

# Social policy in EU, what can be changed?



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# Different approaches to Social Policy

Due to historical, political, economic, cultural, and other specificities of each country, the social welfare systems across Europe can be divided in five provisional models:

- Continental (Bismarckian)
- Anglo-Saxon
- Nordic
- Mediterranean (Southern European)
- Central/Estern Europe



# Different approaches to Social Policy

Regardless their differences the models are designed to protect people against the risks related to unemployment, parental responsibilities, health care, old age, housing and social exclusion. The **Members states** are responsible for organizing and financing their social protection systems, while **the role of the Union** is to ensure the sufficient protection of those moving across borders as well as to coordinate the efforts to combat poverty and social exclusion through mutual learning.



# Nordic Model

The Nordic model includes the northern European countries: Norway, Sweden, Finland, Denmark, and the Netherlands (Norden; Casalegno, 2006; Ferrera, 2013). These countries might not provide welfare in precisely identical manner but they are similar enough to constitute a “Nordic welfare model” (Norden).

The ‘egalitarianism’ is the fundamental principle of the Nordic model (Popova & Kozhevnikova, 2013). According to it, the social benefits are distributed between all the members of society on the base of equality. (Ferrera 2013) defines the following main characteristics of the model:

Strong universalism, Service rich (including Active Labour Market Policies), Dual earner model (DEM): female employment, gender equality ; Strong but limited safety nets, low poverty, high inclusion.



# Nordic Model

## Strengths

- Seen by many as the best social policy model
- Highest index of quality of life, welfare and equality
- Same political aim of promoting social cohesion (Norden).
- Excellent health services for all as equality and solidarity are basic ideologies of this model
- Security for everyone including social outcasts and vulnerable groups and therefore elderly people with sensory impairments
- Social care system benefits from an emphasis on the clients' self-government



# Nordic Model

## Weaknesses

- Health and social care systems are weakened by the poor awareness of visually and hearing impaired individuals in the population (in the Netherlands)
- Lack of data on the outcome of the provided services and support
- Lack of data on the effect and influence on quality of life
- Elderly people with sensory disabilities have a lack of knowledge and accessibility of specialized care
- Lack of staff training on types of visual and hearing impairments and on possible solutions: aids, technology, etc.
- The model might prove hard to implement in less wealthy countries



# Anglo Saxon Model

The Anglo-Saxon, is implemented in the United Kingdom and Ireland. It is identified by the provision of social benefits to all who are in need by the state welfare system, while the social funds are accumulated mainly by the citizens themselves (Popova & Kozhevnikova, 2013). (Ferrera 2013) outlines as key traits of the model:

- Its everidgean “encompassing” schemes, weak universalism
- The Occupational/fiscal welfare for the middle classes and
- The means-tested benefits for the poor (including working poor): poverty & exclusion

The model is also known as ‘liberal’ for its attitude to markets. The attitude to markets is quite liberal. The main characteristic of this model is its social assistance of last resort. Bigger portion of the funds is used for the working-age population, and less towards pensioners.



# Anglo Saxon Model

## Strengths

- Sets general standards of care
- Popular and universal
- Few social cleavages
- Relatively cost effective to maintain
- Has public employment effects
- Intermediate taxes
- Less sensitive to labour market pressures
- Free national health services
- Social care system integrated with health care
- There are clear Central Government guidelines for delivery of health and social care
- Services are legislated to be provided on a coordinated basis





# Anglo Saxon Model

## Weaknesses

- Expenditure are mostly directly towards the working age population and much less towards the older population, putting elderly people with sensory disabilities at disadvantage
- Health and social care systems suffer from funding shortages, long waiting times and are threatened by further funding cuts
- Need of more non-invasive health care in to the community
- Lack of evidence based research on interventions and their outcomes



# Continental Model

The continental welfare social model includes Austria, France, Germany, Belgium, and Luxembourg. The Continental (Bismarck) model assumes that the social support is given to those who have already been represented on the Labour Market, and it fully depends on the social accumulation of this exact person (Popova & Kozhevnikova, 2013). (Ferrera, 2013) identifies its characteristics as follows:

- Bismarckian insurance schemes (BIS) insider/outsider divide
- Transfer heavy, lean on services
- Male breadwinner model (MBM)

This system is seen as middle ground between the Nordic and the Anglo-Saxon model. It is very much based on the principle of “security” and is identified by the numerous laws on employment protection and an important amount of regulation in the industry.



