

PEST and SWOT Analyses of the “Home Care” Program in Greece

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ABSTRACT

Background. The “Home Care” program is an intervention aiming at the creation of a social support and solidarity network and the avoidance of exclusion and institutionalization for low income elderly who face health problems related to disability or intense loneliness and seclusion.

Introduction - Objective. The present study aims to assess the implementation of the program in Greece, in order to identify and address strategic issues which could define its future course.

Methodology. The assessment is carried out by PEST and SWOT analyses, which provide a systematic and comprehensive reflection of the internal and external operational environment of the program, aiming at developing its strategic planning and improving its functioning.

Results. The “Home Care” program in Greece is a successful social support program, valued very positively by the local communities. However, there are substantial problems, the most important of which concerns the uncertainty about the program’s future funding, and therefore its viability. Other problems relate to the program’s technological infrastructure, which is in many cases nonexistent, and to the inadequate training and further education for the program’s personnel.

Conclusions. The “Home Care” program may constitute an important pillar of primary health care in Greece, provided that the necessary steps for improving its functioning would be taken. For this purpose, it is necessary to ensure the program’s unhindered funding, along with upgrading its technological infrastructure and provide opportunities for continuous education and training of its personnel.

Key words: Home Care, PEST analysis, SWOT analysis

I. Introduction – the “Home Care” Program

Population ageing is a phenomenon occurring with particular intensity in recent years¹ in almost all European countries in recent years. In Greece the issue has become particularly alarming, whereas “as of today there has been no estimation of the economic and social costs associated with population ageing” (Yfantopoulos, 2005). Greece, since 2004, has the third highest dependency ratio (elderly to working age population) in the European Union, namely 26.4 compared with an EU average of 24.5. In 2050 will also be in the third place, albeit with a much higher ratio, namely 58.8 compared with an EU average of 52.8. In the same year, Greece will have the sixth higher dependency ratio among the OECD countries (OECD, Health Data 2007). As a result, the health care needs of the elderly will be continuously increasing².

Care of the elderly traditionally belonged to the family. Today however, an increasing number of families, for various reasons, are unable to fulfill this role and provide care to their seniors. Thus, there is an imperative requirement to implement programs of social support and care for the old aged people, as well as for people in need of assistance, such as the disabled.

In this context there have been developed in recent years a number of programs, mainly at the local level, which aim at creating a social support network to prevent social exclusion situations for these individuals. The “Home Care” Program is one of these efforts, while others are the “Open Care Centers for the Elderly” (KAPI), the “Day Care Centers for the Elderly”, the “Centers for Creative Occupation for Disabled Children”, the “Offices for

psychological and social support", etc.

The "Home Care" Program sets as its primary goal "to meet the basic needs for social care and decent living for the elderly and people with temporary or permanent health problems or disability"¹³. The program was implemented locally usually under the supervision of a municipal corporation of the respective local authority and is funded by the European Social Fund through the Regional Operational Programs of the 3rd Community Support Framework.

The programs operate with fairly very good results in most cases. In studies of this or other similar programs (KAPI) the degree of satisfaction shown extremely high

levels and ranges in excess of 80% (Alexias and Flamou, 2007; Pergamali, 2006; Chalkoutsaki, 2006; Daniilidou et al., 2003). These satisfaction percentages are a bit exaggerated, mainly because the elderly are often prone to errors of response (Bauld et al., 2000; Geron, 2000). Nonetheless, the satisfaction rates are indeed high, which fully justifies the adoption of such programs and stresses the need for their further widening and expansion. Moreover, their operation has employed a significant number of people, thus contributing to solving the problem of unemployment at local level. It is estimated that some 3.600 unemployed are engaged and found a job in the program throughout the country (ANKA, 2006).

1. According to Eurostat predictions, in the period 2005-2050 total population of Europe will fall by 2.1%, but the elderly (65-79 years) will increase by 44.1% and the very old (+80 years) by 180.5%. [European Commission, Green Paper "Confronting demographic change: a new solidarity between the generations", COM(2005) 94 final, 16.3.2005, Brussels]
2. "The rising demands of an ageing population – the Greek experience", Speech by the Governor of the Bank of Greece N. Garganas, in the Economist Conference "Social Security Reform in Greece", Athens, 14.02.2008, http://www.bankofgreece.gr/announcements/files/14%202%2008_Economist.doc
3. Article 13, Law 3106/2003: Reorganization of the National System of Social Care, Greek Government Gazette 30/10.2.2003, Vol. A.

2. PEST analysis

The PEST (Political – Economic – Socio-cultural – Technological) analysis is an important tool of strategic management through which the political, the economic, the socio-cultural and the technological operating environment of an organization is comprehensively described.

