

HEALTHY COOPERATIONS

2012 – 2014

GRUNDTVIG LEARNING PARTNERSHIPS

PROJECT MANUAL ABOUT
GOOD PRACTICES



Lifelong
Learning
Programme



The manual is a product of the **Healthy Cooperations** - Grundtvig Learning Partnership project.

Compiled by the teams of Germany, Sweden, Netherlands and Austria.

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Introduction

The manual is a collection of the best practice examples, we have seen in our meetings while our mobilities. The partners have collected the best methodologies concerning the project topic.

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1 Description of the partnership

The learning partnership "Healthy cooperations" wanted to address longterm unemployed people with health problems. Partners from four countries (Austria, the Netherlands, Sweden and Germany) exchanged about the way of encourage the health support for people that are out of work for more a long time.

It was an aim to sensitize the players in the field of employment and health for the specific needs of long-term unemployed people. Furthermore we wanted to explore new ways of supporting and motivate unemployed persons to enable them entering into the labour market again.

When starting the partnership, we worked with the following thesis:

- The unemployed are twice as sick as frequently employed,
- unemployed people age earlier,
- unemployed people develop faster and take less initiative in their own health promotion
- Unemployed women assess their health twice as often as mediocre to poor as workers
- It turns out that the consumption of addictive substances like tobacco and alcohol is increased in long-term unemployed.
- The health problems increase with the duration of unemployment and the ages
- The prescription of psychotropic drugs to the unemployed is twice as high as for people in employment,
- unemployed people with health problems are not a homogenous group

All these facts are similar in the partner countries and to capture them it was necessary to exchange information to work on already existing concepts. So we have learned and seen many aspects in practice.

The meetings of the partnership presented the supporting structures in the participating countries and gave an insight in good working examples. The high transparency gave us the chance to use the methods and introduce them to our local/ regional responsibilities. In the meetings the project partners recruit learners from local disadvantaged communities who in turn deliver training to others in their communities.

After the two years, the accumulated experience and knowledge was summarized into recommendations for action.

2 Organizations

2.1 Germany – parisat gGmbH

Parisat gGmbH is a 100 % daughter enterprise of the PARITÄTISCHE Thuringia, one of the biggest welfare organisations in Germany and has over 330 member organisations in the social field. A high amount of those are working in the field of care and dementia. They are situated in different regions of Thuringia and working fields – so – as parisat - we have a wide variety of experiences to exchange. Parisat, by its own, as a partner of the Grundtvig partnership project in the field of the work with elderly and handicapped people. We are directly and indirectly working with numerous people with social needs and especially with people of every age that are at risk of social exclusion.

Our organisation has already done several projects in the field of training and that is why parisat offers an already existing network with its experiences and wants – the other way round – to learn more about the culture understanding of working with people that suffer from health problems because of being unemployed for a long time.

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2.2 Sweden – Jobbcenter

Jobbcenter is a part of JobbMalmö, the joint unemployment measures of the city of Malmö. The center offers work training and education in various forms. Through close cooperation with the unemployment office, adult education Södervärn and other parts of JobbMalmö the participants are given the opportunity, through practical work, sheltered employment and individual support, to prepare for a job on the regular labour market. The unit consists of 24 work teams that offer services and wares to other ventures run by the city.

In many cases the general health issue has a direct effect to whether an individual is able to find and maintain a regular job. This may include factors as diet, exercise, mental health and ergonomics. There are many parts of the JobbMalmö organization that addresses this topic and through this project we get the chance to share existing knowledge while getting new input and new ideas from others. The development in Swedish health studies are closely followed, especially when it comes to women's health, and researches will be contacted to further strengthen the projects knowledgebase.

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2.3 The Netherlands – MEE Zuid Holland Noord

MEE Zuid Holland Noord provides information, advice and support to people with disabilities. People with physical, mental or sensory impairment, people with autism disorder, chronic diseases, but also the people that supports them from the situation at home (parents etc.)

At MEE, we focus more on the possibilities of the disabled than on the limitations (that are of course a given fact). Key concepts are empowerment and social participation.

