be preferable to focus on more important tasks. Professor Celato shares the same opinion about dialect and also adds that in the Belluno area there are many dialects and with significant differences between them. However, she did not rule out the teaching of some dialect terms upon request of the students. In fact, many carers bring questions and doubts to class, for most words and phrases they have heard at home, from the elder person who they look after or read somewhere.

THE ANDRAGOGICAL APPROACH: to bring doubt that emerged at home and questions about the use of language is a characteristic of the lifelong learning and the continuing education of adults. In fact, in adults as there is not the motivation of duty as in the young (except as a challenge to oneself, which is more similar to a need or to taste), they feel the need to clarify. Clarity must be guaranteed by the teacher in order to promote his student's self-learning and self-assessment, which is the key of adult learning. In fact, the teacher acts as a facilitator: she resolves doubts, welcomes the demands of students and often uses the material brought to class by carers to set up a customized lesson.

In addition, a group of carers sees the lesson as a space where they can discuss their learning: they are the protagonists of learning and the teacher is the helper and the reference point. For them to attend the Italian language course also means an openness towards the local situation, a chance for integration: they feel the need to make the best use of their free time studying, doing cultural experiences, socializing. Compared to other colleagues, they no longer want to remain closed in their own little world. The utilitarian question ("time for money" in this particular case the course is free but the carers spend the very little free time they have learning Italian) becomes as

important as the personal and psychological well-being derived from the culture.

During my internship, I could observe the needs and the doubts of carers, some requests were related to need, others to pleasure and many to both. The most common requests were:

- Questions related to the Italian grammar (metalinguistic competence). Often the carers ask the teacher whether the verbal form or the grammatical structure used by the elderly person who they look after is correct.
- Requests related to Italian culture and Italian cuisine.
- Medical terms, tips for talking with the doctor who treats the patient, explanation of the words and phrases found in the package leaflets of drugs.
- help for filling out forms and applications (e.g. forms of the police headquarters, INPS, insurance, taxes, etc.), useful tips in various tasks (to make a deposit, pay a bill, etc...).

After all, some of the socio-linguistic and grammatical requests of carers at the Italian course are shared by families and nursing homes. Actually, some communication problems could be solved by just allowing the carer to attend the course.

THE PROGRAMME OF THE COURSE: the course for carers integrates linguistic competence and socio-cultural objectives. As regards the linguistic competence objectives are those of the Common European Framework for Languages for A2 level and B1 level. According to Wikipedia, "the Common European Framework of Reference for Languages: Learning, Teaching, Assessment, abbreviated as CEFR, is a guideline used to describe achievements of learners of foreign languages across Europe and, increasingly, in other countries. The

CEFR describes what a learner is supposed to be able to do in reading, listening, speaking and writing at each level".⁴

For the Level A2 (Waystage or elementary) the linguistic tasks of the CEFR are:

- Can understand sentences and frequently used expressions related to areas of most immediate relevance (e.g. very basic personal and family information, shopping, local geography, employment).
- Can communicate in simple and routine tasks requiring a simple and direct exchange of information on familiar and routine matters.
- Can describe in simple terms aspects of his/her background, immediate environment and matters in areas of immediate need.⁵

And for the Level B1 (Threshold or intermediate) :

- Can understand the main points of clear standard input on familiar matters regularly encountered in work, school, leisure, etc.
- Can deal with most situations likely to arise whilst travelling in an area where the language is spoken.
- Can produce simple connected text on topics that are familiar or of personal interest.
- Can describe experiences and events, dreams, hopes & ambitions and briefly give reasons and explanations for opinions and plans.⁶

⁴ http://en.wikipedia.org/wiki/Common_European_Framework_of_Reference_for_Languages

⁵ Ibidem

⁶ Ibidem

While the linguistic objectives follow the Common European Framework for Languages, social and cultural objectives are the same for both the level A2 and B1; of course in the lower level they are simplified, and the higher one tends to be more specific. Since students, like all adults, need and request to work on metalinguistic, half of the course consists of rules and grammar according to the level (A2 or B1). The exercises are for degree of difficulty and comprehend all the topics discussed in any Italian course.

