

## Tilburg University

### Worlds of Welfare, Worlds of Consent?

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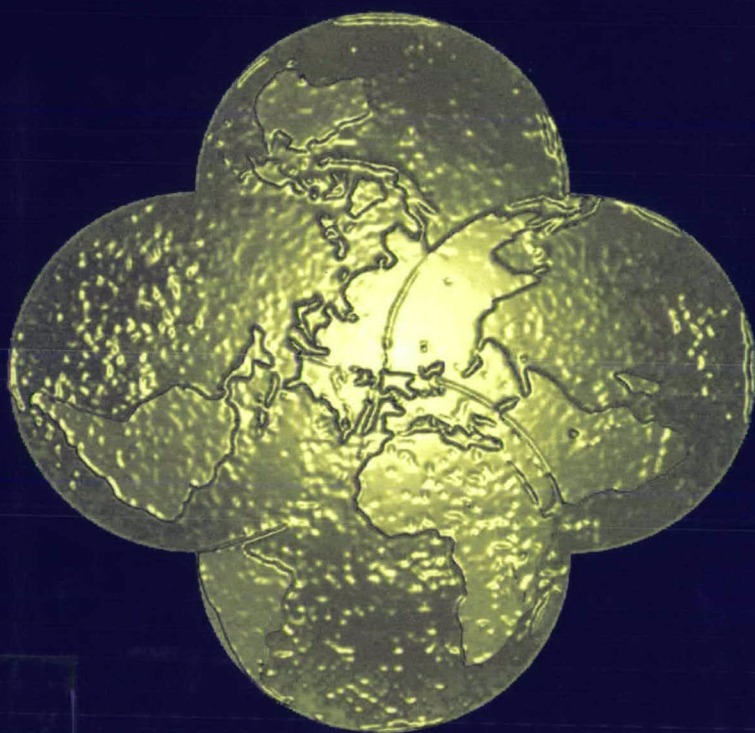
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Worlds of Welfare, Worlds of Consent?  
Public Opinion on the Welfare State



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John Gelissen

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## Worlds of Welfare, Worlds of Consent?

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# Worlds of Welfare, Worlds of Consent?

Public Opinion on the Welfare State

Proefschrift

ter verkrijging van de graad van doctor  
aan de Katholieke Universiteit Brabant,  
op gezag van de rector magnificus,  
prof. dr. F.A. van der Duyn Schouten,  
in het openbaar te verdedigen ten overstaan van  
een door het college voor promoties aangewezen commissie  
in de aula van de Universiteit  
op vrijdag 1 juni 2001 om 14.15 uur

door

Jean Petrus Theodorus Maria Gelissen,

geboren op 3 oktober 1972 te Ubach over Worms

Promotores: prof. dr. W.A. Arts  
prof. dr. R.J.A. Muffels

*for my parents*

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---

All is well that ends well...

About 5 years ago, after finishing my master-thesis, I was put in the luxurious position of being able to choose between a Ph.D.-student position at the Faculty of Social Sciences of Tilburg University or one at the Interuniversity Center for Social Science Theory and Methodology (ICS) at Utrecht University. At that time, I preferred the former. Now that I have finished my dissertation, I am working as a research fellow at the ICS in Utrecht and Nijmegen after all. So, in the end, all my ambitions have been satisfied.

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# 1 Introduction and Research Questions

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## 1.1 Introduction

The scope of public consent to welfare policies constitutes an important topic in the political and social scientific debate about the welfare state. In all Western democracies, the idea that the preferences of the majority - how vaguely these may be in practice - should have at least some bearing on actual policy developments has become self-evident (Taylor-Gooby, 1995, p. 11). Furthermore, all welfare states are confronted with severe challenges: the ageing population, family instability and the labour market consequences of globalization and technological change. These have led to the almost universal claim that the welfare state has become unsustainable and therefore incapable of satisfying expressed social needs (Esping-Andersen, 2000). These more recent challenges have led to considerable reforms of welfare state arrangements in mature as well as in immature welfare states. Consequently, against the background of these developments, critics of the welfare state have reconsidered the chances of survival and the adverse consequences of welfare state arrangements (see, for example, Zijderveld, 1999; Schmidt & Goodin, 1998). The question of the extent to which the general public is, in spite of this criticism, still committed to the solidary foundations of the welfare state has, since the 1970s, increasingly become the subject matter of empirical research (Coughlin, 1980; Wilensky, 1975; Papadakis & Bean, 1993; Svallfors, 1997; Kluegel & Miyano, 1995; Peillon, 1996; Taylor-Gooby, 1998). The study of popular commitment to welfare state solidarity has been particularly intensified in the wake of large-scale projects for the collection of survey data on opinions, values and attitudes. In general, it has become increasingly recognised that this fundamental knowledge is valuable, as these orientations may be essential in guiding human behaviour. However, as Svallfors states "we are now rich on data, while qualified analyses and interpretations lag considerably behind" (1995a, p. 7).

This study can be situated in the latter tradition of cross-national research on attitudes and opinions. Specifically, it is concerned with a description and explanation



of public attitudes towards welfare state solidarity and distributive justice in Western, Antipodean and South East Asian welfare states. In addition, this study investigates the relationship between public commitment to welfare state solidarity and fairness on the one hand, and the different welfare state regimes - as they have been conceived by Esping-Andersen (1990) and, later on, extended and amended by his critics - on the other. Citizens of different welfare states can be expected to be committed differently to welfare state solidarity and to differ in their choices of justice principles. One of the main objectives is therefore to investigate the extent to which the level of public commitment to welfare state solidarity and fairness are related to the institutional context that constitutes the welfare state of a country. Svallfors (1995b, pp. 118-119) argues that "in trying to explain national differences in attitudes a focus on institutions can be very fruitful". According to him, "comparative research has shown that institutions have a substantial impact on things such as the income distribution, the standard of living, social mobility, and voting behaviour. What comparative attitude research should aim at is to study variations and similarities in attitudes across national contexts, and explain, or at least interpret, these as the outcome of institutional arrangements. The attitudes we may register in our surveys are, at best, today's traces of yesterday's history. They are remnants of historical processes that have been structured by national institutions. National differences in attitudes could be explained as the outcome of the lived experience and interpretations of national institution". One of the main objectives is therefore to answer Svallfors' call, and to investigate the ways in which welfare state arrangements may matter for people's commitment to welfare state solidarity and distributive justice.

Moreover, not only, as we have stated above, will citizens of different welfare states show different levels of commitment to welfare state solidarity, but also, within welfare states, these attitudes will differ among social groups. The first objective of this study is to examine the determinants of people's commitment to welfare state solidarity and their choices of justice principles. This study not only investigates whether or not these variations reflect differences in institutional context created by differing welfare state arrangements, but also whether or not they reflect individual differences. In particular, we investigate the relevance of self-interest and ideology for people's commitment to welfare solidarity and fairness. All studies on this topic have shown that people in different social locations and with differing socio-political orientations are indeed committed differently to welfare state solidarity and that they have different preferences with respect to justice principles, (see, for example, Papadakis, 1993; Svallfors, 1997; Kluegel & Miyano, 1995).

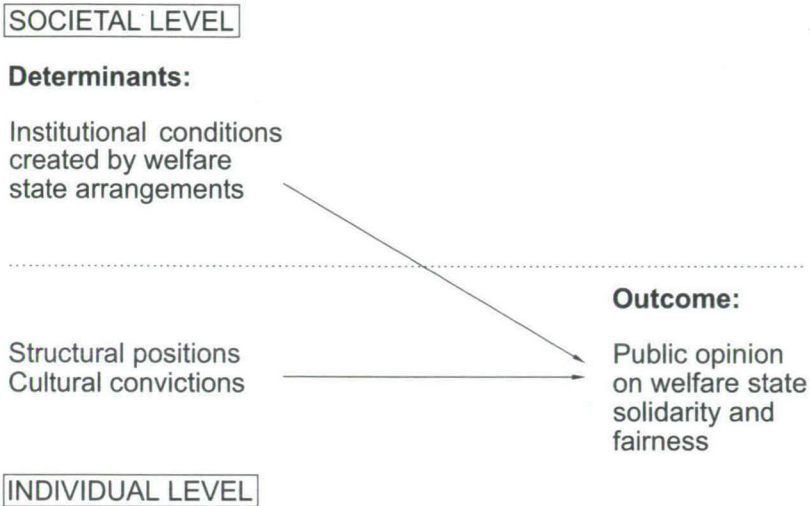
## 1.2 Research questions

The central problematic dealt with in this study concerns the following questions: To what extent are citizens of different welfare states and with different social characteristics committed differently to welfare state solidarity and certain principles of social justice; how can these differences be explained. More specifically, five research questions have been formulated. The first one addresses the discussion on the variety in and clustering of welfare state arrangements at the national level. The remaining four research questions consist of two parts. The first part addresses how and why there may be differences among welfare state regimes in their population's endorsement of welfare state solidarity and particular justice principles. The second part raises the question of how and why individuals may differ in their commitment to welfare state solidarity and distributive justice.

With respect to the differences among welfare states, and specifically among welfare state regimes, it has been proposed that public attitudes will tend to reflect varying traditions of characteristic welfare governance. This proposition is based on the assumption that these welfare state regimes each have been influenced by different historical circumstances, political frameworks and social values (Taylor-Gooby, 1995).

According to Ullrich (2000), this is one of the more promising lines of research to explain national consensus and national particularity. However, thus far, only a limited number of studies have systematically investigated, with varying results, the impact of welfare state arrangements on people's commitment to welfare state solidarity, apart from their individual-level determinants (Svallfors, 1997; Gundelach, 1994; Papadakis & Bean, 1993; Mau, 1997). This study is also focused on assessing the impact of both individual-level (social characteristics and socio-political beliefs) and group-level variables (type of welfare state regime and structural characteristics of the national health and pension system) on an outcome at the individual level, namely people's commitment to welfare state solidarity and distributive justice. An important contribution of this study to previous such research is that explicit propositions concerning the impact of the institutional context are formulated and specific information on group membership is included into the analytical framework. Essentially, attitudes are related to aspects of the social context and to indicators of location in the social structure and of socio-political beliefs. In Figure 1.1, we present the structure of explanation which is followed in this study.

As far as the relevance of societal institutions is concerned, we examine the extent to which the institutional conditions created by welfare state arrangements have an impact on people's commitment to welfare state solidarity and their choices of justice principles. Here, the point of departure is Esping-Andersen's well-known classification of welfare states into liberal, conservative and social-democratic regime-types (Esping-Andersen, 1990). These three ideal-typical worlds of welfare capitalism constitute



**Figure 1.1:** The structure of contextual explanation.

different models of welfare provision. However, this study will not be limited to welfare states which can be placed under these headings. Esping-Andersen's classification of welfare states has not only been applauded, but it has also been heavily criticised, which has resulted in important extensions of his original classification. Basically, his critics argue that more than just three types of welfare provision exist in the real world, and that classifications of welfare states should also take these alternative modes into account. Depending on the data available, we will investigate the extent to which these different styles of welfare provision relate to people's attitudes towards welfare state solidarity and distributive justice.

However, real welfare states are only empirical approximations of ideal-typical constructs. Therefore, they may have limited relevance with respect to better understanding people's commitment to welfare state solidarity and fairness. Structural aspects of specific sectors of the national system of social protection may show a stronger association with attitudes towards welfare solidarity, as these particular institutional arrangements relate more concretely to the acceptance of specific styles of welfare provision (Ullrich, 2000). Therefore, not only the contextual effect of belonging to a certain type of welfare state regime is investigated here, but also the extent to which structural characteristics of specific sectors of the national system of social protection relate to people's commitment to welfare state solidarity. For example, we examine the extent to which people's endorsement of particular national

(health) care systems is dependent on structural characteristics of these systems.

The contextual approach which we follow in this study requires both the examination of these differences and similarities across welfare states, but also within welfare states. As Figure 1.1 illustrates, the extent to which individuals are supportive of their welfare system and prefer certain principles of justice are seen as the result of their location in the social structure and their socio-political beliefs, controlling for contextual effects.

### 1.2.1 *Worlds of welfare capitalism*

In the last decades, interest in comparing the welfare states of modern societies has grown fast. To grasp the differences and similarities which exist among the welfare state arrangements of different countries, the use of theoretical models has become both a widely accepted, and sometimes strongly disputed activity (see, for example, Baldwin, 1996). Goodin et al. (1999, p. 37) argue in favour of the classification endeavour of welfare states, saying that the institutions of the welfare state are the result of many political tugs-of-war over a long period of time. As they point out, in the course of all this bickering over the design and redesign of these institutions, however, patterns have emerged and clusters have been formed. To some extent, the characteristics of welfare states within these clusters reflect certain intentions, ideas and values. This is partially because there are only a limited number of ways of pursuing any given social objective. Those who are - from a policy-making perspective - involved in the shaping and reshaping of institutional arrangements, will in particular cling to old intellectual routines to further serve their intentions and principles. Moreover, these routines are real in the sense that there is, to some extent, an internal 'regime logic' that dictates what institutional options can fit together coherently and work together well.

This idea that qualitatively different regime logics have crystallised in real welfare states has gained momentum since the appearance of Esping-Andersen's groundbreaking book *The Three Worlds of Welfare Capitalism* (1990). In this book, Esping-Andersen combines Marshall's (1950) definition of social citizenship with Titmuss's (1958; 1974) classification of three different principles for the organization of welfare provision: residual, industrial-achievement and institutional-redistributive welfare state models. By distinguishing qualitatively different ways of welfare provision, Esping-Andersen aims to exemplify how specific constellations of political power have led to the development of historically different welfare state regimes. For this purpose he relates social citizenship and welfare (Boje, 1996, p. 19). Esping-Andersen defines social citizenship by the number of social rights attributed to individuals in the welfare state or by their ability to maintain a livelihood in the society without reliance on the market-level of de-commodification. He argues that, as we examine international

variations in the substance of social citizenship and welfare state stratification, we find qualitatively different arrangements among the state, the market and the family. These cluster into a liberal, conservative and social-democratic regime-type (Esping-Andersen, 1990, pp. 22 & 26), which are influenced by their historical roots, political systems and social values.

It is not surprising that Esping-Andersen's claim of 'three worlds of welfare capitalism' has been contested by other students of the welfare state. Although his effort was much acclaimed, a great many alternative endeavours have been undertaken to categorise real welfare states into different welfare state regimes. Although the basic division into 'liberal'/'social-democratic'/'conservative' has, by now, become customary, opinions differ about whether these three regime-types are sufficient to classify welfare states which were not included in Esping-Andersen's original account. In addition, as the act of typologising is a matter of deciding that some features are important in a certain respect and others not (cf. Baldwin, 1996), dispute has arisen about the proper classification of real welfare states. In the end, the explanatory value of Esping-Andersen's typology was questioned. The first research question relates to the discussion concerning the robustness of the Esping-Andersenian working typology. It reads as follows:

*1. Are there families of real welfare states or are all welfare states rather unique specimens? If the former is the case, are there three or more ideal-typical worlds of welfare capitalism?*

To answer this question, we first review Esping-Andersen's original classification; we then consider the various criticisms which have been levied against the typological approach, in general, and the theoretical underpinnings of Esping-Andersen's typology, in particular. In addition, we offer a survey of welfare state classifications which have been proposed to extend and amend Esping-Andersen's original classification. We also offer a compilation of real welfare states and their classification according to the various typologies. Finally, we also discuss the various attempts which have been undertaken to test the goodness-of-fit of Esping-Andersen's classification.

### *1.2.2 Popular support for the welfare state*

The second research question asks whether or not public opinion towards the welfare state tends to reflect the distinctive corporatist, social-democratic and liberal-leaning frameworks that are supposed to characterise the governance of different European welfare states. Roller (1992) has argued that attitudes towards government intervention in the area of social policy can be divided along three dimensions, which refer to the goals, means, and outcomes of government intervention to achieve socio-economic

security and justice. The second research question is limited to the public's preferences with respect to the goal-dimensions of government intervention. Roller divides this into extensiveness (whether individuals actually hold the state responsible for the provision of social protection) and intensity (the degree to which government should intervene in a certain area of social protection). Both kinds of preferences are put under the general heading of the public's preference for institutionalised solidarity, as welfare state solidarity is achieved here by means of state intervention. Apart from an examination of the extent to which the different styles of government intervention are echoed in public opinion, several contextual factors are thought to affect the level of support for institutionalised solidarity: the level of social protection, income inequality and tax policies. The research question is as follows:

*2. To what extent do citizens of different welfare states support institutionalised solidarity? To what extent can differences among individuals and societies in this support be explained by differences among welfare state regimes, social protection level, income inequality, and tax regime, and, at the individual level, by social position and socio-political beliefs?*

To answer this question, people's preferences for an extensive and intensive welfare state are compared among France, Belgium, The Netherlands, Denmark, West Germany, Ireland, Great Britain, Italy, Spain, Portugal, and Greece. Using the technique of multilevel-analysis, we estimate the effects of belonging to a certain welfare state regime. The effects of welfare effort, income inequality, and tax regime are also estimated. In addition, we estimate the effects of an individual's social position and his or her socio-political beliefs, as these characteristics can be expected to explain within-country variations in levels of support.

In previous research, cross-national variations and similarities in public commitment to the welfare state have been studied extensively (see, for example Svallfors, 1997; Taylor-Gooby, 1995; Papadakis & Bean, 1993). However, most studies are restricted to an analysis of one or only a few countries. Moreover, they usually do not explicitly include contextual conditions alongside of individual social characteristics in their analytical framework, although the impact of welfare state arrangements is often emphasised. Consequently, this presumed association has not really been empirically established (however, see Svallfors, 1997; Roller, 1995). One major contribution of this study is that it extends the previous research on popular commitment to the welfare state, in the sense that it analyses a relatively large number of countries simultaneously, while adding comparative measures of contextual and individual characteristics. In this way, we estimate the impact of each type of welfare state regime, welfare state effort, income inequality and the tax-regime on people's preferences for an extensive or intensive welfare state in 11 countries in 1992, controlling for the effects of individual-level characteristics.

### 1.2.3 *Notions of solidarity and choices of justice principles*

The third research question is concerned with the problem of whether or not classifications of welfare states matters for people's notions of solidarity and their choices of justice principles. This research question is an extension of the previous research question. Specifically, we investigate, first of all, people's notions of solidarity in terms of the preferred broadness of government intervention to provide social protection which are intended to benefit citizens. Secondly, we examine the cross-national differences in preferences for the equality, need, and equity principle of distributive justice (Deutsch, 1975). But why focus on these two dimensions? As Goodin et al. (1999, pp. 22-23) argue, welfare states can, to a certain extent, be ranked on the basis of certain "external standards of assessment" such as the promotion of economic efficiency, social equality, social integration and stability, autonomy, and the reduction of poverty. These values have - in one way or another and to a greater or lesser extent - traditionally been served by various welfare state arrangements. Moreover, they emphasise that a broad consensus exists concerning these moral values across all welfare regimes. These values are the moral embodiments through which all welfare state regimes, of whatever type, are legitimised by their citizens. This broad consensus indicates that in the pursuit of these values certain similarities among welfare states may exist. However, the fact that welfare states quite often substantially differ in the allocation and distribution of welfare is a consequence of differences among them concerning which particular egalitarian justice principles they emphasise and which specific notions of solidarity they embrace. Variations in both the level of support for government responsibility in guaranteeing certain social rights and preferences for certain justice principles will be related to the type of welfare state regime a country's welfare state belongs to. In this way, we investigate whether certain moral underpinnings of welfare state regimes are echoed in the public's attitudes. The research question is as follows:

*3. To what extent do citizens of different welfare states have different notions of solidarity and do they choose different justice principles? To what extent can differences among individuals and societies in these notions and choices be explained by differences among welfare state regimes, social position and socio-political beliefs?*

We compare popular notions of solidarity and choices of justice principles among Canada, the United States, Great Britain, Ireland, France, West Germany, Denmark, Norway, Sweden, Austria, Belgium, The Netherlands, Greece, Portugal, Spain, Italy, Australia, New Zealand, Japan and The Philippines. After classifying these welfare states into liberal, conservative, social-democratic, Mediterranean, Radical or East-Asian Communitarian, the explanatory value of this welfare state typology is assessed.

Moreover, we also estimate the effects an individual's social position and his or her socio-political beliefs.

As far as the explanation of cross-national differences in people's notions of solidarity are concerned, we mainly follow Taylor-Gooby (1998) and Kluegel and Miyano (1995). These studies compared people's notions of solidarity in terms of their consent to government responsibility for different aspects of welfare provision. In both studies, only a limited number of countries could be compared, as data on public attitudes towards government intervention were not available for all welfare states. Specifically, Taylor-Gooby (1985) only compared attitudes among West Germany, Great Britain, Italy and Sweden. Based on this limited number of countries, Taylor-Gooby concluded that "public attitudes, though in some respects still distinctively 'national', seem obstinately to resist conforming to the dominant policy themes of the welfare states they inhabit". Kluegel and Miyano (1995) compared public support for government intervention to reduce inequalities and the effects of justice beliefs on the endorsement of government intervention among Great Britain, Japan, West Germany, The Netherlands, and the United States. They found that Japan is characterised by a especially high level of support and the United States, as is also found in other studies (for example Papadakis & Bean, 1993; Svallfors, 1997) by an especially low level of support.

One major contribution of our approach is the replication and extension of previous research by Taylor-Gooby (1998), Svallfors (1997), and Papadakis and Bean (1993). This is a replication in the sense that the type of welfare state regime is explicitly included to assess the explanatory power of the regime-typology for people's notions of solidarity and their choices of justice principles. It is an extension in the sense that this study includes significantly more countries. It enables us, firstly, to include more different welfare state regimes than the original tripartite classification by Esping-Andersen (1990), and secondly, to take into account that, also *within* welfare state regimes, significant variation may exist among welfare states in the public's consent to government intervention. Moreover, this study contributes to the literature about the relationship between welfare state arrangements and public attitudes by investigating whether particular egalitarian justice principles, emphasised by welfare state regimes, are reflected in the preferences of citizens for certain justice principles.

#### 1.2.4 *Public support for health care systems*

The latter two research questions relate to the public's general commitment to the welfare state, encompassing the whole gamut of welfare provisions. However, findings may differ when attitudes towards specific policy areas are considered. Here, we have chosen to examine more closely attitudes towards two policy areas which lie at the heart of welfare states everywhere: the provision of health care and old-age pensions.



The following two research questions deal with the cross-national variations in public support for government provision of these two policy areas.

The fourth research question is concerned with the explanation of cross-national variations in levels of public support for national health care systems. This will be done by studying the effects of the type of welfare state regime to which welfare states considered can be assigned, the structural characteristics of the national health care systems, and the individual social and demographic characteristics. The research question is formulated as follows:

*4. To what extent are citizens of different welfare states supportive of their health care systems? To what extent can differences among individuals and societies in their commitment to national health care systems be explained by differences among welfare state regimes, structural characteristics of the health care systems, social position and socio-political beliefs?*

To answer this question, the 1996-level of public support for the national health care systems is compared among Denmark, West Germany, Greece, Italy, Spain, France, Ireland, The Netherlands, Portugal, Great Britain, Finland, Sweden, and Austria.

Only a limited number of studies have examined public attitudes towards health care and their relationships to institutional characteristics of welfare states (Pescosolido, Boyer, & Tsui, 1985; Ardigó, 1995; Elola, 1996). Pescosolido et al. (1985) found that evaluations of welfare policies in health varied across 8 countries with patterned differences between welfare laggards and welfare leaders. Ardigó (1995) found that citizens of seven European countries and the United States considered good medical care 'very important' and its provision an 'essential' responsibility of the government. He also showed that the way health care services are financed affects the degree of responsibility attributed to the government for providing good medical care. Finally, Elola (1996) found that public satisfaction with the health care system is lower in countries with a National Health System, than in countries with social security based health systems.

The analyses in this study follow the lead of these previous studies, but extend them in significant ways. For one thing, more countries are included. This enables us to assess whether a relationship exists between the amount of emphasis placed on universality and collective responsibility in the institutional arrangements of a specific type of welfare state regime and the level of support for the national health care system. Moreover, this study adds to previous research by examining the impact of several structural characteristics of the national care system while, at the same time, controlling for individual-level social characteristics.

### 1.2.5 Responsibility for old-age pensions

The fifth and final research question tackles the explanation of variations in public consent to government intervention in another social policy area: old-age pensions. Research on cross-national variations in attitudes about old-age pensions is relatively scarce. The informed studies that do exist are mainly descriptive. In a survey of elite opinion on retirement pensions in Denmark, France, Germany, Greece, The Netherlands, and the United Kingdom, George and Taylor-Gooby (1996) found only a few variations in opinions, which neither fell into any pattern nor correlated with pension typologies. Walker and Maltby (1997) and Walker (1993) presented an overview of the opinions of EU-citizens concerning intergenerational relationships, pensions and living standards of the elderly, employment and older workers and health and social care for the elderly. Among these many issues, one of their more notable findings was that the pension contract (i.e. those working accept the responsibility of financially contributing to the provision of pensions for the elderly), - often seen as the basic expression of intergenerational solidarity between those in employment and older people - is in good health. Consensus on this topic is found everywhere. However, Walker and Maltby (1997, pp. 53-59) also found that most national pensions systems do not succeed in providing pensions which are evaluated as adequate by their beneficiaries. Eventually, this raises the question of how pensions should be financed and who should be responsible for the provision of pensions.

In this study, we focus on the latter two issues. We will examine the extent of differences and similarities in public attitudes about the provision of old-age pensions. Specifically, we expect that several contextual factors affect popular views concerning the responsibilities for the provision of pensions: the type of welfare state regime and the features of the national pension systems. We also assess the effects of individual level social characteristics. In other words, the final research question is stated as follows:

*5. To what extent do citizens of different welfare states endorse different ways of providing old-age pensions? To what extent can differences among individuals and societies in these preferences be explained by differences among welfare state regimes, structural characteristics of the national pension system, social position and socio-political beliefs?*

To answer this question, people's views on who should be responsible for the provision of pensions are compared in 1992 and 1996 among France, Belgium, The Netherlands, West Germany, Italy, Denmark, Ireland, United Kingdom, Greece, Spain, Portugal, Finland, Sweden and Austria. We estimate the impact of welfare state regimes on public attitudes concerning the responsibility for pensions. In addition, we estimate effects of structural characteristics of the national pension systems. Finally,

controlling for country-differences, the effects of social characteristics of individuals are assessed.

In our analyses, we explicitly focus on the collectivist and market selectivist features which can be distinguished in different welfare state regimes. According to Esping-Andersen (1990, p. 80), these features are especially important where old-age pensions are concerned. This is because pensions constitute “a central link between individualism and solidarity”. The impact of the regime-classification on public attitudes is tested against the impact of characteristics of the national pension system. Again, the approach taken in this study will augment previous research by comparing a relatively large number of countries, and in particular by simultaneously including contextual conditions and individual level social characteristics. In this way, we try to achieve a better understanding of the foundations of public attitudes concerning the responsibility for the provision of pensions.

### 1.3 Data

As we noted in Section 1.1 comparative research on values, attitudes and opinions has become rich in data during the last two decades. The most important data-sets for comparative purposes now come from projects such as the *International Social Survey Project*, the *European/World Values Study*, the *International Social Justice Project* and the *Eurobarometer Survey Series*. The contextual nature of our study calls for data which consist of two levels of units - hierarchically arranged - where individuals are the primary or micro-level units and a grouping of the individuals constitutes the second macro-level (Ringdal, 1992, p. 235 ). All data-sets used in this study meet this requirement; they are hierarchically structured as opinions of citizens within countries. In this study we draw on data from the International Social Survey Program, the Eurobarometer survey series and the European Values Study. In the following, we offer a short description of these cross-national survey-projects.

#### 1.3.1 *International Social Survey Program*

The International Social Survey Program (ISSP) is an ongoing, annual programme of cross-national collaboration, in which the collaborating organizations jointly develop topical modules dealing with important areas of social science. These modules are fielded as fifteen-minute supplements to the regular national surveys (or a special survey if necessary) and include extensive common cores of background variables. Since 1984, the ISSP has grown to include 31 nations, the founding four - Germany, the United States, Great Britain, and Australia - plus Austria, Italy, Ireland, Hungary, The Netherlands, Israel, Norway, the Philippines, New Zealand, Russia, Japan, Bulgaria, Canada, the Czech Republic, Slovenia, Poland, Sweden, Spain, Cyprus,

France, Portugal, Slovakia, Latvia, Chile, Bangladesh, Denmark and South Africa. In addition, East Germany was added to the German sample upon reunification. The ISSP researchers concentrate in particular on developing questions that are 1) meaningful and relevant to all countries and 2) can be expressed in an equivalent manner in all relevant languages. The questionnaire is firstly drafted in British English and then translated into other languages using standard back translation procedures. In this study, we use the 1996 module on the role of government which covered attitudes towards a) civil liberties, b) education and parenting, c) welfare and social equality and d) the economy (for more detailed information about the ISSP, see <http://www.issp.org>).

### *1.3.2 Eurobarometer survey series*

The Eurobarometer survey series is a programme of cross-national and cross-temporal comparative research, which is designed to provide regular monitoring of the social and political attitudes of the public in the European Union. The Eurobarometer public opinion surveys have been conducted on behalf of the European Commission since the early 1970s. Currently, the target-population for sampling includes the population of any EU member country, aged 15 years and over, resident in any of the Member States. The regular sample size in standard Eurobarometer surveys is 1000 respondents per country except the United Kingdom (N=1000 in Great Britain and N=300 in Northern Ireland). Since 1995, the survey series have covered all European Union Member countries: France, Belgium, The Netherlands, West Germany, East Germany, Italy, Luxembourg, Denmark, Ireland, Great Britain, Northern Ireland, Greece, Spain, Portugal, Finland, Sweden and Austria. In all Member States, fieldwork is conducted on the basis of equivalent basic bilingual (French and English) questionnaires which are translated into the other languages. The basic sampling design in all Member States is a multi-stage, random probability one, and selected respondents are interviewed face-to-face in their homes. In this study, we use data from Eurobarometer 37.1 (conducted in April and May, 1992), 44.0 (conducted in October and November, 1995) and 44.3 (conducted in February and April, 1996). These include questions to measure the public's general endorsement of the welfare state (Eurobarometer 37.1), preferences regarding the provision of pensions (Eurobarometer 37.1 and 44.0) and support for the national health care system (Eurobarometer 44.3). See Saris and Kaase (1997) for more information. Information about the Eurobarometer survey series is also available at <http://europa.eu.int/comm/dg10/epo/>.

### 1.3.3 *European Values Study*

The European Values Study is a large-scale, cross-national and longitudinal survey research programme on basic human values, initiated by the European Value Systems Study Group (EVSSG) in the late 1970s. The major aim of the EVS is to design and conduct an empirical study of the moral and social values underlying European social and political institutions and governing conduct. Two waves were fielded in 26 countries in 1981 and in 1990. Here, we will use data from the most recent third wave during which the fieldwork was conducted in 1999 or 2000 throughout Europe. Each national survey consisted of a large representative sample of citizens aged 18 or over. The observational method used was face-to-face interviews based on largely standardised questionnaires. The current research population consists of the following 34 countries which participated in the EVS 1999: Austria, Belarus, Belgium, Bulgaria, Canada, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, The Netherlands, Poland, Portugal, Romania, Russia, Slovak Republic, Slovenia, Spain, Sweden, Turkey, Ukraine, United Kingdom and the USA. The 1999-survey, used in this study, included, for the first time, questions about people's preferences for certain justice principles (for more information about the European Values Study, see the EVS-homepage at [http://cwis.kub.nl/fsw\\_2/evs/index.htm](http://cwis.kub.nl/fsw_2/evs/index.htm)).

## 1.4 **Scope and limitations of this study**

The present study is among the first to systematically investigate the ways in which the specifics of welfare state regimes might affect public commitment to welfare state solidarity and distributive justice. Moreover, this study examines the ways in which other contextual factors such as welfare state effort, methods of financing the welfare state, income inequality and structural characteristics of the national pension and health care system are associated with these public attitudes. However, the comparative and contextual approach which we use in this study raises some important methodological issues which we will discuss in the following sections. In particular, these issues relate to 1) the cross-national comparability of attitudes and opinions, 2) the selection of countries for analysis and 3) the problem of estimating statistical contextual-effects models based on small sample sizes.

### 1.4.1 *Cross-national comparability of attitudes*

An important guideline in cross-national research on values, attitudes and opinions is that scores on a scale can be compared across populations only when their equivalence has been established (van de Vijver and Leung, 1997). In studies on public attitudes

about the welfare state, surprisingly little attention is paid to this issue, although several students of public opinion have underscored the importance of establishing equivalence of scales (see, for example Kangas, 1997; Svallfors, 1997; 1999). This is partly because, often, only single-item instruments are available to indicate consent to a specific social policy aspect. This makes the construction of multi-item scales and, consequently, the empirical testing of equivalence of scales across populations nearly impossible. Often, the researcher simply has to trust that the cross-national questionnaire was designed meticulously and that it takes into account different meanings and connotations of various concepts. Therefore, equivalence is only implicitly assumed.

However, if we follow the guideline given by van de Vijver and Leung (1997), the latter approach is highly unsatisfactory. It does not establish equivalence of measures empirically. In this study, we will - depending on the available data - follow this guideline and test the equivalence of scales across populations. To achieve this, we apply Confirmatory Factor Analysis (CFA) in several instances. In order to make valid cross-national comparisons, it is necessary to demonstrate that the manifest variables (the items used) are similarly related to the same latent belief, attitude or value in the countries being studied (Pettersson, 1995). Within the framework of CFA models, two important hypotheses can be tested (Halman & Moor, 1993): First of all, the hypothesis that the same structure applies (i.e. only the same manifest variables are related to the same belief, attitude or value) and, secondly, the hypothesis of invariance of factor loading paths. This expresses the strength of the relations between the manifest variables and the latent belief, value or attitude<sup>1</sup>. Using this approach, we extend previous research on public endorsement of the welfare state, as we try to establish empirically cross-national comparability of concepts whenever possible, instead of simply assuming that they are comparable.

#### *1.4.2 Selection of countries for analysis*

The primary objective of this study is to assess the extent to which different welfare regimes relate to the public's commitment to welfare state solidarity and distributive justice. Therefore, the choice of countries to study - and consequently the comparisons we made - were mainly dictated by Esping-Andersen's typology and its later extensions. Apart from that, the choice of countries was largely opportunistic and data-driven. For example, cross-national surveys such as the Eurobarometer-survey series are necessarily restricted to the member states of the European Union, making it possible to compare, at most, 15 countries. Although these data contain interesting measures

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<sup>1</sup>Other hypotheses might ask for the testing of invariance of error variances/covariances across groups. Except for particular instances when such a test might be useful, it is widely accepted that it is overly restrictive (Byrne, 1998, p. 261).

of public attitudes towards aspects of the welfare state, important comparisons with other countries, such as the United States, could not be made due to the scope of data collection. This means that conclusions reached by comparative analyses are very much dependent on the countries considered, which necessitates careful interpretation of the results.

The most important criterion for including a country was that it could be classified according to an extended, senary version of Esping-Andersen's typology of welfare states. However, the comparison of only six countries - one for each regime type - would be highly unsatisfactory because differences will always exist among different countries (cf. Svallfors, 1997, p. 286). Therefore, we aimed at including at least two countries for each regime type. The availability of relevant attitudinal data forced us, at times, to include borderline cases - for example The Netherlands or Great Britain - which are not that easy to classify. This makes the interpretation of results more difficult. However, if one uses a typology, hybrid cases will irrevocably emerge. No specific case can ever perfectly embody a particular ideal type (Goodin et al., 1999, p. 56). By omitting countries simply because they cannot be classified beforehand, the researcher is not able to understand the peculiarities of these specific cases. Eventually, if we accept that there are limits to the empirical power of discernment of classifications, inclusion of borderline cases is warranted, but should be done with caution.

In addition, countries were selected on the basis that similar and equal numbers of indicators (items) be available to construct the dependent variables which measure people's attitudes about welfare state solidarity and their choices of justice principles. Therefore, we strove for a similar basic construction of the dependent variables in order to assess the cross-national comparability of the constructs.

#### *1.4.3 Contextual-effects models and the small N Problem*

In this study, we use contextual-effects models, which generally can be defined as "an effort to explain individual-level dependent variables using combinations of individual and group-level independent variables" (Blalock, 1984). A general characteristic of these models is that they allow for the impact of macro-level characteristics on an individual actor, controlling for the impact of individual-level social characteristics. In this study, both individuals and countries are the units of analysis. In the latter case, where the line of approach is the comparison of attitudes among countries and the assessment of the impact of the institutional and structural context, this study analyses significantly more countries than were included in previous investigations. However, as has been clarified above, the study is still limited by the number of countries which can be used to test the relevance of the Esping-Andersenian classification for the explanation of public attitudes, and of other contextual determinants. Therefore, we

must take into account what is commonly known as 'the small N problem'.

As Goldthorpe (2000, p. 49) explains, the small N problem occurs whenever countries or other macrosocial entities are taken as the units of analysis. In those instances, the number available for study is likely to be quite limited. When individuals are the units, populations can be sampled which give Ns of several hundreds or thousands. However, when countries are the units N, in the most ideal case, cannot rise much above one hundred, even if all available cases are taken. Often, there are far fewer available cases. Goldthorpe further points out that in applying techniques of multivariate analysis, serious difficulties then tend to be encountered when the sample size at the macro-level is not much greater than the total number of variables involved. Statistically, this means that there are too few degrees of freedom, that models become 'overdetermined', that intercorrelations among independent variables cannot be adequately dealt with and that results may not be robust. Substantively, it means that competing explanations of the dependent variable may not be open to any decisive evaluation. As Goldthorpe (2000, p. 52) correctly argues, this is essentially not a problem of the method used, but "a problem of insufficient information relative to the complexity of the macrosociological questions that we seek to address". Eventually, both a qualitative and a quantitative approach may suffer from the small N problem. As we mentioned in Section 1.4.2, the number of countries included in this study is generally larger than in previous studies. However, given the scope of welfare state typologies and the available survey-data, the number of countries to be analysed is still relatively limited. Therefore, it is necessary to evaluate the consequences which the small N problem might have for this study.

In this study, we use a statistical modelling-approach. Two techniques of multivariate analysis will be used to assess the impact of regime-types, structural characteristics of the national care and pension system and individual-level social characteristics. In most analyses, a random coefficient model, the most general type of a hierarchical linear or multilevel model (Bryk & Raudenbusch, 1992; Snijders & Bosker, 1999), will be estimated. According to Snijders and Bosker (1999, p. 43), the random coefficient model should be used if the groups are regarded as a sample from a (real or hypothetical) population and the researcher wishes to draw conclusions pertaining to this population, or if the researcher wishes to test effects of group-level variables. The advantage of using these models is that it explicitly takes into account the clustered structure of the data. Specifically, these models enable us to estimate the effects of contextual variables on people's commitment to welfare state solidarity, controlling for effects of individual-level characteristics. The advantage, compared to an Ordinary Least Squares (OLS) regression approach - in which effects of contextual variables are estimated by disaggregating these contextual variables to the individual level - is that the sample size at the contextual level is not exaggerated. As Snijders and Bosker (1999, p. 15-16) point out, in the study of between-group differences, disaggregation



often leads to a serious risk of committing type I errors (asserting on the basis of the observations that there is an effect, whereas in the population there is no such effect). Because the country-level part of the model takes into account the correct number of observations (i.e. countries), the probability of committing a type I error is significantly reduced<sup>2</sup>. Another advantage of these models is that explained variances can be calculated separately for both the individual and the contextual-level. This makes it possible to assess the explanatory value of contextual factors, apart from the explanatory value of individual-level characteristics.

The random coefficient model is used in cases where the dependent variable can be seen as continuous. However, when the dependent variable is categorical, we use the multinomial logit model to assess the impact of individual and contextual-level explanatory variables. In these models, contextual factors are disaggregated to the individual-level. As we discussed above, this approach leads to the problem that the sample size of contextual factors is dramatically exaggerated. It is therefore necessary to realise that the data are clustered by countries. Therefore, we specify that the observations are independent across groups (clusters), but not necessarily within groups. This procedure affects the estimated standard errors, but not the estimated coefficients. This significantly reduces the probability of committing a type I error in the evaluation of contextual-level effects.

## 1.5 Outline of the book

Chapters 2 through 6 present the results of this study. The research questions formulated in Section 1.2 are dealt with in these five chapters. Each chapter addresses one of the research questions. The chapters are written as separate articles, of which Chapters 2, 3, 5 and 6 have been previously published, and Chapter 4 has been submitted to an international journal for publication :

- Chapter 2 is an extended version of an article which was published in *Mens & Maatschappij* (Arts & Gelissen, 1999a). The augmented version of this chapter has been submitted for publication to an international journal.
- Chapter 3 is an extended version of an article published in the *International Journal of Social Welfare* (Gelissen, 2000b). An earlier version, in Dutch, was published in *Sociale Wetenschappen* (Gelissen, 1999).
- Chapter 5 appeared as an article published in the *International Journal of Social Welfare* (Gevers, Gelissen, Arts, & Muffels, 2000).

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<sup>2</sup>Of course, committing a type II error (asserting on the basis of the observations that there is no effect, whereas in the population a relationship exists) also becomes more likely.

- Chapter 6 is the revised version of an article published in *Mens & Maatschappij* (Gelissen, 2000a). The version of this chapter has also been submitted for publication to an international journal.

There is an advantage and a disadvantage to presenting the results as separate articles. The advantage is that each chapter can stand on its own. The disadvantage is that there may be some overlap among the articles.

Chapter 2 starts with a review of the literature regarding Esping-Andersen's typology of welfare states and its modified versions. Here, the focus is especially on his critics' extended and amended classifications of welfare states; this in order to cope with the alleged shortcomings which have been identified in his seminal work. This approach sets the scene for the following chapters that empirically address the question: To what extent are public commitment to welfare state solidarity and preferences for justice principles systematically structured by distinctive welfare state regimes?

Chapter 3 addresses variations among welfare state regimes and social categories as far as public endorsement of the welfare state is concerned (research question 2). To answer this research question, data from Eurobarometer 37.1, 1992, are analysed.

Chapter 4 elaborates on Chapter 3 by investigating not only the extent to which people from different welfare states are committed to welfare state solidarity, but also whether the type of welfare state regime people live under actually matters for their choices of justice principles (research question 3). For this purpose, data are analysed from the 1996 module of the International Social Survey Program (ISSP) on the Role of Government, and from the European Values Study 1999.

In Chapters 5 and 6 attention is shifted from the more general level of public commitment to welfare state solidarity to public support for two more concrete areas at the heart of most welfare states. These are the provision of health care and old-age pensions. Specifically, Chapter 5 deals with the explanation of citizens' preferences for solidary health care arrangements, by relating them to the specific welfare state regime they live under, structural characteristics of the health care system and differences among social categories. To this end, data from Eurobarometer survey 44.3, conducted in 1996, are analysed. Chapter 6 examines the association between the public's commitment to state provision of old-age pensions on the one hand, and their belonging to a specific welfare state regime on the other. Structural characteristics of national pension systems and individual social characteristics are also taken into account. For that purpose, data from Eurobarometer 37.1, which was conducted in 1992, and from Eurobarometer 44.0, for which data were collected in 1995, are analysed.

Chapter 7 evaluates the answers to the specific research questions obtained in this study and combines its findings. Finally, it also discusses the scientific and societal

relevance of the findings of this study, as well as the prospects for future research in the field of public commitment to welfare state solidarity.

## 2 Three Worlds of Welfare Capitalism or more? In Search of Ideal Types and Real Forms

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**Abstract.** In this chapter we give an overview of the literature regarding Esping-Andersen's typology of welfare states and modified versions of it. We especially focus on classifications which have been developed by Esping-Andersen's critics in order to cope with the following alleged shortcomings which have been identified in his work: (1) The misspecification of the Mediterranean welfare states as immature Continental ones, (2) the labelling of the Antipodean welfare states as belonging to the 'liberal' regime type, (3) a neglect of the gender-dimension in social policy, and (4) a misconception about the position of East-Asian welfare states, in particular Japan. We reconstruct several typologies of welfare states in order to establish, first, whether real welfare states are quite similar to others or whether they are rather unique specimens and, second, whether there are three ideal-typical worlds of welfare capitalism or more. We come to the conclusion that real welfare states belong to specific types and that the number of ideal-typical welfare states is rather five or even six, instead of the original three identified by Esping-Andersen.

### 2.1 Introduction

For a long time, it was customary for social scientists to let the history of the welfare state start at a particular point in space and time: Great-Britain in the early 1940's. They considered Beveridge, the author of the ground-breaking British committee report on social insurance and allied services (1942), not only to be the *auctor intellectualis* and chief architect of the British welfare state, but also of the welfare state as a societal type *sui generis*. The main proposals incorporated in his famous committee report were, namely, not only largely to be realised in post-Second World War Britain, but also somewhat later - to at least some degree - in several other capitalist democracies in Western Europe. In explaining Beveridge's conception of the welfare state, it is enough to mention the five long-term aims that he deemed crucial: 1) security for those who had lost their jobs or, for other reasons, couldn't be absorbed

into employment (elderly people, sick persons and the disabled, pregnant women) 2) health care 3) housing 4) elementary education 5) full-employment.

Within the social science community, it has long been customary not only to let the history of welfare state development begin in Great Britain in the 1940's, but also to take the British experience as the prototype for developments elsewhere (Janowitz, 1976, p. 32). Theoretical endeavours to interpret and explain the emergence and developments of welfare states have, therefore, long been dominated by the British experience, chronicled in particular by T.H. Marshall and Richard Titmuss. In his many treatises on the welfare state, Marshall (1950, 1963, 1965, 1981) applied - paradoxically - a very general evolutionary approach. The welfare state was, in his opinion, the third stage of the struggle within modern capitalism to institutionally resolve - or at least reduce - the tension between economic inequalities and demands for popular participation. Marshall argued that political development in Great Britain could be reconstructed as a problem-solving process. It had caused the realization that citizenship can be divided into rights, with civil rights becoming universalised in the eighteenth century, political rights in the nineteenth and social rights in the twentieth. Social citizenship - comprising the whole range from the right to a modicum of economic welfare and security to the right to share totally in the social heritage and to live the life of a civilised being according to the standards prevailing in the society - is what we mean now by the welfare state. Marshall's was a reasonably accurate, stylised description of how the welfare state emerged in Great Britain, but not necessarily of developments elsewhere. In his early publications, there was an implicit understanding that this British sequence could be generalised to other countries, but he provided no evidence from them. In his later essays and books, he did introduce this kind of evidence, but only to illustrate variations on a common, British theme.

Titmuss (1958) was also originally predominantly interested in the vicissitudes of the British welfare state. Later on, however, he (Titmuss, 1974) argued that one could distinguish different models of social policy to reduce inequality in capitalist democracies. Only one of them, however, solved the tension between inequality and democracy more or less satisfactorily: the so-called institutional redistributive - or universalist - model of social policy. This universalist model aims to meet the primary needs of all citizens. It was, in his opinion, a necessary means for evoking the subordination of self-interest to the common interest under the conditions of modern, industrial-urban capitalism. Such a society - read: Great Britain - could not, even in principle, be organised in such a way that the pursuit of self-interest is a sufficient basis for social integration and social harmony as was the case with classical capitalism. So, in his opinion, 'real' welfare states are the institutional kind. They are pro-active and committed to the welfare needs of all strata of the population. 'Alleged' welfare states are the residual kind. They limit assistance to marginal - or especially deserving - social groups.

In the 1970s and 1980s, several social scientists came to realise that intensive study of the British case was not the optimal way to gain an understanding of the general characteristics of welfare state development (Flora & Heidenheimer, 1981, p. 21). They made a plea for studies that would transcend the British orientated accounts so prevalent thus far. They themselves suited the action to the word and several comparative studies resulted (e.g. Wilensky, 1975; Flora & Heidenheimer, 1981; Mommsen, 1981). Especially Peter Flora (1983, 1986) gathered and disseminated an impressive amount of information about the development of European welfare states in several handbooks and source books. What social science at that time was still waiting for was a comprehensive theory, or heuristic model, that would make it possible to explain adequately - or at least interpret systematically - variations among welfare states. It was not, however, till 1990 that such a theoretical feat was accomplished.

## 2.2 Research questions

When Esping-Andersen (1990) published his *Three Worlds of Welfare Capitalism*, it was received with applause. Offe (1991, pp. 1555-1557), for example, spoke about "... a rich and stimulating account of the internal institutional mechanics of contemporary welfare states", Cnaan (1992, p. 69) congratulated him "for both his vision and his willingness to postulate and empirically test some new theoretical formulations", and Hicks (1991, pp. 399-401) called the book a "seminal work", that "offers a design richer than any since the 1980ish classics ...". Since publication, Esping-Andersen's book has itself become a modern classic.

The tenet of Esping-Andersen's treatises of the welfare state is that, for a long time in both the theoretical and the empirical literature, too little attention has been given to cross-national differences in welfare state structures. He argues, however, that we are entering upon better times because "the most intensive activity of welfare state theorising, at the moment, has become identifying diversity, specifying welfare state typologies" (Esping-Andersen, 1994, p. 715). Research now has to follow theory's lead because "only comparative empirical research will adequately disclose the fundamental properties that unite or divide modern welfare states" (Esping-Andersen, 1990, p. 3). In his 'seminal' book he suited the action to the word by constructing, on the one hand today's best-known and most frequently used typology of welfare states and by empirically and cross-nationally testing, on the other hand, whether distinct welfare states that resemble his ideal types can be observed (Esping-Andersen, 1990). For accomplishing this feat, he not only received wide critical acclaim and constructive criticism, but also some negative criticism. If we confine ourselves to the theoretical part of his endeavour, we notice that the more amicable critics argue that his typology has merits but is neither exhaustive nor exclusive and

therefore needs mending. Some of them have even elaborated on his scheme to construct a more satisfactory typology. The more hostile critics are of the opinion that typologies, as such, have practically no explanatory power at all and, therefore, his scheme does not contribute to proper theorising about what is happening with and within welfare states.

In this chapter, we want to address the discussion about Esping-Andersen's typology as it has been pursued during the last decade. It is not our intention to go off into a different direction. Our objective is to settle affairs, by giving an overview of what we think is the gist of the discussion on the one hand, and by weighing the most important arguments on the other. We will heed the call of the amicable critics and offer, firstly, a review of the state of affairs with respect to Esping-Andersen's typology and modified versions of it. Secondly, we will try to reconstruct those typological exercises in order to establish whether there are three - or many more - ideal-typical worlds of welfare capitalism. The plan of this chapter is as follows: First of all, in Section 2.3 we will, from the vantage point of philosophy of science, answer the question of the theoretical status of ideal types, in general, and Esping-Andersen's ideal types of welfare states, in particular. Next, in Section 2.4, Esping-Andersen's ideal-typical 'theory' of variations in welfare states is succinctly reproduced. In Section 2.4.2, we present concisely elaborations of Esping-Andersen's typology by other authors. In this section we will offer two tables. The first one contains eight typologies of welfare states. The second includes a classification of countries according to these eight typologies, and a synthesis of these typologies that contains six different types. Finally, in Section 2.7, we present our conclusions.

### 2.3 Ideal types

Do ideal-types have explanatory value? The conclusion emerging from the literature on scientific theory is clear: Not if ideal-types are goals in themselves, but only if they are the means to a goal; namely, the representation of a reality which cannot (yet) be described using laws (Klant, 1972). This means that typologies are fruitful to an empirical science which is only in a developing stage. In contrast, a mature empirical science emphasises the construction of theory and not the formulation of typologies. Thus, the crucial question is whether sociology is an immature or a mature science. We believe that sociology is somewhere between these two extremes (cf. Ultee, Arts, & Flap, 1996). At best, it is a maturing discipline and, therefore, dispute sometimes arises concerning the explanatory value of typologies. Lenski (1994, pp. 1-2), for example, argues that - assuming they are grounded in careful observations - typologies provide both a foundation for the formulation of basic theory and a spur to innovative research. They invite the question of why some entities are similar to one another but different from others. In short, they raise the question of why things are as they

are. Opp (1995, p. 132), on the other hand, is more reluctant. He argues that the question of whether typologies are theoretically fruitful can only be decided when a connection between a typology and a theory has been established and when that theory has been empirically corroborated. In the end, it is not easy to answer the question whether typologies based on ideal-types could have explanatory value, is not easily given. Let us, therefore, first consider what Esping-Andersen himself says about the methodological status of his typology.

Esping-Andersen (1994, p. 712) addresses the question of whether the welfare state is merely the sum total of a nation's social policy repertoire, or whether it is an institutional force above and beyond a given policy array. His answer is straightforward: The welfare state cannot be regarded as the sum total of social policies; it is more than a numerical cumulation of discrete programmes. Therefore, he (1990, p. 2) defines welfare state regimes as a complex of legal and organizational features that are systematically interwoven in the relationship between state and economy. He (1990, pp. 3, 26 & 32) boldly suggests that, when we focus on the principles embedded in welfare states, we discover that variations are not linearly distributed around a common denominator. They are clustered by three highly diverse regime-types, each organised around its own discrete logic of organization, stratification and societal integration. Therefore, we can identify three models, or ideal types of welfare states: conservative, liberal and social-democratic. These ideal types owe their origins to different historical forces and they follow qualitatively different developmental trajectories. Contrary to the ideal world of welfare states, the real world is likely to exhibit hybrid forms. There are no one-dimensional nations in the sense of a pure case. Today, every country presents a system mix. He argues (Esping-Andersen, 1997, p. 171) that, in spite of this, it is fruitful to construct ideal-types for the sake of economy of explanation: To be able to see the forest rather than the myriad of unique trees. However, he appends to this recommendation the warning that the danger of generalization is that the resulting forest bears little resemblance to reality.

