

JobFit Guide

Linking health and employment promotion



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Preface

The state of health and the employability of the unemployed are two sides of the same coin: when the health is restricted then so is the employability. When a person's health is restricted he/she is extremely hard to place on the labour market. That is a problem for the employment service. Compared to employed people the unemployed have a higher risk of falling ill. That again is a problem for the statutory health insurance companies that have to finance considerably more services for the unemployed than for the employed while at the same time receiving lower contributions for the former.

Employment agencies and health insurance companies obviously share an interest here. Both are keen on healthy, employable unemployed people who can be placed fast on the labour market. Therefore, it makes sense that both the actors of the labour market and those of the health insurance companies are coordinating and interlinking their measures of labour and health promotion.

These considerations formed the starting point for the JobFit approach promoted by the BKK Bundesverband, by the BKK Landesverband NRW as well as the Ministerium für Arbeit, Gesundheit und Soziales NRW (MAGS) and by the European Social Fund (ESF) from 2004 to 2008 in two phases:

In the first phase, JobFit Regional, the methods and contents of the approach were developed and evaluated.

In the second phase, JobFit NRW, the approach was implemented in the statutory structures of the labour market promotion.

Both phases can be considered successful from today's point of view: the approach found in the first phase does not only reach the target group "unemployed" who are usually not very interested in health promotion, it also shows positive health effects. And in the second phase it was proved that a realisation of the JobFit approach in existing structures and existing financing paths is possible.

Thus, JobFit has accomplished something special: the approach can be immediately realised in every region in Germany as long as the actors of labour market and health promotion are prepared to make use of their scope in statutory financing.

This guide addresses all actors of labour market promotion and health insurance companies interested in the JobFit approach who want to realise it in their region. We wish you good luck!

Basic Principles of the JobFit Approach

1. Starting point

(Long-term) unemployment often goes hand in hand with health restrictions, as documented by various epidemiological studies (Paul et al. 2006; Grobe & Schwartz 2003). But the strain of unemployment is obvious beyond the statistics. Social retreat, self-doubt, financial worries and depression are often the consequences that not only burden the affected people but also aggravate their reintegration into the labour market (RKI 2003; Bellwinkel & Zoike 2007).

The development of the JobFit approach was realised by the BKK Bundes- und Landesverband NRW in the course of the initiative "Mehr Gesundheit für alle" („More health for everybody“). The co-financing of the project was carried out by funds from the Ministerium für Arbeit, Gesundheit und Soziales NRW (MAGS) and the European Social Fund (ESF). The Institut für Prävention und Gesundheitsförderung an der Universität Duisburg-Essen (IPG Essen - the institute for prevention and health promotion at the University Duisburg-Essen) and the Gesellschaft für innovative Beschäftigungsförderung mbH (G.I.B. NRW – innovative employment promotion company) accompanied the realisation.

The aim was the testing and realisation of a successful linking of health promotion and labour market integrative measures (cp. Bellwinkel 2007).

In order to counteract the proven health restrictions of the (long-term) unemployed, cross-sector actions with labour market as well as health policy actors supporting and financing together health consulting and health promotion make sense.

2. The JobFit Approach

The basic idea of JobFit is to use employment providers as the setting for the implementation of health promotion and submit individual health competence consulting as well group courses for health promotion to the "lifeworld" of the registered job-seeker. Against this background possibilities for financing the approach were looked for in the labour market and health sector statutory funding.

By the end of 2008 more than 1,000 unemployed people were reached with the JobFit approach. The project was scientifically evaluated and achieved success not only concerning health-related variables but also regarding the employability and the placement on the labour market.