At the MEE-organization you are welcome with all your questions regarding the restriction and possibilities of the disabled: housing-adaptations, employment-options and income, education, transport, leisure, social services, law and regulations, and so on.

MEE is an independent non profit organization that is financed by general healthcare subsidies from the government. The services of MEE are free for their clients. Additional information can be found at our website www.meezhn.nl. In regard to this application we can put forward that we already have online discussion groups and we offer courses to our clients. In order to work as efficient as possible MEE is characterized as a streamlined organization with a clear vision on the activities that are required.

To guarantee quality MEE Zuid Holland Noord is ISO-certified and in November 2008 the ISO certificate was renewed.

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2.4 Austria – Murad & murad

Murad & murad ltd is a private institution for both vocational training and lifelong learning. We are based in Vienna and operate in Vienna, Lower Austria and Burgenland - east of Austria. We offer classes in logistic training, media training and other qualifications as well as integration in the labour market, customized coaching. We support with trainings for how to apply for jobs and support longtime-unemployed people finding back to the labour market. As target groups we have younger adults, women, men, most with low socioeconomic status. We also make trainings in intercultural competence for public sector staff.

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3 Best practice

3.1 Germany

3.1.1 CARDEA

Thuringian model project to promote health and employability

Short summary

In 2010 the PARITÄTISCHE Thüringen launched a project called “healthy cooperation – needs-based health promotion of long-term unemployed people”. The project was founded by the ESF. Within the duration of 24 months (November 2010 – October 2012) the project intends to gather experiences of health promotion of permanently unemployed people through transnational partnerships. These experiences shall be transferred exemplarily and put to the test with selected participants of the state labour market program. Furthermore, people who work with permanently unemployed people in the field of employment and health shall be sensitized to the specific needs of unemployed people concerning their health. Together, new ways of supporting affected persons shall be developed.

The results of that project were:

1. Promotion of long-term unemployed is **only succeeding in close cooperation** of actors in labour market policy, health policy and the economy.
2. Long-term unemployed should be **integrate gradually**
3. People who work with permanently unemployed people shall be **sensitized to the specific needs** of unemployed people concerning their health.
4. Long-term unemployed people need **specific target group offers** and **support** to promote their health.
5. There are financial resources needed to build a wide range spectrum of health-promoting measures.
6. Limits of health promoting offers are where psychological stress and / or disease in long-term unemployed people in the foreground.
7. The counselors of the target group **need support for their own mental health**.
8. The counselors need a common platform **for exchange, networking** and **synergies** on issues of health promotion.

The project “healthy cooperation” ends in October 2012. In January 2013, the follow-up project “CARDEA - Thuringian model project to promote health and employability” begins there work. The project is founded by the ESF until December 2014. In the following we will report on it.

Basis concept

According to the World Health Organization the aim of health promotion is to enable people to a higher level of self-determination with regards to their health and so to capacitate them to strengthen their own health. Health stands for a positive concept that emphasizes the meaning of social and individual resources as well as the physical skills. Therefore not only the health sector is responsible for health promotion. The responsibility for health promotion not only aims at developing a healthier way of life but furthermore at supporting a full well-being.

Aims:

Promoting health and employability of long-term unemployed. Advising consultants who work with long-term unemployed.

by the way of:

1. Development of a **dialogue guideline** as a tool for consultants.
2. Development of a **toolbox** with several different health modules.
3. Various offers for the **"Healthy consultant"** to support them (training, workshops, exchanges).

The CARDEA project works closely with the Thuringian State Association for Health Promotion called AGETHUR. The AGETHUR is the central trade and service center for the area of health promotion / prevention and for HIV / AIDS prevention in Thuringia.

Methodology

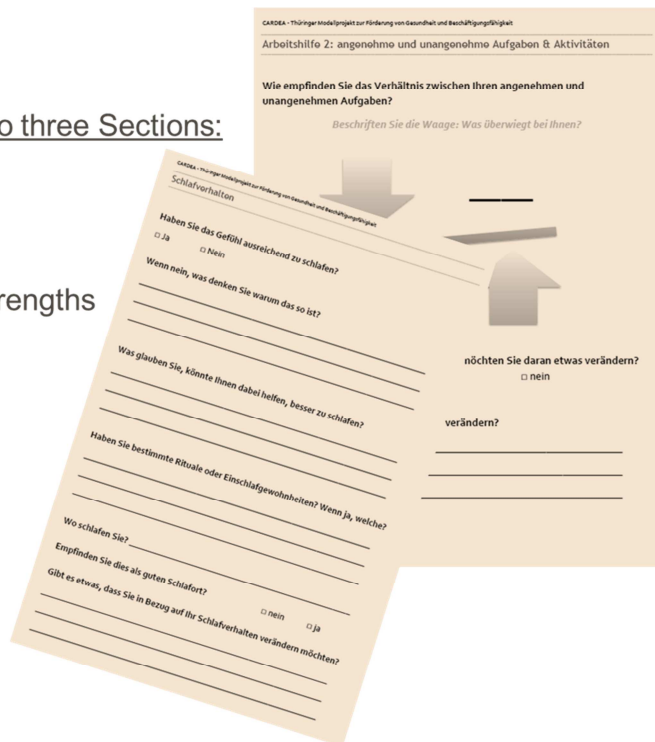
dialogue guideline

The dialogue guideline is divided into three Sections:

- Everyday life
- Health
- Social resources and personal strengths

Questions and methods Pool,
resource-oriented

individual or groupe-setting



The dialogue guide is divided into three Sections: Everyday life – Health – social resources and personal strengths. Each section stands alone and can be used regardless of the others. The chronological order is not binding. Methodically the Guide is based on open and closed questions as well as a large proportion of practical exercises. These are found under the term of Work-aids.

You will find useful tips for the separate Work-aids concerning the use and implementation. You will find information about the amount of time and any additional material that could be needed for the exercises. Furthermore there are tips on whether an exercise is suitable for individual-, group- or homework.

We recommend discussing all three sections with the client if possible. If this is not wished, needed or possible we recommend working through the complete chosen section.

For example in the third section, with the help of different exercises, the clients are supposed to occupy themselves with their social resources and personal strengths. One goal is to recognize where the clients strengths are, so they can be used in solving problems that may occur in everyday situations. Another goal is to take a look into the future and use the social resources and personal strengths to plan the changes the client may wish for the future.

The **toolbox** with several different health modules is still in development.

Known results

The project is still working. We still cannot make differentiated statements.

3.1.2 “Landesarbeitsmarktprogramm” - Labour market program

Guided integration in the district of Gotha (LAP IntelGo)

Short summary

Since 2010 the association Prof. Herman A. Krüger e. V. carries out the “guided integration in the district of Gotha” together with the cooperation partner FöBi-Bildungszentrum in the context of the labour market program (Landesarbeitsmarktprogrammes LAP). The LAP is a program of the state of Thuringia.

The main aim is to reintegrate long-term unemployed people into the labour market or into educational schemes. To find work is usually not the primary task of the participants because they are fighting with other problems like debt, addiction, family problems and health issues or they have given up fighting altogether. Often the loss of a structured daily life and a lost life structure are the consequences. To coping with a regular job seems to be impossible.

The integration guides approach the various problems with the participant and guide them back towards the labour market. This process can take up to 18 months. Even after the participants are back in work or vocational training, they get assistance for up to seven months.

Depending on the needs of the participants the integration guides integrated different courses to enhance the mental and/or physical health.

Basic concept

In general the support in the LAP has to be as individual as diverse according to the problems. On the other hand it is a fact that most of the jobs the participants were able to get into, were low skilled jobs that need a good general health condition (a lot of movement, carrying heavy items or standing a lot). Only few of the long term unemployed were able to fit the health requirements. Even some of the easiest movements like getting on a bike, were hard to do, or not possible for some of the participants. At the same time the participants rated their fitness much higher than it really was.

In order to work against the health problem, the integration guides started different courses of a holistic health promotion. Taking into account the changing of participants successful courses will be repeated or new offerings will be developed.

Methodology

The following courses have been accomplished during the last year:

AktivA

AktivA is a psychosocial and social training to assist the health and the ability to act of the unemployed. The AktivA-program was developed and standardized at the Technical University of Dresden.

