Lifelong Learning Programme

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DIMENSAAI

Diversity and Mentoring approaces to Support Active Ageing and Integration

Diversity and Mentoring – Concepts to Improve Employment in the Health and Social Care Sector

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Imprint

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Project DIMENSAAI *“Diversity and Mentoring Concepts to Improve Employment in the Health and Social Care Sector”*

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1. Diversity challenges: Employment prospects of older people and those with mild disabilities

Diversity refers to a mix of qualities which makes people different from each other in society and in the workplace, across a range of factors including personality, country of origin, gender, culture, age, physical attributes, family situation, religion, organizational function, employment duration, and educational background.

The diversity-sensitive workplace should respect the differences between individuals and value their contribution, to maximize the potential of all staff for the benefit of the whole organization.

1.1 Under-used Potential of seniors and people with mild disabilities

National and European studies regarding people with disabilities and their employment prospects, tend to be out of date, lacking in detail, and widely variable from country to country (Thematic report on the implementation of EU Employment – ANED www.disability-europe.net/.../ANED%20Task%206.). The compilation of detailed statistics in this area is

often based upon national regulations rather than meeting international standards.

In addition to employment and unemployment, it is essential to take account the cohort of people with disabilities, who are commonly overlooked in the Member States' National Reform Programmes. While the creation of job opportunities is important in itself, such jobs should be secured, adequately paid, comprise meaningful tasks, and include a career development path.

In general, the analysis based on information from the ANED national reports and other comparative analyses, indicates:

- a strong correlation between disability, employment and education
- that it is worse for women than men
- that people with intellectual impairments and mental health conditions face particular difficulties in entering and/or remaining in the labor market.

As a proportion of the population who are unemployed, the incidence of unemployment among people of working age with disabilities is twice as large as those without disabilities, in most member states.

A recent report on sickness and disability in OECD countries concluded that the job market disadvantage of people with disabilities showed very little or no improvement since the mid-1990s (Figure 1). There is no clear consensus or convergence in European countries regarding the introduction of disability-related employment quota systems. The majority of European countries, including Austria, Germany, Ireland, and Romania, maintain obligatory employment quotas for people with disabilities. Sheltered employment opportunities have been decreasing in countries such as Poland, Sweden and the UK, perhaps for want of a clear policy, while they are increasing in Austria and Germany.

1.2 Excess of age in population

The current trend of people living longer, healthier lives, increases the financial demands on social welfare budgets for governments already constrained by the economic crisis, and tends to increase the number of Europe's elderly facing poverty | Europe | DW.DE | 05.01.2013, www.dw.de/europes-elderly-face-poverty/a-164997. In many European countries, the number of people of working age is dwindling, while unemployment is rising, resulting in fewer people contributing to the social welfare fund upon which an increasing number of people depend. In

consequence, payments from both state and private pension funds are dropping. Many elderly people in Europe are at risk. State pensions are relatively low, making private pension schemes all the more important. The latter, however, are extremely vulnerable to crises in capital markets and to poor decisions made by fund managers. Germany stands somewhere in the middle of the range, with a poverty rate of nearly 15% among people who are 65 years of age and older.

Women may be particularly vulnerable. The pay gap between men and women persists, with women in the EU receiving an average of 17% less in wages than their male counterparts. Lower wages mean reduced payments into social security funds and lower pensions. Parental leave for the care of children and aging family members further reduces women's pension entitlements.

1.3 Consequences for the health and social care sector

Health and social care is concerned with the provision, distribution and consumption of health and social care services and related products. It is a complex sector because differences in subsectors and between countries are often significant. In line with

NACE classification, the sector includes human health activities (hospital, medical and dental practice), residential care (residential nursing, residential care for mental health patients, health and substance-abuse for elderly and disabled), and social work activities. As European society ages, coupled with falling birth rate, health and social care and related social services are becoming increasingly important. This growing demand for services, provided by the public sector in many Member States, is creating unprecedented pressures on health and social care systems. To cope with these pressures, the sector needs a workforce with an appropriate set of skills and competences.

Labor shortages in the health and social care sector affect not only the EU countries but also their non-EU neighbors. The European Commission´s 2012 Employment Package entitled “Towards a job-rich recovery”, recognized the significance of the role of the health and social care sector in expanding employment opportunities. It also identified increasing labor shortages in these sectors as one of the major challenges facing the EU.

