

50 Fit *Employability and Health Precaution for Older Long-term Unemployed*

Compendium



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1. Introduction: Employability and Health Precaution for older long-term unemployed - 50-Fit – (INIBIA)

Scientific researches show that long-term unemployed people suffer from age-specific diseases, bear higher health risks, are afflicted with mental diseases, assess their life situation as stressful, morbid and destructive, etc. This impacts negatively on their ability and motivation for lifelong learning and employability; it affects especially older people. On the other hand, older people have many competences (e.g. quality awareness, social competences, etc.) as a result of their professional and life experiences. In November 2008 a conference on health precautions for older long-term unemployed has been organised in Germany. The discussion showed that there is a high need for information exchange among stakeholders, like training organisations, employment offices, social organisations, insurance companies, etc. in order to strengthen the striving against health risks and to promote lifelong learning and employability. The demographic changes in Europe enforce the necessity to utilise the potential of older people. Health precautions for long-term unemployed are an important key in promoting their employability and their re-integration into the labour markets.

As a result of the conference the partners decided to work on this issue more intensively within a common project, using the Lifelong Learning Program (Multilateral Projects - 503616-LLP-1-2009-1-ES-GRUNDTVIG-GMP). The project “Employability and Health Precaution for older long-term unemployed - 50-Fit” started in October 2009 with the following partners:

- PROBENS, Barcelona, Spain (applicant)
- INIBIA, Welter, Germany (co-ordinator)
- AECEO, Mérida, Spain
- BOIE, Łódź, Poland
- Ayuntamiento de Torre Pacheco, Torre Pacheco, Spain
- Europartners 2000 Foundation, Sofia, Bulgaria
- ADCAVL, Poet Celard, France
- Hommes & Savoirs, Saint Georges de Didonnes, France
- Arbeit und Bildung e.V., Marburg, Germany
- Praxis GmbH, Marburg, Germany

The objectives of the project were to present material, pedagogical and didactical methods, best-practice-models and own experiences in how to implement health precautions in qualification or (re-)integration courses for long-term unemployed older people. The main target groups of the project were trainers and stakeholders who work with this group. The partners undertook own researches and surveys (desk-research, interviews, focus-group meeting with experts) in order to identify the needs and find best-practice solutions. One of the main outcomes of the project is the present compendium outlining the project results.

It comprises:

- An overall summary of the individual partner reports about their desk research and interviews in their countries (needs analysis),
- Presentation of seven educational modules which have been developed and tested by the partners within the target group,

- Evaluation and benchmarking of the piloting
- Recommendations for the further mainstreaming of health precaution in adult training.
- It should be mentioned that the project and the compendium followed a very practical approach, so that the partners (mainly training organizations) could gain maximum benefit for their own work and at the same time share these experience with other training organizations and stakeholders.

Further detailed information is available on the website: <http://www.rein-network.eu/50-fit> .

Most of the project partners are members in REIN, Réseau Européenne pour l'INsertion des personnes defavorisées, Belgium. The REIN website mainstreams all results. Here you can download some information about every partner of the 50Fit network.



2. Results of expert interviews and desk researches (Summary)

2.1 Introductory Remarks

The following chapter summarizes the Interview Reports and Desk Research prepared by the partners of the “50Fit”-Project.

The interviews and research were carried out as part of the needs analyses the main objectives of which were

- to learn about the current health situation of long-term unemployed people in the partner countries,
- to find out what affects and which are the indicators that influence their situation,
- to know about the conditions which stimulate their activities in life-long-learning and their employment,
- to learn about models and best practice which could be adapted and/or developed in order to meet the needs of long-term older unemployed and
- to identify good models which could successfully be transferred to other countries with low level of programme implementation.

The methodology of the research has been:

- Research of literature, data, statistics, etc. (secondary analyses)
- Semi-structured interviews, adapted for each group of experts/ stakeholders:
In all five countries participating in the project a minimum of five experts and/or stakeholders (health insurance companies, labour market offices, training experts, etc.) were interviewed in order to get an actual and in-depth view of the target group; each from the specialist standpoint of the stakeholders/experts.

The partner reports were prepared after studying existing documents, practices, strategies and programs in each country, and after conducting meetings and discussions with the stakeholders active in the national labour market. Strategies and programs for reducing levels of unemployment among older people were also considered in this research.

It should be especially mentioned that the purpose of the reports was NOT to undertake an analysis which meets exacting scientific standards. Instead, it was the aim to gain a practical view of the partners into the current situation in the different partner countries.

As mentioned before the following report represents a summary of the partner reports; the detailed reports of the partners are available on the project website (www.rein-network.eu/50-fit/).

2.2 Demographic situation and long-term unemployed people over the age of 50

The demographic situation and ageing society bears many challenges for the European countries, especially for the social security systems. As we observe in all countries a sudden decrease of young people whilst the number of persons in the retirement age is growing disproportionately high, it is important to increase the efforts to maintain their health and employability on the labour market

as long as possible. This includes on the one side strategies for lifelong learning (inside and outside of the companies), encouragement for behavioural changes to turn to an attentive life, awareness for individual health prevention and flexibility. On the other side there is a need for a change in the attitudes of employers: Employers often forget that older people constitute a significant economic factor because they own specific knowledge, work and life experience and a high level of social competences. Older workers are often more loyal to their employers because they are aware of their insecure situation on the labour market. There is a continuous need of awareness rising among employers to hire and maintain the employment of older workers and encourage their lifelong learning.

The proportion of older people among the unemployed is significant, but differs a lot between the partner countries. On the one hand, this is due to different parameters in the country, like economic development, retirement age, youth unemployment, culture of employing older workers, etc. On the other hand, the statistic base in the different countries is also not fully comparable. But the following table gives an impression of the absolute figures of (older) unemployment in the partner countries:

Country	Period	Total Number of unemployed people	Unemployment Rate	Number of unemployed over 55	Rate of the over 55 year-old (from the unemployed)
Spain	I/2010	4.612.700	20,05%	349.900	7,58 %
Bulgaria	I/2011	418.000	11,3 %	64.000	15,3 %
France	I/2010	3.400.000	9,3%	210.800	6,2%
Germany	I/2010	3.258.451	7,7 %	931.049	28,8 %
Poland	I/2010	2.076.700	12,9%	428.600	20,6%

2.3 Reasons for long-term unemployment in the target group

Using the results of desk research and interviews the partners identified the following main causes of long-term unemployment in the target group:

2.4 Individual reasons (depending on the target group itself)

Age and qualification level are the most relevant factors that cause long-term unemployment: Statistics show that people over 55 years old have a much higher probability than people between 16 and 24 years old of being long-term unemployed.

In particular, older-qualification profiles as a mis-match for the changing needs of employers, in combination with low activity levels in continuing education (no life-long-learning experiences), are THE main reason on the individual level for long-term unemployment.

2.5 Structural or contextual reasons (that means, caused by national/ regional policies, socioeconomic factors, entrepreneurial strategies, etc)

- Increasing retirement age (in more and more countries retiring at the age of 67 years).
- Low entry of 50+ people into jobs with permanent contracts (Employers tend to hire younger people; they are not ready or willing to employ older workers; prejudices are held against older employees)
- Integration support and the integration programs, including the integration strategies of labour market agencies, are not (sufficiently) adapted to the needs of the older unemployed;
- In some sectors of some countries there is still a tendency for early retirement (for example in Spain: 50-55 years old for persons in the banking sector).
- Higher unemployment caused by a crisis in some sectors (e. g. in Spain: for men in the construction sector).
- Increasing competition among workforces due to increasing worker mobility and immigration into European labour markets.
- Rising number of low wage jobs; too low salaries offered by employers

2.6 Consequences of long-term unemployment

2.6.1 The risks of social exclusion

The risks of social exclusion have been described specifically in the German and Polish partner reports, while the interviews in the other partner countries reflect a similar situation.

The German report identified many international studies that reveal that - compared to all other populations - the long-term unemployed have by far the highest risk of social exclusion (Kuhnert, 2007a, Kuhnert et al., 2008). According to a study by the DIW, German Institute for Economic Research, (2007) the proportion of long-term-unemployment-benefit-recipients (ALG II), who are poor, increased substantially in Germany. This often affects older unemployed people, who earned in former jobs higher salaries, and then descend step by step down to the level of unemployment benefit. The social isolation in terms of cultural impoverishment and marginalization among long-term unemployed is also quite high: after a year of unemployment, 80% up to 90% of the unemployed never or rarely visits a theater, 50% and 70% rarely or never go to a restaurant or a cafe and 35% to 55% travel less often or never (Harych & Harych, 1996). In the Long-Term-Unemployment-Study carried out in Dortmund, 69% lived in a "culture of boredom" (Kuhnert, 2007b).

The Polish report described long-term unemployment and living in poverty as leading to decreasing aspirations to participate in cultural life and the education of children. Children from such families lack sufficient opportunity to gain higher educational levels because - due to their families' financial backgrounds - they have to look for a job to maintain themselves and their unemployed parents.

In elementary school and junior high school these children cannot take up the possibilities to attend extra (payable) classes (for example foreign languages courses), which leads to differentials in

educational levels between themselves and the children stemming financially better-off families. As a consequence, an inheritance of poverty in such families can be detected.

Another social problem among the unemployed over 45 seems the permanent withdrawal from any official labour market and entering into “black economy”. These people are then denied opportunities to benefit from welfare assistance because they are not liable for social or health insurance.

Long-term unemployment is perceived as a cause of many social pathologies; it leads to various addictions, which degrade family life. It is especially dangerous for people over 45 years old because they rapidly lose a sense of purpose in life, they don't see any chance for better prospects, their self-esteem is shaken. As a result, among the unemployed in this age group we can observe incidences of frustration or states of depression and even suicides attempts. Another problem in this group is the psychological barrier which is characterised by a fear from taking up new challenges. These people have difficulties with adaptability to new environments and in making quick and challenging decisions. They are reluctant to participate in classes which would enable them to gain some new qualifications sought by the labour market. The long-term unemployed over 45 often do not have skills, experiences or educational qualifications which meet the requirements of the labour market. They usually find it hard to function in the fast-developing IT-society. These are observations identified by all partners who have many years of experience engaging with the target group of older long term unemployed.

2.6.2 The Influence on health conditions

In addition, the health situation of long-term unemployed people has been described as similar from the partners in their differing countries Bulgaria, France, Germany, Poland and Spain. Based on the research of the partners we can summarise the following as the most important/common health problems typical of this group:

- Frequent psychosomatic disorders such as: headache, stomach aches, nausea and vomiting, pain in the chest, lack of appetite and sleep disorders;
- Due to the difficult financial situation among the majority of the (long-term) unemployed they are forced to reduce the purchase of more expensive, more nutritious and varied food products, which in consequence negatively influences their nutrition and impacts on their health condition
- Numerous addictions (smoking, alcohol, drugs) are caused by unemployment and the stress that is related to it;
- Increased risk of death (suicides), poverty, social isolation, lost of self-confidence, development of risky behaviours (alcoholism, drug abuse etc.);
- More frequent use of health services.

The effect of unemployment on health is undeniable and increases the longer a period of unemployment lasts, particularly through the psychological effects. Unemployment is not the direct cause of health deterioration, but the psychological and financial consequences following the job loss impacts sooner or later on the mental and physical health status.

Similar results are drawn-up in the desk research report “State of the Art in Health education” of the Grundtvig project “HealthBox – Integration of Health Issues in Adult Education” with partner researches conducted in Austria, Denmark, Finland, Germany, Italy, Romania and United Kingdom (Ref. 503146-LLP-1-2009-1-AT-Grundtvig-GMP), available under: www.healthbox.eu.

2.6.3 Programs, instruments and the providing institutions

The range of programs and instruments spread from information campaigns, financial incentives (e. g. tax subsidies for employers), policies and campaigns against addictions through to active reintegration and social projects and programs for the target group itself.

The 50-Fit-partners mentioned specifically the following programs, instruments and providing institutions in their reports:

Country	Programs and providing institutions
Bulgaria	<p><u>Programs:</u> The Ministry of Labor and Social Policy together with the Employment Agencies develop together many strategies and programs for the unemployed; These programs are initiated at regional level – big cities and small towns; Private HR consulting companies offer consultations, individual and group motivation training as well as individual consultations with psychologists; In private HR consulting companies, consultations and training programs have been conducted since 2006.</p> <p><u>Providing Institutions:</u> Ministry of Labor and Social Policy of Bulgaria www.mlsp.government.bg Ministry of Health of Bulgaria www.mz.government.bg Employment Agency www.az.government.bg National Statistics Institute www.nsi.bg CITUB (Confederation of Independent Trade Unions of Bulgaria) www.citub.bg</p>
France	<p><u>Programs:</u> Specific contribution called “Contribution Delalande” whose objective is to tax the companies on the dismissal of senior workers; Measures to reduce the job costs for companies: specific employment contracts for receivers of social benefit (companies receive financial support from public institutions); a regressive support accorded to companies who employ unemployed people aged over 50; In 2006, a new national Plan has been initiated by the government and the social partners to encourage employment of seniors, their employability and personal motivation. New measures have been voted in 2008 to increase the representation of seniors.</p>
Germany	<p><u>Programs and providing institutions:</u> Federal labour market programs: - Objectives of "Initiative 50 plus" are: increasing the employment of older people, reducing the early retirement of people aged 55-year-olds and above, better integration of older unemployed people into the labour market, greater participation of older workers, significantly more participation in further education programs;</p>

	<p>- "Law to improve employment opportunities for older people" – helps promote further education for older people;</p> <p>- The initiative “New Quality of Work” improves older workers’ employability.</p> <p>- The programme "Perspective 50plus – employment pacts for older people in the regions”: The starting point of the 62 German pacts of the federal programme "Perspective 50plus" are 348 Job Centres or Working Pools in different regions. Aims are to enable the integration of the older job seekers in the general labour market and to establish regional networks whose partners develop and under the federal programme deploy with the greatest possible freedom their own effective inclusion strategies for older long-term unemployed.</p> <p>Model projects related to health and employability (examples):</p> <ul style="list-style-type: none"> - Fifty-Fit in Ennepe-Ruhr-Kreis; - JobFit NRW in Northrhine-Westfalia; - „Fit in Arbeit“ in Frankfurt .
<p>Poland</p>	<p><u>Programs:</u></p> <p>The governmental project: “Generation solidarity 50+”:</p> <ul style="list-style-type: none"> - Discounted tax rates for employers hiring workers over the age of 50; - Additional healthcare benefits for such workers; - Free training. <p>Employment Distribution Act and Labour Market Institutions Act approach these people in a particular way: There are active measures for preventing unemployment, designed for people aged 50: non-repayable grants, cost refunds for enterprises creating a work place for an unemployed person, interventional work, public works, vocational training, traineeships, and socially beneficial works.</p> <p><u>Providing Institutions:</u></p> <p>District Labour Offices;</p> <p>Nongovernmental organizations;</p> <p>Local Government Entities which provide services of the labour market.</p> <p>The above institutions acquire some funds for implementation of projects mainly from European Social Fund [ESF] under the Operational Program Human Capital [OP HC].</p>
<p>Spain</p>	<p><u>Programs and providing institutions:</u></p> <p>Professional guidance through Instituto Nacional de Empleo de Espana (INEM), Spanish National Employment Institute, in vocational guidance for obtaining employment and assistance towards self-employment (OPEA);</p> <p>Guidelines available at the Board of Andalusia “Andalusia Orienta”;</p> <p>Social network on the Internet: www.sigojovent.com;</p> <p>Barcelona “Activa” Programs:</p> <ul style="list-style-type: none"> - “A safe bet” – combines personal skills training to increase employability and personalized advice on business practices; - “Serious solutions” (“Ideas maduras”) aims to promote entrepreneurship and enterprises’ establishment; <p>Incentives to companies to sign permanent employment contracts (for an indefinite period of time) with people over 45 years old (reduction in cost of Social Insurance Benefits);</p>

	<p>Specific programs to access university studies for people over the age of 45.</p> <p>“Renta Activa de Inserción” Programme: The objective of this Programme is to increase 45-plus unemployed workers’ capacity to return to the labour market. It comprises active employment policies managed by the different regional Employment public agencies as well as, if necessary, a monetary benefit provided by the National Employment Public Service to the beneficiary as long as s/he commits to participate in any eventual training offer.</p> <p><u>Providing Institutions:</u> Ministry of Labour and Immigration: www.mtin.es National Employment Public Service: www.sepe.es Murcia Employment and Training Service: www.sefcarm.es Andaluzian Employment Service: www.juntadeandalucia.es/servicioandaluzdeempleo Ministry of Health, Social Policy and Gender Equality: www.msps.es</p>
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2.6.4 Specific health care programs for the target group

The research and interviews of the partners showed that only Germany specifically addresses health care programs for the unemployed.

