Social Inclusion
Open Access Journal | ISSN: 2183-2803
Volume 8, Issue 1 (2020)

‘Universalism’ or ‘Universalisms’ in Social Policies?

Editors
Monica Budowski and Daniel Künzler

COGITATIO

Social Inclusion, 2020, Volume 8, Issue 1
'Universalism' or 'Universalisms' in Social Policies?

Published by Cogitatio Press
Rua Fialho de Almeida 14, 2º Esq.,
1070-129 Lisbon
Portugal

Academic Editors
Monica Budowski (University of Fribourg, Switzerland)
Daniel Künzler (University of Fribourg, Switzerland)

Available online at: www.cogitatiopress.com/socialinclusion

Table of Contents

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 86–89
DOI: 10.17645/si.v8i1.2963

Editorial

Universalism in Social Policies: A Multidimensional Concept, Policy Idea or Process

Monica Budowski * and Daniel Künzler

Department of Social Work, Social Policy and Global Development, University of Fribourg, 1700 Fribourg, Switzerland; E-Mails: monica.budowski@unifr.ch (M.B.), daniel.kuenzler@unifr.ch (D.K.)

* Corresponding author

Submitted: 27 February 2020 | Published: 18 March 2020

Abstract
This issue of *Social Inclusion* takes the dazzling and fuzzy term 'universalism' to scrutiny. The editorial introduces different usages of the term in the academic debate. It first discusses universalism as an idea, then as a process, and finally its dimensions. The articles published in this issue are situated in the debate.

Keywords
de-universalization; liberal welfare regimes; Nordic welfare states; social policy; universalization; universalism; varieties of universalism

Issue
This editorial is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction

This issue of Social Inclusion takes the dazzling and fuzzy term 'universalism' to scrutiny. There is no authoritarian definition and we do not attempt to present one: there are "varieties of universalism" (Anttonen & Sipilä, 2014, p. 3) or universalisms. We introduce universalism as an idea, a process, and in its dimensions. The idea is generally discussed on the national and global level, and processes and dimensions generally on the national level or the level of single programs or policies. However, it is also important to look at the intersection of policies (see, in this issue, Tschanz & Powell, 2020).

2. Universalism as a Socio-Political Idea

Sometimes the term universalism describes a socio-political idea that informs social policy goals. The Sustainable Development Goals (SDGs) explicitly refer to this idea (United Nations, 2015) in the field of social policies, for instance, by aiming to achieve universal health coverage by 2030. Other universal SDGs do not explicitly use the term, e.g., the goal of eradicating extreme poverty for all people everywhere or the goal of ensuring that all girls and boys complete free, equitable and quality primary and secondary education. The *World Social Protection Report* (International Labour Office, 2017, p. xxix) describes another SDG—the implementation of social protection floors—as a "commitment to universalism." However, as is the case for other social policy concepts, the term universalism is popular in the international debate because it is used in a diffuse way and therefore adaptable to diverse policy goals (Palier, 2008; in this issue see also Leisering, 2020). Sometimes, universalism refers to a key normative idea behind specific national welfare systems, e.g., in what is discussed as Nordic welfare states (Goul Andersen, 2012; Stefánsson, 2012; in this issue see also Blomqvist & Palme, 2020; Mehrara, 2020; Saikkonen & Ylikänno, 2020). However, the term universalism was only used quite late (in the 1980s) to describe Nordic welfare states that were much older (Stefánsson, 2012). This idea of universalism was inspired by post-World War II British social policies—flat-rate pensions and health care services—

that were designed to include the entire population. The idea of universalism thus emerged in a liberal welfare regime and referred to specific social policies (on liberal welfare regimes see, in this issue, