



third - sector qualification for elderly care

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third - sector qualification for elderly care

- a) facts about the region and structure of elderly care
- b) partners and topics of DP
- c) challenges, effects and agenda

the region Baden-Württemberg

- inhabitants 10,8 Mio
- unemployed persons 233.575 / 4,2%
- elderly in 2005 23 %
- elderly in 2025 30 %

the elderly care in the region

- 2.000 organisations for elderly care
- 54 % of elderly care by professionals
- 88.000 employees in the elderly care

structure of elderly care

- traditional structures in transition to market*
- compulsory care-insurance
- job motor*
- aging workforce*
- (female) immigrants*
- increasing black market*

structure of carers' trainings

- dual system of vocational training (3 years)
- no training for migrants*
- few training for low-qualified (unemployed)*
- few chances for a cross-career*

the challenges?

- increase the quality of working places
- increase quality of care (1 € jobbers)
- train the low-qualified, unemployed , women returners
- integrate the black market
- where are the male carers?
- make the job careers more flexible

active members of DP

- 3 social economy welfare federations
 - PARITÄTISCHER
 - CARITAS
 - DIAKONIE
- 3 institutions for elderly care
- 4 scientific institutes
- 1 management consultancy
- 14 institutions of vocational training

strategic members of DP

- 4 regional or local labor offices
- Ministry of labor and social affairs
- 2 trade unions
- 1 representative of old people's co-operative societies
- 1 regional association of disabled people
- 2 other social economy welfare federations

What we could do

1. „Job rotation“
2. training the management
3. trainings for women returning to work
4. trainings for unemployed and unskilled persons
5. trainings for immigrants working in the care sector

1. „Job rotation“

- tool *while staff undertake vocational training, their posts are filled by unemployed people*
- difficulties *mismatch, flexibility of care institutions, problems in rural areas*
- solutions *individualised approach, support for care institutions and trainees, mutual help in the DP*
- effects *34 persons stayed in work, 181 employees are skilled*
- transfer *no, policy does other things now...*
- conclusion *effective instrument, but consensus of all actors necessary and a good funding!*

2. training the management

- basics
 - *handbook "staff – a success factor"*
 - *self evaluation tool for job quality in care*
 - *analysis "elder staff in care"*
 - *analysis how to gain male carers*
- tools
 - *in house seminars (5), best practice groups (5)*
 - *conferences and workshops for managers (7)*
 - *newsletter (250), internet home page of DP (1.500 per month)*
- costs *basics 250.000,-€, tools 150.000,-€*
- difficulties *motivation of management*
- effects *more sensitiveness for management, federations and policy*
- transfer *by policy and welfare federations*
- conclusion *necessary, but expensive and hard work!*

3. trainings for women returning to work

- tool *5 trainings for women returners (51 persons)*
- costs *15.000 € curriculum, 37.000 € trainings*
- difficulties *to get the participants, different knowledgebase*
- solutions *promotion by care organizations and schools*
- effects *75% employed in care-sector*
- transfer *some institutions took it in normal program, several demands for the curriculum*
- conclusion *necessary, but face to face not so effective*

4. trainings for unemployed and unskilled persons

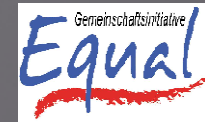
- tool *9 trainings for women returners (130 persons)*
- costs *10.000 € curriculum, 45.000 € trainings*
- difficulties *not enough places in the trainings, different knowledgebase*
- solutions *no promotion but more trainings as planned*
- effects *35% employed in care-sector*
- transfer *some institutions took it in normal program*
- conclusion *urgent, easy to handle, economical*

5. trainings for (female) migrants working in the care sector

- tool: 11 *trainings for (female) migrants (128 persons)*
- costs: *10.000 € curriculum, 67.000 € trainings*
- difficulties: *to get the participants, different knowledgebase*
- solutions: *promotion by care organizations*
- effects: *35% employed in care-sector*
- transfer: *some institutions took it in normal program, high interest in public and policy*
- conclusion: *urgent, easy to handle, economical*

...but there was no
chance to ...

1. increase the quality of care
2. integrate the black market
3. make the job careers more flexible



thank you for
attention