

**THE WELFARE STATE
SOCIAL WORK
The INDIVIDUAL and
her autonomy**

European modules, Social Work 1)

by

VIGGO JONASEN

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VIGGO JONASEN

is

Master of Political Sciences (Aarhus 1973)

lecturer of Social Policy at the Aarhus School of Social Work (since 1976)

chairman of Aarhus Municipality: Social Users' Council

former member of Aarhus City Council

former member of the Government Commission on Public Tasks (Opgavekommissionen)

vj@dsh-aa.dk

0045 86 27 66 22

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THE WELFARE STATE

"THE WELFARE STATE" concept is often being used without being really defined. Frequently in the political dialogue - and in social work teaching - you have the impression that participants do not have congruous ideas about the significance of the word. Since discussions about the WELFARE STATE and SOCIAL WORK always concern ways of affecting relations and behaviour of individuals, it seems fair to connect the discussion of THE AUTONOMY of the individual **client** to some common understanding of welfare state.

The general understanding of "THE WELFARE STATE" can be described as follows: a **state organization** (including local public authorities) in a predominantly **market organized** society.

This **state organization** is **intervening** in 4 **welfare functions**, that is: 4 aspects of the relation between **individual (client)** and **society**

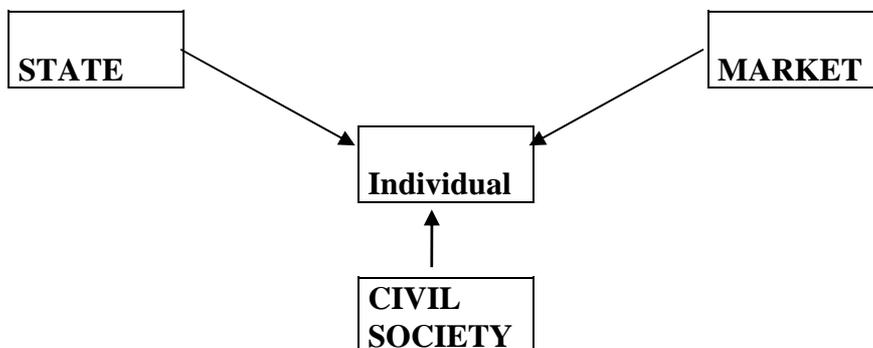
- 1) **provision** (maintenance) of persons, who a) cannot themselves sell (or should not sell) their work-power, and b) are not by law provided for by wife/husband or children /parents
- 2) **care** in case of disease, and **compensation** in case of disablement, and **shelter/asylum** for those in need thereof
- 3) **education - socialization** for all (children), including childcare, and including socialization of adolescents and rehabilitation of criminal offenders.
- 4) **housing**

In most discussions of "THE WELFARE STATE" it is implied that it functions in a society where production and distribution of goods and services mainly are organized in the **market** way. An implied understanding dating back to liberal church fathers, who "deducted" social organization from a "character of man" as a creature who organises trades in **market** and human reproduction in **family, market** and **family** being so to say **spontaneous** or **natural** (God-given) organizations. Often you hear the phrase that THE WELFARE STATE should (only) compensate for market deficiencies, and intervene (only) when family fails to socialize its offspring. The very concept of **intervention** presupposes the existence of (spontaneous, natural) structures, in which someone can **intervene**.

Some politicians in Scandinavian countries (and in other countries as well) see the above mentioned 4 areas of WELFARE STATE intervention as part of a wider context of **INTERVENTION-STATE**: in this theory, dating back to the English economist J.M. Keynes, it is considered legitimate that the state intervenes on the **macro-economic** level of society, the interventions aiming at providing a **full employment** level of production. At the same time political effort aims at keeping down **inflation**. Keeping up employment is regarded as a **welfare sustaining** policy, the consequence of which would more or less automatically be a low level of unemployment-based income-transfer. To the same group of economists can be connected the **education-economy**-tradition, forwarding the viewpoint that a raise in the general level of education will almost automatically lead to a raise in labour productivity, arguing therefore a state support of a (rapidly growing) system of professional schools and universities. Such policies later have been challenged by monetarist economists and politicians.