Looking for a more detailed answer to the question of the theoretical status of ideal types and typologies we must return to the *locus classicus* of treatises of ideal types: Weber's methodological essays. Weber (1922/1968, p. 190) argues that an ideal type is no 'hypothesis' but offers guidance to the construction of hypotheses. It is not a description of reality, but it aims to give an unambiguous means of expression to such a description. Thus, the construction of ideal types recommends itself, not as an end but as a means. There is only one criterion for deciding whether they are scientifically fruitful, and that is success in revealing concrete phenomena in their interdependence, their causal conditions and their significance (Weber, 1922/1968, pp. 193-194). Ideal types are, therefore, invoked as a specific device for the explanation of social phenomena. Since they are intended to provide explanations, they must be construed as theoretical systems embodying testable general hypotheses or, at least,



an interpretative scheme (Hempel, 1952/1965, pp. 160-161, 166). Weber deals with two different kinds of ideal types: the individualistic and the holistic (cf. Rogers, 1969; Watkins, 1953/1969). Esping-Andersen's ideal types of welfare state regimes are holistic, which proposes to give a bird's eye view of the broad characteristics of a social or historical situation. The advantage of such types lies in their simplification and aloofness from detail. They emphasise the essential tracts of a situation considered as a whole. By comparing an impure welfare state with an ideal typical one - both considered as a whole - the deviations of the former from the latter are thrown into relief. It is the simultaneous knowledge of both the ideal type and the real type which enables holistic ideal types to be used, as Weber mentioned, "as conceptual instruments for comparison with and measurement of reality" (Watkins, 1953/1969, pp. 458-459).

From a logical point of view (Kempski, 1972) the general term 'welfare state' is an indicator of a certain class of societies, characterised by certain properties. According to Esping-Andersen, this collection of societies consists of a set of three subsets with specific characteristics. According to him, the most important features are de-commodification and stratification, which define a two-dimensional property-space. Because real welfare states are almost always impure types, they can be assigned to different subsets. However, they can be arranged by assessing which ideal-type - the extreme borderline cases - in this ranking they approximate best. By comparing impure real welfare states to an ideal-type, the deviations of the former are contrasted with the latter. This simultaneous distinguishability of both the ideal and the real type make it possible to use holistic ideal-types as conceptual instruments for comparison and for the empirical determination of reality (Watkins, 1953/1969). But this is not yet sufficient. After all, ideal-types are also instruments for providing explanations. If they want to satisfy this objective, they should not only be understood as a conceptual system, but also as a system of theoretical statements. These should encompass testable, general hypotheses or, at least, provide a framework for interpretation (Hempel, 1952/1965).

To which conclusion does the preceding reflection lead? To his fiercest critics, we can say that their criticism is unjust if, at least, certain conditions are met. The first condition is that the typology is a means to an end and not an end in itself. Esping-Andersen complies with this condition when he states the necessity of no longer using the types as dependent variables, but rather treating them as independent variables. They could be used to explain cross-national variations in dependent variables such as social behaviour and social attitudes. A second condition is that theory-construction on welfare states must still be in an early stage. This is also true. After all, few theoretical alternatives are available. At the most, one can think of more orthodox historical-materialist explanations (see, for example Therborn (1995) and De Swaans' (1988) synthesis of rational-choice theories and ideas from the sociology

of figuration). That means that the construction of ideal-types can be fruitful under the condition that these will eventually lead to theories. We will return to this issue in the final section.

#### 2.4 Three worlds of 'welfare capitalism' or more?

The central explanatory questions Esping-Andersen (1990, pp. 4& 105) asks are "Why is the world composed of three qualitatively different welfare-state logics? Why do nations crystallise into distinct regime-clusters?" These questions demand a theoretical answer. Since he is of the opinion that the existing theoretical models of the welfare state are inadequate, reconceptualization and re-theorization are necessary (1990, p. 2). The statement he proposes gives a provisional and tentative answer to these questions: The historical characteristics of states, especially the history of political class coalitions as the most decisive cause of welfare-state variations, have played a determinate role in forging the emergence of their welfare-statism (1990, p. 1).

What are, specifically, the historical forces behind the regime differences? According to Esping-Andersen (1990, p. 29), three interacting factors should be significant: the nature of class mobilization (especially of the working class), class-political action structures, and the historical legacy of regime institutionalization. One does not have to go back in history, however, in order to typify 'real' welfare states. We can characterise them by looking at their positions on two fundamental dimensions of welfare statism:

1. the degree of de-commodification, i.e. the degree to which a (social) service is rendered as a matter of right, and the degree to which a person can maintain a livelihood without reliance on the market;
2. the kind of social stratification and solidarities, i.e. which social stratification system is promoted by social policy and does the welfare state build narrow or broad solidarities?

What are the characteristics of the three distinct regime-types to which the historical forces lead? To answer this question, Esping-Andersen (1990, p. 73) argues that, although the afore-mentioned dimensions are conceptually independent, according to his 'theory' he should expect that there is sufficient co-variation for distinct regime clusters to emerge. In accordance with this theoretical expectation, he succeeded in empirically identifying three closely paralleled models - ideal types - of regime-types on both the stratification and the de-commodification dimension. There appears to be a clear coincidence of high de-commodification and strong universalism in the Scandinavian, social-democratically influenced welfare states. There is an equally

clear coincidence of low de-commodification and strong individualistic self-reliance in the Anglo-Saxon nations. Finally, the continental European countries group closely together as corporatist and etatist, and are also fairly modestly de-commodifying (Esping-Andersen, 1990, p. 77).

#### 2.4.1 *Three types*

This empirical success is all the more reason to offer, at this time, a more extensive description of these three worlds of welfare capitalism. First, there is the liberal type of welfare capitalism, which embodies individualism and the primacy of the market. The operation of the market is encouraged by the state, either actively - subsidising private welfare schemes - or passively - by keeping (often means-tested) social benefits to a modest level for the truly and demonstrably needy. There is little redistribution of incomes within this type of welfare state and the realm of social rights is rather limited. This welfare regime is characterised by a low level of de-commodification. The operation of the liberal principle of stratification leads to division in the population: on the one hand, a minority of low-income state dependents and, on the other, a majority of people able to afford private social insurance plans. In this type of welfare state, women are encouraged to participate in the labour force, particularly in commercial personal services.

Secondly, there is a world of conservative-corporatist welfare states, which is typified by a moderate level of de-commodification. Hemerijck and Bakker (1994, p. 13) describe this type of welfare state as “a quasi-private system of rather generous means-tested social security provisions which is intimately related to previously earned income and family status”. This regime type is shaped by the twin historical legacy of Catholic social policy<sup>1</sup>, on the one side, and corporatism and etatism, on the other. This blend had two important consequences in terms of stratification. In the first place, the direct influence of the state is restricted to the provision of income maintenance benefits related to occupational status. This means that the sphere of solidarity remains quite narrow and corporatist. Moreover, labour market participation by married women is strongly discouraged, because corporatist regimes - influenced by the Church - are committed to the preservation of traditional family structures. Another important characteristic of the conservative regime type is the principle of subsidiarity: The state will only interfere when the family's capacity to service its members is exhausted (Esping-Andersen, 1990, p. 27).

Finally, Esping-Andersen recognises a social-democratic world of welfare capitalism. Here, the level of de-commodification is high, and the social-democratic

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<sup>1</sup>The importance of Catholicism is emphasised by van Kersbergen (1995) in his discussion including Christian democratic nations such as Germany, Italy, and The Netherlands in mainstream welfare state typologies

principle of stratification is directed towards achieving a system of generous universal and highly distributive benefits not dependent on any individual contributions. In contrast to the liberal type of welfare states, “this model crowds out the market and, consequently, constructs an essentially universal solidarity in favour of the welfare state” (Esping-Andersen, 1990, p. 28). Social policy within this type of welfare state is aimed at a maximization of capacities for individual independence. Women, in particular - regardless of whether they have children or not - are encouraged to participate in the labour market, especially in the public sector. Countries that belong to this type of welfare state regime are generally dedicated to full-employment. Only by making sure that as many people as possible have a job, is it possible to maintain such a high-level solidaristic welfare system.

#### 2.4.2 ...or more?

In the introduction, we already indicated the tremendous impact of Esping-Andersen's work on comparative social policy analysis. Since then, several authors have developed alternative typologies or added one or more types to existing classifications in order to achieve more empirical refinement. From this vast array of welfare state typologies, we have selected seven classifications, which we think draw attention to interesting characteristics of welfare states not directly included in Esping-Andersen's classification. All these typologies and their main characteristics are summarised in Table 2.1.

These alternative classifications relate to four important criticisms of Esping-Andersen's classification: The misspecification of the Mediterranean welfare states, labelling the Antipodean welfare states as a 'liberal' welfare state regime, the neglect of the gender-dimension in social policy and, finally, the misconception about the position of the East-Asian welfare states, in particular Japan. In the following sections, we will discuss these criticisms in more detail and present some of the alternative classifications developed by his critics.

#### 2.4.3 *The Mediterranean*

One important criticism of Esping-Andersen's classification concerns the fact that he did not systematically include the Mediterranean countries. Specifically, in *The Three Worlds of Welfare Capitalism* only Italy belongs - according to him - to the family of the corporatist welfare state regimes, whereas Spain, Portugal and Greece are not covered by his typology. Although he admits that these countries have some important characteristics in common - i.e. a Catholic imprint (with the exception of Greece) and a strong familialism (Esping-Andersen, 1997, p. 180) - he seems to include them in the continental/corporatist model.

**Table 2.1:** An overview of typologies of welfare states.

| Types of welfare states and their characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Indicators/dimensions                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Esping-Andersen (1990)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: Low level of de-commodification; market-differentiation of welfare</li> <li>2. <i>Conservative</i>: Moderate level of de-commodification; social benefits mainly dependent on former contributions and status</li> <li>3. <i>Social-Democratic</i>: High level of de-commodification; universal benefits and high degree of benefit equality</li> </ol>                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>- De-commodification</li> <li>- Stratification</li> </ul>                                                                            |
| <b>Leibfried (1992)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |
| <ol style="list-style-type: none"> <li>1. <i>Anglo-Saxon (Residual)</i>: Right to income transfers; welfare state as compensator of last resort and tight enforcer of work in the market place</li> <li>2. <i>Bismarck (Institutional)</i>: Right to social security; welfare state as compensator of first resort and employer of last resort</li> <li>3. <i>Scandinavian (Modern)</i>: Right to work for everyone; universalism; welfare state as employer of first resort and compensator of last resort</li> <li>4. <i>Latin Rim (Rudimentary)</i>: Right to work and welfare proclaimed; welfare state as semi-institutionalised promise</li> </ol>                                                               | <ul style="list-style-type: none"> <li>- Poverty, social insurance and poverty policy</li> </ul>                                                                            |
| <b>Castles &amp; Mitchell (1993)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: Low social spending and no adoption of equalising instruments in social policy</li> <li>2. <i>Conservative</i>: High social expenditures, but little adoption of equalising instruments in social policy</li> <li>3. <i>Non-Right Hegemony</i>: High social expenditures and use of highly equalising instruments in social policy</li> <li>4. <i>Radical</i>: Achievement of equality in pre-tax, pre-transfer income (adoption of equalising instruments in social policy), but little social spending</li> </ol>                                                                                                                                          | <ul style="list-style-type: none"> <li>- Welfare expenditure</li> <li>- Benefit equality</li> <li>- Taxes</li> </ul>                                                        |
| <b>Siaroff (1994)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |
| <ol style="list-style-type: none"> <li>1. <i>Protestant Liberal</i>: Minimal family welfare, yet relatively egalitarian gender situation in the labour market; family benefits are paid to the mother, but are rather inadequate</li> <li>2. <i>Advanced Christian-Democratic</i>: No strong incentives for women to work, but strong incentives to stay at home</li> <li>3. <i>Protestant Social-Democratic</i>: True work-welfare choice to women; family benefits are high and always paid to the mother; importance of protestantism</li> <li>4. <i>Late Female Mobilization</i>: Absence of protestantism; family benefits are usually paid to the father; universal female suffrage is relatively new</li> </ol> | <ul style="list-style-type: none"> <li>- Family welfare orientation</li> <li>- Female work desirability</li> <li>- Extent of family benefits being paid to women</li> </ul> |

*continued on next page*

Table 2.1: *continued*

| Types of welfare states and their characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Indicators/dimensions                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Becker (1996)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - Regulatory principles                                                                                                                                                                          |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: Poverty as a result of individual failing; economic individualism</li> <li>2. <i>Traditional Corporatistic</i>: Ascriptive elitism, etatism, paternalism and striving for social harmony based on inequality</li> <li>3. <i>Social-Democratic</i>: Social policy targeted at greater equality and universal social security</li> <li>4. <i>East-Asian Communitarian</i>: Primacy of the group (family, private firms etc.) and social security is also mainly expected from the group; paternalism and self-reliance play an important role</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |
| <b>Ferrera (1996)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>- Rules of access (Eligibility)</li> <li>- Benefit formulae</li> <li>- Financing regulations</li> <li>- Organizational-managerial arrangements</li> </ul> |
| <ol style="list-style-type: none"> <li>1. <i>Anglo-Saxon</i>: Fairly high welfare state coverage, means-tested social assistance; mixed system of financing; highly integrated organizational framework entirely managed by a public administration</li> <li>2. <i>Bismarck</i>: Strong link between work position (and/or family state) and social entitlements; benefits proportional to income; financing through contributions; reasonably substantial social assistance benefits; insurance schemes mainly governed by unions and employer organizations</li> <li>3. <i>Scandinavian</i>: Social protection as a citizenship right; universal coverage; relatively generous fixed benefits for various social risks; financing mainly through fiscal revenues; strong organizational integration</li> <li>4. <i>Southern</i>: Fragmented system of income guarantees linked to work position; generous benefits without articulated net of minimum social protection; health care as a right of citizenship; particularism in payments of cash benefits and financing; financing through contributions and fiscal revenues</li> </ol> |                                                                                                                                                                                                  |
| <b>Bonoli (1997)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>- Bismarck and Beveridge model</li> <li>- Quantity of welfare state expenditure</li> </ul>                                                                |
| <ol style="list-style-type: none"> <li>1. <i>British</i>: Low percentage of social expenditure financed through taxes (Beveridge); low social expenditure as a percentage of GDP</li> <li>2. <i>Continental</i>: High percentage of social expenditure financed through contributions (Bismarck); high social expenditure as a percentage of GDP</li> <li>3. <i>Nordic</i>: Low percentage of social expenditure financed through taxes (Beveridge); high social expenditure as a percentage of GDP</li> <li>4. <i>Southern</i>: High percentage of social expenditure financed through taxes (Bismarck); low social expenditure as a percentage of GDP</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                  |
| <b>Korpi &amp; Palme (1998)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>- Bases of entitlement</li> <li>- Benefit principle</li> <li>- Type of governing a social programme</li> </ul>                                            |
| <ol style="list-style-type: none"> <li>1. <i>Basic Security</i>: Entitlements based on citizenship <i>or</i> contributions; application of the flat-rate benefit principle</li> <li>2. <i>Corporatist</i>: Entitlements based on occupational category <i>and</i> labour force participation; use of the earnings-related benefit principle</li> <li>3. <i>Encompassing</i>: Entitlement based on citizenship <i>and</i> labour force participation; use of the flat-rate and earnings-related benefit principle</li> <li>4. <i>Targeted</i>: Eligibility based on proved need; use of the minimum benefit principle</li> <li>5. <i>Voluntary State Subsidised</i>: Eligibility based on membership or contributions; application of the flat-rate or earnings-related principle</li> </ol>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                  |

This omission of a systematic treatment of the Mediterranean countries has brought about a lively debate about the existence of a 'Southern' or 'Latin Rim' model of social policy. For example, Katrougalos (1996) supports Esping-Andersen's position by arguing that the Mediterranean countries "do not form a distinct group but rather a sub-category, a variant of the Continental model. They are merely immature species of the Continental model, welfare states in their infancy, with the main common characteristics being the immaturity of the social protection systems and some similar social and family structures" (Katrougalos, 1996, p. 43). However, according to other commentators (Leibfried, 1992; Ferrera, 1996; Bonoli, 1997; Trifiletti, 1999) it seems logical to see the South European countries as a separate cluster. They have developed classifications of European welfare states which try to show the existence of a separate 'Southern model' of social policy. Below, we will review some of the more influential alternative classifications which distinguish a fourth, Mediterranean world.

First of all, Leibfried's categorization distinguishes among four social policy or poverty regimes within the countries of the European Community. He labels these: the Scandinavian welfare states, the 'Bismarck' countries, the Anglo-Saxon countries and the Latin Rim countries. According to Leibfried, all of these policy regimes are based on different policy models - modern, institutional, residual and rudimentary - in which social citizenship has developed in different and sometimes incomplete ways. Within these policy regimes, welfare state institutions have a different function in combating poverty. However, it is particularly important to the current research question that Leibfried adds a fourth category - the 'Latin Rim' countries - to Esping-Andersen's Three Worlds of Welfare Capitalism. He emphasises that an important characteristic of these countries is the virtual non-existence of an articulated social minimum and a right to welfare. It is essentially this feature which led Leibfried to argue for a separate cluster of the Mediterranean countries. Ferrera (1996) in particular has argued for a systematic inclusion of the Latin countries in the literature on comparative social policy. According to him, there are four institutional configurations of European systems for social protection and he explicitly argues for the inclusion of a 'Southern model' of social policy (1996, pp. 4-7). In order to classify the European welfare states, he concentrates on four dimensions of social security systems: the rules of access (eligibility rules), the conditions under which benefits are granted, the regulations to finance social protection and, finally, the organizational-managerial arrangements to administrate the various social security schemes. Based on these dimensions, he makes a distinction among the Scandinavian, Anglo-Saxon, Bismarckian and Southern Countries. The Scandinavian countries are characterised by universal coverage for the risks of life. Moreover, the right to social protection is attributed on the basis of citizenship. The Anglo-Saxon family of welfare states is also characterised by a highly inclusive social security coverage, but only in the area of health care can one speak of fully universal risks coverage. Also, in these social security systems, flat-rate

benefits and means testing play an important role. In the third group of countries, the relationship between social security entitlements and the position in the labour market and the role within the family is still clearly visible. Contributions play an important role in financing the various schemes. Almost everybody has social insurance coverage through their own or derived rights. Finally, the social protection systems of Southern countries are highly fragmented and, although there is no articulated net of minimum social protection, some benefits levels are very generous (like old age pensions). Moreover, in these countries, health care is institutionalised as a right of citizenship. However, in general, there is relatively little state intervention in the welfare sphere. Another important feature of these countries is the high level of particularism with regard to the payment of cash benefits and financing, expressed in high levels of clientelism. The most important features of each type are summarised in Table 2.1.

The final classification discussed here, which includes the Mediterranean welfare states, is by Bonoli (1997). In his work, he combines two approaches to the classification of welfare states. One concentrates on the 'how much' dimension (emphasised in the Anglo-Saxon literature) and the other on the 'how' dimension of social policy (emphasised in the continental-European or French tradition). With regard to the work of Esping-Andersen, Bonoli is especially critical of the de-commodification approach. According to him, it does not allow one to discriminate effectively between the Bismarkian and the Beveridgean approaches to social policy. To overcome this flaw - and in accordance with the two-dimensionality mentioned above - Bonoli argues that "European welfare states can be classified according to the quantity of welfare they provide and according to where they stand on the Beveridge versus Bismarck dimension" (1997, p. 359). As an empirical indicator of the first dimension, he uses social expenditure as a proportion of GDP, while a larger percentage of social expenditure, financed through contributions, indicates that countries tend to adopt the Bismarkian approach to social policy. This is in contrast to Beveridge-type welfare states, where tax-financing predominates. These indicators lead him to identify four types of countries: the British countries, the Continental European countries, the Nordic countries and the Southern countries, thus giving credit to the proposal of a 'Southern model' of social policy.

Upon examining the combined arguments of Leibfried, Ferrera and Bonoli, as presented in Table 2.1, it appears that a strong similarity exists between their first three types and the three types of Esping-Andersen. However, all three authors add a fourth - Mediterranean - type of welfare state regime to the original Esping-Andersenian classification. Using argumentation, they argue that this is a prototype, rather than a subcategory of the continental/corporatist model.



#### 2.4.4 *The Antipodes*

In his *Three Worlds of Welfare Capitalism*, Esping-Andersen also discusses the Antipodean countries (i.e. Australia and New Zealand) as representatives of the liberal welfare state regime. This is because of their marginal commitment to public welfare and strong reliance on means testing. However, according to Castles (1996, p. 88), “Australia and New Zealand have been the clearest examples of a particular approach to social protection. That approach rests on guaranteeing minimum levels of social protection to those who meet certain conditions. One such condition is need, with the emergence, in these countries, of the world’s most comprehensive systems of means tested income support benefits. Means testing is not, of course, unique to the Antipodes, but what has been unique is a further set of guarantees providing minimum income levels for those in employment also supposedly related to a social policy definition of need. Together, these guarantees have underpinned a model of the welfare state quite unlike those of Western Europe and North America”. Income guarantees, which are built into the market itself, thus play an important role in the institutional set-up of these welfare states. It therefore seems that the welfare policy of the Antipodean countries represents a separate social policy model. It led Castles and Mitchell to advance the question of whether “social spending is the only route to greater income distribution” (1993). This implies that there may be other ways than income maintenance policies by which states may mitigate the effects of market forces. In a discussion of their study, Hill (1996) points out that Castles’ and Mitchell’s critique of Esping-Andersen’s work essentially follows two lines. In the first place, Castles and Mitchell draw attention to the fact that political activity from the left may have been introduced into those countries rather to achieve equality in pre-tax, pre-transfer income, than to pursue equalization through social policy.

Castles and Mitchell also make the second point - again about Australia but also with relevance to the United Kingdom - that the Esping-Andersen approach disregards the potential for income-related benefits to make an effective contribution to redistribution. Australian income maintenance is almost entirely means-tested. It uses an approach which does not simply concentrate on redistribution to the very poor, and is rather different than the more universal and solidaristic one highlighted in Esping-Andersen’s study (Hill, 1996, p. 46). With this criticism in mind, Castles and Mitchell develop an alternative, four-way classification of welfare states: Liberal, Conservative, Non-Right Hegemony and a Radical World of Welfare. It is based on the level of welfare expenditure (i.e. household transfers as a percentage of GDP), average benefit equality and income and profits taxes as a percentage of GDP. In Table 2.1 these types are described.

Other evidence for the exceptional position of the Antipodean countries, specifically Australia, is found when countries are classified according to the typology developed by

Korpi and Palme (1998). Their classification is based on institutional characteristics of welfare states. In their work, they try to investigate the causal factors which influence the institutional aspects of the welfare state on the one hand, and the effects of institutions on the formation of interests, preferences and identities - as well as on the degree of poverty and inequality in a society - on the other. They argue that institutional structures can be expected to reflect the role of conflicts among interest groups, whereas, in turn, they are also likely to form important frameworks for the definitions of interests and identities among citizens. They thereby can be expected to influence coalition formation among citizens, which is significant for income redistribution and poverty. As the basis of their classification, Korpi and Palme take the institutional structures of two social programmes: old age pensions and sickness cash benefits. These two programmes lie at the heart of the welfare state, because they respond to basic characteristics of human life - the certainty of ageing and the risk of illness. Moreover, as there is very little risk-differentiation among socio-economic categories, old age pensions and sickness insurance are important for all citizens and households. Finally, the economic weight of these programmes makes it likely that they are significantly relevant to the formation of interest groups. The institutional structures of the two programmes are classified according to three aspects. In the first place, Korpi and Palme analyse the bases of entitlement. They differentiate among eligibility criteria based on need determined via a means-test, on contributions (by the insured or the employers) to the financing of the social security programme, on belonging to a specified occupational category, or on citizenship (residence) in a country. Thus, the issue of targeting versus universalism lies at the core of this dimension. A second critical dimension refers to the principles applied to determine benefit levels: To what extent should social insurance replace lost income? This continuous dimension ranges from means-tested minimum benefits and flat-rate benefits giving equal amounts to everyone to benefits which - in varying degrees - are related to previous earnings. The final dimension they concentrate on how a social insurance programme can be governed. One indication of this dimension is whether or not representatives of employers and employees participate in the governing of a programme. Based on these three aspects, they discriminate among five different ideal types of institutional structures: the targeted (empirically exemplified by the Australian case), voluntary state subsidised, corporatist, basic security and encompassing model. In Table 2.1, these ideal types and their most important features are delineated. Again, the Esping-Andersenian model stands. However, a number of countries are taken as prototype, instead of subcategories.

### 2.4.5 Gender

By explicitly incorporating gender, several authors have tried to reconceptualise the dimensions of welfare state variation in order to add to our understanding of types of welfare states. Applying the mainstream welfare state typologies to an analysis of the differential place of men and women within welfare states would, according to them, produce valuable insights. However, this does not mean that the typologies are not fundamentally lacking (Sainsbury, 1996, p. 41). What seems to be particularly lacking is a systematic discussion of the family's place in the provision of welfare and care. Moreover, a profound treatment of the degree to which women are excluded from or included into the labour market<sup>2</sup>, or the sexual division of paid and unpaid work - especially care and domestic labour - is lacking (Lewis, 1992; O'Connor, 1993; Orloff, 1993; Sainsbury, 1996). With respect to social care, Daly and Lewis (2000, p. 289) argue that different styles of social policy have incorporated the key element of social care differently. They identify certain tendencies concerning care in specific welfare states. For example, the Scandinavian welfare states form a distinct group in that they have strongly institutionalised care for both the elderly and children. In the Mediterranean welfare states, care tends to be privatised to the family whereas, in Germany, it is seen most appropriately a function of voluntary service providers. In France, a strong distinction is made between care for children and for the elderly, with a strong collective sector in the former and little voluntary involvement. Another form is found in the Beveridge-oriented welfare states - Great Britain and Ireland - where a strong distinction is made between caring for children and caring for (elderly) adults. In the former, little collectivization has taken place. Eventually, although they do not really classify welfare states into actual clusters, they make a strong case for using social care as a critical dimension for analysing variations.

As far as the gender gap in earnings is concerned, Gornick and Jacobs (1998) found that Esping-Andersen's regime-types do capture important distinctions among contemporary welfare states. Their results showed that the size of the public sector, the extent of the public-sector earnings premium and the impact of the public sector on gender differentials in wages all varied more across regimes than within them. In this way, they showed the fruitfulness of emphasising the gender perspective in Esping-Andersen's classification of welfare states. Moreover, Trifiletti (1999) incorporated a gender perspective into Esping-Andersen's classification by showing that a systematic relationship exist between the level of de-commodification and whether the state treats

<sup>2</sup>As Gornick and Jacobs (1998, p. 691) point out, Esping-Andersen himself argues that each regime-type is associated with women's employment levels. Specifically, he (Esping-Andersen, 1990) expects that women's employment rates will be highest in social-democratic countries, whereas, in liberal welfare states, moderate levels of female employment will be found. The lowest levels of women's employment will be found in the conservative welfare states.

women as wives and mothers or as workers. The latter is an important dimension identified by Lewis (1989).

Finally, Siaroff also argues that the existing literature on welfare state regimes does not pay enough attention to gender inequality, as embedded in social policy and welfare states. In order to arrive at a more gender-sensitive typology of welfare state regimes, he examines a variety of indicators of gender equality and inequality in work and welfare. Basically, he compares the work-welfare choice (i.e. whether to partake in the welfare state or to engage in paid labour) across countries of men to that of women, by means of (1) the level of family welfare orientation by welfare states, (2) a composite index based on male to female ratios in wages and desirable positions (female work desirability) and (3) the extent of family benefits paid to women within the different welfare states. This allows him to distinguish among a Protestant social-democratic, a Protestant liberal, an Advanced Christian-democratic and a Late Female Mobilization welfare state regime, with their particular characteristics. Although the denominations suggest otherwise, this typology also shows a strong overlap with the Esping-Andersenian classification. Only the latter type, the Late Female Mobilization welfare state regime, is an addition which resembles the previously distinguished Mediterranean type of welfare states.

#### 2.4.6 *East-Asia*

The conceptualization of types of welfare states has long been based on a Western framework. One of the consequences of this approach is that Japan is seen as an exception to the rule (Vogel, 1973; Nakagawa, 1979). Lately, however, several authors have been discussing the possibility that a distinct type of East Asian social welfare regime, divergent from the Western pattern, could be added to mainstream typologies (Goodman & Peng, 1996, p. 193). Moreover, it has been questioned whether the notions of de-commodification and stratification are really the most revealing dimensions in the case of Japan. According to Peng (2000, p. 91), Japanese familial obligations are structured by important legal and economic imperatives, as well as by historical and cultural legacies. In addition, the notion of family obligation serves as the basis for relatively generous company welfare: An individual is always seen in relation to his familial obligations. These important differences simply stress the exceptional position of the Japanese welfare state.

Although, according to Goodman and Peng (1996), there are significant differences in the pattern of social welfare in Japan, South-Korea and Taiwan, they have certain characteristics in common that differentiate them from the Western types. In short, they (Goodman & Peng, 1996, p. 207) argue that Japan is characterised by (a) a system of family welfare that appears to negate much of the need for state welfare; (b) a status-segregated and somewhat residual social insurance based system and

(c) corporate occupational plans for 'core' workers. According to them, a case can be made that this pattern also applies to South-Korea and Taiwan. Becker (1996) proposes an extension of Esping-Andersen's typology that is in accordance with the above-mentioned arguments. He argues that welfare state regimes include political and economic principles of regulation which correspond to welfare cultures and with other cultural patterns within societies. For example, when a liberal or social-democratic set of principles is dominant - i.e. when policy makers and a large part of the population consider this set of principles self-evident - it will also be reflected in the welfare state's institutions (1996, p. 20). According to Becker, liberal (i.e. centrality of the market, individualization of the family and little effort of the state with respect to the provision and distribution of welfare) and social-democratic principles of regulation (i.e. accentuation of redistribution and de-commodification by the state) can be easily empirically demonstrated. The United States is a representative of the first type and Sweden of the second. With respect to the corporatist/conservative type - as defined by Esping-Andersen - it becomes more difficult because conservatism and corporatism do not necessarily go hand in hand. According to Becker, corporatism is always conservative, but the reverse is not always true. This leads Becker to define a traditional corporatist type using etatism and paternalism as important characteristics, and The Netherlands, until the beginning of the 1960's, as the empirical representation. Finally, Becker identifies a fourth type of welfare state regime: East-Asian Communitarian. Esping-Andersen only concentrates on Western individualised societies in his study. This type of welfare state regime, exemplified by Japan, is characterised by the general importance of the community or the group, with social security mainly expected from the group. Again, we find that Esping-Andersen's typology stands, but that a fourth type is added.

## 2.5 Ideal and real types

The attentive reader will have noticed that, as much as possible, we ordered the types in Table 2.1 in accordance with the worlds of welfare capitalism as defined by Esping-Andersen. For example, Bonoli's Continental type is very much like Esping-Andersen's Conservative type; in both types contributions play a rather important role. Equally, Castles' and Mitchell's Non-Right Hegemony type shows a large amount of congruence with Esping-Andersen's Social-Democratic type, because of the high degree of universalism and equalization in social policy. We could go on, but would like to raise another issue.

One may wonder whether, if the relationship among the different typologies is as strong as we assume, this close correspondence of types will also be apparent in the actual clustering of countries. Although not every classification developed by these authors covers the same nations, there is a rather large overlap which makes it possible

to answer this question. For that purpose, Table 2.2 shows the extent to which the ideal-types - constructed by Esping-Andersen's critics - largely coincide with his own ideal-types. We then added the ideal-types proposed by these critics, placing related ideal-types, when possible, under one heading. This results in six - instead of the original three - worlds of welfare capitalism and answers the question in the heading of Subsection 2.4.2. Next, in Table 2.2 we arranged the real types according to the different ideal-types, thereby following the suggestions of the different authors.

It appears that, even when one uses different indicators to classify welfare states, some countries emerge as standard examples, approximating certain ideal-types. The United States is, according to everyone's classification, the prototype of a welfare state which can best be denoted as liberal (with or without the suffix: protestant, Anglo-Saxon or basic security). Germany approximates the Bismarckian/continental/conservative ideal-type and Sweden approximates the social-democratic ideal-type (Scandinavian/Nordic).

However, consensus seems to end here. For example, according to some, Italy can best be assigned to the second, corporatist/continental/conservative type, but belongs, according to others, - along with Greece, Spain and Portugal - to a distinctive Mediterranean type. The same holds for Australia, which may either be classified as liberal, or is the prototype of a separate, radical type of welfare state. Japan should, according to Esping-Andersen, be assigned to the liberal type of welfare state regime but, according to others, is a prime example of a separate type of East-Asian welfare state. Nevertheless, as far as these countries and types are concerned, consensus is stronger than was initially assumed. One must recognise, however, that discussions are mainly concerned with whether certain types of welfare states are either separate categories or are sub-groups of certain main types.

Hybrid cases are a bigger problem. The Netherlands and Switzerland are clear examples of this. If we take a closer look at the Dutch case, we see that Esping-Andersen has assigned The Netherlands to the social-democratic type, whereas Korpi and Palme see it as liberally oriented; the basic security type. However, most authors place The Netherlands in the second category of corporatist/continental/conservative welfare states. This is also the choice of Visser and Hemerijck (1997), perhaps the foremost specialists on the Dutch welfare state. Curiously enough, this is done using Esping-Andersen's work as a constant, positive reference. If we have another look at Esping-Andersen's classic, this is not as surprising as one would expect. It is true that The Netherlands is rated relatively high on social-democratic characteristics, but not exceptionally low on liberal and conservative characteristics. The Netherlands is indeed more a hybrid case than a prototype of a specific ideal-type. If one attaches more importance to certain attributes than to others - and adds other characteristics or substitutes previous ones - then it is easy to arrive at another classification.

**Table 2.2:** Classification of countries according to 8 typologies.

|                                                | Type I                                                                                                                | Type II                                                                                                                                 | Type III                                                                                                                   | Type IV                                                                                                                                                  | Type V                                                                    | Type VI                                               |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Esping-Andersen</b><br>(De-Commodification) | <i>Liberal</i><br>- Australia<br>- Canada<br>- <u>United States</u><br>- New Zealand<br>- Ireland<br>- United Kingdom | <i>Conservative</i><br>- Italy<br>- Japan<br>- France<br>- <u>Germany</u><br>- Finland<br>- Switzerland                                 | <i>Social-Democratic</i><br>- Austria<br>- Belgium<br>- The Netherlands<br>- Denmark<br>- <u>Norway</u><br>- <u>Sweden</u> |                                                                                                                                                          |                                                                           |                                                       |
| <b>Leibfried</b>                               | <i>Anglo-Saxon</i><br>- <u>United States</u><br>- Australia<br>- New Zealand<br>- United Kingdom                      | <i>Bismarck</i><br>- <u>Germany</u><br>- Austria                                                                                        | <i>Scandinavian</i><br>- <u>Sweden</u><br>- <u>Norway</u><br>- Finland<br>- Denmark                                        | <i>Latin Rim</i><br>- <u>Spain</u><br>- <u>Portugal</u><br>- <u>Greece</u><br>- <u>Italy</u><br>- France                                                 |                                                                           |                                                       |
| <b>Castles &amp; Mitchell</b>                  | <i>Liberal</i><br>- Ireland<br>- Japan<br>- Switzerland<br>- <u>United States</u>                                     | <i>Conservative</i><br>- <u>Germany</u><br>- Italy<br>- The Netherlands                                                                 | <i>Non-Right Hegemony</i><br>- Belgium<br>- Denmark<br>- <u>Norway</u><br>- <u>Sweden</u>                                  |                                                                                                                                                          | <i>Radical</i><br>- <u>Australia</u><br>- New Zealand<br>- United Kingdom |                                                       |
| <b>Siaroff</b>                                 | <i>Protestant Liberal</i><br>- Australia<br>- Canada<br>- New Zealand<br>- <u>United States</u><br>- United Kingdom   | <i>Advanced<br/>Christian-Democratic</i><br>- Austria<br>- Belgium<br>- France<br>- <u>Germany</u><br>- Luxembourg<br>- The Netherlands | <i>Protestant<br/>Social-Democratic</i><br>- Denmark<br>- Finland<br>- <u>Norway</u><br>- <u>Sweden</u>                    | <i>Late Female<br/>Mobilization</i><br>- <u>Greece</u><br>- Ireland<br>- <u>Italy</u><br>- Japan<br>- <u>Portugal</u><br>- <u>Spain</u><br>- Switzerland |                                                                           |                                                       |
| <b>Becker</b>                                  | <i>Liberal</i><br>- <u>United States</u>                                                                              | <i>Traditional<br/>Corporatistic</i><br>- The Netherlands                                                                               | <i>Social-Democratic</i><br>- <u>Sweden</u>                                                                                |                                                                                                                                                          |                                                                           | <i>East-Asian<br/>Communitarian</i><br>- <u>Japan</u> |

continued on next page

Is it possible to discover somewhat well-fitting empirical examples of the different ideal-typical welfare state regimes in this myriad of countries? Although there is a lot of variation in the indicators and the countries included, some countries stand out - to a greater or lesser degree - as empirical representatives for the various types of welfare state regimes. A comparison of the countries shows the United States to be representing the Liberal (Type I), whereas West Germany identifies with the Conservative pure type (Type II); Sweden, Norway, Denmark and Finland can be seen as empirical representatives of the Social-democratic ideal-type (Type III); and finally, Spain, Portugal, Italy and Greece belong to the Southern type of welfare state (Type IV). Thus, although many classifications have been offered, some consensus with regard to classifying these nations seems to exist. However, because not every author included Australia and Japan in his classification, the empirical evidence for the position of these countries in the ideal-typical constellation is less clear. The discussion of Castles' and Mitchell's, Korpi's and Palme's, and Becker's classifications has provided some convincing arguments for a separate ideal-typical status of these countries, based on their welfare state institutions or, as in the case of Japan, the cultural context. Therefore, we will handle them here as separate types (Type V and VI). However, for the determination of a true separate status for these countries, we will have to await future research.

## **2.6 Empirical robustness of the three-way-classification**

Esping-Andersen claims that, if we rate real welfare states along the dimensions of degree of de-commodification and modes of stratification, three qualitatively different clusters will appear. Along with the more fundamental criticism raised for his three-way-classification - that Esping-Andersen employs faulty criteria to demarcate a regime - the empirical fit of his three-way classification has also been questioned. Several authors have tested the goodness-of-fit of the three-way regime typology. In the following, we discuss their findings which are presented in Table 2.3.



Table 2.2: *continued*

|                          | Type I                                                                                                                                                           | Type II                                                                                                                            | Type III                                                                            | Type IV                                                                                                      | Type V                                | Type VI |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|
| <b>Ferrera</b>           | <i>Anglo-Saxon</i><br>- Ireland<br>- United Kingdom                                                                                                              | <i>Bismarckian</i><br>- <u>Germany</u><br>- France<br>- Belgium<br>- The Netherlands<br>- Luxembourg<br>- Austria<br>- Switzerland | <i>Scandinavian</i><br>- <u>Sweden</u><br>- Denmark<br>- <u>Norway</u><br>- Finland | <i>Southern</i><br>- <u>Italy</u><br>- <u>Spain</u><br>- <u>Portugal</u><br>- <u>Greece</u>                  |                                       |         |
| <b>Bonoli</b>            | <i>British</i><br>- Ireland<br>- United Kingdom                                                                                                                  | <i>Continental</i><br>- The Netherlands<br>- France<br>- Belgium<br>- <u>Germany</u><br>- Luxembourg                               | <i>Nordic</i><br>- <u>Sweden</u><br>- Finland<br>- <u>Norway</u><br>- Denmark       | <i>Southern</i><br>- <u>Italy</u><br>- Switzerland<br>- <u>Spain</u><br>- <u>Greece</u><br>- <u>Portugal</u> |                                       |         |
| <b>Korpi &amp; Palme</b> | <i>Basic Security</i><br>- Canada<br>- Denmark<br>- The Netherlands<br>- New Zealand<br>- Switzerland<br>- Ireland<br>- <u>United States</u><br>- United Kingdom | <i>Corporatist</i><br>- Austria<br>- Belgium<br>- France<br>- <u>Germany</u><br>- Italy<br>- Japan                                 | <i>Encompassing</i><br>- Finland<br>- <u>Norway</u><br>- <u>Sweden</u>              |                                                                                                              | <i>Targeted</i><br>- <u>Australia</u> |         |

**Table 2.3:** Empirical robustness of the Three-Worlds-Typology.

| Number of clusters and cluster assignment                                                                                                                                                                                                                                                                                                                                                | Technique                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Kangas (1994)</b>                                                                                                                                                                                                                                                                                                                                                                     | - Cluster-analysis                 |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: United States, Canada</li> <li>2. <i>Conservative</i>: Austria, Germany, Italy, Japan, The Netherlands</li> <li>3. <i>Social-Democratic</i>: Denmark, Finland, Norway, Sweden</li> <li>4. <i>Radical</i>: Australia, Ireland, New Zealand, United Kingdom</li> </ol>                                                           |                                    |
| <b>Ragin (1994)</b>                                                                                                                                                                                                                                                                                                                                                                      | - Qualitative Comparative Analysis |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: Australia, Canada, Switzerland, United States</li> <li>2. <i>Corporatist</i>: Austria, Belgium, Finland, France, Italy</li> <li>3. <i>Social-democratic</i>: Denmark, Norway, Sweden</li> <li>4. <i>Undefined</i>: Germany, Ireland, Japan, The Netherlands, New Zealand, United Kingdom</li> </ol>                            |                                    |
| <b>Shalev (1996)</b>                                                                                                                                                                                                                                                                                                                                                                     | - Factor analysis                  |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: United States, Canada, Switzerland, Japan</li> <li>2. <i>Conservative</i>: Italy, France, Belgium, Austria, Ireland</li> <li>3. <i>Social-democratic</i>: Sweden, Norway, Denmark, Finland</li> <li>4. <i>Undefined</i>: Germany, The Netherlands, United Kingdom, Australia, New Zealand</li> </ol>                           |                                    |
| <b>Obinger &amp; Wagschal (1998)</b>                                                                                                                                                                                                                                                                                                                                                     | - Cluster-analysis                 |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: United States, Canada, Japan, Switzerland</li> <li>2. <i>European</i>: Belgium, Germany, Finland, Ireland, United Kingdom, The Netherlands</li> <li>3. <i>Conservative</i>: France, Italy, Austria</li> <li>4. <i>Social-Democratic</i>: Denmark, Norway, Sweden</li> <li>5. <i>Radical</i>: Australia, New Zealand</li> </ol> |                                    |
| <b>Wildeboer Schut et al. (2000)</b>                                                                                                                                                                                                                                                                                                                                                     | - Principal component analysis     |
| <ol style="list-style-type: none"> <li>1. <i>Liberal</i>: United States, Canada, Australia, United Kingdom</li> <li>2. <i>Conservative</i>: France, Germany, Belgium</li> <li>3. <i>Social-Democratic</i>: Sweden, Denmark, Norway</li> <li>4. <i>Undefined</i> The Netherlands</li> </ol>                                                                                               |                                    |

In an effort to evaluate the possible extent to which multivariate techniques - OLS regression and cluster-analysis - suggest the same conclusions as alternative middle-of-the-road methodological approaches - qualitative comparative analysis - Kangas (1994) found some support for the existence of different welfare state regimes. Specifically, cluster-analyses of data on characteristics of health insurance schemes in OECD countries in 1950 and 1985 showed that as early as 1950, the foundations of a Scandinavian cluster and a continental European cluster were visible. A homogeneous liberal cluster, however, was harder to find. The findings of the cluster-analysis of the 1985 data showed a more pronounced picture of different social policy regimes. Here, Italy, The Netherlands, Japan, Austria and Germany clustered into a corporatist regime, whereas Denmark, Finland, Sweden and Norway were combined into a social-democratic regime cluster. Furthermore, the results showed the existence of two subgroups within the group of liberal welfare states which were largely in accordance with the classification of Castles and Mitchell (1993). Specifically, Kangas identified a cluster with Canada and the United States, on the one hand, and Australia, New Zealand, the United Kingdom and Ireland, on the other. In the final analysis, Kangas' findings support the idea of different welfare state regimes. However, an additional regime was required to describe the data sufficiently.

The Esping-Andersian claim of a three-world-classification, especially with respect to pension programmes, was also tested by Ragin (1994). Using cluster analysis, he determined which, if any, of the three pension worlds each country fitted best, using predetermined values for cluster centers that corresponded to Esping-Andersen's predetermined types. His analysis suggested the existence of four clusters, which encompass the following countries: a liberal cluster containing Australia, Canada, Switzerland, and the United States; a social-democratic cluster with Denmark, Norway and Sweden; a corporatist cluster with Austria, Belgium, Finland, France and Italy; and, finally, a rather large 'spare' cluster which accomodates cases which do not conform to Esping-Andersen's three worlds: Germany, Ireland, Japan, The Netherlands, New Zealand and the United Kingdom. On the basis of his findings, Ragin concludes that the three-worlds scheme does not capture existing diversity adequately, even when measures reported in Esping-Andersen (1990) are used. Some cluster assignments contradict the ad hoc assignments he made.

Shalev (1996) applied factor analysis to 14 pension policy indicators collected by Esping-Andersen, to test for the presence of liberal, social-democratic and corporatist regime-types. This factor analysis showed that the intercorrelations among these social policy indicators were dependent on two dimensions. The first factor measured the level of social-democratic features, whereas the second dimension measured corporatist features of welfare states. Based on the assignment of factor scores to individual nations, Shalev concluded that his findings are in close correspondence with Esping-Andersen's characterizations of the three welfare state regimes. Shalev's

analysis identified basically three clusters: a Scandinavian social-democratic cluster consisting of Sweden, Norway, Denmark and Finland; a Conservative European cluster consisting of Italy, France, Belgium, Austria and Ireland; and a liberal cluster with the United States, Canada, Switzerland and Japan. However, Shalev admitted that Germany and The Netherlands, which are close to the conservative group - as well as the United Kingdom, Australia and New Zealand, which also share liberal features - are more difficult to classify.

Using cluster analysis, Obinger and Wagschal (1998) have put to the test Esping-Andersen's classification of welfare state regimes on the basis of the stratification-criterion. After a detailed re-analysis of Esping-Andersen's original data on stratification, they concluded that these data are best described by five regime-clusters: a radical type consisting of Australia and New Zealand; a European cluster consisting of Belgium, Germany, Finland, Ireland, the United Kingdom and The Netherlands; a social-democratic cluster consisting of Denmark, Norway and Sweden; a liberal type including Japan, Canada, Switzerland and the United States; and finally, a conservative cluster which includes France, Italy and Austria. The classification by Obinger and Wagschal deviates from Esping-Andersen's typology in several respects. First, they refine Esping-Andersen's original classification of conservative welfare states by classifying countries into a conservative type - as Esping-Andersen envisaged - and a European insurance states type. This takes into account the possibility that conservative welfare states can also have characteristics of other regime-types. Thus, they explicitly include hybrid cases. Secondly, the results of Obinger and Wagschal make a strong case for Castles' and Mitchell's claim of a fourth world of welfare capitalism. This finding is in accordance with Kangas' results, as well as those by Shalev. Finally, their analysis showed that only Sweden, Norway and Denmark fully comply with Esping-Andersen's characterization of social-democratic welfare states, whereas countries such as Finland and The Netherlands are better characterised as hybrid types.

The most recent attempt to empirically verify Esping-Andersen's classification has been undertaken by Wildeboer Schut et al. (2000). This study examined the actual similarities and differences among welfare states of the 11 countries, which were originally included in Esping-Andersen's classification. The Netherlands, Belgium, France and Germany represented the conservative type; Australia, Canada, the United States and the United Kingdom the liberal type; and Sweden, Norway and Denmark the social-democratic type. Fifty-eight characteristics of the labour market, tax regime, and social protection system of these countries were submitted to a non-linear principal component analysis. The results largely confirmed the Esping-Andersen three-regime typology. As expected, a liberal cluster was found which included the United States, Canada, Australia and the United Kingdom. The United States appeared to be the most liberal country, with Australia a close second. Although less

strongly residual in orientation than the welfare states of the former two countries, Canada and the United Kingdom were also classified in this regime-type. The analyses further showed the existence of a conservative group of welfare states, which includes France, Germany and Belgium. The Dutch welfare state was also characterised by conservative characteristics, but these were far less pronounced. Moreover, The Netherlands also shared some features with the social-democratic welfare states. With respect to The Netherlands, Wildeboer Schut et al. (2000) concluded that this is the only one of the countries examined which cannot clearly be assigned to one of the three groups of welfare states. Finally, Sweden and Denmark appeared to be the purest representatives of the social-democratic regime-type, with Norway included but somewhat less pronounced.

In summary, these goodness-of-fit tests of Esping-Andersen's original three-worlds-typology do not undeniably corroborate his classification. Based on these results, a strong case can be made for extending the number of welfare state regimes to four - or even five - without considering the existence of a sixth, Mediterranean world of welfare capitalism. Moreover, these analyses show that a significant number of welfare states must be considered hybrid cases: No particular case can ever perfectly embody any particular ideal-type (Goodin et al., 1999, p. 56).

## 2.7 Conclusion and discussion

Before we reach our conclusions, let us examine how Esping-Andersen himself has reacted to the various attempts to amend his typology. He reacted positively to Castles' & Mitchell's proposal to add a fourth type - a radical welfare state regime - to his typology. He recognises that the residual character and the matter of a means-test are just one side of the Antipodean welfare states' coin. However, he (Esping-Andersen, 1997, p. 171) feels that a powerfully institutionalised collection of welfare guarantees which operate through the market itself cannot be neglected. Esping-Andersen (1996, p. 66; 1997, p. 171) has also given some support to the proposal to add a separate Mediterranean type. He has acknowledged the - sometimes generous - benefits which are guaranteed by certain arrangements, the near absence of social services and, especially, the Catholic imprint and high level of familialism. However, he (Esping-Andersen, 1997) is less convinced of the existence of a separate Japanese or East-Asian type. Japan seems to constitute a hybrid case, which encompasses both elements of the corporatist-conservative type (occupational segmentation in care and welfare and familialism) as well as elements of the residual model (the prevalence of private welfare schemes) which is typical of the liberal welfare states. It is quite likely, he argues, that the Japanese model will come increasingly under pressure in the near future. The provision of care and welfare by companies as well as by kinship are being increasingly threatened. This means that Japan will soon reach a crossroad.

Either the residual character of public welfare arrangements will have to be shed and conservative attributes will be strengthened, or Japan will have to follow the American route. According to Esping-Andersen, a final decision on how to classify the Japanese welfare state must therefore await the passage of time. However, he (Esping-Andersen, 1999, p. 92), expects that in the near future, Japan can be assigned to the conservative regime, because its corporatist social insurance system is rapidly maturing and its degree of familialism is still exceptional. In the end, Esping-Andersen is very reluctant to add more regime-clusters to his original three, although he admits that "it is inescapably true that Japan, like Australia and Southern Europe, manifest features that are not easily compatible with a simple trichotomy of welfare regimes" (Esping-Andersen, 1999, p. 92). Against the benefits of greater refinement, more nuance and more precision, he weighs the argument of analytical parsimony, stressing that "the peculiarities of these cases are variations within a distinct overall logic, not of a wholly different logic *per se*" (Esping-Andersen, 1999, *ibidem*).

However, contrary to Esping-Andersen, we conclude that there are no important reasons for not extending the number of ideal-typical welfare state regimes to five or six. Both our own overview of the various classifications by other students of the welfare state, as well as the results of the testing of the Esping-Andersenian three-worlds-typology, suggest that the number of welfare state regimes can be increased, while analytical parsimony can still - to a considerable degree - be achieved. Of course, this conclusion becomes more interesting when the following question is answered: Will this extended typology lead to a theoretically more satisfying and empirically more fruitful comparative analysis of welfare state regimes?

As far as theory is concerned, it is important that the work of some authors - like the work of Esping-Andersen - can be set within the revisionist branch of historical-materialism. This applies, in particular, to Korpi and Palme, but also to some feminists. It would be worthwhile to develop a theoretical reconstruction of the different revisionist contributions and to subsume these in a deductive-nomological system of statements from which, with the help of additional assumptions, we could deduce new predictions. Only then will the heuristic value of the typology become apparent.

The nature of the research by most of the other authors mentioned has a strong empiricist flavour. However, if we are searching for an underlying theoretical notion, it can be found in the rather general statement, which claims that similar causes have similar consequences. Considering the labels used, which are predominantly geographical or political, the most important causes are deemed to be the force of circumstances and the ambitions of politicians. The 'force of circumstances' factor could be translated into a functionalist 'challenge-response'-hypothesis. Similar circumstances lead to comparable welfare state regimes. Institutional correlations might arise under the pressure of functional exigencies. They might, however,

arise not only through processes operating within societies, but also through cultural diffusion among societies (Goldthorpe, 2000, p. 54). According to Boje (1996, p. 15), because most welfare states are confronted with huge social problems, politicians must find alternative procedures to solve these problems more efficiently. Therefore, they have recognised the possibility that much may be learned from other welfare states. The second factor could be put in terms of diffusion. Welfare state regimes are taken as social inventions and, therefore, a certain 'Wahlverwandtschaft' should exist between the regime-type and the dominant ideology in a particular country. The importance of this factor is underscored by Castles (1993), who has argued that it is very likely that policy similarities and differences among welfare states can be attributed to two factors. These are the history, culture, and their transmission and diffusion amongst countries as well as the immediate impact of economic, political and social variables identified in the contemporary public policy literature. Whether these very general hypotheses should be further developed remains to be seen. For the moment, we can conclude that, given the empiricist nature of their work, there should be hardly any objection to the incorporation of their findings into a revisionist historical-materialist framework.