1.4 Employment of people with disabilities and older people

The European Commission began responding to this problematic development two years ago by declaring 2012 to be ‘European Year for Active Aging and Solidarity between the Generations.' The Commission suggested that people retire at a later age, and women work just as long as men, to help keep Europe's social welfare systems from collapsing.
The employment of older people and those with disabilities who would like to work, and who could work, could ease the existing labor market shortages.
The under-representation of people with disabilities in the workplace means many employers are missing out on talent, according to Robin Schneider, cofounder of diversity consultancy Schneider Ross, whose clients include Vodafone and National Grid.

Older workers benefit organizations and themselves. The top reasons for hiring older employees include invaluable work experience, broad range of diversity in thinking and approach to work, willingness to take on part-time or seasonal work, reliability, a strong work ethic, a serious commitment to work, and loyalty. In many cases, they have established long-term networks of clients and contacts.

Research has shown that, far from being a burden, older employees have lower turnover and absentee rates when compared to their younger colleagues. Many older employees are obviously still healthy and capable of making a vital contribution.

“The business case for embracing diversity is straightforward,” adds Mr. Schneider. “It means you have access to talent that others may overlook and you retain talent you might otherwise lose. It’s essentially about skills, so if you have a bunch of people who have those skills that other employers aren’t recruiting, then you want to recruit them.”

“It doesn’t make sense to ignore a substantial proportion of the working-age population in this current economic climate where employers are complaining of skills shortages” argues Diana Workman, public policy adviser on diversity for the Chartered Institute of Personnel and Development.

Creating an environment in which the perception of disability or aging is accepted as just another way in which individuals differ from each other, would have a positive effect on employees.

2. Guidelines for a successful vocational integration of older employees and those with disabilities

2.1 Information und sensitization

As already mentioned there are only a few comparable research- and evaluation outcomes to the issue of vocational integration of older people and people with disabilities. Also make prejudices and uncertainty barriers for the integration. Therefore **European research projects** and regional coordinated **information- and sensitization programmes** could provide valuable support for the preparation of the environment.

2.2 Better entry to vocational education

The entry to vocational education is often connected with an age-limit; also there are less integrative performed vocational educations outside the teaching professions. A **full access to vocational educations** in the social sector, independent of age and disability, ensures the chances for this target groups on the labour market and doesn't exclude anyone from the lifelong learning process.

2.3 Assisting in the phase of job application

Individually coordinated measures in the phase of job application support the involved systems and ensure the successful integration.

Therefore measures on different levels have to be taken:

- Providing job search assisting, i.e. job application training or internship.
- Supporting the team by improving their diversity competences
- Support on the development of a company internal mentoring system
- Supporting the company on labour costs for the new employees

3. Vocational training in the health and social care sector in partner countries, demands for improvements

3.1. Austria

In Austria the education in the health and social care sector is regulated by law and is located in the education system on the secondary education and university level.

There are two professional groups in the health and social care sector in Austria. The group of higher level services for health and nursing and the group of care assistance. Both groups are settled in the secondary education level at the moment. But some universities are offering bachelor and master degrees in this sector and so they meet the European demand of the transfer of vocational training to the university level.

Currently there is no access for people with learning disabilities in the whole sector. Only in the area of social care professions (work with the disabled, family and older people) are approaches to train people with disabilities.

By the design of integrative training courses in the sector of social care professions, people with learning disabilities could obtain a partial qualification to work in this occupational field.
A key element of the successful transfer of (integrative) courses is the dual system, where theory and practice alternate. Therefore the theoretic content can be tested in the practice and in turn the experiences made in practice can be taken up in classes and carried on.

From our experience the dual system is particularly important for the target group of people with learning disabilities, because during practice the learning on a model can be applied well and the learning experiences can be worked out in the classes.

3.2 Germany

The health and social care system is Germany's largest and most expansive growth and employment market (4.8 million employees). Changing care needs resulting from demographic change, growing complexity of care provision and new demands for inter-professional collaboration, are challenges for health and social care vocational training that have implications for future qualification requirements and

consequently, for training and qualification programs.

