Eurofound

More and better jobs in home-care services

Germany

Contents

Introduction

This country report gives an overview of the labour market policy in community-based care for adults with disabilities in Germany. The main topics discussed are the context in which community care labour market instruments are implemented, the funding structure, the strategies used to recruit new employees and retain current workers in the sector and the resulting impacts and outcomes. Three case studies were carried out into initiatives in the field of labour market policies in community-based care to support adults with disabilities: Care4future, Professionalising staff development in the care sector (PEPP) and E-learning in the care sector (eLiP). Annex 1 to this report contains summaries of the three case studies and analyses the main outcomes and success factors.

1 Policy background

Overview of the care sector in Germany

The Home and Institutional Care Act (Pflege-Versicherungsgesetz), passed in 1994, was the starting point for the last major reform initiated by the federal government to improve and enlarge the German health and long-term care system. This law came into force to secure the funding of care services in the future and to safeguard the interests of people with disabilities who wanted to be taken care of in their home environment, as well as the interests of their relatives (Federal Ministry of Labour and Social Affairs, 2012, p. 85). As a result, the Social Long-term Care Insurance (Pflegeversicherung) was established in 1995. Until then, the German social security system had consisted of four pillars: the Statutory Unemployment Insurance (Arbeitslosenversicherung), the Social Pension Fund (Gesetzliche Rentenversicherung), the Social Health Insurance (Gesetzliche Krankenversicherung) and the Statutory Accident Insurance (Gesetzliche Unfallversicherung). The implementation of the Social Long-term Care Insurance as a fifth core element was carried out to complete the German system of social security (Federal Ministry of Health, 2011, p. 9).

The Social Long-term Care Insurance was bound to the Social Heath Insurance: in practice, this means that a personal membership in the Social Health Insurance automatically creates a subsequent membership in the Social Long-term Care Insurance. Someone earning an income that exceeds the so-called Social Security Contribution Ceiling (Beitragsbemessungsgrenze) can opt for the Social Health Insurance Fund. A person who does not make use of this option is obliged to purchase a policy from a private long-term care insurance provider. The expenses for the Social Long-term Care Insurance are financed by its members. Employers and employees share the costs equally for this insurance, paying one half each. The insurance contributions are calculated from gross income (Arntz et al, 2007, p. 2).

Assistance covered by the Social Long-term Care Insurance may consist of support for routine activities of daily life (personal hygiene, eating, mobility, housekeeping) and of support for people who need to regain their ability to fulfil daily tasks independently. The financial benefits (grants) are scaled according to the individual care level of the person concerned. Care level I is designed for people with considerable need of care at least once a day. Care level II is specified as severe need of care that has to be provided at least three times a day. Care level III is applied for patients in need of round-the-clock help on a daily basis. The Health Insurance's Medical Service Department (Medizinischer Dienst der Krankenversicherung) is assigned to specify whether or not and to what extent a person is in need of long-term care services.

The Social Long-term Care Insurance leaves it up to the beneficiaries to decide whether the care is provided at home or in an institution. If the patient decides to stay at home, it is up to them to choose to be treated by a qualified (external) person or by a relative or friend. The Social Long-term Care Insurance requires beneficiaries to take over part of the costs themselves – at least 25% of the costs have to be borne by the claimant. Once a person is entitled to assistance, the payments are provided regardless of their current financial situation. If the patient does not have sufficient means to cover the co-payment, family members are obliged to stand in and provide the money needed (within legally defined limits). In order to prevent such financial gaps, a private additional insurance policy can be adopted. The German federal government requests its citizens to deal with these additional risks privately.

Reasons for developing and maintaining community-based care services

Most Germans prefer to stay at home in cases where they need long-term care. Thus, home care is usually given priority over institutional care (Federal Ministry of Labour and Social Affairs, 2012, p. 82). The Home and Institutional Care Act (Pflege-Versicherungsgesetz) was passed to meet these expectations. The aim was to improve the conditions for carers providing help for their relatives in need and thereby to increase the possibility of people with disabilities to live with their families as long as their health status allows them to remain in their home environment.

As a second rationale, the development of the German population in the long run needs to be taken into account. The number of people in need of care is constantly rising in Germany and is expected to double within the next three decades due to demographic shifts. This projected development led to the reform of the social security system outlined in the section above. Membership either in the social or private long-term care insurance had to be made mandatory in order to guarantee the provision of sufficient financial resources needed to secure care services in the future. Facing an ageing society, the German health system increasingly depends on the involvement of family members to provide care. Even if the probability of becoming dependent on the help of another person will remain constant, the total number of Germans in need of care will increase with the ageing of the population. Changing family structures have also caused a growing need for political actions to support new community-based solutions.

Type of community care services available

In Germany, a large number of local suppliers are active in the fields of community care and provide services for disabled people below retirement age (Schablon, 2009, pp. 34–46). The following types of services can be distinguished:

- assisted living residences (Betreutes Wohnen);
- care cooperatives;
- nursing services and ambulatory medical services;
- volunteering groups and non-profit self-support organisations (Selbsthilfegruppen).

Labour market situation

The market for nursing care services is expanding considerably in Germany (Lennartz and Kersel, 2011, p. 7). Germany's healthcare sector is expected to grow annually by at least 3%.[1] In comparison to the year 2007, the personnel employed in the ambulant care service sector has increased by 13.9%, which equates to an increase of 33,000 employees (Destatis, 2011, p. 9). The labour market is already unbalanced. Calculations on the basis of German unemployment statistics show that in March 2012 there were only 3,268 registered unemployed people with adequate training per 10,000 vacant jobs in the care sector (Merda et al, 2012, pp. 7–10). The number of unemployed seeking people a job in the care sector varies considerably across the regions. As Afentakis and Maier (2010, p. 990) point out, at this stage community-based care services already depend at least partly on semi-skilled staff from outside nursing care's subject area to meet the demand. These findings are a clear sign that the market is suffering at present from a shortage of skilled employees. Experts commonly expect that the shortage of skilled carers will increase in the future (Pohl, 2011, p. 7; Afentakis and Maier, 2010, p. 991). The propensity to take a job in the various branches of community-based care or institutional care depends on the working conditions and the level of pay offered. Due to relatively low wages and unfavourable working conditions, jobs in the care sector are often perceived as unattractive. According to the RWI research institute, the actual gross annual earnings of carers in Germany

[1] www.companiesandmarkets.com/MarketInsight/Healthcare-and-Medical/Germany-Nursing-Care-Services-Market-2011/NI2657

in 2007 amounted on average to €26,808 (Merda et al, 2012, pp. 7–10), whereas the average gross annual wage calculated across all industries was €29,951.

PESTLE analysis

The research used the 'PESTLE' model to identify the external factors influencing the development of the labour market. The six dimensions in the PESTLE model are the *political*, *economic*, *social*, *technological*, *legal* and *environmental* dimensions. The PESTLE approach was originally a business-study model used to describe a framework of relevant factors at the macro level, used mainly for analysing the business environment of organisations. It is a means of measuring strengths and weaknesses against external factors and can help organisations develop strategies. In the same way, a PESTLE analysis can also be used for a contextual analysis of sectoral labour markets.

These six dimensions can greatly influence the sectoral labour market, although some are obviously more important than others. In the context of the research into the care sector, particular consideration must be given to the political and economic dimensions, as these directly affect the possibility of creating attractive and useful jobs in the community-based care sector. The financial dimension is of special importance in this context, since this is not a commercial sector, but one generally financed with public money.

Since the situation in the different countries included in the research is different, the labour market discrepancy model connected to the PESTLE factors can identify where the issues lie in each country. The model provides, in a sense, a common language that describes the challenges faced by the different actors. As previous research has already shown that there is a general shortage of labour in the sector, and in some cases a shortage of jobs, it is to be expected that there are clear discrepancies. The model can swiftly record whether these are qualitative or quantitative, due to a lack of influx into the sector or too great an outflow than can be compensated for, or whether they are triggered by developments in one of the PESTLE dimensions. At the same time, the model offers a structured means of comparison.

Political and legal factors

In order to increase the labour supply, job-seekers need to be provided with convincing arguments to start a career in the community-based care sector. However, policymakers' ability to directly influence the working conditions in this sector is rather limited. One option is to highlight more strongly the immaterial benefits of employment in the care sector, such as the rewarding feeling of making a real difference to another person's life by assisting them in daily life and by enabling them to participate in community life. While it is generally difficult to promote the attractiveness of the nursing profession as such or to directly raise the share of employees among the carers working full time, German policymakers intend (among other measures) to increase immigration from countries outside the EU. A series of amendments to legislation have been passed to facilitate the immigration of highly skilled workers and specialists to Germany. These changes to the law also concern the community care sector: qualified nursing personnel from outside the EU now have easier access to the German labour market (Maaß and Icks, 2012, pp. 10–14). Germany competes with other EU countries for globally mobile skilled workers. For instance, in comparison to the United Kingdom, Germany still offers lower net wages to carers (Merda et al, 2012, p. 25). Furthermore, the Federal Ministry of Economics and Technology (Bundesministerium für Wirtschaft und Technologie), in cooperation with the German Agency for International Cooperation GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH), recently initiated a model project to reduce the shortage of skilled workers in the care sector, offering foreigners from countries outside the EU the opportunity to attend nursing school in Germany (Federal Ministry of Economics and Technology, 2012a, p. 2).

Economic factors

There is vast consensus among experts that the Social Long-term Care Insurance will experience growing financial pressure in the future (as forecast by Arntz et al, 2007, p. 15; and Lennartz and Kersel, 2011, p. 7). Since labour costs already represent a major cost component in nursing, the range for further wage increases is rather limited from the view of the social security system. At the same time, however (and assuming market forces function well), the shortage of carers is likely to induce higher wages for the providers of care services. The future of the German nursing care system will depend on policymakers' ability to solve this dilemma.