These are, among other sources, presented in the volume of Hollederer (2009). Many of them focus on long-term unemployed older people.

Examples are:

- Older long-term unemployed with severe long-term low-work ability could change fields of work in a project conducted in Frankfurt whose objective is to find a balance between health and employment targets (Gawlik-Chmiel & Beck, 2009).
- Older long-term unemployed at the age of 40+ with significant health challenges can tap into help in the project JobPromote managed by the Labour Market Office (ARGE) in Cologne where they can get longer-term and deeper integration support (Seligman & Schmitz, 2009).
- Since 2001, a cooperation network called "Health Promotion" with over 50 organizations has been established (www.gesundheitliche-chancengleichheit.de). These organizations are "regional nodes of health" in all states ("Länder") which partly (like in Northrhine-Westfalia) rests its focus on the theme: "Unemployment and Health".

The results of the initiatives have been evaluated:

- Health and labour market integrative projects with short-term interventions achieve high and medium effect with short-term unemployed (Elkeles & Kirschner, 2003.).
- So far, the same kinds of projects directed at long-term unemployed have had a rather small impact (Trube & Luschei, 2000). In addition, the re-integration success decreases significantly with the increasing duration of unemployment (Bröker & Schöning, 2005).

- In the balance done by Kirschner and Elkeles (2005) about the "Regional Project JobFit" (public health counselling for unemployed in NRW) the psycho-social problems of unemployed were not significantly alleviated despite improvements the take-up of sporting activities and eating habits (Kuhnert, German Mann & Kastner, 2008).
- Older long-term unemployed with complex problems and chronic illnesses need long-term supportive social and health assistance that do not exist in Germany at this moment. The concept of stabilizing groups (SG) can be a building block (Kuhnert & Kastner, 2009). Brochures are also helpful for practitioners of health and employment promotion, for example, by the Federal Health Insurance Company (BKK, 2008) or by the EQUAL project like "Stav Health & Fit", "Practical Guide for Health Promotion for long-term unemployed 50 +" (Kuhnert et. Al. , 2007).

Overall in Germany, at least regionally, there is a diversity and good quality of health promotion programs for the older long-term unemployed, which should be continued and supported.

2.6.5 Experiences with programs and conclusions

In most countries there exists either a public and/ or private health care system, but it doesn't focus on the issue of labour market integration for long term unemployed specifically. The only exception is Germany:

In Germany there are a good number of health programs directed at the target group. However, so far, in almost all health oriented interventions with the unemployed it has been reported that recruiting volunteers and gaining the acceptance of health promotion have met with great difficulty (Elkeles & Kirschner reported, 2006; Kuhnert & Kastner, 2009; Kirschner, 2009).

In addition, many pilot projects are the subject of severe "creaming effects" regarding the selection of the participants, that means that the most problematic groups are under-represented in the projects, whereas they face the highest health and social risks (Hollenderer, 2006). Therefore, new access routes oriented at specific urban districts and the predominating way of life for socially disadvantaged groups such as older long-term unemployed are very important. To gain access to and really reach out to the most problematic groups is not only the challenge in Germany, but for all countries which start down the road of integrating "health promotion" in social and labour market policies. This was also one of the results which was noted in the desk research report of the Grundtvig-project "HealthBox – Integration of Health Issues in Adult Education" (www.healthbox.eu).

In order to get access and reach the target group for health issues and improve their lifelong learning, it is therefore important to face up to the following needs and aspects:

- The importance of "awareness raising". not only among the target group itself, but also for multipliers, stakeholders, decision-makers, and especially employers
- Continuous activation and motivation of the target group (individually and on group basis)
- The integration of health issues into other activities, in order to overcome barriers and reluctance, and to gain acceptance and participation

- Concrete activity plans and schedules which are easy to integrate into individuals' daily activities
- The importance of pursuing “holistic approaches” as far as possible, that means in terms of the variety of health promotion activities, collaboration between different professions and experts, public-private-partnerships, etc.

In Annex I you'll find all desk researches, names and positions of the external experts!



3 Description of the Educational Modules

3.1 Introductory Remarks

In the following section the partners present their educational modules which they have developed during the 50Fit-project and tested within a specific target group. In order to find a better way to compare the different approaches the description of the modules follows the same structure. Further information, material, etc. are available on the webpage of the 50-Fit-project (www.rein-network.eu/50-fit).

The educational modules are very different in its approach: there are very short ones, with a specific thematic focus on health prevention for a specific target group and which rather try to give knowledge for a better health prevention as a precondition to lifelong learning and employability, and there are also longer ones which offer practical exercises and which aim to enhance behavioural changes on a process-oriented basis.

All educational modules have been evaluated in order to use the feedback of the target group and get information about the effects and results. The results of the evaluation are presented in Chapter 4.



Arbeit und Bildung e.V.

3.2 Arbeit und Bildung e.V.

3.2.1 The educational module

Name of the module	<p>“Health support in qualification programmes for long-term unemployed” Realising the own new possibilities and abilities <i>prepared by Arbeit und Bildung e.V.</i></p>
Objectives What are the objectives of the module?	<p>Prevention of depressions and addictions Improving the sense of self-esteem in order to realise the possibilities of getting back to the labour market again Create the awareness that a healthy body is rather fit for work Get to know and experience the elements that belong to a health conscious life (nutrition, basic biological knowledge about the own body, getting to know the right motion-sequences) Recognise that the addiction is a problem Maintaining the health of the own body as the only good for people who only do have their labour force with regard to the value of their work</p>
Target group Please give a description: Age	<p>The module can be provided to any kind of unemployed target groups, but it is especially activating for long-term unemployed. For our pilot training course we had the following structure of the</p>

	<p>training schedules and diet sheets (e.g. for diabetics)</p> <p>Observation at work including counselling on the right moving during work</p> <p>Group counselling about the low budget activities available in the region (e.g. sports clubs, etc.)</p> <p>Group counselling with regard to other counselling institutions for handicapped people (“Integrationsfachdienste” = service that helps handicapped people to find a job)</p>
<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Material Literature etc.</p>	<p>Professional pedagogical leadership with expert knowledge in the different topics</p> <p>Classroom and kitchen for the teaching units and the practical experiences</p> <p>Basic gymnastics equipment such as balls, mats and batons</p> <p>Groceries</p> <p>Biological models, skeleton, films for biological education in school</p> <p>Self-made worksheets and scripts</p>
<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>Our offer is designed for men and women equally</p> <p>We have experienced that women being in the same situation as men treat their body as well as their health more consciously</p> <p>In our experience women also consult a doctor earlier than men do</p> <p>Women like to accept our offers and they take them seriously</p> <p>Men are rather difficult to motivate and the teaching units are new for them so they first have to learn how to deal with them</p>
<p>Cooperation partner Please identify the partners, who are involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>Counsellors in the job centre</p> <p>If required, inclusion of “Integrationsfachdienste” (service that helps handicapped people to find a job)</p> <p>If required, the family doctor</p> <p>If required, the company doctor</p> <p>If required, nutrition counsellors</p>
<p>Success control What do you mean by success? How will the success (quantitatively /qualitatively) be recorded? What are the criteria for success Success relative to participant sustainability integration promotion</p>	<p>Motivation during the teaching units and the practical works –</p> <p>Observation and comparison to other teaching units</p> <p>Sustainability to continue the work on the subjects – enquiry via questionnaire and phone interviews</p> <p>Changing the personal living conditions with regard to a healthier life – enquiry via questionnaire</p> <p>Registration in for example sports clubs – enquiry via questioning</p> <p>Improvement of the health situation – especially with regard to an improvement of the integration chances on the labour market – enquiry via long-term questioning</p> <p>Improvement of the physical fitness</p>
<p>Sustainability / continuation of the quotation local continuation national continuation transnational continuation</p>	<p>On the local level – Applying the experiences and teaching subjects on other programmes with comparable target groups</p> <p>On the national level – make it known in working groups nationwide</p> <p>On the transnational level – publish and present it in the REIN network</p>

<p>Account costing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<p>Costs for classroom and kitchen are not calculated as they are already available <u>Additional costs:</u> Staff costs for a trained qualified employee who carry out the teaching units - 700,00€ per month Material costs (once only) – 35,00€ per person Material costs during the teaching units – operating costs – 30,00€ per person</p>
<p>Pre-conditions</p>	<p>Financial support for starting the module Coach with knowledge in training-methods and experiences in social work.</p>
<p>Addressing companies or employers</p>	<p>Company level The modules can be extended to other target groups or the whole staff of the company. It is possible to train in-house trainers to continue with a lower cost-level. Other companies level Give training schedule to other companies</p>

3.2.2 Execution and experiences of the project “50+”

The project was carried out with long-term unemployed people. Within the group of long-term unemployed there were people who had been unemployed between one and ten years. According to their own information, the persons were ill or felt ill in many cases and they scarcely (or never) did sports. The persons claimed that they were too old or too ill to do sports.

Besides that, the target group had no personal body perception. They were not aware of the fact that their abilities would always correspond to the performance of their own bodies and that their physical labour force was the only means of integration in the labour market being long-term unemployed with low qualification. According to their own statements, they were not aware of the fact that physical fitness in combination with a healthy nutrition would lead to a personal well-being and an active life and would thus simplify the professional integration.

The participants mostly consisted of men but the units could also be carried out separated according to gender. It was striking that the group members liked participating in the units after a short hesitation. They really accepted the counselling and already began to observe their own body and well-being during the programme but also afterwards. In the questionnaires it was also found out that by movement and working routines the physical well-being was perceived and many participants were feeling worse after the unit than before.

Many participants became aware of how badly they had been treating their own bodies, their locomotor system and their nutrition. In many cases it was stated during and short after the project that this would be changing in the future. The participants were willing to do sports at home and to reduce the bad habits in nutrition and in addictive behaviour. Nevertheless, these were rather resolutions in most cases which did not fulfil themselves according to a questionnaire after six to twelve weeks.

All in all, 25 persons participated in the project at Arbeit und Bildung e.V. but only seven persons participated from the beginning to the end. This is due to times absent, due to positive and negative abortions of the programme or due to times of illness.

3.2.3 Description of the unit in practice

The project was carried out over a period of four months with ten hours a month, five every two weeks. In addition to that, there was individual counselling and visitation at the job.

The instruction contains the following topics:

My body in matters of cardio-vascular system, gastrointestinal system, locomotor system and respiration. For those topics theoretical and practical input was combined and the questions “What am I doing right/ wrong?” were discussed. The topic cardio-vascular system for example also contained topics such as cardio-vascular diseases (e.g. hypertension) and how to deal with it.

In matters of the gastrointestinal system the topic healthy nutrition was trained with practical examples such as “healthy breakfast” or “healthy catering”. This topic included units with healthy cooking and common meals.

The topic locomotor system especially concentrated on strengthening and stretching. The questions “Which parts of the body have to be moved and stretched?” and “How to do it right” were answered. The aim was an improvement of the personal well-being. Special exercises which can also be done at home, at work or in class were shown.

In terms of respiration the topics “smoking” and “other addictive behaviours” were taught and explained by pictures and negative examples. Relaxing exercises and exercises for self perception were included in the lessons with the aim of improving the personal body perception.

In addition to the teaching units which were carried out practically and theoretically, a visitation of the participants at work by the educationalist belonged to the project as well. The participants were observed at work and counselled afterwards. The aim was avoiding unhealthy behaviour or movements (e.g. How to move correctly at work, how to lift correctly, etc.) During the counselling it was especially looked after the right balance between the posture and the movements of the body, meaning that the joints should always be on top of each other, even when moving, in order to support the whole locomotor system.

In addition to the components presented so far, the participants also had the possibility to receive individual counselling. In the beginning, the participants hardly took advantage of this possibility but after some time they developed fun, a new perception of their own body and confidence towards the educationalist and they began to like it.

It was striking that the educationalist developed a relationship of confidence towards the participants and that topics which would usually not be discussed in class could be discussed during the counselling. Especially topics that were frightening the participants which might also work against the (re-)integration in the labour market were discussed during the individual counselling.

3.2.4 Strengths and weaknesses of the module

Strengths:

The unit opens up taboo subjects which might be working against a professional integration and which cannot be faced by instruction alone. The unit can function as a “door opener” but for this it is very important that the responsible agency picks up the topics again in its classes or during its social work guidance in order to prevent a loss of confidence.

Experience and observe the personal body perception under a new point of view.

By recognising the own weaknesses the participants were able to experience their strengths as well which lead to a general strengthening.

The unit leads to a feeling of solidarity within the group, the mutual respect increases.

Weaknesses:

The results of the second questionnaire of the participants were worse than the results of the first one, although the participants have learned a lot about themselves and their body perception.

The active body perception leads to the fact that the participants take care of themselves and fully realise their weaknesses only after the unit due to the wrong behaviour over the last years.

No coaching for the participants is intended after the unit. Such a coaching after the unit would be particularly important in order to avoid leaving alone the participants with their new knowledge in the different areas.

3.2.5 Feedback of the trainer

The participation of the group was rather reserved in the beginning and there were several obstacles to overcome which especially concerned the participation in the physical exercises.

However, it was surprising that the participation of the group improved a lot during the course of the unit and the participants began to have fun during the exercises. Some exercises were particularly assigned to individual participants (depending on their problems) which lead to a high acceptance of the exercises.

By occurring repeatedly, the topic “health” led to a higher interest and awareness with the participants.

Many participants have strong health problems, the growing awareness of this fact would have to be encouraged by long-term support.

Working with the participants was a lot of fun, small successes were constantly observable. By realising the own weaknesses the group dynamics improved and there was a strong willingness for mutual support.

It would be important to accompany and support the participants over a longer period of time in order to strengthen and develop the successes further. Especially the habituation to a healthy posture and healthy movements is important in order to practice them in everyday life.

3.2.6 Recommendations

Integrate the unit into educational measures repeatedly and repeat short sequences at work or in class in order to form habits during the educational measure.

