



**DIMENSAAI**

Diversity and **ME**ntoring approaches to **S**upport **A**ctive **A**geing and **I**ntegration

## **Result 6**

# Reports with Recommendations from the Focus Discussion Groups

## Result No. 6 – Report with recommendations from the focus discussion groups



### **Introduction**

Seniors and people with mild learning disabilities face similar barriers to employment in the Health a Care services according to practitioners in the field of training for employment and work placement. It has emerged from research and discussions also within the project DIMENSAAI that these barriers range across a spectrum of cultural-historical, educational, statutory and societal themes that vary in combination and depth, depending on the individual, their kind of disability, situation and also on educational systems and employment laws in different partner countries. This paper represents the views and experiences of project target groups (seniors and people with mild learning disabilities) and people who occupy a variety of roles in enabling individuals to realize their potential to make a contribution to society as volunteers and paid workers, and to support them in overcoming these obstacles.

The WP3 of this project included a focus group discussion and try to present the results regarding possibility to integrate the seniors and disabilities people, in labour market based also on development of the mentoring process at this field. A focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The group of participants is guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst them. FGDs can be used to explore the meanings of survey findings that cannot be explained statistically, the range of opinions/views on a topic of interest and to collect a wide variety of local terms. In bridging research and policy, FGD can be useful in providing an insight into different opinions among different parties involved in the change process, thus enabling the process to be managed more smoothly. It is also a good method to employ prior to designing questionnaires. There are a number of barriers for people with learning difficulties in our society. Aside barriers in the areas of education, job, and family.

Period for FGD in partner countries: January 2013-March 2013.

### **Methodology**

In this project focus group includes: persons with disabilities (mental and physical disability), seniors active peoples, people from employers health and care sector, persons from nongovernmental (NGO) associations, persons from vocational education institutions.

#### **The discussions were to focus on:**

- Disability and ageing/active ageing concept
- Experiences (how long and what kind)
- Social- Professional-IT abilities of active seniors and disabled people
- Wish for integration into labour market
- Barriers and risks for the successful job entry of the person with learning difficulties
- The opportunity for sustain diversity workshops and development of the mentoring program by persons from NGOs (Vocational training situation for focus groups-seniors and disabled people)
- Labour shortage for seniors and people with disabilities

## Result No. 6 – Report with recommendations from the focus discussion groups

### Questions:

What studies do the target groups have?

-How long experience?

-What social and professional abilities?

-Do they wish the integration in labour market?

-What about IT abilities?

-Vocational training situation for focus groups-seniors and disabilities people?

-Persons from nongovernmental present the opportunity for sustain the workshop and development the mentoring program and where are the barriers and risks for the successful job entry of the person with learning difficulties?

-Persons from health and care system present the situation of integration the seniors and disabilities people, requires for specific job in these sectors, what kind of support do future employers require, financial support?

### *Specific topics of discussion*

The (re-) integration of people with disabilities and older people into health- and care professions should be realized by professional employees and not on voluntary basis.

But in the scope of the project, voluntary mentors and diversity counsellors (DC) can help within the reintegration.

Entry barriers (Simple activities in the care, reintegration); work organization (the unequal qualification and the integration of the target groups require a new definition and distribution of the tasks); design measurements (How much can be the load of the target group and how high should it be? Is a diversity coaching needed and which tasks it includes?);

### Results:

The expert meetings defined the following points as success factors for the integration of inclusive care workers into the labour market:

- **A clear activity and competence profile** of the care worker for all team members is very important to have a clear job description.
- **Evaluation of the specific staff requirements** – staff management and human resource planning
- A clear understanding of the **legal framework**, such as collective legal agreements, labour laws, qualification requirements from the responsible bodies, etc.
- **Strengthening the team's diversity competences** can contribute greatly to the successful establishment of a multiprofessional team. If the team manages to see diversity as an enrichment, the team can put their shared potential to better use.
- **Applying a mentoring programme.**

mentoring programmes are best suited for the integration of people with disabilities into the labour market. Particularly the areas of “supported employment” and vocational training assistance (Austria) provide confirmations for this approach.

- **Additional support** can be applied as required, such as job placement assistance, supervision, translation of texts into easy-to-read language, etc.

The barriers identified can be classified under one of the following themes:

- Cultural- Historical

The term ‘senior’ used as a descriptor of a citizen, carries with it the connotation of being retired or ‘past it’, being more suited to idle pursuits such as knitting. In this way, the depth and range of knowledge, skills and competence, commonly referred to as experience, gathered over a number of years becomes invisible to the individual, even though it is a key recruitment parameter, especially in the Healthcare services. Similarly, persons with mild learning disabilities have their expectations tempered by family and society, that recognize the disability rather than the person with abilities, who, given the opportunity can ‘do’ a job as well as anybody else, and perhaps more so. Given responsibilities commensurate with their ability, and taking whatever extra considerations into account, employers report high levels of satisfaction with such employees / volunteers, not only in

## **Result No. 6 – Report with recommendations from the focus discussion groups**

the performance of their duties, but their enthusiasm, punctuality, and attention to detail. Their sheer joy at their achievements, however modest, pervades the workplace is shared by their co-workers, tending to inculcate tolerance and patience in workplace settings.

- Educational

Many of the Healthcare services require a relevant formal qualification based on curricula that are continually under review. These are relatively recent developments, now a condition of employment and not available at the time of an older person's engagement with national education provision at post-primary level or university level.

- Statutory

There was substantial agreement that job opportunities were plentiful and suitable for older people and those with mild learning disabilities, but that they were unlikely to 'see the light of day'.

- Societal

Potential employers may resist offering employment to a person with extra needs because of the perceived cost of meeting those needs in terms of extra training, for existing staff and the new recruit. It may be necessary to highlight the necessity of having to explain and give instructions more than once and to afford the same degree of tolerance of error as would be expected by the average person doing a similar job.

Participants of the FGD stated that disabled people have so many abilities so we can discover their potential at work. Most of the visually impaired people have to work lower level or low paid jobs but they are so talented and educated.

All the participants of FGD stated that most of the seniors and disabled people want to enter and stay in the labour market not only for getting money but also social contact with the community.

Representatives from educational institutions expressed that it is not easy to follow-up of graduate students after finishing the school. Vocational guidance of disabled students must be given much more attention in the high school. Disabled persons should work in all work environments with other people. Disabled young's get the adequate skills for certain jobs while they are in vocational training centre or in vocational high school. There is no need for any entry examination in order to get the job. After finishing vocational high school or vocational training centre, disabled persons can work in any kind of work environment. Adjustment/orientation to work environment for disabled persons and their colleagues is needed. There must be mentors for the disabled ones in the work. There must be an apprenticeship programme before the employment.

At the end of the session the report presents the conclusions regarding:

-Integration in labour market of health and care system, opportunity for integration the seniors and disabilities people, develops the mentoring program.

-Recruitment of persons who will participate to mentoring program-all focus groups will choice the persons

-Which is the financial support for integration the seniors and disabilities people (how much, for how many people)

-Suggestions for development the mentoring program and mentor model

-Establish the Diversity Coaches

### **Conclusions**

The discussions showed that tasks of light care (geriatric care helper, health assistant or nursing assistant); within domestic economy, daily accompaniment are realistic possibilities for the project target group. Some financial support possibilities have been discussed. It seems that the employment of seniors in some partner countries has been improved but not of people with disabilities.