# Continental Model

## Strengths

- A well-funded welfare state allows poverty reduction, high quality health care and disability pensions
- High level of public support
- Allows benefit recipients to maintain their level of income
- Allows for private service system without rationing (e.g., in health care)
- Benefits increase with rise in contributions
- Intermediate tax burden



# Continental Model

## Weaknesses

- Maintains and reinforces social cleavages
- Sensitive to employment conditions and demographics, which might be with a particular effect on persons with sensory disabilities facing employment barriers
- Drives up labour cost (payroll taxes) and low wage unemployment (in/out groups)
- Tends to penalize those in unstable, non-traditional or part-time job situations
- Often provides few benefits for those outside the insurance model (new poverty)



# Mediterranean Model

The Mediterranean model is used by **Italy, Spain, Greece, Portugal,** and Turkey. The model is based on the principle that the family has the main role in supporting its socially unprotected members. It is similar to the Continental model, yet the labour market is not very flexible due to employment protectionism. Welfare is mainly directed towards generous state-pensions and early retirements as a means to better work conditions. As a consequence the level of social assistance is much lower than in the other countries.



# Mediterranean Model

## Strengths

- Generous state-pensions and options for early retirement, ensuring the for the security and material comfort of the seniors
- Active interpersonal and intergenerational communications and support, mostly thanks to family members
- Benefits for the seniors when using public services
- Public health care



# Mediterranean Model

## Weaknesses

- High dependency on the support from the family
- Insufficient coverage of services in the rural areas and smaller towns
- Insufficient community-based services
- High dependency on the political priorities and actions at governmental level



# Central/Eastern European Model

The assumption that Eastern and Central European (CEE) countries would adopt existing social models after the political shifts in the '90s has proven to be wrong. It is important to underline that the CEE countries are “united” in a CEE welfare model rather based on their common history and political governing before 1990.

In the middle of the '90s, many CEE governments have undertaken social-policy reforms. The main common characteristics of these reforms can be summarized as follows:

- Withdrawal of the state from the (public) welfare sector: various kinds of subsidies on many goods and services have been abolished or suspended; some privatization and marketization of health and social-care services are introduced; and activities of the “third sector” such as the voluntary sector and non-governmental organizations are encouraged.
- Introduction of an institutionally pluralized welfare system: social security funds are separated from the state budget; pension funds are separated from health care insurance; social security is implemented by a number of independent institutions; and the power and responsibilities of the regional and local governments have been enlarged.





# Central/Eastern European Model

## Strengths

- Stronger emphasis on redistribution to prevent poverty
- Traditional strong involvement and support from the family
- Ongoing transition process from institutional to community-based care
- Developed non-discriminative legislation, strategies and plans for supporting elderly and persons with disabilities



# Central/Eastern European Model

## Weaknesses

- Low state budgets due to poor tax collection, which reflects negatively on the social protection expenditure
- Low pensions
- High risk of poverty and material deprivation among the elderly people
- Lack of basic necessities
- Poorer housing and living conditions, especially for the elderly people
- Insufficient implementation and monitoring of the developed legislation, plans and strategies concerning the wellbeing of persons with disabilities
- Still very high percentage of institutionalization of elderly and persons with disabilities



	Nordic/ Scandinavian	Anglo-Saxon Model	Continental/ Bismarck	Mediterranean /Southern	Central/Easter European
Expenses on social support	High	High, the taxpayers ask the decrease in taxation burden	High	High	Low – Baltic states Moderate – Bulgaria, Romania, Slovakia High – Visegrá States, Slovenia
Employment	High, stimulated by the government	High	High, the part- time employment is widely spread	Low, the majority of women do not work	Low
Principle source of financing	Government and local authorities; taxation re- distributing	Government for unemployed taxes re- distribution), while the social insurance for employed people	Market; the social insurance	Market; local authorities; family support; self-support.	Government; taxation re- distributing; family support; self-support
Level of poverty	Low	Moderate	Moderate	High	High
Re-distribution	High	High	Moderate	Low	High
Private provision of social support	Yes	Yes	Yes	Yes	Yes

# Focus Group

Please try to see forward in time and imagine the Social Policy in Europe after the end of the 2021-2027. Programmation Period What will be changed in 11 years in YOUR Country? Who will do what to reach a more comfortable situation? Is there some action used in other social models that you would like to import in your Country? Why?

Please divide in groups by nations of provenience and try to focus this actions about new social ...