Finally, we arrive at empirical applications of the typology. Basically, this typology enables us to explain cross-national variations in attitudes and behaviour - and their consequences - by including welfare state regimes as explanatory variables in the analyses. Therefore, within the revisionist branch of historical materialism (Esping-Andersen & Korpi, 1984; Esping-Andersen, 1990; Korpi, 1983), it has been proposed that the nature of the welfare state regime would decisively influence support for certain forms of social policy. A type characterised by universalism would generate the strongest support, whereas arrangements which apply only to minorities would not win the support of majorities. Tests of this hypothesis (Papadakis & Bean, 1993; Peillon, 1996) have shown some empirical support, but the evidence is not encouraging. More encouraging were the results of an effort (Gundelach, 1994) to explain cross-national differences in values with respect to welfare and care using the Esping-Andersenian welfare state regimes. Also, Svallfors' (1997) test of the hypothesis that different welfare state regimes matter for people's attitudes towards income-redistribution, was strongly endorsed. What especially matters to us here is that Svallfors had included not only the Esping-Andersenian regime-types, but also Castles' and Mitchell's radical type.

It is more difficult to draw a conclusion concerning the influence that welfare state regimes have on social behaviour. Much of this research has bearing on the distributive effects of welfare state regimes. Because they are often described in terms of their intended social stratification, a tautological element easily sneaks into the explanations. Positive exceptions are Goodin et al. (1999) and Korpi and Palme (1998). Using panel-data, Goodin et al. (1999) show that welfare state regimes

do not only have intended results, but also generate unintended consequences. As intended and expected, the levelling and poverty-reducing effects of some regimes (especially the social-democratic regime) are stronger than of others. However, state intervention has the unintended and unwanted consequence that it reduces the levelling and poverty-reducing operation of the labour market (which means before the state intervenes). Korpi and Palme (1998) find that a number of institutional arrangements characteristic of certain welfare state regimes not only have unintended consequences, but even have consequences which are reversed. Consequently, they speak of a paradox of redistribution.

All in all, these conclusions provide sufficient impetus to continue the work concerning the resulting welfare state typology. Future theoretical research should concentrate on a better formulation of the theory. Only then can predictions be logically deduced from theory instead of impressionistically. Only then is a strict test of the theory possible and only then will the heuristic value of the typology become apparent. However, we believe that, although the theory needs further elaboration, it now gives us sufficient clues to put its explanatory power to an initial empirical test. Specifically, we will examine whether the extended typology helps us to better understand cross-national differences and similarities in public attitudes concerning welfare state solidarity and preferences for certain justice principles. This idea will be pursued in the following chapters.



### 3 Popular Support for Institutionalised Solidarity: A Comparison among European Welfare States

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*Abstract.* In this chapter, we study the determinants of supportiveness for the welfare state as a system of institutionalised solidarity. We distinguish between two types of support: 1) whether or not people hold the state responsible for achieving social-economic security and distributive justice; 2) people's preference for the range of goals to be realised if the state is indeed held responsible. Using data from the Euro-barometer survey series, we investigate how, and to what extent, both kinds of support for the welfare state are related to position in the stratification structure, demographic characteristics and social-political beliefs, as well as to features of European welfare state regimes. The results of a two-level hierarchical model suggest that moral commitment to the welfare state dominates at the individual level, whereas self-interest enters the picture mainly if a person is highly dependent on the provisions of the welfare state. Furthermore, the findings give no support to the claim that there is a systematic variation between levels of popular support for the welfare state and its institutional structure.

#### 3.1 Introduction and research questions

Social scientific interest in the legitimacy of the welfare state increased significantly after its 'Golden Age', when serious doubts about the sustainability of various kinds of welfare provision were raised. Between the mid-1970s and the 1990s, welfare states were faced with rising unemployment rates, high levels of inflation and low economic growth, which led to increasing costs of welfare provisions. Consequently, restructuring and cutbacks in social expenditures were implemented, and a considerable fear of popular backlash against the welfare state was present among students of social policy. An unsympathetic popular opinion can be detrimental to the political health of the welfare state (Pierson, 1994, p. 146). Although some public resentment to certain areas of state provision has since been discernible, public opinion surveys in the two welfare states most heavily under attack by conservative political forces during the 1980s - Britain and the United States - suggested a widespread popular support for the most expensive and extensive elements of welfare

state provision during this period (Coughlin, 1980; Pierson, 1997, p. 171; Pierson, 1994, pp. 146-149). These findings can also be generalised to include other Western European welfare states (see, for example, Huseby, 1995, Roller, 1995).

These studies further showed that attitudinal patterns of popular support for the welfare state were, at that time, both stable and complex despite political efforts for retrenchment. To gain insight into the structure of public opinion, much research has since focused on explanations of differences in popular support in general and specific social schemes in particular - both within and among countries and welfare state regimes (Forma & Kangas, 1999; Forma, 1997b; Kluegel & Miyano, 1995; Matheson & Wearing, 1997; Papadakis & Bean, 1993; Peillon, 1996; Svallfors, 1997; Taylor-Gooby, 1985). The establishment of large scale projects in which comparative datasets on attitudes and values have become available - the International Social Survey Program, the European Values Study/World Values Study and the International Social Justice Project - has been especially conducive to broadening our understanding of what people in the various welfare states consider to be important. With these data, it is possible to describe national differences, as well as to test explanations for them.

The point of departure of a great deal of the research on attitudes towards the welfare state is the work of Esping-Andersen (1990). He characterises the welfare state as both a provider of social services and income maintenance and an agent of stratification. According to him, "the organizational features of the welfare state help determine the articulation of social solidarity, divisions of class and status differentials". This points to the importance of looking at social cleavages - for example class divisions - within society as well as at welfare state arrangements. They create a context in which citizens' attitudes towards the welfare state are shaped (Svallfors, 1997; Forma, 1997b, p. 238; Papadakis & Bean, 1993). Most studies assume that attitudes towards the welfare state are dependent on both the individual social position within income and status hierarchies and the nature of the institutional regime of social policy.

This chapter is based on this previous research. Its main goal is to explore how levels of popular support for the welfare state were structured across 11 European countries in the early 1990s. We will first give an overview of the levels of popular support after the restructuring of welfare states, thereby determining its overall legitimacy as a societal type *sui generis*. The focus is more on the comparable level of popular support for government intervention in terms of extensiveness and intensity (Roller, 1992; Zijderveld, 1999) than on attitudes towards nation-specific welfare state programmes. Also, this chapter attempts to provide insight into the ways in which welfare state legitimacy is connected to individual characteristics - position in the stratification structure, demographic characteristics and social-political beliefs - as well as features of the particular welfare state regimes distinguished within Europe. Specifically, the chapter addresses the following two research questions:

1. What is the influence of an individual's structural location, socio-demographic characteristics and socio-political beliefs on his or her supportiveness for the welfare state?
2. Is there a relationship between the type of welfare state regime and aggregate levels of support for the welfare state? If so, how can this relationship be accounted for? If not, how can cross-national variations in aggregate levels of support be otherwise explained?

### **3.2 Theories and findings about welfare state support**

#### *3.2.1 Dimensions and levels of attitudes towards the welfare state*

Most treatises on the welfare state assert, more or less explicitly, that one of its objectives is the achievement of social solidarity. In fact, the welfare state can, at the very least, be denoted as a state system of institutionalised solidarity. In varying degrees, it caters to the welfare needs of individuals or households. Like the welfare state, the sociological notion of social solidarity has been hard to define. Often, definitions refer to properties such as: common relationships among individuals, collective behaviour and collective attitudes of a group. In the remainder of this chapter, social solidarity will be defined in terms of common attitudes of individuals who express feelings of support for a social system<sup>1</sup> (Johnsen, 1998, p. 264).

Roller (1992, 1995) argues that these feelings of support can refer to goals, means and outputs of government intervention to achieve social security and social justice. With respect to the goals of state intervention, she distinguishes two dimensions:

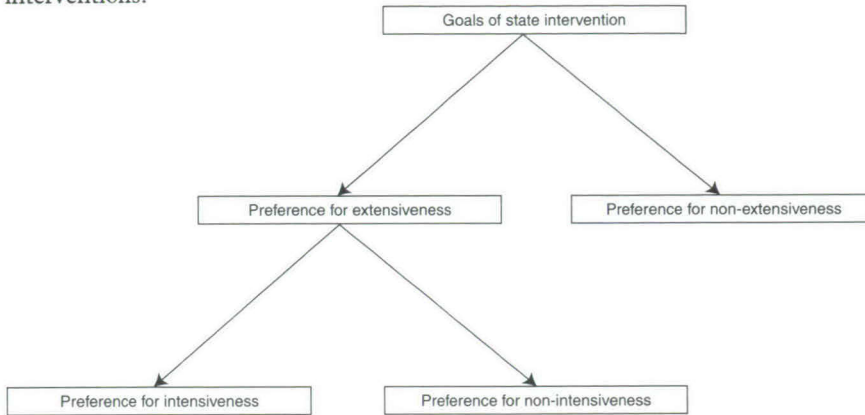
1. Whether or not the state is actually held responsible for achieving social-economic security and justice (extensiveness or range). This dimension reflects a preference, which varies from a minimal (night watchman state) to a universal welfare state;
2. The degree of social-economic security and justice that should be realised if the state is indeed held responsible for achieving these goals (intensity or degree). This dimension is usually operationalised in terms of preferences for more or less spending on social security or more specific fields of social policy such as unemployment benefits or health care.

Furthermore, she also divides the object of means into two dimensions:

1. institutions, referring to people's evaluation of long-term social policy;

<sup>1</sup>Of course, this definition of the welfare state does not cover all its dimensions and components. For more extensive discussions of this topic, see, for example, Zijdeveld (1999), Barr (1993), and Esping-Andersen (1990).

**Figure 3.1:** Relations between support for extensiveness and intensiveness of welfare state interventions.



2. programmes concerning attitudes towards relative short-term social policy programmes.

Lastly, with respect to the consequences of government intervention, she distinguishes between people's evaluation of:

1. intended consequences of government intervention;
2. unintended consequences of government intervention.

Together, these concepts describe the full range of citizens' attitudes towards government intervention. For both practical and theoretical reasons, this chapter deals with the two goal-dimensions. On the one hand, cross-national surveys generally focus on people's evaluation of government intervention and the degree it should embody. They contain fewer possibilities for a systematic comparison of people's evaluations of means and consequences. On the other hand, it can be argued that means presuppose goals and consequences presuppose the application of means. Therefore, it seems reasonable to concentrate on the level of support for the goals of government intervention; these are basic to the feasibility of the whole policy process.

We will now proceed with a closer examination of the relationship between the two goal-dimensions of social policy. Figure 3.1 depicts the theoretical relationships between the concepts of support for extensiveness and intensity of welfare state interventions.

On the conceptual level, people are divided on the question of whether one actually holds the state responsible for achieving social-economic security and justice. These are those who agree with state intervention and those who do not. The latter group prefers no - or only minimal - government intervention by means of social policy. This position reflects a classical liberal or neo-conservative stance towards the welfare

state. It sees the welfare state as an ill-conceived and unprincipled intrusion upon the welfare and liberty-maximising imperatives of a liberal market society (Pierson, 1997, p. 48). Consequently, only people favouring extensiveness will be able to express a value-judgement with respect to the preferred degree of social policy efforts. Individuals who prefer an intensive welfare state can be counted among the social-democratic and other left-wing parties, whereas people who show preference for a non-intensive welfare state articulate a social-liberal or Christian-democratic view.

The concepts of a preference for extensiveness or intensity of social policy seem to be present on two decision levels. If one prefers a broadly ranged welfare state, he or she is confronted with the decision to choose either for an intensive or non-intensive social policy. However, empirically it will be much more fruitful to treat these preferences as continuous variables, instead of as dichotomies. People will probably show varying degrees of preferences for extensiveness of the welfare state. Consequently, they will have varying opinions about the intensity of government activity. Although, logically, one level of options excludes the other, empirically they could be - and probably are - positively correlated. Individuals in favour of an extensive welfare state will also prefer an intensive welfare state. However, a person might also state that he or she prefers both a non-extensive welfare state and an intensive welfare state, even if they are, logically, mutually exclusive.

Another important issue concerns the effects of how the questions used to operationalise these dimensions are worded. Neglecting this problem can lead to inaccurate conclusions. Kangas (1997, pp. 475-494) shows that responses to general level questions show a strong commitment to social solidarity, whereas in more specific questions this support base tends to fade away and self-interest - another motive for giving support - comes to the forefront. Kangas also points to the fact that situational frames - altruistic norms, self-interest and additional information given in a questionnaire - may have an important impact on the measured preferences. As he observes, little attention has been paid to either the level of generality or the framing effects in studies about popular support for the welfare state. Without a critical look at the content of a question, the actual support base may very well be overrated when generally worded questions are used. Keeping these findings in mind, it is necessary to examine what questions are actually asked and how, why and what the issue at hand is.

### *3.2.2 Motives to support the welfare state*

Discussions of the motivational foundations of support for a social system generally identify either simple self-interest or a moral commitment to the common good (Kangas, 1997). According to Peillon (1996), people basically support the welfare state either because it is largely congruent with their values and beliefs, or because

they deem it expedient. Analogously, Taylor-Gooby (1985, pp. 77-78) identifies three general factors that are included in most accounts: political party identification as a proxy of beliefs and self-interest; simple self-interest mediated by people's perceptions of the allocative impact of welfare; and, finally, welfare imagery and ideology.

Unfortunately, there is no systematic treatment of relevant motives. However, sociological theory gives insight into the various motives people might have to support solidary relations, in general, and institutionalised forms of solidarity in particular. Based on a profound review of the work of such sociologists as: Durkheim (1893/1996), Weber, Mayhew (1971), Parsons (1951) and Hechter (1987), van Oorschot (1998b, pp. 8-9) argues that one can identify four general motives for giving support. In the following, we gratefully avail ourselves of his insights.

First, Mayhew (1971) emphasised the role of affectionate and emotional grounds for supporting solidarity. The degree to which people feel attracted to one another - and are loyal at the micro-level - and the degree to which they perceive a collective identity - and we-feeling at the meso and macro-levels - are decisive for the level of solidarity among them.

Culturally based convictions can be a second rationale for supporting a solidary relationship. Both Durkheim (1893/1996) and Parsons (1951) explain that people may also feel a moral obligation to serve the collective interest and to accept existing relations of solidarity. The strength of this motive may vary because, for example, institutional role obligations can vary in number and strength.

Van Oorschot identifies rational, long-term self-interest as a third motive for supporting a solidary relationship. Both Hechter (1987) and Durkheim (*ibid.*) have argued that individuals learn that they may benefit, here and now or perhaps in the future, from contributing to the collective interest. Note that the time frame of this rational thinking may vary. It is generally assumed that *homo economicus* is guided by enlightened self-interest to make allowance for long-term planning of action, i.e., strategic behaviour. People, therefore, support the institutions of the welfare state because they expect future gains. However, people may also support the welfare state because of opportunism. This involves seeking self-interest with guile (Williamson, 1975, p. 26). In this case, individuals have a limited time frame of only a few months or years, which ignores the long-term. They support the welfare state because they expect to benefit from its institutions within a relatively short period of time. Consequently, both kinds of self-interest may sway support for the welfare state. However, it is often assumed that long-term considerations prevail when the issue is partaking in a solidary relationship. For example, de Swaan (1988) argues that rational considerations lie at the heart of a process of habit formation with respect to the acceptance of the welfare state. According to him, most workers in modern welfare states have become accustomed to the fact that considerable amounts of their income are deducted in exchange for a guaranteed income in times of need.

Accepted authority can be a final rationale for supporting a solidary relationship: Support is not necessarily spontaneous or completely voluntary. Parsons (1951) argues that contributing to the collective interest is an act of solidarity only if it results from institutional role obligations. In addition, Hechter (1987) contends - in his theory on solidarity - that, in order to avoid the free riding of group members, coercion and control of contributions to the common good are necessary. Thus, when the previous three motives are not strong enough to provide sufficient support for a solidary relationship, enforcement by a higher authority may be necessary.

Solidary relations and arrangements that are legitimate with respect to all four motives are likely to be strongest. Also, van Oorschot contends that, if we regard solidaristic welfare arrangements and institutions as serving the collective interest of a society, then the foregoing analysis offers the possibility of measuring and analyzing that legitimacy. It is stronger to the degree that more people are motivated to contribute to the arrangements and people have more different motives to contribute.

### *3.2.3 Social position and support for the welfare state*

Economically-oriented explanations of support for the welfare state emphasise self-interest as the prime motivating factor. The self-interest thesis says that there is a direct relationship between one's position in the social structure and one's attitudes (d'Anjou, Steijn, & Aarsen, 1995, p. 357). In the stratification structure, the wealthier will be less concerned about redistribution and more prone to argue for the necessity of inequality. However, frameworks of interpretation and ideological commitments tend to blur the impact of raw self-interest (Svallfors, 1993). This ideology thesis (d'Anjou et al., 1995, p. 359) refines this self-interest thesis. It holds that there is no direct relationship between people's position in the stratification structure and their attitudes: This effect is mediated by people's ideological position.

Most research has focused on the direct impact of various indicators of self-interest and ideology on popular support (see, for example, Hasenfeld & Rafferty, 1989; Papadakis, 1992; Papadakis & Bean, 1993; Svallfors, 1997, 1993). Below, the main determinants identified in these studies are briefly discussed.

First of all, the importance of class is emphasised. According to Svallfors (1997, p. 290), resources - i.e. money or qualifications and credentials - as well as the risks of unemployment, sickness or poverty - are systematically connected to positions in the labour market. They, therefore, constitute links between positions in the class structure and welfare policies. Managerial and professional workers are better able to armour themselves against the vagaries of the market, due to the nature of their work or contractual relationships with private or government organizations (Kluegel & Miyano, 1995, p. 83). Furthermore, self-employment encourages greater opposition to government intervention (de Swaan, 1988; Wilensky, 1975), whereas unskilled

workers - exposed to higher risk-levels of life because of their precarious position in the labour market - will be more supportive of government intervention.

Another prime indicator for self-interest is income. It clearly defines who pays for or who benefits from social security provisions. Education also functions in this way. The higher educated may - because of their higher average income - expect to benefit less from welfare policies than low-schooled persons. However, Hasenfeld and Rafferty (1989, p. 1031) contend that socialization to democratic values - as measured by years of formal education - evokes greater commitment to social equality and social rights. That, in turn, leads to more support for the welfare state, independent of income. Because the analyses in this chapter will also incorporate years of formal education as an explanatory variable, the latter explanation should hold true here.

It is also often argued that certain groups seeking government assistance have a potential collective interest in ensuring that the level of social transfers is not eroded. Therefore, their opinions will significantly differ from those who are working. These groups - generally labelled as 'transfer classes' (Alber, 1984) - include old-age pensioners, the unemployed, the disabled and those with low incomes.

Previous research also points to the relationship between union membership and support for the welfare state. Union membership may promote endorsement of government intervention to reduce inequalities. It does this by channelling diffuse dissatisfactions into demands for welfare state policies to protect workers and other individuals who are dependent on the market for their livelihood, and a more egalitarian orientation (Fenwick & Olson, 1986).

Men and women may also differ in their degree of dependence on welfare state programmes. Kluegel and Miyano (1995, pp. 83-84) and Svallfors (1997, p. 290) argue that women show lower rates of continuous participation in the market due to gender norms that make them principally responsible for unwaged care giving. This and other disadvantages in the labour market make them more likely to be dependent on welfare policies.

Furthermore, age may affect the likelihood of being dependent on welfare state programmes. Kluegel and Miyano (1995, p. 83) argue that younger workers run greater risk of unemployment due to lack of seniority. They also lack accumulated savings or other resources that may soften the impact of market fluctuations. Retirees are out of the market and many of them are dependent on welfare services. Other older workers may anticipate being outside the labour market soon.

In accordance with the ideology thesis, socio-political beliefs are also stressed in many studies. Generally, a more right-wing or conservative political orientation - either in terms of market justice or economic individualism - or a right-wing party identification is expected to lead to weaker endorsement of welfare state efforts. Typically, the new-right views the welfare state as an uneconomic, unproductive, inefficient, ineffective and despotic institutional arrangement that denies freedom



(Pierson, 1997, p. 48). Left-wing political views imply a trust in the welfare state to reduce social inequality and foster social integration. In this respect, the post-materialist value-orientation could also be relevant for the explanation of welfare state adherence. Inglehart (1977) argued that a post-materialist value-orientation includes social justice, equality and solidarity with the weak in society. This leads to the expectation that post-materialists will be more supportive of the welfare state than materialists.

### 3.2.4 *Welfare state regimes and support for the welfare state*

In *The three worlds of welfare capitalism*, Esping-Andersen attempts to explain the relationship between the different types of welfare state regimes and their legitimacy. In his discussion, he particularly emphasises the important role that the new middle classes have played in the development of welfare states and their presumed opposition to government intervention. Specifically, he argues that the Scandinavian model was able to incorporate the new middle classes into a social-democratic welfare state by providing benefits that they approved of while retaining universalism of social rights. However, in Anglo-Saxon nations the welfare state failed to attract the new middle classes, which led to a residual type that mainly focused on the working class and the poor. Here, the market still caters to the needs of the middle classes. Because this latter group constitutes an important part of the electorate, extension of the welfare state is usually resisted in these countries. Finally, the maintenance of occupationally-segregated social insurance programmes, by conservative political forces, institutionalised the loyalty of the new middle classes within continental European welfare states (Esping-Andersen, 1990, pp. 31-32).

These arguments have led to the hypothesis that universal, social-democratic regimes tend to engender high levels of support, whereas liberal regimes induce much lower levels of support for institutionalised welfare state solidarity. Corporatist regimes should be somewhere in between. Empirical studies have found no clear evidence for this hypothesis (see, for example, Gundelach, 1994; Papadakis & Bean, 1993; Peillon, 1996; Svallfors, 1997). As Papadakis and Bean (1993, p. 257) point out, Esping-Andersen seems to assume a direct relationship between individual preferences (those of the new middle classes) and institutional structures. However, such a relationship is not necessarily true, because individual preferences are not equal to institutional structures. Institutional structures are only partially the crystallization of individual preferences. Furthermore, these structures may impose constraints on individual preferences. Consequently, only a certain degree of congruence will exist between the institutional arrangements of welfare states and preferences or - as in our case - levels of popular support.

### 3.2.5 *Other Contextual-level characteristics and support for the welfare state*

Apart from the idea that qualitatively different welfare state regimes lead to different levels of support for institutionalised welfare state solidarity, several other possible explanations have been suggested. Wilensky (1976) and, more recently, Kangas (1995) have proposed that the level of support will be highest in countries where the tax system has low visibility. This may be the case in countries where least reliance is placed on direct income or property taxes and more reliance on sales or value added taxes (VAT) to finance the welfare state. Also, welfare effort may matter. Forma (1997a) hypothesised that less inequality is experienced in those countries which contribute heavily to social protection. In addition, he proposed that redistributive policies should be claimed less in those countries which show high levels of expenditures on social protection. Finally, it has also been argued that the living-standard may explain cross-national differences. Roller (1995) suggested that the lowest levels of support will be found in countries with the highest levels of income equality. Moreover, Forma (1997a) proposed that a more equal income distribution will lead to fewer claims of redistribution. These hypotheses are based on the theory of diminishing marginal utility of increasing redistribution. When a high level of income equality is already achieved, people will be less willing to contribute more to achieve an even higher level.

### 3.3 Hypotheses

We have argued above that supportiveness for the welfare state relates to various objects of social policy. In this chapter, the focus is on the goal-dimension of government intervention: extensiveness (or range) and intensity (or degree). We will thus investigate if - and to what degree - these dimensions are associated, as well as how people's preferences here are related to their structural location, socio-demographic characteristics and socio-political beliefs. Furthermore, we shall examine whether these preferences are systematically structured across welfare state regimes. In order to give preliminary answers to these questions, we must return to the theoretical considerations and empirical findings discussed earlier.

The first hypothesis pertains to the association between the two goal-dimensions. Although on the conceptual level a preference for an extensive welfare state is not logically related to a preference for an intensive welfare state, on the empirical level these two dimensions will probably be associated. Specifically, we formulate the following hypothesis:

**Hypothesis 1:** *For every European welfare state the following holds true: Individuals in favour of an extensive welfare state will also prefer an intensive welfare state.*

Another important question is whether preferences for extensiveness and intensity of welfare state policies are affected in the same manner and to the same degree by an individual's structural location, his or her socio-demographic characteristics and his or her socio-political beliefs. Because extensiveness relates to a general level, we anticipate finding high levels of commitment. Social divisions will not easily emerge in this case. Here, moral commitment to the common good will be the primary explanation, as articulated by socio-political beliefs, union membership and educational attainment. Self-interest will only be of minor importance. Only those who are most dependent on the welfare state will show particular high levels of support for extensiveness. However, preferences concerning the intensity of welfare state policies are more specific. This may lead to a disintegration of these high levels of strong commitment. Therefore, we expect that social divisions will appear more clearly in this dimension and that questions of self-interest will enter more profoundly into the process of attitude formation, apart from a moral commitment to the common good. These considerations lead to the second hypothesis:

**Hypothesis 2** *For every European welfare state the following holds true:*

- A. *The stronger a person's moral commitment to the common good - exemplified by a leftist position on the political spectrum, a post-materialist value-orientation, trade union membership and higher educational attainment - the more he or she will prefer an extensive and intensive welfare state, ceteris paribus.*
- B. *If people belong to a transfer class, they will be more supportive of an extensive and intensive welfare state than those who do not, ceteris paribus.*
- C. *The higher a person's position in the system of stratification - expressed by income, class or status - the less he or she will be motivated to support an extensive and intensive welfare state, ceteris paribus. The association will be stronger with respect to the preference for intensity and weaker with respect to the preference for extensiveness of welfare state policies.*

Above, it was argued that different welfare state regimes decisively influence popular support for the welfare state. Whereas previous studies tested hypotheses on the presumed public support found within the liberal, social-democratic and corporatistic regime, no hypothesis has been advanced with respect to the levels of support to be found in the Mediterranean countries. Several authors have argued that the Mediterranean welfare states constitute a separate type of welfare state regime (see, for example, Bonoli, 1997; Ferrera, 1996; Leibfried, 1992), whereas Esping-Andersen identifies them as a subcategory of the corporatist regime type, although he partially agrees with some of these arguments (1999, p. 90; 1997, p. 171; 1996, p. 66). One practical constraint may help us ascertain the relative position of these welfare

states with regard to their levels of support: The length of time a country has been in the welfare business (Wilensky, 1975, p. 9). The Southern welfare states are often labelled 'welfare laggards' within Europe. Their social security systems are fairly young and not fully developed compared with the other European welfare states. It can be expected that the people of the Southern countries will strongly favour government interventions to develop a welfare state that is comparable to other European welfare states. The citizens of these countries have much more to gain from increased welfare state efforts than the citizens of the other European welfare states.

This line of reasoning suggests that high levels of support for government intervention characterise both social-democratic and Southern welfare states. Consequently, it is not possible to distinguish between levels of support in both types of regimes. However, we argue that people living in social-democratic welfare states have become accustomed to high levels of government intervention. This results in a less critical evaluation of these interventions compared with citizens of the Southern welfare states. On the basis of the above arguments, we advance the following hypothesis:

**Hypothesis 3:** *Levels of support for an extensive and intensive welfare state will be highest in Southern welfare states, followed by social-democratic and corporatist welfare states. Liberal welfare states will show the lowest levels of support.*

Underlying this hypothesis is a very general theory which states that people's past experiences with the welfare state and future expectations of its performance play an important role in determining supportiveness. Furthermore, the force of circumstances (the actual or current condition of the welfare state) will also partially determine people's aspirations regarding the extensiveness and intensity of social policy programmes. How these factors affect levels of popular support, may be exemplified in various manners. For instance, if the institutional arrangements of a welfare state contain predominantly universal programmes (as in social-democratic welfare states), then the participants will have widespread positive experiences. This will lead to stronger affirmative expectations among its members than in a welfare state with more particularistic social policy programmes (as is the case in conservative, Mediterranean and especially the liberal welfare states). For example, in Sweden, Norway or Denmark - all social-democratic welfare states - we should find higher levels of support than in Great Britain or Ireland, which are liberal-leaning welfare states.

It can also be argued that, if people live in a immature welfare state and their expectations of the welfare state's development have risen (as in the Mediterranean countries), then their supportiveness for an extensive and intensive welfare state will be higher than in social-democratic, conservative or liberal welfare states, whose members have already become accustomed to a mature welfare state.

It is also possible that if welfare states have weathered the test of time - liberal, conservative and social-democratic welfare states - positive experiences will generate loyalty and affirmative expectations rather than breed contempt. However, negative experiences will lead to diminished expectations and, consequently, to decreased support. As retrenchment has been especially strong in liberal welfare states - i.e. Great Britain and the United States - these citizens were probably confronted with the most negative experiences. Therefore, we expect a division in public opinion to exist between the liberal welfare states, on the one hand, and the social-democratic and conservative welfare states, on the other.

Finally, we will test the extent to which other contextual-level characteristics besides the regime typology matter for the level of support. In agreement with previous research (see Section 3.2.5), we expect the following to hold true:

**Hypothesis 4:** *Levels of support for an extensive and intensive welfare state will be higher in countries where the tax system is less visible, where less is spent on social protection, and where there is little income equality.*

### 3.4 Data, Operationalization and Method

#### 3.4.1 Data

In order to test the hypotheses, we used survey data from *Euro-barometer 37.1* (Reif & Melich, 1992), collected in April-May 1992, were used. This data-set includes measurements of attitudes towards social security, unemployment, pensions and the elderly. It also includes limited information on several socio-demographic characteristics of respondents.

The data was collected in the following fourteen countries: France, Belgium, The Netherlands, West Germany, Italy, Luxembourg, Denmark, Ireland, Great Britain, Northern Ireland, Greece, Spain, Portugal and East Germany. Northern Ireland was not included in the analysis because all data on the dependent variables used in the analyses were missing. Luxembourg was omitted because of insufficient sample size and East Germany was omitted because Esping-Andersen's classification does not cover it.

Each sample was weighted in the analyses by adjusting all samples to the standard size of  $N=1000$ . These nation weights also incorporate post-stratification adjustments based on cross-tabulations of national populations by sex, age, region and size of locality.

### 3.4.2 Operationalization

Following Roller (1992), the two dependent variables - support for an intensive and extensive welfare state - were operationalised by using the following items from Eurobarometer 37.1 as indicators of two correlated latent variables in a confirmatory factor analysis (original coding<sup>2</sup> : 1 = agree strongly, 2 = agree slightly, 3 = disagree slightly, 4 = disagree strongly):

Support for extensiveness of social policy

**Social security - major achievement:** Social security is a major achievement of modern society. The government should make sure that nobody is deprived when unemployed, poor, ill or disabled.

**Social security - broad range:** The government must continue to provide everyone with a broad range of social security benefits, even if this means increasing taxes or contributions.

**Social security - guaranteed assistance:** Some people cannot earn enough income to live on, because of disability, old age etc. To what extent do you agree or disagree that the RIGHT to claim assistance from the authorities should be guaranteed?

Support for intensity of social policy

**Social security - too costly:** Social security is too costly for society. Benefits should be reduced and contributions should be lowered.

**Social security - limited benefits:** The government should provide everyone with only a limited number of essential benefits (such as health care and minimum income) and encourage people to provide for themselves in other respects.

**Health care- provide everyone:** The government should provide everyone only with essential services such as care for serious diseases, and encourage people to provide for themselves in other respects.

A quick glance at the content of these items immediately reveals the rather general wording of questions to measure levels of support. In this case, one would expect to find strong support, as suggested by Kangas. The first and the third items are, in particular, very general questions to measure commitment to solidarity. The second

<sup>2</sup>The items 'social security - major achievement', 'social security - broad range' and 'social security - guaranteed assistance' have been recoded for convenience as follows: 1 = disagree strongly, 2 = disagree slightly, 3 = agree slightly, 4 = agree strongly. Thus, a higher score on the variable indicates a stronger propensity for support.

item presents respondents with a cost-benefit dilemma with respect to the provision of social security. As such, we would expect to find a weaker support base for collective solidarity on this item. The same holds for items 4 to 6, since these items appeal to the personal responsibility of individuals.

LISREL was used to test a measurement model for every country included. The results of these confirmatory factor analyses are presented in Table 3.1<sup>3</sup>.

These factor-analytic measurement models are based on the fundamental assumption that some underlying factors - smaller in number than the number of observed variables - are responsible for the covariation among the observed variables (Kim & Mueller, 1978, p. 12). Here, we propose and test a model for each country separately, with two dimensions or factors ('extensiveness' and 'intensity') explaining the covariation among the items. The model further assumes that these two dimensions are correlated. For example, factor 1 'support for an intensive welfare state' is assumed to explain the covariation among the items 'social security - too costly', 'social-security - limited benefits' and 'health care, provide everyone'. The figures in Table 3.1 are loadings<sup>4</sup>, which express the extent to which this underlying factor is responsible for the covariation among these three observed variables: Differently formulated, how strongly is this factor related to the item concerned? For the first factor, in France the intensity dimension is most strongly related to the item 'social security - limited benefits' (loading = 0.83) whereas, in Belgium, this dimension is most strongly related to 'social security - too costly' (loading = 0.75).

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<sup>3</sup>Because the observed variables are ordinal, estimates of polychoric correlations among the indicators were computed and analysed by the Weighted Least Squares method, as suggested by Jöreskog and Sörbom (1993).

<sup>4</sup>Loadings are weights for each factor dimension measuring the variance contribution the factor makes to a data vector (Rummel, 1970, p. 108). Here they indicate the relative importance of the extensiveness and intensity dimension for the determination of the accompanying responses to the indicators (items).

**Table 3.1:** Factor loadings, correlations and fit-indices of measurement models for extensiveness and intensity.

|                                                     |                       | F       | B       | NL      | WG      | I       | DM      | GB      | IRL     | G       | S       | P       | Multigroup |
|-----------------------------------------------------|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------------|
| Factor 1: Support for<br>an extensive welfare state | Major achievement     | .74     | .78     | .67     | .67     | .94     | .74     | .65     | .61     | .57     | .98     | .40     | .66        |
|                                                     | Broad range           | .51     | .39     | .71     | .36     | .26     | .82     | .71     | .54     | .67     | .37     | -.20    | .60        |
|                                                     | Guaranteed assistance | .44     | .34     | .45     | .46     | .25     | .42     | .55     | .49     | -.01†   | .37     | .54     | .39        |
| Factor 2: Support for<br>an intensive welfare state | Too costly            | .60     | .75     | .62     | .72     | .57     | .77     | .79     | .65     | .49     | .18     | .73     | .66        |
|                                                     | Limited benefits      | .83     | .68     | .67     | .80     | .79     | .60     | .60     | .78     | .82     | .57     | .92     | .75        |
|                                                     | Provide everyone      | .57     | .48     | .55     | .67     | .55     | .63     | .51     | .62     | .60     | .90     | .67     | .57        |
| Correlation between<br>Factor 1 and Factor 2        |                       | .35     | .24     | .74     | .90     | .15     | .72     | .88     | .65     | .46     | .38     | .81     | .          |
| <i>Chi</i> <sup>2</sup> ( <i>df</i> )               |                       | 32.3(8) | 10.2(8) | 42.6(8) | 38.3(8) | 23.5(8) | 20.4(8) | 30.6(8) | 54.0(8) | 18.7(8) | 39.8(8) | 48.3(8) | 837.2(148) |
| <i>p</i>                                            |                       | .000    | .250    | .000    | .000    | .003    | .009    | .000    | .000    | .017    | .000    | .000    | .000       |
| RMSEA                                               |                       | .060    | .018    | .072    | .068    | .050    | .041    | .057    | .090    | .042    | .074    | .078    | .076       |
| RMR                                                 |                       | .047    | .032    | .052    | .049    | .052    | .034    | .053    | .059    | .045    | .072    | .067    | .065       |
| GFI                                                 |                       | .99     | 1.00    | .99     | .99     | 1.00    | 1.00    | .99     | .99     | 1.00    | .99     | .99     | .99        |

Note: F=France; B=Belgium; NL=The Netherlands; WG=West Germany; I=Italy; DM=Denmark; GB=Great Britain; IRL=Ireland; G=Greece; S=Spain; P=Portugal

†not significant at  $p < .05$  (two-tailed test)

Source: Eurobarometer 37.1



Upon closer inspection of these factor-loadings for the country-specific models, we see that they appear to vary significantly across countries. This suggests that the underlying dimensions may not have the same meaning in all countries studied. Notice, especially, the weak loadings of certain items on the extensiveness-dimension for Italy, Greece, Spain and Portugal. This finding could reflect the low level of government intervention in certain areas of social policy that characterises these countries (for example, a lack of a legally guaranteed minimum income support).

These observations point to the general problem of cross-national validity of indicators and factors within comparative attitude research. Specifically, the meaning and connotation of concepts may vary across nations; they are, by nature, context-dependent. Differences in answers may also be caused by the inaccurate translation of questionnaires, as well as by culturally different appraisal of scale points or by varying response styles. These problems can make the correct interpretation of results problematic (Svallfors, 1997, p. 287; Halman & Moor, 1993, pp. 25-27). Structural equation models, such as the ones presented here, are well-suited to check the comparability of underlying dimensions. In particular, they allow for the testing of two important hypotheses (Halman & Moor, 1993, p. 30). First, they test whether the structure is equivalent across countries (i.e., only the same indicators are related to the factors). If the same structure does not apply, the factors are too different to compare, and thus need a nation-specific interpretation. The second hypothesis tests the equality of the relationship between the indicators and factors across countries, as expressed by the loadings. Ideally, these should be equal cross-nationally. If the structure appears to be the same, but the loadings appear to differ across countries, the factor needs a country-specific interpretation.

The fit-indices<sup>5</sup> of the models we present here point to a reasonably close fit between the hypothesised structure and the data. To assure cross-national comparability of the meaning of the latent variables, the factor loadings on the two latent variables were restricted to be equal across countries in a multi-group analysis. One drawback of this approach is that constraints are imposed on the data which often leads to less well-fitting models; better fitting country-specific models could always be estimated. Since we are interested in comparing positions of countries on both dimensions and not so much in country-specific structures, this approach appears - although imperfect - to be most useful for this purpose. The results of this analysis are also presented in

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<sup>5</sup>To assess the overall fit of the measurement model, we use the Goodness of Fit Index (GFI), the values of which range from 0 to 1, where values close to 1 indicate a satisfactory fit. Also, the Root Mean Square Residual (RMR) and the Root Mean Square Error of Approximation (RMSEA) are used. The smaller the RMR, the better the fit of the model. A RMR of zero indicates a perfect fit. To evaluate the fit of the models by the RMSEA, we follow the following 'rule of thumb' by Browne and Cudeck (Browne & Cudeck, 1993, p. 144). They suggest that "a value of RMSEA of about .05 or less would indicate a close fit of the model in relation to the degrees of freedom. A value of about .08 or less for the RMSEA would indicate a reasonable error of approximation, whereas a model with an RMSEA greater than .1 should not be employed".

Table 3.1. Based on this model, factor regression coefficients were saved which were used to calculate scores on both latent variables.

The *explanatory variables* at the individual level were operationalised as follows. A first measure of social location is *duration of educational attainment*. Unfortunately, Eurobarometer-surveys generally do not include information about educational attainment in terms of educational levels. Following Schmidberger (Schmidberger, 1997, p. 119), this variable was recoded into 9 ordered categories, ranging from 0 = '1 through 14 years of education' to 1 = '22 or more years of education'. Respondents who were still in education and younger than 22 years old were given their current age as the year in which they finished their education. Social location was also measured in terms of *class* on the basis of a respondent's occupation. We applied Goldthorpe's nominal class scheme and classified the occupations by constructing the following 4 dummies: skilled workers, petit bourgeoisie, routine non-manual workers, and the service class. Non-skilled workers were appointed as the reference category. The unemployed, pensioners/ disabled and people who are currently not active in the labour market were given the class score that referred to their last occupation. Social location was also measured in terms of *subjective class position*, which was operationalised by 4 dummies: people who see themselves as belonging to the lower middle class, to the middle class, to the upper middle class, and to the upper class. People who identify with the working class were used as the reference category.

Three dummies were constructed to indicate *transfer classes*: people who are not in the labour force, the unemployed, and old age pensioners/ disabled. People with paid jobs were used as the reference category. People with low incomes were also counted among the transfer classes. To evaluate whether people with a low income have a different view at the welfare state than people with higher incomes, a dummy variable was included, based on quartiles of household incomes. People who belong to the lowest quartile were appointed as the reference category.

People's social political orientation was operationalised, first of all, by their position on the *political left-right continuum*. This variable was measured by asking respondents to place themselves on a ten-point scale ranging from 1 = 'left' to 10 = 'right'. Furthermore, a four-point scale to measure a respondent's position on the *materialism-postmaterialism continuum* was included, where a higher score indicated a stronger post-materialist value orientation. *Union membership* is a dummy variable, where score 1 identifies respondents as members of a trade union. Lastly, two variables assessed the effect of demographic characteristics: *Age* (measured in years) and *sex* (0 = male, 1 = female).

The explanatory variables at the country level were operationalised as follows. Countries were classified largely according to welfare state regime based on Esping-Andersen's (1990, p. 52) de-commodification criterion (i.e., liberal: Ireland and Great Britain; corporatist: France and Germany; social-democratic: Belgium, The

Netherlands and Denmark). Furthermore, we added a fourth - Southern type - of welfare state regime consisting of Italy<sup>6</sup>, Spain, Portugal and Greece. Based on this classification, three dummy variables were constructed for the corporatist, social-democratic and Southern types, leaving the liberal type as the reference category.

To measure the impact of the visibility and the method of financing the welfare state, we calculated the share of income taxation in the total financing of public sector expenditure by different types of financing as a percentage of GNP, 1992. The primary data come from Greve (1996). In addition, welfare effort is measured as the total social protection expenditure as a percentage of GDP, 1992 (OECD, 1996). Finally, income inequality is measured by the GINI-index, which varies from 0% (no inequality) to 100% (total inequality) and which provides an overall indicator of income distribution. These data come from Eurostat (1998).

### 3.4.3 Method

Apart from the confirmatory factor analyses to estimate cross-nationally comparable scores on the two dependent variables, multilevel modelling was used to evaluate the effects of individual level and country level variables. Parameters of two 2-level random intercept models were estimated with the HLM programme (Bryk, Raudenbusch, & Congdon Jr., 1990). The general form of the level-1 equation, which represents the outcome  $Y$  (supportiveness for an extensive and intensive welfare state) for case  $i$  (respondents) within unit  $j$  (countries), is as follows (Bryk et al., 1990):

$$Y_{ij} = \beta_{0j} + \sum_{q=1}^Q \beta_{qj} X_{qij} + r_{ij} \quad (3.1)$$

where  $\beta_{qj}$  ( $q = 0, 1, \dots, Q$ ) are level-1 coefficients,  $X_{qij}$  is level-1 predictor  $q$  for case  $i$  in unit  $j$ , and  $r_{ij}$  is the level-1 random effect. In the level-2 model, each of the level-1 coefficients,  $\beta_{qj}$ , defined in the level-1 model becomes an outcome variable in the level-2 model:

$$\beta_{qj} = \gamma_{q0} + \sum_{s=1}^{S_q} \gamma_{qs} W_{sj} + u_{qj} \quad (3.2)$$

where  $\gamma_{qs}$  ( $q = 0, 1, \dots, S_q$ ) are level-2 coefficients,  $W_{sj}$  is a level-2 predictor and  $u_{qj}$  is a level-2 random effect.

In the first model, a positive coefficient indicates that, as the values of the explanatory variable increase, supportiveness for an extensive or intensive welfare

<sup>6</sup>Note that, according to Esping-Andersen, Italy belongs to the corporatist type of welfare state regime. However, several authors have argued that Italy belongs to a Southern type (see Chapter 2). To test this argument, Italy is analysed here together with the other Mediterranean countries.

**Table 3.2:** Scale distributions of popular support for extensiveness and intensity of social policy.

|                               | IRL   | GB    | F     | WG    | B     | NL    | DM    | I     | S     | P      | G      |
|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| <i>Extensiveness</i>          |       |       |       |       |       |       |       |       |       |        |        |
| Mean                          | 3.92  | 4.10  | 3.70  | 3.88  | 3.44  | 3.74  | 3.69  | 3.50  | 3.59  | 3.89   | 4.00   |
| Standard deviation            | .58   | .64   | .57   | .65   | .59   | .68   | .73   | .51   | .48   | .45    | .44    |
| <i>Intensity</i>              |       |       |       |       |       |       |       |       |       |        |        |
| Mean                          | 3.38  | 3.88  | 3.19  | 3.73  | 2.85  | 3.35  | 3.41  | 2.82  | 2.72  | 3.06   | 3.29   |
| Standard deviation            | .86   | .72   | .83   | .76   | .83   | .80   | .84   | .83   | .79   | 1.04   | .83    |
| $r_{\text{country specific}}$ | .65** | .88** | .35** | .90** | .24** | .74** | .72** | .15*  | .38** | .81**  | .46**  |
| $r_{\text{multigroup}}$       | .62** | .89** | .41** | .86** | .19** | .74** | .76** | .17** | .03   | -.29** | -.41** |

Note: F=France; B=Belgium; NL=The Netherlands; WG=West Germany; I=Italy; DM=Denmark; GB=Great Britain; IRL=Ireland; G=Greece; S=Spain; P=Portugal

One-Way ANOVA for Extensiveness:  $F(10;9073)=105.58, p<.000$

One-Way ANOVA for Intensity:  $F(10;8965)=159.52, p<.000$

\*\*  $p \leq .01$  (one-tailed test)

\*  $p \leq .05$  (one-tailed test)

Source: Eurobarometer 37.1

state also increases. However, a negative coefficient indicates that, as the values of the explanatory variables increases, supportiveness for an extensive or intensive welfare state decreases. The level-2 model explains the variability in the intercepts of the different regression equations for each country. That is, it explains why some countries have a higher overall level of support for an extensive or intensive welfare state than other countries. The models do not explain the variation across countries of the effects of the level-1 covariates. It is assumed that these slopes are a function of the average regression slopes for these variables and level-2 random effects  $U$ .

### 3.5 Results

In Table 3.2, we report the scores on the two support scales for the 11 countries, calculated in a multi-group LISREL analysis for each country as a whole. Also presented are the correlations between the two scales based on the country-specific measurement models (see also Table 3.1) and on the multi-group analysis<sup>7</sup>.

<sup>7</sup>To estimate an identified model for Spain, the error variances in the model for this country were additionally fixed to zero. This explains the lower correlation between extensiveness and intensity in the multigroup analysis.

Britain appears to have the highest scale values in both dimensions. Greece also shows a fairly high score on the extensiveness dimension, whereas Ireland, Portugal and Germany are all at about the same support levels here. With respect to the ranking of countries on the intensity scale, what is significant is that the predicted high levels of support for the Southern countries are not found. Compared with the other countries, their average scores on this dimension are relatively low. In conclusion, since no clear pattern is visible upon ranking countries on both dimensions, hypothesis 3 is unfounded.

The correlations between the two scales give support to *hypothesis 1*. For every country there is a positive association between the preference for an extensive welfare state and an intensive welfare state. However, the strength of the correlation between the two dimensions varies significantly among countries, from a very high correlation of .90 for Germany, to a fairly weak correlation of .15 for Italy<sup>8</sup>. We do not have an explanation for these differences, as they do not seem to follow any pattern.

Finally, we discuss the multivariate analyses to assess *hypotheses 2* and *3*. The results of modelling the relationships between micro-level and macro-level factors, on the one hand and supportiveness for the welfare state, on the other, are shown in Table 3.3. As has been stated above, a positive coefficient indicates that as the values of the explanatory variable increase, supportiveness for an extensive or intensive welfare state also increases. However, a negative coefficient indicates that, as the values of the explanatory variables increase, supportiveness for an extensive or intensive welfare state decreases.

Because people's social and political views are often found to be strongly related to educational attainment and income, the individual-level section of the models includes four interactions as controls: between educational attainment and subjective left-right placement; between educational attainment and post-materialism; between having a low income and subjective left-right placement; between post-materialism and having a low income.

*Hypothesis 2A* predicted that a stronger moral commitment to the common good - as exemplified by a leftist position on the political spectrum, a post-materialist value-orientation, trade union membership, and more educational attainment - will go hand in hand with a higher level of supportiveness for the welfare state, in terms of extensiveness as well as intensity. Because subjective left-right placement is scaled from 1 = left to 10 = right, we expect to find a statistically significant, negative coefficient for this variable. For the other variables, however, we expect to find positive coefficients. The scaling of these variables is from a low score on educational attainment, post-materialism and trade union membership to a high score on educational attainment,

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<sup>8</sup>This finding suggests that for the countries with very high correlations between the two dimensions, a model with one latent variable and six indicators might show a better fit to the data. For reasons of comparison, however, we will use the model with two latent variables for all the countries included.

**Table 3.3:** Two-level model of factors affecting the level of support for an extensive and intensive welfare state.

|                                                   | <i>Model 1</i> | <i>Model 2</i> | <i>Model 3</i> | <i>Model 4</i> |
|---------------------------------------------------|----------------|----------------|----------------|----------------|
| Intercept                                         | 3.77***        | 3.25***        | 3.77***        | 3.26***        |
| <i>Individual level variables</i>                 |                |                |                |                |
| <i>Social location</i>                            |                |                |                |                |
| Duration of education attainment                  | .28*           | .43**          | .28*           | .44**          |
| Occupation                                        |                |                |                |                |
| Reference: Non-skilled workers                    |                |                |                |                |
| Skilled workers                                   | -.00           | -.02           | -.00           | -.02           |
| Petty bourgeoisie                                 | .01            | -.01           | .01            | -.01           |
| Routine non-manual workers                        | .01            | .03            | .01            | .03            |
| Service class                                     | -.08*          | -.13*          | -.08*          | -.13*          |
| Subjective social class                           |                |                |                |                |
| Reference: Working class                          |                |                |                |                |
| Lower middle class                                | -.01           | -.02           | -.01           | -.02           |
| Middle class                                      | -.03           | -.07*          | -.03           | -.07*          |
| Upper middle class                                | -.08           | -.14*          | -.08           | -.14*          |
| Upper class                                       | -.10*          | -.08           | -.09*          | -.08           |
| Transfer classes                                  |                |                |                |                |
| Reference: Working                                |                |                |                |                |
| Not in the labour force                           | .07**          | -.03           | .07**          | -.03           |
| Unemployed                                        | .10*           | .10**          | .10*           | .10**          |
| Old-age pensioners/disabled                       | .10**          | .10*           | .10**          | .10*           |
| Low income                                        | .07            | .02            | .07            | .01            |
| <i>Social-political orientation</i>               |                |                |                |                |
| Subjective left-right placement                   | -.02**         | -.01           | -.02**         | -.01           |
| Post-materialism                                  | .03*           | .04            | .03*           | .04            |
| Union membership                                  | .09***         | .12***         | .09***         | .12***         |
| <i>Demographic characteristics</i>                |                |                |                |                |
| Sex                                               | .06*           | .08*           | .06*           | .08*           |
| Age                                               | .00            | .00            | .00            | .00            |
| <i>Interaction-terms</i>                          |                |                |                |                |
| Educational attainment x Left-right selfplacement | -.05**         | -.09**         | -.05**         | -.09**         |
| Educational attainment x Post-materialism         | .03            | .06            | .03            | .06**          |
| Low income x Post-materialism                     | -.05**         | -.02           | -.05**         | -.02           |
| Low income x Left-right selfplacement             | .01            | .00            | .01            | .00            |
| Level 1 modelled variance                         | 13%            | 10%            | 13%            | n.a.           |
| <i>Context variables</i>                          |                |                |                |                |
| Welfare state regime                              |                |                |                |                |
| Reference: Liberal                                |                |                |                |                |
| Southern                                          | -.21***        | -.71***        |                |                |
| Social-democratic                                 | -.31***        | -.49***        |                |                |
| Corporatist                                       | -.15***        | -.08           |                |                |
| Income inequality                                 |                |                | -.02*          | -.06**         |
| Total social protection expenditure               |                |                | -.05***        | -.04**         |
| Importance of income tax                          |                |                | -.43***        | -1.28***       |
| Level 2 modelled variance                         | 32%            | 64%            | 8%             | n.a.           |
| Intraclass correlation coefficient                | 12%            | 18%            | 12%            | 18%            |
| <i>N</i> <sub>listwise</sub>                      | 6929           | 6929           | 6929           | 6929           |

Note:

*Model 1: Effects of individual-level characteristics and welfare state type on preference for an extensive welfare state*

*Model 2: Effects of individual-level characteristics and welfare state type on preference for an intensive welfare state*

*Model 3: Effects of individual-level and structural characteristics on preference for an extensive welfare state*

*Model 4: Effects of individual-level and structural characteristics on preference for an intensive welfare state*

\*\*\*  $p \leq .001$  (one-tailed test)

\*\*  $p \leq .01$  (one-tailed test)

\*  $p \leq .05$  (one-tailed test)

Source: Eurobarometer 37.1

post-materialism and trade union membership. As both models show, the effects of several indicators of this commitment to the common good are in line with the expectations. People with longer educational training are more prone to hold the government responsible for socio-economic security. They are also more in favour of a broader range of social security than people with fewer years of education. Note that these results support the Hasenfeld and Rafferty hypothesis (1989) that there is a positive association between educational attainment and support for the welfare state. Moreover, members of trade unions also appear to be more in favour of an extensive and intensive welfare state than non-members. Furthermore, people with a left-wing political orientation and a post-materialist value-orientation also tend to support it. There is also a significant interaction-effect between educational attainment and subjective left-right placement on support for an extensive welfare state. As the educational attainment increases, the effect of subjective left-right placement on this support lessens. No evidence has been found for the expected direct effects of political position and post-materialism with respect to support for an intensive welfare state. The interaction-effects show that the strength of these effects is dependent on years of education. The effect of subjective left-right placement is weaker as the number of years of education increases, whereas the effect of a post-materialist value-orientation becomes stronger.