The aim is to reinforce the psychosocial and social competence, so that the participants are able to stay healthy and actively lead their life despite being unemployed. This has also a positive effect on employability. The program is built on four successive modules.

Planning of activities

The participants reflect on how they deal with their time and work on possibilities to create a better balance between: necessary and enjoyable activities, physical and mental activities and individual and group activities.

Constructive thinking

The participants check if their way of thinking complies with reality and if it helps them to reach their goals. In a second step they learn techniques helping them to direct their way of thinking accordingly.

Social competence and social support

In this module the participants learn using social competence for example to enforce their rights, to articulate their needs or making new contacts. Furthermore the participants analyse their perception and train accepting and giving social support.

Systematic problem solving

The participants learn how to change problems into achievable goals. Brainstorming and technics of strategic planning will be introduced. How to cope with failure are also dealt with in this module.

It has been proven that by taking part in AktivA, physical and mental health problems are reduced.

Health promotion with the PILATES-Centre Erfurt

Together with a sports scientist and sports therapist from the PILATES-Centre Erfurt the integration guides developed a course that strengthens the mentioned weaknesses (endurance, strength and motor skills).

The course starts with a fitness test so that the improvement can be recorded over the duration of the course. It also shows the participant a realistic picture of their condition. A group consists of eight to ten participants whereby it is possible to join the course at any time. The detailed exercises are developed after the fitness test and are based on the individual performance.

In example: This could mean that eight to ten participants are given a circle training which is made up of the same exercises but each participant has exercises of different difficulties. Also the trainer introduces different endurance sports (e.g. Nordic walking). Particular emphasis was placed on the fact that the exercises were able to be performed without any equipment, so that they could be easily be done at home.

Healthy eating/diet

This course handling the topic healthy diet. Each unit is made up of four lessons. The course is not just about transferring knowledge or about eating healthy with little money. During the course the meals are prepared in a group environment. As one result the integration guides get into a better contact because of the normal daily atmosphere. In that context the integration guide can interact with the participants on a different level than behind a table, which would be a normal counselling setting.

Another benefit is that the motor skills of the participants can be evaluated in a setting without being in an exam situation. If necessary the fine motor skills can be improved. At the same time, concentration and team playing abilities are trained.

The course is led by two (so called) countrywomen. They have not just the professional knowledge but also an equal amount of heart and authority. Participants that, for a number of reasons, might have shown an attitude of refusal become active here because the course isn't a classic seminar.

Known results

The participants have enjoyed taking part in the courses. For many, there is the opportunity to interact with other unemployed people about health issues and problems the first time. Integration guides get to know the participants in a different context. In counseling sessions health problems can be characterized better and solutions can be discussed purposeful.

3.2 Sweden

3.2.1 Health profile assessment

Short summary

Health profile assessment is a part of a bigger labour market program which mainly focuses on assessing workability for people with dysfunctions. The assessment is meant to give the participants a better knowledge of their own health and to give them tools to lead a healthier life.

Basic concept

First, the participant meet with a public health pedagogue for about an hour as an introduction. The participant then completes a questionnaire with questions about: Leisure, Physical Activity, Diet, Tobacco, Alcohol, Medical, Symptoms, Diabetes, Asthma, Cardiovascular Medicine, blood lipids, weight limits, perceived stress, perceived loneliness and perceived health. The participant must self-assess their weight, submit to a blood pressure test and then take a fitness test on a bicycle, where you can make an assessment of the condition value. In the final meeting, the values and answers are interpreted and discussed between the pedagogue and the participant and the results of the health profile is shared. The participant will be able to understand the factors that affect health and what needs to change in their lifestyle. This all add up a plan of action, what and when to start. Timing is important for every individual, but the start have to be adjusted by how it looks right now for the participant. Finally some information about exercise is given and some simple tips how to get started.

Methodology

The methodology is basically to promote health by motivation and consciousness about the topic and the participants own situation. It helps people to see the opportunities to make a change of life style.

Known results

Since this health practice is a part of a bigger program it's hard to measure the exact effects of it. Other good examples that has used this method is in existence and proves the link between low work capacity and low exercise rate. As a side note; The city of Malmö lowered its sick-leave absence by 42 % in the year 2007.