Some discussed requirements to implement the DIMENSAAI objectives are:

## **Result No. 6 – Report with recommendations from the focus discussion groups**

1. Necessity to have a profile of vocational training with special measures for seniors and disabilities people regarding their social and health care working
2. Design the best ways for preparation the courses and other training activities to be attractive, useful
3. Improvement the practical activity
4. Support from employers need
5. Motivate people to work also in health care institutions
6. Financial support for prepare target group for their work

It would seem that the small scale employer, when made aware that employing people with mild disabilities attracts a substantial refund of the cost of employment from the exchequer, is incentivized to give the individual a chance. Diversity counsellors can discuss with managers about employing seniors and people with disabilities.

Access to job opportunities for seniors and persons with mild disabilities could be facilitated by 'job coaches' who identify vacancies, select, encourage, mentor and train suitable candidates and support them to the extent necessary. This would provide for early intervention in the event of an unanticipated problem, and enable more 'good news' stories to percolate throughout industry.

The role of job coaches to identify job opportunities, select suitable candidates, design and provide the necessary training, establish an open and frank relationship with the employer, navigate the social services regulations, and to mentor the candidate during the early work placement is a key predictor of access and success in the workplace for seniors and people with mild learning disabilities.

### *On the job*

- Inform human resource manager about the graduates and financial supports
- general preparation of the team (information about job profile, conditions, diversity competences, ...)
- install mentoring model
- legal framework for the employment of people with learning disabilities (insurance and financial support)

Employment of disabled person is always difficult in some countries like Romania and Turkey because of economic and social rights of disabled people as most of the disabled people do not want to lose their care benefit from the state. We have to convince disabled persons and their families about these issues.

Adjustment/orientation to work environment via mentor (reference person) for disabled person is very important. There must be an apprenticeship programme before the employment.

Vocational Training Center/Schools can have the opportunity to organize work-shop in their school for the future employment of their disabled students in health and care sector.

Sectors like health, care and education must be prepared for the employment of active seniors and disabled people first of all.

NGOs have the opportunity for sustain the work-shop and development of the mentoring program if they will be supported by the state. After the training program, they could not find any employer for the employment of disabled persons. Employment of disabled persons and active seniors needs interdisciplinary cooperation (state, municipalities, NGOs, employers from the sectors and etc).

## Protocol of the Focus Discussion Group in Gelsenkirchen

On the 15th March 2013 the first session of the German focus discussion group, within the project DIMENSAAI, took place in Gelsenkirchen. The participants were experts, representatives of the project target group of DIMENSAAI (people with disabilities and seniors) and project team members and discussed about entry barriers, work organization and workplace design within the scope of (re-) integration of people with disabilities and seniors in health- and care sector.

### **Members of the focus discussion group:**

Bandemer, Stephan von – IAT  
Breipohl, Winrich – IAT  
David, Alex – IAT  
Engert, Steffi – Evaluator  
Frankenberger, Tamara – NRW Projekt.Arbeit GmbH  
Golinske, Michael – Deutsche Sauerstoffliga LOT e.V., Dorsten  
Hamburg, Ileana – IAT  
Helbsing, Lars – Stadtmission Kiel  
Jäger, Ludger – Gelsenkirchener Werkstätten für angepasste Arbeit gGmbH  
  
Pätzold Michael - Agentur für Arbeit in Düsseldorf  
Rafalski, Beate – Ehrenamtsagentur Gelsenkirchen e.V.  
Sdun, Brigitte – Projektwerkstatt 50plus Gelsenkirchen  
  
Steingräber Ulrich - Initiative "Seniorenbeirat Heikendorf"

### **Summary of the discussion:**

After a project presentation by Ileana Hamburg and the introduction into the topic of diversity and integration of older employees and employees with disabilities by Winrich Breipohl, Stephan von Bandemer moderated the discussion group.

Some topics of the discussion:

- The (re-) integration of people with disabilities and older people into health- and care professions should be realized by professional employees and not on voluntary basis.
- But in the scope of the project, voluntary mentors and diversity counselors (DC) can help within the reintegration.

*First discussion topic - entry barriers:*

- Following activities can be done by the target groups: Simple activities in the care, housekeeping or the activities as an everyday companion.
- To ensure the reintegration, a plan regarding the financing must be planned before.
- Which qualification possibilities exist and which is necessary? In Germany the standards are high and also in other countries like Turkey, where a tertiary education is required for care professions, the entry barriers are increasing (keyword: regulation).
- Are employers and employees interested in (re-) integration? (Asymmetrical information).

*Second discussion topic - work organization:*

- Especially the documentation, which takes much working time in the care sector, can't be done by lower qualified employees. Can administrative tasks become a problem for the target groups?
- The unequal qualification and the integration of the target groups require a new definition and distribution of the tasks. (Patient distance, standardization, etc.)
- Can the unequal distribution of the tasks lead to a bad working atmosphere? (Collegiality)

*Third discussion topic - design measurements:*

- How much can be the load of the target group and how high should it be? Especially in the care sector it is important to be physically strong since many patients must be lifted up.
- Is a diversity coaching needed and which tasks it includes? (Mentally and physically)
- Which tasks can be done voluntary and which should not?
- Which effort will be necessary to create working places for people with disabilities and seniors?
- How can voluntary employees be motivated and qualified to work as mentor or diversity counselor?

*Some observations*

- The upcoming activities of the nursing care (care of the elderly and health care assistant), of the home economics (including the profession home economic assistant) and of the everyday companion represent realistic possibilities for DIMENSAAI target group.
- In Germany personal promotion possibilities result from the social security statute book II, III, and IX. So employment agencies will promote trainings and re-trainings due to the job vacancies. For the participation in working life there is also a possibility of personal budget according to § 17 SGB IX, that skips administrative hurdles.
- The work organisation and the design depend significantly on the type and severity of the respective disability of the persons to integrate. For example people with physical disabilities will not have problems with documentation standards, but with physical stress. Maybe for people with cognitively disabilities it is the other way around. For people with cognitively disabilities the high degree of mental stress in the nursing care must receive attention.



**DIMENSAAI**

Diversity and Inclusion approaches to Support Active Ageing and Longevity

**Teilnehmerliste Fokusgruppentreffen**  
am **15.03.2013** im Institut Arbeit und Technik, Gelsenkirchen

Teilnehmer	Firma		Unterschriften
1. Stephan von Bandemer	Institut Arbeit und Technik Gelsenkirchen		
2. Winrich Breipohl	Institut Arbeit und Technik Gelsenkirchen		
3. Alexandra David	Institut Arbeit und Technik Gelsenkirchen		
4. Steffi Engert	<del>Zentrum für Arbeitswissenschaft Essen</del> EVA Labor		
5. Anieke Fimmen	Berlin		
6. Tamara Frankenberger	NRW, ProjektArbeit GmbH		
7. Michael Golinske	Deutsche Sauerstoffliga LOT e.V. – Selbsthilfegruppe für Sauerstoff-Langzeit-Therapie, Dorsten		
8. Ulrike Haedeker-Höhmann	UK Essen Universitätsklinikum Essen		UL
9. Ileana Hamburg	Institut Arbeit und Technik Gelsenkirchen		IL
10. Claudius Hasenanu	APD Ambulante Pflegedienste Gelsenkirchen GmbH, Gelsenkirchen		
11. Lars Helbsing	Stadtmission Kiel		helbs
12. Ludger Jäger	Gelsenkirchener Werkstätten für angepaßte Arbeit GmbH		
13. Beate Rafalski	Ehrenamtsagentur Gelsenkirchen e.V.		
14. Brigitte Sdun	Projektwerkstatt 50+ Gelsenkirchen		



**DIMENSAAI**

Diversity and **ME**ntoring approaches to Support Active Ageing and Integration



Education and Culture DG

Lifelong Learning Programme

## FOCUS GROUP DISCUSSION

UNIVERSITY OF CRAIOVA  
ROMANIA  
March, 2013

### **Introduction**

A focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The group of participants is guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst themselves. FGDs can be used to explore the meanings of survey findings that cannot be explained statistically, the range of opinions/views on a topic of interest and to collect a wide variety of local terms. In bridging research and policy, FGD can be useful in providing an insight into different opinions among different parties involved in the change process, thus enabling the process to be managed more smoothly. It is also a good method to employ prior to designing questionnaires.