Social factors

It has already been pointed out above that demand for carers is already high in Germany and will increase in the future. Due to the Social Long-term Care Insurance, people in need of care are entitled to use nursing services and can request individual assistance. Since the financial benefits they can claim from the Social Long-term Care Insurance are not related to their individual income, the degree of cost-sharing among the members is high. On the one hand, this leads to a greater equity of access to care among all citizens. On the other hand, the social insurance only covers basic expenses. Not every German citizen can afford to pay for additional insurance. Access to care still depends, at least to a certain degree, on a person's income and social status.

Technological and environmental factors

Medical advancements will allow the population to live longer. The likelihood of getting severe illnesses usually increases with advancing age. It is predicted that there will be a greater demand for long-term care in the future. As a consequence, the demand for qualified personnel is expected to rise as well. What cannot be foreseen is to what extent technological progress will lead to greater efficiency in nursing care practices and thereby diminish the need for additional labour. Low birth rates will reduce the availability of younger people to take care of their relatives in need. In order to maintain the level of care services provided at present, new and more efficient ways of providing support must be developed. Otherwise, the expenses for the social health and care system will expand rapidly, putting the sustainability of the entire system at risk.

Recruitment and retention of care workers

Assuming a constant probability in the German population of requiring care, the Federal Statistical Office expects that the number of people in need of care will increase from 2.3 million in 2011 to 3.3 million in 2030 and to 4.4 million in 2050 (Federal Ministry of Health, 2012a, p. 14). While the number of people requiring professional nursing care will almost double within 40 years, the entire workforce will diminish due to the substantial demographic shifts. It remains unclear whether or not Germany will be able to attract enough foreign workers with the required skills to fill the growing shortage of carers in the future.

2 Political and legal frameworks

Regulations and policies on recruitment in community care services

An initial broad overview of the regulation and the instruments of the German health and care system has already been given in Chapter 1, explaining the relevance of the Social Health Insurance (Gesetzliche Krankenversicherung) and the Social Long-term Care Insurance (Pflegeversicherung). Besides the basic legal arrangements that lead to an insurance-based system for the care sector, several laws have been passed to shape the conditions under which community-based and institutional care are provided in Germany. The latest legal adjustments are presented below.

Law of Care Enhancement (Pflege-Weiterentwicklungsgesetz)[2]

The Law of Care Enhancement was passed in 2008 to enlarge the range of services covered by the Social Long-term Care Insurance.

Law of Care Time (Gesetz über die Pflegezeit)[3]

The Law of Care Time was also passed in 2008 and gives employees the right to take up to 10 days unpaid leave from work to nurse their relatives in the case of an acutely occurring illness. This right is given only to employees who work in firms with more than 15 employees. The aim is to improve the balance between work and care activities but, according to this law, employers are exempt from continued wage payments during the absence of their staff.

Law of Family Care Time (Gesetz zur Familienpflegezeit)[4]

The German federal government passed a law to further encourage family members to provide long-term care for their relatives in 2011. Employees are thereby given the chance to reduce their regular weekly working hours for a maximum period of two years to nurse family members at home. With this law, new incentives are provided for people to choose home care over institutional care, as carers are released from work at least partly without risking their job. Half of the costs of the part-absence from the regular job are borne by the employer and the other half by the employee. If, for instance, a 40-hour-a-week job is cut down to 20 hours a week, the employee receives 75% of the former wage during the absence. After the care time is over, the employee has to return to a full-time employment schedule while receiving the same reduced payments for as long as the special arrangement had lasted before. This way, in the end, the wage losses will be cleared for the employer. To finance the temporary wage transfer, the Federal Office of Family Affairs and Civil Society Functions (Bundesamt für Familie und zivilgesellschaftliche Aufgaben) offers employers an interest-free loan, granted in monthly rates.[5]

Law of Care Realignment (Pflegeneuausrichtungsgesetz)[6]

The Law of Care Realignment, passed in June 2012, creates the legal basis for financial aid that will be provided by the federal government to help Germans invest on a voluntary basis in their

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2 www.bmfsfj.de/BMFSFJ/root,did=128332.html

3 www.gesetze-im-internet.de/pflegezg/index.html

4 www.bmfsfj.de/BMFSFJ/Presse/pressemitteilungen,did=168482.html

5 www.bafza.de/aufgaben/alter-und-pflege.html

6 www.bmg.bund.de/pflege/das-pflege-neuausrichtungs-gesetz.html

own private care insurance. With this policy, a greater part of the population will benefit from additional private care in the future.

Employment Conditions in the Care Sector Act (Pflegearbeitsbedingungenverordnung – PflegeArbbV)[7]

Even though Germany does not have an economy-wide statutory minimum wage, there are legal arrangements for some branches. The care sector is one of these few exceptions. The hourly minimum wage currently amounts to €8.75 in the western federal states and €7.75 in the eastern federal states.

Employee Sending Act (Arbeitnehmer-Entsendegesetz AEntG)

The Employee Sending Act came into force in April 2009.[8] The law aims at setting minimum standards for the working conditions of employees who are sent from companies based in another EU Member State to provide services in Germany. Such standards were only set for particular branches, the care sector being one of them. The Employee Sending Act can be traced back to Directive 96/71/EG, enacted by the European Parliament and the European Council.

Recruitment strategies for community care workers

Despite the strong financial basis of the German health and care system at present, the Federal Ministry of Economics and Technology expects a growing gap between demand for care services and the supply in the future and assumes that there will be financial shortages (2010, p. 4). In order to safeguard the social health and care system and to avoid higher labour costs in the future (due to the ongoing demographic changes and the pay-as-you-go design of the social security system), the federal government undertook the reform steps mentioned in the section above. In particular, the Law of Care Realignment (Pflegeneuausrichtungsgesetz) was passed to enhance private financial involvement and thereby to release the Social Long-term Care Insurance from growing expenses. To reduce financial constraints, the federal government also plans to lower the costs of care by boosting the technological progress in this sector (Federal Ministry of Economics and Technology, 2010, pp. 26–7). In addition to this, measures are considered that aim at improving the market conditions for private suppliers of community-based care services.

Further measures are taken into account to prevent the emergence of growing shortages in the labour market. The Federal Ministry of Economics and Technology has also identified a need for higher wages in the sector to reduce shortages of skilled care personnel in the long run (2010, p. 27). To support community-based care services, the ministry plans to reform the curricula schemes in the healthcare profession.

[7] http://www.dbfk.de/download/download/Standpunkte-und-Informationen-zum-Mindestlohn-in-der-Pflege-2010-08-12.pdf

[8] www.bmas.de/DE/Service/Gesetze/aentg.html

3 Structural framework, funding and actors involved

Employment in the care sector

An estimation of the size of the care sector requires information on both the demand as well as on the supply side. In Germany, as of 31 December 2011, 69.48 million people are insured under the Social Long-term Care Insurance Scheme (Pflegeversicherung) (Federal Ministry of Labour and Social Affairs, 2012, p. 1). In addition to this, or alternatively, approximately 9.5 million people have private long-term care insurance. As shown in Table 1, approximately 2.3 million of the insured people in the social care insurance system benefit at present from provided care services. More than two-thirds of the benefit recipients (69.1%) reside at home. Among those who choose to be nursed in their home environment, approximately one in five people (19.2%) – a total number of 307,900 people with disabilities – is between 15 and 64 years of age. Hence, this number directly refers to the main target group of this survey. The high percentage share and the large actual number of people in home care indicate high preference and demand for community-based care services in Germany. This is true for both adults below retirement age and the elderly.

Table 1: Total number of beneficiaries of the German Social Long-term Care Insurance, by age group (end of 2011)

Age of person in need of care (in years)	People in home care (x 1,000)	People in institutional care (x 1,000)	Total (x 1,000)
Up to 14	67.2	1.6	68.9
15 to 64	307.9	99.2	407.1
65 and older	1,227.0	614.5	1,841.5
Total	1,602.1	715.3	2,317.4

Source: Federal Ministry of Health (2012b)

The total number of workers providing formal (waged) care on behalf of the Social Long-term Care Insurance Scheme amounted to 890,283 at the end of 2009 (see Table 2); 268,900 carers are active in the field of community-based home care.

Table 2: Total employment in the social long-term care sector in Germany, in jobs and full-time equivalents (FTEs), x 1,000 (end of 2009)

Type of care/predominant work pattern	Jobs (x 1,000)	FTEs (x 1,000)
Workers in home care	268.9	176.9
Basic care	187.7	124.3
Advanced care	15.7	14.9
Housekeeping service	36.6	18.8
Other tasks (including administration)	28.9	18.9
Workers in institutional care	621.4	452.7
Care (all forms)	579.2	421.8
Other tasks (including administration)	42.2	30.9
Total social care	890.3	629.6

Source: Destatis (2011, pp. 13, 14, 21, 22)

Due to a high share of part-time workers in the sector of institutional care (59.4%) and an even higher share in the sector of home care (70.6%), the actual number of people working in a job differs to a great extent from the calculated amount of full-time-jobs, representing the actual

aggregated workload of the employed people, as shown by the FTEs. The share of apprentices and short-term trainees amounts to only 1.7% of the total workforce in the social care sector. Voluntary workers and civil servants have a share of 1.0%. Between 2007 and the end of 2009, the number of employees liable to social security contributions who work in the community-based care sector increased by 13.9%, which equals to approximately 33,000 new jobs. These figures only relate to those carers who are either officially employed by a home care service or a nursing home. Privately employed domestic carers are not covered by the statistics. Unfortunately, the exact number of independently working carers in Germany cannot be extracted from other statistics. The actual size of this group of self-employed providers and household-related carers can only be roughly specified. It is estimated that the number of self-employed carers amounts to approximately 200,000, while the number of domestic helps performing nursing tasks might range between 100,000 and 150,000 people (Schulz, 2012, p. 4). Taking these estimations into account, it can be assumed that the community-based care sector in Germany employs in total a maximum of between 568,000 and 618,000 officially employed workers. In addition, one can assume a substantial number of jobs in the informal economy, which cannot be quantified.