The socio-cultural task distinguishes the course for carers from any language course. In this section, which occupies a good part of the course, the students work on authentic materials prepared by the teacher and other materials brought to class by students. The proposed activities aim at language proficiency and cultural knowledge of the health and social care sector.

-ACTIVITIES TO PROMOTE READING- COMPREHENSION:

- Reading the leaflets of drugs. This activity teaches how to read and understand the information about drugs and discuss the different types of medicines and treatment. The teacher or the students bring to class several package leaflets of generic medications. The sheets are photocopied and enlarged and the different parts are analyzed. The lexicon belongs to the health and medical sector. From the grammatical point of view, it can be possible to concentrate on the present subjunctive with impersonal verbs, the grammatical form used to give advice and pronouns direct, indirect and combined. In fact, all of these elements are found in the package insert. Since it is a complex activity, the recommended linguistic level should be, at least, B1.

- Reading the regulation of the First Aid and the list of the operating units of the hospital. with this activity carers can be helped to

understand the different structures related to the sphere of health, hospital departments, the professional profiles of those who work there, the areas of health care (doctor's office, nursing home, medical practitioner, hospital, healthcare organization etc...). it might be interesting to retrieve via the internet the list of the various departments of the hospital and associate the name of the physician who works there, to look for the rules of first aid and understand what is an emergency care and the meaning of the code red, yellow, green and white. This activity, in addition to culture, teaches medical lexicon.

-ACTIVITIES TO PROMOTE ORAL COMPREHENSION AND ORAL PRODUCTION

- The activities to develop listening comprehension can be many. Since the carer lives in Italy and works with Italian people, he exercises listening every day. An idea could be to listen in class to some medical television program, or ask the caregiver to watch it at home, and then talk about it to the class the next day (this exercise combines oral comprehension and oral production). Oral production can be done individually in the form of a monologue or in pairs, in the form of a dialogue or interview.

-Medical role-play and role-taking. In the textbooks, there are many exercises in pairs that include role play. Regarding the healthcare sector, the space of action can be the surgery of a doctor or the pharmacy.

-ACTIVITIES TO PROMOTE WRITTEN PRODUCTION

- The list. This activity is designed to exercise the written production. As it is very simple, it can be carried out easily by level A2 students. The carer is asked to compile a list of things to do during the day:

shopping, cleaning, tasks, preparation of food, medicines to be given to the patient etc ... the lexicon used belongs to daily activities and the from a grammatical point of view there is a review of the verbs in the infinitive form.

- Write a CV. This activity teaches how to write a curriculum vitae, then not only teaching but also real utility. It is a good exercise to review the past participle and the names derived from adjectives.

The activities that can be made of authentic materials are many, I have given some examples of activities that we have carried out with carers during my internship. The textbook used was principally *Parliamo l'Italiano*⁷. This book includes a module dedicated to health. The module is divided into three didactic units: "Move in the health system" "We are talking about health " and "Hospital services". Each didactic unit consists of a series of lessons that cover the subject from a grammatical, functional and cultural aspect. From the carer-student point of view, these sessions are called units of learning and what he perceive and learn of work done in class.

⁷ Chiara Cagliaris, *Parliamo l'Italiano*, Hoepli 2008

4 Could university may have an active role in teacher training courses for carers and in general, in courses of Italian as a second language?

From September 2013, the three CTP of the province of Belluno (respectively Belluno, Quero and Pieve di Cadore) will cease to exist as a single entity and will become a unique organization named CPIA with headquarters in Belluno. The centers of adult education, which will operate on a provincial basis from September, will organize training services ensuring the closeness to the places where people live and work. The CPIA will work mainly through network agreements with other educational institutions and other organizations which are present in the area. This arrangement will also allow people who live in disadvantaged places to access education services.