The existing training and qualification pathways in the health and social care services can be grouped in three categories:

- School-based training for professions in the health- and social care sector
- Dual-system training, which is performed partly in school and on the job
- Training in the health and social care sector, which is regulated in the regional law (44,736 trainees)

Referring measures for the vocational education of people with disabilities and older people:

- Organisations should be more sensitized to train and employ people with disabilities and older people. The German Federal Ministry for Labour and Social Affairs participates on this by providing a programme for a more intensively integration and consulting of people with disabilities and older people.

- To strengthen the attraction and sustainability of the educational systems and to increase the chances for integration of young people, conse-

quences in the education policy are needed. Support on job entry increases the prospects for young people with disabilities.

Occupations in the health and social care sector are affected by the demographic trends in Germany. On the one hand, the ageing of the population and the associated shift in the spectrum of ill-health is causing a rising demand for health services, and for skilled staff. On the other hand, the decreasing birth rate in Germany means falling numbers of young people in vocational training for a recognized health and social care occupation in the future. The shortage of skilled staff in this sector extends to almost all the German states.

Relevant needs for competences achieved within VET in health and social care sector in Germany could be grouped as following:

- Higher expectations concerning advice and coordination
- Growing significance of prevention and health promotion

Demands for improvements

Currently, changes in the German and European health and social care sector are making new demands upon the occupational qualification levels of employees. Evolving health and social care occupations, and developments in the European context, comprise a form of vocational education and training, which can be designed to meet future needs. Opportunities for modernization might best be found by adopting a common orientation towards current and future requirements. Occupational profiles must be reconceived! With a view to optimizing health and social care, it is indispensable to have a system of initial and continuing vocational education and training that spans all the divides and is coordinated in terms of occupation-specific tasks and responsibilities – and incorporates new task areas to meet the demands of tomorrow.

3.3 Ireland

Currently there is a lot of discussion and debate about the changing needs and desires of older people and those with mild learning difficulties in Ireland. The health, social care and education sector have been striving to find better ways in which to engage

with the diverse sections of our society that makes up this population.

Over recent decades, health and life expectancy among older people and those with a disability has steadily improved. At the same time, retirement age has generally remained stable or declined. The consequence is an increase in the proportion of the lifetime spent in retirement and rapid growth in the numbers of fit and active older people who have departed the workforce, but have a desire to continue to contribute to society.

The emerging approach regarding disability is empowerment and individualized services, and the Department of Social Protection funds a range of employment supports aimed at assisting those with a disability to gain and retain employment. (Job Interview Interpreter Grant, Employee Retention Grant scheme, Workplace Equipment? Adaptation Grant, Wage Subsidy Scheme, Disability Awareness Training Support Scheme) https://www.welfare.ie

Ireland‘s National Disability Authority have identified three priority areas:

- Policy and Legislation underpinning service provision, development, planning and monitoring

- Range and quantum of health services in Ireland
- International good practice in health and social care services for people with disabilities (NDA, 2004)

The area of supported employment, mentoring, supervision and diversity, comes under many professional bodies, under the umbrella of Allied Health Professionals. The medical model approach is changing to a more community and social care model and many of the health services have embraced this approach

Social Care has a natural leadership position in this field, often being at the frontline with service users and managing cases on behalf of the multi-disciplinary team.

The FETAC National Qualification framework demonstrates the path of vocational and academic training in this field

../../Downloads/National Framework of Qualifications.webarchive

3.4 Romania

The long-term care (LTC) system in Romania includes all medical and social services delivered over a long period of time to those in need, such as the chronically ill, terminally ill, disabled and dependent elderly people who need help with activities of daily living or instrumental activities of daily living.

Romania has an employment gap of over 20 percentage points between non-disabled men and women, also have comparatively high employment gaps between disabled men and women.

The actual propose refers to: increase the proportion of people with disabilities needed for setting a public units (50% or 70%) or increasing the minimal size of the public units (5 people); increase the minim share employed staff at 6% people with disabilities; no economic branches excepted, no difference as regard the type of ownership; have more complex responsibilities in integrating people with disabilities, covering more steps from first contacts with labour market rules and as mush possible qualification.

The total population of people with disabilities in Romania is estimated at 469 000 and the audience that even though Romania had a tradition of institutionalised care, this had changed dramatically during the last decade. Approximately 50 000 persons were employed in the planning and provision of services to people with disabilities. With the strong emphasis on community living, Romania had a good background for constructive work with the national Action Plan to improve the living conditions for people with disabilities.