The aforementioned job expansion in care facilities (such as community-based care services or nursing homes) was realised not only within the existing businesses and organisations, but partly stems from newly founded service suppliers (4.3%). At present, a total number of 12,026 nursing care service providers are operating in Germany, of which 61.5% are in private ownership, 36.9% are run by a non-profit care organisation and another 1.6% of the firms are state-owned facilities. On average, each care-providing organisation serves approximately 46 people in need of care (as of 15 December 2009) (Destatis, 2011, p. 9).

Funding structure

Germany has implemented a public insurance system for nursing care that is based on the pay-as-you-go-principle (Umlageverfahren). According to this budget approach, the current contributions of the members of the insurance scheme are taken directly to finance the expenses for the care-seekers. Unlike a capital stock system (Kapitaldeckungsverfahren), where the individual contributions are saved and accumulated, the governors of a pay-as-you-go funding system are forced to finance new spending with an equal amount of revenues. Deficits must therefore be settled either by raising the government's debt or by changing the level of contributions. In the long run, a decreasing budget could also lead to a cut in the level of services provided. Moreover, the pay-as-you-go concept of the German Social Long-term Care Insurance is financed by income-related contributions, not by risk-related contributions. The contributions of the unemployed are financed by the Unemployment Insurance (Arbeitslosenversicherung). Pensioners pay their contributions themselves (Rothgang and Igl, 2007, p. 54).

Since the (mandatory) Social Long-term Care Insurance only provides basic coverage, various private insurance organisations offer additional private care insurances based on individually priced premiums to fill in the gaps in the benefit package. While the Social Long-term Care Insurance follows the pay-as-you-go principle, the private mandatory Long-term Care Insurance is a partially funded scheme.

Organisations, actors and stakeholders involved

The relevant parties or organisations are:

- Federal Ministry of Labour and Social Affairs, BMAS (Bundesministerium für Arbeit und Soziales);
- Federal Ministry of Health, BMG (Bundesministerium für Gesundheit);
- Federal Ministry of Economics and Technology, BMWi (Bundesministerium für Wirtschaft und Technologie);
- German Association of Healthcare Professions, DBfK (Deutscher Berufsverband für Pflegeberufe);
- German Care Association, DPV (Deutscher Pflegeverband);
- German Care Council, DPR (Deutscher Pflegerat);
- Federal Association of the AOK – Health Insurance Funds (AOK-Bundesverband);
- Employer Association for Carers (Arbeitgeberverband Pflege e.V.);
- Federal Association for Supported Employment, BAG UB (Bundesarbeitsgemeinschaft für Unterstützte Beschäftigung e.V.);
- Vocational Youth Training Centres (Berufsbildungswerke);
- German Disability Council, DBR (Deutscher Behindertenrat);
- Federal Working Group for Non-governmental Welfare Services, BAGFW (Bundesarbeitsgemeinschaft der Freien Wohlfahrspflege).

Nationwide active German care providers are:

- The Social Welfare Organisation of the Protestant Church in Germany (Diakonie);
- German Red Cross, DRK (Deutsches Rotes Kreuz);
- Caritas Germany (Deutscher Caritasverband e.V.);
- Workers' Samaritan Federation, ASB (Arbeiter-Samariter-Bund Deutschland e.V.);
- German Parity and Welfare Association (Paritätischer Wohlfahrtsverband e.G.);
- Central Welfare Office of Jews in Germany (Zentralwohlfahrtsstelle der Juden in Deutschland e.V.);
- Workers' Welfare Organisation (Arbeiterwohlfahrt Bundesverband e.V.).

4 Strategies for recruiting and retaining employees

In Germany, carers for the elderly, hospital nurses and community-based nurses undertake different apprenticeships.[9] A holistic integration of all the different apprenticeships under one single training scheme is being discussed. Concrete plans for the necessary modifications have not yet been made. Such a reform would involve the relevant business associations and trade unions as well as the federal government, due to its competence with regard to the overall apprenticeship system. In addition, a redesign of nursing care apprenticeships would also require the cooperation of the governments of each federal state that administer the school curricula independently (Federal Ministry of Family, Senior Citizens, Women and Youth, 2011, p. 79).

The nursing profession in general and the home nursing profession in particular have a rather poor standing within the German workforce. Jobs are perceived to be poorly paid and emotionally draining. According to Joachim Puth-Weißenfels,[10] head of division at the Federal Ministry of Economics and Technology and in charge of the care sector, the disadvantageous working conditions are the major obstacle in recruiting staff. He pointed out that roughly one in two people entering the caring sector had been placed in the job after passing an employment-creation measure (in other words, a measure of the active labour market policy targeting unemployed people or people at risk of losing their job), demonstrating the difficulty of attracting people to enter the caring sector in Germany.

Targeting labour reserves

Initiatives to attract more employees to the caring sector have been implemented at the state level or in specific municipalities or regions. Some programmes aim at optimising the employability of care workers (such as demoBIB, GRAziL, Demowerkzeuge). The German Care Council (Deutscher Pflegerat) has set up a competition focusing on technological innovations to improve working conditions in the health and care sector.[11]

Promoting education and training

In December 2012, the Federal Ministry of Family, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend), together with other partners, launched a campaign to increase the attractiveness of apprenticeships in the caring sector: the Apprenticeship and Qualification Campaign (Ausbildungs- und Qualifizierungsoffensive).[12] This nationwide promotion aims at raising the number of traineeships by enlarging the training capacities in nursing schools, reintroducing a publicly funded retraining programme and implementing new employee training programmes. The promotion of health and well-being as such, the enforcement of performance-based financial compensations for carers and the improvement of the public image of the care sector as an occupational field are further objectives pursued by this campaign.

Earlier, the Federal Ministry of Health had launched the campaign ‘Ich pflege, weil…’ (‘I care/ provide care services because…’). The campaign aims at improving the image of nursing care professions and at raising awareness for the various job profiles and the (often immaterial)

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9 www.i-w-k.de/cms/ziel/1598832/DE/?gclid=CL69r5-CsLMCFYpY3godG3MADg

10 Permanent Secretary (Ministerialrat) Joachim Puth-Weißenfels was interviewed (2 November 2012) by Dr Frank Maaß, one of the authors of this study. Joachim Puth-Weißenfels is the head of the division ASt-GeSo 2 Sports Economy, Care Sector and Senior Citizens Economy (Sportwirtschaft; Senioren- und Pflegewirtschaft) of the Federal Ministry of Economics and Technology (Bundeswirtschaftsministerium).

11 www.deutscher-pflegerat.de/dpr.nsf/0/8D6BBF846FE7C3D0C1257A9F002BB25E

12 www.bmfsfj.de/BMFSFJ/aeltere-menschen,did=194440.html

benefits of this important societal and human-ethical task.[13] Further programmes have been initiated to increase the supply of on-the-job training and further education in new working fields (PET, eLearning in der Pflege e.V., RKW-toolbox, for example) (Federal Ministry of Economics and Technology, 2012b, pp. 19–22).

Improving the situation of current employees

Online platforms have been established in some regions to bring together demand and supply in the care sector (such as Sentiso, INQA, ddn) (Federal Ministry of Economics and Technology, 2012b, pp. 11–14). The city of Cologne stimulates the formation of firms in the care sector by providing repayable loans at favourable interest rates to start-up companies that can be used to finance basic investments needed to operate in the private care market.[14] Other initiatives focus on worksite health promotion and the prevention of accidents or diseases at work (LagO, GESU.PER, for example) (Federal Ministry of Economics and Technology, 2012b, pp. 26–44).

[13] www.bundesgesundheitsministerium.de/pflege/ich-pflege-weil

[14] www.stadt-koeln.de/buergerservice/themen/soziales/investitionskostenfoerderung-fuer-ambulante-pflegedienste/

5 Outcomes, results and impact of policies

Effectiveness of current instruments and policies

In order to evaluate the outcome of the German care system, both the efficiency of the use of economic resources and the benefits provided to the citizens have to be taken into account. It needs to be highlighted that from the viewpoint of the consumers, almost the entire population in Germany participates in the nursing care insurance system, either as members of the Social Long-term Care Insurance or as members of the mandatory Private Long-term Care Insurance (Rothgang and Igl, 2007). The wide coverage of the nursing care insurance system guarantees that the vast majority of the German population is (still) well protected if the need for nursing care arises. However, it must be pointed out that the Social Long-term Care Insurance only partly covers the expenses for nursing care, thus leaving co-payments to the patients. If such co-payments cannot be paid by the person in need of care, the co-payment claim is directed to their relatives, who are obliged to accept the financial responsibility (within legally specified limits). In families with a low household income, this arrangement can easily overburden those who are in charge. Even today, only a small part of the population is able or willing to cater for these financial risks individually by signing up for an additional private nursing care insurance package. It remains unclear whether the German population is fully aware of the financial risks involved. It can be assumed that a substantial part of the German population has an (illusory) hope that in case of emergency, their financial situation will be sufficient to cover the costs.

From an economist's point of view, the ageing population will lead to rising nursing care costs and an increasing number of insurance claimants in the long run. As a result of a growing number of beneficiaries and a decreasing number of insurance contributors who finance the expenses, it is very likely that the system will come under further financial pressure. Furthermore, one must consider that at present, young people contribute to a system that they might not be able to rely on in case they themselves need it one day. Therefore, many experts and observers are worried that these imbalances might lead to inter-generational conflicts in the future. At the same time, however, from an ethical point of view, the dignity and wellbeing of the people in need of care have to be maintained.