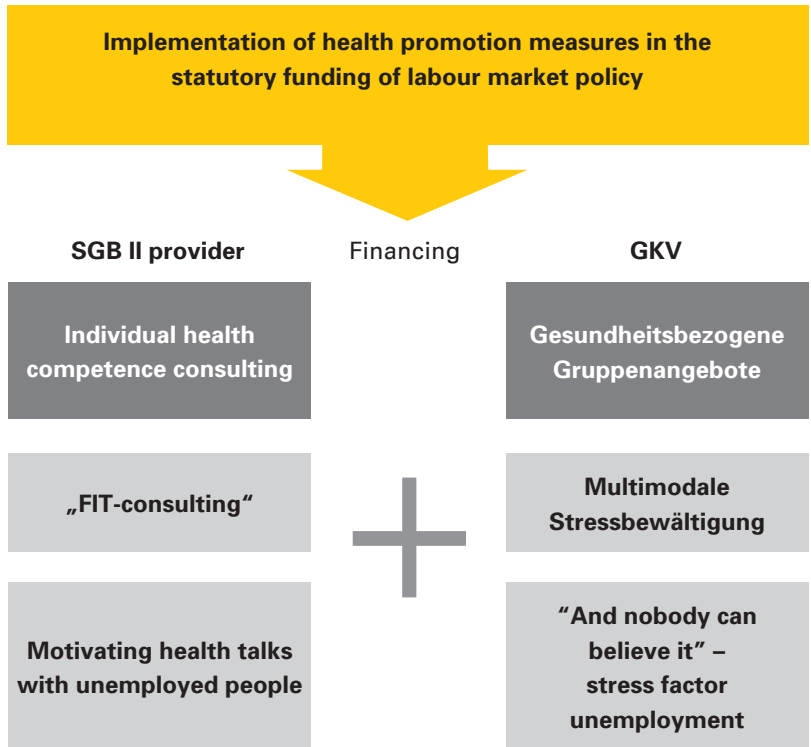
On the structural level the aim was to bring together responsible actors of the labour market and health promotion in order to enable the comprehensive realisation of the JobFit approach in the labour market statutory funding with a mutual financing by the SGB II providers and the Gesetzliche Krankenversicherung (GKV). This aim was achieved.

The JobFit approach contains two pillars, which show the contents of the structure with the respective financing possibilities:

→ See figure page 8

- Health competence consulting (see 3.1) – financed by the SGB II provider.
- Prevention course „Und keiner kann's glauben – Stressfaktor Arbeitslosigkeit“ („And nobody can believe it – stress factor unemployment“) on the multi-modal coping with stress (see 3.2) – financing by the GKV.

Figure 1: Financing of JobFit



Four SGB II providers were persuaded to include health offers in measures for their target group.

A central concern of the JobFit approach is to embed the health competence in the setting of employment and qualifying providers in order to achieve positive results for unemployed concerning their health and in particular regards their employability. In this context, the specially trained staff of the afore-mentioned providers will function as mediators of the labour market integrative health promotion.

JobFit aims at long-term unemployed people who do not yet have any health restrictions and are involved in an integration programme of the SGB II.

Owing to the activities of the model project, a new passage has been successfully included in the guide “prevention of the central associations of the health insurance companies for the realisation of section 20 SGB V as amended on 2nd June 2008.” In the third chapter there is the following description of the use of prevention measures without advance payment according to the individual approach not only for the unemployed but also for the socially underprivileged.

“In order to make it easier for socially underprivileged people to participate in prevention measures according to the individual approach the health insurance companies may bear the costs partly or in full after a previous assessment and approval for this group of people – without advance payment by the respective insured people.” (Leitfaden “Prävention zur Umsetzung des § 20 SGB V, S. 16 (Guide “Prevention for the Realisation of Section 20 SGB V, p. 16”)

In four locations, models were developed successfully where SGB II providers and GKV together finance the JobFit approach. These models can, however, not be easily transferred. (see chapter III).

3. The Core Elements of the JobFit Approach

3.1 Individual health competence consulting

Health competence consulting is a form of intervention developed and evaluated especially for the target group unemployed people (Hanewinkel et al. 2006). The aim of the health competence consulting is to reflect together with the unemployed person his health behaviour and to show him ways to a health-oriented life style. Approximately four consulting sessions are needed for an effective health competence consulting. More to the costs in chapter III.

In the first approximately one-hour health competence consulting session the health behaviour in the areas nutrition, exercise, stress management, alcohol and nicotine consumption are looked at by means of a structured interview guide (see 3.3). An individually developed health profile (see 3.3) will show discrepancies between one's own behaviour and a healthy life style. The focus is on the development of possible perspectives as well as the development and testing of behaviour alternatives to achieve a responsibility for one's own health. The health profile also serves to clarify future action, as the agreement on individual health targets stands at the end of the first talk.

In order to support the unemployed in the realisation of these set health targets more talks are needed. The duration and frequency of the subsequent health talks depend largely on the health targets as well as the support demand of the unemployed so that the remaining three consultations can be fixed as deemed necessary. Normally it takes four to five about 30-minute talks to secure permanent changes in behaviour.

The health competence consulting usually takes a period of four hours. The initial talk will take one of those, the subsequent talks are planned to take a total of three hours, if necessary the time can exceed four hours.

3.2 The Prevention Course

The prevention course “And nobody can believe it – stress factor unemployment” is the second health pillar in the JobFit approach to be embedded in the setting of the employment and qualifying providers. The prevention course aims to strengthen the responsible health behaviour and an adequate problem solving of the burdens specific to the unemployed not only by the individual health competence consulting but also in groups.

The prevention course comprises nine course units at 90 minutes each taking place on a weekly basis. Table 1 gives a rough overview of the individual units and their targets.