As expected, most members of transfer classes appear to be more in favour of an extensive welfare state than people who are working. This applies particularly to those who are not in the labour force: the unemployed, old age pensioners and disabled people. If individuals who belong to the lowest income group are also seen as a transfer class, they do not show significantly higher levels of support for extensiveness of social policy than people with higher incomes. An interesting finding is that this effect interacts with an individual's post-materialist value-orientation. The effect of post-materialism on support for an extensive welfare state appears to be less strong for those who belong to the lowest income group than for others. The model for support for an intensive welfare state indicates that the unemployed, old-age pensioners and disabled people are more in favour of an intensive welfare state than people in paid employment.

With respect to the effects of objective and subjective social class location on supportiveness for an extensive welfare state, there is little indication for class divisions. Members of the service class appear to be less supportive than non-skilled workers. Also, people who consider themselves to be members of the upper class are less in favour of extensiveness than those who count themselves among the working class. However, these effects are only significant at the 10% significance level. Therefore, as expected, the association between class position - objective or subjective - and supportiveness for an extensive welfare state turns out to be very weak. However, when examining support for an intensive welfare state, we see that class differences

surface more clearly. People in the service class are less willing to speak out positively on an intensive welfare state than non-skilled workers. Furthermore, we find that people who see themselves middle class and upper middle class are clearly less supportive of an intensive welfare state than people who feel they are working class. Accordingly, although the evidence is not overwhelming, there appears to be a stronger relationship between class and support for an intensive welfare state. Lastly, a demographic characteristic contributes significantly to both models. In accordance with previous findings, women show a stronger propensity than men to support an extensive and intensive welfare state.

*Hypothesis 3* addressed differences in levels of support at the level of the welfare state. Specifically, this hypothesis predicted that levels of support for an extensive and intensive welfare state will be highest in Southern welfare states, followed by social-democratic and corporatist welfare states. Liberal welfare states, however, should show the lowest levels of support. The effect of the dummy variables for the various welfare states regimes leads to the conclusion that this hypothesis is again unfounded. In comparison to the liberal regime, all other welfare state regimes exhibit lower levels of support, both extensively and intensively. Thus, although a classification according to the type of regime appears to explain a considerable amount of variance in both dependent variables (32% and 64%, compared with the intraclass correlation coefficients<sup>9</sup> of 12% and 18%), the expected pattern is not reproduced by the data. Obviously, Esping-Andersen's classification is only of limited use in predicting cross-national differences in levels of popular support for the welfare state.

Finally, *Hypothesis 4* predicted that the method of financing the welfare state, the level of expenditure on social protection and the level of income inequality also play a part in people's willingness to support an extensive and intensive welfare state. Specifically, it was expected that these levels of support will be higher in countries where the tax system has less visibility, where less is spent on social protection, and where there are low levels of income equality. In *models 3* and *4*<sup>10</sup> we have tested these hypotheses. We will not discuss the individual-level results as these are practically identical to the results in models 1 and 2. The findings suggest that our expectations are partially confirmed. As expected, it appears that, as income taxes - more visible to citizens than financing by, for example value added taxes - play a more important role, people are less in favour of an extensive and intensive welfare state. Furthermore, we see that the level of development of a welfare state, in terms of expenditure on social

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<sup>9</sup>This coefficient measures the proportion of variance in the dependent variables that is among the level-2 units. In this case, 12% of the variance in popular support for an extensive welfare state and 18% in popular support for an intensive welfare state is among countries.

<sup>10</sup>No explained variances could be calculated for model 4, because no stable model could be estimated. Although the effects found are interpretable, caution should be used concerning the results of models 3 and 4.



protection, also matters for the public's support. As expected, in countries where less is spent on social protection, people tend to give more support to an extensive and intensive welfare state. Finally, income inequality matters for the level of support, but not as we predicted. Here, we find that, as the income distribution of a country is more characterised by inequality, people are less supportive of an extensive and intensive welfare state, controlling for the level of expenditure on social protection and the method of financing. It therefore appears that people who live under an income regime which is characterised by high inequality are less willing to support welfare state solidarity, especially if we take the level of development into account. There is no immediate explanation for this unexpected effect. Presumably, the high level of income inequality in a country reflects a lack of social cohesion which, in turn, is reflected by lower levels of support to achieve welfare state solidarity.

### 3.6 Summary and discussion

This chapter has attempted to provide an answer to the question of how, and to what extent, popular support for the welfare state is related to such individual characteristics as position in the stratification structure, demographic characteristics and social-political beliefs, as well as to features of the particular welfare state regimes that are distinguishable within Europe. Several important conclusions arise from the analyses.

First, indicators of moral commitment to the welfare state - longer education, trade union membership, a left-wing political stance on the political spectrum and a post-materialist value-orientation - perform relatively well when it comes to explaining people's preferences for an extensive and intensive welfare state. This hypothesis was largely supported by the data. An interesting finding is that educational attainment not only independently affects people's supportiveness for the welfare state, but also that this effect is dependent on socio-political orientations. Previous research had not systematically tested the existence of such a relationship. In general, this result points to the necessity for taking into account interactions between both structural and ideological determinants of welfare state attitudes (Taylor-Gooby, 1985).

Secondly, self-interest enters the picture mainly through the dependence of transfer classes on the provisions of the welfare state. In general, the data supported the hypothesis that individuals who belong to a transfer class will be more supportive of an extensive and intensive welfare state. However, the attitudes of low-income people towards government intervention in social security did show much difference from the attitudes of other people. If income affected the preference for an extensive welfare state at all, it appeared to be dependent on people's post-materialist value orientation.

Thirdly, some indications are found for the presence of class differences, which were mainly reflected in the levels of support for an intensive welfare state. However,

these differences were not particularly strong. Given the high level on which welfare state popularity is measured, this result is not surprising. As Kangas (1997) argued, moral commitment to the common good seems to outweigh self-interest on a general level, as the findings seem to indicate. We agree with Kangas that future research should make more use of specific questions concerning concrete actions with respect to social policy. In this way, it will be possible to shed more light on the social foundations of the popular support for institutionalised welfare state solidarity.

These findings also show that a structural position in the stratification system amounts to a self-interested motivation to support the welfare state. Moreover, a particular ideological position implies one or more motives to give more support. Unfortunately, these relationships are only implicit in most studies due to a lack of empirical indicators for the various motives for supporting a solidary relationship. It would be a challenge for future research to construct and include empirical measures of these motives and to relate them to structural variables (see, for an example of this approach, van Oorschot, 1999; 2000).

Fourth and finally, no evidence was found for the thesis that there is a relationship between the type of welfare state, as defined by Esping-Andersen, and levels of popular support for it. These results corroborate previous findings by Papadakis and Bean, who consequently argue that “classifications by writers like Esping-Andersen would thus appear to offer limited guidance to welfare state popularity” (1993, p. 246). The results show that countries belonging to the liberal regime type are characterised by the highest levels of support, whereas the social-democratic welfare states do not show the expected high levels of support. These results point to the need to search for other explanations. For example, it has been suggested that the varying levels of popular support for the welfare state may lie in concrete differences in its social, political and economic organization, rather than in the specific model to which a real welfare state belongs. In this respect, Wilensky has identified the orientation of the tax system as a salient feature. Specifically, he argues (1975, p. 59) that less reliance on direct income and property taxes on households and more on sales or value added taxes to finance the welfare state would lead to higher levels of popular support for welfare state spending. The latter tax system may be less visible to citizens. We have tested these and other ideas empirically here and we have found clear indications that the level of development, the method of financing, and the level of income inequality matter for the level of support for an extensive and intensive welfare state.

Theories of legitimacy point to yet another explanation for varying levels of support: confidence in democratic institutions (Misztal, 1996). These theories assume that trust in institutions is based on legitimacy and that political trust is associated with political participation and consent. People who trust that political power is appropriately exercised will give more support to policy efforts. Citizens who do not believe that their government can be trusted are less likely to express support. Trust, however,

must not be seen as identical to legitimacy, but rather “as one of the dynamics of public opinion, helping to explain citizens’ attitudes and actions vis-à-vis the regime” (Misztal, 1996, p. 248). This line of reasoning suggests that trust may also influence people’s opinion about the performance of welfare state institutions. We may suppose that, if the general confidence in welfare state institutions of a country is low, people will be less inclined to be supportive of these institutions. Obviously, complicated interactions among various factors at the country level are at work here. They need to be addressed in future research, both theoretically and empirically.

The most important conclusion of this chapter is that the welfare state was still strongly legitimated among its citizens at the beginning of the 90s, even after a period of intensive restructuring. In every country, the majority of the population was then strongly - or very strongly - in favour of an extensive and intensive welfare state. One must, however, keep in mind that the support base may have been overrated due to the general level of some of the indicators used in the analyses. Another restriction concerns the fact that our data are rather old (from 1992). Levels of public support may have changed during the 90s. Consequently, the results may not reflect the more recent general mood towards supportiveness. Only the results of more recent public opinion surveys will make it possible to evaluate the degree to which citizens appreciated their welfare state by the end of the 90s. In summary, despite the erosion of social provisions and efforts to introduce the market into social security, the citizens of European welfare states appeared to feel that the national governments should play a significant role in the provision of social security. This suggests that future efforts for retrenchment of government intervention might meet with substantial opposition, which is reflected in a more positive public opinion towards government intervention in social policy.

## 4 Welfare States, Solidarity and Justice Principles: Does the Type really matter?

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**Abstract.** In this chapter, we investigate whether - and if so, to what extent - people's notions of solidarity and their choice of justice principles are related to the type of welfare state regime they live under, as well as to individual socio-demographic and ideological factors. We analyse data from the *International Social Survey Program 1996* and the *European Values Study 1999* which, together, cover preferences of citizens from 20 welfare states. Hypotheses pertaining to people's notions of solidarity and preferences of distributive justice in the different welfare state regimes are derived from the work of Esping-Andersen and his critics, as well as from sociological and social-psychological theories of distributive justice. We find important, although not decisive evidence for the thesis that the actual state of affairs with respect to the welfare state regime determines a citizen's views about which level of solidarity should be achieved and which justice principles should be emphasised. However, differences are often slight, and we argue that this is because values of solidarity and justice are matters of priority to all welfare states. Taking into account the existing differences among welfare state regimes, we also find important variations among individuals and social groups in their preferred level of solidarity and their choices of justice principles.

### 4.1 Introduction

When Esping-Andersen published his *Three Worlds of Welfare Capitalism* in 1990, it instantly became a sociology-classic. One of the crucial premises in this book was that the creation of equality has always been the core issue of welfare states. Later, Esping-Andersen (1994, p. 3; 1996, p. 2; 1999, p. 3) observed that, in a manner of speaking, the welfare state itself is equality, at least, in the sense that welfare states - morally speaking - have always promised a more universal, classless justice and 'solidarity of the people'. They are, in other words, committed to upholding existing standards of equality and social justice.

If Esping-Andersen's premise is correct - and the aim and character of welfare states can be formulated in such a simple straightforward manner - then why do welfare

states so often differ substantially with respect to the allocation and distribution of welfare? The obvious answer for Esping-Andersen (1990, p. 3; 1994, p. 717; 1996, p. 2; 1999, p. 32) himself is that definitions of equality espoused in distinct welfare states have not only remained rather vague, but have also often varied considerably. Welfare states vary in terms of which particular egalitarian justice principles they accentuate and which specific notions of social solidarity they pursue. Some welfare states, for example, have embraced a notion of equality that reflects a redistributive justice of collective solidarity. Others, however, have cherished a conflicting notion of solidarity - i.e. equity - which reflects the rationality of a quid pro quo actuarial principle of distributive justice.

Esping-Andersen (1990, p. 3, p. 26 & p. 32) suggests that, when we focus on the justice principles and notions of solidarity embedded in welfare states, we discover that variations are not linearly distributed around a common denominator. They are clustered into three highly diverse regime-types, each organised around its own discrete logic of organization, stratification and societal integration. Therefore we can identify three models - or ideal types - of welfare states: conservative, liberal and a social-democratic. He tested this theoretical conjecture empirically by finding an answer to the question of whether distinct welfare states that resemble his ideal types can be observed. There appears to be a clear coincidence of high de-commodification and strong universalism in the Scandinavian, social-democratically influenced welfare states. There is an equally clear coincidence of low de-commodification and strong individualistic self-reliance in the Anglo-Saxon nations. Finally, the continental European countries group closely together as corporatist and statist. They are also modestly de-commodifying (Esping-Andersen, 1990, p. 77).

## 4.2 Research questions

In the first part of his classic, Esping-Andersen's was concerned with specifying crucial welfare-state differences and testing leading hypotheses concerning their crystallization into three different regime-types. In the second part, he studied those types as independent, causal variables. He tried to answer the question: How do different types of welfare state regimes systematically influence social and economic behaviour in advanced capitalist states? In this chapter we will follow in his footsteps. We will look critically at his typology and will also examine modified versions of it to see if they have explanatory or heuristic power with regard to some crucial aspects of life within welfare states. The specific question we will address in this chapter concerns whether or not it matters to people under which type of welfare state regime they live, with respect to their acceptance of certain notions of solidarity and their choice of particular justice principles.

The answer to this question cannot be found by simply looking into the myriad

of empirical studies elaborating on Esping-Andersen's work. Svallfors (1997) has observed that most studies of welfare state regimes generally neglect the impact of regime characteristics on the attitude structures and value commitments found among populations of various welfare states. Their sophisticated treatment of institutions and actual distributions of various goods, he remarked, has seldom been extended to any substantial analysis of the way in which different regimes promote certain attitudes at the expense of others. Looking at the literature, Gundelach (1994) and Kluegel and Miyano (1995) seem to be among the very few exceptions that prove Svallfors's rule. Svallfors himself, however, is not someone to simply accept this. Prior to his above-mentioned criticism of comparative welfare state studies, he (Svallfors, 1993) had already searched for an empirical answer to the question of whether Sweden and Great Britain - both welfarist capitalist nations and differing significantly in their policies and politics - vary in the way their citizens perceive equality and redistribution. In the 1997 article, he continued by analyzing how attitudes towards redistribution are structured in various types of welfare state regimes. He found that different types actually tend to promote different ways of valuing income differences resulting from both market forces and the redistributive policies of governments. If justice principles and notions of solidarity are used by people as guidelines for valuing income differences then, according to Svallfors' findings, the type of welfare state really matters.

According to Svallfors, however, research into the question of whether - and how - welfare state regimes influence the attitudes concerning equality and redistribution, is not the only thing that is lacking. He refers to several authors who argue that Esping-Andersen's typology is not exhaustive and that further regime-types need to be distinguished. He has, to some extent, been heeding the critics' call to add a fourth, radical world of welfare capitalism, which includes Australia and New Zealand. These countries, labelled by Esping-Andersen as liberal welfare states, show a low degree of welfare redistribution through the state. However, their industrial relations system emphasises the equal distribution of primary welfare by regulating wages and other work conditions.

Our aim, in this chapter, is to follow both Esping-Andersen's and Svallfors' lead by extending their analyses. By doing so we will attempt to gain more in-depth knowledge about the degree to which different regime types influence people's choices of principles of distributive justice and notions of solidarity. In order to do this, we will elaborate on Esping-Andersen's and Svallfors' studies in three ways. We will, first of all, address the question of whether there are three - as Esping-Andersen assumes - or more ideal-types of welfare-state regimes. Furthermore, we will try to measure people's choices of justice principles and notions of solidarity more directly, not relying on judgements of income (re)distribution as in Svallfors (1997). Finally, we will use deductive reasoning - instead of Svallfors' inductive style of argumentation - by first applying explanatory theories of justice and solidarity and, secondly, by using

confirmatory instead of exploratory forms of data-analysis.

### 4.3 Conceptual framework

Before we can accomplish our mission, we must first explain the conceptual framework applied in this chapter. As we have mentioned before, Esping-Andersen's point of departure is the assumption that welfare states are supposed to produce equality and, in a manner of speaking, even are equality. Because equality is such a broad and vague concept, welfare states often vary in terms of which egalitarian principles they accentuate. Not all welfare states have wholeheartedly and equally embraced the notion of equality that reflects a redistributive justice of collective solidarity. This raises the question of what the exact relationship is between this multifarious concept of equality, on the one hand, and notions of solidarity and principles of distributive justice on the other. Esping-Andersen suggests that the latter, at least in this case, can be treated as intertwined concepts. Both concepts refer to particular aspects of the notions of equality espoused by welfare states and are, at least in this regard, two sides of the same coin. Therefore, his answer - if we interpret his line of reasoning correctly - should be as follows. If all welfare states try to create some sort of equality, then they must try to find an institutional solution for the problem of solidarity: In other words, who should be made equal to whom or, more precisely, who should have equivalent rights to what kind of collective protection. Because solidarity and distributive justice are intertwined, the following consecutive question must be answered: What kind of equality should be applied to those who should have equivalent rights to what level of collective protection?

Although solidarity is one of sociology's key problems, the theoretical connotations of this concept have, since the important early contributions of Durkheim and Weber, seldomly been analysed in a satisfactory manner (Bayertz, 1998; Doreian & Fararo, 1997; van Oorschot & Komter, 1998). In their review of the state of the art of sociological theory construction concerning solidarity, van Oorschot and Komter (1998) come to this conclusion. The sociologists they discuss (Durkheim, Weber, Parsons, Mayhew and Hechter) seem to perceive solidarity primarily as a state of relationships among individuals and groups enabling collective interests to be served and only, in the second place, as a value or moral sentiment. The essence of such relationships is that people have or experience a common fate, either because they share identity as members of the same collectivity - therefore feel a mutual sense of belonging and responsibility - or because they share utility: They need each other to make the most of their life chances and, especially, to avert risks. In order to make the concept of solidarity easier to handle in empirical research, van Oorschot (1997b) has searched for indications of these communal interests and feelings. According to his findings, societal solidarity takes shape either vertically: The 'strong' help the

'weak' by redistributing benefits and burdens, or horizontally: The 'strong' and the 'weak' contribute to the common weal by risk-sharing. Societal solidarity increases the more the 'strong' support the 'weak' and the more both the 'strong' and the 'weak' contribute to the general interest.

In the literature, social or distributive justice, like solidarity, is conceived not only as a particular societal state of affairs, but also as a value or moral sentiment. Once again, the problem of justice features prominently in the work of the two most famous classical sociologists: Durkheim and Weber (Arts & van der Veen, 1992, p. 144). Contrary, however, to the sociological treatment of notions of solidarity that people cherish, there is extensive and informative literature pertaining to what principles of distributive justice people embrace. Their answer to the question of who should get what and why (for an overview, see, Jasso, 1989; Arts, 1995; Jasso & Wegener, 1997). Deutsch (1975, p. 139) provides the substantive values that, according to this literature, are the underlying principles of distributive justice. Justice is the treatment of all people, such that all receive outcomes 1) proportional to their inputs; 2) as equals; 3) according to their needs; 4) according to their ability; 5) according to their efforts; 6) according to their accomplishments; 7) so that they have equal opportunity to compete without external favoritism or discrimination; 8) according to the supply and demand of the market place; 9) according to the requirements of the common good; 10) according to the principle of reciprocity; 11) so that no one falls below a specified minimum. This rather long list of different values that may conflict with one another, seems to contradict what we said above about the informative character of the literature. Its length - and the possible internal conflict among certain values - does not conflict with the finding that every society has a set of norms determining the fairness of certain societal distributions of benefits and burdens. Neither does it conflict with the claim for a basic justice motive, that can be reduced to a shared moral feeling of entitlement. This feeling gives, in its most primitive form, rise to the perceived right to expect outcomes that are equivalent or proportional to relevant inputs. Although such a proportionality rule is generally accepted as the most general conception of distributive justice, there is often difference of opinion regarding the just extent of a distribution of social benefits and burdens in particular circumstances. That could be because people do not always agree on what constitutes relevant inputs, nor on how much emphasis must be put on each of those factors. Deutsch (1975) advances the thesis that, in spite of the many specific values underlying principles of distributive justice, three overreaching principles can be distinguished: 1) equity; 2) equality; 3) need. Most of the substantive values can be gathered under the umbrella of these principles.



#### 4.4 Differences in solidarity and justice among welfare states regimes

Esping-Andersen is not the only one to conclude that distributive justice and solidarity are the crucial institutional virtues of welfare states. The welfare state, as a societal type *sui generis*, can, according to the literature even be seen as an organised system of solidarity, historically progressing from group solidarity among workers - later between workers and employers - towards solidarity among larger social groups: the healthy and the sick, the young and the elderly, the employed and the unemployed (Schuyt, 1998). The welfare state can, therefore, also be conceived as an agent which now plays an important - if not dominant - role in the implementation of income maintenance and redistribution, according to modern norms of distributive justice (Arts, 1985). The institutions of the welfare state function as a major foundation of societal solidarity and distributive justice by embodying the collection of social rights which give individuals a formal legal and social identity - i.e. social citizenship - as members of a socio-political community (Turner, 1997). This raises the question of whether the formal inclusion in such a socio-political community leads to growing realization that one also belongs to a moral community. If so, does living under a specific welfare regime cause people to adhere to a particular conception of this moral community? What should be the primary units to produce and receive collective protection? What should be the scope and strength of solidarity? How should equality be established, and what principles of justice should be emphasised?

If ideal typical welfare state regimes exhibit qualitatively different notions of solidarity and pursue different conceptions of distributive justice, what are then the specific notions and conceptions embedded in each of them? How many ideal types of welfare states can be distinguished in the real world of welfare capitalism? As we have seen before, Esping-Andersen (1990) answered the latter question by limiting the number of ideal types to only three: liberal, conservative and social-democratic.

The liberal type emphasises equality in the sense of equal opportunity and individualistic equity. Equal opportunity means that social positions are open to all. Individualistic equity means that people themselves are first and foremost responsible for their own welfare and that they, at least ideally, are awarded by the market according to their achievements and efforts. In its social policy, therefore, the state is rather reluctant to provide welfare to those in need. Income transfers are deemed legitimate only as far as they are intended for the deserving poor. Welfare programmes serve to encourage the operation of the market; either actively, by means of subsidising private welfare schemes, or passively, by keeping (often means-tested) social benefits on a modest level for only the truly and demonstrably needy. Horizontal and vertical solidarity are low, as is the degree of de-commodification: the degree of protection against the vicissitudes of market fortune. Exclusion of the 'undeserving' from welfare state provisions is an inevitable consequence of this kind of welfare state regime. Here,

welfare is characterised by a relatively low degree of welfare expenditure and only a small extent of vertical income redistribution.

The conservative type stresses equity over redistribution. This is not an individualistic equity, but rather a corporative status equity. Society in conservative welfare states is segmented. There is a hierarchy according to class and status differentials. Not only the welfare state, but also the 'Stände' are the relevant moral communities. Solidarity is, therefore, not only founded on the ideal of social citizenship but also on 'Ständebewusstsein'. The welfare state institutions and programmes emphasise the functional importance for society of hierarchy according to class and status and are designed to preserve status differentials. All citizens are socially included, provided they have participated in the labour market and contributed to social insurance. Social security is preserved through intermediate quasi- or semi-governmental institutions. The welfare state generally provides means-tested social security to families according to the previous class and status of the breadwinner. This is done in order to preserve the existing hierarchy and maintain the social status of families. Therefore, the redistribution of welfare, and therefore solidarity, is more horizontal than vertical. The degree of de-commodification depends strongly upon one's position in the labour market and within the family. If one does not participate fully on the labour market, then one either becomes dependent on the breadwinner or lacks full social security. If one does participate fully and one is a breadwinner, then the degree of de-commodification is relatively high.

The social-democratic type of welfare state regime, in its turn, underlines universalistic solidarity and egalitarianism, which means equality of outcome. The state is the predominant moral community and takes full responsibility for the social welfare of the people by guaranteeing everybody a minimum standard of living, by providing full citizenship and by preventing social exclusion. There is a high level of de-commodification, high standards for meeting needs, the benefits are generous and are not dependent on individual contributions. The effects of this type of welfare state regimes are: Class and status differentials are blurred, social inequalities are levelled, a standard of living that appropriately and decently caters for people's needs is guaranteed.

Several authors have developed alternative typologies of welfare state regimes, or added one or more types to Esping-Andersen's classification, in order to achieve more explanatory power or empirical refinement. From the vast array of welfare state typologies found in the literature (for an overview: Arts & Gelissen, 1999a), we have selected three additional regime types. We think that they draw attention to interesting characteristics of those welfare states not directly included in Esping-Andersen's classification. These alternative classifications arise from three of the important areas of criticism of Esping-Andersen's typology: 1) He generally neglects Southern or Mediterranean welfare states. Even if they are mentioned, and briefly dealt with, they

are incorrectly classified as conservative types (Leibfried, 1992; Ferrera, 1996; Bonoli, 1997). 2) The so-called antipodean or radical welfare states of Australia and New-Zealand are incorrectly classified as liberal welfare states (Castles & Mitchell, 1993; Castles, 1996; Hill, 1996). 3) He neglects the East-Asian communitarian welfare states and, in particular, the position of Japan (Becker, 1996; Goodman & Peng, 1996). Southern Mediterranean welfare states resemble the conservative type, but they are characterised by a high degree of familialism and an immature system of social security, which means a low degree of de-commodification. European countries of the Southern type are familialistic in that they assign a maximum of welfare obligations to the nuclear or even the extended family. Also, in general, there is relatively little state intervention in the welfare sphere. The social security system in this kind of welfare states is not only immature - in the sense that the state and the insurance markets, as providers of social security, find themselves still in *statu nascendi* - but also highly fragmented. On the one hand, there is no articulated net of minimum social protection but, on the other, some benefits are very generous and some provisions are universal. Anglo-Saxon countries under a radical regime - the Antipodeans - resemble those under a liberal regime as far as the low degree of welfare expenditure is concerned. Income maintenance schemes are, although rather modest and targeted, more needs-sensitive than in liberal welfare states and not simply concentrated on the very poor. Assistance is also more inclusive. While the liberal type is highly inegalitarian, the radical type is highly egalitarian. As in the continental European countries of the conservative type, solidarity is restricted to labour market participants and their dependents. Income and welfare levelling takes place by regulating wages and working conditions through industrial and political action. The labour market itself is a welfare producer. That is why radical welfare states are sometimes called wage-earners' welfare states.

Although communitarian East-Asian welfare states have some characteristics in common with both the conservative and the liberal welfare states, they have other specific characteristics that make them different from the Western types. Peng and Goodman (1996), for example, argue that Japan is characterised by: (a) A system of family welfare that appears to negate much of the need for state welfare; (b) a status-segregated and somewhat residual social insurance based system; (c) corporate occupational plans for 'core' workers. A case can be made, they state, that much of this pattern also holds for South-Korea and Taiwan. In communitarian, East-Asian welfare states, solidarity is mainly restricted to - and expected from - the (nuclear and extended) family and the local and one's business community. Big conglomerates (firms) and local community organizations on the one hand, and the family on the other, are important for providing welfare and social security. The state is a welfare provider of last resort, only seeing to elementary needs. The social assistance system, for example, is strictly means-tested and highly targeted, as well as stigmatising.

According to Esping-Andersen (1999, p. 8) there is a dichotomy between the welfare state regimes of the Scandinavian and Anglo-Saxon countries, on the one hand, and Continental European countries and Japan, on the other, as far as the primary unit to receive collective protection is concerned. For the first group, the primary unit is the individual; for the second, it is the status group ('corporation') and/or the family (via the male breadwinner). There are also differences among countries as far as the units to produce collective protection are concerned. Esping-Andersen (1999, p. 85) calls this the dominant locus of solidarity. Social risks can be internalised in the family, allocated to the market or absorbed by the welfare state. Each of them can function as the dominant locus of solidarity in welfare states. In Anglo-Saxon countries of the liberal type, the production of collective protection is predominantly via insurance markets, while the state is only a protector of last resort. On one side, there is a self-reliant majority of citizens who can obtain adequate insurance through private means. On the other side, there is a minotarian and dependent welfare clientele. In Anglo-Saxon countries of the radical type, however, the production of collective protection is primarily via governmental income policies to level pre-tax and pre-transfer income inequality and via collective bargaining and wage arbitration within the industrial relations system with a view to secure income maintenance. The radical welfare states follow another route to a greater income redistribution from the rich to the poor. The regulated labour market is, therefore, the dominant welfare producer and locus of solidarity. In Scandinavian countries of the social-democratic regime-type universal solidarity predominates. All individual risks, bad or good, are collected under one umbrella. This implies a solidarity of the 'people'. The collective protector and dominant locus of solidarity is the state. In continental European countries of the conservative type, risks are pooled by status membership. They stress corporatist (status or occupational groups) solidarity. Protection takes place both via quasi- and semi-governmental institutions and via a corporatist system of industrial relations (subsidiarity). In South-Asian communitarian welfare states such as Japan, the family and the big industrial and commercial conglomerates are the primary vehicles of protection and, therefore, the dominant locus of solidarity. The state is only a protector of last resort.

In a reply to his critics, Esping-Andersen (1997) first partly agreed with them. He agreed that both the Antipodean and Mediterranean welfare states have strong distinctive characteristics. He was, however, less convinced about the Japanese case. Based on a comparative analysis, he concludes that Japan is not a distinct regime type, but a more or less hybrid case. Recently, however, the critics have found a less sympathetic ear from Esping-Andersen (1999). In addressing the question of the advantage of a fourth, fifth or sixth regime cluster, he argues that we would probably benefit from greater refinement, more nuance and more precision. Still, if we also value analytical parsimony, neither of the proposed alternatives warrant additional

regime types. Why not? First, if we assume the validity of all three claims, we will find ourselves with a total of six models for a total of 18-20 nations. The desired explanatory parsimony would be sacrificed, and we might as well return to individual comparisons. Secondly, the peculiarities of the alternatives are only variations within a distinct overall logic, not the foundations of a wholly different logic per se. Recognising the fact that the first argument is a weighty - although not necessarily conclusive one - we will inquire whether each of the additional regime types produces qualitatively different notions of solidarity and principles of justice than each of the original three worlds of welfare capitalism.

## 4.5 Models and hypotheses

### 4.5.1 *Distributive justice and solidarity: a causal model*

The assumption underlying Svallfors' work on people's attitudes towards the welfare state is that people's choices or their preference order of principles of justice and notions of solidarity are based on contextual factors, particularly on the type of welfare state regime. This is in accordance with much of the literature on distributive justice. Several authors (Rescher, 1966; Eckhoff, 1974; Deutsch, 1975; Miller, 1976; Leventhal, 1976; Schwinger, 1980) have argued that the choices people make with respect to principles of justice depend to a large degree on their personal situations. Some will choose an equity principle, others a need principle and a third group will turn to an equality principle. The common goal underlying the interaction in a certain situation seems to be the determining factor. When the primary goal is to facilitate and enhance productivity, the equity rule is preferred. When the paramount concern is preserving harmony in a social aggregate, equality will be the dominant principle. The need principle will dominate when the well-being of individuals is most salient (Arts & van der Veen, 1992). This is to a large extent in agreement with Peillon (1996). He states that the distribution of benefits by the welfare state has been legitimised, viz. by applying the need, the equity (desert or merit) and the equality (universal right) principle. Social services, he argues, were originally aimed at people who did not obtain sufficient resources on the basis of their efforts. The provision of social housing, unemployment benefits, health protection, etc. was justified by the fact that people need it. The provision of welfare may also be based on equity (merit), if welfare benefits are related to contributions. One may also consider that, as members of a nation, people are equally entitled to a range of services and benefits, independent of what they achieve or need. Peillon (1996, p. 180) believes that the need/equity/equality basis of welfare is implied in Esping-Andersen's typology of welfare regimes. The liberal welfare regime relies on needs. The conservative regime includes the principle of insurance (equity/merit) for the distribution of welfare

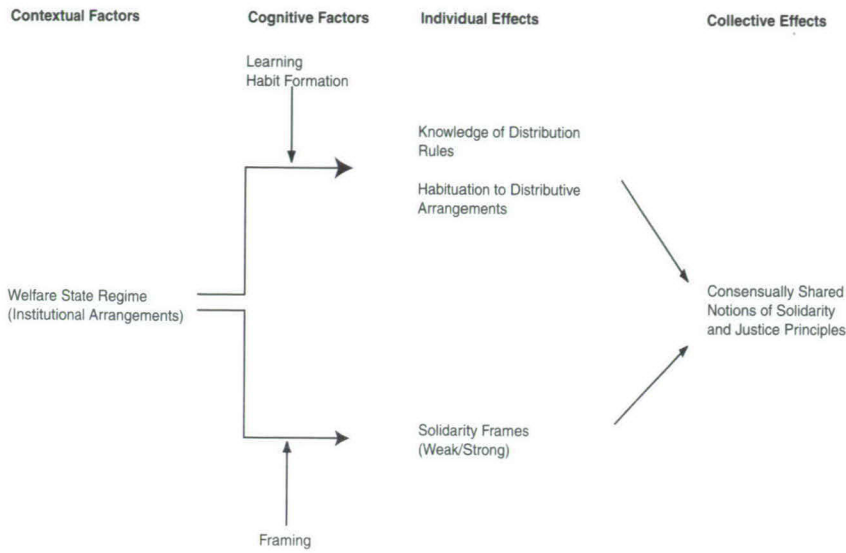
benefits. Finally, the social-democratic regime is firmly associated with equal rights, which generate universal services.

Contextual factors, however, only indirectly exercise their influence on the attitudes of individuals. First, people must become accustomed to the contextual factors and their social situations. Only if welfare state regimes have been around for some time have their citizens had the chance to gather individual and collective knowledge necessary for the smooth functioning of the institutional solidary arrangements: Only then can they learn to act in the socially approved manner. Secondly, people's choices of solidarity notions and justice principles are strongly affected by the way they frame the situation. Those frames are shaped by the socio-economic and institutional context of the past. They affect people's definition of the situation at hand and prestructure their choices of justice principles and notions of solidarity (e.g. Arts, Hermkens, & van Wijk, 1995, pp. 136-137).

We can derive from status value theory (Berger, Fisek, Norman, & Wagner, 1985; Berger, Zelditch, Anderson, & Cohen, 1972) that issues of distributive justice only arise in the presence of stable frames of reference. Those frames describe distribution rules that are thought to be social fact and can serve as generalised standards whereby individuals eventually develop expectations for rewards in specific situations. As a consequence of beliefs about what is typically the case, expectations are formed about what one can legitimately claim ought to be the case. A similar hypothesis can be found in framing theory: "Any stable state of affairs tends to become accepted eventually, at least in the sense that alternatives to it no longer readily come to mind" (Kahneman & Tversky, 1981, pp. 730-731). This idea is consistent with Homans's observation that "the rule of distributive justice is a statement of what ought to be, and what people say ought to be is determined, in the long run, and with some lag, by what they find in fact to be the case".

Lindenberg (1997, 1993) feels that how solidarity functions in a society depends on how weak or strong it is. While there are gradations within these categories they are, in his opinion, qualitatively quite different. Because of this qualitative difference, societal situations give rise to two distinctive normative frames of reference in terms of justice and solidarity. At one extreme, there is a frame of strong solidarity in which the dominant goal is to follow solidarity norms. This frame emphasises equality and need as the principal justice principles. The entwining of need and equality is in line with Miller's (1992, p. 570) observation that equality and need, in practice, are often difficult to distinguish. In social aggregates where people have good relations with each other and nurse feelings of solidarity, they probably also feel a duty to boost each other's welfare. At the other extreme, there is a frame of weak solidarity in which the dominant goal is to gain maximization and a subordinate goal is to follow solidarity norms. This frame emphasises equity (merit/desert).

Therefore, liberal welfare states tend to create a normative frame that comes close to



**Figure 4.1:** Theoretical Model of the Impact of Institutional Arrangements.

the weak solidarity ideal type. Social-democratic ones create a frame that approximates the strong solidarity one. The other types will give rise to mixed normative frames - between the extremes of weak and strong solidarity - with conservative and Southern welfare states more to the strong extreme and radical and communitarian states more to the weak side. All in all, these differences between welfare state regimes will be reflected in people's consensually held notions of solidarity and the highly similar choices of justice principles they make.

Following this line of reasoning, we can now construct the causal model depicted in Figure 4.1. In this model, the connections assumed in the preceding section are reproduced in brief.

#### 4.5.2 *Distributive justice and solidarity: additional hypotheses*

It would be naive to suppose that people's choices of principles of distributive justice and notions of solidarity are entirely determined by the force of circumstances of the welfare regimes and the frames of reference created by them. Research findings make it immediately apparent that these choices will not be completely determined by contextual factors and more or less uniform frames of reference. If that were the case, we would find a nearly general consensus on issues of social justice and solidarity

within welfare states. Even though consensus dominates dissension, this conclusion would be obviously unrealistic (cf. Arts & van der Veen, 1992, p. 152; Törnblom, 1992, p. 203). Welfare states will not only be characterised by a considerable degree of agreement concerning the choice of notions of solidarity and justice principles, but they will also show differences among individuals and groups in their preferences. Empirical studies clearly illustrate that people's beliefs about distributive justice and solidarity are not only conditioned by situational factors, but also by individual, relational, and cultural ones (Hegtved, 1992, p. 325).

The most important individual factor seems to be self-interest (Miller, 1992, p. 585; Arts & Hermkens, 1994, p. 138; d'Anjou et al., 1995, p. 358; van Oorschot, 1997b, p. 23). According to the so-called self-interest thesis, beliefs about justice and solidarity are a rationalization of self-interest. People tend to endorse the view of solidarity and justice which, if implemented, would work to their relative advantage. Swift et al. (1995, pp. 35-37) found, for example, that there were significant social class differences in normative judgements about justice. Members of the working classes were most in favour of equality, whereas the salariat and the (traditionally conservative) petite bourgeoisie were less sympathetic to it. d'Anjou et al. (1995) found a clearly marked difference in adherence between the members of the highest and the lowest social positions, i.e. between higher management (who are more in favour of the desert or merit [equity] and less in favour of the need principle) and the social security recipients (who are, conversely, less in favour of the merit and more in favour of the need principle), although the preferences of the members of the other classes showed a rather confusing pattern. These findings can, however, also be differently interpreted (Miller, 1992, p. 585). It could be argued that lower-class respondents and social security recipients tend to have greater exposure to solidaristic relationships (through trade unions etc.) and less exposure to competitive relationships than higher-class respondents do. One's day-to-day experiences of solidarity tend to determine whether or not he or she is inclined to conceive society in solidaristic terms and, therefore, use the appropriate criteria (merit vs. need) in making judgements of social justice. Miller guesses that each of these interpretations contains a partial truth. He also remarks that there is a considerable degree of cross-class consensus. Where differences exist in the class-specific choice or preference order of justice principles, the relationship is generally weak. Van Oorschot (1997b, p. 23) found that self-interest is the main motivation for paying contributions to social insurances, but also that class has no direct effect.

Swift et al. (1995), d'Anjou et al. (1995), and van Oorschot (1997b) found that demographic and ideological factors were also associated with differences in the choice of solidarity notions and justice principles. There are generally weak correlations between demographic factors - such as gender and age - and the choice of justice principles (Törnblom, 1992, p. 203). Women sometimes seem to emphasise

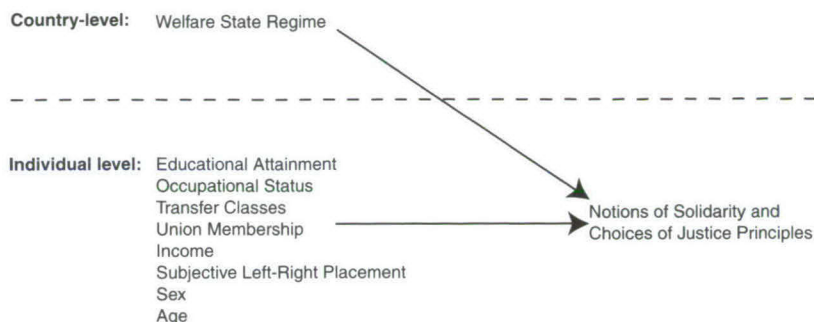


equality and need principles, men the merit principle. Increasing age sometimes leads to a stronger emphasis on the merit principle. Ideological factors have a stronger influence than demographic factors on the choice of justice principles and solidarity notions. Research findings indicate that people who align themselves with parties of the left/right tend to prefer relatively low/high inequality. Adherence to a free market ideology is shown to be positively related to the merit principle and negatively related to the need principle.

We can now formulate a number of additional hypotheses. First, we must mention, however, that in the causal model we expected that contextual factors - especially the type of welfare state regime - would primarily determine which principle of distributive justice people would choose or what notions of solidarity they would embrace. This determination takes place, we have argued, through frames of reference that are a result of the historical legacy of welfare state regime institutionalization. Now we can add that we also expect that individual attributes, demographic characteristics and ideological factors also will affect the choice of justice principles and the notions of solidarity that are cherished.

Based on the results of previous research, we have formulated the following expectations concerning how some of the factors mentioned above affect people's considerations of justice and solidarity across welfare states. We examine the main effects of an individual's social-demographic and ideological position and assume - for the time being and the sake of simplicity - that these effects hold equally across the different types of welfare states.

- **Hypothesis 1:** *Women will be more solidary and more in favour of equality and need principles and less in favour of an equity principle than men, ceteris paribus.*
- **Hypothesis 2:** *Those who are self-employed will less strongly endorse the principles of equality and need, and will more strongly adhere to an equity principle than those who are not self-employed, ceteris paribus.*
- **Hypothesis 3:** *Younger people will be less solidary, more in favour of an equity principle and less in favour of equality and need principles than older people, ceteris paribus.*
- **Hypothesis 4:** *The more left-wing one's political inclination, the more one will be solidary and in favour of the equality and need principles, and the less in favour of the equity principle, ceteris paribus.*
- **Hypothesis 5:** *The higher one's level of education, the more one will be solidary and in favour of need and equality principles and the less in favour of an equity principle, ceteris paribus.*



**Figure 4.2:** Determinants of People's Notions of Solidarity and Choice of Justice Principles.

- **Hypothesis 6:** *People on high incomes will be less solidary, more in favour of an equity principle and less supportive of the principles of equality and need than people on low incomes, ceteris paribus.*
- **Hypothesis 7:** *People who are gainfully employed will be less solidary, more supportive of an equity principle and less supportive of equality and need principles than people who are not employed, ceteris paribus.*

These expectations, together with the primary hypothesis mentioned above, are represented in a graph in Figure 4.2.

The remainder of this chapter will be dedicated to testing these hypotheses. First, however, we will give a brief overview of the data, the measures of justice and solidarity principles and the statistical techniques used.

## 4.6 Data, Operationalization and Method

### 4.6.1 Data

To test the aforementioned hypotheses, we use data from two cross-national survey projects. In the first place, data from the 'Role of Government' module (carried out in 1996) of the *International Social Survey Program* (ISSP) are used. The ISSP is a on-going annual programme of cross-national collaboration concerning surveys on social attitudes and values. Every year, a module about a specific topic (e.g. social inequality, religion, family and changing gender roles) is fielded, using the same wording and sequencing of questions in each participating country. The research population (N=32795) consists of representative samples of the following countries (with sample sizes varying from N=500 for the Arab population of Israel to N=2494 for Spain; see ISSP 1996 for details): Australia, West Germany, East Germany, Great Britain, United States, Hungary, Italy, Ireland, Norway, Sweden, Czech Republic,

Slovenia, Poland, Bulgaria, Russia, New Zealand, Canada, Philippines, Israel, Japan, Spain, Latvia, France and Cyprus. The second data-source is the *European Values Study* (EVS). The EVS is a large-scale, cross-national and longitudinal survey research programme on basic human values initiated by the European Value Systems Study Group (EVSSG) in the late 1970s. Its major aim is to design and conduct a major empirical study of the moral and social values underlying European social and political institutions and governing conduct. Two waves of data-collection were carried out in 26 countries in 1981 and 1990. Here, we will use data from the most recent third wave conducted in 1999 or 2000 throughout Europe. Each national survey was a large representative sample of citizens aged 18 or over. The observational method used was face-to-face interviews based on largely standardised questionnaires. The current research population consist of the following 34 countries which participate in the EVS 1999: Austria, Belarus, Belgium, Bulgaria, Canada, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, The Netherlands, Poland, Portugal, Romania, Russia, Slovak Republic, Slovenia, Spain, Sweden, Turkey, Ukraine, United Kingdom and the USA. For our purposes, it is necessary to confine our analysis to countries which can be classified according to the 6 types of welfare state regimes we distinguish and for which sufficient data in either data-set is available. Specifically, we include the countries listed below. Some of these are close empirical representations of the ideal type and others are hybrid cases, exhibiting traits of two or more regime-types. However, one has to keep in mind that, ultimately, even archetypes are not completely pure cases:

*Liberal:*

1. Pure type: Canada (ISSP 1996) and the United States (ISSP 1996).
2. Hybrid type: Great Britain (ISSP 1996, EVS 1999) and Ireland (ISSP 1996, EVS 1999).

*Conservative:*

1. Pure type: France (ISSP 1996) and West Germany (ISSP 1996, EVS 1999).

*Social-democratic:*

1. Pure type: Denmark (EVS 1999), Norway (ISSP 1996) and Sweden (ISSP 1996, EVS 1999).
2. Hybrid type: Austria (EVS 1999), Belgium (EVS 1999), The Netherlands (EVS 1999).

*Mediterranean:*

1. Pure type: Greece (EVS 1999), Portugal (EVS 1999) and Spain (ISSP 1996, EVS 2000).

2. Hybrid type: Italy (ISSP 1996, EVS 2000).

*Radical:*

1. Pure type: Australia (ISSP 1996) and New Zealand (ISSP 1996).

*East-Asian Communitarian:*

1. Pure type: Japan (ISSP 1996)
2. Hybrid type: The Philippines<sup>1</sup> (ISSP 1996).

In both data-sets, national weights are adjusted to generate samples with a standard size of 1000 respondents.

#### 4.6.2 Operationalization

The *dependent variables* of this study - people's notions of solidarity and choice of justice principles - were measured as follows. In the first place, we selected seven indicators from the ISSP 1996 to assess *people's preferred level of solidarity*. These items relate primarily to the issue of who should have a right to a certain kind of collective protection. Specifically, respondents were asked how much they thought that, on the whole, it should or should not be the government's responsibility to do the following:

- Provide a job for everybody who wants one (IND1).
- Provide health care for the sick (IND2).
- Provide a decent standard of living for the old (IND3).
- Provide a decent standard of living for the unemployed (IND4).
- Reduce income differences between the rich and the poor (IND5).
- Give financial help to college students from low-income families (IND6).
- Provide decent housing for those who can't afford it (IND7).

We hypothesised that this selection of items from the ISSP 1996 would yield a scale which measures people's preferred level of solidarity. Prior to any analysis, the original response scales of these items (1 'Definitely should be', 2 'Probably should be', 3 'Probably should not be' and 4 'Definitely should not be') were reversed for convenience of interpretation. Confirmatory factor analysis (CFA) was used to test a one-factor measurement model for each country with these observed variables as

<sup>1</sup>Note that the Philippines are not included by Esping-Andersen in his discussion of welfare states. However, in order to have some variation within the South-East Asian welfare state regime we use the Philippines as another real 'immature' welfare state which can be assigned to this type of regime.

**Table 4.1:** Factor loadings and fit-indices for Confirmatory Factor Models of solidarity items.

| <i>Item:</i>  | Ind1 | Ind2 | Ind3 | Ind4 | Ind5 | Ind6 | Ind7 | Min  | Max  | RMSEA | RMR  | GFI |
|---------------|------|------|------|------|------|------|------|------|------|-------|------|-----|
| USA           | .70  | .81  | .82  | .78  | .74  | .69  | .82  | 1.21 | 4.84 | .086  | .075 | .99 |
| Canada        | .63  | .72  | .80  | .79  | .71  | .68  | .81  | 1.21 | 4.84 | .110  | .093 | .98 |
| Great Britain | .65  | .70  | .79  | .81  | .75  | .71  | .88  | 1.85 | 4.84 | .071  | .062 | .99 |
| Ireland       | .53  | .85  | .85  | .75  | .66  | .65  | .74  | 1.59 | 4.84 | .110  | .110 | .98 |
| West Germany  | .68  | .75  | .79  | .70  | .65  | .57  | .72  | 1.45 | 4.84 | .087  | .089 | .98 |
| France        | .67  | .72  | .81  | .83  | .76  | .74  | .88  | 1.21 | 4.84 | .080  | .075 | .99 |
| Sweden        | .81  | .76  | .79  | .81  | .79  | .59  | .82  | 1.21 | 4.84 | .091  | .087 | .99 |
| Norway        | .69  | .77  | .82  | .77  | .69  | .59  | .79  | 1.21 | 4.84 | .096  | .120 | .98 |
| Spain         | .67  | .81  | .87  | .82  | .74  | .84  | .89  | 2.37 | 4.84 | .045  | .046 | .99 |
| Italy         | .61  | .70  | .76  | .67  | .61  | .70  | .74  | 1.87 | 4.84 | .099  | .110 | .98 |
| New Zealand   | .68  | .79  | .77  | .74  | .68  | .62  | .81  | 1.21 | 4.84 | .110  | .097 | .98 |
| Australia     | .65  | .78  | .78  | .74  | .68  | .73  | .81  | 1.21 | 4.84 | .081  | .076 | .99 |
| Japan         | .65  | .78  | .80  | .82  | .73  | .68  | .71  | 1.21 | 4.84 | .090  | .082 | .98 |
| Philippines   | .78  | .80  | .78  | .77  | .59  | .78  | .80  | 1.21 | 4.84 | .075  | .081 | .99 |
| Multigroup    | .68  | .76  | .79  | .78  | .71  | .68  | .80  |      |      |       | .080 |     |

*Note:*

Ind1: Provide a job for everybody who wants one.

Ind2: Provide health care for the sick.

Ind3: Provide a decent standard of living for the old.

Ind4: Provide a decent standard of living for the unemployed.

Ind5: Reduce income differences between the rich and the poor.

Ind6: Give financial help to college students from low-income families.

Ind7: Provide decent housing for those who can't afford it.

Source: ISSP 1996

indicators<sup>2</sup>. Specifically, we used a Weighted Least Squares procedure to analyse the covariance matrix and asymptotic covariance matrix of these items. For comparative purposes, a multi-group analysis was also performed in which we restricted the loadings of the latent variable on the indicators to be equal across countries. Based on this model, factor regression weights were calculated which were used to estimate the scores of the latent variable. The results of these models are presented in Table 4.1.

In order to assess people's choice of justice principles, we selected three items from the EVS 1999. These items correspond with the equality, need and equity principles

<sup>2</sup>To assess the overall fit of the measurement model, we use the Goodness of Fit Index (GFI), the values of which lie on a scale ranging from 0 to 1, where values close to 1 indicate a satisfactory fit. Also, the Root Mean Square Residual (RMR) and the Root Mean Square Error of Approximation (RMSEA) are used. The smaller the RMR, the better the fit of the model. A RMR of zero indicates a perfect fit. A value of RMSEA of about .05 or less indicates a close fit of the model in relation to the degrees of freedom, whereas a value of about .08 or less for the RMSEA indicates a reasonable error of approximation. Models with a value of RMSEA of .1 or more indicate unsatisfactory fit of the model.

of justice. Respondents were asked to evaluate the importance of each of the following statements about what a society should provide in order to be considered 'just':

- Eliminating large inequalities in income among citizens ('equality').
- Guaranteeing that basic needs are met for all, in terms of food, housing, clothing, education, health ('need').
- Recognising people on their merits ('equity').

The original response format of these items (1 'very important' 2 'important' 3 'neither important nor unimportant' 4 'unimportant' 5 'not at all important') was also reversed.

The *explanatory variables* at the individual level were measured as follows. To assess the effect of educational attainment, we used a four-category collapse of the CASMIN project educational attainment classification (see Marshall, Swift, & Roberts, 1997). These four categories are 'low educational attainment', 'ordinary educational attainment', 'advanced educational attainment' and 'degree'. Three dummy-variables were constructed using a 'low educational attainment' as the reference category. Furthermore, the effect of belonging to a transfer class was also assessed with three dummy-variables: 'not in the labour force', 'unemployed' and 'old-age pensioners/disabled'. Those who are employed were taken as the reference category. Household income is included using a ten category variable, based on deciles. We also included the respondent's age - measured in years - and gender, using men as the reference category. Note that these variables are present both in the ISSP 1996 and in the EVS 1999.