Further imbalances are created by the fact that the individual demand for care services is accommodated regardless of the amount of payments a beneficiary has contributed to the Social Long-term Care Insurance Fund during their work life. Because the usage of services provided by the social care system is not dampened by additional direct payments, this form of financing might be subject to moral hazard (Docteur and Oxley, 2003, p. 9). It can be assumed that the imposed rules and the controls undertaken cannot entirely prevent negative impacts in terms of social costs caused by moral hazard.

The majority of people with a high income, who can choose between the Social Long-term Care Insurance Scheme and the privately organised equivalent, mainly opt for a private solution. This leads to a situation where people who could make substantial contributions to the public system (needed among others for a redistribution based on the commonly acknowledged motive of societal solidarity and compensation for unequally distributed non-self-afflicted hardships) do not participate (Arntz et al, 2007, p. 15). The resulting negative selection is likely to cause financial pressure on the system in the future. In addition to this, the prices of long-term care services have risen faster than general wages. This development pushes up the expenses for the nursing care insurance as well and will boost the cost pressure in the Social Long-term Care System in the long run.

Domestic care is dependent on citizens or family members who are motivated to be (at least partly) involved without receiving any or not fully market-determined wages. According to AOK, the percentage share of Germans who are willing to take care of their relatives is decreasing (Runde et al, 2009, p. 46). The relatives' personal preferences and their own

involvement in the labour market place additional strains on the Social Long-term Care System in the long run. According to the basic principle of subsidiary, the system is indeed based and dependent on voluntarism within family structures. Thus, in a shrinking and ageing society, the more individualistic preferences and the market-related 'outsourcing' of caring tasks that have previously been taken over by (unpaid) family members threaten the survival of the traditional social insurance model.

Furthermore, the growing shortage of employees in the nursing care business needs to be mentioned. Low wages and unfavourable working conditions do not attract enough job-seekers to start a career in the care sector. A substantial change in this situation is currently not in sight. Financial restrictions limit the range for higher wages and prevent employers from investing in better working conditions: a vicious circle. Labour shortages are likely to grow under these circumstances. Experts believe that the social care system will become loss-making sometime in the long-term future due to the structural problems mentioned above (Rothgang et al, 2010, pp. 78–81).

View of employers, unions and representatives of target groups

Employers

The president of the Employer Association for Carers (Arbeitgeberverband Pflege e.V.), Thomas Greiner, welcomes the political agreement on setting a minimum wage in the care sector.[15] Mr Greiner considers this agreement to be a first step in reducing the shortage of employees in the nursing care sector.

Unions

Employees in the care sector unionise under Ver.di, the largest German union for the service sector. According to Ver.di, inadequate apprenticeship programmes and the large amount of overtime work are the main reasons why relatively few people choose an occupation in the care sector.[16] Furthermore, Ver.di criticises the recommendation of the European Commission to admit only people with university entrance qualification (Abitur) to vocational training in the nursing care profession.[17] According to Ver.di, such high (academically related) school qualifications will prevent many capable and interested people from increasing the supply of care persons in the future, which is strongly needed to close the growing gap between supply and demand.

Representatives of target groups

The Federal Association of AOK (AOK-Bundesverband), the political umbrella organisation of the AOK health insurance group,[18] undertakes ongoing research to estimate the impact of the Social Long-term Care Insurance on domestic care (Runde et al, 2009, pp. 5–45). The results of this research reveal a changing morale among Germans when it comes to taking responsibility for their relatives in need of care: home-care involvement of family members is becoming increasingly rare (Runde et al, 2009, p. 6). For a declining number of people, the social-care system provides an incentive and a commitment to get involved in community-based care (Runde et al, 2009, p. 32). At the same time, a growing share of Germans believes that the services provided and covered by the Social Long-term Care Insurance do not match the need

[15] www.arbeitgeberverband-pflege.de/das-haben-wir-zu-sagen/detail.php?objectID=57

[16] www.verdi.de/themen/nachrichten/++co++042161fe-77de-11e1-4541-0019b9e321cd

[17] www.verdi.de/themen/nachrichten/++co++db590bcc-7d9e-11e1-6941-0019b9e321cd

[18] AOK is the largest of Germany's statutory health insurance funds: www.aok-bv.de/aok/english/.

and demand. This growing 'entitlement mentality' raises doubts about the sustainability of the German social care system, which is generally based on the willingness of its members to show (inter-generational) solidarity and commitment at the same time. Formal or external care has partly become a substitute for family care (Rothgang and Igl, 2007, p. 60). The combined effects – a preference-related shift to formal care and an increasing demography-related overall demand for nursing care – put severe pressure on the social care system in its present form.

Due to the substantial financial risks the Social Long-term Care Insurance is facing, most experts call for radical reforms. Some authors favour either a tax-funded system or a mandatory privately funded insurance scheme (Rothgang and Igl, 2007, p. 75). Fixed premium models are also taken into account as well as a shift to a fully funded system (Arntz et al, 2007, p. 16). Another proposal involves a combination of a pay-as-you-go and a funded system, which is designed to overcome the ageing population problem (Arntz et al, 2007, p. 18).

6 Key trends, issues and policy pointers

This country study report gave a brief overview of the German labour market policy in community-based care to support adults with disabilities, illustrated by three case studies (see Annex 1).

The study provided insight into Germany's public care system and described important policies implemented in recent years to promote the sustainable provision of community-based care services. The focus was placed on those care services that target adults below retirement age (between 15 and 64 years). The research revealed that adults below retirement age in need of care form a relatively small subgroup among all care patients treated at home. Nevertheless, this subgroup is of quite considerable importance, as one in five patients (307,900 in total) receiving nursing care at home is aged 15–64. Though being of major quantitative importance, the available German literature almost never analyses this subgroup in detail. As a result, there is only little empirically driven insight into this specific patient group. Furthermore, policymakers usually focus on the care sector as a whole and in general only make a differentiation between community-based and institutional care. As a consequence, only small-scale political measures exclusively focus on care services for patients of a particular age. The main concern of policymakers is to support the care sector as a whole.

The total number of workers providing formal (waged) care amounted to 890,283 at the end of 2009. Among them, 30.2% (268,900 carers) are active in the field of community-based home care. These figures only relate to those carers who are officially employed by a home care service. Privately employed domestic carers are not covered by the statistics. The exact number of independently working carers in the field of community-based care in Germany can only be roughly specified. It is estimated that their number amounts to approximately 200,000, while the number of domestic helps performing nursing tasks might range between 100,000 and 150,000. Taking these estimations into account, it can be assumed that the community-based care sector in Germany employs a maximum of between 568,000 and 618,000 workers. Between 2007 and the end of 2009, the number of employees liable to social security contributions who work in the community-based care sector increased by 13.9%, which equals to approximately 33,000 new jobs. Germany's healthcare sector as a whole is expected to grow annually by at least 3%. The sector's main problem is the shortage of skilled workers: at present, there are on average 3 unemployed people with adequate training per 10 vacant jobs in the care sector. The community-based care services already depend at least partly on semi-skilled staff from outside the nursing care's subject area to meet the demand. Experts commonly expect that the shortage of skilled carers will increase in the future.

The core instrument of the German policy to support community-based care is the Social Long-term Care Insurance (Pflegeversicherung), established in 1995. A personal membership in the Social Health Insurance automatically creates a subsequent membership in the Social Long-term Care Insurance. People earning an income that exceeds the Social Security Contribution Ceiling (Beitragsbemessungsgrenze) can opt for the Social Health Insurance Fund. A person who does not make use of this option is obliged to have a contract with a private long-term care insurance. The expenses for the Social Long-term Care Insurance are financed by its members, being calculated from their gross income. The financial benefits (grants) are scaled according to the individual care level of the person concerned. The Social Long-term Care Insurance requires beneficiaries to take over part of the costs themselves. At least 25% of the costs have to be borne by the claimants themselves. Once a person is entitled to assistance, the payments are provided regardless of their current financial situation.

Several laws have been passed by the federal government to shape the conditions under which community-based and institutional care are provided in Germany. Among them, the Law of Care Time (Gesetz über die Pflegezeit) was passed in 2008, giving employees the right to take up to 10 days (unpaid) holiday from work to nurse their relatives in case of an acutely occurring

illness. The Law of Family Care Time (Gesetz zur Familienpflegezeit) was passed in 2011 to further encourage family members to provide long-term care for their relatives. Furthermore, the Law of Care Realignment (Pflegeneuausrichtungsgesetz) was passed to enhance the private financial involvement and thereby to release the Social Long-term Care Insurance from growing expenses. In order to improve incentives to work, a minimum wage was established, amounting to €8.75 in the western federal states of Germany and €7.75 in the eastern states. A series of law amendments have been passed to facilitate the immigration of highly skilled workers and specialists from outside the EU to Germany. Furthermore, a model project was initiated in 2012 to reduce the shortage of skilled workers in the care sector, offering foreigners from countries outside the EU the opportunity to attend a nursing school in Germany.

Besides those legal arrangements, policymakers' ability to directly influence the working conditions in this sector are rather limited. Initiatives to attract more employees to the caring sector have been implemented on the state level or in specific municipalities or regions. Some programmes aim at optimising the employability of care workers. In December 2012, the Federal Ministry of Family, Senior Citizens, Women and Youth (Bundes-ministerium für Familie, Senioren, Frauen und Jugend), together with other partners, launched a campaign to increase the attractiveness of apprenticeships in the caring sector: the Apprenticeship and Qualification Campaign (Ausbildungs- und Qualifizierungs-offensive). This nationwide promotion aims at raising the number of traineeships by enlarging the training capacities in nursing schools, reintroducing a publicly funded retraining programme and implementing new employee training programmes. Earlier, the Federal Ministry of Health had launched campaign to improve the image of nursing care professions and to raise awareness for the various job profiles and the (often immaterial) benefits of this important societal and human-ethical task. Further programmes have been initiated to increase the supply of on-the-job training and further education in new working fields. Online platforms have been established in some regions to bring together demand and supply in the care sector. Other initiatives focus on worksite health promotion and the prevention of accidents at work. To reduce financial constraints, the federal government also plans to lower the costs of care by boosting the technological progress in this sector. Furthermore, NGOs also contribute to improving the working conditions in the community-based care sector. The German Care Council (Deutscher Pflegerat), for example, has set up a competition focusing on technological innovations to improve the working conditions in the health and care sector.