THE WELFARE TRIANGLE

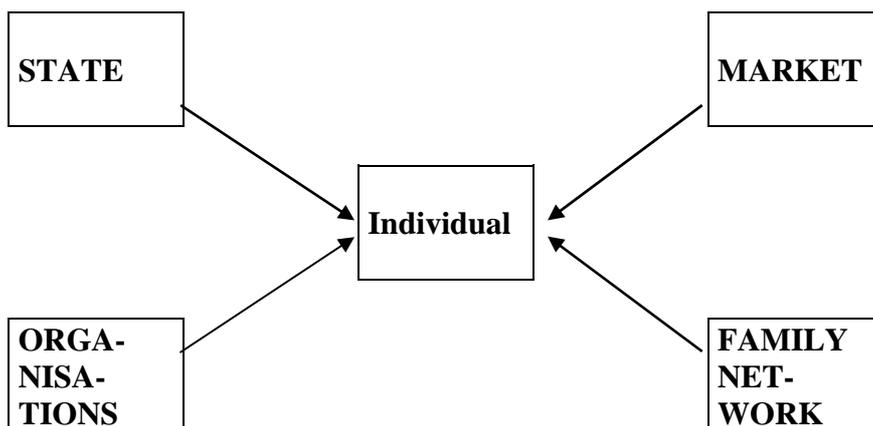
Frequently sociological and social political literature is based on the idea, that the individual's maintenance can be financed by 3 sources:



The idea being that the **MARKET** provides (possibility of) **earning**: wage or profit, the **STATE** provides transfer income, and the **CIVIL SOCIETY** (family, neighbourhood, organizations) provides help in kind and/or work. The **boxes** represent **delivering bodies**, the **arrows** represent the **stream of money/goods/services**.

THE WELFARE SQUARE I

In some literature you find a sophistication of the triangle presentation, by splitting the **CIVIL SOCIETY** into two: **FAMILY, NETWORK** and **PRIVATE ORGANIZATIONS**. Often the phrase **the THIRD SECTOR**¹ is being used about the **PRIVATE ORGANIZATIONS** (the **MARKET** and the **STATE** being the 1st and 2nd sectors), whereas the phrase **FOURTH SECTOR** seldom is being used about the family.



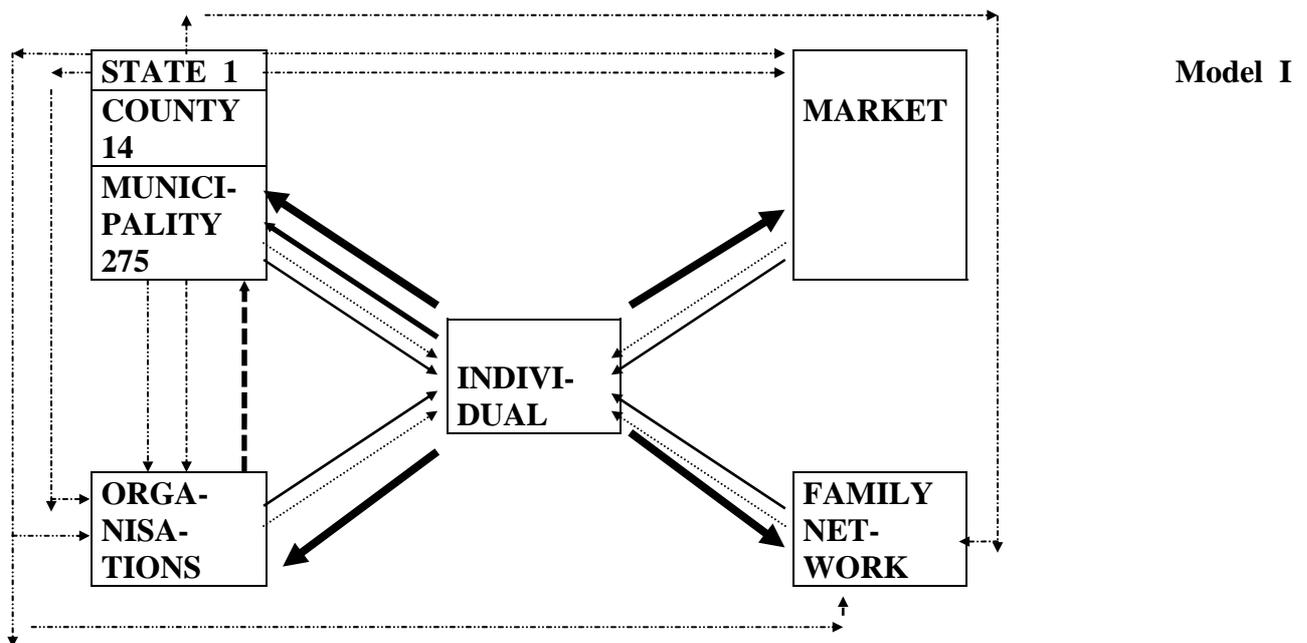
¹e.g. Kurt Klaudi Klausen: "Et historisk rids over den tredie sektors udvikling i Danmark", in K.K. Klausen & P. Selle: "Frivillig organisering i Norden", 1995