The existing training and qualification pathways in the health and care services can be grouped in:

- -specific qualifications in second school program for young disabilities people
- -integration the people with disabilities in training courses for health care
- -professional reconversion for senior people
- -volunteer system

Referring measures for the vocational education of people with disabilities and older people:

- elaborates the strategy and the plan of action in the field of disability and elederly people according to the UN Standard Rules, the established EC

legislation, principles, norms and values, world-wide agreed;

- initiates, elaborates and advises the regulations and standards in the field of special
- protection and work integration of the persons with midlle disabiltiies and active seniors people;
- acts to promote deinstitutionalisation of people with disabilities and to develop the community-based services;
- analyses the deficiency factors, generators of the handicap, and establishes the adequate measures for preventing their appearance.
- implements in Romania the established EC legis-lation in the field.

Demands for improvements

For the person with a disability and seniors to benefit from equal opportunities and actively participate in community life, continuous steps are necessary, which are politically assumed and institutionally sustained.

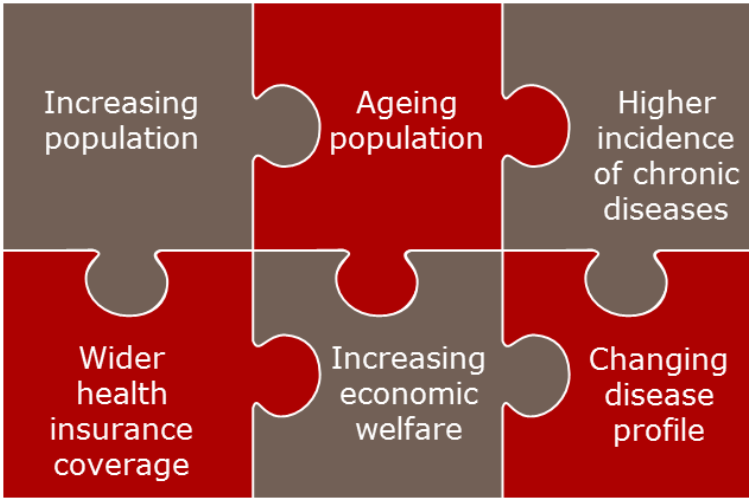
The strategy acknowledges the fundamental principle, according to which society has the responsibility to ensure that the effects of the disability are the lowest possible, and that it has to meet the integration efforts of the person with a disability through “adapting” itself to that person. The goal of the strategy is to ensure the full exertion by all people with disabilities of their rights and fundamental liberties, with a view to enhancing the quality of their life.

3.5 Turkey

Across the globe, the health and social care sector is expanding as increasing economic prosperity, a changing disease profile, a growing global population along with a large demographic of senior citizens are resulting in a higher demand for health and social care services.

The very same drivers for growth globally are shaping the development of the health and social care sector in Turkey. The Turkish health and social care sector has been expanding and is expected to continue its expansion as changing population ratios, higher incidences of chronic disease, wider health insurance coverage and increasing incomes create upsurges in health and social care spending.

Fig. 1: Drivers of Health and social care Growth



With considerable potential for growth, the Turkish health and social care sector provides a vast number of investment opportunities. Whereas medical free zones, health tourism and e-health provide similarly attractive investment opportunities for potential investors. The Ministry of Health is planning to open medical **"free zones"**, which will include hospitals, rehabilitation centers, thermal tourism facilities, nursing houses, health techno-cities and R&D centers. These medical "free zones" will be built in big cities where transportation will be relatively easy. Medical free zones will contribute

higher quality health and social care infrastructure tailored to foreign patients.

As a welfare state, Turkey has strived to make health and social care services more accessible to all of its citizens under equal and fair conditions. In line with this, social security coverage reached 99% in 2012. In summary, in the last decade, health and social care services in Turkey not only became more accessible, but also more efficient as the increased utilization of primary care facilities allows for a portion of the burden on secondary and tertiary care services to be lifted.

As the disease profile changes and demand for higher quality health and social care infrastructure increases, the number of specialized health centres also increases. The publicly financed Social Security System plays a critical role in the provision of health and social care services and the realization of strategic plans and targets.