3.2.2 Validus

Short summary

In 2006 the city of Trelleborg, Sweden, launched a project called *Validus* to address the issue of unemployed people with low self-perceived health. The target group was set to people between the ages 20 to 30 and foremost people with a background from another country (this due to the fact that it was a project funded by the EU). The prerequisites for participation were long-term unemployment, low self-perceived health without diagnose and eligibility for Social welfare or other forms of monetary support from the state or the municipality. The funding for the project lasted one year and the capacity was twenty participants simultaneously.

The project included partners from:

- The Social Welfare Office
- The Labour Market Office
- The Swedish Social Insurance Agency
- The Swedish Trade Union Confederation
- Arena Personal (A private Sector Recruitment Agency)

The aims of the project included:

Participants will gain knowledge of differences and similarities between self-perceived health and actual health

Participation will increase one's ability to take initiative and to take responsibility (Empowerment)

Participation will aid in individual social isolation (cultural and socio-economical) and contribute to increased integration in the labour market and in the community.

The project will contribute to the municipality's work with public health issues.

The project will strengthen the cooperation between the partners.

At least 70 % of the participants will find work or start to study within 6 months after participation.

Basic concept

The basic idea for *Validus* was to create a health practice in which the participants got a different view about health. Health is a concept used in many aspects of today's life, but in many cases it is one-dimensional and is solely used in relations to physical status and imagery of the "perfect body and lifestyle". By giving more dimensions to health, the thesis was that it should be easier for the participants to single out and overcome the self-perceived health issues by acknowledge them as related to the unemployment situation and not just something that was diagnosable. One could call it the "catch 22" of unemployment, "You're not feeling well because of unemployment, and you can't work because you're not feeling well".

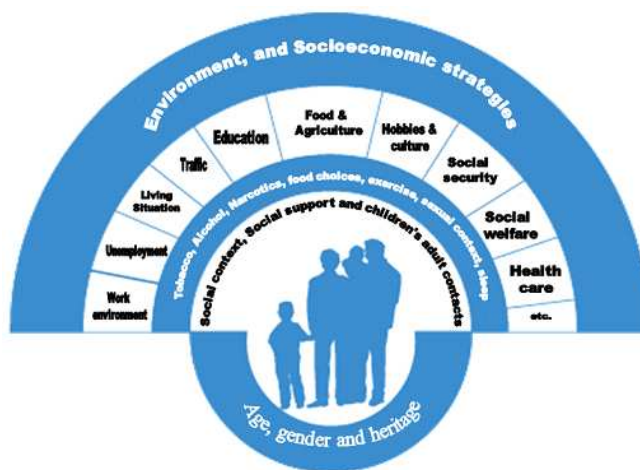
Methodology

The methodology was based on the premises that "you can affect and change the things you know" which basically means that if you don't know what affects your health and what health is, you can't do anything to change your situation. The project set out to give the whole theoretical package about health and combine it with traditional labour market efforts, such as work practice, creating résumés and work interview tactics.

Participants were first introduced to the questions "what is health?" and "Is being sick/ill the same as feeling unwell/bad?" These discussions were meant to jug the participants' standpoints on their health issues. The first question evolved into discussions and lectures regarding the differences between physical, psychological, spiritual, emotional, social, and society related health aspects. Furthermore, the second question gave the participants the means to relate their issues to circumstantial factors and not just diagnosable illnesses. The

definitive change in thought was clear to see in the one-on-one discussions with each of the individuals. Many of the participants could suddenly relate their issues to different things, like having stomach pains and suddenly connect it to being 28 years old, never had a job and starting a family without any disposable income (Later on that person got a job and the pain went away).

Another big part of the methodology was to discuss and give lectures regarding the determination factors of health (shown on image below). This chart shows the things that affect our health and which factors that can be seen as more important than others.



Age, gender and heritage is very important in determining health, but are constants we cannot affect ourselves. The social health is the most important of the aspects, since many of the other factors tend to be related to the interactions between people and who we choose to interact with (Ex. If your parents are working, educated or as a negative: Are your friends doing drugs?).