THE WELFARE SQUARE II

When discussing SOCIAL WORK, the problem of provision (the **individual client's** physical survival) is crucial. But seldom it is the only one, and often it is implicitly regarded as having been dealt with. Thus, SOCIAL WORK often deals with other aspects. Below we try to develop the model in order to facilitate such discussions.

The **STATE** regulates the functions and relations of market, organizations, families in many ways. These **STATE** regulations can be said to be the frame in which **social work** is performed. The below presentation and discussion will take its start in examples from the Danish **welfare state**. Types of **STATE** intervention in other countries could also be discussed from that starting point. (The concept **welfare mix** will be presented later).

The multiplicity of the roles of **the STATE** is illustrated by the several types of "arrows" from **STATE** to individual and to the other 3 "corner"s of the **SQUARE**:



The multiplicity of the roles of the states is being illustrated by the 'arrows' from the **STATE** to the individual and from the **STATE** to the other three corners of the model:

- provision, care —————→
- socialisation, education→
- regulation, control - - - - -→
- contributions - - - - -→
- political claims - - - - -→
- tax payment —————→
- work, effort —————→

4 of the above types of "arrows" can be exemplified :

- the law of Social Assistance prescribes duty of mutual support between spouses
- the law of Social Assistance prescribes duty of (municipal) authorities to intervene in parents' upbringing of their children in case of malfunctioning of the upbringing
- the law of Public Schools prescribes compulsory primary school education
- the law of coming of age prescribes parents' right to decide concerning children
- the law of Factories Inspection prescribes about work-site's arrangement
- many laws prescribe about (conditions for) subsidies to organizations' activities
- the penal law prescribes the individual's duty to assist a person in distress (and prescribes liability to punishment in case of failing to assist)

Part of a social**political** description of society is the aspect that the **ORGANIZATIONS** have a role as actors in the political process, with **claims** for **subsidies** as well as with **criticism** of legislation and **claims** for alteration of laws. This is being illustrated by an arrow from **ORGANIZATIONS** to **STATE: interests, claims.**

One particular relation between the individual and the state often is considered very important: the individual pays **tax** and/or **social contributions** to the state.

In a **sociological** and **economical** description of society it is important to be aware of **reciprocity** in relations: **wage** is being given in return of **work**, **goods** are being sold for **money**, **friendship** and **love** are mutual feelings (and if not, it is often considered a problem!), **parent-hood** normally functions in some feeling of intimacy, **help** to disabled and to one's own elderly parents normally is being given in some feeling of (more or less voluntary) **obliged-ness**. Sociologically part of this is often phrased **social control**. The concept **citizenship** relies on the **citizen's** acting as participant (voter, party member, ..), thus influencing decisions in local or national Parliament, trade union, scout association. I step back from drawing that into the illustration (but with an Over Head Transparent ..).

THE (OUTREACHING) WELFARE STATE - THE ETHOS OF SOCIAL WORKER

The very existence of a **WELFARE STATE** organization follows from a series of political decisions. To the political scientist it seems interesting to know of the politicians making these decisions. A common feature of the decisions is that **somebody's** situation is (or seems to become) **bad/poor**, and that **someone** should act in order to improve the situation for that **somebody**. This **assessment** of **somebody's** situation, as well as the claim for improval, has a starting point in a sense of **sym-pathy** or **solidarity**. The concept of **solidarity** can be sub-divided in three categories: **sentimental solidarity**, **group solidarity**, and **reflective solidarity**. In this place we will not go deeply into a discussion of the 3 concepts², but shortly claim that arguments for establishing a **welfare state** organization to cope with certain aspects of men's' lives rest on some **reflective solidarity**: a relatively impersonal solidarity in

² see Jodi Dean: "Reflective solidarity" (lit.list)

well-defined respects. Recent Danish political science research results point out that a majority of voters of all Danish political parties supports the existence of public income transfer systems, public health assurance systems, and public care systems.

