

Abstract for the research stream

Welfare State Attitudes and Economic Crisis: Consequences for citizens demands in social protection and welfare values?

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Attitudes towards welfare state institutions: health policy, minimum income protection and family policy

We compare 14 member states of the European Union with regard to public opinion towards three areas of social policy, i.e. healthcare systems, family policy measures and minimum income protection. We expect that universal social policy programmes granting benefits and services to the whole population are perceived in a different way from schemes targeted at specific periods of the life course or at certain socioeconomic groups.

According to our analyses, attitudes on minimum income protection systems depend on the generosity of benefits and unemployment. In situations of high unemployment and low benefit levels, the public is in favour of these systems and demands increased state intervention. When unemployment is lower, support also drops and high benefit levels may polarize public opinion. In the field of family policy, attitudes are related to the type and generosity of existing policies for families. In countries with generous support for the dual-earner model of the family, the level of satisfaction is highest and families perceive fewer difficulties combining work and family life. In most countries, irrespective of the institutional context, the financially better off were more satisfied and perceived fewer difficulties to combine work- and family life. State responsibility for healthcare is strongly supported throughout Europe. Satisfaction with the healthcare system, in contrast, is to a greater extent related to specific institutional arrangements. Lower levels of expenditure, lower numbers of general practitioners and higher co-payments decrease overall satisfaction. Healthcare systems with a long tradition of comprehensive coverage regardless of occupation or income seem to generate rather homogenous attitudinal patterns. Countries with high levels of expenditure, high density of general practitioners and free choice of doctors, finally, lead to the highest levels of satisfaction but also more pronounced differences between social classes.

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