Political environment

The "Home Care" program was initiated as a pilot project in the Municipality of Peristeri in 1997 and subsequently extended to 102 municipalities throughout the country. With the implementation of the 3rd Community Support Framework, the program expanded to the all municipalities in the country, receiving adequate funding for an initial period of two years. However, the continuation of the program proved problematic, since there has never been a definite settlement and consolidation of its operation and its functioning was based on last minute renewals. This is illustrated by the successive laws and legal enactments: the Joint Ministerial Decrees Γ14β/5814/1997 and Γ4β/Φ383/οικ.4504/1998 regulated the initial operational details for the program. The Law 3106/2003 (Article 13) set a more concrete framework for the operation of the program, while Law 3146/2003 (Article 13) gave an extension of the program for two more years (until 2005). Then, with Law 3329/2005 (Article 26) a further two year renewal has been given and with Law 3613/2007 (Article 27) the renewal was "renewed" until 31/8/2008. Finally, just four days before the program's ending (27/8/2008), the Joint Ministerial Decree 60292/2158/27.08.2008 extended the program's operation until 31/12/2008. Meanwhile, with the same JMD, the program for the 4th Programming Period (2007 – 2013) was renamed to "Measures to strengthen social cohesion and improve quality of life for the elderly and people in need of home care". Under this titled the program is about to be proclaimed, and

calls for proposals are about to be announced, in the framework of the new Regional Operational Programs. It should be noted however that in these calls for proposals the eligible applicants include not only the local municipal corporations which run the program thus far; but other bodies as well, such as the Church, various organizations and NGOs, even private bodies. That means that the existing structures are in jeopardy once again. The inability of the state to provide a definite solution has created a state of insecurity and anxiety among workers, which certainly has adverse effects on the overall operation of the program.

Economic environment

The program's local structures throughout the country are not financially independent and self-ruled. Coordination, support, supervision and control are exerted by the Project Management Group set up in the Ministry of Health specifically for that purpose (Joint Ministerial Decree 4035/27.07.2001). Auditing and control is conducted in three levels: primary level, which is carried out by the respective Regional Operational Program's Managing Authority, secondary level, which is carried out by the Paying Authority of the Community Support Framework and tertiary level external fiscal auditing, carried out by the Fiscal Auditing Committee. However, direct operational supervision, as well as financial control and support of the program's local structures, belong to the municipal corporation of the respective municipality, which is the implementing body at the local level. According to recent data (ANKA, 2006), each local structure has an average cost for consumables 149,13? per month, average cost for the car use 135? per month and average cost for fixed assets 2.345?. Evidently, the local structures operate at a very low cost per capita, much lower than having to provide closed hospital care to these people. Depending on the level

of care and the time period of care, home care could cost no more than 40% - 75% of hospital care (Hollander and Chappell, 2002; Uchida et al., 2001).

Socio – cultural environment

Factors such as kinetic disability, emotional and cognitive disorders, fallings, widowhood and a poor subjective perception for one's own health status are related to larger demand for private or public home care services, worldwide (Stoddart et al., 2002). Population ageing and the general social trends that have reduced the share of informal care provided by the family are also factors that contribute to the development and expansion of the services provided by the "Home Care" program. Each local structure of the program served an average of 94 individuals (ANKA, 2006). Most of these are pensioners of the Farmer's Pension Fund. There are no detailed income data, however; according to recent estimates about 90% of them belong to the lowest income scale of 0-500 € per month.

3. SWOT analysis

The SWOT (Strengths – Weaknesses – Opportunities – Threats) analysis is a important tool of strategic management developed in the early 1970's (Andrews, 1971). It is implemented in order to identify and thoroughly describe the strengths and weaknesses present within an organization and the opportunities and threats that exist in the external environment of the organization. Usually all these elements of the analysis are presented in the comprehensive and concise form of a four-section diagram, so as to constitute a valuable analytical tool in the hands of the administration of the organization, which could be used to improve the overall operation and performance of the organization, through capitalization of its strengths, elimination of its weaknesses, exploitation of opportunities and confrontation of threats.

Strengths

High-quality services provided. The services provided to the elderly facilitate the assurance of a dignified and healthy living in their own home. At the same time, the beneficiaries' families are alleviated and disengaged by an important load of care.

Decreased institutionalization rates. Many cases would end up in the patient's institutionalization, were not for the program's provision of care for chronic illnesses.

Decreased utilization of hospital services. Many cases would end up in the hospital, whereas now, with the program, the stressful contact with the hospital is avoided or minimized. This has also important economic implications, as hospital care is very costly. On the other hand, there is a significant relief of the work load for the hospital personnel which in many cases is already working under severe pressure.

