



The Three Models of Welfare as Described by Esping-Anderson from a Healthcare Perspective

ECAY5004

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Assignment 2

Introduction

- 'If we wish to study welfare states, we must first begin with a set of criteria that define their role in society' (Esping-Anderson, 2014, p. 148)
- This presentation will aim to evaluate the different variations and criteria of welfare from a healthcare perspective (Moran, 2000, p. 135), as described by Esping-Anderson (Esping-Anderson, 2014, pp. 143-145)
- This will be achieved by firstly defining welfare in a general sense (Scott, 2015, np)
- This presentation will then move on to evaluate the liberal, corporatist and social democratic models of welfare that Esping Anderson has identified and how they relate to the healthcare systems in the United States, Germany and Norway, with the social democratic model in Norway arguably being the most effective out of the three (Giddens and Sutton, 2021, p. 455; Esping-Anderson, 2014, pp. 143-145; Holton, 2020, p. 198; Moran, 2000, p. 135; Saunes, Karanikolos, Sagan, 2020, p. 17)



What Does the Concept of Welfare Mean?



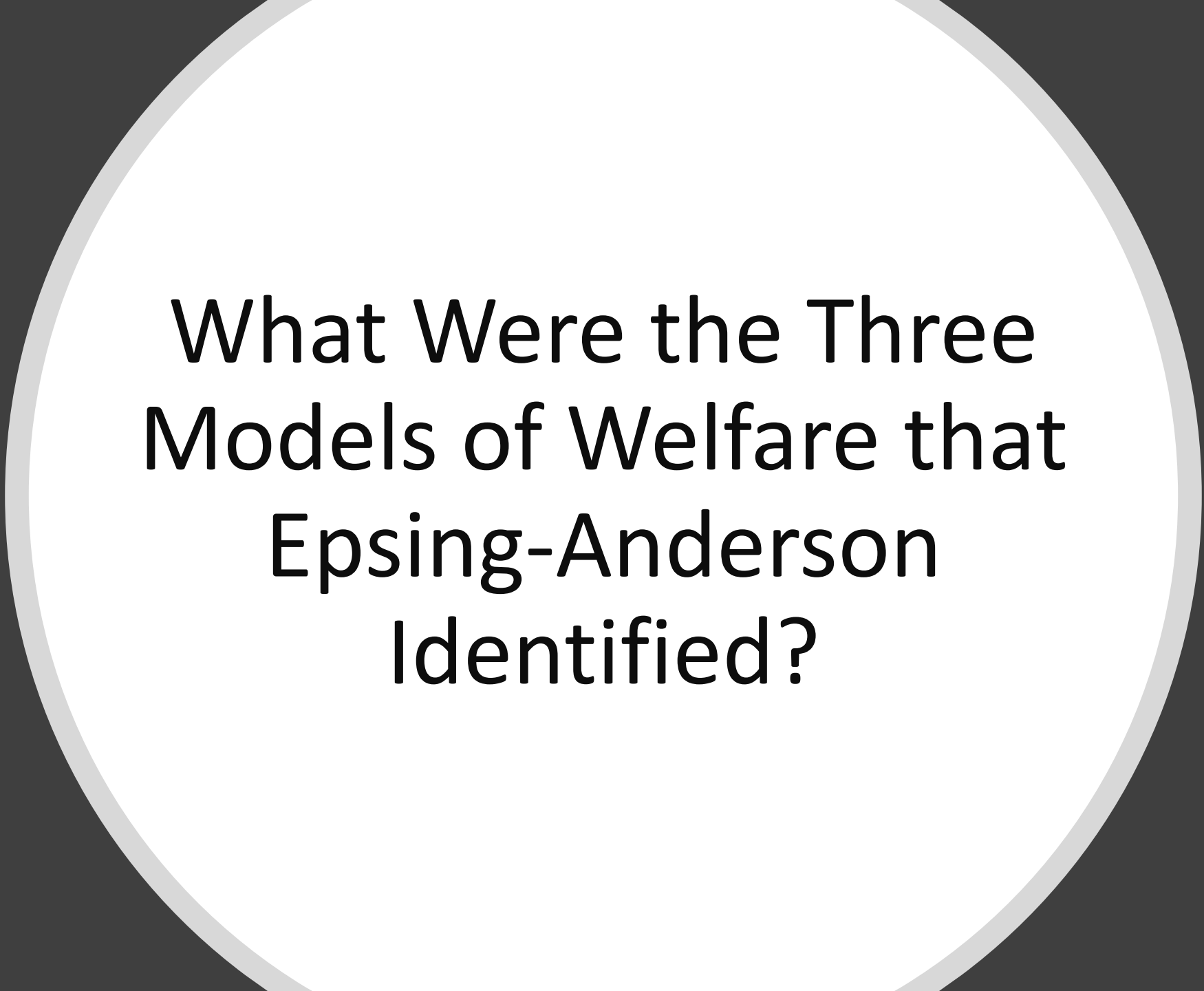
Welfare refers to the well-being of individuals or groups and the measures in which levels of well-being can be measured (Scott, 2015, np)