A coaching after the unit is strongly recommended in order to avoid leaving alone the participants with their new challenge.

Longer units with less time of instruction would lead to a higher sustainability with the participants.

Competent staff – preferably an educationalist with expert knowledge in the different fields of interest
It is very important that the lessons contain many practical constituents.

*Further information which is available on the website:
A presentation with many photos
Training Schedules*

3.2.7 Photo gallery



Theorie and



Practise

Fun and social contacts

and

hard work!



3.3 Praxis GmbH

3.3.1 Educational module



Name of the module	Body and Soul 50 +
Objectives What are the objectives of the module?	<ul style="list-style-type: none"> - to develop new physical potentials - to advance employability - to learn to take care for themselves - to develop body awareness - sustainability
Target group Please give a description: Age Females/males Background Duration of unemployment Length of stay in the organisation In what context? Number of participants/group	<p>Possible target groups: Age 50 + (from 46-60), handicapped people, who are able to move migrants Possible for both gender Long term unemployed The participants should stay in the organisation for minimum 3 months The module complements work projects or similar projects by giving support for the daily affords of working. Best group-size: 6-12 participants</p>
Temporal scope of the module Duration of the entire module Module progression/week Number of hours	<ul style="list-style-type: none"> - 6-8 weeks - Once a week. - 8.00 – 13.00 o'clock (5 hours). <p>Total: 30-40 hours</p>
Contents / methods Please describe which contents are planned Topic Description of content Methods	<p>The module is a combination of 4 elements:</p> <p>Nordic Walking (endurance and energy)</p> <p>Spinal Gym (Pilates) (energy and body tension)</p> <p>Progressive Relax of Muscles Progressive (Jacobsen) (Awareness and Relaxing)</p> <p>Healthy breaks (balanced diet)</p> <p>Parts of all elements will be combined every week and be practiced by the group.</p> <p>The coach introduces all elements and develops a training schedule, which the participants can use at home. Every week in the group-meetings the participants discuss their experiences.</p>

<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Materials Literature etc.</p>	<p>One bigger room with windows for Pilates and Progressive Relax of Muscles, an adequate area for Nordic-walking Terra-ribbon Gym-balls Massage-balls Yoga-mats, Nordic-Walking sticks CD-Player and meditation music Fruits and fruit-drinks Sport-clothes are to bring with by the participants, but with consulting of the coach considering their financial resources</p>
<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>This module is designed for men and women. If there are religious or traditional reservations about mixed groups, it is useful to offer two groups. The module can be adapted to different capacities. There is no orientation on competition.</p>
<p>Cooperation partner Please identify the partners, who are involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>Health insurance, company doctor, approved community provider (or labour agency), adult education centre, sports-clubs</p>
<p>Success control What do you mean by success? How will the success (quantitatively /qualitatively) be recorded? What are the criteria for success Success relative to participant sustainability integration promotion</p>	<p>Subjective criteria <i>Interview before and at the end of the module</i> Did the well-being increase? Do the participants get an idea of self-monitoring their health-situation? Do they have more self-confidence concerning their prospects on the labour-market?</p> <p>Inter-subjective criteria <i>Interview with coaches when ending the module</i> Did the coaches recognize any development (individual or group)?</p> <p>Objective criteria <i>Medical diagnosis / data evaluation</i> Improvement of the vital signs Decrease of the inactive periods due to sick leave</p>

<p>Sustainability / continuation of the quotation local continuation national continuation transnational continuation</p>	<p>Individual Level All parts of the module can be continued, after joining the group. The participants get a training schedule to go on.</p> <p>Local and national level The module and the experiences with the training can be applied to other institutions of our national networks in meetings, by reports and in internet-boards. The reports should be published to the labour administration to encourage them to enrich their programs with health activities.</p> <p>Transnational Level The module and the experiences with the training can be applied to other institutions of international networks in meetings, by reports and in internet-boards. The modules can be translated in different languages to make it realizable in other countries.</p>														
<p>Account costing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<table border="0"> <tr> <td>Personal-costs: 30 h x 18 €</td> <td>540,- €</td> </tr> <tr> <td>Room and energy: 6d x 20 €</td> <td>120,- €</td> </tr> <tr> <td>Sports equipment : 12 x 100,- €</td> <td>1200,-€ (once)</td> </tr> <tr> <td>Fruits and juice 12 x 6d x 2,- €</td> <td>140,- €</td> </tr> <tr> <td>Total</td> <td></td> </tr> <tr> <td>Invest:</td> <td>1200,- €</td> </tr> <tr> <td>Regular costs for 12 participants:</td> <td>67,- €</td> </tr> </table> <p>(not included: evaluation and administration costs)</p>	Personal-costs: 30 h x 18 €	540,- €	Room and energy: 6d x 20 €	120,- €	Sports equipment : 12 x 100,- €	1200,-€ (once)	Fruits and juice 12 x 6d x 2,- €	140,- €	Total		Invest:	1200,- €	Regular costs for 12 participants:	67,- €
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Fruits and juice 12 x 6d x 2,- €	140,- €														
Total															
Invest:	1200,- €														
Regular costs for 12 participants:	67,- €														
<p>Pre-conditions</p>	<p>Financial support for starting the module Coach with knowledge in training-methods and experiences in social work. For continuing good training for the trainers (min. 120 h), Body and Soul trainers</p>														
<p>Addressing companies or employers</p>	<p>Company level The modules can be extended to other target groups or the whole staff of the company. It is possible to train in-house trainers to continue with a lower cost-level.</p> <p>Other companies level Give training schedule to other companies (Handout) and offer them trainers to train their staff. (Body and Soul Trainers)</p>														

3.3.2 Execution and experiences of the project “50+”

Facts

Praxis GmbH realized two rounds of the module:

Sept. –Dec. 2010: 6 participants, (4 men, 2 female), one of them with a migrant background, 8 weeks

March-May 2011: 10 participants (5 men, 5 female), four of them with a migrant background, 6 weeks

The age of the participants was between 46 and 61.

The members of both groups were long-term-unemployed workers in our social enterprise, in workshops, furniture shops, building projects and other working fields. The participation in the module was voluntary and free.

Interview with the trainer, Andrea Hannig-Jatsch, Dipl. Sportpäd. and well-versed in working with older and unemployed target-groups.

How were your impressions of the groups at the beginning of the module, which were the main problems?

A. H-J:

In both groups, the participants had very different physical and social pre-conditions, partly they were handicapped (4) or long-term sick. Some of them did some sport, but not actually, but 50% of them never did. The motivation were diseases like pain in the back, cardio-vascular problems, overweight and lack of fitness.

In the first round, the acquiring of participants was very hard. We made a lot of information-events, asked every 50+ worker individual and made a lot of publicity.

What we heard was:

“No sports

I am too old

I am too sick

I have no time

I am ashamed, I will fail to do the exercises

I never did sports”

...

We were quite sure, if one round would have been ended, the mood would change. And indeed, for the second round the interest was very high.

In the beginning of every group, social skills, self-confidence and physical fitness were very low. The group-members were ashamed to show their low fitness to the others. We also had some problems with unpleasant odour and personal hygiene, especially during the gym-exercises.

How did the group and its members developed while participating in the module?

A. H-J:

The social skills increased very fast. After two, three dates the group was formed and they helped each other without bad comments. This was a big step for motivation. If one was absence, he was asked at the working-place what happened and got a new invitation to return. The physical fitness

developed very individual, those, who did sports in former times, found their condition in short time, others needed more support. But everybody got aware, that he or she could influence his or her personal fitness and well-being.

An important aspect was, to give an individual training schedule to every participant to practice and continue at home. Not everybody did in the beginning, but we discussed the experiences every week, so that there was a high group pressure.

I helped the members finding good and cheap sports-clothes, which I wear myself, to give them self-confidence by an adequate outfit.

Did the development have any effects to any other aspects or persons?

A. H-J:

I got the information, that a few of the participants did their “homework” together with other members of their family. They talked to colleagues about their experiences and gave them advice by health problems to make some exercises. It was not possible for me, to become aware of direct effects on employability or motivation, but I would suppose, it has to be, because the behaviour and the activity of the participants changed visible.

Did you get direct comments of the participants about the module?

A. H-J:

Yes, they liked the combination of being inside and outside, of movement and relaxation very much. They all agreed, that the module was too short. The effects were a better feeling by getting up in the morning and better sleep, to feel more active and to have less pain.

They also liked the healthy breaks with fruits and juice. I tried to offer payable nutrition to give them an idea for home.

If you could continue, would you repeat the module or would you change some aspects? Which and how?

A. H-J:

I think the module is perfect for people, who did not do sports for a long time and have healthy problems, but capacities. It is helpful to add the module to other projects, because the staying power is much higher, when you meet the others every day. I would not change any element except for the time. It should be a longer period to make sure, that the participants will continue.

Further information which is available on the website:

*Curriculum
Training handouts for exercises*

3.4 ADCAVL – France

3.4.1 Introduction :

For the French module it should be noted that specific researches on seniors' health problems, particularly for those who are unemployed, don't exist.

We also miss examples of good practices done in that field for our specific target group.

What we can find:

Examples of projects and actions for promoting employability made by employment offices, trainings organisations, etc. – but which don't take into account the health situation.

Examples of practices done in the field of health, particularly to support people who are concerned by addictive and dependence behaviours, but which have for main objective health care and not the employability promotion.

Therefore it's certainly our main interest of this 50fit project: to have a transverse approach for this specific target group.

The module developed and implemented by ADCAVL is the result of a need analysis made with the beneficiaries of our social enterprise.

In our daily work, we observe important health problems among our target group which represent barriers to employment. Our beneficiaries are particularly concerned by problems of addictions and dependencies (result of psychological weakness, unemployment and social "isolation").

The professional technicians and social workers of ADCAVL who are working directly with the beneficiaries meet some difficulties to manage these problems which often require specific treatments and for which we miss funds and human adapted resources.

Before the "50Fit"-Project, ADCAVL had never developed specific projects and actions on health promotion.

The work during the needs analysis (interviews) showed the lack of collaboration with partners of the health sector. Initiated by this project, we could develop in the meantime a good partnership with experts for addictions in our country.

With these partners, we could make the same observations: Professionals of health sector and professionals of social enterprise don't cooperate enough regarding health issues of our target group. We have also observed that our institutional partners are not "open" to develop new adapted and effective cooperation.

What can we do in such context? How can we imagine innovative programs which could bring concrete solutions to health problems of our beneficiaries (over and below 50) and contribute to improve their employability sustainable?

Because our own resources and possibilities of cooperation were limited, we took the following decisions:

to work on a first short project, adapted to our needs and also to the context of our organization (ADCAVL is a local organization which met during the period of the project fundamental economical and financial difficulties): one training day (8 hours) with 2 different topics to focus a part of the project to the prevention of addictions

to introduce an innovative approach with therapists in the natural and soft medicine sector: holistic approach of body and spirit, possibilities of treatments, focus on the topic of "tiredness" both in work and personal contexts, impacts of our behaviours on our general constitution

to open this training to beneficiaries aged under 45 (only 20 % of our beneficiaries are over 45)

For the development and implementation of this module, we have contacted different organisations and professionals. Two organisations have accepted to be partner of the project:

ANPAA 26: departemental organisation working in the frame of addiction prevention and treatment for alcoholism

“Dispensaire de soins naturels de Crest”: Local Free Health Centre specialized in natural and soft medicines

The module presented in the following part must be considered as a first experimentation for ADCAVL, aiming at 4 main objectives:

to develop a first project in health prevention among our organisation

to valorise the results of this training module to our institutional partners

to evaluate this experimentation to work on a wide approach in the future (longer module, new themes and topics in health prevention)

to create new cooperation for future projects (e. g. new projects could be developed with Health Free Centre of Crest: not only 3 hours intervention but longer programme).

3.4.2 The educational module

Organization - Country	ADCAVL – France
Name of the module	Sensitization and Prevention of addictions - Taking care of one’s health by natural and soft medicines
Objectives What are the objectives of the module?	<ul style="list-style-type: none"> - Increasing awareness and preventing addictive behaviours - Promoting the access to treatment - Promoting soft and natural medicines for disadvantaged people and the access to this type of medicines - Encouraging a better awareness of health precaution: to limit impacts on social life to increase the employability and the access to durable employment
Target group Please give a description: Age Females/males Background Duration of unemployment Length of stay in the organisation In what context? Number of participants/group	<p>The structure of our pilot training was as follows:</p> <p>Number of participants: 10</p> <p>Age: From 20 to 55 (50 % over 45)</p> <p>Gender: Male: 80 % / Female: 20 %</p> <p>Background :</p> <ul style="list-style-type: none"> - Beneficiaries of social government assistance, long-term unemployed people with a low qualification level, Main professional experiences as factory workers or non qualified jobs in other sectors (building, agriculture, logistic...) - Limited mobility - Important health problems (physical and psychological) <p>Duration of unemployment : More than 12 months</p> <p>Length of stay in ADCAVL: 6 to 24 months</p> <p>In what context : Salaried people of social enterprise</p>

<p>Temporal scope of the module Duration of the entire module Module progression/week Number of hours</p>	<p>- Setting up of the project: From May to November 2010: Identification of target group' needs, partners' contacts, formalisation of objectives and content of the action, contractualisation - Project's Development with target group : Preparation/ Evaluation : 4 hours Training Session : 1 day (8 hours) (Dec. 2010) Number of hours (with beneficiaries): 12 - Evaluation of the project : 1 week (Dec. / Jan. 2011)</p>
<p>Contents / methods Please describe which contents are planned Topic Description of content Methods</p>	<p><u>Topics:</u> - Addictive behaviours and body's dependencies - Soft and natural medicines (holistic approach of body and spirit) - Tiredness (in social and professional contexts) <u>Contents:</u> •Training-Workshop "prevention of addictions and social accompaniment" with a social worker –ANPAA 26 •Training-Workshop "Tiredness prevention" with 2 therapists of Natural care free health Centre in Crest •Collective and individual preparation, evaluation with ADCAVL educational team <u>Methods:</u> Collective and individual approaches Work with experts Interactive approach with exchanges and discussions (without moralisation and stigmatisation) Conviviality (coffee, lunch...) Evaluation with the beneficiaries : Feedbacks, needs, expectations</p>
<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Materials Literature etc.</p>	<p>Meeting Rooms Experts (social worker, therapists) Material : paperboard, paper, projector</p>
<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>The project was in general open for both genders, but our beneficiaries are mainly male. This situation was adapted to the reality of the beneficiaries of our social enterprise. The results of the module will be disseminated to our partners to encourage the development of this kind of project among other social enterprises who work with women.</p>

<p>Cooperation partner Please identify the partners, who are involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>Professional in health field : therapists (natural and soft medicines) ANPAA 26 (Organisation specialized in the Prevention of addictions, Accompaniment and treatment) CIRDD (Centre d'information Régional sur les Drogues et dépendances) Institutional partners (Conseil Général de la Drôme, Etat)</p>
<p>Success control What do you mean by success? How will the success (quantitatively /qualitatively) recorded? What are the criteria for success Success relative to participants Success relative to sustainability integration promotion</p>	<p>Success control means: Active participation of beneficiaries, expressed interests, answer to their needs and expectations Better awareness of health precaution and of the impacts that some behaviours could have in social life and on employability Formalisation of next steps</p> <p>The success of this project will be mainly evaluated on quality results (We are first interested in the process and the experimentation).</p> <p>Criteria: Interest, better awareness, level of participation, involvement, personal evolutions Success relative to participants: Evaluation during the process (observations) and by individual evaluation with the participants (questionnaire, interview) - The effects will be controlled during the stay in the social enterprise</p> <p>Success relative to sustainability: Could this experimentation be integrated as an ongoing module in our methodology? What do we have to improve or change?</p>
<p>Sustainability / continuation of the quotation local continuation national continuation transnational continuation</p>	<p>Presentation and dissemination of the results to our local partners (Financial partners, Social enterprises, Health organisations) Sharing of experiences among the departmental network of Social Enterprises Sharing of experiences on transnational level (REIN network)</p>
<p>Account costing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<p><u>Costs:</u> Experts: 200.00 € Material and foods: 100 €</p>

3.4.3 Conclusion / recommendations :

This Module unit in Health Sector has been particularly interesting to analyse our target group's needs, their feeling about health situation, the connection with employment and the interest declared by participants to develop more and longer actions in that field.