The German government has taken effective measures to support the community-based care sector as a whole and especially to tackle current and expected labour market problems. The wide coverage of the Social Long-term Care Insurance guarantees that almost the entire German population is entitled and protected if the need for nursing care arises. An important constraint to keep in mind, however, is that the Social Long-term Care Insurance does not fully cover the expenses for nursing care, thus leaving co-payments up to the patients, who have to bear the related financial risks. Due to the ageing of the population, increasing budgets will be necessary in the future. It is very likely that the public care insurance system will come under financial pressure in the decades to come.

In order to close the gap between labour supply and demand, the political agreement on setting a minimum wage in the care sector is often considered a helpful tool to set incentives for young people to start a career in the care sector. Other legislative amendments aim at improving the framework conditions that allow family members to nurse their relatives. This is an important part of the government's strategy to avoid escalating costs in care insurance. Furthermore, the recently implemented campaign to improve the conditions for vocational training in the care sector is also considered helpful in order to increase the number of students in this field. These measures, together with other initiatives and projects (see the case studies in Annex 1), assist the German care services to overcome their difficulties in recruiting new employees. Other types of support projects are designed to improve employees' skills (such as management skills). They help care services to improve their productivity and, as a consequence, to retain and expand their staff.

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Annex 1: Case studies

This annex presents the results of the three German case studies on initiatives in the field of labour market policies in community-based care to support adults with disabilities. The three case studies are:

- Case study 1: Care4future
- Case study 2: Professionalising staff development in the care sector (PEPP)
- Case study 3: E-learning in the care sector (eLiP)

Each case study includes a description of the initiative, definition of the problem, approach and implementation and contextual factors. There then follows an analysis of the outcomes and results of the initiative. Finally, the lessons learnt and factors regarding the sustainability and transferability of the initiative are presented.

Case study 1: Care4Future

Description of the initiative

This case study describes the project Care4future in Germany. The Care4future project aims to confront the shortage of skilled labour in the care sector by informing, sensitising and inspiring adolescents at secondary schools about a career in the care sector through care networks at the local or regional level.

Care4future was initiated by a private–public consortium. The project partners developed a methodical blueprint on how to initiate local or regional networks of actors in the care sector, which jointly offer courses of professional orientation in order to improve the recruitment processes of junior staff. The development of this method (including network building and the design of training courses) was subject to the Care4future project, which will be outlined below.

The lead partner of the project consortium was the consulting agency GSUB mbH – Social Business Consulting (Gesellschaft für soziale Unternehmensberatung mbH). The second partner, CONTEC mbH (Gesellschaft für Organisationsentwicklung mbH), a consulting company for management and organisation development focusing on the health and social care markets, was assigned upon the implementation of the project. Both partners received support during the project term by the BAuA – Federal Institute for Occupational Safety and Health (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin).

Care4future was embedded in the initiative INQA – Initiative for the New Quality of Labour (Initiative Neue Qualität der Arbeit,), a nationwide programme to support small and medium-sized organisations in their personnel policy, launched and financed by the Federal Ministry of Labour and Social Affairs in Germany. The project ran from July 2010 to the end of 2011.

Overall objectives

The overall objective of the Care4future project is to confront the shortage of skilled labour in the care sector by informing, sensitising and inspiring adolescents at secondary schools about a career in the care sector. The overall intention is to target labour reserves that are currently unused.

Definition of the problem

Policy background

The impetus for Care4future is the impending lack of qualified personnel in the care sector. Demographical changes and reservations, especially among adolescents, regarding the attractiveness of the sector contribute to the shortage. The lack of labour and its extent differ by region. As this topic is also addressed by the Federal Ministry of Labour and Social Affairs, Care4future was incorporated into the INQA initiative and supported by the ministry.

Role of the social partners

The objective of Care4future requires the creation of local or regional networks between social partners; their role and degree of activity is crucial for the size and vitality of the network and thus ultimately for the success of the Care4future initiative. Various social partners can take a role in Care4future networks, depending on the local or regional structure and the willingness of actors to engage. Possible members of the networks are care-giving institutions, nursing schools, secondary schools, facilities of professional orientation and public administrations. They all take part in the network to inform adolescents about career perspectives in the care sector within the scope of the social partners' own interest.

Issue at stake

Demographical changes are resulting in an increasing number of elderly people. With increasing portions of the professional resources needed for the care of elderly people, the supply of care-giving personnel for disabled and chronically ill people is limited. Consequently, care-giving professions will have to increasingly compete with other professions for young professionals and qualified personnel. In addition to demographically induced shortages, care-giving institutions have to face other obstacles regarding the recruitment of adolescents: the pay level and the physical and emotional burden all work against advantages such as job security and career perspectives. More information on the sector and the job profiles would help to overcome reservations.

Taking a closer look at professional orientation in general and professional education in the care sector in particular, a deficit becomes obvious: networks informing secondary school students about professions and information networks for the care sector exist separately, with little cooperation between the two. If one wants to bring students of the age of professional orientation closer to a care-giving profession, strands of cooperation have to be brought together – this is the aim of Care4future.

Approach and implementation

Overall approach

The Care4future project has two interrelated components to improve the recruitment of adolescents to the care sector: (1) within the 'structural' component, a manual on creating and successfully maintaining a local or regional network in the care sector is provided; and (2) the 'educational' component is the provision of a blueprint for a training course that can be offered and carried out by the network partners. It contains a methodology on how to transfer knowledge about the care sector as a potential working field by applying a peer-learning approach.

Members of the networks as mentioned in (1) are players from two different strings: professional orientation and professional education. The core actors in these strings are secondary schools, nursing schools and care-giving institutions and are essential to the implementation of the Care4future method. Joint networks are expected to achieve synergies and increase the overall recruitment efforts. To bring the actors together within their geographically defined scope of activity, care4futue follows a regional approach.

The innovative aspect of the educational component (2) of Care4future is that trainees from nursing schools become the lecturers for students from secondary schools. Within the curriculum of an elective course of professional orientation, developed and implemented by members of the network, the trainees from the nursing schools get the chance to provide comprehensive information about the sector to the students. This teaching method is based on the didactical concept of peer learning. Peer learning schemes in general aim to create an environment in which students exchange knowledge, discover new patterns of behaviour and learn about their own abilities by supporting each other. The contents are various and such peer learning courses are combined with a two-week internship in a care facility, in which students are tutored by senior mentors.

Aim of initiative

To stimulate adolescents' interest in the care sector, it is useful to provide insights into the daily work routines of this occupational field. By completing hands-on training in a care facility, young people gain experience to shape their view on the sector and make a qualified decision about their future career. To avoid negative experiences, the students need to be well prepared

before being placed in a care facility as an intern. Care4future aims to provide this information in order to make the internship a rewarding experience rather than a deterrent.

Recruitment versus retention

Next to increasing the number of successful recruitments, the project intends to lower the dropout rates among students at nursing schools.

Specific target groups

Various players qualify as participants in Care4future networks; working together, they form a network that targets adolescents at the age of professional orientation – students in their last year at secondary school.

Formal versus non-formal employment

The programme does not aim at a transfer of non-formal into formal employment.

Project implementation

Programme level

The Care4future project is based on a pilot network that was initiated in the town of Papenburg in the German state of Lower Saxony. The good experiences in Papenburg served as a basis for the Care4future project within the INQA initiative. The concept was further developed and adapted to be applicable in other regions and other settings; the outcome of the Care4future project was a manual on how to implement and maintain a Care4future network and on how to design a course of professional orientation geared towards a career in the care sector.

In general, it is crucial for the successful implementation of a Care4future network to have all relevant local or regional actors at the table, with one partner taking the lead in the initialising phase. Depending on the local or regional structure, a lead partner will naturally evolve. Once a network is successfully established, the partners create a concept for a Care4future course using the manual. Within the network, the secondary schools together with the nursing schools take the lead in the design of the course. According to the manual, a three-step approach is recommended within the course implementation.

1. The beginning of each course is marked by a theoretical phase. The students are informed about the care sector and prepared for an internship in a care facility. In this preparation phase, the participants visit the care facilities to make contact with an organisation where they will later complete an internship.
2. The second phase is the internship, which takes place in one of the care facilities from the network. The internship usually takes about two weeks and students are accompanied by mentors from their school.
3. The third phase serves all parties involved to systematically reflect on the experiences of the two previous phases. This gives students the chance to make up their mind and gives partners the chance to receive feedback on how to improve the course design in order to optimise the outcome.

The duration of the training course depends on its embedding in the school curriculum. The preparation phase takes about 50 school hours; 10 days are calculated for the internship and another 10 hours for the reflection phase. In addition to the courses that are jointly provided, the Care4future concept contains further means to improve the recruitment of adolescents to the sector, such as organising information days or raising-awareness weeks. Based on the experiences set out in the Care4future manual, the creation of a network can take up to nine months and the design of the course up to six months. It is estimated that, in all, it takes up to one year from the first recruitment of network partners until the training course can start.

Project level

As part of the Care4future project, the concept was transferred and implemented in three more regions: Wuppertal, Ahrensburg and Magdeburg. All three regions had problems regarding the recruitment of new staff to the sector. Each of the projects is characterised by a unique set-up of network partners and assignment of tasks and responsibilities. The experiences of network building and course design also fed into the Care4future concept and manual. The implementation of the Care4future concept was accompanied by the implementation partner of the project, the CONTEC GmbH.