The crucial element of FGD is the facilitation. Some important points to bear in mind in facilitating FGDs are to ensure even participation, careful wording of the key questions, maintaining a neutral attitude and appearance, and summarising the session to reflect the opinions evenly and fairly. A detailed report should be prepared after the session is finished. Any observations during the session should be noted and included in the report.

FGD sessions need has been prepared carefully through identifying the main objective(s) of the meeting, developing key questions- job opportunity, adapt work places, job qualification, what is mentor?

### **Methodology**

In this project focus group include: disabilities persons (mental and physical disability), seniors active peoples, people from employers health and care sector, persons from nongovernmental associations, persons from vocational education institutions.

On the 20th February 2013 the first session of the Romanian focus discussion group, within the project DIMENSAAI, took place in Craiova, University of Craiova.

Our partners were: Romanian Association of Multiple Sclerosis, Association ACCES- for people with mental and motor disabilities, Local Departemnt of Social Care Dolj for seniors people.

All participants cover all ages, between 18-80years and the otal number of participants to FGD was 80 people.

Each group has a moderator who present the topics of the discussion: working places in health and care system for seniors and disabilities people, job qualification for these sectors and targets groups, present the mentoring concept and how to use it . Discussion was based on feedback form target groups in accord with their requires.

Goals: to explain the role of disabilities people and seniors in social care work and health labor market, explain how to develop the entrepreneurial activity in according with their requires, participate to discussion regarding the opportunity for organize their work according with mentoring principles.

Based on DIMENSAAI propose we create the follows steps for development the FGD:

- 1.Contact the social and health care institutions from South West Oltenia and create the data base for FGD.
2. Organize the first meeting and create the small focus discussion group based on age and disabilities

3. Sent the informations about the project DIMENSAAI, to all participants
4. Received their feedback
5. Final FGD

By these steps our discussion included: collect the data regarding the vocational training in social and health care system for seniors and disabilities people, identify the labor market for these types of people, identify their basic prepare, discussion with the employment for identify their requires and their opportunity for cooperation with seniors and disabilities people, create a design for possibility to involve these people in work activity.

Our discussion was based on the follow questions:

Inside of focus group discussion the agenda of the discussion need to be focus on:

- What studies do the target groups have?*
- How long experience ?*
- What social and profesional abilites ?*
- Do they wish the integration in labour market ?*
- What about IT abilities ?*
- Vocational training situation for focus groups-senirs and disabilities people?*
- Persons from nongovernmental present the opportunity for sustain the workshop and development the mentoring program and where are the barriers and risks for the successful job entry of the person with learning difficulties?*
- Persons from health and care system present the situation of integration the seniors and disabilities people, requiers for speicific job in these sectors, what kind of support do future employers requier, financial support?*

### **Results:**

At the end of the session the report presents the conclusions regarding:

- Integration in labor market of health and care system, opportunity for integration the seniors and disabilities people, develop the mentoring program.
- Recruitment of persons who will participate to mentoring program-all focus groups will choice the persons
- Which is the financial support for integration the seniors and disabilites people (how much, for how many people)
- Suggestions for development the mentoring program and mentor model
- Establish the Diversity Coaches

The strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs and their experiences and practices. The moderator presented the plan of discussion-short presentation of each persons, presentation the requires of health and care sector

After the discussion we conclude regarding specific ways for develop the integration of disabilities and seniors people, based in mentoring principles:

- development the pedagogical techniques for obtain the ways needs for involve in social care and health activity like employers
- assessment of participants for know about their needs, adapt the method in accord with their skills, organize the support activities- conceal, mentoring courses in the future, development the IT skills, development the policy for integration in these fields of work the seniors and disabilities people, Study the legal framework, such as collective legal agreements, labour laws, qualification requirements from the responsible bodies, etc.

Study and strengthening the team's competences can contribute greatly to the successful establishment of a multiprofessional team. If the team manages to see diversity as an enrichment, the team can put their shared potential to better use.

### **Conclusions:**

1. Is need to have a profile of vocational training for seniors and disabilities people regarding their social and health care working
2. Design the best ways for preparation the courses and their activities to be attractive, useful
3. Improvement the practical activity
4. Support from employers is need
5. The people wanted to work in social care but not in health care institutions
6. Financial support is need for prepare these people

### **Participants to FGD**

Rusu Ligia (University of Craiova)

Marin Mihnea( University of Craiova)

Dinu Valentina( Emergency Hospital, Craiova)

Boara Valeriu( Romanian Association fo Multiple Sclerosis)

Rosulescu Eugenia (Social Care Dolj)

Preda Liliana( ACCES-Craiova)

Oprescu Anca ( Neurorehabilitation Center, Craiova)



**DIMENSAAI**

Diversity and MENtoring approaches to Support Active Ageing and Integration

**Lifelong Learning Programme**

**Leonardo da Vinci Transfer of Innovation Project**

**REPORT OF FOCUS GROUP DISCUSSION**

**Delivery Date**

March 2013

**Institution Name (Partner Name)**

Mamak Rehberlik ve Arastirma Merkezi (Mamak Guidance and Research Center)

Ankara-Turkey

## ***CONTENT***

<b>1.Introduction.....</b>	<b>3</b>
<b>1.1. Focus group discussion in general.....</b>	<b>3</b>
<b>1.2. Focus group discussion objectives.....</b>	<b>4</b>
<b>1.3. Who took part in carrying out the need analysis/who did what.....</b>	<b>5</b>
<b>1.4. Special conditions if any.....</b>	<b>5</b>
<b>2. Method and Data Analysis.....</b>	<b>5</b>
<b>2.1. Focus Group Discussion.....</b>	<b>5</b>
<b>2.1.1. Number of participants, selection of contact to the participants.....</b>	<b>5</b>
<b>2.1.2. Interviewer(s) (who, where from, back-ground).....</b>	<b>7</b>
<b>2.1.3. Implementation of the FGD (where, how, how long and special conditions, if any).....</b>	<b>7</b>
<b>2.1.4. Working and analyzing the data (who, what and how).....</b>	<b>7</b>
<b>2.1.5. Focus Group Discussion Questions/Agenda.....</b>	<b>7</b>
<b>3. Results.....</b>	<b>8</b>
<b>4. Conclusions.....</b>	<b>14</b>

## **1.Introduction**

This report is a reception of Mamak RAM's (partner 5) focus group discussion of persons with disabilities, active seniors, experts and representatives from health and care sectors, persons from vocational education institutions, representatives of policy makers and NGO.

The report is prepared by the project group at Mamak RAM, the Turkish partner of DIMENSAAI, Sulbiye Cebeci, psychological counselor.

Romania is the lead partner of this part of the DIMENSAAI project, WP3. IAT and Romanian partner set the frame for focus group discussion. The decision agreed in common, was that each should carry out focus group discussion among participants. Each partner has been responsible for focus group discussion, analysis, results and their national reports.