→ See table page 12

The prevention course developed for this target group has closed a gap in the prevention system. The particular form of stress on the unemployed had been dealt with in various studies but up to now, there was no adequate offer from the prevention course providers. All health insurance companies’ measures of primary prevention in the area of multi-modal stress management addressed employed people; they are therefore to a high degree concerned with employment-related stress and do not take into account the pronounced threshold fears of the people affected by long-term unemployment.

In addition, the nine course modules take into consideration the other health areas by looking at healthy (and inexpensive) food, encouraging active promotion of exercise and trying out manifold relaxing techniques.

The concept of the course was agreed with all types of insurance companies in NRW. In order to guarantee the refinancing by the insurance companies the quality standards formulated by the GKV in the guide prevention were taken as a basis for the realisation of section § 20 SGB V. More to the costs in chapter II.

Table 1: Modules of the prevention course

Module	Title	Aim
1	my health	getting to know and understanding one's own health
2	stress starts in your head	recognising the importance of evaluations and attitudes for the development of stress
3	communication	Sharpening awareness for stress and relaxation in and by communication and training communicative competencies
4	stress reduction by everyday exercise	promotion of exercise and relaxation and "noticeable health promotion"
5	my stress aggravators	recognising and changing stress aggravating thoughts and feelings
6	my handling strategies	reflecting one's dealing with stress factors, previous handling strategies as well as developing alternative/additional handling strategies
7	training to enjoy nutrition	Sensitive training, watching oneself, tips and advice for a balanced diet
8	relaxation and handling stress	finding ways of relaxation and collecting strategies for decreasing further stress in unemployment
9	handling everyday stress-experiences	reflecting course units, exchange of experiences in everyday life, getting answers to problems, agreements for achieving a lasting effect

3.3 Embedding Health Competence in the Setting – Training for Qualifying and Employment Providers

The central aim of the JobFit approach is the embedding of health competence in the setting of employment and qualifying providers as well as other providers. This is carried out primarily by the above described health pillars being offered to the unemployed as a component of his labour market integration measures.

Furthermore health competence is embedded in the setting itself by the qualifying of the staff of the providers. Integrative health promotion on the labour market is only possible when the staff has the respective integration and health know-how.

The IPG Essen is offering an appropriate training for the staff of employment and qualifying providers, where they can acquire the competence for the realisation of the two health pillars according to the JobFit approach. In a five-day training consisting of a total of 36 units they are taught the essential basics in theory and practice.

The qualifying for the health competence consulting includes trying out interview techniques in order to increase the motivation for change as well as information concerning the methods and models that the project is based on. The health relevant fields: exercise, nutrition, addiction are also an issue.

Manifold methods and techniques for managing, avoiding and reducing stress are basic knowledge conveyed to the staff in the training so that they can hold the prevention course. Beside the emphasis of multimodal stress management competencies for holding the exercise, nutrition and relaxation units are taught. A comprehensive trainer manual has been compiled for support to help the staff with the prevention course. The additional qualification in the field of stress reduction as required in the prevention guide of the health insurance companies is acquired in this training.

4. Documentation and Evaluation

It was always the aim of JobFit to increase the employability by health promotion offers. In a survey among the providers following JobFit Regional the people in charge of the project claimed to have achieved considerable success regards the employability of the project participants (Wewel & Lenz 2007). The additional health offer has a positive influence on essential indicators in connection with the employability.

- The majority of the providers saw changes in the sickness absence including on the one hand a reduction in the number of doctor's sick notes and on the other hand a reduction of absences without excuse.
- Furthermore, less participants in measures at the employment and qualifying providers broke off their training.
- One of the special successes was the improvement of placement chances on the labour market. Although JobFit is not as such a placement project the integration chances of the project participants have been increased. The strengthening of the psychological resources leads to more flexibility and activity which results for instance in a considerably improved application behaviour.

The findings of the project providers' survey are substantiated by an evaluation carried out by the FB+E Berlin. A pre/post survey showed distinct effects regarding the health situation of the participants. Significant improvements are established concerning the assessment of the employability, the sportive activity and a more balanced diet. Furthermore, the state of one's health can be improved by participating in JobFit. Psychosocial complaints and stress through unemployment are significantly reduced (Kirschner 2007). These results are confirmed by a second evaluation carried out for the second phase of JobFit (JobFit NRW) (Kirschner 2009).

5. Summary

The result of JobFit shows that the access to (long-term) unemployed people can be realised well via the employment and qualifying providers that they are familiar with. – the setting approach - .The health promotion offers with their accepted methods stir an interest and break through mistrust. Through JobFit the unemployed is supported by target group tailored measures to develop the readiness for dealing with health related topics and for formulating and achieving self-set aims, the unemployed become active for their health.