Satisfied beneficiaries. In their vast majority the beneficiaries are satisfied with the services provided by

Technological environment

The use of supportive technologies for providing better care for the elderly in their own place is an issue that has been promoted for several years (Elliott, 1991). Nowadays, the vast proliferation of information and communication technologies, and the widespread diffusion of the Internet, the integration of new technologies in the health sector is at the forefront of health policies. The adoption of e-Health initiatives offers new approaches in many areas of care. The advanced technological environment could be exploited in order to provide up to date and sophisticated health care services in the context of the "Home Care" program. However, in most structures of the program there is not the immediate possibility even of a simple computer. It is therefore an urgent necessity to bridge this gap between the technological reality that is now readily available on the one side, and the nonexistent technological capabilities of the program's structures on the other side.

the program (ANKA, 2006).

Wide social acceptance. The program enjoys a wide social acceptance throughout the country, and it has been announced the most best service provided by the municipalities (ANKA, 2006).

Thorough knowledge of the local conditions. Each local structure has an extensive awareness and understanding of its surrounding environment and specific local conditions. The initial collection and recording of data for the region's elderly population as well as everyday practice of the structures' operations help in achieving this acquaintance.

Experienced personnel. The personnel is usually employed in each structure since its establishment and therefore is fully aware of the structure's operating details and has accumulated a very important experience related to effectively deal with each particular case which arises.

Sense of social responsibility on behalf of the personnel. The program's personnel has is fully aware of the important social role and contribution to the wellbeing of the local societies.

Good relationships among personnel members. The establishment of good relationships among workers helps in improving the everyday operations of the structure.

Good relationships with the managing authority. The establishment of good relationships with the municipal corporation which is the managing authority helps in achieving a smooth overall functioning.

Networking with other social structures. Establishing networks with other social structures in the area (hospitals, health centers, pharmacies, social welfare) helps in providing high quality services.

Innovative actions. Each structure can undertake innovative actions in their local area which promote the structure image and social acceptance. For example, it can

operate a medicine collection program, and collect medicines that have not been used by people. These medicines, after being checked for their appropriateness, can be forwarded to the program beneficiaries, thus saving an important amount of money for them.

Weaknesses

Personnel shortages. In many structures there is an urgent need for a physiotherapist and a psychologist, because most of the structure beneficiaries face kinetic problems as well as psychological and emotional distractions.

No training for personnel. The program's workers have not been trained at all. There has been no initial training neither when the structures were established, nor some continued education and training ever since. This fact deprives workers from updating their knowledge and be aware of recent trends and advancements in their field of action, namely in nursing, in consultation, in psychological support, etc.

Job stress and staff burnout. Many structures operate with the absolutely necessary personnel which in many cases is not enough to cover the increased needs. This, combined with pending decisions by the state about the program's consecutiveness and viability, creates stressful working conditions for the program's workers.

Shortages of equipment. Many structures operate with severe equipment shortages, not having even a simple computer for the maintenance of their records.

Limited mobility. Each structure possesses one car for visiting the beneficiaries in their houses. This restricts staff mobility and limits the number of visits. Should the structure have a second car the visits' scheduling would be greatly different, most probably resulting in better provision of services.

Weak management. Usually no staff member in the structure has even elementary knowledge and experience of management and this has as a result poor programming of the structure's actions, and poor overall performance.

Nonexistent business plan. In most cases the structures do not prepare a business plan on an annual or any other basis.

Lacking of evaluation. Audits usually are administrative in nature and there are no impact evaluations performed in order to assess the program's effects and outcomes for the local community. It should be noted that in most European countries impact evaluation is a widespread process which is almost compulsory in many cases. Evaluation is one of the main components of the implementation of the system of social programs (Rossi et al., 2004). Specifically with regard to programs for the elderly, they are nowadays evaluated in their entirety (van Campen, 2008).

No disclosure of the actions. In most cases there is no adequate disclosure and broadcasting of the actions and results, which could further expand the acceptance by the general public.

Opportunities

Clarification of legal status. Moves to safeguard the future of the structure, such as permanency of staff, may occur because of the increased needs and demands that society raises for the provision of the structure's services

Modernization of operations. The acquisition of a computer and an external evaluation are basic steps that can significantly improve the internal workings of the structures.

Staff training. There are opportunities that should be exploited to provide training and continuous education for the structures' personnel on many issues, such as management and administration of health services and social services, various health care issues, psychology etc.

Expansion of activities. Each structure may extend its activities with some simple steps such as obtain a second car, or employment of a physiotherapist or a psychologist.

Strengthening and better exploiting relations with other social structures. Relationships with other structures can be expanded and strengthened to allow broader cooperation, exchange of good practices, joint actions and initiatives, etc.

Collaboration with voluntary organizations. Each structure can establish relationships with voluntary organizations in joint activities and initiatives, both by promoting volunteerism and assisted by the same expansion of volunteering.