It has been a great pleasure working with all partner-colleagues. The comments and suggestions for adjustments have in all cases been constructive, relevant and inspiring. It has been a valuable opportunity to learn more about the situation concerning job opportunities for disabled and active seniors and get a feeling of the cultural and political differences between the participating countries.

### **1.1. Focus group discussion in general**

A Focus Group Discussion (FGD) should be a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. It is helpful that the group of participants is guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst them, but bringing in structure at the same time; working places in health and care system for seniors and disable people, job opportunity, adaptive work places, job qualification for these sectors and targets groups, present the mentoring concept and how to use it. Discussion is based on feedback from target groups in accordance with their requirements.

The strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs and their experiences and practices. The moderator needs to present the plan of discussion, short presentation of each person, presentation of requires of health and care sector.

The crucial element of FGD is the facilitation. Some important points to bear in mind in facilitating FGDs are to ensure even participation, careful wording of the key questions, maintaining a neutral attitude and appearance, and summarizing the session to reflect the opinions evenly and fairly.

A detailed report should be prepared by the moderator or a person responsible for this task in DIMENSAAI after the session is finished. Any observations during the session should be noted and included in the report.

If it is possible the FGD in each partner country should include: persons with disabilities active seniors, experts and employers from health and care sector, persons from vocational education institutions, representative of policy makers.

The agenda of focus group discussion need to focus on:

- Disability and ageing/active ageing concept
- Experiences (how long and what kind)
- Social- Professional-IT abilities of active seniors and disabled people
- Wish for integration into labour market
- Barriers and risks for the successful job entry of the person with learning difficulties
- The opportunity for sustain the workshop and development of the mentoring program by persons from NGOs (Vocational training situation for focus groups-seniors and disabled people)
- Labor shortage for seniors and people with disabilities
- Presentation of the situation of integration of seniors and disabled people into health-care-education sector. Requirements for specific job in these sectors. (Jobs and vocations for active seniors and disabled people in health, care and education sector).
- Kind of support do future employers require, financial support and etc
- Legal status and regulations for active seniors and disabled people in integration into labour market; process for integration into labour market; social & economic rights for target groups
- Physical arrangements in work places for active seniors and disabled people
- Mentoring and diversity concepts

At the end of the session the report presents the conclusions regarding:

- Integration in labor market of health, care and education system.
- Opportunity for integration of the seniors and disabled people.
- Recruitment of persons who will participate to mentoring program-all focus groups will choose the persons.
- Financial support for integration of the seniors and disabled people (how much, for how many people).
- Suggestions for development of the mentoring program and diversity workshops.

## **1.2. Focus group discussion objectives**

- Identify vocational training and employment situation of seniors and people with disabilities particularly in the health, education and care sector.
- Identify labour shortage and jobs can be done by seniors or people with light disabilities.
- Identify structures and circumstances that hinder these two disadvantaged groups (seniors and disabled people) to remain/get back into employment.
- Discuss how to and help to organize workshops for understanding the importance of Diversity management in the organizations in all partner countries and to organize the mentoring process on the job.

- Give useful information to the partners in this context.
- Give feedback to Project partners during the Project period.

### 1.3. Who took part in carrying out FGD

Mamak RAM took part in carrying out the focus group discussion in Turkey. The venue of face to face focus group discussion was carried out in the Mamak RAM Headquarters in Ankara, Turkey.

The questions were asked to the participants by the director of focus discussion group respectively. The reporters kept the written records who were blind to each other. In addition voice recording were taken. Director and vice director of the center did the organisation of FGD and welcome of participants. Before the FGD, Sülbiye Cebeci (coordinator of the Project in the center) made a little presentation about DIMENSAAI Project, active ageing, mentoring and diversity concepts.

### 1.4. Special conditions if any

There was translator who knows sign language for the participant with hearing impairment.

## 2. Method and Data Analysis

### 2.1. Focus Group Discussion

#### 2.1.1. Number of participants, selection of contact to the participants

Participants with mixed includes disabled persons, active seniors, representative from health and care sector, persons from NGO, persons from vocational education institutions, parents of disabled persons, faculty member and person from policy maker. This focus group discussion included 17 volunteer participants and data concerning participants given below. Dursun Kangür and Feyza Esim Ucak from Mamak RAM organised the contact with the participants.

No	Name-Surname	Gender	Age	Degree	Vocation	Relation with disability or active ageing concept	Contact
1	Sıdika Başbuğa	Female	45	Bachelor	Director	Working in mainstreaming Vocational High School	+90 536 749 66 78 sidikabasbuga63@gmail.com
2	Salih Yeşiloğlu	Male	35	Bachelor	Vice Director	Working in Special Education Vocational Training Center /School  (special concern with employment of mentally disabled students in different sectors)	+90 505 278 18 85 salihyesiloglu@hotmail.com
3	Nuran Uyan	Female	47	Bachelor	Mentally retarded students class teacher	Working in Special Education Vocational Training Center /School  (special concern with employment of mentally disabled students in different sectors)	+90 533 621 91 42 nur.oz.tu@hotmail.com

4	Türkan Dumlupınar	Female	40	Bachelor	Guidance teacher	Visually impaired person	+90 533 577 58 19 turkandumlupinar@hotmail.com
5	Ali Ulusoy	Male	52	Bachelor	Lawyer	President of NGO related with disability/parent of disabled person	+90 530 363 31 20 +90 312 419 10 41 aliulusoy@happykids.com.tr
6	Hasan Tatar	Male	58	Bachelor	Lawyer	President of NGO related with visually impaired/visually impaired person	+90 542 451 43 84 avhasantatar@hotmail.com
7	Ömer Koç	Male	64	Bachelor	Retired Teacher	President of NGO related with mentally retarded/parent of disabled person	+90 507 940 23 53 omerkoc@hotmail.com
8	Fadime Arslan	Female	44	Bachelor	Psychologist	Working in governmental place for elderly resident people/sister of physically disabled person	+90 535 810 54 89 fdm_psk@hotmail.com
9	Pelin Aslan	Female	36	Bachelor	Vice president of NGO	Representative of NGO related with hearing impaired/know sign language for translation	+90 538 923 05 59 pelinaslan1977@gmail.com
10	Sinan Yıldırım	Male	42	Bachelor	Computer teacher	Hearing impaired person	+90 532 77680 47 (sms ile) usyildirim70@msn.com
11	Ali Fuat Mengüç	Male	50	Graduate	Tourism	Spastic person and representative of NGO related with physically disabled	+90 532 720 98 53 afmenguc@yahoo.com
12	Soner Aydın	Male	35	High school	Civil servant	Mild mentally disabled person	+90 537 288 05 00 aydin_soner_06@hotmail.com
13	Rıza Türkcın	Male	51	Bachelor	Psychologist Özürlü ve Yaşlı Hizmetleri Genel Müdürlüğü/Psikolog	Representative of governmental organization related with disability and ageing/general directorate	+90 536 795 66 94 +90 312 705 71 38 <a href="http://www.eyh.gov.tr">http://www.eyh.gov.tr</a> <a href="http://www.aile.gov.tr/tr">http://www.aile.gov.tr/tr</a>
14	Ayşe Tokay	Female	38	Bachelor	Nurse	Representative from Mamak Municipality related with health care	+90 505 276 52 80 +90 312 550 7021
15	Emine Özmete	Female	41	Graduate (Prof. Dr.)	Faculty member at Ankara University (faculty of social services)	Director of Ageing Study and Research Implementation Center	+90 532 658 60 30 eozmete@yahoo.com
16	M. Semih Yaya	Male	56	Bachelor	Retired director	Active ageing person and looking for new job	+90 505 400 47 20 yayasemih@hotmail.com
17	Nadir Gültekin	Male	55	Bachelor	Special Education Expert	President of NGO related with special educators	+90 535 514 71 41 nadirgultekin@gmail.com

							m
--	--	--	--	--	--	--	---

### **2.1.2. Interviewer(s) (who, where from, back-ground)**

Face to face focus group discussion was directed by Sülbiye Cebeci, psychological counselor in Mamak RAM. The questions including the “determined keywords” were asked to the participants by the director of focus group respectively. Feyza Esim Uçak, Fatma Fındık Atılğan and Osman Altınok who are psychological counselors in Mamak RAM, kept the written records. Dursun Kangür who is psychological counselors with visual impairments in Mamak RAM, kept the voice recording.