Monitoring and evaluation

An overall evaluation of the INQA Care4future project has not been finalised yet. It is planned to organise the evaluation as a follow-up project assessing the implementation and maintenance of the network, the design and implementation of the course, and the target achievement and transfer of the concept.

At the end of a Care4future course, the school students completed an evaluation form. So far, the feedback from the students has been positive. The participation leads to a higher level of information and puts the participants in the position to make a qualified decision about a career in the care sector.

Contextual factors

To a large extent, the successful implementation of the Care4future concept depends on the local or regional labour market situation in the care sector. If care facilities experience a shortage of junior staff, the actors of the sector might be motivated to initiate a Care4future network to increase recruitment. In areas with a rather stable demand and supply situation, the relevant actors of the sector will not necessarily feel the need to establish a Care4future network. Nonetheless, it might be worthwhile to create (informal) networks in order to monitor changes and the need for policy measures.

Outcomes and results

Type and numbers of job created

An assessment of the quantitative outcomes on the number of course participants to the number of job contracts resulting from course participation is not yet available. If the evaluation of the Care4future project is approved as a follow-up project, related outcomes will be assessed. The positive feedback from course participants and the positive practical experiences of the network partners count as circumstantial evidence.

Other relevant outcomes

The main outcome of the Care4future project was the manual on how to implement and run a Care4future network. Next to the concept, the establishment of a network and the design and implementation of a Care4future course is described step by step. Also included are blueprints for invitations to network meetings, cooperation agreements, feedback surveys and course curricula. A preliminary version of the manual was made publicly available in February 2013 at www.care4future.de and is transferable to all regions. The final version is planned for the end of 2013.

In addition to the three networks that were established in the context of the INQA project, another network was successfully established in the Hückelhoven region.

Main results

The concept of Care4future is very comprehensive and has various positive effects.

- Secondary school students gain knowledge of the care sector in theoretical and practical ways and can make a qualified decision regarding a career in the care sector.
- Nursing school trainees serve as peers for the students. This gives them the chance to see themselves as sector experts and increases the identification with their work. They develop important didactical and soft skills, such as communication competence, and experience teamwork.
- Care-giving institutions have the opportunity to contact potential trainees at an early stage, which improves their recruitment chances. Moreover, as participants of a Care4future course are well informed, they are less likely to drop out of a trainee programme.
- The partners of the network profit from the cooperation well beyond the actual primary objective. The network can be used as a platform for the exchange of best practice measures and might lead to synergies in other ways.
- The image of the care sector among adolescents has improved. The participants of a Care4future course function as multipliers in that they communicate information and their experiences to other adolescents.

Lessons learnt

Success and fail factors

The specific success and fail factors of Care4future networks depend on the local or regional circumstances. Nonetheless, some factors can be identified that contribute to the success or failure of Care4future networks in general.

- **Success factor – reduced investment through the presence of a promoter in the initialisation phase of the network:** An important factor for the successful initialisation of a network is the presence of a promoter. Especially at the start, the network members might not be sure whether the investment made into the network building will pay off, which might lead to reluctant behaviour in the initialising phase. A person or institution that takes the lead is crucial to overcome the critical phase of initialisation.
- **Success factor – more efficient learning through the peer learning approach:** The atmosphere is more informal and open for discussion and the contents are presented in a playful manner. This increases and eases the knowledge transfer and helps to reach the course objective in a more efficient manner.
- **Fail factor – shortage of capacities in schools due to a multitude of competing measures of professional orientation:** Representatives from various economic sectors approach secondary schools to offer measures of professional orientation to students. At the same time, schools only have a limited capacity (personnel and hours in the curricula) for professional orientation. Against this background, schools might decide not to join a Care4future network because they prefer cooperation with other sectors.

Sustainability and transferability

The Care4future networks established throughout the project duration are still operating today. Once the networks are installed, no further external assistance is needed.

The manual on how to implement a Care4future network will be promoted through the INQA initiative. As part of the promotion, the project outcomes will be presented at the leading trade fair of the care sector in Germany. In addition, the Care4future method will probably be introduced in six more regions.

Although the project partners and the Federal Ministry of Labour and Social Affairs agree about the importance and effectiveness of the Care4future approach, plans for a wider expansion of the Care4future method and the transfer of the project outcomes after 2013 have not been installed. The ongoing demand is a signal for the project partners to look for further funding to ensure the transferability of the concept.

Conclusions

The Care4future concept is an interesting and above all flexible instrument to confront the shortage of skilled labour in the care sector on a local or regional basis. The concept can be adapted to a wide range of circumstances, depending on the local labour market situation and the actors' problems . Once a network has survived the initialisation phase, all existing networks show high degrees of activity. This is a good argument for the quality of the concept and for the outcomes expected and realised by the network members.

Case study 2: Professionalising staff development in the care sector (PEPP)

Description of the initiative

Professionalising staff development in the care sector, PEPP (Personalentwicklung in der Pflege professionalisieren) was designed to improve the management capacities in the care sector by offering management courses and by raising awareness in community care services for the need of a strategic and systematic human resource development.

PEPP is run by the German Red Cross (Deutsches Rotes Kreuz, DRK). It was initiated and financed within the framework programme tailwind – Improving Employment in the Social Economy (rückenwind – Für die Beschäftigung in der Sozialwirtschaft), which is financed by the European Social Fund (ESF) and the Federal Ministry of Labour and Social Affairs (Bundesministerium für Arbeit und Soziales, BMAS).[19] The tailwind programme supports employment in the social economy. Within the framework of tailwind, PEPP was designed to promote and train the workforce in the care sector. It was adopted in 2009 and remained active until August 2012. PEPP's budget amounted to €1.2 million, of which €840,000 was financed by the framework tailwind programme; the remaining share came from the DRK.

Overall objectives

The objective of PEPP is to qualify professional caregivers for (additional) management duties. This was perceived to be necessary due to a shortage of skilled management personnel in community-based care services. The project was launched in order to provide parts of the workforce with managerial skills through extra occupational courses and also to raise awareness among the CEOs of community-based care services for the need for strategic and systematic human resource development.

Definition of the problem

Policy background

In order to understand the policy background and the problems addressed by PEPP, the financing structure of the care sector needs to be briefly described. Important players and their function in that context are the care-giving institutions and community-based care services, the funding bodies of care-related services, and legislative bodies, mostly at the federal state level.

Negotiations among these players lead to cost rates the service providers receive from the funding bodies for services to their customers, legal guidelines for the provision of care and the monitoring of care services in terms of service quality and cost efficiency, and legal requirements for the qualification of management personnel of service providers. The legal requirements are, amongst others, set out in the German Social Code XI for nursing businesses (Sozialgesetzbuch XI Pflegeeinrichtungen). According to Article 71 section 3, the following qualifications are required.

1. The successful completion of vocational training for professional nurses.
2. The applicant needs two years of professional work experience in their field of expertise, acquired within the last five years.

[19] See www.bagfw.de/en. The BAGFW is the umbrella organisation of all central voluntary welfare organisations in Germany – Arbeiterwohlfahrt, Deutscher Caritasverband, Deutsches Rotes Kreuz, Diakonisches Werk der EKD, Paritätischer Wohlfahrtsverband and Zentralwohlfahrtsstelle der Juden in Deutschland.

3. Further training courses on managerial skills with a workload of at least 460 hours have to be successfully completed.

Role of the social partners

The national association of the DRK consists of approximately 4,600 local, regional or state associations throughout all the German federal states. The network of DRK associations performs a broad range of tasks, such as care and medical services, civil protection or disaster preparedness. The PEPP project was an internal DRK project and targeted staff members of community-based care services belonging to four selected DRK state associations (in Mecklemburg-Western Pommerania, Saxony, Schleswig-Holstein and Hesse). These PEPP training courses took place in the nursing schools of the four state associations.

Issue at stake

Management challenges in the healthcare sector are steadily increasing due to increasing competition of care services and demographic and structural changes in the healthcare sector and healthcare policies. Insufficient management know-how within the existing executive staff and deficiencies in human resource development lead to a shortage of qualified managerial staff (junior and senior) in community-based care. Especially needed are management techniques and negotiating and selling skills. The lack of management skills needed in daily routines leads to further problems: management positions are often awarded by informal mechanisms; a lack of management of succession is observed; community-based care services often do not have a staff member acting as a deputy to the management; there is little appreciation or financial compensation for taking over managerial functions; and stress and burnout of managerial staff. The abovementioned problem areas can be experienced in care services targeting the disabled and chronically ill as well as the elderly.

There is also a ‘strategic gap’: the level of quality and cost efficiency demanded by the funding bodies cannot be achieved with the minimum qualifications as set out in Article 71 of the Social Code. To meet the demands regarding quality and cost efficiency, management staff must be empowered to achieve a more professional management level, yet the costs for the human resource development of management staff are not covered by the funding bodies. At the same time, the standards for service quality and cost efficiency are steadily increasing. The PEPP project was developed to fill this strategic gap for the DRK-related community-based care services.

Approach and implementation

Overall approach

The conceptual background of PEPP was developed by the human resource department of the DRK headquarters. The concept consists of two main components: the design of a management course tailored to professionals of the care-giving sector; and the establishment of nursing schools as a service provider for human resource development, also with the intention of raising awareness for the need for a strategic and systematic human resource development.

The concept of the PEPP management courses addresses three areas that have to be strengthened among the participants to allow the promotion from a professional to an executive staff member.

1. **Knowledge:** The course aims to provide knowledge on managerial aspects such as management tools (accounting, risk management, and so on), human resource development, innovation, sales and marketing as well as local and sectoral networking.
2. **Behaviour:** Participants can use the course as a platform to train their behaviour with regard to taking leadership, motivating personnel, sales management and customer orientation.

3. **Self-awareness:** Taking over management duties in a successful way has a lot to do with attitude and becoming an entrepreneur. Therefore, modules regarding entrepreneurship, value orientation, responsibility or self-initiated capacity building are also part of a PEPP course.