With the results of the evaluation, we can formalize some recommendations:

- *Propose a longer module with varied topics and alternative methods (theoretical, practical and exercises): go deeply into each topic, evaluate the process on a longer period (improvement of personal life, working situation among the social enterprise)*
- *Even if it was short, the developed module was rich of learning and must be valorised toward our institutional partners.*
- *Identify for every topic the consequences on employment; work deeply on this point with our partners (health and employment services)*
- *Work in the same time on the professional integration: valorisation of capacities and skills, self-confidence, to be able to valorise advantages toward "normal" companies...*
- *Reinforce the partnerships developed during this project and integrate new partners on other topics: nutrition, sports, labour medicine...*
- *Integrate this kind of module as a permanent method in the work developed with our target group*
- *Mix collective and individual approaches*

Further information which is available on the website:

Curriculum

3.5 Ayuntamiento de Torre Pacheco – Spain

3.5.1 The educational module

Name of the module	Module of promotion of health among long-term unemployed <i>Ayuntamiento Torre Pacheco; Spain</i>
Objectives What are the objectives of the module?	<p>To enhance physical and mental health training for long-term unemployed people over 45 years old.</p> <p>To prevent any disease caused (or hardened) as a consequence of a long-term unemployment situation.</p> <p>To raise module attendants' awareness on the importance of bearing in mind health for their professional career.</p> <p>To increase attendants' employability by fostering life long learning.</p>
Target group Please give a description: Age Females/males Background Duration of unemployment Length of stay in the organization In what context? Number of participants/group	<p>A group of 15 people were enrolled to take the module, but finally only 12 people participated (9 female/ 3 male).</p> <p>They were following individual itineraries that integrate training and active search for employment. Those people were enrolled in the module after being interviewed by the social worker of the project of Labour Guidance and Mediation which municipal social services develop.</p> <p>The target group is made up of people with rather low training level and poor professional qualification.</p> <p>From the initial group, only 8 participants finished the Phase I): 3 men and 5 women over 45 years old who were unemployed for at least 12 months.</p> <p>Again 4 new participants were incorporated to the module; at the end 12 trainees finished it.</p>
Temporal scope of the module Duration of the entire module Module progression/week Number of hours	<p>Total Module duration: 185 hours, distributed in the following four different phases:</p> <p>Phase I) “BASIC HEALTH SKILLS AND INFORMATION”. (From 15/11/2010 to 26/11/2010).</p> <p>The duration of this phase was of 8 h, distributed in 6 sessions according to the different types of content.</p>

	<p>Phase II) “HIGHER EMPLOYABILITY BY FURTHER LEARNING”. (From 1/2/2011 to 28/2/2011).</p> <p>Duration: 36 h, distributed in 12 individual sessions of 2 hours and 12 of 1 hour. (3 hours per trainee)</p> <p>Phase III) “GENDER, EMPLOYMENT AND SELF-EMPLOYMENT”. (From 1/03/2011 to 31/03/2011)</p> <p>The duration of this phase was of 45 h, distributed in 15 sessions of 3 hours, based on individual sessions</p> <p>Phase IV) INDIVIDUAL COACHING. (From 1/04/2011 to 30/05/2011)</p> <p>Duration: 96 h, distributed in 48 sessions of 2 hours. (2 monthly sessions for each of the 12 module attendants).</p>
<p>Contents / methods Please describe which contents have been implemented Topic Description of content Methods</p>	<p>Phase I) “BASIC HEALTH SKILLS AND INFORMATION”.</p> <p>First session: Health and sport.</p> <p>Concepts of physical activity, physical exercise, sport. Benefits from sport practice. Cardiovascular disease prevention. Sport and job-related injuries. Musculoskeletal system- related damages. Backache prevention. Basic exercises for back care.</p> <p>Second session: Food and nutrition:</p> <ol style="list-style-type: none"> 1.- Nutrients and types. 2.- Food groups. 3.- Equivalence between food groups. Weight control. 4.- Mediterranean diet. <p>Third session: First-aid instructions:</p> <ol style="list-style-type: none"> 1.- Cures and dressings. 2.- Burns, Injuries and Hemorrhages. 3.- Cardiopulmonary resuscitation. <p>Fourth session: Anxiety and depression:</p> <ol style="list-style-type: none"> 1.- Concept of Anxiety, Positive and Negative Anxiety. 2.- Symptoms of anxiety. 3.- Disorders related to anxiety. 4.- How to get over anxiety; relax exercises. 5.- Depression; how can we recognize it; types of help.

Fifth session: Prevention of addictions:

- 1.-Compulsive gambling
- 2.-Substances: tobacco and alcohol, cocaine and others.
- 3.-Self-medication; personal risks; basic first-aid kit.

Sixth session: Dental hygiene and health:

- 1.- Adult's teeth.
- 2.- Dental hygiene.
- 3.- Dental diseases caused by a poor hygiene.
- 4.- Current treatments for dental diseases.

Phase II) "HIGHER EMPLOYABILITY BY FURTHER LEARNING"

First session:

Personal interview (Study of personal and professional competences with the aim of establishing trainee's professional goals; guidance on the diverse professional profiles demanded by the enterprises).

Joint design (by the technician and the trainee) of an **individualized itinerary** for the integration in the labour market.

Second session:

Follow-up of the itinerary.

Phase III) "GENDER, EMPLOYMENT AND SELF-EMPLOYMENT".

First and second sessions:

Raising awareness on the importance of training within the context of personal and social promotion.

Third to twelfth sessions:

Learning the basic steps **to plan and develop self-employment objectives and projects.**

Thirteenth to Fifteenth sessions:

Raising awareness on the **principles and attitudes that sustain gender equality.**

	<p>Phase IV) “INDIVIDUAL COACHING”.</p> <p>Acquisition of basic knowledge and management of skills to search for a job and to self-employment (assertiveness, self-esteem, oral and non verbal communication ...).</p> <p>Psychological assistance.</p> <p>Methodology combined both theoretical and practical issues. On the other hand it was focused on the target group but also on the target individual:</p> <p><u>In the first and third phase:</u> Speeches were supported by audiovisual materials; in addition, practical demonstrations and exercises were monitored by the technician. Also work groups were made to enhance collaborative learning.</p> <p><u>As for the second and fourth phase,</u> methodology was adapted to a closer relation trainer-trainee: individual interviews and one-to-one talks.</p>
<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Material Literature etc.</p>	<p>1 Room, 1 Personal computer, 1 Laser projector, Didactic material, Medical/ psychologist/ nurse/ physiotherapist.</p>
<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>This module sought for a balanced participation of men and women, on equal conditions.</p> <p>The time and date of the module sessions were adapted in order to favour the trainees’ best balance between professional and family life. Indeed it was organized during school time.</p> <p>On the other hand, Phase III provided contents focusing on gender equality awareness.</p>
<p>Cooperation partner Please describe the partners, who have been involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>11 Employees of the local Public Health Centre:</p> <p>5 doctors, 5 nurses, 1 physiotherapist</p> <p>2 Employers of Instituto Municipal de Servicios para la Acción Social (Torre Pacheco town council):</p> <p>1 coordinator and technician of social integration, 1 psychologist.</p>

<p>Success control</p> <p>What do you mean by success? How has the success (quantitatively /qualitatively) been recorded? What are the criteria for success? Success relative to participant sustainability integration promotion</p>	<p>We consider this module was successful because the goals we had at the beginning were fairly achieved:</p> <p>It provided the target group with physical and mental health training.</p> <p>It helped to prevent any disease caused (or hardened) as a consequence of a long-term unemployment situation.</p> <p>It raised module attendants' awareness on the importance of bearing in mind health for their professional career.</p> <p>It promoted life long learning among the module attendants.</p> <p>Success regarding...</p> <p>Participants:</p> <p>Actual use of the acquired knowledge in participants' daily lives. Participant's better attitude for life long learning.</p> <p>Sustainability:</p> <p>Local and regional dissemination of the module. Possibility to transfer and implement the module in other entities.</p> <p>Integration promotion:</p> <p>A higher level of participant's employability because of lower absenteeism due to health reasons.</p>
<p>Sustainability</p> <p>local continuation national continuation transnational continuation</p>	<p>Sustainability on local, regional and national levels will be guaranteed as long as the module is implemented on a general basis as a part of the training itineraries.</p>
<p>Financing</p> <p>Any costs which may arise during the implantation of the module:</p> <p>wage costs material costs etc.</p>	<p><u>Concerning Phase I:</u></p> <p>Since the teaching staff who worked at the local public Health Centre voluntarily collaborated in this module, the staff costs were limited to coordination.</p> <p><u>Concerning Phase II, III and IV,</u> the wage costs corresponding to a part-time coordinator and a psychologist.</p> <p>The room and the didactic material were provided free of charge</p>

	by the Health Centre as well as by the Instituto Municipal de Servicios para la Acción Social (IMSAS) in Torre Pacheco.
Pre-conditions (Minimum qualification of trainers, etc.)	Local decision-makers readiness to implement the Module. Availability of voluntary qualified staff of the local Public Health Centre as well as staff of IMSAS.
Addressing companies or employers How did your module address your own and other companies or employers	This module was addressed to long-term unemployed people and it would have to include some adaptation in order to address companies or employers.

3.5.2 Implementation and experiences

The target group:

A group of 12 long-term unemployed people (for at least 12 months) started the module: 9 female and 3 male.

They had been following individual itineraries that integrate training and active search for employment. Those people were enrolled in the module after being interviewed by the social worker of the Project of Labour Guidance and Mediation which municipal social services developed.

The target group was made up of people with rather low training level and poor professional qualification.

From the initial group, only 8 participants finished the Phase I): (3 men and 5 women over 45 years). Since 4 new female participants were incorporated to the module, then 12 trainees finished the rest of it.

The trainees' average age was 49 years old. Although none of them were mentally or physically handicapped, however three of them had a pre-existing disease and three were smokers.

3.5.3 Strengths and weaknesses:

Among the strengths of this module we find:

Interdisciplinary trainers team: Such a wide variety of trainers' backgrounds (medical, social and labour) provide the module with richer diverse contents and it allows an integrate learning.

Multiple approaches: individual/group, physical/mental/psychological, training/labour integration.

Gender equality focus: Even though gender equality is a transversal topic throughout all along the development of the module, Phase III devoted three sessions to this specific issue.

Some weaknesses of the module are:

Sustainability is not guaranteed because of lack of financing the training staff.

Lack of capacity to involve companies or employers in the execution of this module.

Trainers' observations about the project and the module:

On the one hand...

The Phase in which health skills and information were tackled was too short to have a visible impact on the trainees' daily life.

The period (gap) between the first and second phase was too long, which caused some trouble to motivate trainees not to give up the module.

But on the other hand...

Trainees showed a very positive attitude in every activity of the module, actively participating when it was demanded.

Individual coaching and psychological support proved to be one of the most effective activities as well as better accepted by the trainees.

3.5.4 Lessons learnt and recommendations:

- **Health skills and information should be provided for a longer period along the module: at least for 12 weeks.**
- **The cohesion of the target group is crucial at the beginning; otherwise there is a high risk of leaving the module.**
- **Active participation of trainees all along the module, even from the design of it, enriches the training process and allows for better accomplishment of goals.**
- **It seems quite difficult to implement this module without a political and economic support.**
- **It would be necessary to try to persuade regional and national governments to provide this kind of projects as an ordinary activity, that is, to incorporate it to health and labour policies.**


- **Material provided to trainees included some powerpoints and a dossier elaborated by the training staff:**

CUIDADO DE LA SALUD EJERCICIO FÍSICO

EJERCICIO FÍSICO

El ejercicio físico, practicado de forma moderada, posee una serie de beneficios que nos ayudan a controlar nuestros trastornos de y mejorar nuestra salud.

- Mejora el sistema cardiorrespiratorio.
- Disminuye la tensión arterial.
- Libera endorfinas.
- Disminuye los niveles de colesterol.
- Elimina toxinas de nuestro cuerpo.
- Favorece la autoestima.
- Regulan el sobrepeso.
- Mejora la calidad de vida y nuestra salud.
- Fortalece el sistema inmunitario.
- Aumenta la resistencia al estrés.
- Aumenta la capacidad de concentración.



Es importante comenzar con ejercicios muy suaves y aumentar gradualmente el tiempo y el nivel de actividad. Andar al aire libre, realizar estiramientos suaves, yoga o pilates son recomendables para aquellas personas con trastornos de ansiedad y depresión.

3.5.5 Some Photo gallery:



Training session of Phase I “BASIC HEALTH SKILLS AND INFORMATION”

Final session of Phase I “BASIC HEALTH SKILLS AND INFORMATION”





3.6 Europartners 2000 Foundation, Sofia, Bulgaria

3.6.1 Educational module “ I CAN CHANGE AND DO IT”

INTRODUCTION

The Education and Training Module was developed by a group of experts and staff of Europartners 2000 foundation, Sofia, Bulgaria.

After considering and studying some practices, documents and strategies for countering the drop in employability among older people and programmes in the country, and after conducting meetings and discussions with stakeholders on national labour market developments, we created a multi-disciplinary approach to the problem and set it out in the module „*I can change and do it*“.

It is an innovative approach but it does not pretend to be unique and a „universal solution“ for the long-term unemployed over 50 because each client (person) needs to be individually managed and trained.

We appreciate the possibility to learn from examples and experiences of the partners during the project and would like to use the chance to update and enrich our module with these experiences after the piloting and testing.

Name of the module	MODULE “ I CAN CHANGE AND DO IT” By Europartners 2000 Foundation, Sofia, Bulgaria
Objectives What are the objectives of the module?	Implementation and realisation of health precaution in a course, and acquiring skills, needed for work: Steps for development have been: Steering the process of designing a model course for piloting and testing the benchmarked ideas and experiences, collecting comments and further ideas and close joint discussion; Collaborating on developing model course (curriculum) and training materials Preparation and presentation of outcomes (evaluation of results) by questionnaire, telephone interviews, discussions via internet, etc.