### **2.1.3. Implementation of the FGD (where, how, how long and special conditions, if any)**

Focus group discussion was carried out in Mamak RAM in two-hour period on 14th of March 2013.

### **2.1.4. Working and analyzing the data (who, what and how)**

Sulbiye Cebeci, Feyza Esim Ucak and Dursun Kangur did the analysis of the data.

### **2.1.5. Focus Group Discussion Questions/Agenda**

#### **Part 1: Demographic Information about Participants**

Participant' Code:

Name and Surname:

Age:

Gender:

Degree:

Vocation/job:

Relation to disability or seniors/active ageing:

Experiences:

Contact (e-mail, phone number):

#### **Part-2: FGD Questions/Agenda:**

-Disability and ageing/active ageing concept

-Experiences (how long and what kind)

-Social- Professional-IT abilities of active seniors and disabled people

-Wish for integration into labour market

-Barriers and risks for the successful job entry of the person with learning difficulties

- The opportunity for sustain the workshop and development of the mentoring program by persons from NGOs (Vocational training situation for focus groups-seniors and disabled people)
- Labor shortage for seniors and people with disabilities
- Presentation of the situation of integration of seniors and disabled people into health-care-education sector. Requirements for specific job in these sectors. (Jobs and vocations for active seniors and disabled people in health, care and education sector).
- Kind of support do future employers require, financial support and etc
- Legal status and regulations for active seniors and disabled people in integration into labour market; process for integration into labour market; social & economic rights for target groups
- Physical arrangements in work places for active seniors and disabled people
- Mentoring and diversity concepts

### **3.Results**

#### *Disability and ageing/active ageing concept*

All participants agreed upon definition of disability (disability concept), disability refers to barriers/obstacles to participate in all facets of social life for persons with impairments. In other words, due to physical, mental and social impairments, disabled person faces problems in entering social and working life.

Most of the participants expressed that ageing, is not problem, a natural life process of human being, the organs are unable to perform the functions enough, not renewed cells. Ageing can be defined in terms of physical, mental, cultural, psychological aspects. From the social-cultural point of view, if person get retired, he or she is aged or old, society put him or her as aged/old position. In Turkey, there were some people who were retired at the age of 38 in the past before being the candidate of European Union. These young retired persons had grand children and they were grandmother or grandfather. Nowadays, life span of a person changes according to gender, the average for woman is 76 and the average for man is 72. Maximum life span changes according with the developments in medicine. In recent years, there is an increase in the average life span, so the question how we can make the old people more active and the concept of active ageing appears to be very popular. Being productive, being independent in decision making, being healthy and participation to society (integration to society) make individual more active. In Turkey, considering traditional man and woman roles if the phenomena is active ageing, woman is better than the man because traditionally woman keep their responsibilities continue rather than man (after the retirement most of the time man do nothing). Neighborhood and social support are very important in active ageing.

### Experiences (how long and what kind)

One active senior stated that every person can have the possibility of being disabled and being retired. After his retirement, he took some courses from the Turkish Labour Organization about vocational training and he gave courses to hearing impairments people.

NGOs stated that they are having many difficulties in saving the rights of disabled people. In Turkey, we are facing difficulties in employment of disabled people.

Visually impaired participants stated that most of the visually impaired people work as a switchboard operator.

One of the participants is working in Down-cafe with disabled individuals.

One of the participants with cerebral palsy worked in England as community service volunteer. His job related with rehabilitation and adjustment of homeless people and psychologically ill people. For this job, he got encouragement and facility.

One of the disabled participant with mental retardation was employed by the state after passing the examination for disabled people. He has now a dream about being owner of a restaurant.

### Social- Professional-IT abilities of active seniors and disabled people

Participants of the FGD stated that disabled people have so many abilities so we can discover their potential at work. Most of the visually impaired people have to work lower level or lowpaid jobs but they are so talented and educated.

### Wish for integration into labour market

All the participants of FGD stated that most of the seniors and disabled people want to enter and stay in the labour market not only for getting money but also social contact with the community.

### Barriers and risks for the successful job entry of the person with learning difficulties

Disabled participants mentioned that the needs of disabled people must be met at work because many disabled people are facing difficulties in transportation, assisting devices, modification in work places. Most of the disabled people do not aware of their rights, do not know important laws, rules and regulations. There is not enough precautions at work. Most of the disabled people are getting care benefit (monthly salary) from the state. Most of the disabled people do not want to enter to the world of work as an insured workers because they do not want to lose their care benefit from the state by working or starting a new job. While they are working, they have to spend the huge amount of their salary for transportation (for taxi) to work.

Representatives of the NGOs stated that in Turkey, we are facing difficulties in employment of active seniors and disabled people. The salary paid to retired people is not enough to keep their life going on and they have to look for another job. If there is not enough employment for seniors and disabled, there will be an increase in ordinary crimes and beggary. NGOs are having many difficulties in saving the rights of disabled people. There is a problem with the laws of sheltered workshops in Turkey. Cost of a disabled worker for the employer is so expensive. None of the employers want to employ a disabled person in his or her institution. There are so many good laws for the employment of disabled people but in practice there is nothing better. There must be a sheltered workshop for disabled people. No sheltered workshop in reality.

One of the participants mentioned that hearing impaired persons are having difficulties for the entrance to the sectors. Most people do not know sign language so how to communicate with each other in dialogue is a big problem for most of the hearing impaired people. Communication is an important problem for the hearing impairments in educational institutions, in daily life or in the world of work. They need a translator in all kinds of work environment. If a disabled individual starts in a workplace, all the colleagues should be informed about him or her. There must be an orientation to the work, there may be a reference person for him or her to help.

*The opportunity for sustain the workshop and development of the mentoring program by persons from NGOs (Vocational training situation for focus groups-seniors and disabled people)*

Most of the representatives expressed that they did organize some vocational training for members with disability by making cooperation with the municipalities. Representatives of the NGOs stated that they have the opportunity for sustain the workshop and development of the mentoring program if they will be supported by the state. After the training program, they could not find any employer for the employment of disabled persons. Employment of disabled persons and active seniors needs interdisciplinary cooperation (state, municipalities, NGOs, employers from the sectors and etc)

*Labor shortage for seniors and people with disabilities*

Most of the visually impaired people have to work in lower level or low-paid jobs but they are so talented and educated. Most of them are working as a switchboard operator but they have got different education at the university (lawyer, teacher, etc). In Turkey, we are facing difficulties in employment of disabled people. If there is not enough employment for seniors and disabled, there will be an increase in ordinary crimes and beggary.

Representatives of NGOs mentioned that there will be a labor shortage for disabled people to enter to the world of work. Active seniors are much more lucky to get a job rather than disabled people. Disabled people are the most disadvantaged group, mentally retarded people are the least. NGOs, municipalities, government have to establish and develop sheltered workshops for disabled people.