As a result, the employability of the unemployed and those threatened by unemployment is improved by health promotion measures. Significant improvements of the health indicators of the unemployed are established. It has become obvious, not least through JobFit, that a stronger interlinking of health policy with social and labour market policy provides good prerequisites for maintaining or improving respectively the employability of the affected people.

The health pillars developed by the JobFit approach, the individual health competence consulting and the group offer in the form of the prevention course as well as the inherent training can be applied in other fields of labour market integration offers, the realisation is not limited to the legal system of the SGB II.

Transfer companies could be another action field. The individual health competence consulting could here be linked with the individual consulting that is offered to the employees in transfer companies, which is usually financed by the companies. The second pillar, the prevention course, can be carried out in the framework of the scheduled group offers and financed by the health insurance companies. A further link is possible to the various labour market initiatives of the individual federal states and the federation for the realisation of the ESF co-financed programmes. An increase of the offers within the legal system of the SGB III is desirable.

Recommended Actions for the GKV for the Realisation of the JobFit Approach

Starting point – low use of primary preventive offers acc. to section 20 SGB V by unemployed insured people in the GKV

The necessity to support interventions for the target group results against the background that the state of health of the unemployed is considerably worse than that of the employed and that it deteriorates the longer the unemployment lasts.

The participation rate in prevention courses shows a distinct social gap: unemployed people – in particular unemployed men – hardly make use of primary preventive offers according to section 20 SGB V.

While the use of preventive measures is lower compared to employed people, the BKK Health Report 2008, for instance, shows that the unemployed make use of medical-curative offers almost twice as often as employed people. This is a considerable financial burden for the affected health insurance companies. The deterioration of health goes hand in hand with a decrease of employability, which results in a further decline of the re-employment chances.

Development of a prevention course for the target group of the unemployed insured in the GKV

JobFit is trying to break this vicious circle. For the first time the prevention course specially developed for the unemployed takes into consideration the specific demands and particularities of this target group. As described in 3.2 a gap in the offers of the prevention field was closed with the prevention course of the field of multi-modal coping with stress developed for the unemployed. Contrary to the low participation rate of unemployed insured people in prevention courses, the experiences from JobFit show that the target groups are reached when the realisation of prevention courses is targeted and well-structured in the setting of the labour market integration. Employment and qualify-

ing providers obviously offer the right access here in order to provide health promotion according to section 20 SGB V.

Financing of the prevention course – cooperation between GKV and employment and qualifying providers in the context of JobFit

The costs for the prevention course are usually paid to the provider by the insured person before the start of the course. After the successful participation his insurance company may then reimburse the costs – according to the stipulation in the articles – in full or partly. As a recipient of ALG II with monthly benefits of 351 € cannot advance the costs for a prevention course, a direct settlement between health insurance company and the course provider (employment/qualifying provider) is necessary.

In the trial phase of JobFit two settlement models were developed together with the GKV representatives in NRW, which are suitable for transfer to all federal states and as following:

- **Assignment model:** After the successful agreement with the respective health insurance companies by the employment and qualifying providers the insured – in agreement with the health insurance company - assigns his claim for reimbursement of the costs for the group offer for multi-modal coping with stress according to section 20 Abs. 1 SGB V to the employment and qualifying providers in charge– minus an own contribution payable to the provider if applicable. The articles of the respective health insurance specify whether and what amount the insured has to contribute and the insured or an employee of the employment/qualifying provider will enquire at the health insurance before the start of the course. The employment or the qualifying provider respectively then settles the account with the respective health insurance company after the end of the course.
- **Assumption of costs model:** The employment and qualifying providers give the competent health insurance companies names of the insured participants of the group offer for multi-modal coping with stress according to section § 20 Abs. 1 SGB V before the start of the

course. A special contact is named for that purpose by the health insurance company. The employment or qualifying providers then receive an assumption of costs declaration. The employment or qualifying providers settle the claim with the respective health insurance companies after the end of the course by presenting the participation certificate.

The employment or qualifying providers make sure that the offered prevention courses for multi-modal coping with stress comply with the quality criteria of the guide prevention for the realisation of section SGB V. The proof is carried out by sending the documentation described in the prevention guide.

The costs for the course shall not exceed €100. In exceptional cases, the costs shall be reimbursed even if some insured have not participated in 80% of the course units.

As advance payments of course fees are generally a problem for people with low income JobFit recommended in the prevention guide as amended 2nd June 2008 that course providers shall generally settle with the health insurance companies in the case of people with low income without the participants having to pay in advance (see chapter I).

