

## **Counselling for Sustaining Quality of Life in Old Age: Introducing the German Research Project BELiA**

*Stefan Pohlmann, Paula Heinecker, Christian Leopold, University of Applied Sciences Munich*

### **1 Introduction**

In Germany, geriatric welfare is the statutory responsibility of municipalities (*BSHG*, 2003). Since there are no concrete legal specifications for the provision of counselling services, municipal advisory services are very heterogeneous. In addition, the complex social service system and numerous overlapping public and private services cause access barriers for elderly clients and their families (Pohlmann et al., 2012).

Older clients have specific needs. Professional qualification of counsellors should therefore include basic gerontological competence. In practice, there are neither universal qualification standards nor binding license regulations for counselling seniors (Haas, 2007). Even though a number of professional associations have drafted specific qualification recommendations (*GKV-Spizenverband*, 2008; *BAGA*, 2009), the concrete training contents are left up to the service providers. There is an urgent need for a systematic approach to training and standard qualification in gerontology.

### **2 The Research Project**

The present research project BELiA (*Beratung zum Erhalt von Lebensqualität im Alter: Counselling for Sustaining Quality of Life in Old Age*) is funded by the German Federal Ministry of Education and Research in a specific programme (*SILQUA*) for projects aiming to improve the quality of life in old age through social innovation. The BELiA project is carried out at the University of Applied Sciences Munich. It started in May 2009 and will run until May/June 2012.

#### **2.1 Project Purpose**

First, the BELiA project aims to sort German senior advisory services in a taxonomic system which helps the clients to orientate in the service landscape. Second, a gerontologically based training plan will show new ways for a standardized qualification of advisers. Third, the role of the concept of quality of life in existing services will be explored (Pohlmann et al., 2009).

#### **2.2 Research Methods**

The project uses a combination of quantitative and qualitative methods, beginning with an extensive literature review. The empirical design consists of a quantitative online survey among service professionals (interim N=551), qualitative interviews of experts, service providers and users (N=162), focus groups (N=96), and observation of counselling sessions (N=30).

### **2.3 Interim Results**

The following results are preliminary findings from the quantitative nationwide online survey among counselling and advisory professionals (interim N=551, April 2011). Further subset results are based on qualitative subjective statements by advisory service professionals, retrieved from semi-structured personal interviews (n=22).

In the online survey, the “walk-in” access type (“Clients come to us”) was the most frequently reported one (37% of all answers), followed by counselling via telephone and other media (35%). Also, the participants quite frequently (29%) reported the “outreach” approach (“We go to the clients”). When a client needs long-term support and monitoring, the three access types are often used in combination. Accordingly, while the majority of the participating advisors reported counselling at their agency or centre, many also made home visits. This is essential for initial needs assessment of homebound clients. Access by telephone is also implied as many agencies offer advice on an anonymous basis.

Qualitative interviews of communal advisory service professionals revealed that the age group 60 to 80 years constitutes the highest average share of their clients. Another group assessed as “high share” was clients living alone and/or at risk of becoming isolated. Clients with low income were estimated to have a higher share than those with sufficient financial means. The prevalence of dementia was one of the most frequent characteristics of the elderly clients. In addition to the primary clients, their families were frequently named as client groups, as were community services dealing with older clients.

For 39% of the online survey participants, a diploma in social pedagogy was the highest qualification for the job, followed by a nursing certificate (22%). The third most frequent professional group was administration professionals (12%). Only a fifth of the participating advisers reported having additional gerontological qualification.

Out of a list of 29 possible methods and interventions to be used in psychosocial counselling, more than half of the participating advisers stated using as many as 14 methods, the most frequent of which were: personal core competences (empathy, active listening, self reflection etc.: 94%); networking (89%); person-centred methods (81%); counselling/communication by media (online, e-mail, telephone etc.: 80%); psychosocial counselling (73%); legal and data protection (71%); case management (70%). The methods most frequently marked as “would use, given the appropriate training” were: rapport/pacing/leading (35%); mediation (33%); methods based on Gestalt psychology (22%); transactional analysis (21%); methods based on depth psychology (21%); stress management (19%); coaching (19%); role playing/psychodrama (19%).

### **2.4 First Conclusions**

In Germany, advisory services provision is abundant but confusing. Complex service structure and overlapping services cause access barriers for older clients. The service provision must be structured in a more transparent way: Existing services may need to be pooled to avoid overlapping and to better meet the needs of older clients and their caregivers. Special attention should also be paid to the qualification of advisers. Universal professional standards, including basic gerontological competence, should be applied throughout the sector. The research project BELiA will make a contribution to these goals.

### 3 References

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#### **Authors' Address:**

Prof. Dr. Stefan Pohlmann / Paula Heinecker, M.A. / Dr. Christian Leopold  
University of Applied Sciences Munich  
Department of Applied Social Sciences  
Research Project BELiA  
Germany  
Email: [paula.heinecker@hm.edu](mailto:paula.heinecker@hm.edu)