Lifelong Learning Programme

CASEMANAGEMENT

Lifelong Learning Programme - LEONARDO da VINCI Project:

CASE MANAGEMENT

Case Management for employment promotion and health care in partner`s countries

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Contents

1. Healthcare Systems in Latvia and Greece

1.1. Conditions and structural regulations

Both countries have been heavily affected by the global economic recession, which has pressured governments to make significant changes in the healthcare system. Latvia experienced these problems sooner than Greece, therefore the situation now is more stable, although there are still many unresolved issues.

In general the healthcare system of Latvia is more inconsistent, as the whole country is relatively new and it is still trying to find the most suitable system. Whereas the goals of the Greek National Health Service have remained almost the same, since it was established in 1983. This could also be one of the best systems in the world by the World Health organization[1], while the healthcare services in Latvia have always been in the bottom part of the ranking.[2] Nonetheless, globalization and recession brought changes and now both Latvia and Greece are facing similar problems, for example, shortage of funds and aging of population.

There are some differences in these systems. Since regaining independence, Latvia changed their system from highly centralized to a decentralized system with local government and the Ministry of Welfare sharing responsibility for the provision of healthcare services. The state determines mandatory requirements for medical institutions and regulates their work. Greece, on the contrary, has a centralized system. Central government is responsible for formulating policies and controlling employee contribution rates, insurance benefit packages, and the types of doctors a social insurance fund can employ.[3]

Latvia has a unique healthcare financing system. Generally it is a mix from state and private funding – the government invests from tax revenues, the people and the voluntary health insurance providers make direct payments for the services. The unique aspect is that the institution responsible for allocation of available funds from tax revenue

[1] Allianz Worldwide Care
[2] World Health Organisation
[3] Safrin, Jason, "Health Care Around the World: Greece"

- the State Compulsory Health Insurance Agency (SCHIA) - acts as a purchaser of health services on behalf of the entire population. [4]

Greek health care system is characterized by the coexistence of the National Health Service, a compulsory social insurance, and a voluntary private health insurance system.[5] It is financed through a mixed system, in which the salaries of personnel are covered directly by the state budget, while the rest of the expenses are supposed to be covered by service charges to the insurance funds and patients.

In Latvia the state guaranteed medical services can be received by the citizens, the non-citizens of Latvia, citizens of EU and EEA countries and citizens of Switzerland who stay in Latvia due to employment or as self-employed persons, as well as the members of their families, foreigners with permanent residence permit in Latvia, the refuges and the persons who have been granted an alternative status, persons detained, arrested and sentenced with deprivation of liberty. State-funded health care services can only be received in medical institutions that have signed a contract with the National Health Services. State determines the mandatory requirements for medical institutions and regulates their work. Private health care institutions offer higher quality health care services and larger freedom of choice for their patients.

Greek healthcare system has survived a big fall and the number of persons belonging to vulnerable groups and need for help has increased dramatically. Greek legislation provides different benefits for different vulnerable groups. Refugees are entitled to free of charge necessary medical and hospital care of they are uninsured and financially weak. Children refugees are entitled to access healthcare sector and receive special care in case of disability. The refugee children can have all the same treatment as the children living in Greece. Unemployed, uninsured and financially weak persons are entitled to free of charge hospital and health care, if they correspond to the requirements of the Department of Social Welfare and have received financial inability booklet. Similar situation is with homeless people who are the citizens of Greece – they can receive free of charge medical and hospital care by receiving the financial inability

[4] Article "Latvia Health Profile 2012"
[5] V. Notara et a., "Economic crisis and challenges for the Greek healthcare system: the emergent role of nursing management",(2010)

booklet. Nonetheless, all of these groups entitled to free of charge medical care in urgency cases in all Public Hospitals, municipal polyclinics, polyclinics of nongovernmental organizations, health centers etc. The drug users can receive special treatment, mentoring and family support programs, but it depends on their legal status. Special care is also provided to mothers and children. Another problem Greece is concerned about is the rights of roma people in the health sector. Although, roma as Greek citizens are entitled to free health care without any discrimination against them, in most cases they are unaware of their rights to health care.

In conclusion – both countries have different concerns to deal with; however the general problems are more or less the same. Citizens in both countries must make expensive out of pocket payments for the healthcare services. This has made healthcare unavailable for people with low income. As the research shows, Greece is more concerned with problems to access healthcare services more than Latvia. Another difference is that Greece is considering not only the necessary medical care, but also the psychological help needed by the people who are struggling in these economic conditions.