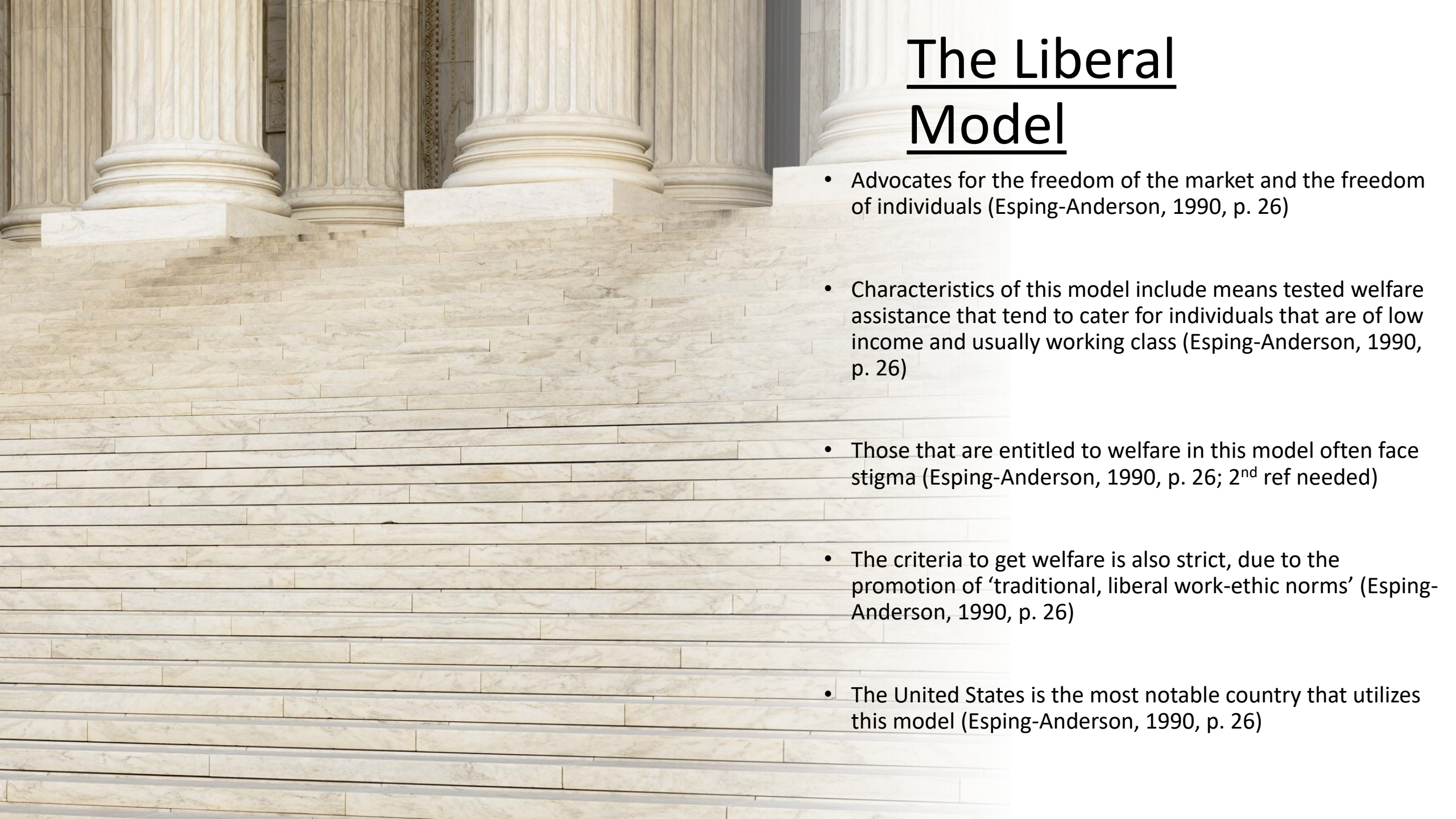
This is expanded upon by Goodin (1986, p. 232) who suggests that basic welfare measures should be provided to citizens as a 'matter of right' (Goodin, 1986, p. 232)