In order to equip the participants with knowledge that is as practice-orientated as possible, a PEPP course combines theoretical management seminars (theoretical phase) with the implementation of an on-the-job project (practical phase). Furthermore, the PEPP concept aims to raise awareness within the community-based care services for the need for a systematic and strategic human resource development. Therefore, human resource consultants from the staff of nursing schools were installed.

Aim of initiative

Through PEPP, skilled personnel can be qualified for management positions that would otherwise remain vacant or would be filled by personnel lacking management qualifications. In this sense, PEPP reduces shortages of skilled management labour in the care sector. For the participants and their employers, the PEPP course is a valuable opportunity to reach an advanced level of professionalisation regarding human resource management and development. The combination of theory and practice helps to adapt the work behaviour of successful participants to the new tasks much more easily. Additionally, by participating in a PEPP course, the awareness for the need of a systematic and strategic human resource development is raised.

Recruitment versus retention

PEPP courses are a useful tool to expand the managerial skills of skilled employees in the care sector and are expected to make valuable contributions to reducing recruitment problems in the long run. In addition to its contribution to job recruitment, PEPP can also be an important factor in terms of job retention. The PEPP project was put into practice to lead to a more effective workflow and to higher job motivation and satisfaction in management and, above all, among staff members.

Specific target groups

PEPP courses specifically target employees of care services who are in need of further qualification to fulfil management duties.

Formal versus non-formal employment

The programme does not aim at a transfer of non-formal into formal employment.

Project implementation

Programme level

The DRK headquarters developed a one-year management training course specifically tailored to professional care givers. The key element of the course is a practice-orientated, innovative concept that combines theoretical management seminars with the completion of a practical, on-the-job project. The theoretical seminars are divided into eight teaching units, which are spread throughout the course duration to reduce organisational challenges of replacing participants in their workplaces. Within the on-the-job project of PEPP, the participants have to develop and implement a solution for a management problem that has been identified at the service provider they work for.

Project level

The implementation of PEPP was made in cooperation with the DRK headquarters with four state associations of the DRK (Hesse, Mecklenburg-Western Pomerania, Saxony and Schleswig-Holstein). The PEPP concept as developed by the DRK headquarters was implemented at the nursing schools of the state associations. The nursing schools included the PEPP course into their annual curricula in each of the three years of the project's duration. The lecturers either originated from the schools' staff or else external lecturers familiar with the care sector were hired for specific training units. Moreover, the schools established the position of a human resources consultant who worked together with the participants and their employing care services on the on-the-job projects throughout the PEPP course. The position was either filled by staff from the school or a new staff member was hired for that purpose. The topics of the on-the-job projects conducted throughout PEPP so far are very diverse.

Monitoring and evaluation

Monitoring the function of PEPP was achieved in two ways. Firstly, the participants of the PEPP courses were surveyed at the end of the course. The survey covered, among other things, the general satisfaction with the course design, the contents and the performance of the lecturers. The results of the survey fed into the second monitoring component, that is, the annual meeting of the project partners (representatives of the DRK headquarters and delegates of the four DRK state associations and of the nursing schools). Within the meeting, potential improvements to the course design were discussed, though only minor changes were needed. In general, the partners were satisfied with PEPP.

Contextual factors

See the 'Policy background' section above.

Outcomes and results

Type and numbers of jobs created

As pointed out above, the retention of jobs and the strengthening of employee loyalty and identification are the main concerns of the initiators of PEPP in this regard. The total number of jobs that had been effectively secured in practice cannot be estimated at this stage. It remains to be seen which effect will be most pronounced.

Other relevant outcomes

So far, 180 participants from 150 community-based care services participated in one of the PEPP courses. The market price for an equivalent course or seminar would amount to €6,000. The project proposal of PEPP was calculated in a way that the courses could be offered for free throughout the project's duration. Once the headquarters had announced that management-related courses would be offered in the nursing schools, the word spread so fast that the demand was sufficient to fill the seats of the courses. This is a good indication of how large the need for management qualification is within the sector, which is also documented by a dropout rate of the course participants of less than 2%. Moreover, all participating nursing schools established the position of a human resources consultant who assists the community-based care services and human resources management. The feedback from the community-based care services on the services provided by the human resources consultants was very positive. Finally, a significant achievement of the PEPP courses has been to raise self-confidence and increase the work skills of the participants. Being trained as a care giver or nurse, most participants felt overwhelmed by management tasks before they participated in the course.

Main results

The business success of a community-based care service generally depends on the ability of the organisation to use the given financial means efficiently. Since the payments received for the provision of care are fixed for a defined period, the only way for the care service to increase its competitiveness is to improve its internal working processes. The PEPP project helps management executives in the care sector to be better qualified to achieve improvements in the internal processes and to meet the required standards. The majority of the participants reported improvements regarding managerial tasks following their participation in a PEPP course. Moreover, the funding or monitoring bodies confirmed the improvements that have been achieved and thereby identified the added value of the PEPP courses. Furthermore, personnel were so convinced of the value of PEPP that they committed themselves to take the funding of management education into account in the next negotiations about cost rates. A budget for management education would contribute to a more professional general and human resources management in the long run. In that way, PEPP even reached a goal that was not initially intended.

Lessons learnt

Success and fail factors

The DRK identified the practical component of the PEPP course as the crucial success factor of the project. In this regard, the human resources consultant of the nursing school had an entry point to the management of the care service. This not only supported the successful completion of the course, but also had a positive effect on raising awareness for a more professional management unit.

A specific fail factor as such was not identified, but the shortage of management capacities, especially in care services for disabled and chronically ill people, had a negative effect on their participation rate.

Sustainability and transferability

It is planned to include parts of the course programme into the curricula of care-giving and nursing schools on a permanent basis to ensure the sustainability of the achievements made by PEPP. Furthermore, the concept will be implemented in all remaining DRK state associations and their nursing schools throughout the coming years. As the funding for tailwind expired in 2012, the costs for the establishment of a PEPP course will have to be borne by the state associations, but this was not perceived as a problem.

To meet the demand in the long run, the DRK headquarters is currently debating offering a central PEPP course on a federal basis. Moreover, each of the four participating nursing schools established a human resources consultant and similar positions are being established in all state associations. A continuous improvement of the management in general and the human resources development in particular is guaranteed.

Throughout the project's duration, the DRK received requests from other actors of the care sector who were interested in implementing the PEPP concept within their specific context. Though the DRK is not planning to distribute the PEPP concept beyond their own network, the outcomes of projects funded by the tailwind programme have to be made public. In other words, the PEPP concept is publicly available and other actors of the care sector are free to apply the concept to their own context.

Conclusions

The last project year of PEPP started with a monitoring meeting in January 2012. As the BMAS declared itself satisfied with the project outcomes, there is good reason to consider the PEPP project as a good example of how to improve human resources development in the care sector. The concept provides a valuable contribution to making jobs in the care sector safer and more attractive, which in the end leads to the retention of jobs and the generation of new ones.

Case study 3: E-learning in the care sector (eLiP)

Description of the initiative

This case study describes the German non-profit association E-learning in the care sector, eLiP (eLearning in der Pflege e.V.). The eLiP association aims to supplement the established pool of instruments for vocational and continuous education in the care sector with a telematic alternative (e-learning).

The eLiP association was founded in October 2008 by seven institutions working in the area of training and continuous education in the care sector. eLiP was created to ensure the long-term sustainability of a previous project, called eLiA (e-Learning infrastructure in the care sector). eLiA was conducted from November 2007 to October 2008 under the lead of the AWO workers' welfare federal association (AWO-Bundesverband e.V.) with the support of the coordination unit of the European Social Fund (ESF). It was co-financed with €152,000 from the ESF and the German Federal Ministry of Education and Research. The eLiP association was found to ensure the sustainability of the eLiA project. eLiP is active nationwide and financed by the annual fees of its members.

Overall objectives

The objective of the eLiP association is to ensure the sustainability of the project outcomes from eLiA. The main aim of eLiA was to supplement the established pool of instruments for vocational and continuous education in the care sector with a telematic alternative that is flexible and cost effective. Thus, as a follow-up measure to eLiA, eLiP focuses on the labour market strategy 'stimulating and facilitating education'.

Definition of the problem

Policy background

In Germany, professional employees in the healthcare sector are legally obliged to participate in further education annually. The legal background can be found in state or regional law (Pflegekräfte-Berufsordnungen, code of professional conduct for care givers) and requirements differ per profession. E-learning courses, as a rather innovative and new approach to further education, are accepted in some but not all federal states.

Role of the social partners

The AWO federal association is one of the six non-statutory welfare services in Germany and therefore an important player in the German care sector. The federal association is the umbrella organisation of 3,800 local AWO associations that are also organised on a federal, state or regional level. With the AWO federal association being the lead partner of the preceding eLiA project, various AWO associations are now actively involved in eLiP. Furthermore, other non-statutory welfare services (such as nursing schools from the German Red Cross) and other important players of the German care sector also became members of eLiP.

Issue at stake

The applications of the internet and of electronic media are manifold and offer new solutions for primary and further education, knowledge transfer and communication. A prerequisite for the comprehensive use of electronic media is that the technology be easy to use, flexible and above all, cost effective. Before eLiP was created, software solutions were not available at reasonable

prices to the care sector. eLiP aimed to fill this gap by providing a central e-learning infrastructure that allows for individual usage.

The work sphere in community-based care is usually characterised by decentralisation, as care is provided within the patients' living environment. Problems and misunderstandings between employer and employee can arise due to a lack of communication. These circumstances can lead to a negative perception of the working conditions in the care sector by current and potential employees. Moreover, the lack of skilled employees in the care sector has led to the growing recruitment of untrained staff. The share of employees with foreign citizenship or with a migration background is high in the care sector and such groups tend to need further education. The provision of an e-learning infrastructure can contribute to the qualification of non-professionals and increase the general attractiveness of an employer. This also applies for professional staff working in community care.