1.2. Responsible organisations and institutions

Healthcare sector in Latvia is mainly managed by state institutions and formal organizations. The main responsible body is the Ministry of Health, which cooperates with other ministries, agencies and local governments. The Ministry has created special institution – the National Health Service – having the goal to implement the national policy, to administer state budget resources and to use government funds in the most efficient way. The Service concludes contracts with health care providers for provision of outpatient and inpatient health care services, determining payment settlement arrangements and the financing amount for each provider, as well as calculating rates of health services according to the formula set out in Cabinet Regulation No. 1046. The network of responsible organizations also include the Public Health Agency which is responsible for managing health issues such as: infectious diseases, AIDS and STIs, environmental health, the coordination of emergency situations, addictions, mental health, health promotion and prevention and public health analysis. Other institutions

with key roles in healthcare include the Ministry of Welfare, responsible for social services including long-term care; the State Labour Inspectorate, monitoring the area of occupational health; and the State Commission of Physicians for Health, Disability and Capacity to Work, assessing degrees of disability. The Ministry of Education and Science is responsible for health-related educational institutions, research and health promotion. The Ministry of Agriculture, through the Food and Veterinary Service, is responsible for food safety. The Ministry of Justice provides health services for prisoners and refugees. The NGO sector does not play a significant role in Latvia, such organizations help only to pull funding in form of charity donations.

Whereas the network of responsible organizations in Greece is much more varied, consisting not only of public entities, but also NGO's, hospitals, municipalities, non-profit entities and charity unions. Additionally, what is completely different from Latvia – in Greece the church also plays a significant role. The Archbishop of Athens and the Medical Association signed a cooperation agreement to support socially vulnerable groups who are excluded from the services of the public health system. According to this agreement, uninsured, homeless and economically unprivileged citizens can apply to the Social Mission Clinic where volunteer doctors will provide will provide clinical examination and monitoring of patients, medication and referral for laboratory tests, surgeries, as well as vaccination of children, vulnerable and elderly. Also in the April of last year a new innovative initiative was created – the network of Social Solidarity and Assistance. It was established by six productive bodies in Northern Greece and led by the Federation of Industries of Northern Greece with the main goal to support organizations providing work for children and young people. This network is brings charitable organizations and individuals in contact with the business community to offer them assistance in material goods and / or services from interested members of the network.

1.3. Special problems and challenges

The situation in Greece nowadays asks for special attention to vulnerable groups. However, as the funds are limited, the number of services offered to these groups depend on the donations and number if volunteers. There are not enough donations and volunteers to provide the necessary amount of services, therefore organisations and

institutions should promote their mission and actions, to attract more donations and volunteers. Apart from missing the funding and specialists to provide such services, problem is also to make the people who have been used to prosper and only recently have experienced poverty to feel comfortable accepting the help that is given to them.

Problems in the healthcare system of Latvia are more related to the lack of funding and specialists in hospitals, as well as gaps in the whole system. One of such problems is aging population, as the system of elderly care is underdeveloped. Elderly people in Latvia are in a very bad position, as for the most the pensions are not enough to provide an adequate life and allow to pay for the necessary medical care. This is the direct impact of the economic recession, due to which major cutbacks were introduced to funding systems, including healthcare. This has resulted in shortage of medical supplies, lack of advanced medical equipment and outdated healthcare facilities. Lack of funding has also created problems with doctors and nurses in hospitals. Both of these specialists tend to leave Latvia, as the salaries are low. In addition, existing specialists are also aging, as most of the nurses are close to retirement age, but the new ones are leaving the country. This situation most probably will not change, as the policies developed by the Ministry of Health are weak.

This shows the different situations both countries are facing. Although, all the problems created by economic crisis are common in both Greece and Latvia – mainly lack of adequate funding – the focus seems to differ. The healthcare system in Greece is already at a state where doctors voluntary offer their services to people in need of medical attention. They are also concerned with the need for psychological help to those heavily affected by the crisis. Latvia still does not recognize such needs, however, this might become an issue for them in the future, as the high prices for medical services and low level of income creates a situation where these services become more unavailable.

1.4. Profession groups which are involved and their team work

Greeks divide provide professionals in three main groups – professionals working with health issues, social aspects, education or provision of services. First group consists of doctors, psychiatrists, nurses, psychologists, therapists and other such specialists. The ones working with social issues are sociologists, social anthropologists and social

workers. Last two groups consist of accordingly teachers and educators, lawyers, business consultants and career consultants. The volunteers, who offer their assistance, are not specialized professionals.

Latvians show a general outlook of the system and parties involved. There are providers, employers, payers and patients, who each have their own interests in the healthcare sector. Relations between them are characterized by the flow of services or payments.