Esping-Anderson, who is a significant theorist that has researched the concept of welfare, identified three models of welfare, that are being utilized in contemporary society by countries who have different perspectives on welfare (Esping-Anderson, 2014, pp. 143-145; Kumar, Ghildayal and Shah, 2011, np; Kuhlmann, Allsop and Saks, 2009, p. 512; Byrkjeflot, 2005 p. 5)



What Were the Three
Models of Welfare that
Epsing-Anderson
Identified?



The Liberal Model

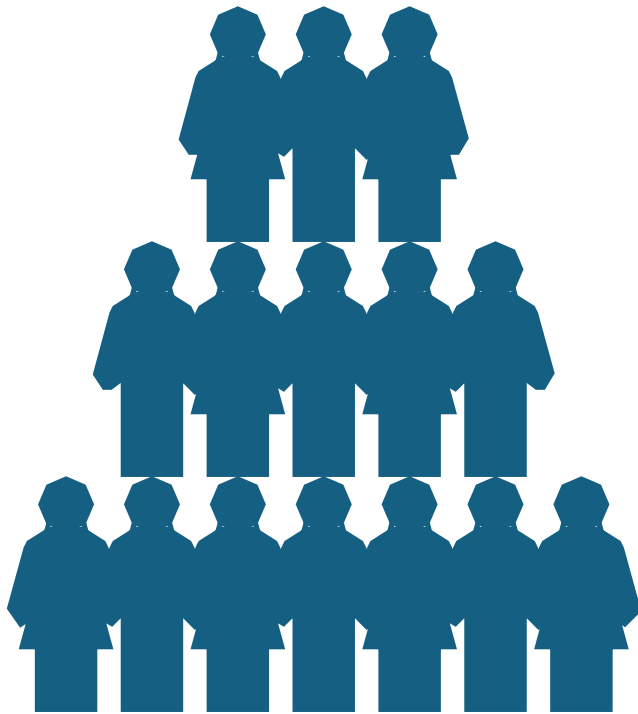
- Advocates for the freedom of the market and the freedom of individuals (Esping-Anderson, 1990, p. 26)
- Characteristics of this model include means tested welfare assistance that tend to cater for individuals that are of low income and usually working class (Esping-Anderson, 1990, p. 26)
- Those that are entitled to welfare in this model often face stigma (Esping-Anderson, 1990, p. 26; 2nd ref needed)
- The criteria to get welfare is also strict, due to the promotion of 'traditional, liberal work-ethic norms' (Esping-Anderson, 1990, p. 26)
- The United States is the most notable country that utilizes this model (Esping-Anderson, 1990, p. 26)



The Corporatist-Statist Model

- A welfare model that caters to post-industrial society and has been 'shaped by the church' (Esping-Anderson, 1990, p. 27)
- Because of this, this model adopts many traditional family values, and the granting of welfare is largely attached to class and status (Esping-Anderson, 1990, p. 27)
- Welfare is largely linked to individuals keeping in line with these traditional values, where the state 'will only interfere when the family's capacity to service its members is exhausted' (Esping-Anderson, 1990, p. 27) (Find one other ref?)
- Germany is a notable country that utilizes this model (Esping-Anderson, 1990, p. 27)

The Social Democratic Model



- 'a welfare state that would promote an equality of the highest standards' (Esping-Anderson, 1980, p. 27)
- Social democrats argue for the full quality of rights for workers (Esping-Anderson, 1980, p. 27)
- Everyone benefits from this system. Therefore, everyone will be encouraged to pay into it (Esping-Anderson, 1980, p. 27)
- This model is used in many Scandinavian Countries, such as Norway (Esping-Anderson, 1980, p. 28)

How are these models are tied to Healthcare?