→ **Attachments** (see <http://www.gib.nrw.de/service/specials/JobFit>):

1. Assignment model / assumption of costs declaration
2. Participation certificate for the prevention course
3. Prevention guide
4. Information on training by the IPG Essen

Recommended Actions for SGB II Providers for the Realisation of the JobFit Approach

SGB-II providers and qualifying providers are increasingly noticing that beside the lack of qualification of SGB-II clients the problem of the state of health is constantly gaining importance for the placement work. The state of health and the resulting employability deteriorate with the duration of unemployment and that decreases the placement chances on the labour market. The negative interaction between unemployment and state of health cannot be reversed effectively with conventional offers and instruments alone.

In order to satisfy the statutory order embedded in the SGB II to maintain or reproduce respectively the employability of the clients new paths must be tried out. One core question was: How can health promotion be sustainably implemented in the regulatory instruments of the labour market promotion? The answer has already been given in chapter I: Health competence consulting (see 3.1) is financed by the SGB II provider, the prevention course (see 3.2) by the health insurance.

Experiences concerning the realisation options in the legal system of the SGB II in the model phase of the project JobFit NRW

The developed financing models for the integration of health promotion in labour market measures generally contained an individual health competence consulting financed by the SGB II providers. The available time for the consulting varied between three to eight hours and was paid with cost rates at 40 to 68 Euros per hour depending on SGB II provider.

Together with four SGB II providers (three job agencies and one approved communal provider) integration instruments were chosen on the basis of the regional conditions, in which the health promotion financed by the SGB II providers was to be integrated.

The emphasis of the model developed was laid on the selection of the instruments. No criteria for the selection of target groups were given in the JobFit approach. But the structure of the integration measures is such that the SGB II clients participating in JobFit offers have to be so near to the labour market that they are able to take part in a placement-oriented labour market measure and that it makes sense for them.

Although the participating SGB II providers selected differing instruments for the trial the most frequently chosen instrument was the one of working opportunities with additional cost compensation (according to section 16d SGB II).

The participating model regions mostly decided on an additional financing of the individual health competence consulting by "(miscellaneous) further benefits"¹ according to section 16 par. 2 clause 1 SGB II. Depending on the organisation form of the working opportunities the health competence consulting was usually offered in the framework of the qualifying, e.g. on the regular qualifying days.

Qualifying measures like "benefits for integration" (according to section 16 SGB II in conjunction with section 77 SGB III) are also an important approach for the integration of health competence consulting into the structure of labour market measures and were tried out in the framework of JobFit. The individual health consulting in this instrument was again financed by "(miscellaneous) further benefits" according to section 16 par. 2 clause 1 SGB II.

¹ The BMAS and the BA use the official name "miscellaneous further benefits". According to the position paper of the federal states (21/22 November 2007) they want the term "further benefits" and explicitly decline the use of the term "miscellaneous". Therefore, the term "(miscellaneous) further benefits" is used in the following.

An approach with a rather individual and placement-oriented structure among the measures organisation was tried out within the framework of commissioning third parties with the placement (acc. to section 16 par. 1 SGB II in conjunction with section 37 SGB III to 31.12.2008). The health competence consulting was financed by "(miscellaneous) further benefits" according to section 16 par. 2 clause 1 SGB II.

With the approach Perspective 50plus – employment pacts for older people in the regions (duration 2005 to 2007) a further approach was tried in order to embed and finance health competence consulting.

Agreements on promotion options in the legal system of the SGB II

The financing approaches tried out by the SGB II providers in the framework of the model phase were mostly based on "(miscellaneous) further benefits" according to section 16 par. 2 clause 1 SGB II. However, this way of financing has been excluded in the meantime for the SGB II sector by the code of practice No 13 of 10/04/2008 of the Bundesagentur für Arbeit as well as the „Arbeitshilfe SWL“ (abbreviation for „miscellaneous further benefits“) of April 2008. The regulations concerning "(miscellaneous) further benefits" were deleted from the law by the instrument reform of the SGB II. Two alternative financing options were agreed upon in a talk with the Bundesministerium für Arbeit und Soziales (BMAS) on 3rd July 2008 at the BKK Bundesverband in Essen.

1. Financing within the framework of communal benefits acc. to section 16a No 3 SGB II:

- 1) The care of minors or children with special needs or the home care of relatives,
- 2) Debt counselling
- 3) Psychosocial care as well as
- 4) Addiction counselling

The BMAS considers item three - the psycho social care – a suitable approach for the financing of the health competence consulting by

communal authorities. In the opinion of the BMAS the federal states should use the scope given to them by the federal state legislative in the framework of the control and make a health competence consulting according to the JobFit approach possible in the framework of section 16a no 3 SGB II. As the evaluations regarding the possibilities of the states and the communes to become active vary largely and in the face of the uncertainties owing to the bill by the Federal Constitutional Court as well as the current legislative procedure a prompt realisation of the BMAS proposal is likely to meet with considerable difficulties.