A normal routine in the Danish WELFARE STATE is the employment of **social workers** in public services. These social workers **decide** on grounds of different (social) laws whether or not the citizen is entitled to a certain **welfare payment** (in cash, in kind) or **assistance**. The social workers **reach out** for the citizen on grounds of a knowledge or feeling that he or she is in a threatened or embarrassed situation which according to law entitles to **help/intervention**. And the social workers (in some cases) **initiate** and/or **carry out** the action called for by the problem of the citizen. A common feature of these the social workers' activities is the **estimation of the person's (client's) situation**: problems, resources.

In this the social workers decisions the question of **AUTONOMY** of the **client** turns up: in which respects is the **client** free to choose his behaviour? In which respects does THE WELFARE STATE in shape of the **social worker** bring consequences to bear on the **client** of the choices he makes? Can he be said to be **free, autonomous**, when the state decides about consequences of his choices? Will he be more "free", if consequences come only from **MARKET**? from **FAMILY**?

Private persons and organizations as well **assess** the situation of (their fellow) human being. In many cases they decide to **intervene**, or to **offer to intervene**, in the situation of that (fellow) human being. They **reach out** as well as the **STATE** does it. Sometimes the **outreach** is based on some religious or political missionary motive. Sometimes the **outreach** is being motivated by some humanitarian idea. Sometimes the **outreach** is being motivated by private profit: "These alcoholics on the square ahead of my shop scare the customers away. They really should be given a more (to them) attractive place to stay". Often the private organization tries to convince the (local) politicians that they should contribute (financially and/or organizationally) to the solution or removal of the problem.

A number of **outreach social work** activities in public, semi-public and private organizations aims at motivating those **reached out** for to participate in organized activities. The motives for such effort range widely. But among the motives often is the idea that **if** these people accustom themselves to **be** together and **act** together with other people to reach what is being felt as a common **purpose**, the very fact that they experience themselves as having something in common with other human beings will heighten their **quality of life**.

By thus experiencing oneself as being **able** to **do** something together with other human beings and having some purpose in common with that other human being, the individual gets the feeling of **having** ability to do something, **being** worshipped by someone else. And thus, it is being argued, he/she obtains more **power** over his/her life.

This **empowerment**-way of thinking partly originates from a **private-property** idea-system: you can **have** power, and you can **lose** power. Being **power-less** is bad, being **power-full** is good.

The same idea-system is behind a crucial aspect of Danish social legislation: laws give **rights** to inhabitants to payment/assistance in relatively well-defined situations. And the laws institute a system of **appeal**, implying that the inhabitant is not a **subordinate** in the state, but a **right-claiming** citizen. And a **right-having** person can feel more powerful than a person, whose situation depends on the social workers free decision.

In order to heighten the citizens **right-awareness** some public **law-counselling** offices have been established in Denmark.

A central social-political discussion concerns the question: under what circumstances, and to what extent, should the **STATE** intervene in the life of the individual? The "Social encyclika" "Quadragesimo Anno" of pope Pius XI (1931) states: "from the individual should not be taken, and to society referred, anything which he can himself yield on his own initiative and by his own force. Equally it is against justice to let superior social institutions take the responsibility for tasks which can be managed and executed by smaller and subordinate social structures. ..". Thus it is claimed: only if 4th, 3rd, and 2nd sector fails to support the individual, the state should be allowed to assume the responsibility. The above examples illustrate that the **outreaching** Danish welfare state is not in accordance with the encyclika.

THE WELFARE STATE - THE WELFARE MIX

The concept **welfare mix** is often being used in discussions about how to organize the efforts in the "WELFARE SQUARE":

- 1) from which of the 4 sectors should **provision** be delivered? What level of sustenance should be provided, to which groups? And: who should be responsible and be paying?
- 2) from which of the 4 sectors should **care** be delivered? What level of care should be provided, to which groups? And: who should be responsible and be paying?
- 3) from which of the 4 sectors should **education** and **socialization** be yielded? What level of **education** and **socialization** should be provided, to which groups? And: who should be responsible and be paying?