Most of the specialists named by the Greeks are also involved in the provision of healthcare services in Latvia. Yet, as indicated by Latvians, each of them has their own interests and limitations. Cooperation of these specialists is essential; however, the research shows that responsible public agencies are not capable to fulfill this task efficiently.

1.5. Personal assessment of demands

Both Greece and Latvia stresses the problems with availability of healthcare. The cost for health care is growing each year, yet the income of people and funding is not. This creates a situation where patients only receive help in emergency cases if they are not able to pay for the whole treatment. As indicated in the Greek research, this has also increased the need for social work in the health services. People who had been used to a well provided life and now face poverty need not only services of doctors, but also psychiatrists and psychologists.

1.6. Existence of specialists similar to case managers

There are no such specialists in both Greece and Latvia. Although some similarities can be drawn to general practitioners who are usually the first step to receive services of particular specialists, thus coordinating the health issues of the patients and treatments they receive.

1.7. Summary

Both countries have been heavily affected by the global economic recession, which has brought drastic changes to their healthcare systems. Latvia reduced the budged for healthcare and reduced the number of hospitals. Credit institutions are requiring Greece to make similar adjustments. Due to this the funding available for healthcare sector has decreased substantially. Healthcare system in Greece in major crisis, requiring the involvement of NGO' s and volunteers to provide services to the vulnerable groups. Healthcare sector in Latvia is shrinking and the quality is also falling.

Also due to crisis, lack of funding and increasing prices for medical services and medicine, the availability of healthcare is limited. Many are choosing now not to attend doctors, to escape related costs. The doctors also tend not to take needs of patients into consideration when prescribing them medicine, as doctors are also interested to receive adequate salary, so they tend to represent interests of the providers of medicine.

Nonetheless, the concerns in both countries differ. While people in Latvia are more concerned with prices and the situation with the healthcare system, Greeks are more concerned with healthcare services availability to special vulnerable groups. Greeks also stress the need not only for the services provided by doctors and nurses, but also psychologists and social workers.

In overall this shows a very fragmented system in which a consumer can easily get lost. Nowadays, when the financial resources are limited, people need to receive care that is especially suited to their needs and have someone who could guide them through the process.

2. Employment promotion in Poland and Slovenia

2.1. Conditions and structural regulations

As in most of the European countries, the global economic recession significantly influenced the situation and future plans of Poland and Slovenia. Although, Poland was not so much affected by the recession in the beginning, the situation of the Polish labour market has also become wose.[6] Now the unemployment rate in Poland is even higher than in Slovenia (accordingly, 13.40 percent and 13 percent in December of 2012). For example, in the Wielkopolskie Voivodeship of Poland the unemployment rate in January 2012 was 9.8%, while in the Warmińsko-Mazurskie Voivodeship it was 21.1%.[7]

Employment promotion in both countries is regulated with a top-down approach – the responsible ministry develops main legislative framework and sets goals, which are fulfilled by different institutions and organizations. Main institution, which is responsible for the employment promotion in Slovenia, is the Employment Service of Slovenia. It acts in concordance with Employment and Insurance against Unemployment Act, the Pension and Disability Insurance Act, the Healthcare and Health Insurance Act, the Employment and Work of Aliens Act, the Vocational Rehabilitation and Employment of Disabled Persons Act. Slovenia also takes into accounts the EU laws and regulations, as well as the OECD requirements.

Responsible organization in Poland is the Labour Office. Employment promotion is regulated by one major law - Act of 20 April 2004 on the promotion of employment and labour market institutions. This act defines the main tasks within the scope of employment promotion and mitigation of the effects of unemployment and vocational activation. Nonetheless, there are also other laws that can be applied to the employment sector - the Regulation of Labour and Social Policy Minister of 14 September 2010 on standards and conditions for labour market services, that defines the framework for running labour offices, The Regulation of Labour and Social Policy Minister of 12

[6] Steindl A, **"**Polish labor market in difficult year 2012: its current situation and prospects in European and regional context" (2012)

[7] EURES Poland

December 2011 amending the Regulation on standards and conditions for labour market services, The Regulation of Labour and Social Policy Minister of 26 September 2009 on employment agencies and other such Regulations of the Minister of Labour and Social Policy.

In the republic of Slovenia the state provides compulsory health, pension, disability and other social insurance. Whole scheme is based on contributions paid by all employed and self-employed persons. Unemployment insurance and parental protection insurance are predominately financed from the State budget, whereas family benefits and social assistance are financed entirely from the State budget. Employees who have established employment relationship are insured against unemployment. A person can receive financial benefits if the termination of the work was not his or her choice or fault, and he or she has been employed for a minimum of 12 months in the last 18 months. The length of receipt of financial benefit depends on the completed insurance period.