Presentation of the situation of integration of seniors and disabled people into health-care-education sector. Requirements for specific job in these sectors. (Jobs and vocations for active seniors and disabled people in health, care and education sector).

Most of the participants said that seniors and disabled persons should work in any kind of work, because working make people more happy, valuable, confident, productive and social, regardless of how much money they are getting. Disabled people have so many abilities so we can discover their potential at work. Most of the visually impaired people have to work lower level or lowpaid jobs but they are so talented and educated. Most of the visually impaired people work as a switchboard operator.

One of the participant from Special Education Vocational Training Center/School mentioned that they can organise work-shop in their school for the future employment of their disabled students in health and care sector. In addition to this, employers from health and care sector must be prepared for this integration.

One participant stated that every person can do smtg along with his or her competency and can have a job in health and care sector.

One of the participants from the mainstreaming vocational high school mentioned that teacher must be supported for the vocational development and guidance of disabled youngs. Some school graduates are working in private sector (like restaurant, oven) as a cake master, waiter/waitress, servicing for the client etc.

One of the participants stated that visually impaired persons have competency about sense of touch and they can work in health and care sector as masseur if they get training about how to do it in vocational high school or in-service training or in the university or in vocational high school.

One of the parents of mentally disabled person said that his son completed eight-year basic education and he had vocational training about printing press. He worked in Çengel Cafe before now and getting 200 Turkish liras as monthly salary. The most important thing for the disabled is being in community rather than getting money. Now his son is working in the shopping center as a salesperson. Being in a working life (in labour force) makes seniors or disabled people more active in their lives.

Representatives of the NGOs stated that in Turkey, lately, there is an entrance examination to governmental jobs for all disabled people. If disabled person passes the exam, he or she will be placed to the job as a civil servant. Most of the participants stated that this examination is not appropriate for mentally disabled. Mentally disabled persons are facing difficulties with multiple choice questions and the difficulty is in the perception of choices. Representatives of the NGOs stated that state have to cooperate with NGOs for the preparation of questions for disabled persons. Disabled youngs must be directed to an appropriate field when they are in vocational high schools. Disabled persons must be placed to an appropriate vocation according to their aptitudes, interests, skills and competency by the committee rather than examination. NGOs views and opinions must be taken into consideration.

Representatives from educational institutions expressed that it is not easy to follow-up of graduate students after finishing the school. Vocational guidance of disabled students must be given

much more attention in the high school. Disabled persons should work in all work environment with other people. Disabled youngs get the adequate skills for certain jobs while they are in vocational training center or in vocational high school. There is no need for any entry examination in order to get the job. After finishing vocational high school or vocational training center, disabled persons can work in any kind of work environment. Adjustment/orientation to work environment for disabled persons and their colleagues is needed. There must be mentors for the disabled ones in the work. There must be an apprenticeship programme before the employment.

Representatives of NGOs mentioned that when we think about the employment of active seniors and disabled persons at the same time, disabled persons are not likely to find job as much as active seniors, disabled persons are less fortunate. Active seniors and disabled persons must be taken into consideration separately.

Most of the participants stated that there must be a change in the views of the public for disabled people, awareness is so important. Disabled people need beyond the feeling of pity. Most of the disabled people can work in any kind of work depending on the education, qualification, skill and ability. There must be new regulations and arrangements for the employment of disabled people in the health and care sector. Disabled youngs can get vocational training at lycee and university for the health and care sector. Most of the disabled people can do simple jobs, can not work complicated ones.

#### Kind of support do future employers require, financial support and etc

Most of the participants mentioned that the quota and fine system have not been successful in the employment of disabled people in the private sector. If an employer employs any disabled person, he or she must get encouragement (state-level incentives) by the state (tax relief). Pity and charity for the disabled persons can not work for the employment of disabled persons. We must trust them. The state must do smthg for the sheltered workshops. The Ministry of national education are planning to teach sign language to the students for hearing impaired. Disabled people need to look for works in line with the needs of the market. State-level incentives should increase if the severity of disability increases for the employers.

#### Legal status and regulations for active seniors and disabled people in integration into labour market; process for integration into labour market; social & economic rights for target groups

Most of the participants stated that in Turkey, we are facing difficulties in the employment of disabled people and active seniors. The salary paid to retired people is not enough to keep their life going on and they have to look for another job. If there is not enough employment for seniors and disabled, there will be an increase in ordinary crimes and beggary.

Most of the disabled people are getting care benefit (monthly salary) from the government. And they do not want to lose this money by working or starting any job.

Some of the participants expressed that there must be an award for the disabled persons. There are so many talented visually impaired persons who are looking for a job. At the end some of

them have to go abroad for the work and live. There must be an awareness raising campaign for the employment of disabled individuals.

All of the participants mentioned that there are so many good laws and regulation for employment of disabled people but in practice there is nothing better. There must be sheltered work-shop for disabled people. No sheltered work-shop opened in reality. NGOs are having many difficulties in saving the rights of disabled people.

Some of the participants mentioned that there must be an awareness campaign about active ageing and vocational training of seniors and disabled people.

### *Physical arrangements in work places for active seniors and disabled people*

Disabled persons and representatives of NGOs mentioned that needs of disabled people must be met at work because so many disabled people are facing difficulties in transportation, assisting devices, modification in work places. There is not enough precautions at work. They have to spend the huge amount of their salary for transportation (taxi) to work. State or government must do something seriously about transportation to work, modification in work places, sheltered work-shop, financial reinforcement/encouragement/support for employer and private sector.

Hearing impaired persons are having difficulties for the entrance to the sectors. Most people do not know sign language so how to communicate with each other in dialogue is a problem for most hearing impaired people. Communication is an important problem for the hearing impairments in educational institutions, in daily life or in the world of work. They need a translator in all kind of work environment. If disabled individual starts in a work place, all the colleagues should be informed about him or her. There must be an orientation to the work, there may be a reference person for him or her to help.

Some participants mentioned that there must be translator for all the work places for hearing impaired persons.

### *Mentoring and diversity concepts*

If disabled individual starts in a work place, all the colleagues should be informed about him or her. There must be an orientation to the work, there may be a reference person (mentor) for him or her to help. Mentoring and diversity concepts is one of the solutions for the employment of disabled persons.

#### 4. Conclusions

The purpose of the FGD, has been to provide data in order to develop mentoring program and diversity workshops;

##### Integration in labor market of health, care and education system.

To sum up;

Employment of disabled persons and active seniors is getting more attention of public and state as we have many disabled citizens and the retirement age for Turkish citizens is now 65 in Turkey.

Employment of disabled person is always difficult in Turkey because of economic and social rights of disabled people as most of the disabled people do not want to lose their care benefit from the state. We have to convince disabled persons and their families about these issues.

The reason behind wish for integration is different for active seniors and disabled people.

Active seniors and disabled persons can work at different profession, positions in health and care sector depending on their competency, capability, education level, severity of the impairments.

Disabled persons are not likely to find job or profession as much as active seniors, disabled persons have the less fortunate. Active seniors and disabled persons must be taken into consideration separately. Employer can choose the active seniors more than the disabled ones.

The cost for employment of disabled person is high. Financial support from the state is the most important thing for the employer if we would like to employ disabled persons.

Physical arrangements in work place is very important for disabled people who need different modification, assisting and technological devices according with the kind of impairments. Transportation to work place is one of the most important needs of disabled persons.

Adjustment/orientation to work environment via mentor (reference person) for disabled person is very important. There must be an apprenticeship programme before the employment.