<p> Target group Please give a description: Age Females/males Background Duration of unemployment Length of stay in the organisation In what context? Number of participants/group </p>	<p> Main target group: long term unemployed women over 45 years; but men could also participate Sample group was: 10 women aged 46 - 52 years and 2 men. Qualification levels: Qualified –school/college and university background, high and higher education levels Duration of pilot training and testing of module: 6 months (Start date: September 2010, ending March 2011, due to some exceptional circumstances and absence of clients/trainers) Training schedules were prepared and adapted to the needs of clients and the trainers /experts, based on a weekly timetable In preparation run-up, a recruitment and information session was conducted to acquaint interested candidates and to explain contents, responsibilities, expectations and rules. </p>
<p> Temporal scope of the module Duration of the entire module Module progression/week Number of hours </p>	<p> Total duration: 4 - 6 months, but can be extended to 8 months, subject to agreement between trainers and participants. Most of sessions were conducted on individual basis through expert consultations (especially with psychologists and gerontologists), others were carried out in group work (yoga training and demonstrations, self-confidence and trust-building exercises) Each group training sessions lasted 2 hours x 45 minutes (once weekly). Objectives and content were planned monthly in advance, dependent on participants' progress. </p>
<p> Contents / methods Please describe which contents have been implemented Topic Description of content Methods </p>	<p> Module included following elements and training sessions: Consultancy with medical team of gerontologists and assessments of health status and individual capability to follow training course by doctors. Frequency of visits and consultations: once a week following pre-booking Individual and group sessions with Human Resources experts on: motivation and behaviour; personal appearance and self-management, self-confidence and trust building, advising, motivation and communication, social networking and neighbourhood relations; done in individual meetings and consultations with psychologist. In addition: Team building sessions and discussions, regarding questions like:” Why employers prefer to recruit older workers than young entrants?”, but also regarding general competences like “Basic ICT skills and what can be found in internet”? Yoga physical exercises, a group exercise, once a week for 2 x 45 minutes during 4-6 months. Basic physical exercises, breathing, meditation, nutrition, life style and stereotypes; health and wellness.; The five basic principles of yoga: 1/ Asanas </p>

(Exercise); 2/ Pranayama (Breathing); 3/ Shavasana (Relaxation); 4/ Sattic (Diet); 5/ Dhyana (Meditation).



Expected health results and benefits: boosts of energy and vitality; yoga, to deal more effectively with stress, relief from muscle tension, better posture, increased muscle tension, improved stamina and strength, cure back issues, cater for proper digestion and bowel movement, better circulation of blood, effective weight loss and improved mental and spiritual health.

In addition yoga DVDs and books were available for home exercises by participants.

In addition, further support was offered:

Consultancy and meetings with Employment agency officer on 1/ New job positions and trends on labour market, 2/ Employment offers and employers' requirements. Frequency: once a month. Consultancy and putting ADDs and Info on job vacancies from Labour and Recruitment Agencies, once a week, posted on the Info Board.

Entry assessment of participants and internal evaluation were conducted with participants and trainers during implementation of training.

<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Material Literature etc.</p>	<p>Training course conditions are subject to an organisation plan and preliminary agreements and contacting with partners and the providers, namely:</p> <p>Rooms for individual sessions and group sessions, Yoga exercise room; Special equipment – floor mats, balls, medical equipment (in the Department of gerontology), books and DVD films, bathroom; Experts from partners institutions for various topics and consultancy; Computer, printer and internet access</p>
<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>Experience shows more motivation and interest from women than men in course. Higher qualification assures better understanding and discipline; Course admission and delivery was made on equal opportunity principles.</p>
<p>Cooperation partner Please describe the partners, who have been involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>Implementation partners: Europartners 2000 foundation – lead partner University Hospital of Endocrinology and Gerontology at Medical Academy of Sofia, Department for Gerontology Yoga Center “Diva” in Sofia Employment Agency in Kardjali town Human Resource Consulting Center in Sofia Jobs.bg Agency in Sofia</p>
<p>Success control What do you mean by success? How has the success (quantitatively /qualitatively) been recorded? What are the criteria for success Success relative to participant sustainability integration promotion</p>	<p>In context of this module clients‘ success is understood as “personal satisfaction”, “gratitude” and “finding a permanent job”.</p> <p>=> <u>Success Criteria:</u> <u>For participants:</u> Satisfaction, change of living style, behaviour, changing stereotypes for the better, activate social networking, attempts to attend interviews, increased number of friends; <u>For the sustainability and integration success of long-term unemployed :</u> Multiplication of pilot training in other contexts (organisations, regions, etc.), establishment of network of interested people and organisations (for example Club50+ in Sofia).</p>
<p>Sustainability local continuation national continuation transnational continuation</p>	<p>New project application is under preparation for National “Human Resources Development” Operation Programme in Bulgaria (2011-2013) building on achieved results of the project; Exchange of information and dissemination of project results at end of project; Preparation of new project application based on the partners’ best practices and project outcomes, for example under “Learning Partnerships”.</p>

<p>Financing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<p>Funds need to be available before start of training. Preliminary contracts with providers of services and experts need to be concluded in advance. All costs should be planned in the budget operational plan, including:</p> <p>Appropriate wage costs (average for the service sector industry); Material costs and expenses for rent of premises and training tools, including participant transport; Other - purchase of video films and books (for a library); free ICT equipment with internet access and printing facility.</p>
<p>Pre-conditions (Minimum qualification of trainers, etc.)</p>	<p>The trainers should be qualified and possess certified skills for training. Medical doctors should have a specialisation in gerontology. HR practitioners should have work experience in advising and consulting (recruitment) of persons for labour market.</p>
<p>Addressing companies or employers How did your module address your own and other companies or employers?</p>	<p>We have consulted with small enterprises and module was found quite satisfactory to them. Employers have agreed that they would accept workers following this training course.</p>

3.6.2 Implementation and experiences

Description of real target group

Target group - a mixed group of women (10) and men (2), long term unemployed, aged 48 - 55 years old, suffering from medical problems and needing visits and consultations with HR experts and labour market specialists.

Number of participants etc.

Women – 10, men – 2

Schedule (time, how many times per week, etc.)

Duration – 4 - 6 months, weekly sessions of 2 x 45 min. each, on preliminary monthly planned basis.

Strengths and Weaknesses

Strengths: Voluntary application, subscription and participation; scientifically based training with multilateral preparation through consultations on labour market demands;

Weaknesses: Conflicting engagements and home activities; need for transport; limited funding during pilot testing.

3.6.3 Comments and feedback of trainers

The trainers expressed a common wish for more discipline and motivation from participants. As regards the quality of the module - it was discussed and worked out in advance.

Feedback on 2 participants in the pilot:

Maria – 50 years old, unemployed for 3 years, secondary level of education (high school), specialized vocational qualification as air hostess. The airline company she was working before was closed 4 years ago. Maria had some health problems, she underwent surgery. After that she had to recover and rest. For 1 year she had a medical insurance and social assistance as a registered unemployed person. She started to suffer from blood pressure, heart problems, taking medicine every day. She tried to find work and attended interviews several times but without success. Financially she was dependent on from the salaries of her husband and her son. Maria was admitted to follow the pilot course in September 2010. She was very enthusiastic from the start. She was motivated to meet and speak with the HR experts and learn about the needs trends and requirements of employers and the labour market. Our organisation has helped Maria to find a job as office staff in a transport logistics firm, dealing with land transportation as of January 2011.

Plamen – 54 years old, VET specialised high school, unemployed for 3 years. His last job was car/bus driver in a private company. The company was forced to close because of the economic recession and crisis. Plamen is married. His wife is a social worker in a public institution in Sofia. Plamen very much likes his profession as driver. Plamen was depressed as a result of becoming long term unemployed and stressed by his condition. Plamen was admitted to the pilot training module. Plamen found useful the meetings with the psychologist and the yoga physical exercises. With the help and the recommendations of our organisation Plamen succeeded to start working as ambulance driver and security in a hospital in Sofia.

3.6.4 Recommendations

Employers should pay more attention on the health conditions at the work place.
Public institutions should evaluate the benefits of a multilateral approach and mix the vocational training with health consultations and therapy in cases where needed.

3.7 PROBENS – Spain



3.7.1 The educational module

Name of the module	“WE ARE COMPETENT” Probens
Objectives What are the objectives of the module?	<ul style="list-style-type: none"> - Prevention of depression and addictive behaviours. - Improvement of self-esteem. - Improvement of the level of employability
Target group Please give a description: Age Females/males Background Duration of unemployment Length of stay in the organisation In what context? Number of participants/group	<p>The structure of participants in our pilot has been: 8 people in Barcelona, 7 people in Sevilla = 15 (we worked individually in most cases). 45-60 years (these are ca. 20% of the total clients of Probens) – 34% female / 66% male 75% immigrants More than one year of unemployment People who take part in the integration programmes of Probens</p>
Temporal scope of the module Duration of the entire module Module progression/week Number of hours	<p>Probens’ reintegration programs last a full year and offer mainly individual counselling for different clients which is oriented to the individual progress and personal context of participants. Probens has not only older target groups, but also younger people and often with different migration backgrounds.</p> <p>Specific sessions which have been addressed to the project have been the following:</p> <p>Originally planned for 4 sessions per month, once a week. In reality duration was longer, as clients didn’t take up their sessions every week. After these 4 sessions, regular follow-up sessions accompany individual progress. After 6 months an evaluation registers the individual changes.</p> <p>- Schedule of the sessions:</p> <p><u>1st session:</u> Analysis of person’s competences. Value of their previous experience. Transformation of their background in specific skills.</p> <p><u>2nd session:</u> Influence of their mental status on their employment and market situation: acceptance of new situation and internalisation of their possibilities, and of what they need to take advantage of them (training, makeover, mobility, etc.)</p>

	<p><u>3rd session:</u> Organisation of time, optimisation of efforts, working on positive attitudes, avoiding falling into depressive situations, etc.</p> <p><u>4th session:</u> Working on self-esteem issues, self-image, and attitude towards job search.</p>
<p>Contents / methods Please describe which contents have been implemented Topic Description of content Methods</p>	<p>Improve the self-esteem of people participating; work on their ability to transform negative experience of their age, their low levels of personal development, etc. into added value: experience, know-how, etc. Preventing depressive attitudes to avoid falling into health damaging behaviours such as alcoholism, drug use, psychosomatic diseases, etc.</p> <p><u>Contents:</u></p> <ul style="list-style-type: none"> - Assessment of competences. - Personal and work-related revaluation. - Redefinition of vocational project. - Work towards employment activation. Follow-up with tutor. <p><u>Methodology:</u></p> <ul style="list-style-type: none"> - Review of CV. - Personal assessment exercises. - Talks by various experts on health issues. - Self-help group sessions with colleagues. <p>25/05/11: Big meeting in Barcelona with all different actors in health activities to coordinate and to conduct new activities together. Presentation of 50-Fit programme. Probens will be partner of the promoter group. Able to introduce this type of activities into our work</p>
<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Material Literature etc.</p>	<ul style="list-style-type: none"> - Offices for individual sessions, large room for group sessions. - Some DVD's (projector, computer, etc.) <p>Our consultants (they are psychologists) are look for a training programme on health coaching for promoting labour market integration</p>

<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<ul style="list-style-type: none"> - We traditionally help fewer women than men because the female immigrant population is more likely to stay at home. Since starting to help more indigenous people, women over 40 are attending who do not have children to care for, whose husbands are unemployed, and women need to find work. - Where women do take up the service, special work is done on their self-esteem since they traditionally spend more time out of work and their re-entry is more difficult (“Empty nest syndrome”).
<p>Cooperation partner Please describe the partners, who have been involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<ul style="list-style-type: none"> - Social Services, employment agencies, other organizations dealing with health issues, other partner entities. <p>We lead on the coordination with these partners. The new programme for 2011 aims to develop a more specialized and more coordinated way of working.</p>
<p>Success control What do you mean by success? How has the success (quantitatively /qualitatively) been recorded? What are the criteria for success? Success relative to participant sustainability integration promotion</p>	<ul style="list-style-type: none"> * A good result of the module would be to change the attitudes that these people encounter in job search, and avoid falling into unhealthy situations as a result of inactivity. <p>Many people actually change their attitudes, but results are not always good and satisfactory for them, because labour market is really very tight.</p> <ul style="list-style-type: none"> * Each tutor has a grid of criteria to be analysed by direct observation throughout the process. A questionnaire will also be completed by participants. <p>The grid criteria are an official document of the organisations that finance the programme.</p> <ul style="list-style-type: none"> * Criteria: Level of participation, compliance with appointments, personal changes, level of take-up of employment, etc. <ul style="list-style-type: none"> - See how many IPIS want to participate in training (15) - Incorporate this module as a routine in methodology of the training plan. - Judge efficiency by the degree of employability by persons who have studied module.
<p>Sustainability local continuation national continuation transnational continuation</p>	<ul style="list-style-type: none"> - On a local scale, we can apply module to all entities that conduct employability activities within this age range. 25/05/11: Meeting of all health-actors in Barcelona - On a national scale, we can apply this methodology to other delegations of Probens and other entities who work with us in the various regions (CCAA). <p>30-31/05/11: Training about European programmes in the Ministry of Employment and Immigration. We presented this programme in Madrid.</p>

	<p>21/06/11: Grundtvig Network meeting in Barcelona. We are in contact with University of A Coruña (north of Spain), very interested to know results of our Fifty Fit project.</p> <p>- On an international scale, the different modules can be shared between partners of project and other active European partners. REIN network.</p>
<p>Financing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<p>* We have a little extra expenditure on materials costs.</p>
<p>Pre-conditions (Minimum qualification of trainers, etc.)</p>	<p>The trainers are psychologists, who are specialized in issues of inclusion and integration processes.</p> <p>The main target group should be people with a minimum interest in looking for a job in the labour market.</p>

3.7.2 Implementation and experiences

Description of real target group:

The target-group has been engaged in job search and has been referred from the employment offices, mostly of immigrant origin, with a high degree of frustration at the loss of previous jobs and the impossibility of finding another immediately.

Number of participants etc:

We have focused attention on 15 people (8 in Barcelona and 7 in Seville) who regularly avail themselves of our job placement service.

Schedule (time, how many times per week, etc.)

The modules have been incorporated into the process of inserting customised work plans that we are developing both in Barcelona and Seville. Therefore, many of the themes have worked on individually and shown in some pictures, while other topics such as interview preparation, job or personal attitudes or non-verbal communication, have been implemented in working group sessions.

Normally, meetings have been divided into 4 per month, although, depending on the availability of each person, each session has been extended in time, as well as extra time for testing the effects of learning.

3.7.3 Strengths and weaknesses

Strengths: Working individual allows us to better identify the needs of the target groups, including those which are not expressed explicitly, and this allows to value individuals' attitudes. We focus more on psychological health topics (moods, self esteem, motivation, etc.), to detect symptoms of depression or frustration that involve unhealthy practices (drug, alcohol, poor nutrition, social isolation, etc), and these symptoms tend to become more diluted when working with a large group.

Weaknesses: The lack of continuity of our users. Too often the clients do not meet the appointments, and therefore progress is much slower and often not tangible or visible. As we work more on the psychological aspects, the participants' consciousness of their improvements is not immediately visible.

3.7.4 Observations of the trainers regarding the project/ module/ participants – comments and feedback of trainers

How were your impressions of the group at the beginning of the module? Which were the main problems?