A glance on the history of Danish social policy shows a large and varied interplay between public and private actors about different types of production and distribution of goods and services, including transfers, care and education:

- ordinary **consumer goods** are produced and distributed largely in and by the private sector and on market conditions. Since 1857 Danish industrial policy has been ultra liberalistic (except for war periods). Yet, the state in many ways law-regulates the ways of functioning of the market: on-the-job safety, work conditions, "proper marketing behaviour", Road Traffic Act, building construction law, etc.

- **income transfer** have been carried out in **STATE** institutions: poor relief, old age pensions (state/municipality), in **ORGANIZATIONS**: unemployment insurance, health insurance, and in **FAMILY**: mutual support duty between spouses, and between parents and children <18, support of youngsters in education. The organizations' income transfer activity has been

regulated by **STATE**, by contributions and control, and in the 1970'es social reform sickness benefit and (part of) medicine cost subsidies have been reorganized from an **ORGANIZATION**-function to a **STATE**-function. As a speciality should be mentioned a set of formally "private" old age insurance (saving) schemes, formally organized as private saving (**MARKET**) but regulated by law and with tax reduction as a main source of finance (**STATE**).

- **care** in case of disease during the 1800- and 1900 years has been **produced** and **delivered** partly by general practitioners and pharmacists, and to a very limited extent by private hospitals (**MARKET**), partly by municipal- and county-run hospitals (**STATE**). **Financing** has been mixed private/organization/state organized.

- **care** also includes handicap compensating services, which in the same period have been **produced** and **delivered** by **MARKET**, **ORGANIZATIONS**, **FAMILY** (especially women), and **STATE**. These services have been **financed** by **STATE**, **ORGANIZATION**, and to a very little extent by the individual client.

- during the 1800- and 1900 years **basic education** and **professional training** in Denmark has mainly been **provided** by local authorities', organizations' and state's initiative, and **financed** mainly through tax. **Socialization** mainly is carried out in the family but since World War II also to a growing extent in public institutions (kindergartens), and in financially tax-supported leisure organizations, with limited local authority control.

THE WELFARE STATE - THE WELFARE MIX - THE "MARKET MANTRA"

A common theme in recent Danish political discussions about THE WELFARE MIX has been the idea that **STATE** organized welfare provisions have been expanded beyond capacity. Furthermore: they have resulted in the population becoming irresponsible and claimant. Furthermore: they are inefficient and too expensive for the poor taxpayers. In consequence proposals have been forwarded to "**privatize**" both **production** and **delivery** of welfare services, and sometimes also to "**privatize**" the financing. It has also been argued that family and neighbourhood shall be "strengthened" so as to be able to take better care for mentally ill persons, and industries shall be "motivated" to employ and care for (physically and mentally) disabled persons. Such proposals are being argued both with the point that such remedies will bring a better life to the clients (than the "cold and uncaring" public service), and that such remedies will save taxpayers' money. Here will not be judged which of the arguments is the heavier in the mind of the proposers.

Since ancient Greece elderly people have always worried about the negative development among the youngsters. Recent Danish political discussions equally concerns the ways in which the WELFARE SQUARE influences the ways of thinking of the clients, especially the younger ones. These discussions often are rooted in Adam Smith's philosophy of man: only when put in necessity, man will work. The discussions have been centred on the topic: how do we arrange the conditions of social security so that they induce (especially the young) unemployed to feel self-responsibility, work enthusiasm and dis-respect for (those) being unemployed. Especially since 1990 local authorities often grant unemployment benefits only in return for unskilled work at rather low pay. Often it is being argued that thus giving the **social policy** a stronger **MARKET**

orientation will induce the (young) unemployed to compete more efficiently about jobs. Sometimes this monetarist argument is even being followed by the postulate that the enhanced competition will create more jobs. Why or how the competition will motivate private or public employers to raise their demand for manpower seldom is being explained.

Thus the discussions about which WELFARE MIX should be arranged, and for whom, quite much include considerations about the CHARACTER OF MAN, and about which options should be let open to man, that is: about the **AUTONOMY OF THE CLIENT**.

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