‘In the bundle of goods and services commonly packaged up in the welfare state health care is a major component’ (Moran, 2000, p. 135)

Each model and county treats healthcare differently (Moran, 2000, p. 142)

This can have a significant impact on the individuals living within these models (Moran, 2000, p. 142)

The Liberal Model and Healthcare in the United States

The United States healthcare system is the most expensive in the world, despite it not providing free healthcare for all its citizens (Kumar, Ghildayal and Shah, 2011, np; Harvard T.H Chan, 2020, np)

In the United States, individuals must pay for their own medical costs (Kumar, Ghildayal and Shah, 2011)

There is evidence to suggest that these medical costs are causing hardship for families in the United States, with nearly half of the entire United States population filing for bankruptcy due to medical bills (Himmelstein *et al.*, 2019, np; Milena, 2024, np)

The Corporatist Statist Model in Germany

1.



In Germany, most citizens are enrolled into a Statutory Health Insurance scheme, which is funded by employees and employers (Kuhlmann, Allsop and Saks, 2009, p. 512)

2.



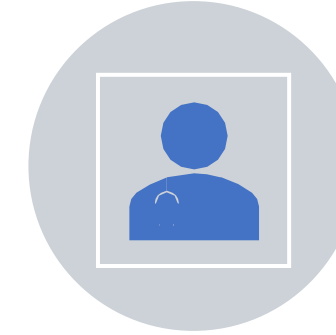
The funds generated, as well as healthcare professionals, coordinate the healthcare system while stakeholder influence is minimal (Kuhlmann, Allsop and Saks, 2009, p. 515)

3.



However, the federal corporatist statist nature of the healthcare system in Germany results in the fragmentation of hospital care and a lack of coordination (Kuhlmann, Allsop and Saks, 2009, p. 516)

4.



Additionally, the rise in unemployment as well as an aging society has resulted in a healthcare system that is struggling financially and the provision of care has been continuously cut (Kuhlmann, Allsop and Saks, 2009, p. 517; McVay, 2023, np)

The Social Democratic Model in Norway



The Social Democratic Model was established in Norwegian healthcare in 2002, where the state became the owners of the entire healthcare system (Byrkjeflot, 2005 p. 5)