Social security system in Poland is regulated mainly by the Act of 13 October 1998 on Social Security System and the Act of 17 December 1998 on Retirement Pensions and Disability Pensions from Social Security Fund. It provided benefits in case of retirement, disability, sickness (and maternity), as well as accident insurance premiums. Rules are similar to the ones in Slovenia – person must be employed for at least 12 months in the period of 18 months before registration. The amount of unemployment benefit depends also on work experience.

Generally both countries have established and working social security systems that provide financial benefits in cases of unemployment. Both of these countries are also members of the European Union and the Organization for Economic Co-operation and Development (OECD), therefore their policy in the area of employment is also influenced by the policy and regulations of these organizations. However, unemployment is a big problem in both Poland and Slovenia.

2.2. Organizations and institutions responsible

In Poland the responsible ministry is Ministry of Labour and Social Policy, whereas in Slovakia it is the Ministry of Labour, Family and Social Affairs. These

ministries draw up the acts or documents which determine the further development and realization of employment promotion activities.

There are more public institutions involved in the promotion of employment services in Poland than in Slovenia. Those are mainly government institutions. On top of this network is the ministry, then comes the Voivode, which is the body controlling the activities of local government units of all levels: municipality, poviat and voivodeship and in the area of labour market, the controlling power refers to: realization of the tasks defined in the Act on the promotion of employment and labour market institutions by the local government units; implementation and usage of labour market quality standards; qualification requirements fulfillment of labour offices employees. Then there are also Voivodeship Labour Offices, which create and coordinate the national labour market policy as well as prepare and realize regional action plan regarding employment. Poviat Labour Offices (PUP) and Borough Labour Offices (GUP) are responsible for the development and implementation of a programme of employment promotion and local labour market activation, which constitutes a part of the poviat strategy for social problems solving. Specific for Poland is the Voluntary Labour Corps (OHP), which are a State budgetary units specialized in realization of the duties of the State in the field of employment and counteracting marginalization and the social exclusion of the youth and unemployed aged 15-25. Last, but not the least, private employment and training agencies also contribute to the promotion of employment activities.

In Slovenia the Employment Services of Slovenia and the ministry are the main institutions responsible for employment promotion. Also Slovenians rely more on the EURES and private employment agencies. Yet, in this network there are more education agencies involved. For example, the Slovenian Institute for Adult Education and the National Institute for Vocational Education and Training. First Vocational Information and Councelling Centre (CIPS) was established 1999 and nowadays four CIPS and another 20 small career information points operate within ESS, employing career councelors, who usually are psychologists. There are some other organisations operating in the field of guidance, like Chamber of Craft and university career centres. A growing trend nowadays is also application for work through private employment agencies, which have much higher than for other modes of job search. These agencies are also working

according to rules provided for them by the the Ministry of Labour, Family and Social Affairs.

This shows that the network in Slovenia is more coordinated than the one in Poland, as there are less insitutions having similar powers as the governing organisation. Poland is also much larger which makes it more complicated to overview the whole policy implementation and promotion process.

2.3. Specific problems and challenges

Both Poland and Slovenia will be dealing with high level of unemployment in the nearest future. Although, the global crisis affected Slovenia more, the unemployment in Poland is higher. Additionally, global problems, such as economic challenges, mobilization and globalization, will continue to affect the labour market not only in Poland and Slovenia, but also all around the world. It is predicted that Slovenian economy will shrink for about 2% this year, whereas the Poland's economic activity is expected to slow down.

As the main problems in the labour market Polish research shows the poor working conditions offered to potential candidates, inefficient work of the labour offices, lack of finance resources, problems to activate difficult groups of unemployed and lack of cooperation between different institutions. Whereas Slovenian research underlined the problems with decline of labour force, mismatch of labour market needs and skills, university graduates and their inability to find the first job, high youth unemployment, unfavorable labour market conditions for elderly people and ageing workforce.

This shows the two sides of the problems – the situation in the market and institutional difficulties. Problems like aging workforce and mismatch of the professionals prepared by universities and actual job vacancies can be observed in many European countries.

2.4. Profession groups involved and their team work

Professionals working in this sector and their responsibilities are more or less the same in both countries. Those are the professionals who work at the employment services and labour offices delivering the necessary employment promotion activities. These professions are:

- vocational counselors;
- career counselors
- job placement officers.

Usually these professionals cooperate with each other on some level within the framework of the employment services provider. However such cooperation happens only in ways which are regulated by the applicable regulations.

