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Abstract of Ph.D. Thesis:

“Labour Market Integration of people with Chronic Disease/Non-Communicable Diseases in selected countries of the European Union”

In the EU, there are five European Social Models (ESM): the Nordic model, the Angle-Saxon model, the Western Continental European model, the Central Eastern Continental European model and the Mediterranean model. These five social models are not purposefully created yet from analytic point of view of the national characteristics, histories, culture and any other similarities and differences. These distinctions associate with their social policies and strategies for sustaining their societies. Problems of each Member State are not the same although the Member States have similar problems. Concordantly, prioritised problems and the procedures of the solutions connect to social policies and strategies of each Member State. In other words, they are connect to the five European Social Models. For the purpose of dealing with the problems, the EU takes subsidiarity policy and respects such diversified characteristics of the Member States as richness of the EU. Accordingly, the “Europe 2020 strategy for smart, sustainable and inclusive growth” (the Europe 2020 strategy) was launched in 2010. The Europe 2020 strategy considers diversified characteristics of the Member States and sets aims what the Member States need to achieve. Because of establishing the everlasting peace in Europe after the remorse over the devastated wars, people in Europe have created their systems economically and politically intertwined each other under the subsidiarity policy. Through the intertwined economy and politics of EU, each Member State becomes an indispensable entity for the entire EU. The Member States are already interdependent among others however, the interdependency sometimes turns to negative situations because the problems and also issues of one Member State often influence on other Member States.

The Europe 2020 strategy takes economic issues into consideration. Since the EU repeatedly faces economic issues and their unfavourable consequences, the EU can be convinced that economic resilience will support lives of people. Moreover, economic

elements are not only business matters but also many other things, which interconnect each other and create economic activities. Sustainable economic growth of the EU needs to bring sustainable human lives into the economic perspective because after all existence of human beings are the economic foundation of the EU, and issues of life difficulties among people require to be tackled. At the same time, economy has to go with human rights and human dignity because lives of human beings do not mean to maintain only for the survival levels. The lives need to be sustainable according to creating the the ever-lasting peace. When people focuses on sustainable human lives, the lives require to handle with poverty issues, which tie in many problems and deprive the human dignity. In the EU about 80 million people are at risk of poverty and social exclusion, and their numbers are increasing by the statics from the year of 2011¹.

If entities having problems in a society are familiar to the society, it is possible to be integrated economic activities such as labour market. In fact, integration of the physically challenged or ethnic minority has been progressing. Nevertheless, there are some socially unfamiliar entities, which are always facing poverty and social exclusion problems. One of them is people with chronic disease/non-communicable diseases (CD/NCDs). This dissertation aims to integrate people with CD/NCDs into labour market and seeks how to create the integration possibilities. As economic and political foundation of the EU, economy weighs with the existence of the EU. Many people with CD/NCDs have been marginalized from the social integration, especially from the labour market. Indeed, CD/NCDs patients have been hardly employed. Unemployment mostly puts people in poverty because people do not have life resources from work as income. There are two problems for the integration of people with CD/NCD: unproductiveness and human relations at workplaces. Nonetheless, there are three reasons why people with CD/NCDs are necessarily integrated into the labour market: cost-effectiveness, diseases possibilities for everyone and meaningful human life. Everyone has human rights and human dignity.

This dissertation explores as the hypothesis that it is possible to integrate people with CD/NCDs into the labour market through the idea of the Europe 2020 strategy. To explore the hypothesis, the five types of methods will be implemented. They are, as mixed methodology, quantitative approach, qualitative approach, institutional approaches (particularly normative institutionalism and rational choice institutionalism), systematic approach and comparative

¹ The European Union. *Employment, Social affairs & inclusion: European platform against poverty and social exclusion*, (n.d.), <<http://ec.europa.eu/social/main.jsp?catId=751&langId=en>> 13.05.2014.

approach. Through the five ESMs, Sweden, the UK, Germany, Poland and Italy are chosen for this dissertation.