The Ministry of Health is targeting increased effectiveness, efficiency and equity in health service delivery as well as ensuring financial sustainability for its programs. Simultaneous improvements in the health system on both the demand side (increased health insurance coverage, expanded benefits and

reduced cost sharing) and the supply side (expansion of infrastructure, health workforce and health services) are intended.

Changes in disease profiles will put pressure on the health and social care system and would require further investments in infrastructure and the diversification of health and social care services. An ageing population would result in an increased need for skilled nursing facilities and certain other public buildings, such as vocational schools. These would be designed with a view toward conversion into health and social care facilities in the future.

The ageing population in the developed world and the burden on its respective health and social care infrastructure has proven to be a challenge in maintaining a sustainable health and social care system. In this respect, Turkey has created an opportunity in this area by incorporating this need with highly skilled doctors and medical personnel, its health and social care infrastructure and technology and providing it all at relatively low cost. Thus, Turkey is becoming a very attractive health tourism destination.

Considering the increasing population, health and social care spending, continuous efforts to modernize health and social care infrastructure and advances in service quality, growth is expected to ac-

celerate between 2013-2018. Construction of new, city hospital complexes provides significant opportunities for medical device companies that are being commissioned to equip the facilities.

The workforce in health-related fields is expanding to support further growth…coupled with the necessary know-how of qualified graduates.

Departments related to health and social care are generally classified within the health sciences which include the branches of medical science, dentistry, pharmacy, nursery, midwifery and the like. Among the main branches of health science, medicine and nursing offer the most skilled labour to the health and social care sector.

Besides the health and social care personnel like doctor, dentist, pharmacist, there is also need for allied (assistant) health personnel. Vocational health schools are responsible for the training of assistant health personnel. In Turkey, there are health vocational high schools (lycees) for 11 fields of health sector: nursing, environmental health, midwifery, radiology technician, emergency medical technician, orthopaedic technician, public health technician, laboratory technician, anaesthesia technician, dental technician, medical secretary.

The well qualified labour force is an indispensable component for a productive economy. The way that has been the well qualified labour force is possible with well-planned vocational and technical education. In this respect, vocational and technical education is critically important for the developing economies. Turkey feels a lack of well qualified labour force to employ in its own developing industry.

As previously explained, increasing population, ageing demographics, growing economic welfare and a change in disease profile all form increases in Turkish health and social care spending. These very same factors suggest that Turkish health and social care spending will follow a similar path to high income countries such as the members of OECD which have ageing populations, a significantly higher proportion of chronic diseases and prosperous economies. Moreover, significant investment opportunities arise as Turkey aims to integrate e-Health systems into

4. Conclusions

The approach developed and tested within the project DIMENSAAI facilitates the integration of people with disabilities and older ones into work in health and social care sectors. In these sectors there is unprecedented pressure and skill shortage.

Safeguarding the transfer of the DIMENSAAI approach to other economic sectors requires a number of adaptations.
The diversity counsellor (DC) was chosen from a group of experts from health and social care sector and adult education.

When other people want to obtain the qualification to be a diversity-coach, these additional learning contents have to be included in their training.

Various factors influence the employment of **people with learning difficulties and seniors**. Particularly the previous experiences businesses have made in employing people from these groups is crucial in the employers' decision to offer such positions. If no such experiences have been made, businesses tend to predict the performances in a much more negative light and are much less willing to employ people with learning difficulties or aged ones. Additionally, a lack

of information about the potential and willingness of these people also makes businesses less willing to employ people with learning disabilities and older ones.

According to these findings, focus group discussions and diversity team workshops have to feature more practical examples. There also has to take time for questions about disability and ageing and the cooperation with these groups of people. Additionally, human resources have to be notified about **financial aid opportunities**.

Mentoring programmes are well-established in many enterprises but there not really applied for the assistance of people with learning difficulties and aged ones. The aim of training for mentors for these groups is to obtain basic knowledge about them and to acquire methods for their mentoring

Annex

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Ev. Stadtmission Kiel gGmbH, Kiel, Germany

Institute of Technology Tallaght, Dublin, Ireland

Universitatea Craiova, Romania

Lebenshilfe Graz und Umgebung-Voitsberg, Austria

Mamak Guidance and Research Center, Ankara, Turkey

Gesellschaft für Forschung und Beratung, Gelsenkirchen, Germany