Threats

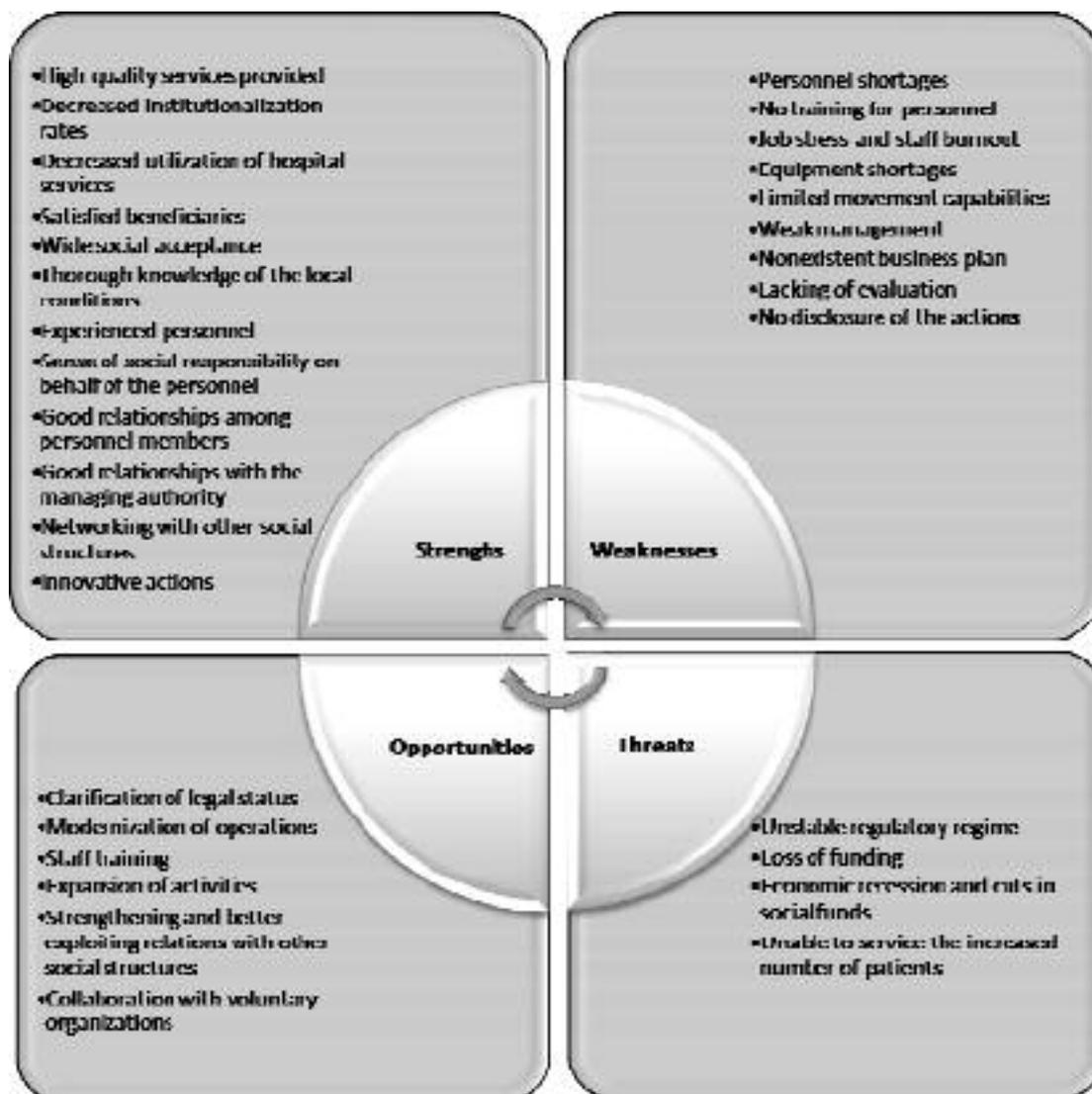
Unstable regulatory regime. The legislative regime is unclear and there may be changes that threaten the viability of local structures and create disruption in several regions.

Loss of funding. The funding is guaranteed only until 2011. Then, the structures should work with local authorities' own resources or seek funding.

Economic recession and cuts in social funds. The recent financial crisis could have serious effects on overall social costs and threaten the sustainability of social structures.

Unable to service the increased number of patients. The number of people needing assistance is increasing, partly because of an aging population and because of the increasing difficulty of the elderly's families to meet the increased care needs.

3.1. SWOT Table



5. Concluding remarks

It is obvious that the “Home Care” program is a positive contribution to tackling social problems at local level and is an important component of primary health care in Greece. But we must raise awareness of the central authority to allocate the necessary resources in order both to ensure the survival of structures and to create conditions for

growth and expansion of their role, which would relieve a large number of elderly people who have an immediate need for such services. A modern welfare state is characterized, among others, by the smooth and effective functioning of structures of social care and this is something that remains a challenge for Greece.

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