2. Financing in the framework of Perspective 50plus – employment pacts for older people in the regions (SGB II – duration 2008 to 2010).

Since 1st January 2008 the second realisation phase of Perspective 50plus has begun in 62 pacts nation-wide with the participation of a total of 194 job centres and approved communal providers. Thus 50% of all ARGES are participating in employment pacts for older people. The employment pacts for older people have at present a time limit until the end of 2010 and they are financed by the state with approximately 275 million Euro. The pacts can promote various project approaches with their budget and apply and develop the qualifying modules flexibly. For more information on the employment pacts see: www.perspektive50plus.de.

The BMAS has offered to support the dissemination of the JobFit approach in the employment pacts for older people as long as the topic “health” is included in the comprehensive activating approaches of the respective employment pact.

The pacts provide ideal conditions for the realisation of the Job Fit approach, as the two health pillars are embedded in a system of covering and supporting further measures. An essential feature of the pacts is the realisation of innovative concepts aimed at the individuality of the person. Owing to the close retention and the favourable mentoring ratio of the clients, the framework conditions are good for including biographi-

cal aspects. The method of operation in JobFit and previous pacts is also very close in contents as both approaches put the strengthening of activity and initiative of the affected in the foreground.

Perspective 50plus therefore offers suitable starting points for the nation-wide distribution of the Job Fit approach because of its financing conditions, the duration, but also because of the particular target group older people.

In order to achieve a sustainable linking of both “systems” labour market integration and health promotion systematic interfaces have to be developed (further). Additionally the aim of JobFit to have a structural effect shall be carried out under the present framework conditions with further approaches. For this, the realisation possibilities of the SGB II providers, particularly of the approved communal providers, are to be developed.

→ **Attachments** (see <http://www.gib.nrw.de/service/specials/JobFit>):

- 5) Code of practice No 13 of 10/04/2008 of the Bundesagentur für Arbeit
- 6) Arbeitshilfe SWL of April 2008

Chapter IV

Recommended Actions for Employment and Qualifying Providers for the Realisation of the JobFit Approach

Health promotion by qualifying and employment providers

Employment and qualifying providers have excellent framework conditions for accessing unemployed people for health promotion activities by the setting approach. Qualifying and employment providers are an environment for the unemployed where they come into contact with one another, where they get pedagogic support for their search for work, and where they can influence their employment chances positively by health promotion activities.

This setting is in particular suitable for the execution of health consulting and promotion offers in order to achieve following changes:

- improvement of the individual health competence and relief of stress-related complaints,
- information, support and offers on exercise, nutrition, addiction prevention, stress management and relaxation offers,
- strengthening of self perception and well-being,
- increase of self-confidence,
- realistic evaluation of abilities and possibilities,
- realisation of health conscious aims.

Experience has shown that following preconditions are very important for the realisation of labour market integrative health promotion in the setting approach - for the acceptance by the participants:

- voluntariness and confidentiality: whatever is talked about in the individual consulting /or course modules, does not get to the outside and is confidential.
- everyday examples and tips (in distinction of the JobFit approach to a therapy).

- the participation or non-participation in individual consulting and/or the prevention course has no effect on the ALG benefits.

In the framework of the Job Fit approach the pillars to health promotion as well as the training for the people realising them that were explained in chapter I were developed (see chapter I for the basic principles), these are:

- the individual health competence consulting,
- the prevention course for the unemployed for multi-modal coping with stress,
- the training for the staff of employment and qualifying providers for the realisation of health competence consulting and prevention course.

These modules can be applied in all areas of the labour market integration offers. They offer good, easy-to-use solutions to all qualifying and employment providers in order to realise the cross-section aim health promotion.

Experiences with health competence consulting

Health competence consulting (see chapter I 3.1) is carried out as an entry instrument with all participants and comprises besides introductory information on the provider-specific offer a structured situation analysis. In the talks, carried out by trained personnel (see chapter I 3.3), negative and positive influencing factors on one's health are discussed. The resources-oriented consulting approach forms the basis for producing the mutual trust between consultant and participant necessary for successful work; this relationship must be quite independent from the labour market measures.

In the health talks during the model trial phase the topics "exercise", "nutrition" and "nicotine" were primarily named as starting points for further steps to change. The area "experiencing stress" formed a kind of cross-section topic and was generally described as not satisfactory.

Regarding confidentiality it has proved promising for socio-paedagogical professionals with an often already existing good relationship to participants to offer health competence consulting.