Network of institution providing career guidance services consists not only from employment agencies and national labour services, but also from universities and training institutions. So, although not directly mentioned in any of the researches, teachers and trainers are also part of this network and must be included in the realization of employment promotion activities.

Both countries have recognized the importance of EURES advisers. Those are trained specialists who provide the services of information, guidance and placement, to both jobseekers and employers interested in the European job market. EURES advisors cooperate within the EURES network and with local employment service providers.

2.5. Existence of specialists similar to case managers

Right now the closest professionals to case managers are coordinators working at employment services. However, there exists specific Vocational Information and Counseling Centers (CIPS) in Slovenia that provide guidance service for unemployed and students. In Poland the closest specialist to the case manager is the professional development specialist, who depending on the position organizes training resulting from the labour market, unemployed and jobseekers career planning courses and the pursuit initiation and training projects aimed at mitigating inter alia the negative effects of the changing labour market and human resource development at the regional and local labour

market. Nonetheless, EURES advisors, personal counselors, job counselors, labour club leaders, personal development specialists, training specialists, job agents and temporary work agency workers are also indicated in the Polish research.

2.6. Summary

Although at the first glance it might seem, that Poland is in a bit better situation that Slovenia, facts show different picture. As Slovenia is smaller, the management system is more organized than in Poland. This means that all the policy changes can be implemented more easily in Slovenia.

Both countries are export oriented and put an emphasis on the opportunities in the European labour market. This is reflected by their appreciation of EURES advisers. This also could mean that the policies adopted by these countries are not suitable to deal with current problems in the labour market. As indicated by the Polish research, coordination of the institutions involved is not so successful and the labour offices are mostly doing just paperwork, rather that actually helping people to acquire a work.

Official institutions are also not oriented to provide unemployed persons additional development activities, as mostly they pay out unemployment benefits and overlook the search process. This is due to lack of financial resources and the capacity of each institution.

One of the problems is also urbanization, making the situation in rural areas more difficult. Most of the companies and jobs are located in the biggest cities and near them, so the people in rural areas have fewer opportunities. This problem with high unemployment in rural areas therefore cannot be resolved only by the official agencies – as they simply does not have the same means and opportunities to offer for the unemployed persons.

Combating high unemployment will definitely stay on the agenda of policy makers in both of these countries. Yet, this process asks not only cooperation of policy makers but also institutions involved.

3. Common features and trends

All of the countries in Europe are now dealing with problems created by economic recession. This makes their policies more or less the same – oriented towards stabilization of economic sector and more cost effective public management. Furthermore, problems with high unemployment rates are closely connected to problems in health sector, as lack of income limits people's availability to pay for medical services.

All of these countries also deal with big differences between major cities and rural regions. Unemployment rates are higher and availability of medical services is lower in rural areas. Therefore opportunities for people living outside major cities are very limited. This also increases the gap between the wealthy and the poor.

All of the researches also show that there are many people who were heavily affected by the crisis. A lot of people lost their jobs and their social status changed dramatically. As the Greek research point out, such people are in need of social counseling to help them deal with these changes and overcome psychological obstacles. Work also needs to be done to make these people understand which opportunities and help is available for them in the current situation.

One of the biggest problems in both sectors is also the rising prices and taxes. Policies adopted by these governments nowadays are focused on saving and cutting spending, and in some cases, for example Latvia, rising taxes. Insufficient funding is the reason why governments cannot ensure appropriate salaries in public institutions and provision of necessary services. This gives an opportunity for other institutions to take over provision of some services; nonetheless this does not resolve the problem of growing prices.

Another common problem underlined by these researches was the aging of population, which does not only create problems in the medical area, requiring more attention to elderly care, but also creates a difficult situation in the labour market, as most of the qualified specialists are close to retirement age.

All of these provisions point out that these countries are facing problems for which there is no global solution jet. These problems have appeared only in recent years

so none of the countries have been able to adapt. They are still looking for the most efficient solution; however, as these problems are so complex, they require collective efforts from different organizations. Furthermore, effective coordination of such organizations is also required, but the government is not always able to ensure it.

Finally, it can be concluded that due to these different socioeconomic problems the role of social agents and career coordinators has become very important. Both of these factors – unemployment and health – are mutually connected, as in current market conditions search for a job could take a long time, therefore a person needs not only support in the searching process, but also professional support and guidance during the unemployment period.

This also leads to a conclusion that there is no such specialist in the market right now, though there are different opportunities when the case manager could be very useful. People need varied services, which often cannot be coordinated through existing means. There are also many people in the same situation; therefore implementation of such specialists might be necessary.

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