Approach and implementation

Overall approach

E-learning includes all forms of knowledge transfer that make use of electronic or digital media for the presentation and distribution of learning material and that support communication. A key advantage of e-learning is its flexibility in terms of time and place. E-learning leads to a more convenient way of learning and generates cost advantages, as the employees do not have to travel to an external facility. The e-learning solution chosen within eLiP allows for a fully electronic method of knowledge transfer, but might also be combined with face-to-face classroom methods (blended learning).

Aim of the initiative

With the provision of central e-learning software (designed as a complete hosting package and offered at a reasonable price), eLiP intends to boost the diffusion of this new learning and teaching method in the care sector. In contrast to the general technical solutions that were already available on the market, eLiP's project managers believed that a software solution tailored to the care sector would be accepted and widely used in the profession of home care provision.

The main arguments for the use of e-learning (besides cost advantages) in the care sector are the enrichment of the educational toolbox; it is flexible to use; there is an individual learning pace; travel time and costs; and it is attractive for young people (since electronic media are especially popular with young people, e-learning can increase recruitment chances and job satisfaction in particular among young people).

Recruitment versus retention

E-learning raises the attractiveness of an employer, and with ongoing diffusion of the concept, the whole sector can benefit from being perceived as modern and innovative. Thus, eLiP can indirectly contribute to a more facilitated recruitment and retention of staff in the care sector.

Specific target groups

Membership in eLiP is open to every organisation, employer, institution or association of the care sector that is interested in using this special e-learning software. For eLiP, it is increasingly important to win over teachers and lecturers from educational facilities as indirect target groups or multipliers and to convince them of the advantages of e-learning in general and of the software offered by eLiP in particular.

Formal versus non-formal employment

The programme targets formally employed professionals in the care sector and thus does not aim at a transfer of non-formal into formal employment.

Project implementation

Programme level

Between November 2007 and October 2008, the AWO federal association and the Qualitus GmbH conducted the eLiA project (e-learning infrastructure in the care sector). The aim of the project was to develop an e-learning infrastructure for the care sector and to make sure that the infrastructure is made available to the sector in a sustainable way. eLiA makes use of the open source communication and learning platform ILIAS of Qualitus GmBH. ILIAS is one of the leading e-learning management systems in Germany. ILIAS was customised to the specific requirements identified by the project partners.

In cooperation with several network partners, the AWO federal association has conducted seminars for tele-tutors, authors and designers of e-learning courses and administrators of the e-learning infrastructure. From then on, care-related online courses were designed and tested in internal training measures.

To ensure the sustainability of the eLiA project, seven institutions working in the area of training and education in the care sector founded the non-profit association eLearning in der Pflege e.V. (eLiP). eLiP brings the e-learning infrastructure to market through a license business model, which is offered to members of the association. Potential members are interested institutions, schools or employers in the care sector aiming to implement their own e-learning programmes.

Project level

As a general procedure, an actor of the German care sector (interested in making use of care-related e-learning) contacts eLiP in order to apply for membership. Members of eLiP can book the e-learning platform ILIAS as a hosting package (including necessary assistance). The members appoint an administrator, who receives individual coaching. Besides this initial coaching, members can participate in basic ILIAS courses, which are held twice a year, and in training for authors of care-related courses, which are held annually. After the training, members can upload individual information, learning packages, protocols, quality handbooks, and so on to the platform. The platform can also be used as a forum, chat room and mail programme or to define learning groups.

Monitoring and evaluation

Neither the eLiA project nor the eLiP association underwent an official monitoring or evaluation process. Nonetheless, eLiP and the introduction of e-learning to the care sector was chosen as a good practice example for the retention of staff in the care sector by the Federal Ministry of Economics and Technology.

Contextual factors

The design of e-learning software for the care sector and the introduction into the market are technically sophisticated tasks. Therefore, the Qualitus GmbH, an official cooperation partner of the ILIAS Open Source Team, provided professional advice within the eLiA project and also in the foundation phase of eLiP. Among other things, a concept for a service portfolio was developed containing different hosting packages, in accordance with the needs and the size of different member institutions. Qualitus GmbH also cooperates in the provision and maintenance

of the technical infrastructure, in providing technical support for members and in conducting training sessions for new members.

Moreover, the care sector in Germany usually operates under tight budget and cost restrictions. Hence, the successful introduction of e-learning to the sector had to be made in a cost-sensitive manner. The financial component was taken care of by using the open source software ILIAS. This became a competitive advantage with regards to commercial providers, as it turned out to be effective in performance and cost at the same time.

Outcomes and results

Type and numbers of jobs created

The promotion of e-learning in the care sector does have indirect positive effects on the recruitment and retention of personnel. The effects, however, cannot be quantified in terms of created jobs. E-learning is perceived as an innovative way to attract professionals but also non-professionals to an employer in the care sector.

Other relevant outcomes

As for eLiA, the predecessor of eLiP, the objective of the project was reached to its full extent. The ILIAS platform was successfully made available on a project-specific server and customised to the needs of the care sector. Six seminars for 90 tele-tutors were held throughout the project duration of one year. In addition, 15 administrators were trained for the application of ILIAS.

eLiP was founded in October 2008 to ensure the long-term marketing of the ILIAS software to the care sector. The association started with seven members. In 2012, the association already had 20 members, who all make use of the e-learning infrastructure. Among them are nursing schools and institutions of primary and further education, but also care-giving institutions. In addition to these institutional members, the software is also booked by networks or consortia to conduct specific projects. Besides the AWO associations, educational facilities belonging to the German Red Cross network are prominent members of eLiP.

Main results

Both workers providing care for disabled people below retirement age as well as carers for the elderly and retired can make use of the educational opportunities provided by eLiP, as the software is flexible and can be filled with individual contents. In particular, the sector of community-based care, which is characterised by a high degree of decentralised work contexts, can profit from the advantages of e-learning. One of the key advantages of e-learning tools is that they can be accessed from a computer at home or from a central access unit, facilitating both further education and communication. E-learning is therefore perceived as a time-efficient way to engage in further training and education. Furthermore, continuous training is highly valued in the care sector. When provided, it tends to increase job satisfaction and motivation and e-learning can be used for such training. The tool helps to professionalise workers in their daily routines and provides access to potential new work fields within the care profession. Workers often call for more autonomy in the caring process and additional professional knowledge is one way to achieve this goal. It also helps to advance careers within the hierarchy of an organisation. At the same time, employees have good chances to earn higher wages when they reach a higher qualification level. The work carried out by carers is often considered to be physically and emotionally straining; developing new skills allows the carers to cope better with the workload.

The members also use the eLiP community for the exchange of information and experiences with e-learning. This is perceived as a major advantage, as the members can profit from each

other's experiences and members of eLiP are kept informed on important software innovations by ILIAS representatives.

Lessons learnt

Success and fail factors

Success factors:

- Success and acceptance rates within employers were higher if participants of the initial training courses were given time to design and upload information to the platform immediately after the training.
- The presence of a sufficient number of work stations at an employer's facility turned out to be a success factor for the usage of e-learning: staff members used more e-learning if it was accessible.
- The longer the distance to facilities of further education, the better the acceptance of e-learning. Tele-medial teaching is thus a chance to improve educational opportunities, especially in rural areas.
- Members who participate in the training courses offered by eLiP on a regular basis make more intensive use of the software and have higher acceptance within their staff.

Fail factors:

- The lack of time among the (potential) members is perceived as a major obstacle for further dissemination of e-learning in the care sector; the ideas to offer new training are not always implemented.
- Decision-makers and teachers of an older age can be sceptical of e-learning, as they are not as familiar with electronic media.
- For some professions in the care sector, it is mandatory to complete a certain amount of hours of further education every year. The legal basis is set by the federal states, which also keep a list of accreditation for eligible courses. So far, administrations prefer on-site courses as opposed to tele-courses and the registration procedure for tele-courses is complicated and time consuming.

Sustainability and transferability

eLiP is established as an association with a decent and growing number of members and operates in a cost-covering way. Thus, the sustainability of the association as such seems to be ensured. Further diffusion of e-learning throughout the care sector will be a question of market demand, despite all efforts made by eLiP.

The executives of the eLiP association emphasise continuous improvements of the services they provide and of the internal processes. Several aspects were mentioned that will be addressed in the coming years:

- The inclusion of e-learning into on-site courses can boost the awareness and advantages of this learning method.
- One major aspect for improvement is perceived to be the marketing and sales management of eLiP. The executives are planning to spend more time and energy on advertising their service portfolio and to make the advantages of e-learning more widely known in the care sector.
- Decision-makers and teachers as target groups will be focused on, as they are the major multipliers of e-learning.

- The extent of activities in the discussion forums is still relatively limited. As a regular exchange is perceived as a major success factor, an increased usage of discussion forums is believed to further support the take-up of the e-learning platform.
- As time constraints are a major fail factor, eLiP aims to make members and potential members aware of the inclusion of e-learning into duty schedules and working time agreements.

Conclusions

In times of a dramatic shortage in qualified staff, e-learning can contribute to building up the needed capacities. E-learning can be considered as an effective instrument for job enrichment and contributes to the improvement of working conditions and thus raises the chances of recruitment and retention within the care sector. E-learning by means of eLiP is an effective and economically reasonable concept for primary and further education in the care sector. Even so, eLiP has to and will confront the obstacles mentioned above.

Annex 2: Interviewees

Ursula Becker
Head of eLiP e.V.
Volker Est
Consultant for communication and organisation, CONTEC – Gesellschaft für Organisationsentwicklung mbH.
Gerd Palm
St. Gereon Seniorendienste, Hückelhoven.
Mario Heller
Head of Human Resource Development, Training and Education, German Red Cross Headquarters.

Frank Maass, Marina Hoffman, Institut für Mittelstandsforschung, Bonn

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