Vocational Training Center/Schools can have the opportunity to organise work-shop in their school for the future employment of their disabled students in health and care sector.

Sectors like health, care and education must be prepared for the employment of active seniors and disabled people first of all.

Sheltered work-shop is one of the choice for the employment of disabled persons in health, care and education sector.

Employment of active seniors and disabled persons needs interdisciplinary work of policy makers, municipalities, NGOs, experts from different sectors, employers, faculty members and etc.

New regulation and arrangements are needed for the employment of disabled people in health and care sector. Disabled youngs can get vocational training at lycee or university for health and care sector. Most of the disabled people can do simple tasks, can not do the complicated tasks.

Disabled people need to look for works in line with the needs of market (the needs of health and care sector). Employers should be funded for the employment of disabled persons. State-level incentives should increase for the employers if the severity of disability increases.

*Opportunity for integration of the seniors and disabled people.*

To sum up;

Training and re-training is very important for active seniors and disabled persons because from time to time they have to change their profession.

Active seniors are much more lucky to get job rather than disabled people. Disabled people are the most disadvantageous group, mentally retarded people are the least.

NGOs have the opportunity for sustain the work-shop and development of the mentoring program if they will be supported by the state. After the training program, they could not find any employer for the employment of disabled persons. Employment of disabled persons and active seniors needs interdisciplinary cooperation (state, municipalities, NGOs, employers from the sectors ant etc)

In order to enter to the governmental jobs, disabled people have to pass the examination. This examination is not appropriate for mentally disabled. Disabled youngs must be directed to an appropriate field when they are in vocational high schools. Disabled persons must be placed to an appropriate vocation according to their aptitudes, interests, skills and competency by the committee rather than examination.

*Recruitment of persons who will participate to mentoring program-all focus groups will choose the persons.*

It depends on the content of the mentoring program. We may first start with the volunteers (who want to be mentor or diversity coaches).

*Financial support for integration of the seniors and disabled people (how much, for how many people).*

State fund is needed for the integration of the seniors and disabled people, otherwise employment of disabled persons will be so difficult.

*Suggestions for development of the mentoring program and diversity workshops.*

Mentoring and diversity workshops are the new concepts in Turkey. We are in need of employment of mentors or diversity coaches for the employment of active seniors and disabled persons.

## Focus Discussion Groups – Ireland April 2013

---

### Introduction

Seniors and people with mild learning disabilities face similar barriers to employment in the Healthcare services according to practitioners in the field of training for employment and work placement. It has emerged from this qualitative research that these barriers range across a spectrum of cultural-historical, educational, statutory and societal themes that vary in combination and depth, depending on the individual and their situation. This paper represents the views and experiences of people who occupy a variety of roles in enabling individuals to realize their potential to make a contribution to society as volunteers and paid workers, and to support them in overcoming these obstacles.

### Research Methodology

Guided by the DIMENSAAI project aims and objectives the Institute of Technology Tallaght, Dublin, adopted a qualitative research methodology to gauge the attitudes and beliefs surrounding the barriers to employment faced by seniors and people with mild learning disabilities. The target participants in the research included seniors working in or looking for employment in the Healthcare sector, those with mild learning disabilities and those who employ Healthcare service workers. The research approach used needed to provide opportunities for all stakeholders to contribute to the discussion. There was a difficulty in asking those with mild learning disabilities to participate directly as the timeframe with which the research was situated did not enable the researcher to get ethics approval. However the national organization with responsibility for supporting those with

mild learning disabilities (National Learning Network<sup>1</sup>) made a significant contribution to the research by providing access to staff who actively work as a link between those with mild learning disabilities and employers. These staff were located at a number of locations around the country.

The geographic distribution of the participants in the research meant a two pronged approach had to be taken in the research design which therefore incorporated a focus group and semi-structured telephone interviews. Both the focus group and semi-structured interviews were guided by the same research instrument (Appendix 1). The latter was developed in consultation with staff in the Institute with specific expertise in the Healthcare sector. The focus group was held in Institute of Technology Tallaght and had four participants, all seniors working in or seeking work in the Healthcare sector. The semi-structured interviews were completed with three National Learning Network staff and a Healthcare employer. Both the focus group and semi-structured interviews were recorded and transcribed in full for analysis.

The following section of the report ‘Emergent Issues’ is an objective summary of the factors that impinge on access to employment opportunities in the Healthcare services experienced by seniors and people with mild learning disabilities as identified by this research.

## **Emergent Issues**

The barriers identified can be classified under one of the following themes:

- Cultural- Historical
- Educational
- Statutory
- Societal

---

<sup>1</sup> <http://www.nln.ie/home.aspx> National Learning Network is the training and employment division of the Rehab Group and an internationally recognised leader in the provision of high quality, accredited training and specialist support to people who are distant from the labour market.

## **Cultural-Historical Barriers**

The pervasive promotion of the youth culture, its vibrancy, energy and desirability to fend off the ravages of time, seems to privilege those to meet these criteria, with the consequence of undervaluing those who do not. The term 'senior' used as a descriptor of a citizen, carries with it the connotation of being retired or 'past it', being more suited to idle pursuits such as knitting. In this way, the depth and range of knowledge, skills and competence, commonly referred to as experience, gathered over a number of years becomes invisible to the individual, even though it is a key recruitment parameter, especially in the Healthcare services. Older people are thought to bring calmness to the workplace, for the benefit of the service users and colleagues alike, whereas a newly qualified person may not have had the opportunity to develop the qualities of patience and empathy that are highly valued in these settings. The self-perception of not having any useful skills, that may be continually reinforced by a disproportionate emphasis on 'the young', limits the capacity for the individual to believe in themselves and approach a job opportunity with an expectation of a positive, rather than a negative, outcome.

Similarly, persons with mild learning disabilities have their expectations tempered by family and society, that recognize the disability rather than the person with abilities, who, given the opportunity can 'do' a job as well as anybody else, and perhaps more so. Given responsibilities commensurate with their ability, and taking whatever extra considerations into account, employers report high levels of satisfaction with such employees / volunteers, not only in the performance of their duties, but their enthusiasm, punctuality, and attention to detail. Their sheer joy at their achievements, however modest, pervades the workplace is shared by their co-workers, tending to inculcate tolerance and patience in workplace settings. The importance of the attitudes of parents and siblings was highlighted as a key element in determining the potential of a person with mild learning disabilities for success in the

workplace. The family expectation of low capacity, often engenders low performance, whereas the expectation of good capacity is limited by the person's achievable goals only.

### **Educational Barriers**

Many of the Healthcare services require a relevant formal qualification based on curricula that are continually under review. These are relatively recent developments, now a condition of employment and not available at the time of an older person's engagement with national education provision at post-primary level or university level. Gaining such a qualification requires an intense course of study for a number of years, presenting a significant challenge for older persons and those with mild intellectual disabilities. Not only have they to overcome their self-perception of not being capable, but also to believe that a sustained effort will have been worthwhile, will enhance employability and result in gainful employment.

In the past, those with intellectual disabilities were hidden from the view of the public in so-called 'special schools', with limited possibilities to mingle with the general population of similar age. One view is that this approach had a doubly damaging effect in terms of the low quality of literacy achieved for these learners coupled with their isolation from public view. In contrast, the growing tendency to integrate people with disabilities into mainstream education both raises expectations for the individual and helps to develop the perception of a person being able in different ways, and that difference is 'OK'. However, the risk that children with special needs may lag behind their class colleagues may have the effect of reinforcing the perception of disability and be projected across generations.