The DPR of the 4th October 2012⁸, at paragraph 10 of the article 11 lays down the procedures to be activated at educational and training level. The transition to the new order (the CPIA) will be defined by guidelines that have not yet been enacted. In support of the educational and organizational autonomy of the centers, training activity must be activated. It should be addressed not only to the

⁸ DPR 4/10/2012 Art11.comma 10 :

Il passaggio al nuovo ordinamento è definito da linee guida, approvate con decreto del Ministro dell'istruzione, dell'università e della ricerca, di concerto con il Ministro dell'economia e delle finanze, a sostegno dell'autonomia organizzativa e didattica dei centri, con particolare riferimento all'applicazione del nuovo assetto didattico dei percorsi di primo e secondo livello con l'adattamento dei piani di studio di cui ai regolamenti emanati con i citati decreti del Presidente della Repubblica 15 marzo 2010, numeri 87, 88 e 89, ai criteri e alle modalità per la definizione degli strumenti di flessibilità di cui all'articolo 4, comma 9, ed è accompagnato da misure nazionali di sistema per l'aggiornamento dei dirigenti, dei docenti e del personale amministrativo, tecnico e ausiliario dei centri con le risorse umane, finanziarie e strumentali disponibili a legislazione vigente e senza nuovi o maggiori oneri per la finanza pubblica.

entire teaching staff, but also to administrative, technical and auxiliary personnel and also to the centre directors. Training will be assigned to experts, such as academics and university professors. It is therefore necessary that the objectives and the methodology for the training will be agreed at a national and institutional level.

The opening of the various CPIA throughout Italy are currently under approval, but at the moment only 55 were granted (thus fewer in number than the existing provinces). The province of Belluno has already put in place appropriate teaching and organizational procedures for the realization of the CPIA, and most likely in March 2013 there will be definitive answers. However, it is unlikely that in the current year in other provinces of the Veneto would be activated all the CPIA. For example, in the territory of Padua and Treviso may be granted only one CPIA : This would mean the management of about 20 CTP and become an unwieldy task.

To conclude, I believe that the university should take charge of the personnel's training, in order to provide qualified training for all the CPIAs.

CONCLUSION

Comparing the data obtained from the questionnaire-survey of carers and nursing homes, it can be noted that the linguistic needs required by families and those required by carers during the lessons are similar. In fact, both employers and carers consider essential the mastery of an essential health and medical vocabulary, (including specific terms), very important expressions and lexicon that could help the carer in daily life, quite important is the knowledge of Italian culture and quite useful the acquaintance with Italian cooking.

Accordingly, the communication problems highlighted mainly by families and less by retirement homes could be overcome by attending classes at the school. In teaching procedures, it is usual to do a placement test and an exit test: the comparison of both show that the language proficiency and the communicative competence of all students has improved. Furthermore, the course participants declare, at the end of the course that they are able to communicate in a more effective way with a positive feedback from the environment that surrounds them. As regards the work, better communication improves the quality of service. Since the misunderstandings decrease, the dialogue is more constructive.

Unfortunately, only a few carers who work in the town of Belluno and in neighboring municipalities have the opportunity to attend the Italian course. The reasons are many but are mainly due to the nature of their work. In fact, their job is quite stressful and in their free time they prefer to relax. Moreover, unlike the health workers that have a fixed timetable, the carers have a less flexible working time that in most cases does not allow them to attend the course

regularly. In fact, if they assist a non-self-sufficient or a disabled people, their free time is less and is related to the needs of the patient and his family. Furthermore, some carers are discouraged to attend the courses by their employers: families fear that the carer may resign. In fact, for carers who acquire certified language skills, more qualified employment prospects are available (for example in hospital or in retirement homes).

In conclusion, the needs collide and the issue remains controversial: on the one hand, families would not have communication problems with their carers, on the other hand, they do not support them to attend the courses. Therefore the users of the course are only a small part of the population of carers in the area.

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