The group discussions didn't just revolve around health and employment issues. Many times it could be about movies, newspapers or anything that caught the participants' eyes. At times it was about rules and regulations within the official systems because they had always been on the outside looking in. By learning about the official regulations the understanding for their situation increased.

Known results

The project was thoroughly evaluated by an external, unbiased company. All participants, partners and workers were interviewed and the results were controlled and analyzed. Not only did the evaluation present the actual numbers, it gave great reflections on the participants' thoughts before and after the project. The overall results show that it is possible to overcome the self-perceived health issues through education about the different dimensions of health.

The aim for the project was that 70 % of the participants should have found work or started to study within 6 months after participation. At the end of the project that number was 50 % and 38 people had participated. Due to lack of funding the follow-up after 6 months couldn't be made, but at least 3 more participants got employed within that period.

Some quotes from the participants, excerpted from the evaluation (And freely translated):

"My health today is great, my psychological health is much better today than before the time in Validus, but at that time I didn't think it was that bad. I just didn't realize that I was feeling unwell, because I was so used to being unemployed and receiving welfare."

"It took some time before the insight, that the self-perceived and actual health must be balanced, hit me. When I understood what it was all about I was out in the labour market within weeks. Now six months has passed since I started working and here I'll stay"

"If no one believes in you, in the end it's difficult to believe in yourself"

"Today I stop and think more than I did before. Today I see the needs of other people and not just my own"

3.3 Netherlands

3.3.1 MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy Lifestyle

For people who are slightly mentally handicapped

The VTV logo consists of the letters "VTV" in white, set against a purple square background.

DiTiSiFiT

A row of five icons: a spoon, knife, and fork (orange); a house (green); a bunch of grapes (purple); a bathtub (blue); and a strawberry (orange).

MEE MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy Lifestyle



Possible problems



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy Lifestyle



Result of problems



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

- Lower level of insurance
- Better use of personal network
- *Mantelzorg is dat More commitment care??????*
- Prevention



MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

- Assists clients in organizing their lives
- Supports clients and their networks in all areas and stages of life, such as child-raising, learning, working, friends, money and lifestyle
- Integral approach



MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy lifestyle



MEE supports clients individually and provides courses



VTV supports clients in groups



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy lifestyle



Integral approach to Healthy Lifestyle Topics

- Friendship en relationships
- Dealing with Stress
- Hygiene
- Drug and alcohol use
- Food and exercise



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy lifestyle



MEE basic course with all of the Topics

DiTisFit

De cursus voor een gezonde leefstijl



- Friendship en relationships
- Dealing with Stress
- Hygiene
- Drug and alcohol use
- Food and exercise



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy lifestyle



Participants make there own 'Dit is Fit plan'

- Which items are important to me?
- For each subject a goal
- Method(s) of reaching goal(s)
- What kind of help do I need?



Result-evaluation at the reunion

MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy lifestyle



DiTisFiT

De cursus voor een gezonde leefstijl



Provided at 3 “sheltered employments”

The results are good to very good

Remarks from participants at **evaluations**:

- Good tips and advice
- Makes me focused again
- Interesting
- Learned a lot, everyone should attend
- I found it exciting but also fun
- The trainers listen to you carefully, they are all lovely people.



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

Healthy lifestyle



If the client wants to explore the subject further,
MEE and VTV provide:

MEE:

- Healthy food for little money
- Chill out
- Friendship, relationships and sexuality
- Budgeting

VTV:

- Make over for you and your home
- Cook your way to the top
- Nice and relaxed



MEE

MEE Zuid-Holland Noord Ondersteuning bij leven met een beperking

4 Conclusion

The partnership ran for two years and the partners have seen the wide range of the topic and the endless questions that appeared at the end of the partnership, too.

So we took the following questions into consideration to go on with the working process:

What institutional or/and environmental supports were available and what was missing?

Is there any political support for the target group?

What qualities of a good support for the target group are reflected?

Is there an important relationship between mentee (unemployed person) and mentor?

How necessary are social networks and social inclusion to the target group?

How is sustainability fostered?