However, some important variables were only present in one of the data-sets. Specifically, information about whether someone is self-employed was only included in the ISSP 1996. We added this variable to the model of factors explaining people's preferred level of solidarity by including a dummy-variable, taking those who are not self-employed as the reference category. The EVS 1999 data also made it possible to include union membership (non-members are the reference category) and subjective left-right placement (measured on a ten point scale 1 'left' to 10 'right') as explanatory variables in the models of factors affecting people's adherence to justice principles.

At the country-level, we included five dummy-variables for the various welfare state regimes in the model of factors affecting people's preferred level of solidarity. In this model, countries are indicated as belonging to the conservative, social-democratic, Mediterranean, Antipodean or South-East Asian type according to the classification presented in Section 4.6.1. Countries which belong to the liberal type are taken as the reference category. In the models of factors affecting people's adherence to justice principles, we include three dummy-variables to indicate conservative, social-

democratic and Mediterranean welfare states. In these models, liberal welfare states are also taken as the reference category.

#### 4.6.3 *Method*

Multilevel modelling was used to assess the effects of individual and country-level variables on people's notions of solidarity and their choices of justice principles. Multilevel modelling is a special kind of regression analysis, which takes into account the nested structure of data. The basic idea is that the dependent variable *Y* has an individual as well as a group aspect. The dependent variable must be a variable at level one: The hierarchical linear model is used to explain an occurrence at the lowest, most detailed level (Snijders & Bosker, 1999). We estimated several hierarchical models in which the effects of social characteristics of individuals (level one or individual level) and their belonging to a certain world of welfare capitalism (level two or country level) were modelled simultaneously (see also Section 3.4.3). The general hierarchical model assumes that both intercept and slope parameters may vary randomly across countries. In some cases it was necessary to estimate a more simple random intercept model, which assumes that only the intercept parameter at level one is allowed to vary randomly across level two, whereas the effects of social characteristics are fixed (assumed to be non-random) across level two. Eventually, both models allow us to investigate why some countries are more than others characterised by a higher average level of preferred solidarity and stronger preferences for a certain justice principle.

### 4.7 **Results**

To investigate the relationship between welfare states and public preferences with respect to solidarity and justice, we examine the pattern of the mean scores (and standard deviations) on these instruments across countries (Table 4.2).

The first column represents the average position of the various welfare states on our instrument of the preferred level of solidarity. The following emerging patterns deserve attention. The first group of welfare states consists of Spain, Ireland and Italy, which have, on average, a relatively high score on the preferred level of solidarity. This group of countries is also characterised by more invariant attitudes concerning the preferred level of institutionalised solidarity, as is apparent from the smaller standard deviation of this variable. Obviously, these countries are 'immature' welfare states, in which the role of the government is not as developed as citizens would like.

A second group of countries includes two 'pure' social-democratic welfare states: Norway and Sweden. It also includes conservative France, as well as hybrid Great Britain. These four countries occupy an intermediate position, which still signifies a markedly positive attitude towards solidarity through government intervention. France

**Table 4.2:** Means (and standard deviations) of measures of preferred level of solidarity and justice, across countries.

| <i>Measure:</i> | Solidarity | Equality   | Need       | Equity     |
|-----------------|------------|------------|------------|------------|
| USA             | 3.37(.78)  |            |            |            |
| Canada          | 3.57(.69)  |            |            |            |
| Great Britain   | 3.98(.61)  | 3.61(1.18) | 4.62(.67)  | 4.31(.84)  |
| Ireland         | 4.15(.51)  | 3.97(1.10) | 4.67(.69)  | 4.33(.86)  |
| West Germany    | 3.76(.57)  | 3.62(1.04) | 4.48(.70)  | 4.10(.95)  |
| France          | 4.02(.69)  | 4.06(1.10) | 4.66(.71)  | 4.26(.98)  |
| Sweden          | 3.96(.65)  | 3.29(1.17) | 4.54(.86)  | 4.09(1.00) |
| Norway          | 4.06(.54)  |            |            |            |
| Austria         |            | 3.63(1.07) | 4.48(.79)  | 4.20(.88)  |
| The Netherlands |            | 3.17(1.13) | 4.54(.85)  | 4.13(.97)  |
| Belgium         |            | 3.82(1.15) | 4.64(.71)  | 4.25(.94)  |
| Denmark         |            | 2.71(1.28) | 4.05(1.16) | 3.87(1.22) |
| Spain           | 4.42(.48)  | 4.31(.89)  | 4.61(.69)  | 4.17(.98)  |
| Italy           | 4.09(.56)  | 3.76(1.19) | 4.56(.81)  | 4.03(1.06) |
| Portugal        |            | 4.52(.86)  | 4.71(.66)  | 4.47(.83)  |
| Greece          |            | 4.34(.93)  | 4.78(.55)  | 4.28(.99)  |
| New Zealand     | 3.66(.66)  |            |            |            |
| Australia       | 3.56(.58)  |            |            |            |
| Japan           | 3.57(.80)  |            |            |            |
| Philippines     | 3.77(.65)  |            |            |            |

*One-Way ANOVA for Solidarity:  $F(13;11643)=181.15, p<.000$*

*One-Way ANOVA for Equality:  $F(12;12681)=210.04, p<.000$*

*One-Way ANOVA for Need:  $F(12;12805)=52.88, p<.000$*

*One-Way ANOVA for Equity:  $F(12;12611)=23.77, p<.000$*

*Source: ISSP 1996; EVS 1999*



is a country in which a strong statist legacy exists, whereas Great Britain is an example of what Esping-Andersen calls “stalled social-democratization” (1999, p. 87): A welfare state in which a more comprehensive and collectivist orientation in social security has gradually blended with a more pronounced liberal ideology. All in all, the positive stance towards institutionalised solidarity in these countries is not surprising, given the important part the state plays - or has played - in the provision of social welfare.

The third group consists of countries which belong to the liberal, radical, conservative or South-East Asian Communitarian regime type. With respect to the previous two clusters of countries, citizens of these countries show a relatively low endorsement of institutionalised solidarity. Not surprisingly, the United States is always at the bottom, preceded by Australia, Canada, Japan and New Zealand. As predicted, citizens of these welfare states appear to prefer a rather weak solidarity frame. Moreover, the citizens of the Philippines - an East-Asian Communitarian welfare state - and West Germany - a corporatist welfare state - show a tendency to prefer a weaker frame of solidarity. This is expressed by less endorsement of the state’s rights to provide collective protection. As we predicted, the latter two countries occupy a position here which lies between the pure liberal and pure social-democratic countries.

In columns two to four of Table 4.2, we summarise the average values of choices for justice principles for the various countries. With respect to the preference for the equality principle, we observe that the citizens of Spain, Portugal and Greece show the strongest adherence in comparison to the other countries. Furthermore, the variance of the preference for this principle is significantly lower in the Mediterranean countries. A middle group consists of welfare states with predominantly conservative characteristics - West Germany and France - and also some mixed types - Italy, Austria and Belgium. Not surprisingly, the people of Ireland also show a relatively strong positive stance towards equality, because it is an immature welfare state.

At the bottom of the range of countries are the mature social-democratic welfare states of Sweden and Denmark and the hybrid cases of Great Britain and The Netherlands<sup>3</sup>. The latter two countries are also mature welfare states with a strong social-democratic legacy. Thus, we find a pattern in which citizens of immature welfare states want more equality, whereas those in more mature welfare states are in favour of levelling but are, at the same time, more willing to accept income inequality.

The third column of Table 4.2 reports that there is generally little variation among countries when the preference for the need-principle is at issue. This is a consequence of the level of generality of the item measuring people’s preference for this principle; general level questions elicit a strong commitment to solidarity (Kangas, 1997). If contrasts between welfare states do exist in this dimension, they are mainly between

<sup>3</sup>Notice that with the exception of Denmark, all response patterns on the item measuring the preference for the equality principle are more strongly skewed to the right.

the immature welfare states Greece and Portugal on the one hand, and the mature social-democratic Denmark on the other. There, people take a slightly less positive stance towards guaranteeing the meeting of basic needs. Notice, also, the higher variation of this item in Denmark, in comparison to the other countries.

Finally, with respect to the public preference for the equity-principle, the pattern is more pronounced. As expected, welfare states with a liberal imprint rank higher than welfare states with conservative and/or social-democratic characteristics which show a weaker endorsement of this principle of justice.

When we review the results with respect to the preference for the three justice principles, one other interesting finding deserves attention: Portugal often ranks among the top, whereas Denmark - in all cases - occupies a position at the bottom. A possible explanation for this may lie in the expressiveness of the justice evaluation. Jasso and Wegener (1997, p. 408) point out that individuals have a certain style of expression that allows them to express with greater or lesser emphasis and with hyperbole or understatement. Therefore, it might be that Danes tend to understate their justice evaluation, whereas the Portuguese tend to overstate it.

To investigate whether this is actually a result of expressive style, we adapted a technique proposed by Greenleaf (1992) to construct a measuring instrument for extreme response style in surveys. The goal of this method is to identify a subset of items in the item-pool which are uncorrelated and have similar extreme response proportions. Specifically, we selected several items from the EVS 1999 survey which had 5 interval scales with the same endpoint labels as the items used to measure the preference for justice principles. To identify uncorrelated items, we subjected this selection to principal component analysis with varimax rotation. Next, we examined the positive extreme response proportions, which we choose to be at least 40% of the respondents answering 'agree strongly' or 'agree' of the items loading highest on each rotated principal component<sup>4</sup>. Four items were retained to construct each respondent's extreme response score as the proportion of items in which the respondent chose the 'agree strongly' or 'agree' category. Although this measurement is obviously limited by the small number of selected items, the results gave some indication that the extreme response style of the Portuguese might affect their evaluation of the justice principles<sup>5</sup>.

In Table 4.3 we present the results of a hierarchical linear regression analysis for people's preferred level of solidarity.

<sup>4</sup>Only two uncorrelated items had negative extreme response proportions, which we choose to be at least 40% of the respondents answering 'disagree strongly' or 'disagree'. Because the number of usable items causes too little variation in the negative extreme response measure, we could not investigate whether the Danes also have a extreme response style.

<sup>5</sup>For Portugal, this measure of positive response style explained 10% of the variance in the preference for the equality-principle, 11% of the variance in the preference for the need-principle and 10% of the variance in the preference for the equity-principle. For the other countries, explained variances by this measure were 4% or less.

**Table 4.3:** Two-level hierarchical linear model of factors affecting people's preferred level of solidarity.

|                                           |         |
|-------------------------------------------|---------|
| Intercept                                 | 3.85*** |
| <i>Country-level variables:</i>           |         |
| Welfare state regime (Reference: liberal) |         |
| Conservative                              | -.07    |
| Social-democratic                         | .26***  |
| Mediterranean                             | .35***  |
| Antipodean *                              | -.01    |
| South-east Asian                          | -.04    |
| Level-2 Modelled Variance                 | .24     |
| <i>Individual-level variables:</i>        |         |
| Educational attainment (Reference: low)   |         |
| Ordinary                                  | -.10*** |
| Advanced                                  | -.15*** |
| Degree                                    | -.16*** |
| Self-employed                             | -.13*** |
| Transfer classes (Reference: working)     |         |
| Not in the labour force                   | -.00    |
| Unemployed                                | .11***  |
| Old-age pensioners/disabled               | -.01    |
| Household income                          | -.04*** |
| Sex                                       | .12***  |
| Age                                       | .00     |
| Level-1 Modelled variance                 | .09     |

\*\*\* =  $p < 0.01$  (one-tailed)

\*\* =  $p < 0.025$  (one-tailed)

\* =  $p < 0.05$  (one-tailed)

Source: ISSP 1996

Consistent with our predictions, the type of welfare state regime does matter for people's notions of solidarity. Specifically, the contrasts among the different regime-types suggest, first of all, that citizens of social-democratic welfare states are significantly more in favour of social rights by government than citizens of liberal welfare states. Furthermore, citizens of Southern welfare states give a higher preference to a strong form of solidarity. We also expected that citizens of radical and South-East Asian Communitarian welfare states would give more preference to weak forms of solidarity. As the coefficients of the contrasts of these two regime-types are not significantly different from the liberal regime, we do not have to reject this hypothesis. Finally, we predicted that conservative welfare states would lean more towards a solidarity frame in the strong extreme and, as such, we expected that their citizens would show a stronger preference for a high level of solidarity. However, here we find that there is no significant difference between the citizens of conservative and liberal welfare states. All in all, however, our hypothesis that the welfare state matters for people's notions of solidarity holds rather well, especially if we keep in mind that the classification we used explains 24% of the variance in people's preferred level of solidarity at the country-level.

As to our secondary hypotheses, we find, first of all, that the educational attainment of a respondent significantly affects his or her preferred level of solidarity. However, contrary to *hypothesis 5*, it appears that the more education an individual has had, the less he or she is in favour of a strong frame of solidarity. Consistent with *hypothesis 2*, we see that the self-employed are less inclined to support a high level of solidarity. As far as transfer classes are concerned, only the unemployed prefer a higher level of solidarity than those who are working; a result which only partially confirms *hypothesis 7*. According to *hypothesis 6*, individuals with higher incomes should show a weaker preference for solidarity than people with lower incomes. The effect of the household income of a respondent confirms this. Finally, the coefficient of gender reveals that there is a difference between men and women when the preference for a certain level of solidarity is at issue: As expected (see *hypothesis 1*), women prefer a higher level of solidarity than men, *ceteris paribus*. Altogether, the explanatory variables at the individual level account for only 9% of the variance in the preferred level of solidarity.

In the models presented in Table 4.4, we first investigated whether - and if so, to what degree - welfare state regimes account for differences among populations in their preferences for justice principles<sup>6</sup>.

With respect to the public preference for the equality principle, people living in a social-democratic welfare state appear to be less in favour of equality than citizens of liberal welfare states. In contrast, citizens of Southern countries are clearly

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<sup>6</sup>Models for the dependent variables *Equality* and *Equity* are random-intercept and slopes-models, the model for the dependent variables *Need* is a random intercept model (Random intercept and slopes model for this dependent variable proved not to be stable).

**Table 4.4:** Two-level model of factors affecting preference for justice principles.

| <i>Dependent variable:</i>                | Equality | Need     | Equity   |
|-------------------------------------------|----------|----------|----------|
| Intercept                                 | 3.74 *** | 4.56 *** | 4.17 *** |
| <i>Country-level variables:</i>           |          |          |          |
| Welfare state regime (Reference: liberal) |          |          |          |
| Conservative                              | .06      | -.09     | -.20 *** |
| Social-democratic                         | -.22 *** | -.19 **  | -.17 *** |
| Mediterranean                             | .35 ***  | -.02     | -.16 *** |
| Level-2 Modelled Variance                 | .49      | .07      | .08      |
| <i>Individual-level variables:</i>        |          |          |          |
| Educational attainment (Reference: low)   |          |          |          |
| Ordinary                                  | -.054*   | -.033    | -.102 ** |
| Advanced                                  | -.102*   | .043     | -.062    |
| Degree                                    | -.136 ** | .091 **  | -.054    |
| Union member                              | .060*    | .012     | -.091*** |
| Transfer classes (Reference: working)     |          |          |          |
| Not in the labour force                   | .055     | .038     | .044     |
| Unemployed                                | .047     | .055*    | -.018    |
| Old-age pensioners/disabled               | .024     | .019     | -.014    |
| Household income                          | -.031*** | -.005 ** | .003     |
| Sex                                       | .012     | .045***  | -.046    |
| Age                                       | .004***  | -.001*   | .005***  |
| Subjective left-right placement           | -.113*** | -.040*** | .014 **  |
| Level-1 Modelled Variance                 | .09      | .02      | .03      |

\*\*\* =  $p < 0.01$  (one-tailed)\*\* =  $p < 0.025$  (one-tailed)\* =  $p < 0.05$  (one-tailed)

Source: EVS 1999

more supportive of equality. These results are in agreement with previous findings in Chapter 3 that the citizens of mature social-democratic welfare states are less supportive of an extensive and intensive welfare state than citizens of Southern welfare states. Furthermore, citizens of social-democratic welfare states are significantly less in favour of applying the principle of need than citizens of liberal welfare states. One possible explanation for these effects is that, in social-democratic welfare states, the tax regime needed to achieve equality might be more burdensome than in liberal welfare states. This leads these citizens to take a less positive position towards equality. Finally, the results in the last column show that citizens of conservative, social-democratic and of Southern welfare states are all less supportive of the equity principle of justice. This is in accordance with our expectations. We hypothesised that primarily the liberal welfare states would tend to create a normative frame of weak solidarity, which emphasises equity most strongly.

With respect to the effects of the individual level variables, we find that, as educational attainment increases, individuals are less likely to choose the principle of equality. However, those with a degree are - in contrast to those who are low-schooled - significantly more supportive of the need principle of justice. Only those with ordinary (secondary school) education are less in favour of the equity principle than those with the least educational attainment. Thus, these results do not, in general, support *hypothesis 5*. The coefficients of union membership suggest that this socio-political characteristic promotes a stronger preference for the principle of equality and a weaker preference for the equity principle. Surprisingly, in these models there are hardly any visible differences between the transfer classes and those who are working. Only the unemployed appear to be more in favour of the need principle than the employed. A higher household income negatively affects the preference for the principles of equality and need, which is in line with *hypothesis 6*. Furthermore, women appear to be more supportive of the need principle than men. As age increases, people are more in favour of equality, less in favour of the principle of need (although this effect is significant only at  $p < .05$ , one-tailed), and more in favour of the equity principle. As expected, we find that, as people move more to the right of the political spectrum, they are less in favour of equality and need, and more supportive of merit.

#### 4.8 Conclusion and discussion

We have argued here that people's notions of solidarity and their choices of justice principles need to be understood in the context of the frames of reference and the forces of circumstances created by their welfare state regimes. A second objective of the analyses presented here has been to test the idea that welfare states will show a considerable degree of agreement with respect to the public's commitment to solidarity and its choice of justice principles. Moreover, within these welfare states, dividing

lines will run among individuals and groups in their preferences for certain justice principles and notions of solidarity. The results and wider implications of our analyses can be summarised as follows.

With respect to the analyses at the welfare state level, we found significant - although not decisive evidence - that there is a connection between cognition and evaluation (Marshall, Swift, Routh, & Burgoyne, 1999, pp. 350-351). More specifically, the actual state of affairs concerning welfare state regimes is associated with people's views about which level of solidarity should be achieved and which justice principles ought to be emphasised. Citizens of the immature Mediterranean welfare states show a strong commitment to institutionalised solidarity. Likewise, the people of social-democratic welfare states or welfare states with a strong statist or social-democratic imprint clearly take a positive view of government intervention to achieve a high level of solidarity. In contrast, in a third group of countries - a mixture of liberal, radical, conservative and South-east Asian communitarian welfare states - citizens appear to be relatively less dedicated to achieving a high level of solidarity through government intervention. In general, the results show a close match between the expected ranking of countries according to the public's preferred level of solidarity and the frames of solidarity which are emphasised by the various regime types.

Concerning citizens' choices of justice principles, we also find a ranking of countries which comes relatively close to Esping-Andersen's classification of welfare states, but which is not as clear-cut as the public's preferred level of solidarity. With respect to people's choice of the principle of equality, the findings suggest that, although citizens of all types of mature welfare states are in favour of income levelling, they are simultaneously willing to accept income inequality. Conversely, the populations of immature welfare states appeared to be more in favour of equality.

As for the preference for the need principle, the most significant result is that citizens - regardless of their type of welfare state - rate this principle as paramount. However, the results also show that the populations of modern welfare states also give strong preference to the principle of equity and equality. However, this latter finding does not hold true for the immature welfare states of Spain, Portugal and Greece, where the principle of equality is preferred over the equity principle. These results are largely consistent with the observation of Arts and van der Veen (1992, p. 149). In modern societies, they state, not only the differentiated distribution of primary resources is increasingly based on achievement and decreasingly on ascription (hence the high evaluation of the equity principle of justice). However, also egalitarian ideas have become more important. At the value-level, modern societies are basically egalitarian in the sense that inequalities are positively justified in terms of their importance for society. The systematic ordering of preferences for the three principles, which exists across all types of welfare states, provides a clear illustration of this argument.

With respect to citizens' preference for the equity principle, we find - as expected -

that the citizens of welfare states which emphasise a weak frame of solidarity (in casu the welfare states with a liberal imprint) tend to show a stronger preference for desert criteria than the citizens of welfare states which create a strong solidarity frame: the conservative and social-democratic regime types.

Taking into account the differences which exist among welfare state regimes, we also found important differences among individuals and social groups in their preferred level of solidarity and their choices of justice principles. Our results are largely in line with previous findings by, for example, Kluegel and Miyano (1995) and our own findings in Chapter 3. In general, we find that, as people's educational levels increase, they are less committed to institutionalised solidarity and equality. This result supports Kluegel and Miyano's thesis (1995) that, due to its strong correlation with income, educational attainment differentiates between those who expect to benefit from and those who expect to pay the price for solidarity and equality. As expected, a higher income negatively affects people's preferred level of solidarity and their choices of justice principles. Furthermore, women prefer a higher level of solidarity than men. Finally, as far as the effects of transfer classes are concerned, only the unemployed appear to be significantly more in favour of a high level of solidarity than those who are employed.

Therefore, there is a strong correspondence among the normative frames of solidarity - embodied by the various welfare state regimes - their populations' preferred level of solidarity and their choices of justice principles. However, these findings deserve a critical comment.

A first critical remark concerns the data. The high level of commitment to solidarity, which we find is possibly based both on a general consensus about solidarity and justice in life beyond welfare regimes and the consequence of the questions which we currently have at our disposal to measure people's preferred level of solidarity and their choices of justice principles. A statement such as 'guaranteeing that basic needs are met for all' will only elicit approval by the majority of the public in most welfare states, because they have no alternative readily available. Including this kind of question obviously limits the scope of research on public commitment to solidarity and justice and their connection to welfare states<sup>7</sup>. As Arts and van der Veen (1992, p. 152) point out, this kind of critique has been promoted, in particular, by Marxist theorists, who suspect that the apparent consensus results from the fact that questions are formulated in abstract terms. This causes the observed agreement to be an artefact of the measurement instrument used. Eventually, this raises important issues of validity, and the discussion whether dissent predominates consent - or vice versa - needs to be settled by future research.

<sup>7</sup>Large-scale surveys such as the *International Social Justice Project 1991* include more refined measures of people's perceptions and preferences with respect to the distributive order, but are limited in the number of welfare states (see also, Arts & Gelissen, 1999b).



A second critical note pertains to the fact that the differences found among countries and regime types are often slight. For example, a quick glance at Table 4.2 reveals that the average scores of the various welfare states are relatively close together. This shows that differences among welfare state regimes are largely simply differences of emphasis. Whether regimes differ from one another is dependent on how much weight they attach to specific justice principles and notions of solidarity. As Goodin et al. (1999, p. 36) correctly argue, “discussions of differences among welfare state regimes must be set firmly against the backdrop of commonality. In many respects, what all these welfare regimes share is at least as important as their differences”. Because the countries we included in our analyses are all welfare states- albeit some are 'immature' and others are mature - that some are one particular kind and some are another - we do *not* come across truly large differences in people's preferred level of solidarity and their choices of justice principles. Our findings only underscore the following: Irrespective of the particular ideology on which specific welfare states are built, a loose social unanimity exists over the various types of welfare states. Values of solidarity and justice are matters of priority to all.

## 5 Public Health Care in the Balance

### Exploring Popular Support for Health Care Systems in the European Union

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*Abstract.* Which factors explain intra- and inter-country variations in levels of public support for national health care systems within the European Union, and why? In this chapter, we propose that public opinion towards public health care is dependent on 1) the type of welfare state regime to which the various European welfare states belong, 2) typical features of the national health care system and 3) individual social and demographic characteristics, which are related to self-interest or morality-oriented motives. To assess the explanatory power of these factors, data from the Euro-barometer survey series are analysed. Support for public health care appears to be positively related to social-democratic attributes of welfare states and negatively related to increasing degrees of liberalism and conservatism. Furthermore, support for public health care proves to be associated with wider coverage and public funding of national care services. We also find higher levels of support in countries with fewer social services for children and the elderly, and larger proportions of female(part-time) employment. Lastly, with respect to individual characteristics, we find remarkably little evidence for self-interest-oriented motives affecting the preference for solidary health care arrangements.

#### 5.1 Introduction and research questions

Health care systems are important elements of Western European welfare states. Earlier research indicates that public health care has always been warmly welcomed and supported, even in periods of welfare state retrenchment policies. Using data from 1973, Ardigó (1995) compared public opinion concerning health services in seven European countries and the United States. He found that citizens considered good medical care 'very important' and its provision an 'essential' responsibility of the government. Even though the welfare state is said to have been suffering from a legitimacy crisis since the mid-70s; this is not evident from the results of the survey

or from the results of Coughlin's profound trend-study on welfare attitudes (1980). Despite the public's ambivalence towards some programmes, his findings clearly showed that some of the most expensive and extensive elements of the welfare state - old-age pensions and health care - were invariably popular. Because his findings revealed no evidence of a health care backlash, Coughlin (1980, pp. 74-75) concludes that, even though the provision of health care varies among nations in organization, coverage, funding and circumstances, under which care is provided, public attitudes show a surprisingly constant pattern of popularity across nations.

Currently, all European Union member states provide or guarantee health care to their people. In all countries, coverage is nearly 100 percent of the population, except in Germany, The Netherlands, Ireland and Portugal where part of the population must rely on private insurance or cover the costs themselves. However, as pointed out by Taylor-Gooby (1996), these health care systems - in spite of many differences in their set-up - face common problems: Demographic shifts, technological advances and rising public expectations are increasing the costs of provision.

The ageing of the population and, closely related, the growth of chronic diseases and the increasing need for care; technological developments in health care, many of which increase costs directly or indirectly and the lack of incentives for cost reduction are, although to differing degrees, mayor issues in all EU health care systems (Abel-Smith & Mossalios, 1994; quoted by Taylor-Gooby, 1996).

Apart from the rising costs and the growing demand for services, health care systems struggle with a decline in the caring capabilities of families, i.e. falling birth rates and rising female labour participation. These changes transform social care services into increasingly important ingredients of welfare state production (Alber, 1995). In the fifties, the welfare state and its arrangements were based on the dominant family relationships: The male partner was the main breadwinner and the female partner was primarily engaged in domestic labour and caring duties. This model must now be adjusted to meet new demands and preferences.

These rather recent economic, demographic, and technological developments are attached to an encompassing secular trend of on-going modernization in Western societies. One of the most important elements of the overall process of modernization is the long-term and continuous process of individualization. The latter process has three main aspects (Wilterdink, 1995). First, the relational aspect, which refers to increasing instability and changeability of social relations. Second, the situational aspect, which suggests that the range of behavioral options for individuals has increased in nearly all situations. Third, the normative aspect, which refers to increasing stress on the moral significance of individual autonomy. Although individualization has been going on for a long time in all Western societies, this process has been more

advanced in some countries than in others. This raises the question of whether all the citizens of Western European countries are - to the same degree - willing to support public health care services and prepared to share the burden of rising health care costs. The provisional theoretical answer to this question has to be negative. If the above-mentioned processes have a different influence on various countries - as well as social categories, groups and individuals - then their readiness to support and contribute will also differ. That is, however, not the only reason why the provisional answer is negative. Comparative research shows that individualists do not always - and in every situation - opt for individualistic choices. Individualism appears to be domain specific and, above all, there appear to be marked cross-national variations (Ester, Halman, & de Moor, 1994; Halman, 1996). This raises a new question. To what extent do organised solidarity and shared responsibility - according to people themselves - necessarily conflict with the increasing emphasis on individual autonomy and self-realization?

The organization of the chapter is as follows. In Section 5.2 there is first a brief introduction on the concept of solidarity; subsequently, we delve into one's motivational bases for supporting solidary arrangements. In Section 5.3, we focus on the questions: How do different institutional settings affect popular support for public health care, and how are attitudes constituted by individual characteristics? Based on these insights, we present hypotheses in Section 5.4 which will be empirically tested in subsequent sections of this chapter. In Section 5.5 we present the data, measurements and analytical strategy, followed by a description of the results of our analyses in Section 5.6. Finally, in Section 5.7, we discuss the conclusions and the wider implications of our results.

## **5.2 Solidarity and its motivational bases**

The Western European welfare state might be regarded an organised system of solidarity. Historically, it is based on solidarity among workers, later between workers and employers which, subsequently, evolves into solidarity among large social groups. In the latter sense, we talk about solidarity between the healthy and the sick, between the young and the elderly and between the employed and the unemployed (Schuyt, 1998). Van Oorschot (1998b, p. 1) defines solidarity as an actual state of interrelations among individuals, groups and the larger society, which enables the collective interests to take priority over the interest of individuals or subcollectivities. Such a state, he explains, is based upon either a shared identity or a shared utility: Individuals perceive themselves as members of the same collectivity and, therefore, feel a mutual sense of belonging and responsibility or they feel they need each other to realise their life opportunities. Subsequently, he argues that the strength and the range of the system's solidarity are a function of the nearness and dependency of its social actors. With

respect to the motives people have for supporting solidarity arrangements, theorists mostly refer to self-interest and moral commitment (Taylor-Gooby, 1985; Peillon, 1996; Kangas, 1997), which is in line with van Oorschot's distinction. Such explanations are roughly based on two lines of thought concerning the motivational foundation of people's actions: the economical and the sociological (Kangas, 1997). Neo-classical economic theory portrays individuals acting like *Homo Economicus*: An all-informed, consumption-orientated maximizer acting in a rational manner in pursuit of individual gain and economic advantage. In contrast, sociological explanations of human action emphasise its social and normative bases: *Homo Sociologicus* is a value-oriented conformer directed by social norms and driven by a moral commitment to the common good. According to Lindenberg (1989; 1990), a man is not either homo economicus or homo sociologicus, but rather *Homo Socio-economicus*, directed by both his/her own interest and the collective norms. He assumes, following Adam Smith, that all individuals have at least three ultimate goals: social approval, physical well-being, and the minimalization of loss. These goals are universal. People, therefore, differ less in their subjective desires than in their objective means of producing a particular amount of a high level good (1990, p. 745). These means vary with social position. Every person defines his own instrumental goals for achieving the ultimate goals, given the constraints of the situation. Socialization enters the picture in that collective norms provide a framework for the interpretation of the situation, thereby playing an important role in conveying and coordinating preferences for certain instrumental goals. Someone's attitude towards solidary arrangements, according to this theory of human action, therefore stems from both self-interest and moral considerations. It is dependent upon the constraints social structures impose on personal preferences.

Previously, we discussed van Oorschot's classification of these motivational bases for supporting solidary arrangements, of which health care and care of the elderly are obviously important examples. This framework also enables us to specify why it is that people may support health care and care for the elderly. People may feel affectionately and emotionally close to the ill and the elderly, either because they themselves are in need of care or because they are care-givers: spouses, daughters and daughters-in-law, sons, parents, relatives or close friends - who often have a very personal relationship with the person in need (Pijl, 1994, pp. 3-4). In both cases, feelings of affection and loyalty at the micro level may translate into a more general supportiveness for health and social care services, which is directed at the care for these vulnerable groups. Furthermore, feelings of moral obligation and culturally based convictions may dictate a greater supportiveness for health care and social care services. People may feel a strong commitment to the collective interest as far as medical and social care for the ill and the elderly are concerned. For instance, in Mediterranean countries, where family and community ties are still strong and important in daily life, solidarity - as exemplified by social care for the elderly - might have a different moral meaning

than in Northern European countries, where the role of the family in informal care for the elderly is more limited (Pacolet, Bouten, Lanoye, & Versieck, 1999, p. 27). Another motive for solidarity, more directly oriented towards health care and care for the elderly, may be based on perceived, long-term self-interest. Among the many risks of life, virtually everybody will, sooner or later, be confronted with the risk of sickness or with the risk of frailty in old age. People may, therefore, support health care and social protection for the elderly because they expect to benefit from these health and social care services in the short or the long run. Finally, when these three motives do not provide enough support to bear the weight of a system of health care and social care for the elderly, a higher authority (*i.e.* the state), which is sufficiently legitimised among its citizens, may step in to enforce and to support such a collective health and social care system.

### 5.3 Reasons for welfare state support

Few studies have attempted to determine which factors are important in the formation of public attitudes towards solidaristic welfare arrangements. The ones that have, were mostly focused upon either the impact of institutional characteristics of the welfare state or the impact of social position and ideological beliefs among the population. From the above, however, it is clear that attitudes towards solidarity arrangements are likely to depend upon both of these factors: the social structures and one's position therein. Lately, this approach has been followed by many other researchers (e.g. Papadakis & Bean, 1993; Svallfors, 1997). Here we will mainly follow the arguments put forward in Chapter 3 on intra- and inter-country variations in levels of public support for the welfare state. In order to explain differences in support for the welfare state provision of health care, we will go into the influences of macro-level indicators as well as micro-level factors.

#### 5.3.1 *Welfare state regimes*

First of all, the level of support for the welfare state is considered to be affected by the institutional characteristics of welfare states (Korpi, 1980; Gallie, 1983; Esping-Andersen, 1990). Esping-Andersen (1990, pp. 23, 55), in his socio-political account, points out that the welfare state is not just a mechanism that intervenes in the structure of inequality, but a system of social stratification in itself. Based on variations in social rights and welfare state stratification, welfare states cluster in regime-types with qualitatively different arrangements among state, market and the family (1990, p. 26). He classifies Western welfare states into three regimes: the liberal, the conservative (corporatist) and the social-democratic regime. The brief description of the three regimes that follows, is derived - with thanks - from Diane Sainsbury (1996, p. 12):

The liberal welfare state regime is characterised by heavy reliance on means tested programmes, modest social insurance benefits, market solutions in the form of occupational welfare (employer sponsored benefits), and private insurance. In the conservative corporatist welfare state regime, social insurance schemes are central but they are differentiated according to class and status. Benefits are designed to maintain the status quo with respect to income distribution, class structure, and societal institutions - the state, the church and the family. The social-democratic regime is typified by universal benefits and services covering the entire population, a weakening of the influence of the market on distribution, and a strong commitment to full employment.

The organizational features of the welfare state actively determine social relations. Public benefits tend to segment or integrate the population and, because of that, provide support for social solidarity, class and status differentiation. Based on the work of Esping-Andersen - and Korpi's model of 'welfare backlash' - Papadakis and Bean (1993) argued that universal schemes will lead to stronger support for the welfare regime as they provide wider coverage. Selective schemes will more easily result in a 'welfare backlash' and, hence, less support, since benefits are targeted towards specific groups through means testing. This divides the population into payers and receivers. Another argument is that services devoted solely to minorities might fail to attract the support of the majority. Hence, the institutional set-up of the welfare state shapes the citizens' attitudes toward solidarity and imposes constraints on them. These constraints might affect the individual preferences for particular welfare state arrangements. Moreover, we may also consider the institutional characteristics of a country to be the crystallization - at least to some extent - of the preferences of its population about welfare state responsibilities. Hence, the ways in which welfare state arrangements are shaped is both the product of people's preferences and the context through which these preferences are constrained.

Empirical studies have addressed the question of the relationship between the level of support for a welfare state and its institutional structure. Papadakis and Bean (1993) found little support for the hypothesis that the level of popularity of welfare services is likely to vary with the institutional context of a welfare regime. They conclude that classifications of regimes - like that of Esping-Andersen (1990) - offer little help in explaining the popularity of welfare state services. Research by Peillon (1996) and Svallfors (1997), on the other hand, indicates that these characteristics really matter for the support a welfare state gets and for the overall support for state intervention. Moreover, Peillon also emphasises that other factors - i.e. the scope of a service and whether it renders benefits in kind or cash transfers - carry more weight in producing support for a particular welfare programme. We should realise that the classification

into liberal, conservative and social-democratic welfare regimes is based on ideal types, which in practice, may not exist - at least in ideal-typical sense. In practice, the various national systems combine elements of all three (Taylor-Gooby, 1991). The point of using typologies, as Esping-Andersen (1999) points out, is economy of explanation. First of all, they allow for greater analytical parsimony so that we can see the forest rather than the myriad of unique trees. Secondly, if various species can be clustered according to similar crucial attributes, the analyst can more easily identify some underlying connecting logic of movement and, maybe, even causality. Thirdly, typologies are useful tools for generating and testing hypotheses. However, as parsimony is bought at the expense of nuance, the resulting forest might bear little resemblance to reality, thus impairing its value for the explanation of concrete social phenomena. It might, therefore, be important to study the real differences in the characteristics of welfare state programmes so that they could serve as indicators for the support of welfare state services (Goodin et al., 1999).

### *5.3.2 Institutional characteristics of the national care system*

Only recently, a body of literature has been developed which systematically addresses the structure and development of care services from a cross-national point of view. An important and difficult issue relates to the boundary between 'care' and 'cure', between social care and health care. Both of these concepts can be placed under the general heading of 'care services'. According to Hill (1996, p. 142), the main problem is that the sick may need physical care - someone to provide food, do household tasks and perhaps to wash and feed them - as well as medical treatment. Usually, separate systems of care deal with these issues. This leads to problems of accountability and issues of financial responsibility. Apart from the question of whether these matters relate to the system of health care or social care, problems of subsidiarity enter the picture. Are they the concern of the individual with the capacity to purchase a service, of the family and/or community, or of the state? Eventually, because the demarcation lines of social care arrangements vary quite strongly within Europe, differing definitions and boundaries of social care are the result, which make it difficult to gather comparable data. Therefore, studies of care services, by necessity, often applied more general welfare state models - i.e. the ones previously discussed in Chapter 2 - to social care comparisons, as data on health and social protection is generally more readily available (Munday, 1996, p. 11). In this chapter, we are also confronted with these conceptual and empirical difficulties. Here, we choose to focus mainly on the levels of popular support for health care systems. However, since the health care and social care sectors for the elderly are 'communicating vessels' and sometimes show considerable overlap (e.g. in Sweden large parts of the earlier health care sector have been transferred to the social services sector or to social care for



the elderly), we will also discuss - and take into account - the characteristics of the national social care systems for the elderly.

Although the present study is devoted to popular support for welfare state provisions of health care, the institutional characteristics - which we presume to have considerable explanatory power - pertain to the national care systems in general, including health and social care. We expect that our empirical findings are meaningful for both health and social care, because health care systems and social care systems are narrowly integrated and presumably share the broader institutional features of the various 'welfare regimes'. Peillon (1996, p. 179) points out that the size of welfare state programmes are a relevant factor for welfare state support. He argues that the people in countries with an extensive social policy sector are more supportive of the welfare state. For the same reason, 'heavy' social programmes will enjoy stronger support. Esping-Andersen (1990, pp. 32-33) acknowledges that this seems paradoxical as "it is generally believed that welfare state backlash movements .... are initiated when social expenditure burdens become too heavy". Contradictorily, he finds that anti-welfare-state sentiments have generally been weakest where welfare spending has been heaviest. Moreover, Peillon warns us to separate the size of a welfare programme from its scope. An extensive programme (as measured by proportion of the GDP it absorbs) is not necessarily widespread. It has already been argued that services granted to a minority are not very likely to attract the support of the majority. Peillon stresses this, when he states that a widespread social programme solidifies support, while the narrow scope of a programme hampers high support (1996, p. 190). Taylor-Gooby (1985) for example, attributes the popularity of pension, education and health service programmes in Britain to the fact that these services are directed - potentially at least - to the whole of the population: They "command mass support because they meet mass demands". Therefore, higher levels of support are enjoyed when a service benefits the whole population.

Furthermore, Ardigó (1995) shows that the way health care services are financed affects the degree of responsibility attributed to the government for providing good medical care. His findings reveal that the level of consensus that the government is responsible for good medical care is higher in countries with a strong public health system than in countries with a largely private health system. Elola (1996) studied the differences in the structures and processes of the NHS and social security systems of Western European countries and the influences on their outcomes. NHS (national health) systems perform better than social security systems in controlling costs, guaranteeing equity, and, most likely, efficiently improving a populations' health. However, public satisfaction with the health care system is lower in countries with NHS systems than in countries with social security based health systems. Moreover, within the NHS group of countries, Mediterranean countries have less public support for their health care systems than countries with older, more consolidated NHS

systems, such as Denmark and Great-Britain. According to Elola, insufficient political commitment to the transformation of former social security systems into NHS systems - i.e. Greece, Italy, Spain and Portugal - might account for the significantly lower levels of popular support than in other Western European countries with NHS systems.

In response to the classification of welfare regimes by such authors as Esping-Andersen, several researchers (Orloff, 1993; O'Connor, 1993; Alber, 1995; Anttonen & Sipilä, 1996) have argued that the institutional characteristics of social care services should also be included in these comparative social policy studies. Anttonen and Sipilä (1996) state that the de-commodification concept is primarily directed at male liberation from the market through the abolition of dependency between market affiliation and income (Rostgaard & Fridberg, 1998, p. 13). Esping-Andersen, however, does not provide the tools necessary for the analysis of other types of dependency relations. As far as women are concerned, they argue, basic social rights include those that make them less dependent on family and marriage: rights to separate from the family. In a recent re-examination of the family, Esping-Andersen (1999) acknowledges the importance of 'de-familialization' in the different welfare regimes. Whereas a familialistic welfare regime assigns a maximum of welfare obligations to the household, de-familialising policies lessen individuals' reliance on the family. They maximise individuals' command of economic resources independently of familial or conjugal reciprocities (1999, p. 45). The demand for social care services is fuelled by the time pressures placed on families when both parents are active in the labour force. In such a situation, the needs of children may not be sufficiently met. The problem also lies in the growing proportion of elderly people who need care, on one hand, and the decline of caring capacities of families - due to of falling birth rates and rising female employment - on the other (Alber, 1995). Hence, socio-demographic and socio-economic changes make social care services increasingly important ingredients of welfare state production. It could also be presumed that the demands for social care services may also affect support for health care provisions. The distinction between the two is often not very clear-cut. Moreover, health care and social care act as communicating vessels. As health care is increasingly dedicated to specialised medical care, social care institutions have come to provide for many services traditionally provided by health care institutions. In Mediterranean welfare states, such responsibilities are still - or once again - entrusted to the family. Informal care, therefore, meets many of the needs of children, as well as, the elderly, people with ill health, the disabled and the mentally handicapped (Munday, 1996; Pacolet et al., 1999). Therefore, in countries with few social services, extended health care services would be more inclined to relieve families from their caring duties, than in highly de-familialised countries. Hence, it is important to study how the institutional characteristics of the social care system, such as the extent of government-sponsored social care services and the number of people dependant on care - relative to the

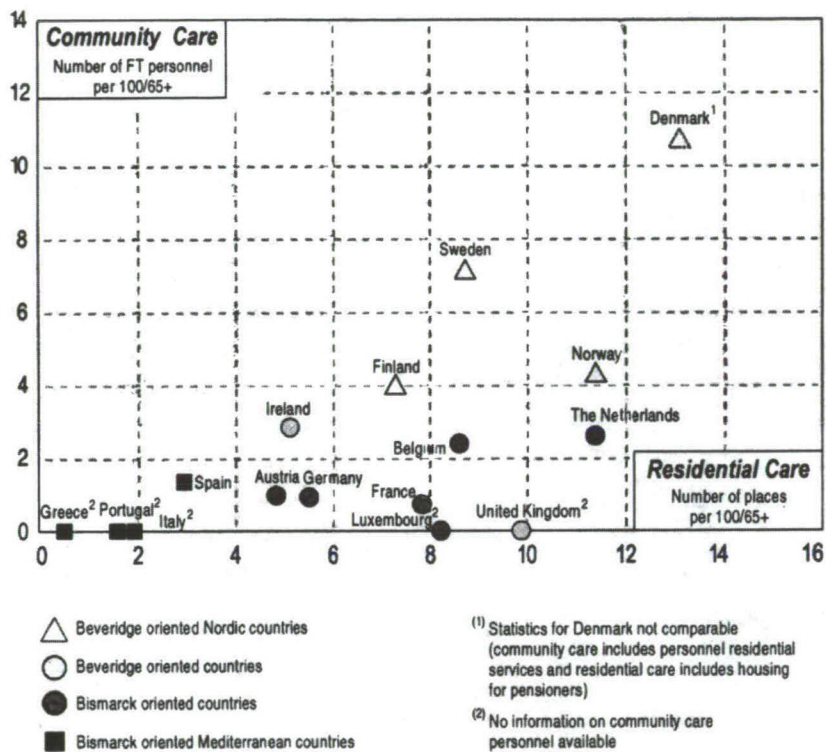
capacity of families to supply informal care - are related to public support for health care.

The issue of the growing number of elderly dependent people and the consequences for long term-social care services has gained considerable attention. For example, the European Commission conducted an extensive comparative study of social protection for dependency in old age (Pacolet et al., 1999, pp. 21-25). Specifically, this study addressed the variety, availability and affordability of care services for the elderly within European welfare states. The results indicate that, as far as the diversity of services is concerned, an increase in the variety of care services has occurred during the last two decades, as the care sector diversified simultaneously with the quantitative expansion of welfare states. In the second half of the 1980s, the care sector entered a period in which cost-containment, rationalization, innovation and quantitative differentiation led to a renewal of its institutional arrangements in many countries. However, after this period - which ended at the end of the 1990s - a new period of expansion started that is currently dictated by demographic pressures due to the consequences of aging: i.e. the gap between supply and demand of long-term care.

Looking at the supply of social care services, we see that there is considerable variation in the absolute level and the relative importance of the mix of services across countries, both in terms of residential care services and community (personal social or home care) services. Figure 5.1 portrays these differences in residential and community services among European welfare states.

The system of residential care services - in the form of traditional old age homes, nursing homes or other types of sheltered housing - prevails in most of the countries. These services are especially important in Denmark, Norway, The Netherlands, the United Kingdom, France, Belgium and Luxembourg. Note further the cluster of the Mediterranean countries that is characterised by a strikingly low share of residential care. Figure 5.1 also shows that community care services are even less well developed than residential care services, albeit that the former are generally more diversified. In such countries as Austria, Belgium and The Netherlands, which are characterised by a relatively high degree of residential care, we find that community care is less available. Pacolet et al. interpret this general picture as "one of topping-up of residential and community care instead of a clear substitution. Those with good residential services already also have good community services" (1999, p. 22). A consequence of this great variety in the availability of services is the looming risk of underinsurance, particularly for the social care services. Consequently, many countries - especially France and Germany - are confronted with the undersupply of long-term care. A debate on the need for new policy measures, particularly for long-term social care for the elderly, is high on the political agenda.

From this political point of view, affordability of services is also an important aspect. According to Pacolet et al. (1999, pp. 23-24), public financing prevails



**Figure 5.1:** Residential and community care services for older people in Europe (Source: Eurostat, 1999).

mainly in the more cure-intensive services, which are closely situated to - or even intertwined with - the health care system. The more care-intensive systems or those services concentrating on housing and home care tend to have a lower degree of public financing. However, as we noted above, care and cure are often difficult to distinguish; consequently, there is a reasonable overall degree of public financing in both categories. Here, another aspect of affordability refers to the issue of co-payments for the use of care services for the elderly. Although these services are fairly well safeguarded in most countries, co-payments are becoming increasingly important, which puts a heavy burden on the consumer and endangers the supply of care services.

Pacolet et al. (1999, pp. 26-27) conclude that the political debate on the risks of underinsurance and the need for a long-term care insurance has evolved or is evolving differently in the various countries, depending on whether its welfare state is Bismarck-oriented (with a lower degree of universalism) or Beveridge-oriented (with a higher degree of universalism). Countries with a Beveridge-oriented system of social protection seem to have long-term care integrated into existing health and personal care services - at a high or more moderate level. Countries with a more Bismarck-oriented welfare state lack such a programme, but are experiencing - or have concluded - an often lengthy debate on the creation of an explicit social insurance scheme for long-term care. This is not true for the Mediterranean countries, where there has been less discussion about the need for long-term care insurance. This is either because the family-based informal care model predominates in these countries or because they are dedicated to a stricter budgetary discipline. In contrast, in the Scandinavian welfare states, the issue is not on the political agenda. These welfare states are mature, with long-term care extensively included in their present systems of social protection.

### *5.3.3 Individual, social and ideological position*

A third line of research is aimed at explaining adherence to welfare state efforts by studying demographic variables, social and ideological position. As was discussed in Chapter 3, economically oriented explanations of support for welfare arrangements generally emphasise the self-interest thesis (d'Anjou et al., 1995, p. 357). This states that there is a direct relationship between one's position in the social structure and one's attitude. Svallfors (1993, p. 268), for example, argues that different groups tend to perceive, interpret and value inequality in different ways: Those who are better off in the stratification structure hold more favourable views on inequality. The wealthier will be less concerned about redistribution, and more concerned about for the necessity of inequality to induce incentives of various kinds. However, Svallfors, in agreement with Lindenberg, argues that perceptions and attitudes are not formed as calculated responses to economic realities and self-interest. The process of attitude

formation is a much more complex one, where frameworks of interpretation and ideological commitments, tend to blur the impact of raw self-interest. An ideology thesis (d'Anjou et al., 1995, p. 359) has been proposed which refines the self-interest thesis. This thesis states that there is no direct relationship between people's position in the stratification structure and their attitudes. This effect is mediated by people's ideological position or their socio-political beliefs. These ideological features guide people in their decisions and shape their attitudes and preferences, which are related to more mundane and concrete phenomena. As such, they affect the probability that someone holds certain attitudes or preferences, but do not determine them. A certain ideological position does not imply full agreement with specific goals, means or outcomes. This also means that one's ideological position is, in turn, affected by his or her position in the stratification system. In this way, support for welfare state arrangements is indirectly related to one's location in the stratification structure as well, through his or her ideological position. It can, therefore, be argued that a structural position in the stratification system goes hand in hand with a motivation to support the welfare state based on self-interest. moreover, a particular ideological position may induce a motivational pattern causing people to support the welfare state.

#### 5.4 Hypotheses

Earlier, we claimed that the institutional set-up of the welfare state (through the political process) is a product of public opinion preferences. However, at the same time it forms the context in which citizen's attitudes toward solidarity are shaped, therefore affecting individual preferences for particular welfare state services. Moreover, we argued that the support for particular welfare state services is also associated with the individual's demographic characteristics, health, social position and ideological beliefs. Furthermore, in Section 5.2 we discussed the different motives people may have to support solidaristic welfare state arrangements. We also lightly touched upon the notion that the strength of a certain motive is dependent upon framing (Kahneman & Tversky, 1981, 1984; Lindenberg, 1989). Framing is the process through which the situation is defined in a person's mind: How information is coded and evaluated. When examining the situation this way, one particular motive may become more salient and might exert a stronger influence on a person's preference or choice, whereas other motives become less relevant. Lindenberg argues that this is the way culture and collective norms exert their influence on personal preferences. We suspect that this may also be the way the explanatory factors specified in the above model exert their influence on public support for solidaristic health care arrangements. Unfortunately, we lack the empirical evidence to relate the various motives to the revealed preferences. We will, however, use them - in conjunction with the theoretical

considerations and the empirical findings discussed earlier - to formulate hypotheses on the relationships between support for welfare state provisions of health care and three other variables: 1) different welfare state regimes; 2) the specific institutional characteristics of the national health care system and 3) the social and ideological position of the individual.

We take Esping-Andersen's work (1990) as a point of departure for making empirically testable inferences on the association between public support and the type of welfare state regime. Preliminary studies for this chapter suggest that it is more fruitful to use a combined index of conservative, liberal and social-democratic characteristics of a national system (Esping-Andersen, 1990, p. 74, Table 3.3), than a classification based on the most dominant attribute, as in the previous chapters. There, it was shown that the classification of countries on the basis of the extended typology could only partially account for differences among countries in the levels of public support for the welfare state and certain justice principles. According to Esping-Andersen (1990), a classification on the basis of combining conservative, liberal and social-democratic characteristics of a national system may be quite similar to a classification on the basis of the de-commodification criterion. However, subtle differences may exist when the welfare state is seen as a system of stratification. Because the provision of health care is presumably strongly related to characteristics of stratification of welfare states, countries were classified here on the basis of a hierarchical cluster analysis. On these three types of attributes, it yielded four clusters. Sweden is identified as the most purely social-democratic welfare state. Denmark, The Netherlands and Great-Britain have many social-democratic attributes but also some liberalistic or even conservative ones, such as The Netherlands. West Germany, France, Italy and Austria are welfare states with predominantly conservative attributes. Ireland and Finland appear not to have a clear profile and are identified as hybrid welfare states. We assume that the more the institutional arrangements of a welfare state regime emphasise universality and collective responsibility, the more salient moral considerations become as a motive for solidarity. Consequently, the higher the levels of support for solidaristic welfare arrangements will be among the citizens. More selective social programmes will accentuate social divisions, so that the self-interest motive becomes more significant in attitude formation, resulting in dissent among citizens.