The pervasiveness of technology and familiarity with its use, establishes a foundation for future development of ICT skills. Seniors may not have had the opportunity to engage with technology as it evolved yet are thought to embrace the opportunity to learn ICT skills. While some might balk at the imagined prospect of 'making a fool of themselves' in a mixed

generation class, they nevertheless engage with the opportunity to develop these skills in the company of their 'silver surfer' peers. People with mild learning disabilities are thought to benefit from exposure to technology, albeit with assistive technology and specially developed pedagogy that relies more on image than text. That assistive technology tends to be expensive, and not widely available in the workplace, may dis-incentivize prospective employers.

Educational requirements notwithstanding, there are said to be jobs in the Healthcare services that do not require ICT skills, nor a particular formal qualification, e.g. transport, serving meals, talking and listening to service users, and providing entertainment / exercise as an alternative to sedentary television watching. Such vacancies as arise tend to be advertised using technology supported mechanisms whether online by recruitment specialists or in proprietary employment websites hosted by Government agencies. The underlying assumption of competence in ICT may operate to exclude those who lack the skills needed to offer themselves as candidates.

### **Statutory Barriers**

The requirement for formal qualifications appropriate to a range of jobs in the Healthcare services is imposed by statute to promote best practice and for continuous improvement.

All persons seeking employment that brings them into contact with the very young and the vulnerable must be vetted for suitability by the National Police Service in Ireland (An Garda Síochána). This process provides a certain level of assurance that the individual does not have a history which would render them unsuitable to work in the Healthcare industry. These are very positive developments in the sector and present barriers to all aspirant employees.

Those not in work for whatever reason, receive financial support from the State, depending on their need and circumstances. These benefits are conditioned by several factors and are

under constant review. Some of these conditions can have the effect of preventing a person taking up employment, which due to the rate of pay and number of hours worked, can result in the state benefit being withdrawn. In consequence, other benefits, e.g. free medical care and subsidized accommodation, which accompany such benefits, may be withdrawn, even if the job is temporary, or on a probationary basis. That once having been withdrawn, they are notoriously difficult to have reinstated, presents a dichotomy for the benefit recipient, who, because of their medical condition or advanced age may require more, rather than less medical attention in the future.

Every agency in the Public Service in Ireland is required to employ a minimum quota of 3% of staff who have disabilities. While this is laudable, well-intentioned and achievable, some reservation was expressed regarding their authenticity, citing the case of a person recovering from hip replacement surgery being included in this quota. The implication is that once the quota has been filled, the opportunities for others become more restricted. This has the impact of further restricting the visibility of people with disabilities as being equal and employed on their own merits.

There was substantial agreement that job opportunities were plentiful and suitable for older people and those with mild learning disabilities, but that they were unlikely to ‘see the light of day’. In other words, viable candidates were not always aware of these vacancies because they were filled by internal recruitment, and they were advertised through Government Agency Employment websites that may be inaccessible by older people and those with mild disabilities.

### **Societal Barriers**

Prominent in larger organizations in Ireland is a commitment to Corporate Social Responsibility and the guarantee of equality of opportunity as required by legislation. In the

view of the participants in this research, it is the smaller-scale employers that make provision for the inclusion of seniors and people with mild disabilities in the workplace. There is no explanation as to why that might be, or to what extent it is perceived or real.

While change is underway, there is a certain discomfort associated with being in the presence of a person with a disability. It is a sense of not knowing what to say or do that may result in the person with the disability being ignored, thus delaying their mutual integration. It is common for a person with a disability to appear in popular entertainment, with the intention to 'normalise' people with disabilities in the community. While the superficial evidence of disability e.g. a wheelchair, might be present, there is seldom information regarding its implications e.g. possible incontinence. There are mixed views as to whether this intervention draws attention to the disability, accentuating their difference instead of the person and whether it has a positive influence.

Potential employers may resist offering employment to a person with extra needs because of the perceived cost of meeting those needs in terms of extra training, for existing staff and the new recruit. It may be necessary to highlight the necessity of having to explain and give instructions more than once and to afford the same degree of tolerance of error as would be expected by the average person doing a similar job.

## **Conclusion**

It would seem that the small scale employer, when made aware that employing people with mild disabilities attracts a substantial refund of the cost of employment from the exchequer, is incentivized to give the individual a chance. This is a vital enabler and must be retained even in constrained economic circumstances, for the benefit of the individual, the employer and society as a whole. People with mild disabilities, rather than being isolated and engaged in menial, repetitive, low value work typified by sheltered workshops, could be engaged in

doing work that is aligned with their abilities given sufficient support. Such support needs to be proactive and continuous, gradually fading in intensity as the person settles into their role, and the employer is satisfied that they have a worker who can do the job as well as anybody else.

Access to job opportunities for seniors and persons with mild disabilities could be facilitated by ‘job coaches’ who identify vacancies, select, encourage, mentor and train suitable candidates and support them to the extent necessary. This would provide for early intervention in the event of an unanticipated problem, and enable more ‘good news’ stories to percolate throughout industry.

That these barriers may result from the interaction of attitudes and beliefs, acquired and reinforced across generations, implies that no one intervention alone will be sufficient to undo their impact on seniors and people with mild disabilities. However the identification of these barriers and their possible provenance may provide a first step in addressing social inequality such as this into the future.

### **Key Insights**

- Seniors and those with mild learning disabilities face similar barriers to employment in the Healthcare sector.
- The barriers can be broadly categorized under four themes; Cultural- Historical, Educational, Statutory, Societal.
- The drive to professionalise service provision is based on the achievement of formal qualifications that may exclude valuable and highly desirable ‘soft’ skills that are found in abundance in seniors and people with mild intellectual disabilities.
- The difficulty of reinstating State benefits, once having been withdrawn, may deter seniors and people with mild learning disabilities attempting to take up employment opportunities.

- The self-perception of being ‘past it’ or incapable is perhaps the first and most crucial obstacle to be overcome when engaging seniors and people with mild learning disabilities with employment.
- Dissemination of information regarding job opportunities in the Healthcare sector does not seem to reach its target audience, without the intervention of an intermediary.
- ICT skills requirement, while it may present some measure of challenge, does not seem to be a substantial obstacle to the performance of work.
- The role of job coaches to identify job opportunities, select suitable candidates, design and provide the necessary training, establish an open and frank relationship with the employer, navigate the social services regulations, and to mentor the candidate during the early work placement is a key predictor of access and success in the workplace for seniors and people with mild learning disabilities.

## Appendix 1.

### Qualitative Research Instrument Guide

1. **Some people would say that seniors are not as professionally capable as younger people, how would you respond to that?**
  - Have they different capabilities?
  - How are they different?
  - How do you experience that?
2. **What professional capabilities would they bring to the Healthcare services in particular?**
3. **What opportunities are there for seniors and persons with mild disabilities in the Healthcare services?**
  - Are they faced with the same challenges as other potential candidates
  - Are there extra challenges they have to overcome
4. **How do you think seniors and people with mild disabilities cope with technology in the workplace**
5. **What need is there for a person to be ‘up to speed’ with ICT in Healthcare sector**
  - What training is available in this situation
  - Does it need to be specially tailored for people of my generation do you think?
  - Why do you think that might be?
  - How much of this is a general perception and how much of it is real ?

**6. How do seniors integrate in the workplace?**

- Do they have a particular influence in the workplace

**7. Can you suggest how seniors and people with mild disabilities might be supported in accessing and succeeding in the workplace?**

- Why do employers participate?
- Why do they go cold?
- Is it a Corporate Social responsibility or an equality agenda?

**8 Are there other comments you would like to make?**