- Some users do not believe in the value of the module, display a distrust in some of the channels and resources we offer to improve their employability (e.g. the importance of knowing about new technologies).
- It is very important to use humour frequently to break down barriers and change attitudes
- There have been many changes in recent years, with regard to job search methods, users are not aware of them.
- Negative attitudes to positive results, but the changes are experienced by the client as negative, in turn they become negative.
- At the beginning of the module we can differentiate the factors that influence the employability of each person: external factors (age, labour market ...) and internal factors (abilities, skills, attitudes, health status ...). But when facing a job interview, for example, fear of self-presentation sometimes leads the client to focus too much on the external factors and this hinders sometimes a successful interview or access to work.
- Sometimes we see that the clients have prejudices against interviewers (e.g. if more young people believe that they are not competent, they think they will also have the same prejudices towards them ...).

How did the group and its members develop while participating in the module?

Motivation

It is very important to work on changing attitudes.

Sometimes the older people among the target group (58-60) have more positive attitudes (more flexibility, more adaptability, more consistency, more openness ...) than the younger (45-50 years). Continuous motivation throughout the whole process is necessary.

The group sessions are often very motivating; the contributions of others are often more effective than from the professionals.

Some users are in job search, not because they are really motivated to find work, but because they will miss years of contributions towards a minimum pension; or we find women, who has never worked before, but need to work now because their husbands have lost their jobs.

Social skills (individual and as a group)

The work on self-presentation and the preparation for job interviews are channels to develop the clients' social competences. People sometimes create a "mirror" where they reflect on the strengths and weaknesses of their personality. They learn to train up their social competences.

Physical fitness

Many addictions have presented themselves, for example to alcoholism: the more a client is depressed, the more we face increased consumption.

Some situations present themselves in a neglect of physical appearance, hygiene, problems of obesity or excessive weight gain

They can appear also as sleep disorders (high anxiety), or chronic pain (back, neck, headaches ...).

It is important to work against many clients' increasing inactivity. A main objective to reactivate.

Some clients tend to understand interview questions as "questioning their competences" and not as a way to enquire into their abilities.

Self-confidence

Clients tend to drop out or not to remain highly engaged throughout the module, especially if it takes longer than expected or they do not see the expected result in the short-term.

They often have a tendency to view slow progress and success as being their own fault and don't internalize that some of the factors are external and are beyond the client's control.

Awareness of their own possibilities

This is the corner-stone of our module: to assess their own skills, their abilities to transform them into something demonstrable.

Staying power

Stories of success and the exchange of experiences are important: They can learn from successful clients, how they proceeded, what their competences are, etc.

The user owns his own autonomy, his employability. He is responsible for the results.

It is very important to make visible the progress of each user, compare the goals proposed at the outset with what they have since achieved and / or improved.

Did this development have any effects to any other aspects or persons?

Employability

You try to make them understand that they should be able to get a job regardless of the labour market situation, that they should have all the skills necessary to do so. They have to be more competent, more aware, when they make self-marketing.

Motivation to find a job

We try to analyse strengths and weaknesses involved in the process of returning to work, minimising their weaknesses and emphasise their strengths.

They often have a very fragmented view of how to seek employment. They often expect an immediate positive result from each action they perform. What we are trying to teach them, is "finding a job" as a process in which partial results are positive or negative; we will help them improve their strategies and especially the outcome. It is important that their motivation remains on a more stable basis.

Job-integration

On the one hand, the overall objective, integration return to work is in itself currently very hard to achieve, as the job market is saturated.

On the other hand, there are specific situations that seriously affect personal job search. In these situations we recommend specific therapies, and we do not have sufficient resources to make them happen.

Family

The role of the clients within their family is very important; sometimes the influence of the spouse or a child can help or hinder the process of users gaining autonomy.

Also, the experience of the role change from “breadwinner” to somebody “who does nothing” sometimes causes conflicts and loss of power and respect within the family structures.

In these times of economic uncertainty, families create a few obstacles to the integration process; this can sometimes have a negative influence because too much pressure and “pushing” can lead often to distressing the client.

Colleagues

Many clients often loose contacts with friends and colleagues. Reviving this social relationship is very important, but also very difficult.

Other effects

Gaps in family, networks of friends, financial resources, ...

Did you get any direct comments from the participants about the module? Did they like to participate?

Users are generally happy to participate, and value greatly tutors’ work; but sometimes they get impatient as the effects are not immediate or visible in the short term.

Did they agree with the target and contents?

They have a hard time accepting the use of new technologies, but once they see the point, they profit from them greatly.

Did they see any effects for themselves?

From the tutorials for this module, users establish new routines that break with their previous habits, as they are much more dynamic and innovative. Offering them the opportunity to improve their situation produces a direct check on them and leads to improvements.

If you could continue, would you repeat the module or would you change some aspects?

Which and how?

For future versions we would involve also other resources in the area, to complement the actions we take within the module, for example, to invite experts in the field of medicine, addictions, etc...

The tutors themselves need to beware of getting too close and susceptible. Working with many people with significant psychological burdens, they need to learn “coping” skills and how to manage the strains in order to see continuous improvements in performing their jobs.

3.7.5 Recommendations

For future improvements of a process of identifying those elements that can improve health, we want to focus even more on these psychological aspects. We are considering a special programme for people coaching job seekers. For this we need to train our trainers. Our tutors are psychologists, but lack specific elements which would assist them to perform better in providing this support towards the improved health and employability of these people.

3.7.6 Photo gallery from our courses



Individual work on competences.

Group work about attitudes and non-verbal communication.



Group-work learning new competences



Further information available on the website:

Curriculum - social skills workshop for job seekers
Handouts for the participants



3.8 BOIE - Poland

3.8.1 Module unit on health issues for older long-term unemployed

Name of the module	Health and psychosocial activation - BOIE
Objectives What are the objectives of the module?	Beneficiaries of social help institutions in Poland are those people who need financial support. They don't take enough care of their health - they don't work and don't have enough money to take care of themselves and their health condition. So it is really important to organise such training programmes for them. They have to learn how to eat healthy while having little money and how they exercise at home to raise their fitness levels. The training ends with energising interpersonal workshops.
Target group Please give a description: Age Females/males Back ground Duration of unemployment Length of stay in the organisation In what context? Number of participants/group	Age: over 50 years Sex: 6 women, 2 men (8 persons) Background: every level of education Duration of unemployment: more than 12 months within 2 years Length of stay in the organisation: more than 12 months within 2 years in Public Job Offices in Zgierz (in Ozorków, city located in The Lodz-Voivodship, in Zgierz-District); The unemployed are in a difficult financial situation - clients of the Job Office in Zgierz and also benefit from the assistance from the Social Help Centre in Ozorków
Temporal scope of the module Duration of the entire module Module progression/week Number of hours	Duration: 09-10 December 2010 16 hours

<p>Contents / methods Please describe which contents are planned Topic Description of content Methods</p>	<p><u>Topic:</u> Health and interpersonal activation</p> <p><u>Content:</u></p> <p>Module I: Correct diet as investment in oneself & family – benefits of healthy lifestyle (3 hours) Food pyramid Bad dietary habits Amount of meals per day – their meaning and composition Balancing diet Influence of food ingredients on human organism (proteins, carbohydrates, fats, vitamins, minerals, fibre, water) Correct way of preparing meals Selection of appropriate goods when shopping Influence of correct, healthy diet on body and mind</p> <p>Module II Preventive exercises, raising physical fitness levels – workshops (3 hours) Set of relaxing and loosening-up exercises Exercise set, - strengthening spine-stabilisation muscles, hand and arm musculature, neck muscles Exercises improving blood circulation, blood supply to organism and relaxation Chosen exercises – Pilates method Chosen elements of Yoga</p> <p>Module III Prophylaxis of coping with stress – workshops (6 hours) Identification of stress sources Relaxing techniques Work with body through physical exercises Work with mind as loosening-up technique Work with breath Automassage</p>
<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Materials Literature etc.</p>	<p>Rooms: Resourced with big enough room to organise workshops, as well as physical exercises.</p> <p>Special equipment, materials, literature: mats or towels for physical exercises; training materials for example calorie table, laptop and projector to display of PowerPoint presentation.</p> <p>Speakers with expert knowledge: nutritionist, Yoga and Pilates trainer, psychologist</p>

<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>Men and women have had an equal chance to take part in the project and in the training. But women have professed a greater willingness to participate. Predominance of women stems from fact that women prevail in this age group. Also more women than men are unemployed in Poland. Thirdly reason: women take part in training eagerly and think more about their health.</p>
<p>Cooperation partner Please identify the partners, who are involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>Cooperation partner was Social Help Centre in Ozorków which can disseminate information about training among unemployed and have been help ful with recruitment.</p>
<p>Success control What do you mean by success? How will the success (quantitatively /qualitatively) been recorded? What are the criteria for success? Success relative to participant sustainability integration promotion</p>	<p>Completion of training by all participants is seen as a success. Next: Development of knowledge about health, health condition, prevention can be regarded as success. In addition: return to work for older long-term unemployed people. A further mark of success - combination of interpersonal animation with training about health care.</p>
<p>Sustainability / continuation of the quotation local continuation national continuation transnational continuation</p>	<p>Local continuation: organizing similar training in the Lodz-Voivodship for older long-term unemployed who are clients of job offices and social help centres National continuation: dissemination of training programme at national level Transnational continuation: dissemination of training programme at transnational level</p>
<p>Account costing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<p>12,64 PLN per person per hour 202,24 PLN per person for whole training programme 1617,92 PLN full training cost per course 1 EUR≈4,00 PLN</p>

<p>Pre-conditions (Minimum qualification of trainers, etc.)</p>	<p>2 or 3 trainers Trainer conducting training on healthy eating / Trainer conducting training on physical exercises (can be same person, if experienced in both areas)/ Trainer should have university degree in dietetics and knowledge about exercises tailored to different age groups.</p> <p>Psychologist conducting psycho–sociological activities should have university degree and experience in group work. Able to work with “difficult” clients (beneficiary of social help institution)</p>
<p>Addressing companies or employers How did your module address your own and other companies or employers</p>	<p>This module was addressed at older unemployed, but it might be aimed at companies or employers. Training is short and training programme would be of interest to all people wanting to take care of their health.</p>

3.8.2 Observations of trainers

Training has begun with a summary of subject matter and importance of properly balanced diet in the XXI. century. The coach presented the nutrition pyramid, explained how many meals a day people should consume. An interesting point in the programme was presentation a list of anti-cancer products.

An important point in the training was an explanation how to buy healthy goods with little money. The ability to choosing the right products is very important.

Physical fitness workshops began with a brief introduction and explanation of the importance of physical exercises. The participants had a chance to consult about individual problems during breaks.

The group was eager to exercise. Several beneficiaries initially displayed unruly attitudes to the talks and exercises, but after a while the trainer managed to engage the group to work together.

At the end of the training the participants were also introduced to the topic of stress prevention.

***Further information available on the website:
- presentations***

3.8.3 Photo gallery





3.8.4 2nd module unit on health issues for older long-term unemployed

Name of the module	Acquisition and development of computer skills in the context of health care - Active 55+ - BOIE
Objectives What are the objectives of the module?	<p>People reacted less positively to organising training on health issues compared to work-related training.</p> <p>It's important to provide older long-term unemployed people in Poland knowledge about health and health care; but if they don't work and have little money, they don't take care much of themselves and their health condition.</p> <p>So, a priority is to provide concrete vocational training which can help to develop those skills for the labour market which are required by the employers in Poland (using computer, learning foreign languages, interpersonal skills, etc.). But also within "hard" vocational training it is possible to integrate aspects of health prevention: e. g. Computer trainings should provide also knowledge about the health aspects, eg. via ergonomics of computer working</p>

<p> Target group Please give a description: Age Females/males Background Duration of unemployment Length of stay in the organisation In what context? Number of participants/group </p>	<p> The structure of the pilot group has been: Age: over 55 years Sex: 20 persons: 16 women, 4 men 20 people participated in training. 17 persons completed. 3 persons (2 women, 1 man) didn't finish due to illness. Background: every level of education was accepted Duration of unemployment: more than 12 months within 2 years Length of stay in organisation: more than 12 months within 2 years in Public Job Offices in Opoczno (Opoczno - city located in The Lodz-Voivodship) </p>
<p> Temporal scope of the module Duration of the entire module Module progression/week Number of hours </p>	<p> Duration: 15-30 November 2010; with following schedule: 15-20, 22-26 and 29 November – 8 hours per day; 30 November – 4 hours. Total: 100 hours of training. 82 hours of practical training and 18 hours of theoretical training. </p>
<p> Contents / methods Please describe which contents are planned Topic Description of content Methods </p>	<p> <u>Topic:</u> Acquisition and development of computer skills in the context of health care - Active 55+. </p> <p> <u>Content:</u> </p> <p> Module I Computer construction Basis of computer construction Use and care of peripheral devices Implementation of internal elements and external fittings 4 hours/2 hours practical training and 2 hours theoretical training </p> <p> Module II Introduction to MS Windows Windows into action My Computer - Disk management Commands „Save” and „Save As” Correct habits of saving documents 4 hours/2 hours practical training and 2 hours theoretical training </p> <p> Module III Service of MS Word text editor Construction of the program window Opening and saving MS Word document Principles of correct document editing Formatting MS Word document Creating tables Printing a document 24 hours/20 hours practical training and 4 hours theoretical training </p> <p> Module IV Service of MS Excel spreadsheet </p>

Construction of the program window
Construction of MS Excel spreadsheet
Editing MS Excel spreadsheet
Formatting spreadsheet
Printing document
24 hours/20 hours practical training and 4 hours theoretical training

Module V Creating MS PowerPoint multimedia presentations

Basic information about creating of multimedia presentations
Creating slides
Animations
Tables and graphs
Multimedia in PowerPoint presentation
Organisation of presentation
Preparation of presentations to show
16 hours/14 hours practical training and 2 hours theoretical training

Module VI Internet browser and e-mail service

WWW browser service
Searching for information on Internet
E-mail service
Sending and receiving message
Attachments
E-mail managing
8 hours/6 hours practical training and 2 hours theoretical training

Module VII Ergonomics of computer working

Choice of appropriate place for the computer
Correct posture during computer working
Correct hand laying on the keyboard
Appropriate alignment of height of seating and top of the desk relative to user height
Correct angle of computer monitor
Distance between monitor and user's eyes
Correct lighting of computer position
Exercise for spine and spine-stabilisation muscles, hand and arm muscles and neck muscles, according to the work in extended static position
Eye strain
Symptoms of illness caused by long-term working at the computer
4 hours/2 hours practical training and 2 hours theoretical training

Module VIII Prophylaxis of the work on the computer

Relaxing and loosening exercise set, possible to do during work
Exercises set, - strengthen spine-stabilisation muscles, hand and arm muscles and neck muscles
Exercises improving blood circulation, blood supply to organism and relaxation