Since the present study focuses on European welfare states, we need to take a closer look at the position of the Mediterranean states (Italy, Portugal, Spain and Greece). In Esping-Andersen's classification, as well as in our cluster analysis, Italy - the sole Mediterranean welfare state in Esping-Andersen's typology - is identified as a subcategory of the corporatist welfare state regime. However, it is often argued that the Mediterranean welfare states, including Italy, constitute a separate type altogether (see, for example, the discussion of the classification by Leibfried (1992), Ferrera

(1996), and Bonoli (1997) in Chapter 2). They are identified by the non-existence of a guaranteed minimum benefit, little government intervention in the field of social care, a strong reliance on the family and particularism and clientelism among the discriminating features. Esping-Andersen supported these arguments (1996, p. 66). Hence, it seems reasonable to presume that Italy, Portugal, Spain and Greece do indeed constitute a separate type of welfare state regime. Levels of support for welfare state programmes will, therefore, systematically differ from the levels of support in the other regime types. More specifically, we expect that the populations of these countries will strongly favour government interventions to develop a welfare state that is comparable to the other European ones. The Mediterranean welfare states are often labelled 'welfare laggards' within Europe. Their social security systems are fairly young and not fully developed, compared to the other European welfare states. The citizens of these countries will, therefore, have much more to gain from increased welfare state efforts than the citizens of the other European welfare states. We expect the level of support for state interventions to be higher in the Mediterranean type than in the social-democratic one, whose citizens are accustomed to widespread government interventions and who, therefore, see them as less important than do citizens in the juvenile Mediterranean welfare states.

Thus, we assume that:

- A. the more moral commitment is reflected in the institutional attributes through the dominant existence of universal programmes, the higher the levels of support for solidaristic welfare arrangements will be among the citizens;
- B. when the institutional arrangements contain dominantly selective social programmes, social divisions and self-interest will be emphasised, leading to diminished support for solidaristic welfare state arrangements;
- C. if people live in immature welfare states and their expectations about the progress of the welfare state have risen - due to positive past experiences - their support will be stronger than in mature welfare states whose members are accustomed to such services.

Based on these assumptions, we can formulate hypotheses about the support for the European welfare states. We have no hypotheses for those identified as hybrid.

**Hypothesis 1:** *With the position of the hybrid welfare states remaining uncertain, the level of support for welfare state provisions of health care will be highest in Mediterranean welfare states, with social-democratic welfare states in second place. Corporatist welfare states will show the lowest levels of support.*

With respect to the more concrete characteristics of social policy, we argued in Section 5.3.2 that popular support for health care services is related to the



institutional characteristics of the national health and social care system. We have seen from earlier studies that generous, universal and publicly financed welfare state programmes enjoy more support and lead to stronger consensus concerning a public responsibility for such provisions. Besides a stronger commitment to the public good, the widespread positive past experience with such programmes are likely to result in stronger affirmative expectations with respect to future performance. We may, therefore, expect higher levels of support in countries where health care is currently provided by means of a NHS system, than in countries with a social security based health care system. Moreover, as we mentioned earlier, past experiences in less consolidated NHS systems due to insufficient political commitment - as in the Mediterranean countries - may even lead to stronger support for public health care programmes. Citizens in these countries have more to gain. Countries with a less well-developed health care system often also lack very well-developed formal social care. Therefore, those citizens depend heavily on family support. Widespread public care services will receive particularly high levels of support in countries where socio-demographic changes have led to an increasing number of elderly people needing social services. The rise in female employment has caused a decreasing capacity of the family to supply care. Because social care services relieve women from their caring duties, strong support for public care may be expected in countries with a high dependency ratio and high female labour force participation. Thus, at the concrete social policy level we notice that positive attitudes towards solidarity arrangements are based on moral commitment as well as self-interest. This leads us to formulate the following hypotheses:

**Hypothesis 2:** *When a country's health care programme is basically funded through generous public expenditures to provide for universal health care services, and when a positive and widespread past experience and a strong moral commitment to the public good in its institutional arrangements prevail, it will result in higher levels of public support for health care services.*

**Hypothesis 3:** *Support for public health care will be higher in countries with an NHS system than in countries with a social security type of health care system, especially in countries with less consolidated NHS systems, such as the Mediterranean countries.*

**Hypothesis 4:** *Self-interest motives for the support of public interventions will lead to higher levels of support for public health care services in countries with fewer social care services for children and the elderly, a high dependency ratio and a high female (part-time) employment.*

In Section 5.3.3 it was argued that attitudes towards welfare state arrangements are related to people's ideological position or socio-political beliefs. Indirectly, it

is also related to their position in the stratification structure: their demographic characteristics and social position. First, we argued that dependency on welfare state provisions will likely result in self-interest related motives to support the welfare state. From this we deduce that people who are dependent on welfare state provisions will also give more support to health care. Furthermore, we also showed that a higher level of education and a left-wing political orientation are probably associated with a stronger moral commitment to the provision of public care services. We may, therefore, hypothesise that:

**Hypothesis 5:** *Self-interest and a moral commitment to helping others will lead to stronger levels of support for the provision of public health care services among women than among men.*

**Hypothesis 6:** *Dependency on welfare state services - due to old age, health problems, low income, or membership in a transfer class - will emphasise the importance of self-interest motives and will likely result in a more positive attitude towards public health care.*

**Hypothesis 7:** *The stronger one's commitment to the public good - as reflected in a left-wing political orientation and a higher educational attainment - the stronger one's support for public health care.*

One final factor that might affect the individual support for health care is a person's satisfaction with the current health care system. This relates to the characteristics of the national health care system and one's individual position. Dissatisfaction with a nation's current care system is likely to be the result of negative experiences with the supply of care to people currently dependent on it. These two factors, as we already noticed before, feed self-interest related motives to support public health care programmes. Moreover, the person who perceives his health care system as inadequate, may also welcome - from a moral point of view - a widespread and generous supply of public care services. Our final hypothesis, therefore, reads as follows:

**Hypothesis 8:** *If a person perceives his or her country's current health care system as inadequate, motives of self-interest and moral sentiment will result in higher levels of support for the provision of public health care.*

## 5.5 Data, operationalization and method

### 5.5.1 Data

Data for this study are taken from the Euro-barometer survey 44.3, conducted in 15 of the European Union Member States between 27 February and 3 April 1996.

This survey also interviewed respondents about their views on the health care system in their country, the need for reforming the system, the level of health expenditures and the government's responsibility in providing health care. On the basis of the availability of comparable data on the main dependent variables, the following 13 countries were selected for the present study: Denmark, Greece, West Germany, Italy, Spain, France, Ireland, The Netherlands, Portugal, Great Britain, Finland, Sweden and Austria. Each sample is weighted according to a national weighting procedure for sex, age and region. Furthermore, an international weighting procedure is applied to adjust samples to a standard size of 1000 respondents. In conclusion, the data covered those citizens of the 13 EU Member States who are older than 14 years of age.

### 5.5.2 Operationalization

The dependent variable in this study - the level of support for the welfare state with respect to the provision of (health) care services - was measured using the following three items from the Euro-barometer 44.3:

- Q121c: The government should provide everyone with only the essential services such as care for serious diseases and encourage people to provide for themselves in other respects (1 = agree strongly - 5 = disagree strongly).
- Q121d: It is impossible for any government or public or private health insurance scheme to pay for all new medical treatments and technologies (1 = agree strongly - 5 = disagree strongly).
- Q122: Here are three opinions. Please tell me with one comes closest to your own?
1. The government has to ensure that health care is provided to all people residing legally here, irrespective of their income.
  2. The government must ensure that health care is provided only to those people residing legally here, with low income.
  3. The government does not have to ensure that health care is provided to people residing legally here, not even those with low income.

The original encoding of the last item was recoded so that on all three items a high score indicates a positive attitude towards the welfare state. Principal Component Analysis on the three variables yielded a single factor in all countries that can be interpreted as *the level of support for public health care*. The factor scores, calculated with the Bartlett method, will be the dependent variable in this study.

The factor loadings of the three items for each country are presented in Table 5.1. To test the cross-national equivalence of this scale, we also tested a this measurement model using the multigroup model specification in LISREL. Specifically,

**Table 5.1:** Factor loadings for items q121c, q121d and q122 for measurements of the level of support for public health care.

|                                                                                                                                                                        | DM  | WG  | G   | I   | S   | F   | IRL | NL  | P   | GB  | FIN | SW  | A   | Multigroup |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| q121c                                                                                                                                                                  |     |     |     |     |     |     |     |     |     |     |     |     |     |            |
| The government should provide everyone with only essential services such as care for serious diseases and encourage people to provide for themselves in other respects | .79 | .82 | .86 | .84 | .84 | .83 | .81 | .76 | .83 | .81 | .77 | .74 | .87 | .78        |
| q121d                                                                                                                                                                  |     |     |     |     |     |     |     |     |     |     |     |     |     |            |
| It is impossible for any government or public or private insurance scheme to pay for all new medical treatments and technologies                                       | .70 | .80 | .86 | .82 | .81 | .82 | .75 | .72 | .80 | .76 | .69 | .64 | .84 | .39        |
| q122                                                                                                                                                                   |     |     |     |     |     |     |     |     |     |     |     |     |     |            |
| The government has to insure that health care is provided to all people residing legally here, irrespective of their income                                            | .46 | .58 | .17 | .29 | .37 | .33 | .51 | .38 | .37 | .44 | .58 | .53 | .34 | .31        |

Note: DM=Denmark; WG=West Germany; G=Greece; I=Italy; S=Spain; F=France; IRL=Ireland; NL=The Netherlands; P=Portugal; GB=Great Britain; FIN=Finland; SW=Sweden; A=Austria

Source: Eurobarometer 44.3

**Table 5.2:** Correlations between factor scores estimated with the Bartlett method and with multigroup analysis in LISREL.

|                     | DM    | WG    | G     | I     | S     | F     | IRL   | NL    | P     | GB    | FIN   | SW    | A     |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Pearson Correlation | .91** | .77** | .79** | .84** | .83** | .84** | .86** | .89** | .85** | .84** | .90** | .91** | .82** |

\*\*  $p \leq .01$  (one-tailed test)

Note: DM=Denmark; WG=West Germany; G=Greece; I=Italy; S=Spain; F=France; IRL=Ireland; NL=The Netherlands; P=Portugal; GB=Great Britain; FIN=Finland; SW=Sweden; A=Austria

Source: Eurobarometer 44.3

we investigated whether the model in which the loadings were restricted to be equal across countries had to be rejected. This appeared not to be the case (Minimum Fit Function Chi-Square=19.01, df=48; RMSEA=.0; NFI and RFI both equal to .99). On the basis of this model, factor regression weights were calculated and, subsequently, correlated with the country-specific factor scores, calculated with the Bartlett method.

As shown in Table 5.2, the former correlates strongly to very strongly with the latter in all countries. This indicates that the scores used in the analyses are sufficiently comparable across countries.

The welfare regime typology, macro-level indicators and micro-level factors that will be used in our study are described in more detail below. The welfare state regimes were operationalised as follows. Sweden represents a typical social-democratic welfare state regime. Denmark, The Netherlands and Great-Britain have many social-

democratic attributes but also some liberalistic and even conservative ones. The conservative, corporatist welfare regime seems to exist in West Germany, France and Austria. Ireland and Finland represent a cluster of hybrid welfare states. Finally, a fifth, Mediterranean type was added which is seen in Italy, Greece, Spain and Portugal. Dummies were constructed to bring this typology into the analyses, using Sweden as the reference category.

The institutional characteristics of the health care and social care systems of the countries are presented in Table 5.3.

The data on health care expenditure, coverage and the dependency ratio are taken from the Human Development Report of 1994 (United Nations, 1994). The dependency ratio represents the ratio of the population defined as dependent - under 15 and over 64 years of age - to the working-age population - aged 15 to 64. The distributions of the coverage rate and the dependency ratio have been improved by means of a log-linear transformation on the former and a square root transformation on the latter. To measure the effect of the health care organization, a distinction was made between countries with a national health service system and those with a social security system (0 = social security type of health care system; 1 = NHS). The classifications on this variable are derived from Elola (1996, p. 241, Table 2).

**Table 5.3: Structural characteristics of the health and social care systems of the European countries.**

| Country | GDP per capita (PPP\$), 1991 <sup>1</sup> | Total health expenditure (as % of GDP), 1991 <sup>1</sup> | Private health expenditure (as % of total health expenditure), 1989-1991 <sup>1</sup> | Type of health care system <sup>2</sup> | % of population eligible for public health insurance, 1987 <sup>1</sup> | Dependency ratio, 1991 <sup>1</sup> | Elderly people 65 and over, in institutional care as prop. of age group, 1985-1991 <sup>3</sup> | Recipients of home-help services aged 65 and over as prop. of age group 1985-1986 <sup>3</sup> | Children 3 under in daycare as prop. of age group, 1985-1992 <sup>3</sup> | Children aged 3-5 in preparatory school as prop. of age group 1985-1986 <sup>3</sup> | Women in active labour force (as prop. of all working-aged women), 1991 <sup>3</sup> | Women in part-time jobs (as prop. of all women in active labour force), 1991 <sup>3</sup> |
|---------|-------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| DM      | 17880                                     | 7.0                                                       | 18.5                                                                                  | nhs                                     | 100                                                                     | 49                                  | 6.0                                                                                             | 20                                                                                             | 44.0                                                                      | 87                                                                                   | 79                                                                                   | 38                                                                                        |
| WG      | 19770                                     | 9.1                                                       | 28.2                                                                                  | socsec                                  | 92                                                                      | 46                                  | 6.0                                                                                             | 3                                                                                              | 3.0                                                                       | 60                                                                                   | 58                                                                                   | 34                                                                                        |
| G       | 7680                                      | 4.8                                                       | 23.0                                                                                  | nhs                                     | .                                                                       | 49                                  | .5                                                                                              | .                                                                                              | 2.5                                                                       | 60                                                                                   | 40                                                                                   | 7                                                                                         |
| I       | 17040                                     | 8.3                                                       | 22.5                                                                                  | nhs                                     | 100                                                                     | 46                                  | 2.0                                                                                             | 1                                                                                              | 5.0                                                                       | 88                                                                                   | 46                                                                                   | 10                                                                                        |
| S       | 12670                                     | 6.5                                                       | 17.8                                                                                  | nhs                                     | 97                                                                      | 49                                  | 2.0                                                                                             | 1                                                                                              | 1.0                                                                       | 66                                                                                   | 41                                                                                   | 11                                                                                        |
| F       | 18430                                     | 9.1                                                       | 26.1                                                                                  | socsec                                  | 98                                                                      | 52                                  | 3.0                                                                                             | 7                                                                                              | 22.5                                                                      | 95                                                                                   | 57                                                                                   | 23                                                                                        |
| IRL     | 11430                                     | 8.0                                                       | 24.2                                                                                  | nhs                                     | 37                                                                      | 62                                  | 5.0                                                                                             | 3                                                                                              | .5                                                                        | 52                                                                                   | 40                                                                                   | 18                                                                                        |
| NL      | 16820                                     | 8.7                                                       | 26.9                                                                                  | socsec                                  | 72                                                                      | 45                                  | 10.0                                                                                            | 8                                                                                              | 1.5                                                                       | 50                                                                                   | 54                                                                                   | 62                                                                                        |
| P       | 9450                                      | 6.2                                                       | 38.3                                                                                  | nhs                                     | 100                                                                     | 51                                  | 2.0                                                                                             | 1                                                                                              | 4.0                                                                       | 25                                                                                   | 63                                                                                   | 10                                                                                        |
| GB      | 16340                                     | 6.6                                                       | 16.7                                                                                  | nhs                                     | 100                                                                     | 53                                  | 5.0                                                                                             | 9                                                                                              | 2.0                                                                       | 44                                                                                   | 53                                                                                   | 27                                                                                        |
| FIN     | 16130                                     | 8.9                                                       | 19.1                                                                                  | nhs                                     | 100                                                                     | 49                                  | 7.0                                                                                             | 10                                                                                             | 22.0                                                                      | 62                                                                                   | 72                                                                                   | 10                                                                                        |
| SW      | 17490                                     | 8.8                                                       | 22.0                                                                                  | nhs                                     | 100                                                                     | 56                                  | 5.0                                                                                             | 12                                                                                             | 29.0                                                                      | 79                                                                                   | 80                                                                                   | 41                                                                                        |
| A       | 17690                                     | 8.5                                                       | 32.9                                                                                  | nhs                                     | 99                                                                      | 48                                  | .                                                                                               | .                                                                                              | .                                                                         | .                                                                                    | .                                                                                    | .                                                                                         |

Note: DM=Denmark; WG= West Germany; G=Greece; I=Italy; S=Spain; F=France; IRL=Ireland; NL=The Netherlands; P=Portugal; GB=Great Britain; FIN=Finland; SW=Sweden; A=Austria

<sup>1</sup>United Nations (1994)

<sup>2</sup>Elola (1996)

<sup>3</sup>Anttonen and Sipilä (1996)

In Section 5.3.2, we emphasised the need to include measurements of coverage for care services for children and, in particular, for the elderly who are closely related to the health care system. The indicators are derived from the work of Anttonen and Sipilä (1996) on European social care systems. They took an inventory of care services for the frail elderly, as well as children's day-care services in the Western European countries. The supply of care for the frail elderly is measured by the proportion of elderly people over 65 years of age in residential care services and the number of elder recipients of the same age in home help services, as a proportion of the corresponding age group. Unfortunately, the category of residential services is comprised of both social welfare and health care. The category of care services is comprised of both private, commercial services and public services. The latter, however, is inevitable so, because - in many countries - social services are publicly funded but privately provided. In our analysis, we use the sum of the standardised scores of the two variables to represent the supply of services for the elderly in a particular country. The supply of children's day-care services is measured by the proportion of children under three years old in day care and the proportion of children aged 3 to 5 years in nursery school. These data include only information on public day-care centres, where public authorities are responsible for both the funding and the service itself. Again, the sum of the standardised scores of the two variables is used to represent the supply of children's day care services.

Finally, the capacity of the family to supply for care - and the division of care and domestic labour by gender - is operationalised using two variables on the woman's position in paid employment: the proportion of women in the active labour force (as a proportion of all women of working-age) and the proportion of women working part-time. The data are also derived from the work of Anttonen and Sipilä (1996).

The explanatory variables at the individual level are - aside from the usual demographic variables such as gender (0 = male; 1 = female) and age - measures of social location, political location and perceived adequacy of the health care system. Social location is operationalised by means of the duration of a person's schooling. Following Schmidberger (1997, p.119), the cessation age of full-time education is classified in 9 ordered categories: from 0 '1 through 14 years' to 1 '22 years or older'. Those younger than 22 years of age and still in education are categorised on the basis of current age. A variant of social location is the notion of transfer classes. Those belonging to transfer classes - who profit more directly from the welfare state - are thought to have a common interest in ensuring that the welfare state will not be eroded. To examine the influence of belonging to a transfer class, three dummies have been constructed: people who are not in the labour force; the unemployed; and pensioners or the disabled. Because low-income groups are also perceived as belonging to the transfer classes, another set of dummies (3 in total) was constructed for the quartiles of household income. Here, the lowest quartile is taken as the reference group.

Dependency on the care system could, according to the same reasoning, influence people's attitude towards the welfare state, especially where health care provisions are concerned. Two measures of personal health are used as indicators for possible dependency on care provisions. A fairly objective measure of personal health is based on whether one has any long-term illnesses, health problems or handicaps that limit - either slightly or severely - one's capability to work or perform daily activities (0 = no; 1 = yes). This includes all types of health problems as well as old age. Subjective personal health is measured by asking respondents if they would rate their health status in the last twelve months as very good, good, fair, poor or very poor. Two dummies have been constructed: people who feel they are in 'very good health' and people who rate themselves in 'good health'. Those who feel their health is fair/neutral, poor or very poor are taken as the reference category. Political orientation is assessed by asking respondents to place their personal political views on a left-right continuum, ranging from 1 'left' to 10 'right'. Finally, for the operationalization of perceived adequacy of the countries health care system, factor scores were calculated applying a Principal Component Analysis technique, using the following three questions as indicators:

- Q121c: Health services available to the average citizen are inefficient (1 'agree strongly' to 5 'disagree strongly').
- Q123: In general, would you say you are (1) very satisfied, (2) fairly satisfied, (3) neither satisfied/nor dissatisfied, (4) fairly dissatisfied or (5) very dissatisfied with the way health care runs in our country?
- Q124: Which of these four statements on the way health care is run in our country comes closest to your own point of view?
1. On the whole, health care in our country is run quite well.
  2. There are some good things ..., and minor changes might make it work better.
  3. There are some good things ..., but only fundamental changes would make it work better.
  4. Health care in our country is run so badly that we need to rebuild it completely.

The original encodings of the items q123 and q124 were recoded so that, on all three items, a high score indicates a positive attitude towards how the health care system is run.



### 5.5.3 Method

Our model for the supportiveness of welfare state provisions of health care involves micro-level factors - demographic variables, social position and ideological position - as well as macro-level factors - welfare state regimes and health care indicators. A common strategy to test hypotheses concerning micro-and macro-level factors in cross-national research is to calculate estimates using Ordinary Least Squares regression on a pooled data set, where these factors are included as explanatory variables. However, this approach raises two methodological problems. First of all, Snijders and Bosker (1999) argue that the traditional OLS regression approach leads to incorrect estimates when a large number of context units are used (following a 'rule of thumb': 10 context units or more). Secondly, it is difficult to assess separately the modelled variance at both the individual level and the context level. These drawbacks can be avoided by using multilevel modelling. Using multilevel techniques, values of  $R^2$  can be calculated for both the individual level model and the context level model, thus providing more information (Schmidberger, 1997, p. 111). Therefore, we performed two analyses within the framework of hierarchical linear models applied in the previous chapters (see Section 3.4.3 for details). The first analysis involved the data on the individual level (level-1), analysed together with the welfare state typology (level-2). The second analysis involved the same individual level variables, now analysed together with the health care indicators (level-2). The two macro-level factors cannot be analysed together in one model because the health care arrangements are, in many ways, specifications of the welfare regime types causing multicollinearity, which leads to misspecifications of the model. Moreover, because some of the health care arrangement indicators were not available for Greece and Austria, these countries had to be omitted from the second analysis. As these countries were included in the first analysis, we should note that this hinders comparability between the two models.

In the level-1 model, a positive coefficient indicates that, when the value of the explanatory variable increases, supportiveness for welfare state provisions of health care also increases. A negative coefficient indicates that, as the value of the explanatory variable increases, public support decreases. In the level-2 model, we explain the variability in the intercepts of the different regression equations for each country. The model does not explain the variation across countries of the regression slopes. It is assumed that they are a function of the average regression slopes for these variables and the level-2 random effects  $U$ .

## 5.6 Results

### 5.6.1 *Attitudes towards public health care*

In the following, we will first take a look at the distributions of the three items which were used to measure the public opinion on public health care. Table 5.4 presents the percentage of people in each country who agree completely with the statements q121c and q121d. For item q122, the table shows the percentage of people in each country who share the opinion that the government is responsible for providing health care to all legal residents in the country, irrespective of their income. Additionally, measures of central tendency, dispersion and shape are displayed.

From the table it is clear that a positive attitude exists towards public health care in the European Union. The high proportion of citizens demonstrating a pro-welfare attitude and the measures of central tendency, dispersion and shape show nearly unanimous support. In all countries - with the exception of Portugal, Finland and Austria - at least one quarter of the population disagrees completely with the statement that the government should provide only essential services - care services for serious diseases - and that it should encourage people to provide for themselves in other respects. This indicates a strong preference for broad public health care provisions. Support is especially high in Great Britain, Denmark and Italy. Similar high levels are found in Sweden, Spain and The Netherlands. The lowest levels of support are found in Portugal and Austria; countries with typically high levels of private health expenditures.

The statement that it is impossible for any government - or public or private insurance scheme - to pay for all new medical treatments and technologies, taps respondents' opinions on the feasibility of such a wide-ranging health care system. In comparison to the previous statement, disagreement here is less widespread. The results show that people from the Mediterranean countries - as opposed to the Scandinavian countries - are particularly optimistic in this regard. All other countries score somewhere in between. Apparently, even though people in most countries prefer an extensive health care system, the perceived feasibility of such a system is related to the range of facilities already covered and the financial burden associated with it. Because their health care system is highly developed and contributions are correspondingly high, the Scandinavian citizens might not see a need for broader provisions. In the Mediterranean countries - with less consolidated health care systems - more room is left for extended provisions and contributions.

**Table 5.4:** Measures of distribution for items q121c, q121d and q122.

| Country                                                                                                                                                                |                          | DM   | WG   | G    | I    | S    | F    | IRL  | NL   | P    | GB    | FIN  | SW    | A    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------|------|------|------|------|------|------|------|------|-------|------|-------|------|
| q121c                                                                                                                                                                  |                          |      |      |      |      |      |      |      |      |      |       |      |       |      |
| The government should provide everyone with only essential services such as care for serious diseases and encourage people to provide for themselves in other respects | % disagree completely    | 41.9 | 25.6 | 29.2 | 41.9 | 35.2 | 26.6 | 25.0 | 39.0 | 21.3 | 44.9  | 23.3 | 36.8  | 18.6 |
|                                                                                                                                                                        | Mean                     | 3.71 | 3.50 | 3.60 | 3.44 | 3.82 | 3.44 | 3.40 | 3.54 | 3.48 | 3.98  | 3.28 | 3.98  | 3.18 |
|                                                                                                                                                                        | Standard deviation       | 1.41 | 1.26 | 1.30 | 1.54 | 1.20 | 1.35 | 1.30 | 1.46 | 1.20 | 1.21  | 1.38 | 1.08  | 1.27 |
|                                                                                                                                                                        | Skewness                 | -.70 | -.47 | -.67 | -.29 | -.84 | -.45 | -.32 | -.44 | -.44 | -1.03 | -.22 | -1.06 | -.10 |
| q121d                                                                                                                                                                  |                          |      |      |      |      |      |      |      |      |      |       |      |       |      |
| It is impossible for any government or public or private insurance scheme to pay for all new medical treatments and technologies                                       | % disagree completely    | 9.7  | 13.2 | 28.8 | 26.9 | 21.5 | 23.3 | 10.4 | 16.1 | 12.9 | 16.8  | 5.1  | 8.4   | 10.5 |
|                                                                                                                                                                        | Mean                     | 2.36 | 2.96 | 3.68 | 3.06 | 3.41 | 3.43 | 2.64 | 2.72 | 3.20 | 2.89  | 2.49 | 2.73  | 2.85 |
|                                                                                                                                                                        | Standard deviation       | 1.31 | 1.26 | 1.19 | 1.48 | 1.23 | 1.24 | 1.21 | 1.38 | 1.22 | 1.36  | 1.11 | 1.23  | 1.22 |
|                                                                                                                                                                        | Skewness                 | 0.79 | 0.07 | -.68 | 0.07 | -.32 | -.33 | .53  | .45  | -.01 | .25   | -.33 | .27   | .16  |
| The government has to ensure that health care is provided to all people residing legally here, irrespective of their income (%)                                        | % choosing alternative 1 | 86.5 | 71.8 | 87.2 | 71.2 | 90.1 | 76.2 | 58.9 | 77.7 | 72.0 | 85.9  | 79.6 | 94.8  | 65.0 |
|                                                                                                                                                                        | Mean                     | 2.86 | 2.67 | 2.83 | 2.68 | 2.88 | 2.70 | 2.55 | 2.75 | 2.66 | 2.84  | 2.79 | 2.94  | 2.59 |
|                                                                                                                                                                        | Standard deviation       | 0.38 | 0.57 | 0.47 | 0.53 | 0.40 | 0.58 | 0.58 | 0.50 | 0.59 | 0.41  | 0.43 | 0.27  | 0.61 |
|                                                                                                                                                                        | Skewness                 | 2.52 | 1.52 | 2.85 | 1.44 | 3.39 | 1.79 | .84  | 1.84 | 1.53 | 2.60  | 1.70 | 4.87  | 1.18 |

Note: DM=Denmark; WG= West Germany; G=Greece; I=Italy; S=Spain; F=France; IRL=Ireland; NL=The Netherlands; P=Portugal; GB=Great Britain; FIN=Finland; SW=Sweden; A=Austria

**Table 5.5:** Means, standard deviations and valid N on 'Support for public health care' by country.

|                    | DM   | WG   | G   | I    | S   | F    | IRL  | NL   | P    | GB  | FIN  | SW  | A    |
|--------------------|------|------|-----|------|-----|------|------|------|------|-----|------|-----|------|
| Mean               | -.15 | -.11 | .34 | -.07 | .35 | .19  | -.38 | -.14 | -.03 | .20 | -.31 | .17 | -.34 |
| Standard deviation | .95  | 1.05 | .96 | 1.14 | .91 | 1.02 | 1.01 | 1.00 | .94  | .95 | .93  | .77 | 1.03 |
| Valid N            | 934  | 839  | 906 | 822  | 742 | 878  | 878  | 817  | 748  | 919 | 916  | 865 | 839  |

Note: DM=Denmark; WG=West Germany; G=Greece; I=Italy; S=Spain; F=France; IRL=Ireland; NL=The Netherlands; P=Portugal; GB=Great Britain; FIN=Finland; SW=Sweden; A=Austria

Source: Eurobarometer 44.3

Very high levels of agreement with the third statement provide evidence of a widespread preference for universal health care policies in all countries. Responses are unanimous in this regard, within as well as across countries. Support for an all-encompassing health care system is especially high in countries with highly developed National Health Services, such as Denmark, Great Britain and Sweden. Equally high proportions are found in countries with less consolidated National Health Services, for example Greece and Spain. Austria and Ireland show the lowest percentages opting for broad health care provisions, although more than half of their population favours universal over selective provisions.

### 5.6.2 Explaining differences in attitudes towards public health care

Combining the three variables in a factor score provides us with one measure for the level of support for public health care. The mean factor scores are reported for each country in Table 5.5, together with the standard deviations and the number of valid responses.

Cross-national comparison, using ANOVA, indicates that there are significant differences in the level of support across the European Union member states ( $F(12; 11101) = 53.272; p < .000$ ). To specify these cross-national differences and to assess our hypotheses concerning the effect of welfare regime types, institutional arrangements and individual characteristics on the support for public health care, we will now turn to the multilevel analyses. Starting with the country level variables, we will first discuss the effect of the welfare state regime, then we examine the results of the institutional characteristics and, finally, we turn to the individual level variables which are included in both models.

The results of modelling the relationship between welfare state regime types and individual characteristics, on the one side, and support for public health care, on the other, are reported in Table 5.6.

Our *first hypothesis*, which addresses differences in public support among five welfare state regime types, is partly confirmed by the results. In comparison to

**Table 5.6:** Two-level model of factors affecting support for health care with welfare state regimes as macro-level explanatory variables.

|                                                                             |         |
|-----------------------------------------------------------------------------|---------|
| Intercept                                                                   | -0.02   |
| <i>Welfare state regime typology</i>                                        |         |
| Reference: Sweden                                                           |         |
| Southern Cluster: Italy, Spain, Portugal Greece                             | -0.04   |
| Social-democratic cluster: Denmark, The Netherlands, Great Britain          | -.29*** |
| Conservative cluster: West Germany, France, Austria                         | -.33*** |
| Hybrid cluster: Ireland, Finland                                            | -.37*** |
| Level 2 modelled variance                                                   | 11%     |
| <i>Individual level variables</i>                                           |         |
| <i>Demographics</i>                                                         |         |
| Gender (Reference: Men)                                                     | .09***  |
| Age                                                                         | -.00    |
| <i>Social location</i>                                                      |         |
| Duration of education attainment                                            | -.02    |
| <i>Transfer classes</i>                                                     |         |
| Reference: Working                                                          |         |
| Not in the labour force                                                     | -.01    |
| Unemployed                                                                  | .18***  |
| Old-age pensioners/disabled                                                 | .01     |
| <i>Household income</i>                                                     |         |
| Reference: Lowest income quartile                                           |         |
| Second income quartile                                                      | .02     |
| Third income quartile                                                       | .04     |
| Highest income quartile                                                     | .11***  |
| <i>Personal health</i>                                                      |         |
| Having a longstanding illness, health problem or handicap (Reference: 'no') | 0.08    |
| <i>Subjective personal health</i>                                           |         |
| Reference: bad health                                                       |         |
| Good health                                                                 | -.04    |
| Very good health                                                            | -.11*** |
| <i>Political orientation</i>                                                |         |
| Subjective left-right placement                                             | -.05*** |
| Perceived adequacy of the running health care system                        | .01     |
| Level 1 modelled variance                                                   | 5%      |
| <i>N</i> <sub>listwise</sub>                                                | 8889    |

\*\*\*  $p \leq .001$  (one-tailed test)\*\*  $p \leq .01$  (one-tailed test)\*  $p \leq .05$  (one-tailed test)

Source: Eurobarometer 44.3

Sweden, the cluster of social-democratic welfare states shows a lower level of support for public health care. This is followed, as predicted, by the corporatist welfare states. Contrary to our expectations, no differences in support occur between Sweden and the Mediterranean welfare states. The lowest levels of support are found in the hybrid welfare states, a finding for which there is no obvious explanation. With 11% macro-level modelled variance<sup>1</sup>, the explanatory power of this classification of welfare state regime types is low. Nonetheless, the typology successfully distinguishes clusters of countries with different levels of support for public health care. Moreover, the differences in public support between the Mediterranean welfare states and the other types of welfare state regimes - apart from Sweden - strengthen the argument to classify them as a separate, distinguishable welfare state regime type.

*Hypotheses 2 through 4* address the influence of the institutional characteristics of a country's health care system on the support levels for public health care. These hypotheses were tested in a second hierarchical regression model for the association between these institutional characteristics and the individual characteristics, on the one side, and support for public health care on the other. The results are reported in Table 5.7.

*Hypothesis 2* predicted that the levels of support would be higher if a country has a universal public health care system. As predicted, higher levels of support are found in countries with a larger number of people eligible for public health care, whereas support drops when health care services are mainly privately funded. As opposed to our expectations, support for public health care is lower in countries with higher total health care spending. Moreover, contrary to the predictions of *hypothesis 3*, the level of support for public health care appears higher in countries with a social security type of health care system than in countries with a National Health Service. However, looking at the mean scores, support proves to be particularly high in the Mediterranean countries with a less consolidated NHS-system ( $M = 0.08$ ), whereas the countries with a social security type of health care system and the remaining NHS-countries both show fairly low mean scores (respectively  $M = -0.05$  and  $M = -0.09$ ). *Hypothesis 4* is fully confirmed by the results. As predicted, higher levels of support are found in countries with few social services for children and the elderly and larger proportions of female (part-time) employment. Presumably this must be attributed to the fact that there is more support for less consolidated health care systems which draw more heavily on formal and informal social care services. Dependency ratio shows no effect on the dependent variable. In conclusion, almost all the macro-level factors contribute significantly to the model for explaining differences in attitudes towards public health care. Moreover, with 14 % of the variance in supportiveness explained, the model proves to be more powerful than the welfare state typology.

<sup>1</sup>The values of  $R^2$  are measured in accordance with the guidelines provided by Snijders and Bosker (1994, p. 351)

**Table 5.7:** Two-level model of factors affecting support for health care with structural characteristics of the care system as macro-level explanatory variables.

|                                                                             |          |
|-----------------------------------------------------------------------------|----------|
| Intercept                                                                   | -0.3     |
| <i>Structural characteristics of the care system</i>                        |          |
| Total health care expenditures                                              | -.06***  |
| Private health care expenditures                                            | -.03***  |
| Type of health care system (Reference: Social security system)              | -.25***  |
| Health care coverage                                                        | .12***   |
| Dependency ratio                                                            | .002***  |
| Volume of children' day care services                                       | -.03***  |
| Volume of services for the elderly                                          | -.18***  |
| Women in active labour force                                                | .01***   |
| Women in part-time jobs                                                     | .01***   |
| Level 2 modelled variance                                                   | 14%      |
| <i>Individual level variables</i>                                           |          |
| <i>Demographics</i>                                                         |          |
| Gender (Reference: Men)                                                     | .10**    |
| Age                                                                         | -.00     |
| <i>Social location</i>                                                      |          |
| Duration of education attainment                                            | Excluded |
| Transfer classes                                                            |          |
| Reference: Working                                                          |          |
| Not in the labour force                                                     | .02      |
| Unemployed                                                                  | .19**    |
| Old-age pensioners/disabled                                                 | .00      |
| Household income                                                            |          |
| Reference: Lowest income quartile                                           |          |
| Second income quartile                                                      | .04      |
| Third income quartile                                                       | .04      |
| Highest income quartile                                                     | .12**    |
| <i>Personal health</i>                                                      |          |
| Having a longstanding illness, health problem or handicap (Reference: 'no') | 0.04     |
| Subjective personal health                                                  |          |
| Reference: bad health                                                       |          |
| Good health                                                                 | -.04     |
| Very good health                                                            | -.12**   |
| <i>Political orientation</i>                                                |          |
| Subjective left-right placement                                             | -.06***  |
| Perceived adequacy of the running health care system                        | .01      |
| Level 1 modelled variance                                                   | 5%       |
| <i>N<sub>i</sub>istwise</i>                                                 | 7642     |

\*\*\*  $p \leq .001$  (one-tailed test)\*\*  $p \leq .01$  (one-tailed test)\*  $p \leq .05$  (one-tailed test)

Source: Eurobarometer 44.3

Nevertheless, considering the extensive and detailed description of the health care system provided by the institutional characteristics, the explanatory power of the model remains unsatisfactory in comparison to the simple and more parsimonious typology model.

Finally, we turn to the relationship between the individual characteristics - the micro-level factors in the models - and support for public health care. For some of the factors, there is a slight divergence in results between the two models. Because more countries are included in the first model, our discussion of *hypotheses 5* through *8* will be based on the results of Table 5.6. In accordance with hypothesis 5, women show a stronger tendency than men to support public care services. Old age does not affect support in the way we expected. We argued that old age would increase dependency on welfare state provisions leading to stronger support. However, the results show that it has no impact whatsoever. Also, other sources of dependency on public health care contribute only marginally to explaining support. The unemployed show a stronger tendency to support public health care than the employed. The level of support among pensioners and disabled people does not differ from the support of the employed. Moreover, support actually increases as household income rises, though only the highest income group is significantly more supportive than the lowest income group. Long-term illnesses, health problems or handicaps have no significant effect on one's support. Only those who rate their health as very good show lower levels of support. All in all, we find little support for *hypothesis 6* that dependency on the welfare state increases support for public health care. With respect to the impact of people's ideological position, the results confirm that a left-wing political orientation goes hand in hand with a higher level of support for public health care. The second part of *hypothesis 7*, which states that the more highly educated would be more in favour of public health care, receives little support. Finally, *hypothesis 8* cannot be confirmed because public opinion on health care support appears unaffected by personal opinions on the adequacy or inadequacy of the health care system. In conclusion, with reference to the modeled variance of 5 %, the individual level variables provide a significant, though limited contribution to the explanatory power of our model.

## 5.7 Conclusions and discussion

The conclusions drawn in this final section, must be preceded by a short discussion of some of the usual methodological reservations concerning this kind of cross-national social survey research. The first objection is in regard to a measurement problem with respect to response behaviour. Do respondents in the different countries of the European Union mean the same thing when they give the same response to the same question? The actual answers to this question in the methodological literature deal with the whole range of possible answers. Some authors, at the ideographic extreme,



answer this question in the negative. Others, at the nomothetic extreme, answer in the affirmative (van de Vijver and Hutschemaekers, 1990). Still other authors take the middle ground, assuming that cross-national comparisons are feasible providing that there is a sufficient degree of equivalence in the concepts used (van de Vijver and Leung, 1997). Our own position corresponds to the latter. The structure of our data does show construct equivalence, although not necessarily full score comparability. From a pragmatic point of view, this is sufficient to put a reasonable trust in the validity and reliability of our comparisons.

A second objection addresses an explanatory problem: the variance explained in cross-national survey research is often rather limited. This, however, is not so much a problem of cross-national research, as one of social survey research. Large proportions of explained variance should not be expected from social survey research, especially when dealing with value orientations (Kalmijn & Kraaykamp, 1999). The reason for this failure to meet the expectations of methodologists is threefold. One reason is that part of the variance is unexplainable. People's attitudes and behaviors have a random component. They are, to a certain degree, the result of a coincidental combination of circumstances. Because we do not know how large the random component is, we can never be certain whether or not an explanation is adequate. Another reason for trailing other sciences in explanatory power is that people's behaviours and attitudes are influenced by non-social factors - biological and psychological - which do not interest social scientists. We can only make informed guesses on the size of the random and non-social components. Such 'guesstimates', however, are not sufficient. There is a final reason why the explained variance of survey research about value orientations lags behind. Whatever goes on in people's minds is much more volatile and fickle than their behaviour. Therefore, value orientations and attitudes are much more difficult to explain than behaviour. Given these explanatory limitations of social survey research an explained variance of 20% - as we found in our analyses - can be considered quite satisfactory.

If we consider the 'messy' impact that the previously-mentioned measurement and explanatory problems will have had on our findings - and if we realise that, in spite of the 'mess', we obtained convincing results - then we are justified in concluding that we have been able to observe and explain satisfactorily, the reality of attitudes towards public health care arrangements in the European Union. This means that we can now proceed to draw substantial conclusions from our analyses.

The objectives of this chapter are to explore attitudes towards public health care in the European Union member states and to identify the factors that might explain the public opinion scores. We also examine the effects of welfare state regimes, typical features of the national care system and individual characteristics.

The results unequivocally show overwhelming support for public health care services within Europe. In all countries, positive attitudes towards public health care

prevail, demonstrating a general preference for a universal health care system with a broad range of health care services. Cross-national variation appears limited, although our analyses reveal some important factors that perform relatively well in explaining the divergence in people's preferences for public health care.

First of all, evidence was found for the presumed relationship between the various types of welfare states - as identified by their degree of conservatism, liberalism and social-democratism - and support for public health care. Support appears particularly linked to the social-democratic attributes of welfare states; support drops with increasing degrees of liberalism and conservatism. Apparently, the moral considerations embedded in these welfare state attributes influence public opinion. In addition, the highly positive attitudes towards public health services in the young Mediterranean welfare states, suggest that remedial development of the welfare state operates as a strong motive for supporting solidary care arrangements.

Second, similar commitments to the public nature of care are revealed in the relationship between national health care arrangements and people's preferences. Support for public health care proves to be associated with wider coverage and public funding instead of higher health care expenditures. Once again, the level of development of the welfare state turns out to be important. Only in countries with fewer consolidated national health care services is the preference for public health care higher than in countries where health care is financed by means of social security payments. Upon examining the supply of social care services and the caring capacity of the family, self-interest proves to be just as strong a motive for supporting solidary care arrangements as moral considerations. Large numbers of women entering paid employment - exchanging their traditional role of care-giver for a position in the active labour market - lead to strong support for the widespread supply of health care services. We find high levels of public support particularly in countries with a lack of social care services for the elderly. Moreover, this also holds true for countries with few services for young children.

Third, upon examining individual characteristics, we found remarkably little evidence that self-interest oriented motives affect the preference for solidary health care arrangements. With respect to the transfer classes, only the unemployed appear more in favour of public health care provisions than the employed. Notably, the preference for public health care was stronger for people in the highest income group than for those with the lowest incomes. Dependence on health care did not seem to have particular strong effects either; only those rating themselves very healthy were less supportive. As expected, a left-wing political orientation was associated with higher levels of support and women were also more supportive than men. The latter group might be motivated by either morality or self-interest.

In conclusion, these results indicate that a moral commitment to the public good outweighs self-interest as a motive for the overwhelming support for public health

care services in the European Community. This is not surprising. According to Kangas (1997), respondents tend to show a strong commitment to solidaristic values on general level questions. However, this commitment begins to crumble quite swiftly with more specific questions that specify particular groups of beneficiaries of redistributive policies. The responses to general level questions in this study seem to corroborate his results. On the other hand, the overall preference for solidary health care arrangements - even among the working and those with higher incomes - may also stem from self-interest. There is a general character to health risks: Everyone runs the risk of contracting an illness, becoming handicapped or developing health problems which will make him or her dependent upon health care services. Furthermore, because support is so high across all countries, there is little room left for cross-national variation. Nevertheless, a fairly simple typology of welfare state regimes proves to be almost as powerful in explaining variance as a rather extensive and detailed model of institutional characteristics of health care systems. Following the principle of model building - a model should be as simple as possible and as extensive as necessary - we have to disagree with Papadakis and Bean (1993) that welfare state classifications do not help to explain the popularity of welfare state services. Of course, the amount of variance explained by the country-level indicators is rather limited. However, large proportions of explained variance should not be expected from survey research, especially when dealing with value orientations (Kalmijn & Kraaykamp, 1999). The attitudes we try to explain are influenced by many other factors such as biological and psychological ones. These, however, go beyond the scope of our research. Moreover, with large-scale opinion surveys like the Eurobarometer, all kinds of irrelevant factors also affect the responses. Nonetheless, we agree with Kangas that future research should make more use of particular questions about concrete actions with respect to social policy. In this way, it will be possible to shed more light on the social foundations of public support for solidary care arrangements in modern welfare states.

## 6 Old-age Pensions: Individual or Collective Responsibility? An Investigation of Public Opinion in European Welfare States

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**Abstract.** The question of who should be responsible for the provision of retirement income is becoming increasingly important, given the general trend of aging populations in many European countries. In this chapter, we study the determinants of popular preferences concerning individual or collective responsibilities in the context of old-age pensions. Using data from the Eurobarometer survey series, we investigate whether - and to what extent - people's views about who should be responsible for the provision of pensions are related to market selectivist and collectivist features of the particular welfare state regimes in Europe. Moreover, the impact of structural characteristics of pension systems and social characteristics of individuals on public preferences is investigated. The cross-national patterns of popular views on responsibilities for the provision of pensions suggest a link to the specifics of welfare state regimes, but not as decisively as one would expect. Structural characteristics of pension systems also appear to be important determinants of public opinion. Finally, the results show important divisions among social categories.

### 6.1 Introduction and research questions

The social security system is one of the core elements of the modern welfare state. One of the central tasks of that system is the provision of old-age pensions. Nowadays, collective old-age benefits are not only exceedingly expensive, they are also extremely popular among the citizens of most welfare states. However, it is very likely that the demographic trend of aging populations will put increasing pressure on these schemes. A growing number of elderly people will become increasingly dependent on the benevolence of the working population for the provision of their pensions, which are often financed by a pay-as-you-go-system. To cope with this threat to the intergenerational solidarity, far-reaching restructuring of public pension arrangements

will be necessary. However, relatively large differences exist in the range and funding of pension rights with respect to the public and private part of pension systems in Europe. Consequently, these rearrangements will be less problematic in some European countries than in others. For example, The Netherlands is a front-runner in Europe as far as the funding of pensions is concerned. The United Kingdom, Denmark and Ireland also have substantial pension coverage at their disposal. However, in France, Germany and Italy, among others, pension coverage is much less extensive. Consequently, the urgency concerning a revision of the pension system in the latter countries is much higher than in the former. In any case, readjustments of the public pension system will have considerably more effect on the income position of the future elderly population in countries with less extensive coverage than it will in The Netherlands (WRR, 1999).

In the light of these large differences in tenability of pension systems, the issue of who - according to public opinion - should be responsible for the provision of pensions is important. Here, the government, social insurance institutions (in which employers and employees have equal representation), private insurance companies and citizens are the most important actors. In this chapter, our objective is to investigate whether - and to what extent - an association exists on the country level between these public attitudes, on the one hand, and the operating type of welfare state regime - and more specific characteristics of the pension system - on the other. As Esping-Andersen argues in *the three worlds of welfare capitalism*, the way in which old age benefits are financed in different types of welfare states reflects a "fundamental link between individualism and solidarity, between the cash nexus and social rights" (Esping-Andersen, 1990, p. 80). He points out that: "a particularly important element in the identification of welfare-state regimes will be related to the blend of publicly provided social rights, and private initiative. In other words, regimes can be compared with respect to which essential human needs are relegated to private versus public responsibility" (Esping-Andersen, 1990, p. 80).

In his overview of research on welfare state regimes, Svallfors (1997) emphasises that these studies generally fail to include regime-characteristics such as patterns of attitudes and values of different welfare state regimes. In addition, he claims that cross-national studies of attitude and value patterns have overlooked the potential explanatory power of institutional characteristics of welfare states. The unspoken premise of his latter contention - welfare state arrangements matter to a great degree for citizens' opinions about the welfare state - is that welfare state arrangements create a context in which people's opinions about the welfare state are shaped (Forma, 1997b). The first objective of this chapter is to heed Svallfors' call. Specifically, here we will investigate whether a systematic variation really exists between the institutional organization of welfare states, as suggested by Esping-Andersen, and the public preferences for provision of pensions. Should they be provided by the state, by

collective contributions from employers and employees, or by the market?.

According to Pettersen (1995), high levels of public support for collective old-age provisions can be observed within different welfare states. However, this does not mean that we will find consensus about the proposition that the state should be the sole - or even the main - provider of pensions. Pettersen argues that some people feel that they themselves should be held responsible for their own economic security during old age by means of private savings and private insurance. Others, however, may believe that collective insurance and tax-financing to cover the costs of old-age provisions may be more appropriate. Pettersen, therefore, expects that public opinion concerning the preferred range and intensity of government intervention in the field of pension provision may very well differ among social categories. Accordingly, the second aim of this chapter is to investigate whether and to what extent, differences exist among social categories in their preferences for collective or market solutions for the provision of old-age pensions.

## 6.2 Theory and hypotheses

### 6.2.1 *Welfare state regimes and public opinion on pensions*

Let us look at the public opinion on individual or collective responsibility for the provision of pensions and assume that these opinions are embedded in a predictable way in the different welfare state regimes. We then wonder whether we will - as Esping-Andersen (1990) expects - discover separate regime-clusters and not 'more' or 'less' variation around a common denominator. The reverse of this question is also relevant: Do different welfare state regimes systematically affect the public opinion of their citizens about the preferred form of pension arrangements, and if, so, in which direction? By answering these questions we not only answer the first research question in this chapter, but also acknowledge what Esping-Andersen (1990, p. 141) has called the current challenge for comparative research: the study of welfare states as explanatory variables.

Institutional characteristics of welfare states in the field of pensions are, to a certain extent, the crystallization of public preferences about the question, on whether or not the welfare state should leave the responsibility for pensions to individual or collective initiatives. They also constitute restrictions with which citizens of these welfare states are confronted. Consequently, the welfare state is a normative context, in which certain opinions are reinforced and differences of interest are solved. Mau (1997) points to two explanations for cross-national differences in opinions on redistributive issues, which bear reference to these variations of normative contexts. The *institutional hypothesis* postulates that developments of ideologies and opinions are directly influenced by structural characteristics of societies. According to this

hypothesis, social institutions play an important role in the evolution of societal norms and values. Here, Mau refers to Philips (1983, p. 318), who argues that “what most people find fair, just, equitable or legitimate in regard to distribution is generally consistent with the actual distribution of rewards or outcomes”. This proposition concurs with Homans’ observation “what is, is always turning into what is right”. Thus, this hypothesis understands differences in attitudes as a direct consequence of the stratification system (which is a part of the welfare state) and the various principles of allocation which are incorporated in this structure.

However, cultural sociology suggests a second explanation for the cross-national variations in attitudes about distributional problems. *The ideology hypothesis* states that societies are characterised by specific cultural relations and traditions, which have a bearing on the development of these attitudes. This hypothesis assumes that values are relatively homogeneous within societies. Values of certain religious, ideological and cultural traditions have found their way into the social institutions, which are concerned with distributional issues. Becker (1996) discusses Esping-Andersen’s typology from this perspective. He argues that they comprise political and economic principles of regulation, which correspond to welfare cultures and other cultural patterns within societies, and are expressed empirically in habits, values and attitudes. For example, when a liberal or social-democratic set of principles is dominant, it will also be reflected in the institutions of the welfare state (1996, p. 20). This means that policymakers and a large portion of the population take this set of principles for granted. Essentially, as he argues, without these specific cultural underpinnings, it is not possible for a certain regulatory principle to be dominant in a society. Thus, following the institutional hypothesis - as well as the ideology hypothesis - it is plausible to expect that the arrangements of the welfare state really matter.

As already stated, Esping-Andersen assumes that welfare state regimes can be compared on a qualitative dimension: The essential human needs that are left for mitigation to the individual initiative or to collective responsibility. Also Van Oorschot (1997a) argues that social security can ideally be based on a collective solidarity model or a selective market model. In the first model, collectivization of social security is attained by using the principle of solidarity. Social risks are pooled over broad parts of the population, in addition to which risks are balanced within that population. The principle of solidarity must ensure people are protected by institutional arrangements against social risks against which the market offers no insurance and which are both affordable and accessible. This model applies to the level of the state as well as to the level of social insurance institutions in which employers and employees have equal representation.

The second, alternative model starts from the economic-rational logic of insurance and is based on the principle of equivalence. The selective market model discriminates between social risks and insurance premiums. This selectivity can cause a lack of

coverage for certain social risks (e.g. unemployment) by the market, whereas existing insurance is either too expensive or inaccessible to the general population. However, the law of supply and demand among individual citizens, employees and employers, on the one hand, and private insurance companies, on the other, creates a greater freedom of choice and an alleged better price-quality ratio for the former group to insure itself against social risks. It goes without saying that, in real welfare states, we will almost always find a mix of elements from both models.

It can, therefore, be assumed that the model of collective solidarity - as well as the model of market selectivity - will, to a certain extent, be embedded in the different welfare state regimes, as distinguished by Esping-Andersen. One application of this idea is given by Goodin et al. (1999), who refer to Schmidt and Goodin (1998). They distinguish among welfare states, depending on the role of the state in social security (active or passive) and on the relative responsibilities which welfare state regimes appoint to the state or the individual. Liberal welfare state regimes place the responsibility for social security primarily on the individual and assign a very passive role to the state. The corporatist welfare state regime envisages a more active state, but it still assigns the primary responsibility for social security to the individual. Here, individuals are organised into social units such as families, guilds, corporations, etc. Finally, the social-democratic welfare state regime attributes an active role to the state, and also holds the state solely responsible for promoting social security of its citizens.