Although Sweden, the UK, Germany, Poland and Italy have various characteristics with different European Social Models and healthcare models, there are similarities. One of the important similarities is that the public sector (especially the government) has authority to organise own country through policies and strategies. Differently stated, if the public sector does not know some disadvantaged entities, the entities are rarely involved in their social policy along with health care systems. This is a crucial finding for the integration of people with CD/NCDs. Considering institutional approaches (particularly normative institutionalism and rational choice institutionalism), systematic approach and comparative approach, people in a society follow policies and strategies, which mainly their public sectors regulate. So many years people in a society get used to the policies and strategies, they regard such policies and strategies are normal and do not need to modify. Even though they find problems, what they treat as urgent problems are mostly connected to familiar issues of the majority in the society. Issues of their socially unfamiliar entities are neglected because in many cases the majority do not realise the issues. Society is mostly organised and orchestrated by the majority, and if the majority do not find difficulties by the current social conditions, the majority commonly do not bring decisive changes into the society. As a consequence, their five European Social Models have been continuously existing without decisive changes in the societies. This crucial finding can be proved by hardly creating only one ESM for the entire EU. It is also proved by neglecting issues of unfamiliar entities to the society, namely labour market integration of people with CD/NCDs.

The hardships of people with CD/NCDs are need to be familiarised to the public sector and well-known to the society for the purpose of being included in the policies and strategies. Simultaneously, people with CD/NCDs need to cultivate their own workability and employability. Each person with CD/NCDs has diversified disease symptoms, their progressing levels and also living environments of patients. It is not straightforward to bring universal policies and strategies for every patient. Concordantly, policies and strategies are not only for people with CD/NCDs but also the entire citizens. What is fairness for the entire citizens has to be evaluated. In addition, policies and strategies are including immigrants issues, which are one of the severest phenomena in contemporary Europe. Human rights and human dignity are for every human being. At the same time, if people have urgent difficulties, a society having such people with difficulties is prone to help them instead of own country's unfamiliar disadvantaged people. After all, limited labour market conditions connect to

everyone. Due to having rights, people also need to work for their duties as much as their own conditions and environments allow through cultivating themselves by skills training, proper care of own physical conditions and any other necessary things. In short, the multiple work by the public sector, the private sector and also individuals for labour market integration for people with CD/NCDs is important.

On social science and political practices, the multiple work by public sector, private sector, and individuals has impact. Through the methodological exploration it is clear that in many cases these three areas are separately implementing. However, as mentioned above, unfamiliarity among the three areas often becomes obstacle their achievements. Actually, people in a society are related each other. For instance, issues of medicine and situations of non-CD/NCDs people are also have influence on the achievement. Thus, it is important to come together these public sector, private sector, and individuals for labour market integration of people with CD/NCDs.

For labour market integration of people with CD/NCDs, the whole element of the social welfare systems along with social policies and strategies does not require to be modified. Instead, it is clear if necessarily elemental modification is performed, their labour market integration is progressed. The most necessary elements for people with CD/NCDs are individuality and flexibility. For introducing the individuality and flexibility, this dissertation refers active labour market policy (ALMP) and suggests eight topics: skills training, employment at civil society organizations or social welfare (service) corporations, well-being programmes, job creation for CD/NCDs patents and non-patients, self-employment, selective insurance and health care systems tools, financial support and mutual understanding between CD/NCDs workers and non-CD/NCDs workers. Therefore, with individuality and flexibility, it is possible to integrate people with CD/NCDs into the labour market through the idea of the Europe 2020 strategy for smart, sustainable and inclusive growth since there are only necessarily elemental modification of policies and strategies in societies.

Keywords

Chronic Disease/Non-Communicable Diseases; The Europe 2020 Strategy for Smart, Sustainable and Inclusive Growth; European Social Model (ESM); The Open Method of Cooperation (OMC); The Nordic Model; The Angle-Saxon Model; The Western Continental European Model; The Central Eastern Continental European Model; The Mediterranean Model; Active Labour Market Policy (ALMP)