	<p>Sports disciplines for general-developmental 12 hours/12 hours practical training</p> <p>Module IX Stress management Sources of stress identification Relaxing techniques Work with body through physical exercises Work with mind as loosening-up technique Work with breath Automassage hours/4 hours practical training Methods: workshops (practical training) and talk (theoretical training)</p>
<p>Basic conditions / equipment Which basic conditions are necessary? Rooms Special equipment Speakers with expert knowledge Materials Literature etc.</p>	<p>Rooms - training room suitable for training minimum of 20 persons Computers (notebooks) – one for one each participant Literature – books – one book to cover all necessary topics Materials - training brochures with additional information Speakers with expert knowledge – 2 people who are experienced in working with older unemployed</p>
<p>Gender Mainstreaming Is there a special attention to the strategies of Gender Mainstreaming? How is equal opportunity made in the project?</p>	<p>We have assumed that training will be attended by 10 men and 10 women. Predominance of women is accounted for by the fact that women prevail in this age group. Also more women than men are unemployed in Poland. Thirdly – women engage in vocational training eagerly and take greater care of their health Men and women have had also an equal possibility to take part in the training. But women professed a bigger willingness to participate</p>
<p>Cooperation partner Please identify the partners, who are involved (directly or indirectly) in the module. (For example doctors, Employment Agency, etc.)</p>	<p>Cooperation partner was Public Job Office in Opoczno which was able to distribute information about the training among unemployed and was helpful in recruitment.</p>
<p>Success control What do you mean by success? How will the success (quantitatively /qualitatively) been recorded? What are the criteria for success Success relative to participant sustainability integration promotion</p>	<p>Completion of training by all participants can be deemed a success. Completion of training and development of computer qualifications will be helpful in looking for a job. Secondly - return to work for older long-term unemployed people. They can gain knowledge and awareness of health precautions when using a computer and prevention of stress. Another marker of success. A further indicator of success - combination of vocational</p>

	<p>training with training about health care. More people have decided to take part in training.</p> <p>Best indicator of success - participants finding job.</p>
<p>Sustainability / continuation of the quotation local continuation national continuation transnational continuation</p>	<p>Local continuation: organizing similar training in Lodz-Voivodship for elderly long-term unemployed who are clients of job offices and social help centres</p> <p>National continuation: dissemination of training programme at the national level</p> <p>Transnational continuation: dissemination of training programme at transnational level</p>
<p>Account costing Any costs which may arise during the implantation of the module: wage costs material costs etc.</p>	<p>15,00 PLN per person per hour 1 500,00 PLN per person per course 30 000,00 PLN total training cost per course</p> <p>1 EUR≈4,10 PLN</p>
<p>Pre-conditions (Minimum qualification of trainers, etc.)</p>	<p>Computer scientist with teaching teacher training certification (after completing special course for trainer / teacher in group work) and several years of experience in conducting training. Trainer has to be aware of how to use a computer in a harmful way and how to cope with stress. The last part of the training should be conducted by a trainer who is a psychologist / educator.</p>
<p>Addressing companies or employers How did your module address your own and other companies or employers</p>	<p>This module was addressed to older, unemployed people and it would need adapting to needs of companies or employers (for example: instead of computer skills development - training in health prevention when working at computer).</p>

3.8.5 Observations of trainers

Training in Opoczno was organized for 20 persons. 16 of them had never before had contact with a computer. Theoretically, in the case of persons over 55 years old, fear of new technologies is

usually the biggest barrier (as often encountered in other training programmes), but the situation in this case was completely different.

The participants ceased to fear computers after few hours and they tried to solve problems themselves. They have also been very interested in other topics and issues.

Adequately prepared exercises provided an opportunity to check back on their own initiative and creativity. All exercises were done with commitment and satisfaction.

The participants had a problem in coordination working a mouse. But they started very quickly using the touch consoles located in notebooks (touchpad).

The vast majority of participants have made very great progress and they are definitely ready to use a computer now.

During the training they have overcome their fear of computer use. They have learned to create documents and used available programs of Windows systems (Paint, Notepad, calculator, WordPad).

The participants have listened with interest to talk on correct ergonomics during computer use. They also took interest in workshop on stress management and relaxation techniques. The physical exercises met with reluctance and a lack of interest of the part of participants. Some people refused to do exercises.

The participants, who were positively disposed to the exercises, have done them with engagement and had a lot of questions of the trainers. They listened with interest to comments and suggestions. They asked for individual guidance.

*Further information available on the website:
- presentations*

3.8.6 Photo gallery





4 Evaluation/ Benchmarking

4.1 Idea and requirements

The idea of the Project “Fifty Fit” was to test the effect of the integration of health modules in consulting, supporting, and educational projects for long-term unemployed people.

The main questions were:

- Will they have an effect on basic values, affect the chances of older people in the labour-market?
- Will they have a positive effect on physical fitness?
- Will they have a positive effect on mental fitness?
- Will they help to achieve the needs of health living?
- Will they have an effect of real fitness activities?
- Will they affect the chances of the participants themselves in the labour-market?

The different health modules did not stand alone but were integrated into different kinds of projects and seminars with different target groups and contents. The idea was also to road-test different kinds of modules (different lengths, intensity, varying percentages of information and exercises). This diversity made it necessary to design an evaluation method which was universally applicable. On the other hand it was deemed not practicable and useful to undertake objective medical diagnosis, because most measurable medical effects are detectable only long-term, they are not achievable within the few days, weeks or even up to 6 months available within a module. So the purpose of the evaluation framework developed was to make realistic those subjective effects visible by showing the differences before and after participating in the different modules.

4.2 Method

The questionnaire was broken into two parts. In the first part, general information was elicited (gender and age) as well as basic health data such as disability, illness, smoking and BMI (factor of weight) to obtain a profile of the specific target group being reported on.

In the second part, 16 questions were on all conceivable effects (see above) achieved by that specific module, two to four questions for each effect, placed in a random pattern. They were expressed in clear and simple phrases to make them user-friendly and suitable for all target groups, including for migrants. It was decided that too many questions might lead to fewer completed responses.

Identical questionnaires were given to all participants, in each of the partner organizations, irrespective of the nature and duration of the modules undertaken. Information was elicited before and after participating in the modules to identify the changes made as a result of the training. The interviews were held anonymously and a correlation between the two sets of questionnaire results was ascertained numerically.

The participants were asked to allot between 1 to 10 points depending on the degree of their agreement with the statement. The differences were determined and that gave an average value for each question.

In this way, the analysis of the answers would provide general results applicable over all the modules and offer specific results relevant to the different specific modules.

The system of questions was as follows:

- Basic values (Q 1, Q12)
- Physical fitness (Q 2, Q4)
- Mental fitness (Q 5, Q6, Q11)
- Needs of health living (Q 3, Q 10)
- Fitness activities (Q 7, Q8; Q9)
- Chances in the labour-market (Q13, Q 14, Q 15, Q16)

4.3 Target group

In total, 91 participants took part in 8 Modules offered by 7 partner-organizations in 5 countries. Overall there was a balance between female and male participants.

36% were younger participants (45-50), as many as were in a middle bracket (51-55), a quarter of the participants were significantly older (over 56); some of the participants did not respond. About one-third was disabled or with an identified illness, the rest did not provide answers on illness or had no actual problems.

A high rate of 46 % were smokers, and - in addition - 13% were occasional smokers. The BMI was a problematic question, some did not know the formula, others did not want to talk about it. Nevertheless from observation it was possible to identify that there was a low rate of participants who were significantly over- or under-weight.

4.4 Modules

There was a significant diversity in the structure and format of the modules. They varied between one-day-modules to some lasting up to 4 months, some had a higher participation in practical (sports-) exercises, other modules provided more theoretical or only theoretical information (see chapter 3). It was expected that this diversity, together with local and cultural influences, would have some impact on the range of results achieved.

4.5 Results

86 questionnaires were returned and compiled. A further 5 were not completed - hindered by the problems of reflective judgments following a module lasting only one day. Here we will make a separate analysis.

4.6 General

Generally it is worth noting that the return gave very variable results. Overall, for identifiable reasons, the modules did not present large-scale consequences. Understandably, in some cases,

conditions took a turn for the worse during participation. In general, these outcomes are attributable to the nature of the client group.

One main outcome, as a result of the training received, there was a change in uptake in the participants' engagement in more sports and physical activities (Q 7). In almost every module, even from the shorter ones, the respondents increased their rating on physical participation on average by about 1 degree. By the end of the modules, there was no effect in the greater awareness of nutrition (Q9). Interestingly, it was noted that some participants reported spending less time going out for a walk or engaging in other outdoor-activities (Q8). Feedback suggests, this might be a side-effect of participation in the project. Needing to make up for time lost as a result of participating.

Positively, participants reported a significant development in the self-evaluation of their fitness activities (Q10). Their willingness to take better care of their health increased in 4 of the modules. In only one of the modules was a negative downturn reported. In the others there was no visible effect. In the case of one module, the participants noted that worryingly they were neglecting the state of their health. In the others there was no visible change on average (Q3). When investigating their basic values (Q 12) that older people reported on an awareness that it is possible for them to achieve in much the same way as the younger. However, they were realistic enough to note that being older in the labour market does not stand them in any greater advantage (Q 1). Nevertheless, participants in 2 modules expressed a reinforced sense of self-esteem and identity.

As a result of participation participants reported themselves as more satisfied with their general health condition (Q2). In only one module did participants express themselves as less content than before.

While there participants might not have reported on a significant sense of improved energy and vitality (Q4), noticeably, many more participants noted that they were still felt fit and energetic in the evenings (Q6). Even of mornings did not reveal a similar finding (Q5).

As a result of participation, most participants declared that they had noticed a change in their networking patterns. They had started to increase their social contact as a result of the training received. This was noted both during and after participating in the modules (Q11). Considering the prevailing economic conditions when the training was taking place, it is noticeable that before and after attitudes did reveal a strengthening of attitude towards a return to work. In two modules, the participants described themselves as matching better the requirements of the labour market than before (Q13). In three other modules, participants reported feeling more secure about their general capabilities. Despite long-term unemployment and exclusion from the labour market, they reported believing in themselves, feeling themselves still able to do a task that they had already mastered. Or being capably of returning to the job they had done before (Q14).

Understandably, modules were not in a position to shield the participants from the economic realities in which they had been searching for work. In such cases, no visible change was reported. Such participants reported a low level negative reaction.

Attitudes to presenting oneself for a job-interview varied. As a result of the training the participants had an increased awareness of the demands placed on the interviewee. Combined with their long-term exclusion from such an opportunity resulted overall in some reduced confidence. However, there were big differences between the modules (Q15). Overall, as a result of the training, more participants were confident than before about starting a new job without feeling any doubts or concerns (Q16).

A number of countervailing factors constitute the background to these results. These are set out in the final section Conclusions. Summarised for now:

- The participants were among the most excluded groups in the employment market; unattractive to employers:
 - Older workers
 - Long-term unemployment
 - Under-education, under-skilled, redundant skills
 - Migrants, language problems
 - Identifiable illnesses and addictions
- The prevailing economic climate during the project period pitched an already difficult task of returning to the labour market even more steeply against such vulnerable workers
- Module times varied, many were short.
 - The time required to turn around the psychological pre-disposition of such clients is much longer.
 - In some cases, time allocated was inadequate to counterbalance the shock resulting from an increased awareness of their reality.

An insight into the variation in results and the different outcomes that were achieved as a result of different prevailing conditions, the impact of diversity in the module formats - these can be identified in these cases from the providing partners.

4.7 Modules

4.7.1 Probens - Spain, Seville and Barcelona

Probens implemented two similar modules of 8 weeks in two locations. The results of the interviews were very different. In Seville, where the general situation of unemployment is very hard, the effects of the module were quite low. Most of the respondents indicated a worsening situation during participation or no effects. Only in the higher age range the participants did feel they had gained more acceptance. In Barcelona, the module had poor positive effects but didn't show significant changes. In Seville, the health module was starting at the very beginning of the project, the members of the group did not know each other. In Barcelona the module started at the end of the project, the atmosphere of familiarity and confidence made the participants more able to engage on this issue.

4.7.2 Praxis GmbH – Germany, Marburg

Praxis GmbH worked with 16 persons in 2 groups in a module running once a week for 6 weeks. The module included a lot of practical exercises and sports. The participation was voluntarily, the members of the groups knew each other already from working together. In the first round there were problems to find volunteers, the group was not stable and the effects less visible. But the participants liked the exercises and provided word-of-mouth publicity for the next round. As a result there was no problem finding participants. This round did demonstrate visible positive effects in the subjective physical fitness levels as well as in the take-up of fitness activities and self-evaluation. These results were confirmed by the trainer monitoring. But respondent noted less effect in their subjective assessment of their own chances in the labour-market and the benefits of being in a higher age group.

4.7.3 Boie - Poland, Opoczno and Ozorkow

Boie conducted 2 modules in different locations with different durations, the first took 2 weeks, the second two days. The health module was only a small part of the project. In this module total different effects were identifiable. In the longer module we find positive effects in mental fitness, basic values and self-evaluation if at a low level, but a remarkable decrease in taking time-out to go for a walk or other outdoor activities. This could be an effect of the time lost taking part in the project. In the shorter round, the effects were less visible and balanced but negative overall. The answers revealed in the first section a big distrust against questionnaires, a lot of questions did not get answered, for example “smoking”, which has become an outlawed behaviour in Polish society. It is possible that the second questionnaire, completed after taking part in the module when participants knew each other better, was answered more honestly. So this difference in timing might account for more negative responses.

4.7.4 Europartners 2000 - Bulgaria, Sofia

Europartners 2000 conducted a 4 month-module. The effects are noticeable and positive in general. The group members were predominantly older women with good chances in the labour-market and vocational training. The motivation to take part was high and Yoga was familiar to them. The positive effects were well-balanced in every question.

4.7.5 Arbeit und Bildung - Germany, Marburg

Arbeit und Bildung worked with a strongly disadvantaged and very long-term unemployed group with considerable health problems for 6 days over 3 months. The self-evaluation of the group did not reveal particularly visible effects, in fact there were some low-level negative developments. The trainer of the group and the foreman of the working project reported different impressions: after participating in the module, the group was more stable with positive development and more fitness at work.

4.7.6 Ayuntamiento Torre Pacheco - Spain

Torre Pacheco conducted a module for 6 days in 2 weeks in cooperation with the local health services and with a main focus on information. The module had a positive effect on the participants' responses, especially in the questions referring to fitness activities, opinions on their own chances in the labour-market and on their personal physical fitness.

4.7.7 ADCAVL - France, Crest

ADCAVL worked in a one-day module in cooperation with a Social free health centre and an organization for addiction-prevention. The participants in general had problems with drugs and alcohol. The module was divided into two different parts (morning and afternoon). In a separate proceeding ADCAVL gave a questionnaire to the participants to obtain feedback. 4 participants responded (one did not answer the questionnaire).

- every participant appreciated the organisation of the day and had appreciated the atmosphere and felt well
- the contents interested 3 of the participants.

- every participant felt engaged, with differences between the different parts of the sessions
- For most participants, the module provided useful information and answers to their needs, with differences in reactions to the different parts of the session
- The module has made 3 of the participants aware of the importance of taking better care of their health
- The module has placed value on the consequences of risky behaviours for employability and the possibility to improve their own job-chances by taking responsibility for their health for the 3 participants
- All participants declared an interest to go on with this topic.



5 Conclusions

The evaluation showed a great variation in the effects of health modules integrated in projects of job-creation measures or vocational training. Ideally the project team would have benefitted from comparing the results of projects **with** health-module projects with those **without**. However, this proved impossible because of task of comparing like-with-like in the restricted number of possible projects.

In some of the project results, regional or national characteristics were detectable. Cultural and organizational variations, the nature of the client groups serviced by the providing partners, the variable durations of the modules - all such factors hindered a standard statistical benchmarking exercise in order to compare the modules with one another.

As a result, the outcomes achieved are a mixture of fact and interpretation.