Wherever there are acceptance problems concerning data protection it is possible to consult the participants of a colleague instead of one's own. The "fitness breakfast" has proven a success for getting access to JobFit: all participants bring "something healthy" for a breakfast together. During the breakfast, the staff discuss the background of their task and present the JobFit approach with its framework conditions (voluntariness, confidentiality, etc.). During the breakfast, initial appointments for the health competence consulting are usually made.

Experiences with the prevention course "And nobody can believe it" – Stress factor unemployment for multi-modal coping with stress

Alongside the individual health competence consulting a group-oriented prevention course (see chapter I 3.2) from the area multi-modal coping with stress will be carried out in the Job Fit approach. This course complies with the standards set by the prevention guide by the GKV for the realisation of section 20 par. 1 SGB V, so that the costs of the prevention course are refinanced by the health insurance companies. Experts with state-recognised qualifications are needed for the realisation of the course in particular:

- Psychologists (qualification: Diploma, MA, Master, Bachelor)
- Paedagogists (qualification: Diploma, MA, teachers with the 1st and 2nd state exam)
- Social paedagogists/social workers (qualification: Diploma, MA, Master, Bachelor)
- Social scientists (qualification: Diploma, MA, Master, Bachelor)
- Public health specialists (qualification: Diploma, MA, Master, Bachelor)
- Doctors

and have acquired an additional qualification in the field stress reduction (see chapter I 3.3)

The prevention course comprises in total nine course units at 1.5 hours. The provider may hand out a certificate to the participants after successful participation. By the direct interlinking of the prevention course with existing labour market measures, regular weekly course units can easily be integrated.

The prevention course has shown to be particularly successful by the combination of theory and practice. The intensive practical character and interventions in which the group deals with specific strains of the unemployed and developed ways and techniques of handling those in everyday life make the prevention course an important counterpart of the individual health competence consulting.

Embedding health competence in the setting – training for qualifying and employment providers

The qualifying and employment providers have to qualify their staff as consultants for the health competence consulting and course instructors for the holding of the prevention course: “And nobody can believe it” – stress factor unemployment in order to realise this approach. For the individual health talks, the consultants are not only provided with the methods and models but also with the accompanying material for the realisation and they get the opportunity for practical tests. A trainer manual is provided for the prevention course, which contains the complete trainer and participant materials for the realisation of the course. The training is offered and carried out by the IPG Essen as a 5-day-qualifying (see chapter I 3.3).

Employment and qualifying providers can thus support their staff by giving them the chance to deal with the topics professionally that arise in the consulting situations.

The providers can also expand their range of offers and the refinancing of the prevention course by the GKV give them the possibility of access to an additional financing provider.

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Arbeitsgelegenheiten (AGH) – Working Opportunities

The so-called working opportunities for the recipients of unemployment benefit II were established with the Hartz-IV-Reform (commission “Modern Services on the Labour Market”).

The unemployed perform community tasks for non-commercial employers like sports clubs, public institutions or charities. They receive an “additional cost compensation” of approximately one to two Euros per hour. The additional income is not deducted from the unemployment benefit.

Arbeitslosengeld I (ALG I) – Unemployment Benefit I

Unemployment benefit I is an insurance payment of the German unemployment insurance (ALV- Arbeitslosenversicherung). Unemployment benefit is paid out by the Employment Agency in the case of unemployment. The qualification for benefit is the due notice and having been in employment with obligatory insurance deductions for at least twelve months in the previous two years. The amount of the unemployment benefit is 60% of the income for an unemployed person without a child and 67% for unemployed people with children. ALG I can be paid up to 12 months – depending on age and contributions paid; longer for people older than 50. The legal basis for unemployment benefit I is the SGB III.

Arbeitslosengeld II (ALG II) – Unemployment Benefit II

Unemployment Benefit II (ALG II) is paid out of tax money; it is the basic security for employable people in need according to SGB II. The introduction of ALG II by the so-called Hartz IV Act abolished the previous differentiation between employable social security beneficiaries and the unemployed; it comprises the previous unemployment benefit with the social security benefit on a subsistence level. Beside the ALG II as a benefit for the securing of subsistence services are rendered to end or decrease the need in particular by the beneficiary being placed in gainful employment or by letting him keep up gainful employment. The legal basis for unemployment benefit II is the SGB II.

The corresponding benefit for people who cannot take up employment is the social security benefit according to SGB XII.

Arbeitsmarktpolitik – Labour Market Policy

Labour market policy means direct measures for the promotion of labour (active labour market policy) and the income maintenance in the case of unemployment (passive labour market policy). It is also the targeted development of institutions indirectly influencing labour and employment.

