

EVALUATE, IN DEPTH, THE THREE MODELS OF WELFARE AS DESCRIBED BY ESPING-ANDERSEN

Ricky Cooper

2203269

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Assessment 2

Esping-Andersen and the modern context

- Loses some viability heading into the 20th century
- Quite a rigid system of application doesn't account for historical evolution
- Over reliance on the typology despite overt criticism and issue with the models
- Inability to account for global or public issues that affect social or government stability

Social Democratic systems

Who fits the S.D.S paradigm?

Finland/Norway/Sweden/Switzerland, Scandinavian,
Netherlands, Nordic and European countries and
Britain and the UK NHS system (at the beginning)

Defining The Social Democratic Model?

Decentralised and Decommodified

Mandated and enforced insurances

Open access for all people

Equality in care standards

Decommodification?
Are they all listening?

Break down in communications?

Covid-19 and issues faced by elderly care!

Social ranking by the public.

Sweden: 87% satisfied with private care vs 85% satisfaction rating in public sectors.

Netherlands: 1st in European health league vs UK at 12th

Conservative-Corporatist systems

- Extremely high Decommodification
 - Stratified access to the welfare sector based on societal standing
I:e. you pay more in, you get more out of it.
 - Does that make it universally equal??
 - Focused on the family unit and state function.
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The French and German response to Covid-19 and their aged population

- German insurance and aged care: Doctor patient visit cost, set at an average of up to €30 Euro, regardless of speciality.
- French aged care and medical coverage: Doctor patient visit cost, set at an average of €25 to €55 Euro, with 70% of cost covered by state insurance for residents.

Covid and problems with care. Germany and France.

Within Germany:

‘Services that were perceived as being worse were: “Podiatry” (21.3%), “Prescribed therapies” (14.2%) and “Relief services” (11.3%).’

‘Overall, the situation deteriorated for both the main informal caregiver and the care receiver.’

Within France:

‘89% of hospital deaths were among people aged 65 and over.’

‘family carers of frail older people also have better employment protection than in Germany or even the Netherlands’

Liberal Systems

Countries that fit the liberal model-

Australia, Canada, Ireland, New Zealand, the UK
and the USA.

- Ireland's public sector infrastructure has struggled to keep pace with the country's growth, although the health of the population has seen marked improvements despite that struggle.
- Australia's health care system is primarily funded through taxation and subsidized via a universal national health insurance scheme, but it also exhibits keyworker shortages and an increase in demand across many sectors.
- Canada's health system is mostly publicly funded with up to 70% funded tax revenues of the various provincial and federal governments within Canada, although its organisation and delivery of health services are still highly decentralised as a result of the multiple government organisations involved.

- New Zealand, maintains one of the oldest universal, tax funded national health services, and piloted several innovations including services dedicated to singular sectors such as the Maori and has a low reliance on private health insurance due to out-of-pocket expenses.
- The United States, holds a system that builds on inefficiency and costings. This is reflected in laws surrounding Nurse practitioners in multiple settings, and staffing issues faced during covid with nursing homes reporting PPE shortages at least once a week during the pandemic through the CDC system.

To conclude.

‘The relevance of EA’s classification has been questioned due to the profound changes that have characterised, and still characterise, welfare systems’ (Bertin, *et al.*, 2021, p.1)

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