Certain, an important set of pre-conditions are required for successful health-modules for long-term unemployed people:

- **Climate**
A situation of confidence and familiarity before starting the module (especially for strongly affected groups), voluntary participation
Initial reluctance to participate was removed by graduates praising the outcomes, word-of-mouth publicity
- **Inter-agency**
Cooperation with experts (Health services, trainers and so on) and other institutions (eg public funding institutions, etc.)
- **Sustainability**
To make an impact in the long term: programmes of greater duration with on-going animation. Suitable to longer time-horizons required with vulnerable groups
- **Integration**
Holistic programmes which integrate a range of different services

Not all modules exhibited very strong effects. A project finding is that the time allocated to training and the intensity of learning needs to be adequate to the client group. Not in all cases in the project were such conditions adequate for that. Target-groups comprising of mainly severely disadvantaged participants need more time to become aware of the changes that have taken place and to embed them into a positive behavioural change.

Worth noting was that in some modules, participants were helped to become more aware of the reality of their situation. Made to face the cold reality in the current climate, at first their sense of well-being decreased. This frustration is something the trainer has to manage. However, adequate resource in terms of time and trainer skills needs to counter that initial reaction and turn it around to the positive in terms of heightened motivation and renewed mind-set.

Overall, the project has identified the positive effects of pursuing the implementation of health modules for older workers as an element of re-integration into the labour market. Project results and experience advise to continue implementing this trend. As a result of the lessons learned, it is advisable to revisit aspects of the project. Specifically, lessons learned should address the following issues:

- Adequate provision for this target group's learning curve

- Recognition of an initial downward trend as clients perceive effects of neglected health issues on job-search
- Adequate resource to develop a health consciousness and activities - and to turn this into beneficial and longer-term effects

Long-term effects

Most of the partner organizations elected to continue with the modules after the project-time - in recognition of the beneficial results. Some programmes were modified to reflect experiences and lessons learnt. But overall the acceptance of the contribution of improved health-care towards enhanced employability has been recognized. From post-training observations, the positive effects on mental and physical behaviour have been seen to have increased. In 2 of the companies, health modules are now offered to all target groups and staff.



ANNEX I:

Annex to the Chapter 2 Results of expert interviews and desk researches (Summary)

1. Interviewed Experts in Bulgaria:

Dr. Maria Nedyalkova, Ministry of Health of Bulgaria

Dr. Violeta Ivanova, Chief researcher in the Institute for Trade Unions and Social Practices at the Confederation of Independent Trade Unions of Bulgaria (Sofia)

Dr. Krassimira Nechkova, Chief Researcher, Institute of Psychology at the Bulgarian Academy of Science, Sofia

Assoc. Prof. Dimitar Dobrinov, Medical University of Sofia, University Hospital of Endocrinology and Gerontology in Sofia, researcher and academic

Assoc. Prof. Plamen Kenarov, Private Medical Insurance Fund in Sofia, member of the Parliamentary Commission for Health and Social Policy in the 38th Parliament of Bulgaria

2. Interviewed Experts in France:

Interviews were held in City of Romans and environs (north Department of Drôme, market area). The interviewed experts work in :

- Social and professional integration organization (on average 220 people per year attends, 65% of them are over 45 years old) - provides: training, social integration (workshops), individualized social coaching: Eric Pleignet, Manager of “Plateforme d’insertion par l’humanitaire et la coopération”
- “House of Employment and Training” (200 in France). Purpose: develop actions at the market area in addition to national employment operations; reduce cultural and social barriers to employment. The steering committee is mainly composed of representatives from state services and local authorities members: Muriel Hennetin, director of “House of Employment of Romans”
- Social Action Local Center: Olivier Faré, director CCAS Romans
- Local National Employment Agency “Pôle Emploi”: Rémy Le Perron, counsellor Pole emploi
- Departmental Council (Solidarity management): Marylène Lioret, vice counsellor of social integration

3. Interviewed Experts in Germany:

Christian Hendrichs, Pedagogist/Educator in migration work, Head of refugee organization in Hesse

Dr. Pia Hoppe, Project Manager and Team Leader at Comeback@50, Communal Job Center Marburg-Biedenkopf

Dr. Peter Kuhnert, Technical University Dortmund, FK 14, Psychology of Organization
(Organisationspsychologie)

Martin Weiland, Head of Department, Federal Ministry of Labor and Social Affairs, Berlin/Bonn

Dr. Zimmermann, Company medical officer

4. Interviewed Experts in Poland:

Monika Mularska-Kucharek - expert in scientific studies in the field of sociology; sociologist working at the University of Lodz

Bogusław Oswald - expert in labour market politics; Director of the District Labor Office in Pabianice

Małgorzata Urbaniak - labour market expert, Vice Director of the District Labour Office No 1 in Lodz

Paweł Sibiński - social work expert; Director of the Social Welfare Center in Konstany now Lodzki

Agnieszka Łukomska-Dulaj - programme level expert for the target group; Director of the Social Policy Department of Voivodeship Office in Lodz

Dr. Tomasz Dorozynski, Department of International Trade, University of Lodz

5. Interviewed Experts in Spain:

Concepción Sánchez Pérez, Employment Development and Trade Councilor at the Council of Torre Pacheco

Antonio Cózar Fernández, Health Councillor at the Council of Torre Pacheco

Dr Tomás Izquierdo Rus. Professor at University of Murcia

Joan Font (DEMA association in Barcelona), Researcher and European Project Expert

Rafael Cañete, Federation UGT Extremadura, Labor Market Expert

Ma. Jose Buil, Sara Magrazo and Xavier Parramon, Regional Labor Office in Barcelona, Field Experts

Ma. Alicia Marzo, Director of Social Services in the Raval District of Barcelona

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ANNEX II:

Evaluation questionnaire for/of the participants

Organisation:

Project:

Life span of the project:

Subscriber identification number:

1. Personal informations:

Age:

Gender : (m / f)

Severe disability (%)

Known pre-existing illness :

Smoker: (yes/seldom /no):

Body mass index weight/ height²

Beginning of the participation:

End of the participation:

2. Please evaluate (1=lowest agreement 10 = entirely agreement)

Age has more positive than negative aspects for me

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I am satisfied with my general state of health at the moment

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I do enough for my health/ I take good care of my health

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I feel energetic and vital

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

Every morning I wake up with positive expectations for the day

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

In the evening I am still fit and capable

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I do sports on a regular basis (more than once a week)

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I go for a walk for more than one hour a day

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I consciously watch my nutrition as long as it is financially possible

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I plan to take better care of my health but I am inconsequent

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I have regular social contacts with other people

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

Older people can achieve as much as young (er) people

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I have the feeling I fit the requirements of the labour market

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

My profession I have learnt or my last job I have done I could do today without restrictions

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

In a job interview I could represent my advantages

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

I would start a new job without any concerns

1 2 3 4 5 6 7 8 9 10

--	--	--	--	--	--	--	--	--	--	--

ANNEX III:

Presentation of the project and on the EUROPEAN EMPLOYMENT FORUM in Brussels



Employability and Health Precaution for older long-term unemployed

Employment Forum, Brussels
22.-23.11.2011



1. The Background

- Scientific researches show that long-term unemployed people suffer on special diseases and results unemployment
- This effects directly negatively their ability and motivation for life long learning and employability.
- Older long term unemployed are more effected.
- The effects increase the longer a period of unemployment lasts, particularly through the psychological effects.
- Unemployment is not the direct cause of health deterioration, but the psychological and financial consequences following the job loss impacts sooner or later on the mental and physical health status.

2. The Needs

- There is a high need for **information exchange and awareness raising among stakeholders**
- There exists special experience in Germany about health integrative programs, but also here it is difficult to get **special access to the target group**.
- In order to get **better access** to the target group and promote the acceptance it is important to undertake important actions

3. The Objectives

- To increase the participation of older unemployed in lifelong learning
- To increase the **knowledge and information exchange** about programs and concepts for integrative health and labour market programs in European countries
- To identify and encourage the use of health-precaution programs, tools and material (**best-practice**) for trainers and stakeholders who work with the target group

4. The Activities

- Developing a **network of specialists** and mainstreaming partners
- **Needs analysis** with desk-research and focus group meetings
- Development of individual **module** for a specific chosen and concrete target groups
- **Piloting and evaluation** of the modules
- Development of a **compendium**
- **Dissemination** of experiences and undertaking consultation visits and network activities (exploitation)

5. The Partners

- Promotor: **POBENS**, Asociación para el Estudio y Promoción del Bienestar Social, Spain
- Co-ordinator: **INIBIA**, Institute for Inter-national Education and Labour Market Projects, Germany
- **AECEO**, Mérida, Spain
- **BOIE**, Łódź, Poland
- **Ayuntamiento de Torre Pacheco**, Torre Pacheco, Spain
- **Europartners 2000** Foundation, Sofia, Bulgaria
- **ADCAVL**, Poet Celard, France
- **Hommes & Savoirs**, Saint Georges de Didonnes, France
- **Arbeit und Bildung e.V.**, Marburg, Germany
- **Praxis GmbH**, Marburg, Germany

6. The Contents (I)

Partner	Name of the program	Contents	Duration
Arbeit und Bildung e.V./ Germany	"Health support in qualification programmes for long-term unemployed" - Realising the own new possibilities and abilities	Theoretical and practical information (e.g. health risks factors, etc.), with a focus on addiction; physical exercises/sports, etc. Individual advice and training schedules, Healthy cooking (with practice), individual nutrition counselling Observing and counselling on the building sites and working places with regard to the right moving during work	6 months; 10 hours per month, plus individual counselling
Praxis gGmbH/ Germany	Body and soul 50+	The module is a combination of 4 elements: Nordic Walking (endurance and energy) Spinal Gym (Pilates) (energy and body tension) Progressive Relax of Muscles Progressive (Jacobsen) (Awareness and Relaxing) Healthy breaks (balanced diet)	6-8 weeks - Once a week. Total: 30-40 hours

6. The Contents (II)

Partner	Name of the program	Contents	Duration
ADCAVL/ France	Sensitisation and Prevention of addictions - Taking care of one's health by natural and soft medicines	Topics: - Addictive behaviours and body's dependencies - Soft and natural medicines (holistic approach of body and spirit) - Tiredness (in social and professional contexts) Contents: • Training-Workshop "prevention of addictions and social accompaniment" with a social worker • Training-Workshop "Tiredness prevention" with therapists of health centers	One-day-workshops
Ayuntamiento Torre Pacheco/ Spain	Promotion of health among long-term unemployed	<u>1. Basic health skills and information</u> : Health and sport, Food and nutrition, first-aid instructions, anxiety and depression, prevention of addictions, Dental hygiene and health <u>2. Higher employability by further learning</u> (personal interview and individual itinerary) <u>3. Gender, employment and self employment</u> (Importance of training, basic steps for self-employment, raising awareness on gender equality) <u>4. Individual coaching</u> (skills for job search and self-employment, psychological assistance)	185h, divided in 4 parts

6. The Contents (III)

Partner	Name of the program	Contents	Duration
Europartners 2000/ Bulgaria	„I can change and do it“	<ul style="list-style-type: none"> • Medical Consultancy and assessment (with medical team) • Individual and group sessions with Human Resources experts on: motivation and behaviour; personal appearance and self-management, self-confidence and trust building, advising, motivation and communication, social networking and neighbourhood relations; • Yoga physical exercises (Basic physical exercises, breathing, meditation, nutrition, life style and stereotypes; health and wellness.) 	2 hours/ week, 4-6 months
Probens/ Spain	„We are competent“	<p>Individual counselling with follow-up consultation :</p> <p><u>1st session:</u> Analysis of person's competences, previous experiences, skills, etc.</p> <p><u>2nd session:</u> Influence of their mental status on their employment and market situation: acceptance of new situation and internalisation of their possibilities, etc.</p> <p><u>3rd session:</u> Organisation of time, optimisation of efforts, working on positive attitudes, avoiding falling into depressive situations, etc.</p> <p><u>4th session:</u> Working on self-esteem issues, self-image, and attitude towards job search.</p>	Ca.6 months

6. The Contents(IV)

Partner	Name of the programme	Contents	Duration
BOIE/ Poland	Health and psychosocial activation	<ul style="list-style-type: none"> • Correct diet as investment in oneself & family – benefits of healthy lifestyle • Preventive exercises, raising physical fitness levels – workshops • Prophylaxis of coping with stress – workshops 	2 days(16 hours)
BOIE/ Poland	Acquisition and development of computer skills in the context of health care- Active 55+	<ul style="list-style-type: none"> • Computer construction • Introduction in MS Windows • Service of MS Word text editor • Creating MS Power Point multimedia presentations • Internet browser and e-mail-service • Ergonomics of computer working • Prophylaxis of working at the computer • Stress management 	100 hours, (18 hours theory, 82 hours practical training)

7. The Results (I)

Method:

- The evaluation was done with a questionnaire for the participants before and after the training and additional observation from the trainers.

Structure of participants in the piloting:

- In total, 91 participants took part in 8 Modules offered by 7 partner-organizations in 5 countries. Overall there was a balance between female and male participants.
- 36% were younger participants (45-50), as many as were in a middle bracket (51-55), a quarter of the participants were significantly older (over 56);
- About one-third was disabled or with an identified illness

7. The Results (II)

Important Evaluation Results:

- There were effects like a **change of attitudes**
- Positive effects on the **motivation for sports and exercises**
- **Increased social contacts**

[7. The Results (III)]

Important project findings:

- The time allocated to training and the intensity of learning needs to be **adequate to the client group**.
- Target-groups comprising of mainly severely disadvantaged **participants need more time**
- In some modules participants were helped to become more **aware of the reality of their situation**.

[7. The Results (IV)]

Important pre-conditions for successful health-modules for long-term unemployed people:

- *Climate* of courses, modules, programmes
- *Cooperation* of experts, trainers and public authorities
- *Sustainability* of programs
- *Integration* of programmes



Experts, lectures, exercises at stand 43 (REIN)

Activity ID	Activity Title	Activity Description	Activity Lead
1.01.01.01	Activity 1.1: Introduction	Introduction to the REIN network and the 50Fit project.	Dr. J. K. K.
1.01.01.02	Activity 1.2: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.03	Activity 1.3: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.04	Activity 1.4: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.05	Activity 1.5: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.06	Activity 1.6: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.07	Activity 1.7: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.08	Activity 1.8: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.09	Activity 1.9: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.10	Activity 1.10: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.11	Activity 1.11: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.12	Activity 1.12: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.13	Activity 1.13: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.14	Activity 1.14: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.15	Activity 1.15: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.16	Activity 1.16: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.17	Activity 1.17: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.18	Activity 1.18: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.19	Activity 1.19: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.20	Activity 1.20: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.21	Activity 1.21: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.22	Activity 1.22: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.23	Activity 1.23: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.24	Activity 1.24: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.25	Activity 1.25: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.26	Activity 1.26: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.27	Activity 1.27: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.28	Activity 1.28: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.
1.01.01.29	Activity 1.29: 50Fit Project	Details of the 50Fit project goals and objectives.	Dr. J. K. K.
1.01.01.30	Activity 1.30: REIN Network	Overview of the REIN network structure and members.	Dr. J. K. K.



Downloads

Stand 43 (REIN)

www.rein-network.eu/50Fit

Thank you for your attention!

Disclaimer note:

This project report has been funded with support from the European Commission. The data and information reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