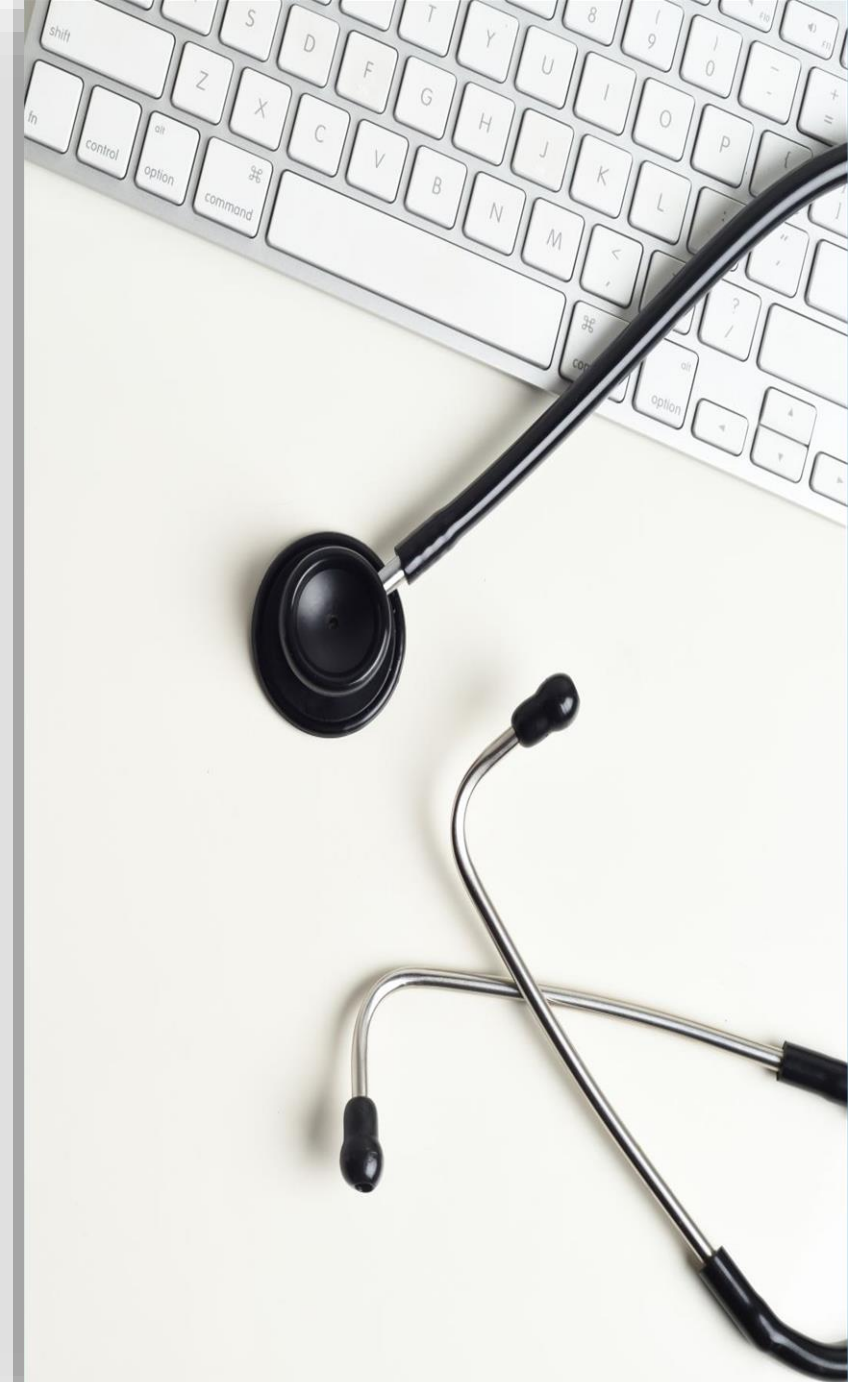
Since then, Norwegian citizens have enjoyed long and healthy lives, due to the high quality of medical care available and the more generous safety net for citizens that need governmental support when compared to the United States (Saunes, Karanikolos, Sagan, 2020, p. 17; Schwartz, 2016, p. 233)



However, this comes at a high cost for Norwegian citizens as their healthcare system is one of the most expensive in the world and is funded through public funds (Saunes, Karanikolos, Sagan, 2020, p. 17)

The Differences

- While the liberal model promotes individual freedom (Esping-Anderson, 1990, p. 26), there is evidence to suggest that it is unaffordable from a healthcare perspective, with many Americans struggling with medical debt (Himmelstein *et al.*, 2019, np; Milena, 2024, np)
- While citizens must foot the bill for their medical care in liberal countries such as the United States, The corporatist statist model in Germany is only paid for by employers and employees (Kuhlmann, Allsop and Saks, 2009, p. 512). However, an aging population is putting significant strain on the healthcare system (Kuhlmann, Allsop and Saks, 2009, p. 517; McVay, 2023, np)
- In comparison, the Social Democratic Welfare model in Norway allows for a highly efficient healthcare system, that is having a positive effect for Norwegian citizens (Saunes, Karanikolos, Sagan, 2020, p. 17). For example, funding is currently being focused on to create more General Practitioner jobs which will benefit all citizens (Government.no, 2023, np)
- In comparison, there is evidence to suggest that General Practitioners in the United States tend to only favour those that are financially better off (van Doorslaer *et al.*, 2006, p. 177)



Conclusion



In Conclusion, it is clear to see that the three models of welfare that have been defined by Esping-Anderson have had varying levels of success in the countries that utilize them from a healthcare perspective (Himmelstein *et al.*, 2019, np; Kuhlmann, Allsop and Saks, 2009, p. 512; Byrkjeflot, 2005 p. 5)



The liberal model seems to have caused a significant amount of hardship for American citizens financially (Himmelstein *et al.*, 2019, np; Milena , 2024, np)



However, the social democratic model has had success in Norway, and it must be a model that the United States government learns from going forward if it is to improve its healthcare system (Saunes, Karanikolos, Sagan, 2020, p. 17; Himmelstein *et al.*, 2019, np; Milena , 2024, np)



Thank you for Listening

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