Arbeitsgemeinschaften (ARGE) und zugelassene kommunale Träger (zKT) – Job Agencies and Approved Communal Providers

Job agencies (ARGE) and approved communal providers (zKT) perform the tasks of the basic security for employment job seekers (SGBII) and carry out services of active labour promotion.

BKK Bundesverband – Federal Association of the Health Insurance Fund

Company health insurance fund: The Federal Association of the Health Insurance Fund is the national organisation for the German company health insurance funds (BKK) and their regional associations. The company health insurance is the oldest type of insurance of the GKV.

Bundesagentur für Arbeit (BA) – Federal Employment Agency

In the Federal Republic of Germany the government agency founded in 1952 was first called “Bundesanstalt für Arbeitsvermittlung und Arbeitslosenversicherung” (Federal Institute for Employment and Unemployment Insurance). In 1969 it became the “ Bundesanstalt für Arbeit” (Federal Employment Office). In 2004 it changed to „Bundesagentur für Arbeit“ (BA - Federal Employment Agency) in the course of the reforms. The social code III determines its tasks. The BA shall mediate and promote among others labour and education, calculate and pay out the unemployment benefit I, consult employment seekers and promote advanced vocational training.

Gesetzliche Krankenversicherung (GKV) – Statutory Health Insurance

The statutory health insurance is a branch of the social insurance. It secures the costs arising through sickness for all who cannot or are not willing to provide for themselves. All groups of people whom the legislative does not believe to be in the position to provide this protection for themselves are in the obligatory statutory health insurance. That means they have to be insured by law. Other groups of people can be voluntary members of the statutory health insurance. They have to fulfil certain qualifications. The services of the GKV are described in the SGB V.

Gesundheitspolitik – Health Policy

Health Policy has the task to define the necessary framework conditions in the entire area of public health and to determine long-term strategies.

The health policy of the Federal Republic of Germany has the priority of self-help as against outside help (subsidiarity principle). The competences for political development are on a federal basis: The organisation of the financing and service provision of the health insurance is in the competence of the federation, the federal states have the central legislative competences for the planning and financing of hospitals as well as the organisation of the Öffentlichen Gesundheitsdienstes (OGD – public health service).

Lebenswelt / setting – Lifeworld/ Setting

Lifeworld describes a social system in which people live, learn or work. At the same time it is a system, in which the shaping of these conditions of health and sickness is possible. Interventions are particularly effective when they are addressed to groups of people in their respective lifeworld and not to individual people.

Prävention – Prevention

Prevention is the avoidance of sickness by preventive measures for the elimination of sickness causes and risks, by early recognition and early treatment or by avoiding the progression of an existing illness. As a rule

we differentiate between primary, secondary and tertiary prevention. Primary prevention is the strengthening of resources or the decreasing of strain to avoid sickness; secondary prevention is the intervention in the arising process of an illness by early recognition and adequate early treatment, and therefore positive influence on the course of the illness. Tertiary prevention aims to avoid relapses and chronic manifestation in sick people.

Präventionskurse – Prevention Courses

The legislator has stipulated in the social code that the health insurances shall improve the general state of health of the insured. For this reason health insurance companies offer various prevention and health courses on the topics “nutrition” or “exercise; “coping with stress/relaxation” and “stimulants and addictive agents.”

Sozialgesetzbuch (SGB) – Social Code

The German social code (SGB) is the systematic summary of the social law (laws on social security).

The social code consists of twelve books, they are all acts in their own right:

- I. General Part
- II. Basic Security for Employment Seekers
- III. Employment Promotion
- IV. Social Insurance
- V. Statutory Health Insurance
- VI. Statutory Pension Insurance
- VII. Statutory Accident Insurance
- VIII. Child and Youth Welfare
- IX. Rehabilitation and Participation of Disabled People
- X. Administrative Procedures, Protection of Social Data, Cooperation of the Service Providers
- XI. Compulsory Long-Term Care Insurance
- XII. Social Security Benefits

Sozialgesetzbuch II – Social Code II

The introduction of a standard basic security for employment seekers is the central module of the “new” labour market policy. This act has comprised unemployment benefit and the social security benefit for the labour force to a new basic security in order to improve the integration chances into non-promoted employment of the beneficiaries.

Sozialgesetzbuch III – Social Code III

The employment promotion act shall contribute to achieve a high degree of employment and to improve the employment structure. The services of the employment promotion aim in particular at avoiding the emergence of unemployment and to shorten the duration of unemployment. The mediation to training or work takes precedence over the so-called substitute benefits like unemployment benefit I or II. The employment promotion law was fundamentally reformed by the first and second act for “modern services on the labour market”

SGB V – Social Code V

The fifth book of the social code (SGBV) is concerned with the statutory health insurance.

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