These general differences can be applied to institutional differences in the pension systems of welfare state regimes. Thus, the market predominates either social security - and/or civil servant's privileges - in liberal welfare states. Here, pensions of employees are often arranged through private insurance companies. Citizens can only appeal to a supplementary pension provision by the state if they demonstrate personal need. The selective market model is clearly applicable to this type of welfare state regime. Countries which belong to the corporatist welfare state type often have a system of old-age insurance, in which status plays an important role. Social security is strongly differentiated along occupational groups, with substantial privileges for civil servants. For example, occupational pension plans, to which both employers and employees contribute, play a significant role in the pension system of a corporatist welfare state such as Germany (Steinmeyer, 1991). The state fills a fairly important role in the provision of public pensions, but private pension arrangements are - in contrast to the liberal welfare regime - of only minor importance in the corporatist welfare state regime. Finally, social-democratic, universalist welfare states are characterised by social rights which apply to all citizens and which go beyond the market or privileges of status. In this case, the collective solidarity models give substance to the institutional structure of welfare states which belong to this type of regime.

If we assign the Mediterranean countries (Italy, Spain, Portugal and Greece) to a separate type of welfare state regime - as several authors have argued (see Chapter



**Table 6.1:** Welfare state regimes and the relevance of models of social security.

| Welfare state regime | Model of social security in the pension system |                                    |                                            |
|----------------------|------------------------------------------------|------------------------------------|--------------------------------------------|
|                      | Model of collective solidarity                 |                                    | Model of market selectivity                |
|                      | <i>Role of the State</i>                       | <i>Role of employers/employees</i> | <i>Role of private insurance companies</i> |
| Liberal              | Modest                                         | Reasonably important               | Very important                             |
| Corporatist          | Reasonably important                           | Very important                     | Modest                                     |
| Social-democratic    | Very important                                 | Modest                             | Modest                                     |
| Mediterranean        | Marginal                                       | Reasonably important               | Marginal                                   |

2) - the immature social security system in which the state plays an insignificant role and similar social and familial structures become apparent. Apart from that, the role of the private market in old age provision is substantially limited. One salient detail is that these countries offer the most generous pension benefits in Europe, albeit only for those who performed paid labour in the regular labour market. However, for those individuals who are active in the non-regular labour market (which makes up a notable part of the economies of the Mediterranean countries) old-age provisions are rather poor in comparison to most other European countries. Here, the Mediterranean countries clearly distinguish themselves from the corporatist welfare states (Ferrera, 1996).

Thus, the model of collective solidarity - and especially the model of market selectivity - appear to be less strongly developed in the Mediterranean countries than in the mature corporatist welfare states. Therefore, we expect that a shared responsibility between employers and employees will, to a certain degree, also be preferred in the Mediterranean welfare states. Research by Roller (1995) and our own findings in Chapter 3 show that citizens of immature welfare states in Europe are more in favour of collective solidarity, whereas the citizens of more mature welfare states have a more reserved attitude in this respect. In other words, in countries in which little is spent on social security, people endorse a higher expenditure, but in countries which spend a relatively high amount on social security, people are prepared to accept less expenditure, especially if the level of taxation to finance the welfare state is high. Therefore, we expect that the citizens of the Mediterranean welfare states will prefer old-age arrangements via the state or via joint contributions from employers and employees.

In short, welfare states are characterised by a variation in the extent to which the model of collective solidarity and the model of market selectivity are crystallised in the institutional structure of welfare states. In Table 6.1, we present an overview of the association between welfare state regimes and the relevance of models of social security.

Based on the argument presented above, we propose the following hypothesis,

which predicts how public opinion concerning individual or collective responsibility for pension provision is related to the different welfare state regimes:

**Hypothesis 1:** *In liberal welfare states, people will mainly hold the individual responsible for his or her old age pension (preference for the model of market selectivity), whereas the citizens of social-democratic welfare states will show a stronger endorsement of pension provision by the state. In corporatist welfare states, people will predominantly give preference to pension arrangements to which both employers and employees contribute, whereas in the Mediterranean welfare states the support base for collective pension arrangements by the state will be strongest.*

As shown in the previous chapters, the empirical proof of an association between public opinion and the institutional structure of welfare state regimes is not always convincing. After all, the classification into liberal, conservative and social-democratic welfare states is based on ideal-types, which do not exist in the real world and which are only approximated by pure types. Actual welfare states encompass elements of each of these three ideal-types (Taylor-Gooby, 1991). Because typologies are not necessarily a reliable mirror-image of reality, their explanatory power for substantial societal phenomena can be limited. Therefore, we also investigate how more specific characteristics of pension systems can explain the differences in public preferences concerning the responsibility for the provision of pensions, alongside to the more general classification of welfare states by Esping-Andersen.

Several characteristics of pension systems may be relevant here. Previous research (see Gevers et al., 2000) suggests that, as social security arrangements are more universally oriented, more generous and more publicly financed, citizens will give more support to these arrangements and there will be a greater consensus concerning public responsibility. This proposition is based on the idea that, as universalism and collective responsibility are more a matter of priority within the institutional arrangements of a welfare state, moral considerations will become an important motive to contribute to social security. Moreover, the public support base for collective arrangements will be stronger. On the other hand, selective arrangements will be more differentiated along social categories, which will induce greater self-interest in the expression of opinions. Based on these considerations, we expect the following hypothesis to hold true:

**Hypothesis 2:** *As pension systems are more generous and more publicly financed, citizens will give more preference to state-provided pensions.*

Since private pension provisions are more differentiated along social classes, we also expect that:

**Hypothesis 3:** *As private pension arrangements are more important in a welfare state, citizens will not hold the state or the employers and employees as responsible as the individual for the provisions of pensions.*

A final, significant characteristic is concerned with the second pillar of pension systems, which in most European countries consist of supplementary pension arrangements to which both employers and employees contribute. Here, we expect that:

**Hypothesis 4:** *As the insured contribute more to social security, citizens will, for reasons of self-interest, appoint the responsibility for the provision of pensions to the employers or to the state.*

**Hypothesis 5:** *As the contribution of employers to social security increases, citizens will be more likely to appoint the responsibility for the provision of pensions to the employers.*

Moreover, enlightened self-interest will dictate the responsibility for the provision of old-age pensions. After all, in countries where contributions are high, people will be very willing to pass the burden of funding old-age provisions to the employers or the state.

### 6.2.2 *Social position and opinions about old age provisions*

Different types of welfare states are characterised by different cultural ideas. In time, these ideas have crystallised into specific welfare state arrangements and have shaped the specific values and opinions of their citizens. The question is whether citizens are guided by these ideas when they form an opinion about the preferability of government intervention, or whether other factors play a more important role. If we listen to Weber (1922/1968) we assume that people are directed by material and ideal interests, and not by ideas. However, ideas do determine, as a kind of gatekeeper, the direction of the dynamics of interests.

Therefore, following Huseby (1995), we argue that existing opinions about the responsibility for old-age provisions in European welfare states can be explained to an important extent by ideology, on the one hand, and self-interest, on the other. Moreover, it is assumed that ideology and self-interest are articulated within the context of a specific welfare state regime with its specific culture and institutional arrangements. The ideology thesis postulates that differences in the opinions among citizens with respect to government intervention are a direct consequence of differences in their general socio-political orientations and political preferences. It cannot be easily denied that disagreement on the responsibilities of the state is traditionally an important ingredient for ideological disputes. However, the self-interest hypothesis

postulates that different social positions generate different interests in the institutions of welfare states. The extent to which people use the services of the welfare state determines their interest in the range of state intervention within social security.

In order to explain the correlation between someone's social position and his or her socio-political beliefs, it is assumed that the direct effects of social position on opinions about government intervention are mediated by socio-political beliefs. In Chapter 3, we formulated a number of hypotheses on the direct effects of social position and socio-political beliefs on opinions of citizens of European welfare states concerning the extensiveness and intensity of state intervention in social security. In this chapter, we will use the same individual characteristics as a control. As Pettersen (1995) remarks, there is no consensus within European countries about the role of the state concerning the provision of old-age pensions. Controlling for country and regime characteristics, we, therefore, expect that differences among social categories will come to the forefront in the opinions about individual or collective responsibility for old-age pensions.

### 6.3 Data, operationalization and method

#### 6.3.1 Data

To test the formulated hypotheses, we used data from two modules of the *Eurobarometer survey series*. We first analysed data from *Eurobarometer 37.1* (Reif & Melich, 1992), which was fielded in April-May of 1992. This data-set contains measurements of opinions about social security, unemployment, pensions and the elderly. Furthermore, data were analysed from *Eurobarometer 44.0* (Reif & Marlier, 1995), collected in October-November 1995. This data-set contains various questions concerning the preferred extent of government intervention and the operation of the market pertaining to pensions and care for the elderly. In both data-sets, there is also limited information on several of the respondents' social-demographic characteristics.

The data of Eurobarometer 37.1 were collected in the following 14 countries: France, Belgium, The Netherlands, West Germany, East Germany, Italy, Luxembourg, Denmark, Ireland, Great Britain, Northern Ireland, Greece, Spain and Portugal. In Eurobarometer 44.0, additional information is available on Finland, Sweden and Austria. Because of sample size considerations, we merged the data of Northern Ireland with the data of Great Britain. Finally, we omitted Luxembourg and East Germany from the analyses, because the sample size of Luxembourg was relatively small and, furthermore, because East Germany could not be classified into a specific welfare state regime. Esping-Andersen's classification does not cover post-communist states. We, therefore, ultimately analyse data from 11 countries on the basis of Eurobarometer 37.1 and from 14 countries on the basis of Eurobarometer

44.0. Both data-sets are pooled in the analyses.

Every national sample was re-weighted to a standard sample size of N=1000. These nation weights also incorporate post-stratification adjustments based on cross-tabulations of national populations by gender, age, region and size of locality<sup>1</sup>.

### 6.3.2 Operationalization

As the *dependent variables* of this study, we use the following two items from Eurobarometer 37.1 and from Eurobarometer 44.0, which each measure the public preference for either individual or collective responsibility for the provision of old-age pensions:

**Eurobarometer 37.1:** How do you think that pensions should be provided? (one answer only)

- Mainly by the authorities, financed from contributions or taxes.
- Mainly by employers, financed from their own and their employees' contributions.
- Mainly by private contracts between individual workers and pension companies.

**Eurobarometer 44.0:** For a good number of years, people have been having fewer children and are living longer. So there will be more and more elderly people. In your opinion, who should be responsible for pensions: the state only or the individual only?

- The state only.
- The individual only.
- The two together.

The *explanatory variables* at the country-level were operationalised as follows. Welfare state regimes were indicated by three dummy-variables. We classified countries, for the most part, according to the typology of welfare states of Esping-Andersen (1990), based on the de-commodification criterion. (in casu liberal: Ireland and the United Kingdom; corporatist: Finland, France and West Germany; Social-democratic: Sweden, Austria, Belgium, The Netherlands and Denmark). Furthermore, we added a fourth, Mediterranean type of welfare state regime which

<sup>1</sup>Unweighted sample sizes vary from minimally N=1000 to maximally N=1062 in Eurobarometer 37.1 and from minimally N=995 to maximally N=1358 in Eurobarometer 44.0. To ensure that countries with a clearly greater sample size do not have a positive overweight in the analyses, we adjusted every national sample size to a standard N=1000, using a weighting factor provided by Eurostat.

consists of Italy<sup>2</sup>, Spain, Portugal and Greece. Based on this classification, three dummy-variables were constructed for the corporatist, social-democratic and the Mediterranean type of welfare state regime. We chose the liberal type as the comparison group. For each country, dummy-variables were also included to control for country-specific effects. Here, West Germany was taken as the omitted category.

The generosity of the pension system of a country was measured by the net replacement ratio: the percentage of the original income that is replaced by the pension. These data come from Pacolet et al. (1999). The size of public pension arrangements was measured by public pension spending as a percentage of GDP. In addition, the importance of private pension arrangements was indicated by the private pension fund assets as a percentage of GDP. These data were collected by Palacios and Pallarès-Miralles (2000). Finally, we used data from Dixon (1999) and Eurostat (1996) to operationalise the relative share which employers and protected persons contribute to the financing of social security.

The individual-level variables we control for were operationalised as follows. As an indicator of one's social position we use, first of all, 'education'. This was measured by using the age at which an individual completed his or her schooling. Unfortunately, Eurobarometer surveys do not include information about the educational attainment in terms of educational levels. In both data-sets, the completed length of education was measured by two dummy-variables: aged 16 to 19 years old and aged 20 years or older, at completion of education. Respondents who were still in education and who were younger than 22 years old at the time of the survey, were given their present age as the year in which they had completed their education. Those who were no more than 15 years old at completion of their training were taken as the comparison group.

Moreover, we use 'occupation' as an indicator of social position, measured by one's social class. We classified occupations using Goldthorpe's nominal class scheme with the following four dummy-variables: skilled workers, petty bourgeoisie, routine non-manual workers and service class. Here, unskilled workers are the comparison group. The unemployed, old age pensioners and the disabled were given the class score of their last occupation. Social position was also operationalised by four dummy-variables indicating subjective class position: those who assign themselves to the lower middle class, the middle class, the upper middle class and the upper class. People who identified with the working class were taken as the comparison group. Note that this variable was not available in Eurobarometer 44.0. Three dummy-variables were used to assess the effect of belonging to a transfer class: those not in the labour force, the unemployed and the old age pensioners/disabled. The employed were taken as

<sup>2</sup>Notice that Esping-Andersen assigns Italy to the group of corporatist welfare states. However, according to several authors, Italy belongs to a separate Mediterranean type of welfare state regime (see, for an overview, Arts & Gelissen, 1999a). Hence, Italy is analysed here along with the other Mediterranean welfare states.

the comparison group. Those with the lowest income were also counted among the transfer classes. For that purpose, we included a dummy-variable, which indicates whether one belongs to the lowest income quartile.

To indicate 'ideology', we also included subjective left-right placement, measured on a scale ranging from 1 'left' to 10 'right'. Similarly, a four-point scale of post-materialism was included, with a higher score indicating a stronger post-materialist value orientation. Union membership is a dummy-variable, where the score 1 denotes respondents as union members. Unfortunately, the latter two variables were also not available in Eurobarometer 44.0. Age effects were determined using five age groups: 15-24, 25-34, 35-44, 45-54 and 55-64 years old. Those aged 65 and older are the comparison group. Finally, the gender of the respondent was indicated by a dummy-variable, using men as the comparison group.

### 6.3.3 *Method*

We performed several multinomial logistic regression analyses on both dependent variables to determine the effects of welfare state regimes, characteristics of the pension system and individual characteristics. In these models, we choose the category of 'complete provision of pensions by the state' as the comparison group. First, we estimated a multinomial regression model on both pooled data-sets with indicators for the corporatist, social-democratic and Mediterranean welfare state regime. Then, the impact of characteristics of the pension system was assessed<sup>3</sup>. Moreover, in a third step, the effects of the dummy-variables for the different countries were estimated. In the final step, we added the individual-level variables we control for. In all models, negative coefficients indicate a stronger preference for complete provision of pensions by the state, given the values of the explanatory variable.

## 6.4 Results

In order to provide an overview of the public opinion concerning the provision of pensions in European welfare states, we present the distribution of responses to both dependent variables in Table 6.2.

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<sup>3</sup>In these two models, observations are specified to be independent across groups (countries), but not necessarily within groups. This procedure yields robust standard errors, which significantly reduce the probability of committing a type I error when contextual factors are disaggregated to the individual level.

**Table 6.2:** Opinions about individual and collective responsibility for old age pensions.

*How do you think that pensions should be provided? (Eurobarometer 37.1)*

|                                                                                 | Liberal |      | Corporatist |      |      | Social-democratic |      |      |    |      | Mediterranean |      |      |      |
|---------------------------------------------------------------------------------|---------|------|-------------|------|------|-------------------|------|------|----|------|---------------|------|------|------|
|                                                                                 | IRL     | UK   | FIN         | F    | WG   | A                 | B    | NL   | SW | DM   | I             | S    | P    | G    |
| Mainly by the authorities, financed from contributions or taxes                 | 56.4    | 52.3 | .           | 55.7 | 37.0 | .                 | 65.1 | 38.6 | .  | 59.9 | 62.6          | 76.3 | 81.6 | 74.4 |
| Mainly by employers, financed from their own and their employees' contributions | 32.3    | 33.9 | .           | 28.0 | 54.9 | .                 | 22.4 | 39.2 | .  | 28.8 | 27.5          | 17.4 | 9.7  | 16.1 |
| Mainly by private contracts between individual workers and pension companies    | 11.4    | 13.8 | .           | 16.3 | 8.1  | .                 | 12.4 | 22.3 | .  | 11.3 | 9.9           | 6.3  | 8.7  | 9.5  |

*In your opinion, who should be responsible for pensions: the state only or the individual only? (Eurobarometer 44.0)*

|                     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| The state only      | 53.7 | 56.2 | 52.6 | 47.3 | 40.4 | 32.0 | 55.4 | 27.9 | 49.7 | 47.9 | 43.0 | 74.6 | 67.1 | 66.0 |
| The individual only | 3.9  | 8.9  | 5.9  | 9.6  | 11.8 | 10.7 | 5.3  | 14.6 | 6.0  | 7.2  | 7.6  | 4.0  | 1.6  | 7.0  |
| The two together    | 42.4 | 34.9 | 41.5 | 43.1 | 47.8 | 57.3 | 39.3 | 57.5 | 44.3 | 44.9 | 49.4 | 21.5 | 31.2 | 26.9 |

*Note: IRL=Ireland; UK=United Kingdom; FIN=Finland; F=France; WG= West Germany; A=Austria; B=Belgium; NL=The Netherlands; SW=Sweden; DM=Denmark; I=Italy; S=Spain; P=Portugal; G=Greece*

*Pearson Chi-Square = 975.3, df=20, p<.000 for independence test among countries and first dependent variable*

*Pearson Chi-Square = 937.3, df=26, p<.000 for independence test among countries and second dependent variable*



The first part of this table shows that, with the exception of West Germany and The Netherlands, the support base for state pension provision is relatively high in European welfare states. As is the case in West Germany, people generally prefer shared responsibility between employers and employees instead of private pension arrangements. This also applies to The Netherlands, although a considerable part of the population (about 22%) also prefers private pension contracts. Thus, the opinions of Dutch citizens appear to be not completely in accordance with the characterization of The Netherlands as a social-democratic welfare state. This is not surprising. Recently, Esping-Andersen (1999) characterised The Netherlands as “the Dutch enigma”: a welfare state with social-democratic and corporatist (as well as liberal: J.G.) features. As expected, citizens of Mediterranean welfare states generally prefer state pension provision. However, shared responsibility between employers and employees and, in particular, private pension contracts do not appear to be very popular. Another striking result is that citizens of liberal welfare states (for example Ireland and the United Kingdom) do not really hold ‘liberal’ views in comparison to the other countries concerning the provision of pensions. In these countries, citizens tend to prefer state pension provisions. Similarly, a considerable portion of the population of these countries (about 32 and 34%) prefers shared responsibility between employers and employees.

The second part of Table 6.2 presents the response to the other indicator of preferred responsibility for pension provision. Once more, the citizens of Spain, Portugal and Greece mainly hold the state responsible for the provision of pensions. An interesting finding is that Italy has - in comparison to these countries - a less extreme position. Again, this is not surprising, because Italy is the most mature welfare state in this group and it has been a member of the EU/EEC since the beginning. Moreover, citizens of West Germany, Austria and, especially, of The Netherlands are less prone to hold the state solely responsible for the provision of pensions. In comparison to the other countries, the individual is held responsible for providing his or her own pension. Austria and The Netherlands are also notable for the appreciable portion of the population which advocates shared responsibility between the individual and the state (about 57%). What is more, in Ireland and the United Kingdom we do not find the pattern of public opinion which we would expect citizens of liberal welfare states to express: The majority of the citizens prefer state pension provisions, whereas individual responsibility for pensions is not preferred as much as we expected. Finally, the citizens of Sweden, a country which represents the social-democratic welfare state *par excellence*, do not clearly give preference to a shared responsibility with respect to the provision of pensions, as we would have expected according to Esping-Andersen’s classification of welfare states.

To what extent are opinions concerning the responsibility for pensions actually explained by the different welfare state regimes, characteristics of the pension systems

and differences among social categories? The results of the multinomial regression analyses on the first dependent variable (Table 6.3) provide an answer to this question.

The effects of the dummy-variables for the different welfare state regimes (model 1) are only partially as we expected in *hypothesis 1*. Contrary to our expectation, there do not appear to be many differences among welfare states in their citizens' views about the responsibility for the provision of pensions. To the extent that differences exist, we see that the Mediterranean welfare states clearly opt for state provision of pensions. Moreover, citizens of social-democratic welfare states do not differ from citizens of liberal welfare states in their preference for private pension arrangements.

In model 2, we examine the extent to which characteristics of the pension system exert influence on public preferences concerning the provision of pensions. In accordance with *hypothesis 2*, we find that the more generous the pension system, the more the provision is seen as a responsibility of the state. However, as expenditures on pensions increase, people are more prone to leave the responsibility to individual employees and pension companies. This indicates that, in the more mature welfare states, the support base for government intervention is weaker. Furthermore, *hypothesis 3*, which predicted that the more important private pension arrangements are in a country, the stronger the preference will be for these arrangements, need not be rejected. The parameter estimates of model 2 show further that, the more employers contribute to social security, the more people feel that the provision of pensions is a matter of the government. Conversely, as the personal share of contributions to social security increases, people prefer to either share the burden of old age provision with the employers or to conclude private pension arrangements.

We suspect that these unexpected effects are caused by differences in the maturity level of welfare states, which have consequences for the support base for government intervention. In the less mature welfare states, employers contribute a relatively large amount to social security and the state contributes relatively little. Because the call for government intervention is stronger in these countries, we find that the share that employers contribute to social security has a negative effect. On the other hand, in the mature welfare states, the insured themselves will contribute relatively more to social security than in immature welfare states. Therefore, people prefer less state intervention and are more willing to either share the responsibility for pensions with the employers or to opt for private pension contracts. In short, both explanatory variables also implicitly measure, to a certain degree, the maturity of a welfare state.

**Table 6.3:** Multinomial logit regression of the public preference for individual or collective responsibility for pensions.

| <i>Dependent variable:</i><br>'How do you think that<br>pensions should be provided?' | <b>Model 1</b> |              | <b>Model 2</b> |              | <b>Model 3</b> |              | <b>Model 4</b> |              |
|---------------------------------------------------------------------------------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|--------------|
|                                                                                       | Employer       | Priv. contr. | Employer       | Priv. contr. | Employer       | Priv. contr. | Employer       | Priv. contr. |
|                                                                                       | vs.<br>State   | vs.<br>State | vs.<br>State   | vs.<br>State | vs.<br>State   | vs.<br>State | vs.<br>State   | vs.<br>State |
| <i>Country-level:</i>                                                                 |                |              |                |              |                |              |                |              |
| Welfare state regime (Ref: Liberal)                                                   |                |              |                |              |                |              |                |              |
| Corporatist                                                                           | .43            | .07          |                |              |                |              |                |              |
| Social-democratic                                                                     | -.07           | .19          |                |              |                |              |                |              |
| Mediterranean                                                                         | -.93†††        | -.67†††      |                |              |                |              |                |              |
| Net replacement ratio                                                                 |                |              | -.02†          | -.01†††      |                |              |                |              |
| Public pension spending as percentage of GDP                                          |                |              | .11            | .09††        |                |              |                |              |
| Private pension fund assets as percentage of GDP                                      |                |              | .00            | .01†††       |                |              |                |              |
| Employers' contribution as % of total current social protection receipts              |                |              | -.03†††        | -.02†††      |                |              |                |              |
| Protected persons' contribution as % of total current social protection receipts      |                |              | .03†           | .02†††       |                |              |                |              |
| Country(Ref: West Germany)                                                            |                |              |                |              |                |              |                |              |
| France                                                                                |                |              |                |              | -1.08***       | .21          | -1.01***       | .29          |
| Belgium                                                                               |                |              |                |              | -1.53***       | -.13         | -1.55***       | .06          |
| The Netherlands                                                                       |                |              |                |              | -.35***        | 1.02***      | -.40***        | 1.13***      |
| Italy                                                                                 |                |              |                |              | -1.21***       | -.27         | -1.17***       | -.19         |
| Denmark                                                                               |                |              |                |              | -1.13***       | -.16         | -1.20***       | -.10         |
| Ireland                                                                               |                |              |                |              | -1.02***       | -.06         | -1.00***       | .00          |
| United Kingdom                                                                        |                |              |                |              | -.87***        | .15          | -.73***        | .37*         |
| Greece                                                                                |                |              |                |              | -1.95***       | -.56***      | -1.95***       | -.57***      |
| Spain                                                                                 |                |              |                |              | -1.92***       | -.89***      | -1.55***       | -.87***      |
| Portugal                                                                              |                |              |                |              | -2.60***       | -.75***      | -2.49***       | -.76***      |

*continued on next page*

Table 6.3: *continued*

|                                                           | Model 1 | Model 2 | Model 3 | Model 4 |
|-----------------------------------------------------------|---------|---------|---------|---------|
| <i>Individual level:</i>                                  |         |         |         |         |
| Age of finishing education (Ref: 15 years old or younger) |         |         |         |         |
| 16-19 years old                                           |         |         |         | .06     |
| 20 years and older                                        |         |         |         | .22**   |
| Occupation(Ref: Non-skilled workers)                      |         |         |         |         |
| Skilled workers                                           |         |         |         | .01     |
| Petty bourgeoisie                                         |         |         |         | -.02    |
| Routine non-manual workers                                |         |         |         | .15     |
| Service class                                             |         |         |         | -.02    |
| Subjective social class (Ref: Working class)              |         |         |         |         |
| Lower middle class                                        |         |         |         | .06     |
| Middle class                                              |         |         |         | .07     |
| Upper middle class                                        |         |         |         | .39***  |
| Upper class                                               |         |         |         | .16     |
| Transfer classes (Ref: Working)                           |         |         |         |         |
| Not in the labour force                                   |         |         |         | .21     |
| Unemployed                                                |         |         |         | -.13    |
| Old-age pensioners/disabled                               |         |         |         | .10     |
| Low income                                                |         |         |         | -.14    |
| Sex (Ref: Men):                                           |         |         |         | -.27*** |
| Age-groups (Ref: 65 years and older)                      |         |         |         |         |
| 15-24 years old                                           |         |         |         | .42***  |
| 25-34 years old                                           |         |         |         | .24     |
| 35-44 years old                                           |         |         |         | .30**   |
| 45-54 years old                                           |         |         |         | .43***  |
| 55-64 years old                                           |         |         |         | .27**   |
| Subjective left-right placement                           |         |         |         | .08***  |
| Post-materialism                                          |         |         |         | -.05    |
| Union membership (ref: Non-member)                        |         |         |         | .19***  |

*continued on next page*

Table 6.3: *continued*

|                            | Model 1 |          | Model 2 |           | Model 3 |            | Model 4 |            |
|----------------------------|---------|----------|---------|-----------|---------|------------|---------|------------|
| Intercept                  | -50†††  | -1.42††† | -.09    | -2.00†††  | 0.44*** | -1.47***   | -.28    | -2.78***   |
| Pseudo R <sup>2</sup>      |         | .029     |         | .031      |         | .054       |         | .079       |
| Number of Cases            |         | 9867     |         | 9867      |         | 9867       |         | 6418       |
| Wald Chi <sup>2</sup> (df) |         | 33.97(6) |         | 824.79(8) |         | 782.57(20) |         | 775.74(66) |

Ref = Reference category

†††  $p \leq .01$ (test based on robust standard errors for clustering on countries; one-tailed test)

††  $p \leq .025$ (test based on robust standard errors for clustering on countries; one-tailed test)

†  $p \leq .05$ (test based on robust standard errors for clustering on countries; one-tailed test)

\*\*\*  $p \leq .01$ (test based on normal standard errors; one-tailed test)

\*\*  $p \leq .025$ (test based on normal standard errors; one-tailed test)

\*  $p \leq .05$ (test based on normal standard errors; one-tailed test)

Source: Eurobarometer 37.1

Model 3 reproduces the differences among the various countries found in Table 6.2. Greece, Spain and Portugal differ most strongly from the clear preference for collective responsibility between employers and employees, which is typical of West Germany. Also, the citizens of France, Belgium, Italy, Denmark and Ireland are more likely to hold the state responsible for the provision of pensions rather than the employers and employees, albeit to a lesser degree than in the Mediterranean countries. Finally, the United Kingdom and The Netherlands differ significantly from West Germany as far as the shared responsibility between employers and employees is concerned. However, the difference is smaller than in the other European countries. Moreover, the Dutch show - in comparison to the West German public - a clear preference for private pension arrangements. However, the distinction between collective and private pension arrangements is not an issue in the views of the citizens of most other European countries. Here, Greece, Spain and Portugal take an exceptional position once more, by showing a stronger preference for state pension provision. Note that, in comparison to the previous two models, the explained variance is high, but still relatively low in an absolute sense.

Finally, model 4 shows the effects of several individual-level social characteristics on preferences for the provision of pensions, controlling for differences among countries. These results are predominantly in accordance with the findings of previous research (see, for example, Papadakis & Bean, 1993; Gelissen, 2000b). Those with the most lengthy education are more likely to opt for shared collective responsibility between employers and employees than those with less education. In addition, the members of the petty bourgeoisie and of the service class are, compared to the unskilled workers, more likely to prefer private pension arrangements. Those who consider themselves upper middle class show a stronger preference for shared responsibility between employers and employees than those who consider themselves working class. However, those who consider themselves to be middle class, upper middle class and upper class clearly opt for private pension arrangements.

Being a member of a transfer class is only significant as far as the choice between private pension contracts and state pension provision is concerned. As expected, the unemployed and old age pensioners are, compared to the employed, more likely to prefer pension provision by the state. Furthermore, women approve more of state pension provision than men do. In addition, those aged 15-24, 35-44, 45-54 and 55-64 show a stronger preference for a shared responsibility between employers and employees, whereas we also find that those aged 15-24 and 25-34 - compared to those of the oldest age group - are characterised by a stronger preference for private pension arrangements. Finally, we find that the more to the right of the political spectrum people are, the stronger the preference for either shared responsibility between employers and employees or private pension arrangements. Union members show, in comparison to non-union members, a stronger preference for either shared

responsibility between employers and employees or for state provision of pensions.

In Table 6.4 we present the results of the multinomial regression analyses on the second dependent variable: Whether one holds the state solely, solely the individual or the two together responsible for the provision of pensions.

Contrary to our expectations (*hypothesis 3*), the citizens of corporatist welfare states are more often inclined to hold the individual and the state responsible for the provision of pensions than the citizens of liberal welfare states (model 5, Table 6.4). These findings also apply to the citizens of social-democratic welfare states. Presumably, the level of maturity of welfare states is again the determining factor. Surprisingly, citizens of the Mediterranean welfare states do not, at this time, differ significantly in their preferences from citizens of liberal welfare states.

As we expected, here, as well, several characteristics of the pension system appear to matter for differences in popular views about the responsibility for pensions. As expenditures on public pensions increase, people are more likely to hold the individual citizen solely responsible for the provision of old-age pensions. The results of model 6 further suggest that, as employers contribute more to social security, pension provisions are more often seen as a responsibility of the state. However, as the contributions of the insured to social security increase, either solely the individual or a combination of the individual and the state are more frequently held responsible for the provision of pensions. These effects are in accord with the effects which were estimated in model 2. Presumably, the same explanation applies here.

The most striking results of model 7 are that, in The Netherlands in comparison to West Germany, the preference for individual responsibility is clearly prevalent. However, in the other countries - with the exception of Austria, which does not significantly deviate from West Germany - the state alone is more frequently held responsible for the provision of pensions. Furthermore, in The Netherlands and in Austria, the provision of pensions is more often seen as a responsibility of the citizen and the state than in West Germany. In the other countries - with the exception of Italy, which does not significantly differ from West Germany - pension provision is seen as exclusively a state matter. Here, the explained variance is higher in comparison to the preceding models. However, judging absolutely, the explained variance by these inter-country differences is still low.

**Table 6.4:** Multinomial logit regression of the public preference for individual or collective responsibility for pensions.

| <i>Dependent variable:</i><br>'In your opinion, who should be responsible for pensions: the state only or the individual only?' | <b>Model 5</b>             |                                    | <b>Model 6</b>             |                                    | <b>Model 7</b>             |                                    | <b>Model 8</b>             |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|
|                                                                                                                                 | Individual<br>vs.<br>State | State & individual<br>vs.<br>State | Individual<br>vs.<br>State | State & individual<br>vs.<br>State | Individual<br>vs.<br>State | State & individual<br>vs.<br>State | Individual<br>vs.<br>State | State & individual<br>vs.<br>State |
| <i>Country-level:</i>                                                                                                           |                            |                                    |                            |                                    |                            |                                    |                            |                                    |
| Welfare state regime (Ref: Liberal)                                                                                             |                            |                                    |                            |                                    |                            |                                    |                            |                                    |
| Corporatist                                                                                                                     | .46                        | .31††                              |                            |                                    |                            |                                    |                            |                                    |
| Social-democratic                                                                                                               | .52                        | .50††                              |                            |                                    |                            |                                    |                            |                                    |
| Mediterranean                                                                                                                   | -.41                       | -.29                               |                            |                                    |                            |                                    |                            |                                    |
| Net replacement ratio                                                                                                           |                            |                                    | .00                        | -.01                               |                            |                                    |                            |                                    |
| Public pension spending as percentage of GDP                                                                                    |                            |                                    | .18†††                     | .07                                |                            |                                    |                            |                                    |
| Private pension fund assets as percentage of GDP                                                                                |                            |                                    | .06                        | .00                                |                            |                                    |                            |                                    |
| Employers' contribution as % of total current social protection receipts                                                        |                            |                                    | -.03†††                    | -.01                               |                            |                                    |                            |                                    |
| Protected persons' contribution as % of total current social protection receipts                                                |                            |                                    | .07†††                     | .04†††                             |                            |                                    |                            |                                    |
| Country(Ref: West Germany)                                                                                                      |                            |                                    |                            |                                    |                            |                                    |                            |                                    |
| France                                                                                                                          |                            |                                    |                            |                                    | -.36**                     | -.26***                            | -.41**                     | -.29***                            |
| Belgium                                                                                                                         |                            |                                    |                            |                                    | -1.10***                   | -.51***                            | -1.52***                   | -.55***                            |
| The Netherlands                                                                                                                 |                            |                                    |                            |                                    | .58***                     | .56***                             | .58***                     | .51***                             |
| Italy                                                                                                                           |                            |                                    |                            |                                    | -.50***                    | -.03                               | -.61***                    | -.04                               |
| Denmark                                                                                                                         |                            |                                    |                            |                                    | -.65***                    | -.23***                            | -.97***                    | -.63***                            |
| Ireland                                                                                                                         |                            |                                    |                            |                                    | -1.40***                   | -.40***                            | -1.30***                   | -.40***                            |
| United Kingdom                                                                                                                  |                            |                                    |                            |                                    | -.62***                    | -.64***                            | -.54***                    | -.52***                            |
| Greece                                                                                                                          |                            |                                    |                            |                                    | -1.01***                   | -1.06***                           | -1.20***                   | -1.02***                           |
| Spain                                                                                                                           |                            |                                    |                            |                                    | -1.70***                   | -1.41***                           | -1.38***                   | -1.30***                           |
| Portugal                                                                                                                        |                            |                                    |                            |                                    | -2.48***                   | -.93***                            | -2.65***                   | -.85***                            |
| Finland                                                                                                                         |                            |                                    |                            |                                    | -.94***                    | -.41***                            | -1.36***                   | -.69***                            |
| Sweden                                                                                                                          |                            |                                    |                            |                                    | -.89***                    | -.28***                            | -1.07***                   | -.49***                            |
| Austria                                                                                                                         |                            |                                    |                            |                                    | .14                        | .41***                             | .20                        | .49***                             |

*continued on next page*



Table 6.4: *continued*

|                                                           | Model 1 | Model 2 | Model 3 | Model 4   |
|-----------------------------------------------------------|---------|---------|---------|-----------|
| <i>Individual level:</i>                                  |         |         |         |           |
| Age of finishing education (Ref: 15 years old or younger) |         |         |         |           |
| 16-19 years old                                           |         |         |         | .41* * *  |
| 20 years and older                                        |         |         |         | .72* * *  |
| Occupation(Ref: Non-skilled workers)                      |         |         |         |           |
| Skilled workers                                           |         |         |         | -.23      |
| Petty bourgeoisie                                         |         |         |         | -.28      |
| Routine non-manual workers                                |         |         |         | -.69* * * |
| Service class                                             |         |         |         | -.68* * * |
| Transfer classes (Ref: Working)                           |         |         |         |           |
| Not in the labour force                                   |         |         |         | -.16      |
| Unemployed                                                |         |         |         | -.51*     |
| Old-age pensioners/disabled                               |         |         |         | -.57* * * |
| Low income                                                |         |         |         | -.24**    |
| Sex (Ref: Men):                                           |         |         |         | -.12      |
| Age-groups (Ref: 65 years and older)                      |         |         |         |           |
| 15-24 years old                                           |         |         |         | -.03      |
| 25-34 years old                                           |         |         |         | -.31      |
| 35-44 years old                                           |         |         |         | .09       |
| 45-54 years old                                           |         |         |         | -.41**    |
| 55-64 years old                                           |         |         |         | -.34*     |
| Subjective left-right placement                           |         |         |         | .18* * *  |

*continued on next page*

**Table 6.4: continued**

|                                            | <b>Model 1</b> | <b>Model 2</b> | <b>Model 3</b> | <b>Model 4</b> |
|--------------------------------------------|----------------|----------------|----------------|----------------|
| Intercept                                  | -2.10†††       | -.37†††        | -4.05†††       | -.53           |
| <i>Pseudo R</i> <sup>2</sup>               |                |                | -1.23***       | .17***         |
| <i>Number of Cases</i>                     |                |                | -1.60***       | -.20           |
| <i>Wald Chi</i> <sup>2</sup> ( <i>df</i> ) | 15.88(6)       | 236.04(10)     | 789.07(26)     | 864.03(60)     |

Ref = Reference category

†††  $p \leq .01$ (test based on robust standard errors for clustering on countries; one-tailed test)

††  $p \leq .025$ (test based on robust standard errors for clustering on countries; one-tailed test)

†  $p \leq .05$ (test based on robust standard errors for clustering on countries; one-tailed test)

\*\*\*  $p \leq .01$ (test based on normal standard errors; one-tailed test)

\*\*  $p \leq .025$ (test based on normal standard errors; one-tailed test)

\*  $p \leq .05$ (test based on normal standard errors; one-tailed test)

Source: Eurobarometer 44.0

Here as well, according to the final model 8, the effects of social characteristics - controlling for differences among countries - are mostly in accordance with the findings of previous research. As educational attainment is more extensive, people are less inclined to hold the state solely responsible for providing pensions. Routine non-manual workers and members of the service class are more likely to hold the state solely responsible. An explanation for these unexpected effects is not easily given. Perhaps the members of these upper classes are more often in public service, which brings about a stronger preference among these groups for state pension provision. Furthermore, old age pensioners - and especially those who belong to the lowest income group - are more likely to hold the state solely responsible for the provision of pensions. Insofar as differences among age groups exist, these occur predominantly when the choice is between individual or state responsibility. In this case, those aged 45-54 and 55-64 are more likely than the members of the oldest age group to hold the state responsible for the provision of pensions. Finally, we find that, as people place themselves more to the right of the political spectrum, they are less likely to view the state as the only responsible agent for the provision of pensions.

## 6.5 Conclusion and discussion

In this chapter, we describe and explain cross-national differences in public opinion concerning the individual or collective responsibility for the provision of old-age pensions. Explanations were sought in differences among welfare state regimes - distinguished in Europe according to the existing seminal classification of Esping-Andersen - in specific characteristics of the pension system of countries and in variations among social categories.

In the first place, the results show that the citizens of most European welfare states widely endorse provision of pensions by the state. Nevertheless, some differences among regime-clusters - as well as among countries within regime-clusters - exist. As far as these differences exist, we find only partial support for Esping-Andersen's thesis: Welfare state regimes in general and pensions in particular are significantly related to individualism and solidarity. These values are, to a certain extent, reflected in the beliefs of citizens concerning the individual or collective responsibility for the provision of pensions. Citizens of corporatist welfare states showed - compared to citizens of liberal welfare states - more frequent preferences for a shared responsibility for the provision of pensions between employers and employees. However, in the less mature Mediterranean welfare states, the general public expects relatively much from the state despite - or, perhaps, even because of - the rather limited role of the state in social security in these countries.

According to Esping-Andersen (1999), the Mediterranean welfare states are merely "corporatist welfare states in the making". He argues that there is no reason to

assume that these countries constitute a "Mediterranean fourth world" within the worlds of welfare capitalism. However, the results of this chapter show that a separate Mediterranean regime-cluster can be distinguished, at least as far as public preferences for the provision of pensions are concerned. If Esping-Andersen's theory of "corporatist welfare state in the making" were to hold true, we would expect to find a considerably stronger endorsement of shared responsibility between employers and employees, as is, for example, the case in West Germany. Even Italy - which Esping-Andersen always lists under the corporatist regime-cluster - shows more public support for shared responsibility between employers and employees than the other Mediterranean welfare states. However, in comparison to the other European welfare states, public support for this method of providing pensions is still relatively limited.

Moreover, preferences of the citizens of social-democratic welfare states were not, as we expected, in comparison to the preferences of the citizens of liberal welfare states more towards pension provision by the state. Although The Netherlands is often labelled as a social-democratic welfare state (Esping-Andersen, 1990; see also Goodin et al., 1999), here, it appears once again to be a mixed case. The results suggest that The Netherlands could be more easily labelled as a liberal welfare state, as far as public preferences concerning the provision of pensions is concerned. In comparison, the Dutch relatively strongly endorse individual responsibility.

Secondly, we investigated whether - and to what extent - characteristics of the pension system matter for the public's beliefs about the responsibility for the provision of pensions. Moreover, we examine whether these characteristics better account for cross-national differences in these beliefs than Esping-Andersen's typology. Here, we discovered the effects of the generosity of the pension system, of the level of public pension expenditures, of the importance of private pension arrangements in a country and of the employers' and insured people's share of contributions to financing social security. The interpretation of these effects was, to a considerable degree, dependent on the maturity of the welfare states, because this is important for the public commitment to state intervention in social security.

Previous research (Gelissen, 2000b) suggests that citizens of mature welfare states prefer less state intervention in social security, whereas citizens of immature welfare states tend to expect more of the state. This explains why we find less support for state provision of pensions as public expenditure on pensions increases. The level of maturity of welfare states also has consequences for the share of employers' and insured persons' contributions to social security. Because of this, public endorsement of pension provision by the state is stronger as employers contribute more to social security, and weaker as the insured persons' share of contributions to social security increases.

There is another important finding, which also explains the exceptional position of The Netherlands: As private pension arrangements increase in importance in a

country, people are more likely to opt for private pension contracts. Internationally, The Netherlands ranks among the top in assets of private pension funds. This illustrates the importance of private pension arrangements in this country. Finally, we must realise that these characteristics of pension systems reproduce, to a large degree, differences among welfare state regimes. Because of this, the explained variance of the models in which welfare state regimes are controlled for, is relatively close to the explained variance of the models in which characteristics of the pension systems are controlled for.

Third, we examined whether and to what extent, differences among social categories exist concerning the individual preferences on collective or market provision of pensions. The results pointed to enlightened self-interest - rather than moral considerations - as a more important determinant of opinions concerning responsibility for pensions. People are more likely to opt for either individual or shared collective responsibility for pension provision as the duration of education increases. Furthermore, the members of the petty bourgeoisie - as well as those who consider themselves to be middle class and upper middle class - show a stronger preference for private pension arrangements. On the other hand, old age pensioners, women and those with the lowest incomes more often prefer state pension provision.

In addition, the results suggest that differences among social categories significantly add to the explanatory power of the models, but that differences among European welfare states still explain relatively more of the variance in the public preferences about pension provision. Pettersen's hypothesis, which presumes that differences within countries are more significant than differences among countries, was not answered in the affirmative. This is probably a consequence of the small number of individual characteristics and socio-political orientations which were included in the models. Inclusion of other - and perhaps better - indicators of social position and ideology would probably considerably enhance the explanatory power of the models. Unfortunately, we were limited by the data.

Naturally, the results of this chapter must be seen in the light of the usual methodological limitations which apply to this kind of cross-national survey research and its consequences for the explanatory power of models. After all, the question remains whether respondents in the different European welfare states mean the same thing when they give the same answer to the same question. Anybody who is only slightly familiar with the organization of pension systems of European welfare states, quickly realises that both dependent variables in this study - measured as separate dichotomous items with little 'variance' - not really do justice to the complexity of these arrangements. Therefore, in future research, scales could be developed in which indicators for supportiveness of the various components of the pension systems are included. In this way, it becomes easier to evaluate whether citizens of different welfare states mean the same thing if pensions are involved. In addition, the variance which

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could be explained would increase. Similarly, more specific structural characteristics of pension systems than the ones in this study could be used to explain differences in opinions concerning the provision of pensions. Although we must not expect to find high levels of explained variance in survey research on opinions, attitudes and values (Kalmijn & Kraaykamp, 1999), many descriptive and explanatory questions on welfare state arrangements in general, and pension provision in particular, remain to be studied in cross-national opinion research.

## 7 Summary and Discussion

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### 7.1 Summary

#### 7.1.1 Introduction

'Worlds of welfare, worlds of consent?'. Is the force of habit so strong that people endorse the institutional arrangements of their welfare state whatever those arrangements are? Is the influence of democratic decision-making so strong that the outcomes are judged as being legitimate whatever the outcomes are? Or is the relationship between the real worlds of welfare capitalism and the public opinion much more complex? In any event, the scope of public consent to welfare policies constitutes an important topic in the political and social scientific debate about the welfare state. The public's endorsement of welfare state solidarity, mainly expressed by appointing responsibility for the provision of collective welfare to the state - instead of leaving it to individual responsibility - indicates the legitimacy of a welfare state. The lack of consent presents a legitimation problem. In the absence of moral consensus, any welfare policy, in any form, is not easily accepted. If the policy is to be successful, a reasonable degree of social acceptance is essential.

In this study, we have examined the extent to which the public's consent to welfare state solidarity and its choices of justice principles are related to the specifics of welfare state regimes, as initially conceived by Esping-Andersen (1990) and, later, extended and amended by his critics. Also, structural characteristics of the national health care and pension systems, as well as individual-level social characteristics, were included in the analyses. This study elaborates on previous research addressing cross-national variations in the levels of public support for the welfare state (Svallfors, 1997; Peillon, 1996; Roller, 1995; Papadakis & Bean, 1993). These studies have demonstrated that, although there is generally a high level of public support for state welfare provisions, important differences among welfare states do exist. In addition, these studies have shown that public support for welfare state solidarity varies not only *across* welfare states, but also *within* them.

Building on the insights and findings of this research tradition, this study has focused *primarily* on assessing the value of applying the well-known Esping-Andersenian welfare state typology (1990) to the study of public consent to welfare solidarity and choices of justice principles. The general idea of this typology is that different types of welfare state regimes encompass qualitatively different arrangements for the provision of welfare. Based on this, the general hypothesis was tested that citizens' attitudes about welfare state solidarity and their choices of certain justice principles conform to the dominant social policy frameworks and values of the welfare state regimes they live under.

Apart from investigating the extent to which a relationship exists between welfare state regime characteristics and public attitudes, we also examined the relevance of other contextual characteristics for explaining differences and similarities in levels of public support. Specifically, we investigated the impact of income inequality, welfare effort, welfare state financing methods and structural characteristics of the national health care and pension systems on levels of public commitment to welfare state solidarity. This was done with a view to the notion that these characteristics might have better explanatory power than the classification of real welfare states into welfare state regimes, which are only approximations of ideal-typical constructs.

## 7.2 Answers to the research questions

### 7.2.1 *Worlds of welfare capitalism*

The first research question addressed the discussion about the variation in and clustering of welfare state arrangements at the national level. It was formulated as follows:

*1. Are there families of real welfare states or are all welfare states rather unique specimens, and, if the former is the case, are there three or more ideal-typical worlds of welfare capitalism?*

This research question was addressed in Chapter 2 of this study. We reviewed the literature regarding the Esping-Andersenian classification of welfare states and the modified versions of it. We focused, in particular, on extended and amended classifications of welfare states by his critics, in order to deal with four alleged shortcomings which have been indicated in this influential work:

1. the misspecification of the Mediterranean welfare states as immature continental or corporatist;
2. the classification of the Antipodean welfare states as belonging to the liberal regime-cluster;



3. the neglect of the relevance of the gender-dimension in his typology;
4. the misconception of the position of East-Asian welfare states, in particular the position of Japan.

We reconstructed several typologies of welfare states which deal with these shortcomings. In this way, we focused on whether real welfare states are quite similar to each other or whether they can better be seen as unique specimens. In addition, we used the critics' arguments raised in these typologies, and the empirical evidence of the testing of the Esping-Andersenian three-way typology to assess whether there are three - or more - ideal-typical worlds of welfare capitalism.

In accordance with Esping-Andersen's original position, we concluded that certain families of real welfare states can be distinguished. However, based on the theoretical arguments and empirical evidence put forward by his critics, we concluded that there is good reason to increase the original three families of welfare states to five or even six, without losing too much analytical parsimony. Furthermore, we argued that the Esping-Andersenian theory of welfare state regimes must be elaborated upon to yield more precise hypotheses. However, we finally concluded that, for the time being, the empirical results of previous research - focusing on the explanation of cross-national variation in attitudes and behaviour and their consequences by means of welfare state regimes - provided sufficient reason to continue the work with the extended welfare state typology. In accordance with this previous research, we chose to focus on the empirical assessment of the extended typology's explanatory value. We did this in the following chapters.

### 7.2.2 *Popular support for the welfare state*

The second research question addressed cross-national variations and similarities in popular support for achieving welfare state solidarity by means of government intervention. It was phrased as follows:

*2. To what extent do citizens of different welfare states support institutionalised solidarity? To what extent can differences among individuals and societies in this support be explained by differences among welfare state regimes, in welfare effort, income inequality, tax regime and, at the individual level, by social position and socio-political beliefs?*

This research question was answered in Chapter 3, where the effects of welfare state regimes, social expenditure, income inequality, methods of welfare state financing and several individual-level social characteristics were studied. Variations in levels of public support for an extensive or intensive welfare state among eleven European welfare

states in 1991 were studied. A distinction was made among a liberal, social-democratic, conservative, and Southern type of welfare state regime.

Although significant differences in levels of support were found among welfare state regimes, the direction of these effects was not in accordance with our expectations. Specifically, contrary to expectations, liberal welfare states were characterised by the highest levels of support, whereas the social-democratic welfare states had unexpectedly low levels of popular support. Two explanations may be given for these unexpected effects. First, as was shown in Chapter 4, citizens take a relatively positive stance towards the guaranteed meeting of basic needs in both the immature, Southern welfare states and the mature, liberal welfare states. As Kluegel and Miyano (1995, p. 101) show, these countries still differ in the implications concerning the choices of justice principles for public support, although all capitalist countries produce a similar pattern of justice beliefs (also illustrated by the results in Chapter 4). Thus, if we assume that preferences for justice principles do shape aggregate differences in support for welfare state solidarity, the high levels of support in Southern and liberal welfare states can be explained by the strong preference for the need principle in these countries. Secondly, because the extent of government intervention in achieving welfare state solidarity in Southern and liberal welfare states is more limited, these citizens may have more to gain from more government intervention than those of social-democratic and conservative welfare states. In the former, people may be predominantly focused on the benefits of increased state intervention whereas, in the latter, they may be more aware of the costs incurred. Consequently, levels of support will be higher in Mediterranean and liberal welfare states than in the other types.

We also investigated the impact of income-inequality, level of social expenditure and the financing method of the welfare state (operationalised as the ratio between tax-financing and Value Added Taxes to finance public expenditures). All these factors showed clearly negative effects on the levels of public support for the welfare state. With respect to the effects of individual-level social characteristics, we found that a higher educational attainment, trade union membership, a left-wing political orientation, a post-materialist value-orientation and membership in a transfer class lead to more support for an extensive or intensive welfare state. Assuming that the first four variables are indicators of moral commitment to the welfare state - and membership in a transfer class is an indicator of self-interest - the importance of moral commitment appears to be paramount over the importance of self-interest in supporting the welfare state. In addition, we also found some slight differences among the classes. Finally, significant interaction-effects between educational attainment and socio-political orientations (political orientation and post-materialism) were found.

### 7.2.3 *Notions of solidarity and choices of justice principles*

The third research question not only investigated the extent to which support for government intervention to achieve welfare state solidarity is related to the specifics of welfare state regimes, but also the extent to which different welfare state regimes lead to different public preferences concerning distributional issues. This research question was formulated as follows:

*3. To what extent do citizens of different welfare states have different notions of solidarity and do they choose different justice principles? To what extent can differences among individuals and societies in these notions and choices be explained by differences among welfare state regimes, social position and socio-political beliefs?*

This research question was answered in Chapter 4. In this chapter, we analysed the extent to which differences in public support for welfare state solidarity and attitudes about fairness are associated with differences in frames of solidarity initiated by different welfare state regimes. Specifically, we compared data from 1996 and 1999 on preferences concerning government intervention in the field of social protection and attitudes about distributional issues of citizens in 20 welfare states.

As expected, we found that citizens of the immature Mediterranean welfare states show a strong consent to welfare state solidarity. This was principally explained on the basis of self-interest: Citizens of the Southern welfare states - characterised by a less well-developed socio-economic context and relatively little government intervention - were expected to gain more from government intervention than citizens of other welfare states. Moreover, citizens of social-democratic welfare states or states that are strongly statist or social-democratic - expected to create a frame of strong solidarity - showed a stronger propensity to support welfare state solidarity than citizens of liberal welfare states. However, the citizens of liberal, radical, conservative and South-East Asian welfare states showed relatively less consent to welfare state solidarity through government intervention. This finding was in line with the hypothesis that liberal welfare states would give rise to a normative frame that comes close to the weak solidarity type, whereas the other types of welfare states would give rise to mixed normative frames. Thus, the results of this analysis showed a relatively close match between the expected ordering of countries on the public's preferred level of solidarity and the frames of solidarity emphasised by the various welfare state regime types.

As far as citizens' choices of justice principles are concerned, we also found an ordering of countries which was relatively close to the Esping-Andersenian three-way classification. However, the association was not as clear-cut as in the case of level of support for welfare state solidarity. Citizens of all types of mature welfare states are in favour of income levelling but, at the same time, they accept income inequality.

However, citizens of immature welfare states appeared to be more in favour of equality. With respect to the preference for the need-principle, the most important result was that this principle was of primary importance for citizens of all types of welfare states. Preference for the equity and equality principle was also strong in the mature welfare states. In Mediterranean welfare states - Spain, Portugal, and Greece - however, the principle of equality was more highly preferred. Upon examining the public's preference for the equity principle, we found - in line with our expectations - that citizens of liberal welfare states tend to show a stronger preference for the equity principle than citizens of conservative and social-democratic welfare states.

Controlling for these differences among different welfare state regimes, we also found important differences among individuals and social groups in their preferred level of welfare state solidarity and their choices of justice principles. Higher educational attainment and a higher income level independently lead to less consent to welfare state solidarity and equality. Finally, women appear to be more supportive of welfare state solidarity than men; as are the unemployed in comparison to the employed.

#### 7.2.4 *Public support for health care systems*

The fourth research question dealt with the factors which might account for intra- and inter-country variations in levels of public support for national health care systems. Specifically, this research question was formulated as follows:

*4. To what extent are citizens of different welfare states supportive of their health care system? To what extent can differences among individuals and societies in their commitment of the national health care system be explained by differences among welfare state regimes, structural characteristics of the health care system, social position and socio-political beliefs?*

This research question was answered in Chapter 5. We estimated the effects of belonging to different welfare state regimes, of several characteristics of the national care system and of individual-level social characteristics. This was done on the basis of 1996 survey-data from 13 countries.

Evidence was found for a relationship between the various types of welfare states, as identified by their degree of conservatism, liberalism and social-democratism, and their citizens' support for public health care. Support appeared to be particularly linked to social-democratic characteristics of welfare states, whereas support dropped as liberal and conservative characteristics featured more prominently. In addition, national health care arrangements were found to affect public preferences for solidary health care arrangements. Specifically, support for public health care was significantly related to wider coverage and public funding. Moreover, higher levels of support were

found in countries with fewer social services for children and the elderly, as well as in countries with a larger proportion of female (part-time) employment. The effect of the supply of social services for children and the elderly could be a consequence of the fact that countries with a less mature health care system also often do not have well-developed formal social care services, and therefore draw heavily on family support. An increasing appeal to the family may put a strain on family relations which may lead, in turn, to a stronger call for public health care and public social services. With respect to the effect of female (part-time) employment, we argued that social care services relieve women from their caring duties. Therefore, in countries with a larger proportion of female (part-time) employment, the level of support for a public health care system is expected to be higher, as this gives women more time for paid employment.

We also came across significant effects of individual characteristics. The unemployed appeared to be more in favour of public health care provision than those in paid employment. Notably, support for public health care was stronger for people in the highest income group than for those on the lowest incomes. Presumably, those in the highest income group are also the ones who are confronted with high costs for private health care insurance, which may lead them to prefer a more collectively oriented health care system. Furthermore, those who rated themselves as very healthy were less supportive of public health care. Finally, we found that those with a left-wing political orientation were more supportive of public health care. Also, women consent more strongly to public health care provision than men.

#### *7.2.5 Responsibility for old-age pensions*

The fifth and final research question dealt with the cross-national differences and similarities among welfare states in the public's support for government intervention in yet another important area of social policy: old-age pensions. This research question was formulated as follows:

*5. To what extent do citizens of different welfare states endorse different ways of providing old-age pensions? To what extent can differences among individuals and societies in these preferences be explained by differences among welfare state regimes, structural characteristics of the national pension system, social position and socio-political beliefs?*

This research question was answered in Chapter 6. The effects of welfare state regimes and structural characteristics of the national pension system - as well as of individual-level characteristics - were studied across eleven and fourteen European countries, respectively. Data were from 1992 and 1995.

We estimated the effects of the different welfare state regimes, structural characteristics of the national pension system and individual-level social characteristics. Welfare state regimes only marginally affected the level of support for government responsibility in the field of old-age pensions. When choosing between state responsibility, shared employer/employee responsibility or private responsibility for the provision of old-age pensions, only citizens from Mediterranean welfare states were clearly in favour of exclusive state responsibility. Citizens of corporatist and social-democratic welfare states were more in favour of joint responsibility between the individual and the state, rather than sole state responsibility.

However, structural characteristics of the national pension system were also found to affect public attitudes concerning the responsibility for the provision of old-age pensions. Specifically, we found effects of the generosity of the pension system, the level of public pension expenditures, the importance of the private pension arrangements in a country and the employers' and insured persons' share of contributions to finance social protection. We argue that the interpretation of these effects is, to a considerable degree, dependent on the maturity of the welfare states concerned. This is of consequence for public consent to state intervention in social protection.

Finally, with regard to individual-level effects, the findings indicated that people are more likely to opt for either individual or shared collective responsibility for pension provision as the duration of education increases. Apparently, where old-age pensions are concerned, those with a higher level of education are led either by self-interest (those with a higher level of education may expect to benefit less when pensions are provided solely by the state. Therefore, they opt for private pension arrangements) or by moral commitment (those with more education see the need to accept shared responsibility together with the state for the provision of old-age pensions). Furthermore, the members of the petty bourgeoisie - as well as those who consider themselves to be members of the middle class or upper middle class - showed a stronger preference for private pension arrangements. The groups concerned are principally the self-employed - who generally do not endorse state intervention - or managerial and professional workers - who are better protected against the vagaries of the market because of their contractual relationship with private or government organizations. On the other hand, old-age pensioners, women and those on lower incomes more often preferred the state provision of pensions.

### 7.3 Conclusion

In this section, we will present the main conclusions based on the findings summarised in the previous section. The most significant question to be answered here is whether different worlds of welfare tend to generate different worlds of public consent to

welfare state solidarity and fairness. We dealt with this question mainly in Chapters 3 to 6 and, in the following, we will predominantly avail ourselves of the findings in those chapters to reach the main conclusions. Therefore, we will start with a discussion concerning the relevance of the extended regime-classification and other contextual factors, which were also included in our analyses of cross-national variations in public attitudes. Finally, we will draw the main conclusions with respect to the findings at the individual level.

The results of the cross-national comparisons of levels of public support for the welfare state in this study show a nearly universally high to very high commitment, as well as a strong public dedication to redistributive justice in the sense of income levelling. This is also often found in other studies. There seems to be more variation in support within countries than among countries. The first question is whether welfare state typologies are useful for a better understanding of cross-national variations and similarities in public attitudes. When answering this question, we must take into account the fact that support predominates overwhelmingly. Therefore, little variation among countries can be distinguished. We summarise our findings with respect to this question in Table 7.1.

In general, the following can be concluded here. In many instances, clear differences among clusters of countries emerge when these countries are grouped according to an extended version of the Esping-Andersenian typology of welfare states. However, when we evaluate how well these types of regimes predict cross-national differences in levels of support for welfare state solidarity and fairness, it can be concluded that both the original three-way classification as well as the extended welfare state regime typology (proposed in Chapter 2) perform relatively well in accounting for the cross-national variation in public attitudes. The direction of proposed differences among regime-types was sometimes found to be different from the direction of the estimated effects. However, the results of the analyses in the previous chapters show that - in terms of explanatory power - this rather simple typology proved to be almost as powerful in explaining variation in public attitudes as the inclusion of several societal-level structural characteristics. Again, we like to stress that, since all the countries we included in the analyses are welfare states in different stages of development - and qualitatively different - large variations in levels of public commitment could not be found. All types of welfare states serve some common values - such as the achievement of solidarity and equality - and this is reflected in people's attitudes. Where differences among countries exist, they merely reflect differences in the priorities given to the realization of these values.

Table 7.2 presents the main findings of this study with respect to the effects of these structural factors. We also investigated whether more specific structural characteristics of the national health care and pension system, as well as societal-level characteristics - i.e. income inequality, the level of social expenditure and the manner of financing the

**Table 7.1:** Main findings concerning the relationship between welfare state regimes and public attitudes.

| Differences among welfare state regimes?                                                                                                                                                                                                                                                                                                                               | Differences as predicted? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Research question 2:</b>                                                                                                                                                                                                                                                                                                                                            |                           |
| <b>Public support for institutionalised solidarity</b>                                                                                                                                                                                                                                                                                                                 |                           |
| Citizens of liberal welfare states support the welfare state more than citizens of social-democratic welfare states. Citizens of Mediterranean welfare states also give strong support.                                                                                                                                                                                | No                        |
| <b>Research question 3:</b>                                                                                                                                                                                                                                                                                                                                            |                           |
| <b>Public support for welfare state solidarity and justice principles</b>                                                                                                                                                                                                                                                                                              |                           |
| Citizens of social-democratic and Mediterranean welfare states are more in favour of state intervention to achieve welfare state solidarity than citizens of liberal welfare states. Citizens of social-democratic welfare states are more willing to accept income inequality than citizens of liberal welfare states, citizens of Mediterranean welfare states less. | Partially                 |
| <b>Research question 4:</b>                                                                                                                                                                                                                                                                                                                                            |                           |
| <b>Public support for national health care system</b>                                                                                                                                                                                                                                                                                                                  |                           |
| In social-democratic and in Mediterranean welfare states citizens give strong support to the national health care system. Citizens of corporatist welfare states are even less supportive of public health care. Position of liberal welfare states is not clear-cut.                                                                                                  | Partially                 |
| <b>Research question 5:</b>                                                                                                                                                                                                                                                                                                                                            |                           |
| <b>Public support for state provision of old-age pensions</b>                                                                                                                                                                                                                                                                                                          |                           |
| Citizens of Mediterranean welfare states give more support for state intervention for the provision of pensions than citizens of liberal welfare states. Citizens of social-democratic and corporatist welfare states are more in favour of joint responsibility for old-age provisions between state and individual.                                                  | Partially                 |



**Table 7.2:** Main findings concerning the effects of structural characteristics on public attitudes.

| Hypothesis:                                                                                                                                                                                                                     | Confirmed? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Research question 2:</b>                                                                                                                                                                                                     |            |
| <b>Public support for institutionalised solidarity</b>                                                                                                                                                                          |            |
| The higher the level of income inequality, the stronger the support for the welfare state.                                                                                                                                      | No         |
| The higher the level of social expenditure, the weaker the support for the welfare state.                                                                                                                                       | Yes        |
| The higher the visibility of the method of financing the welfare state, the weaker the support for the welfare state.                                                                                                           | Yes        |
| <b>Research question 3:</b>                                                                                                                                                                                                     |            |
| <b>Public support for welfare state solidarity and justice principles</b>                                                                                                                                                       |            |
| Effects of structural characteristics not studied (comparable data on income inequality and welfare state financing not available)                                                                                              |            |
| <b>Research question 4:</b>                                                                                                                                                                                                     |            |
| <b>Public support for national health care system</b>                                                                                                                                                                           |            |
| If a country has a universal public health care system, the level of support for public health care will be higher.                                                                                                             | Yes        |
| When health care services are largely privately funded, the level of support for public health care will be lower.                                                                                                              | Yes        |
| Support for public health care will be higher in countries with higher total health care spending.                                                                                                                              | No         |
| Support for public health care will be higher in countries with a NHS system than in countries with a social security type of health care system.                                                                               | No         |
| Support for public health care will be higher in countries with fewer social service for children and the elderly.                                                                                                              | Yes        |
| Support for public health care will be higher in countries where the dependency ratio is higher.                                                                                                                                | Yes        |
| Support for public health care will be higher in countries with a large share of female (part-time) employment.                                                                                                                 | Yes        |
| <b>Research question 5:</b>                                                                                                                                                                                                     |            |
| <b>Public support for state provision of old-age pensions</b>                                                                                                                                                                   |            |
| As pension systems are more generous and to a greater extent publicly financed, citizens will give more preference to provision of pensions by the state.                                                                       | Yes        |
| As private pension arrangements are more important in a country, citizens will not so much hold the state or the employers and employees responsible for the provisions of pensions, but rather opt for private responsibility. | Yes        |
| As the insured contribute more to social security, citizens will appoint the responsibility for the provision of pensions to the employers or to the state.                                                                     | No         |
| As the contribution of employers to social security increases, citizens will be more likely to appoint the responsibility for the provision of pensions to the employers.                                                       | No         |

welfare state - could account for cross-national differences in public attitudes. We have summarised the findings concerning the effects of the latter societal-level determinants in Table 7.2. For example, it was hypothesised that a higher level of income inequality would generate more support for the welfare state. This is because, when a high level of income equality is already achieved in a country, people are less willing to contribute more to achieve an even higher level. However, this hypothesis has not been confirmed. When controlling for the level of social expenditure - a measure of the maturity of a welfare state - we found that, as the income distribution of a country is more characterised by inequality, people were less supportive of the welfare state. Presumably, a high level of income inequality in a country indicates a lack of social cohesion which, in turn, is reflected in lower levels of support to achieve welfare state solidarity. In general, although the predicted effects were often found, the more parsimonious regime-typology often appeared to be - in terms of explained variance - at least as powerful as these more extensive and detailed societal characteristics. Therefore, we conclude that, although the level of public support for welfare state solidarity and for certain justice principles across countries only partially coincides with the specifics of welfare state regimes, the use of an extended typology may be quite useful to grasp cross-national variations in public attitudes. In the introduction to this study, it was suggested that a typology of welfare state regimes might be an important explanatory factor of cross-national differences in public attitudes. The findings of this study suggest that this is indeed the case.

In Table 7.3, we present the main findings concerning differences at the individual level. We distinguished among three kinds of explanatory variables here. It was stated that explanatory variables concerning social position and demographic characteristics would affect support for the welfare state mainly due to motives of self-interest. However, socio-political explanatory variables were expected to affect consent to welfare state solidarity because of moral or ideological motives. The analyses showed that most of the individual-level explanatory variables had a *direct* effect on people's willingness to support welfare state solidarity and their choices of justice principles. Although both self-interest and a moral commitment to the welfare state appeared to affect public consent, the results of our analyses indicated that moral commitment often seems to outweigh self-interest at the general level of welfare state support. Furthermore, the importance of self-interest appeared to vary in the areas under study: Self-interest appeared to be more important where the provision of old-age pensions was concerned, whereas moral commitment to the common good was more salient with respect to public health care. Finally, we observed that this moral commitment decreased only when more specific questions were asked, which confronted respondents with the costs of greater solidarity. Then, more significant differences emerged among social groups having differing interests in the welfare state (see Chapter 3).

**Table 7.3:** Main findings concerning the effects of individual-level characteristics on public attitudes.

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**Effects of social position on public attitudes about welfare state solidarity**

With respect to educational attainment:

- The longer the duration of people's education, the more they consent to welfare state solidarity. Socialization to democratic values, as measured by years of formal education, evokes greater commitment to social rights and generates more support for the welfare state.
- The higher the level of people's educational attainment, the less they consent to state-intervention to achieve a high level of welfare state solidarity. The higher educated expect to benefit less from social security provisions than persons with lower educational levels.

With respect to (objective and subjective) class position:

- The higher people's class position, the less they consent to welfare state solidarity.
- The higher people's class position, the more they prefer individual responsibility in the case of old-age provision.

With respect to transfer classes:

- If people belong to a transfer class, they are more likely to consent to welfare state solidarity.

**Effects of socio-political orientations on public attitudes about welfare state solidarity**

With respect to political left-right self-placement:

- The more people place themselves to the right on the political continuum, the less they consent to welfare state solidarity.

With respect to post-materialism:

- The more people have a post-materialist value-orientation, the more they consent to welfare state solidarity.

With respect to union-membership:

- Members of a union are more likely to consent to welfare state solidarity than non-members.

**Effects of demographic characteristics on public attitudes about welfare state solidarity**

With respect to gender:

- Women are more likely to consent to welfare state solidarity than men.
-

## 7.4 Discussion

In this final section, we will discuss the scientific and societal relevance of the findings of this study. Moreover, we will discuss a few shortcomings of the approach we have taken here. With these and other considerations in mind, we will offer some prospects for future research in the field of public commitment to welfare state solidarity.

### 7.4.1 *Scientific relevance*

A main aim of this study was to explain differences and similarities in levels of public support for welfare state solidarity and fairness. We used the idea that institutional arrangements, operationalised as welfare state regimes - and as structural characteristics such as the national health care and pension system - matter in how people think about the role of the government in the achievement of welfare state solidarity and justice.

Generally speaking, this study has made a systematic effort to relate attitudes to aspects of the social context and to indicators of location in the social structure. Thus, this study is tied in with a large body of research in sociology and social psychology, which has focused on the investigation of the links between attitudes and social structure (Kiecolt, 1988). Because contextual variables are usually not included in cross-national opinion surveys, the impact of social context on an individual's attitudes is often not systematically assessed. This study is among the first to rectify this, at least in the present area of research. First, one important contribution is the formulation of specific hypotheses concerning the impact of welfare state arrangements on public consent to the welfare state. Previous research exercised restraint in this respect (Ullrich, 2000, p. 146). Secondly, this study has added country-level characteristics to individual-level data and has used multilevel analysis to model the effects of contextual-level and individual-level explanatory variables on an individual-level outcome. We have shown that individual-level attitudes concerning support for welfare state solidarity and fairness are related to welfare state arrangements. In this respect, this study has contributed significantly to previous cross-national studies on welfare state support, as a larger number of countries were included in the analysis and hypotheses could be tested more systematically.

In addition, this study has contributed to previous comparative social policy research, by examining the usefulness of one of the most important concepts in the comparative social policy literature of the last decade: Esping-Andersen's notion of welfare state regime. In particular, we scrutinised his typology of welfare state regimes and formulated an extended version of it. Then, we used this extended typology as an explanatory variable, as Esping-Andersen (1990) himself proposed to do. This study has contributed to the debate on the usefulness of welfare state typologies by

showing that they indeed have heuristic - and when underlying theoretical notions are made more explicit - even some explanatory value. Even though real welfare states are just approximations of ideal-typical constructs, we have shown that they can contribute to a better understanding of differences and similarities in public attitudes among countries. However, we also believe that typologising should not be taken too far. Empirical refinement should not be at the expense of analytical parsimony. Furthermore, the results have also shown that a lot of variation remains to be explained, as far as the levels of support for welfare state solidarity are concerned. Thus, future research should also search for other explanatory factors on the country-level.

In this respect, this study has also contributed to previous research, by showing that contextual-level factors - i.e. income inequality - also contribute to our understanding of cross-national differences. We have shown that alternative indicators - such as the contribution rate of the insured and of employers, as suggested by Kangas (1995) - have strengthened the findings on the basis of the regime-typology and have made them easier to interpret. This is in addition to aggregate-level measures such as the level of social expenditure, which is often used as an explanatory variable because it is easily available. These findings have also shown that the level of development of a welfare state is an important factor in determining cross-national variations in levels of support. Thus, this study has also shown that more accurate, disaggregated measures can add to our understanding of cross-national differences in public attitudes.

To interpret the effects of welfare state regimes, the notions of framing, learning, and habit formation, introduced in Chapter 4, were discussed. The following idea proved to be applicable. The effect of institutional arrangements on attitudes is mediated by cognitive factors - which at the individual level - lead to differential knowledge of distribution rules, distinctive habituation to distributive arrangements and differences in the application of solidarity frames. This study has, therefore, also added theoretically to previous research.

Finally, this study has also made an important methodological addition to previous research. In the first place, whenever possible, we have not taken comparability of the dependent variables for granted. We have constructed scales and have tested the cross-national comparability of these scales using the multi-group analysis procedure in LISREL. Therefore, the equivalence of scales has explicitly been examined, which has made comparisons of levels of public support across countries more valid. Secondly, we have shown that variable-oriented and case-oriented approaches are compatible, contrary to Goldthorpe's (2000) assumptions. Esping-Andersen (1993) acknowledges the same limitations of both approaches as Goldthorpe does: the problems of over-determination and identification. However, he (1993, pp. 134-136) feels that methodological syntheses are possible, either by moving back and forth continuously between cases and correlations or by selecting cases to disprove established hypotheses. Here, we have proceeded along the former strategy. We used linear-type models which

included more or less ideal-typical cases. With respect to the country-level results, we were always forced to examine the position of specific cases vis-à-vis the original typology. In this way, the findings could be interpreted more profoundly.

We have also shown that multilevel analysis is certainly applicable to the study of cross-national variations in public attitudes among welfare states. It provides a well-suited manner of investigating the independent impact of individual-level and contextual-level explanatory variables on an individual-level dependent variable, given that a reasonable number of contextual-level units (i.e. countries) is available. The technique also enables us to assess - separately - the explanatory value of variables at the individual and contextual level. To our knowledge, this study is the first application of this technique to the cross-national study of public support for the welfare state. With more large-scale survey data becoming available for more countries, we believe that this technique can significantly contribute to this area of research. It is increasingly recognised by researchers that both within-country and between-country variations are important to analyse, even though, as this study has shown, there appears to be more variation in levels of support *within* countries than *among* countries, which is presumably the effect of framing, learning, and habit formation. As we have shown in this study, multilevel analysis enables us to estimate effects on both levels simultaneously, without the problems which are entailed in an analysis in which effects are estimated on aggregated or disaggregated survey data (Snijders & Bosker, 1999).

#### 7.4.2 Societal relevance

This study has used data from recent public opinion surveys to compare the level of support for the welfare state across different welfare state regimes. The scope of data which were available for analysis has forced us to focus primarily on the welfare states of European countries. Although, at first glance, this may seem to be a limitation, when considering a future 'social Europe', the findings of this study may actually be of particular societal relevance. Specifically, they may give a clue as to whether or not convergence or divergence will occur within Europe at the level of attitudes about social policy making. Indeed, all European welfare states are confronted with the problem of ageing populations. Alongside of this, there is also the restraining of state spending in order to comply with the fiscal and financial demands of the monetary union, and a diminishing willingness of EU citizens to pay more taxes or contributions to finance expansive welfare systems (Boeri, Börsch-Supan, & Tabellini, Forthcoming). Different governments may deal with these pressures differently. As Taylor-Gooby (1998, pp. 57-58) argues, public attitudes may exert pressure on European welfare states to converge on lower levels of state provision. However, systems of social protection in different countries may, instead, begin to diverge, with each nation adopting its own distinctive solutions. In other words, can we, on the

basis of attitudes surveys, make an informed prediction about the future of attitudes about social protection in Europe?

Taylor-Gooby's (1995; 1998) findings are inconclusive in this respect. In an examination of European survey data on support for state welfare provision, he concludes that "the findings are optimistic. Most people want more welfare spending. They give high priority to the maintenance of the services needed to support the demographic challenge of an ageing population - health care and pensions. There is no evidence of popular endorsement of a multi-track European welfare system (i.e. a European welfare system in which differences in social protection among the Member States continue to exist - J.G.). Indeed, the stronger aspirations of people in lower-spending countries imply pressure for convergence" (1995, p. 33). As there are strong parallels between Taylor-Gooby's findings and ours (high levels of support for welfare state solidarity everywhere, with even higher levels in the immature Mediterranean countries), it seems to be the most obvious conclusion that convergence is taking place. Processes of adaptation to common pressures and, consequently, the development of more similar frames of solidarity may play a significant role in this process of convergence.

Elsewhere, Taylor-Gooby (1998) compared trends in public support for welfare provision as a central state responsibility in 1985, 1990 and 1996 for West Germany, Great Britain, Italy and Sweden. This longitudinal analysis led him to conclude that there was a slight common cross-national tendency over time against the view that health care, pensions, and unemployment benefits should be the responsibility of government. Consequently, differences among countries continue to exist over time, and the anticipated convergence of European public attitudes - due to common pressures on welfare provisions - has not taken place.

Although we have not examined changes over-time in public attitudes in this study, we believe that the results still indicate whether convergence or divergence will occur in the future. Throughout this study, we tested the general hypothesis that the institutional arrangements of the welfare state matter decisively for people's attitudes about welfare state solidarity and distributive justice. The empirical evidence indicates that this is indeed the fact, as we found significant relationships between clusters of countries (based on the extended typology of welfare states) and public attitudes. Likewise, we found significant associations between public attitudes and structural characteristics of national health care and pension systems, levels of income inequality, social expenditure, and manners of financing the welfare state. The differences which exist in the institutional arrangements of European welfare states have remained despite the common pressures which these welfare states have faced. As van Kersbergen (1999) observes, welfare states appear to be quite obstinate in resisting change, although the possibility of institutional change cannot be ruled out.

According to van Kersbergen (1999, pp. 9-13), two theories have emerged which

try to explain this reluctance. The first proposes that citizens have become attached to the provisions of their own welfare state. Also, governments of national states try to cherish the loyalty of their citizens by providing to them social and economic security. Loyalty is an important source of political power. Therefore, those with political power cling to the welfare state because of its electoral value. The second theory deals with institutional and political mechanisms which are to the advantage of the status quo. This historical-institutional explanation of resistance to change points to mechanisms as path-dependency, 'lock-in' and the electoral risks of welfare state retrenchment. For example, Pierson (1994) points out that the politics of retrenchment in the United States and Great Britain encountered strong resistance by groups of voters and interested parties, either because they were dependent on the welfare state or even because their subsistence depended on it. Also Esping-Andersen's work is based on the assumption that national social policy traditions embedded in institutional arrangements persist, despite the pressures they face. If a welfare state adapts to change, it only does so on the basis of its own institutional legacy, policy traditions and vested interests. The manner in which social policy is adapted depends on the institutional characteristics of the specific welfare state regimes.

Taking into account the findings of this study, we can say that convergence of public opinion will hardly occur. Citizens of welfare states will hold on to their own routines and practices or will be influenced by the specific institutional arrangements of their own welfare state regimes. We believe that - in the long-run - when national social policy becomes increasingly dependent on EU social policy decisions, some general trends of convergence in public attitudes concerning the welfare state will become visible. First, however, the welfare laggards in Europe will have to reach maturity, equalising the level of development within European welfare states. Only then will common EU social policy have, in the long run, its own distinctive impact on the public's support for the welfare state. However, the effect of national welfare state arrangements on public attitudes about welfare state solidarity will probably prove hard to change.

#### *7.4.3 Some shortcomings and prospects for future research*

This study has addressed the question of the extent to which a relationship exists between the level of support for the welfare state, on the one hand, and the specifics of welfare state regimes, on the other. In the following, we will discuss some shortcomings which can be identified in this study. On the basis of these shortcomings, we will also discuss some prospects for future research.

A first critical remark concerns the operationalization of welfare state regime characteristics in this study. Throughout this study, welfare state regimes have been operationalised as dummy-variables to indicate separate clusters of countries which



can be classified into a specific welfare state regime. Our goal was to test whether a specific clustering of nations yields meaningful results. Of course, in using such an approach, we run the risk of measuring something other than the effect of 'welfare state regimes'. Ideally, other societal-level variables should have been added to the analyses to control for omitted variable bias. Given the number of available degrees of freedom at the country-level, this was not always feasible. Moreover, it is not immediately clear which control variables should have been included. Eventually, we think that future research on the impact of regime characteristics should look for a better operationalization of the regime concept which is applicable in empirical research. One could think of the construction of a de-commodification index for a greater number of countries, which will make it a more valid explanatory variable for differences among countries.

Another shortcoming is concerned with the extent to which welfare states - and in particular hybrid cases - could not always be treated in the same way in the analyses presented in the previous chapters. This was caused by the fact that different aspects of welfare states were addressed in the different chapters. Consequently, some aspects of the institutional arrangements of welfare states were more salient than others in the discussion about the impact of institutional characteristics. For example, in the analyses of levels of support for welfare state solidarity and justice principles across different welfare state regimes - presented in Chapter 4 - the social-democratic characteristics of the Dutch welfare state were emphasised. In contrast, in Chapter 6, where public preferences for old-age pension provision were at issue, we put more emphasis on the liberal features of the Dutch pension-system. The necessity for this approach is one drawback in applying a typology. This problem with the interpretation of hybrid cases only underscores the fact that, when a typology is used, it is still necessary for the researcher to have some basic understanding of the specific welfare state arrangements of countries in the social policy area under examination. Of course, when many countries are included in the analyses, this may become an almost impossible task. However, we believe that some basic knowledge of the welfare states under study will benefit future studies on the relation between welfare state regimes and attitudes about the welfare state.

Throughout this study, it has been assumed that the institutional context created by a welfare state matters, to a decisive degree, for people's attitudes about welfare state solidarity and fairness. As Ullrich (2000) observes, the reason that researchers on public attitudes have exercised restraint in the formulation of hypotheses concerning this relationship, is that there is a lack of aggregated, long-term cross-national time series - or even more ideally, cross-national panel-data - on these attitudes. Such a longitudinal design would be necessary to test the hypothesis that change in opinion follows from change in regime-characteristics, which is the position we have taken here. In addition, it has also been proposed that opinion changes may bring about

changes in policy (Papadakis, 1992; Shapiro & Young, 1989). At best, the findings of this study make it plausible that there is an effect of institutional context on individual attitudes. However, a final appraisal of the direction of causality can only be made on the basis of cross-national replications over time.

Another critical comment to this study is concerned with the lack of specification of causal relationships among individual-level variables and among macro-level variables. To the extent that causal relationships were specified among individual-level variables, these were mainly according to the self-interest and ideology-theses. The former holds that a direct relationship exists between one's attitudes and one's position in the stratification structure. The latter, however, proposes that there is no direct relationship between people's position in the stratification structure and their attitudes, but that this effect is mediated by people's ideological position. The objective of this study was not to explicitly model causal relationships among individual-level variables relating to welfare state support. This has already been done by, for example, Cnaan et al. (1993) and Hasenfeld and Rafferty (1989). We have, therefore, limited the analysis to the evaluation of direct effects of individual-level variables on public consent to welfare state solidarity.

Furthermore, this study has included only some of the societal-level and individual-level characteristics considered to be of major importance in the literature on public attitudes towards the welfare state and the literature on social justice research. For example, at the individual level we did not include voting behaviour or political party preference as an explanatory variable. The construction of a comparable variable across the many countries included in the analyses would have been difficult. Data on party preference were sometimes missing for complete countries. Therefore, we chose political left-right self-placement as an indicator for political preference, as it was available in most surveys and for most of the countries we analysed.

To the extent that we wished to evaluate the importance of different motives to support welfare state solidarity, we could only do so implicitly. Throughout this study, we assumed that these motives were, to a certain extent, reflected in people's location in the social structure or their socio-political beliefs. Direct measurements of the different motives to support solidarity were generally lacking in the data. As van Oorschot (2000) points out, it has been quite common to deduce these motives from the direct effects that certain 'interest indicators' and 'value indicators' have on support for welfare state solidarity. He warns, on the basis of his findings, that this approach can lead to "grossly misleading conclusions". The interpretation of the results in this study has shown that 'gleaning' certain motives from variables, which were actually included in the analysis to measure something completely different, can be quite tricky. Therefore, we agree with van Oorschot, and we would argue for the inclusion of measurements of the different motives into future cross-national attitude surveys on this topic.

Because we only included a limited number of contextual-level variables, we focused exclusively on their direct impact on public support for the welfare state and for certain justice principles. Future research, however, should address these issues, as important differences in causal effects at the individual-level among countries may emerge. Note that, in this respect, one of the more exciting applications of multilevel analysis involves the specification of models in which the variation in effects across groups is seen as dependent on certain characteristics of these groups. In this way, it could be tested, for example, whether different regime types tend to create different cleavage structures (Svallfors, 1997). Using multilevel-analysis, future research could, on the basis of a larger sample of countries, address this kind of cross-level interactions more extensively. It could go beyond the explanation of the variation in average levels of support for the welfare state across countries, as has been done in this study.

Where the dependent variables related to specific areas of social policy, we surveyed only attitudes about support for public health care and about the responsibility for the provision of old-age pensions. These two areas of social policy lie at the heart of welfare states everywhere. However, most welfare states provide not only some type of income maintenance in old-age and health care for the sick and the disabled, but are also more or less actively involved in the provision of benefits to the unemployed (see Fridberg and Ploug (2000) for an examination of the relationship between European welfare state regimes and public attitudes about unemployment) and those who are unable to work because of, for example, family responsibilities. The scope of the welfare state is much wider than this study could cover, given its aim to go beyond simple descriptions of frequency distributions of questions to measure the public's consent to welfare state solidarity. Therefore, future research could also address the relationships among welfare state arrangements in the areas of unemployment benefits and social assistance, for example, as well as public attitudes concerning these provisions.

## 7.5 Concluding remarks

This study on the impact of welfare state arrangements on public attitudes about welfare state solidarity and preferences for justice principles has focused only on a very general level of support. To a large degree, this is the consequence of the cross-national data which are, at present, available. To our knowledge, no cross-national survey exists which probes more deeply into the attitudes of citizens about specific arrangements for social protection across different welfare state regimes. As we argued in the previous chapters, the high level of support for the welfare state found everywhere may simply be caused by the general questions we ask in these surveys. Perhaps more specific questions - which confront the respondent with the fact that a higher level of welfare state solidarity will most likely also involve an increase in costs - about

particular welfare arrangements, may cause, as Kangas (1997) has shown, this high level of support to wither away. Typically, only national surveys, specifically designed to measure people's opinions, perceptions and attitudes regarding the welfare state in general and the system of social protection in particular, are available and include questions with a cost-benefit frame (see for The Netherlands the *TISSER Solidarity Study* (van Oorschot, 1998a)). The national particularity of these data makes it very difficult to use these data to make cross-national comparisons, as measurement instrument equivalence will obviously cause serious problems. Because arrangements for social protection are so different across welfare states - even within Europe - making comparisons will be even more difficult. The concentration on public attitudes about the national system of social protection has resulted in far more knowledge of micro-level variation than of macro-level differences in attitudes about support for the welfare state in general and for specific social policy areas in particular. Therefore, we argue - as Gijsberts (1999, p. 151) does for future analysis of justice evaluations - that a larger number of countries should be included and more replications should be conducted. We believe that this is the only way in which explanations of country-level and over-time differences in levels of public consent to welfare state solidarity can be quantitatively addressed, thus adding to our understanding of some of the issues mentioned above.

Despite these tremendous problems, we believe that the future of research on public support for the welfare state and for support of specific areas of social protection lies in cross-national and longitudinal studies. Systematic comparisons among large numbers of welfare states and, especially, changes over time are still in their infancy. Formulating specific questions, which less easily elicit support for welfare state arrangements, may cause more cross-national differences to emerge than we currently detect.

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## Samenvatting (Summary in Dutch)

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### Inleiding

Hangt de manier waarop verzorgingsstaten zijn ingericht samen met de opvattingen van hun burgers over solidariteit en rechtvaardigheid? Of is de macht der gewoonte zo sterk dat burgers de institutionele arrangementen van hun verzorgingsstaat steunen, hoe die arrangementen er ook uit mogen zien? Of is de relatie tussen verzorgingsstaatarrangementen en de publieke opinie veel complexer? Hoe het ook zij, de omvang van het publieke draagvlak voor verzorgingsstaatarrangementen vormt een belangrijk onderwerp in het politieke en sociaal-wetenschappelijke debat over de verzorgingsstaat. De publieke steun voor verzorgingsstaatsolidariteit, welke voornamelijk tot uitdrukking komt door het toewijzen van de verantwoordelijkheid voor sociale zekerheid aan de overheid, in plaats van deze over te laten aan de verantwoordelijkheid van het individu, geeft de legitimiteit van een verzorgingsstaat weer. Een gebrek aan steun duidt op een legitimeringsprobleem. Wil beleid succesvol zijn, dan is een bepaalde mate van sociale aanvaarding noodzakelijk.

In deze studie hebben we onderzocht, in hoeverre de mate van publieke steun voor de verzorgingsstaat en de voorkeur voor bepaalde rechtvaardigheidsprincipes zijn gerelateerd aan kenmerken van verzorgingsstaatregimes. Esping-Andersen heeft het begrip verzorgingsstaatregimes geïntroduceerd in zijn reeds klassieke boek *The three worlds of welfare capitalism* (1990). In dit boek definieert hij een verzorgingsstaatregime als het geheel van juridische en organisatorische kenmerken die systematisch zijn ingebed in de relatie tussen de staat en de economie. Verder heeft hij getracht het bestaan van regimes empirisch aan te tonen, door te laten zien dat echte verzorgingsstaten zijn te groeperen in een liberaal, conservatief of sociaal-democratisch type. Zijn typologie van verzorgingsstaten is later uitgebreid en verbeterd door critici van zijn oorspronkelijke werk.

In dit onderzoek hebben we gebruik gemaakt van een uitgebreide versie van een typologie van verzorgingsstaten. Daarnaast zijn zowel structurele kenmerken van nationale systemen van gezondheidszorg en pensioenvoorziening, alsook individuele

sociale kenmerken in de empirische analyses opgenomen. Dit onderzoek bouwt voort op eerder onderzoek naar cross-nationale verschillen in niveaus van publieke steun voor de verzorgingsstaat (Svallfors, 1997; Peillon, 1996; Roller, 1995; Papadakis & Bean, 1993). Deze studies hebben laten zien dat er, ondanks de in het algemeen zeer sterke steun voor de voorzieningen van de verzorgingsstaat, belangrijke verschillen tussen verzorgingsstaten bestaan. Daarnaast hebben deze studies laten zien dat er niet alleen verschillen bestaan *tussen* verzorgingsstaten, maar ook *binnen* verzorgingsstaten.

Op basis van de bevindingen van eerder onderzoek heeft deze studie voornamelijk getracht om de waarde van de welbekende typologie van Esping-Andersen voor de studie van de publieke opinie over de verzorgingsstaat en sociale rechtvaardigheid te evalueren. Het algemene idee van deze typologie is dat verschillende soorten verzorgingsstaatsregimes kwalitatief verschillende verzorgingsstaatarrangementen omvatten. Op basis hiervan werd de algemene hypothese getoetst dat opinies van burgers omtrent de verzorgingsstaat en hun keuzes van rechtvaardigheidsprincipes zich conformeren aan het overheersende kader van sociaal beleid en waarden van de verzorgingsstaatsregimes waarin zij leven. We hebben daarnaast de relevantie van andere contextuele kenmerken (zoals inkomensongelijkheid, uitgaven aan sociale zekerheid, wijze van financiering van de verzorgingsstaat en structurele kenmerken van nationale gezondheidszorg- en pensioensystemen) voor de verklaring van cross-nationale verschillen en overeenkomsten in publieke opinie onderzocht. Het idee hierachter was dat deze kenmerken een grotere verklaringskracht zouden kunnen bieden dan de classificatie van echte verzorgingsstaten in regimes, die slechts benaderingen zijn van ideaaltypische constructen.

In deze studie zijn daartoe de volgende vijf onderzoeksvragen onderzocht:

1. Zijn er typen van echte verzorgingsstaten of zijn alle verzorgingsstaten eerder unieke gevallen, en, als het eerste het geval is, zijn er dan drie of meer ideaaltypische verzorgingsstaatsregimes? (Hoofdstuk 2)
2. In hoeverre steunen burgers van verschillende verzorgingsstaten geïnstitutionaliseerde solidariteit? In hoeverre kunnen verschillen tussen landen en individuen hierin worden verklaard door verschillen tussen verzorgingsstaatsregimes, uitgaven aan sociale zekerheid, inkomensongelijkheid, financieringsmethode van de verzorgingsstaat, en op het individuele niveau, door sociale positie en sociaal-politieke voorkeuren? (Hoofdstuk 3)
3. In hoeverre hebben burgers van verschillende verzorgingsstaten verschillende opvattingen over solidariteit en geven zij de voorkeur aan verschillende rechtvaardigheidsprincipes? In hoeverre kunnen verschillen tussen landen en individuen hierin worden verklaard door verschillen tussen verzorgingsstaatsregimes, sociale positie en sociaal-politieke voorkeuren? (Hoofdstuk 4)

4. In hoeverre steunen burgers van verschillende verzorgingsstaten hun stelsel van gezondheidszorg? In hoeverre kunnen verschillen tussen landen en individuen hierin worden verklaard door verschillen tussen verzorgingsstaatregimes, structurele kenmerken van het stelsel van gezondheidszorg, en op het individuele niveau, door sociale positie en sociaal-politieke voorkeuren? (Hoofdstuk 5)
5. In hoeverre geven burgers van verschillende verzorgingsstaten de voorkeur aan verschillende manieren van pensioenverschaffing? In hoeverre kunnen verschillen tussen landen en individuen hierin worden verklaard door verschillen tussen verzorgingsstaatregimes, structurele kenmerken van het nationale pensioenstelsel, en op het individuele niveau, door sociale positie en sociaal-politieke voorkeuren? (Hoofdstuk 6)

Deze onderzoeksvragen zijn beantwoord met behulp van internationaal-vergelijkende surveyprojecten, zoals de *Eurobarometer-surveys*, het *International Social Survey Project* en het *European Values Survey Project*. Hieronder worden de belangrijkste conclusies met betrekking tot deze onderzoeksvragen samengevat.

### **Antwoorden op de onderzoeksvragen**

#### *Drie of meer verzorgingsstaatregimes?*

Overeenkomstig Esping-Andersens oorspronkelijke positie concluderen we in Hoofdstuk 2 dat bepaalde typen van echte verzorgingsstaten kunnen worden onderscheiden. Op basis van de theoretische argumenten en het empirisch bewijs die naar voren zijn gebracht door Esping-Andersens critici, concluderen we echter ook dat er goede redenen zijn om het oorspronkelijke door hem onderscheiden aantal typen uit te breiden tot vijf of zelfs zes, zonder teveel aan analytische spaarzaamheid in te boeten. Verder betogen we dat Esping-Andersens theorie van verzorgingsstaatregimes moet worden uitgebreid om meer nauwkeurige hypothesen te genereren. De uiteindelijke conclusie is echter dat, zolang theoretisch onderzoek dit doel nog niet heeft bereikt, de empirische resultaten van eerder onderzoek - dat zich heeft gericht op de verklaring van cross-nationale verschillen in houdingen en gedrag aan de hand van verzorgingsstaatregimes - voldoende redenen geven om het onderzoek met de uitgebreide typologie voort te zetten. Naar aanleiding van dit eerder onderzoek kiezen we ervoor om de verklarende waarde van de uitgebreide typologie empirisch te beproeven, hetgeen in de vervolghoofdstukken aan bod komt.

#### *Steun voor geïnstitutioniseerde solidariteit*

Hoewel de analyses in Hoofdstuk 3 laten zien dat er significante verschillen in niveaus van steun bestaan tussen liberale, sociaal-democratische, conservatieve en Mediterrane



verzorgingsstaten, stemt de richting van de gevonden effecten niet overeen met onze verwachtingen. Liberale en Mediterrane verzorgingsstaten worden gekenmerkt door hoge niveaus van steun, terwijl sociaal-democratische verzorgingsstaten worden gekenmerkt door onverwacht lage niveaus van publieke steun. Een verklaring hiervoor wordt gezocht in de omvang van het overheidsingrijpen in de sociale zekerheid in deze landen: In landen waar de rol van de overheid beperkt is, profiteren burgers meer van toenemend overheidsingrijpen, terwijl burgers van landen waarin de overheid reeds een grote rol speelt, zich bewust zijn van het kostenplaatje dat aan een uitgebreid stelsel van sociale zekerheid hangt. Verder vinden we duidelijk negatieve effecten van contextuele kenmerken zoals het niveau van inkomensongelijkheid, uitgavenniveau aan de sociale zekerheid en de financieringsmethode van de verzorgingsstaat. Op het individuele niveau worden effecten aangetroffen van indicatoren van moreel engagement met de verzorgingsstaat (langere opleidingsduur, vakbondslidmaatschap, linkse politieke zelfplaatsing en een postmaterialistische waarden-oriëntatie) en van welbegrepen eigenbelang (behoren tot een zogenaamde transferklasse en klassenpositie).

#### *Opvattingen over solidariteit en rechtvaardigheid*

Uit de analyses van Hoofdstuk 4 blijkt dat burgers van Mediterrane verzorgingsstaten, zoals verwacht, in grote mate instemmen met verzorgingsstaatsolidariteit. Daarnaast blijken ook de burgers van sociaal-democratische verzorgingsstaten meer steun te geven aan verzorgingsstaatsolidariteit dan de burgers van liberale verzorgingsstaten. De burgers van liberale, radicale, conservatieve en Aziatische verzorgingsstaten geven daarentegen relatief weinig steun voor verzorgingsstaatsolidariteit. De resultaten van deze analyse bevestigen daarmee de verwachte ordening van landen op de solidariteitsschaal.

Wat de keuze van rechtvaardigheidsprincipes betreft vinden we ook een ordening van landen die relatief sterk samenhangt met de classificatie van Esping-Andersen. Burgers van alle soorten volgroeiende verzorgingsstaten zijn vóór inkomensnivelleren, maar tegelijkertijd accepteren ze ook inkomensongelijkheid. Burgers van de onvolgroeiende, Mediterrane verzorgingsstaten hebben daarentegen een grotere voorkeur voor het gelijkheidsprincipe. Verder wordt het behoefte-principe door burgers van alle soorten verzorgingsstaten als zeer belangrijk gezien. Tenslotte geven de resultaten aan dat het billijkheidsprincipe meer wordt geprefereerd door de burgers van liberale verzorgingsstaten dan door de burgers van conservatieve en sociaal-democratische verzorgingsstaten.

Op het individuele niveau zijn de belangrijkste resultaten dat een hoger opleidingsniveau en een hoger inkomen onafhankelijk van elkaar tot minder steun voor verzorgingsstaatsolidariteit en gelijkheid leiden; verder dat vrouwen meer steun geven dan mannen en werklozen meer steun geven dan werkenden.

*Publieke steun voor het stelsel van gezondheidszorg*

De resultaten van Hoofdstuk 5 laten zien dat er een relatie bestaat tussen de verschillende soorten verzorgingsstaten en de publieke steun voor het nationale stelsel van gezondheidszorg. Een hoge mate van steun blijkt dan vooral samen te hangen met sociaal-democratische kenmerken van verzorgingsstaten, terwijl steun lager is als liberale en conservatieve kenmerken pregnanter naar voren komen. Daarnaast blijken ook nationale gezondheidszorgarrangementen samen te hangen met de publieke voorkeur voor solidaire gezondheidszorgarrangementen. Steun is sterker als de dekking breder is en de financiering meer publiek geregeld. Steun is ook groter in landen met minder sociale voorzieningen voor kinderen en ouderen, en in landen met een groter aandeel van vrouwelijke deeltijdarbeid.

Ook werden significante effecten van individuele kenmerken gevonden. Werklozen geven meer steun dan werkenden. Verder geven degenen in de hoogste inkomensgroep meer steun dan degenen in de laagste inkomensgroep, waarschijnlijk omdat de eerstgenoemden worden geconfronteerd met de hogere kosten van private ziektekostenverzekeringen. Daarnaast staan degenen die zichzelf als zeer gezond beschouwen minder positief tegenover een publieke gezondheidszorgstelsel. Tenslotte geven de resultaten aan dat vrouwen én degenen met een linkse politieke oriëntatie meer steun geven.

*Publieke opinie omtrent de verantwoordelijkheid voor de pensioenvoorziening*

De resultaten van hoofdstuk 6 laten slechts een geringe samenhang zien tussen het niveau van steun voor overheidsverantwoordelijkheid voor pensioenverschaffing en verzorgingsstaatregimes. Slechts de burgers van Mediterrane verzorgingsstaten zijn duidelijk vóór exclusieve overheidsverantwoordelijkheid op het gebied van pensioenverschaffing. Burgers van conservatieve en sociaal-democratische verzorgingsstaten blijken een grotere voorkeur te hebben voor gedeelde verantwoordelijkheid tussen de individuele burger en de overheid, dan alleen voor exclusieve overheidsverantwoordelijkheid.

Structurele kenmerken van het nationale pensioenstelsel blijken ook samen te hangen met de publieke voorkeur omtrent de verantwoordelijkheid voor de pensioenvoorziening. Zo zijn er effecten van de mate van generositeit van het pensioenstelsel, het uitgavenniveau aan het publieke pensioenstelsel, het belang van private pensioenregelingen en het premie-aandeel van werkgevers en verzekerden in de bekostiging van de sociale zekerheid. De verklaring van deze effecten is sterk afhankelijk van de mate van ontwikkeling van verzorgingsstaten, aangezien dit een belangrijke determinant is van de publieke voorkeur voor overheidsingrijpen.

Tenslotte worden ook hier belangrijke verschillen tussen sociale groepen en indi-

viduen gevonden. Naarmate men langer is opgeleid, geeft men meer de voorkeur aan individuele of gedeelde collectieve verantwoordelijkheid voor de pensioenvoorziening. Verder geven leden van de middenklasse of hogere middenklasse meer de voorkeur aan private pensioenregelingen. Daarentegen geven gepensioneerden, vrouwen, en degenen met een lager inkomen meer voorkeur aan verschaffing van pensioenen door de overheid.

### **Conclusies**

In hoofdstuk 7 vatten we de belangrijkste resultaten naar aanleiding van de vijf voorgaande onderzoeksvragen samen. Daarna worden de conclusies van deze studie getrokken. Deze conclusies hebben enerzijds betrekking op verschillen tussen verzorgingsstaatregimes en anderzijds op verschillen tussen individuen. Wat de verschillen tussen verzorgingsstaatregimes betreft, kan worden geconcludeerd dat wanneer landen worden geclassificeerd volgens een uitgebreide versie van Esping-Andersens typologie van verzorgingsstaten, er duidelijke verschillen tussen deze clusters naar voren komen. Zowel de oorspronkelijke driedelige typologie, alsook de uitgebreide typologie kunnen relatief goed verschillen in de publieke opinie verklaren. De verwachte richting van de effecten kwam niet altijd overeen met de richting van de geschatte effecten. Desondanks kan worden geconcludeerd dat deze relatief eenvoudige typologie van verzorgingsstaten - in termen van verklaringskracht - bijna net zo belangrijk is als verschillende structurele kenmerken om cross-nationale variaties in de publieke opinie te verklaren.

Met betrekking tot de effecten van verklarende variabelen op het individuele niveau kan worden geconcludeerd dat zij belangrijke directe effecten hebben op de mate van steun voor de verzorgingsstaat en de keuze van rechtvaardigheidsprincipes. Dit geldt zowel voor indicatoren van eigenbelang, als voor indicatoren van een moreel engagement met de verzorgingsstaat. Moreel engagement blijkt vooral relevant als het gaat om algemene steun voor de verzorgingsstaat. Indien meer specifieke vragen worden gesteld, die de respondent confronteren met de potentiële kosten van grotere solidariteit, blijkt eigenbelang een grotere rol te spelen.

Hoofdstuk 7 wordt afgesloten met een discussie van de wetenschappelijke en maatschappelijke relevantie van deze studie. Mede aan de hand van enkele theoretische en methodologische aspecten, waaraan deze studie geen aandacht kon besteden, worden tenslotte suggesties gedaan voor verder cross-nationaal onderzoek naar de publieke opinie over de verzorgingsstaat.

**Verdediging**

Hierbij nodig ik U uit  
voor het bijwonen van de  
openbare verdediging  
van mijn proefschrift

**Worlds of Welfare,  
Worlds of Consent?  
Public Opinion on  
the Welfare State**

op vrijdag 1 juni 2001

in de aula van

de Katholieke Universiteit Brabant,

Warandelaan 2, te Tilburg.

De verdediging wordt  
voorafgegaan door een korte  
toelichting op het proefschrift,  
welke begint om 14.00 uur.

Na afloop bent U van harte  
welkom op de receptie.

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'Worlds of welfare, worlds of consent?'. Is the force of habit so strong that people endorse the institutional arrangements of their welfare state whatever those arrangements are? Is the influence of democratic decision-making so strong that the outcomes are judged as being legitimate whatever the outcomes are? Or is the relationship between the real worlds of welfare capitalism and the public opinion much more complex? In any event, the scope of public consent to welfare policies constitutes an important topic in the political and social scientific debate about the welfare state. This study examines the extent to which the public's consent to welfare state solidarity and its choices of justice principles are related to the specifics of welfare state regimes, as initially conceived by Gøsta Esping-Andersen (1990) and, later, extended and amended by his critics. This is done by using opinion and attitude data from several large-scale survey projects fielded in the 90's. In the book, people's opinions concerning government intervention in social protection and their beliefs about social justice are compared across a wide range of welfare states.

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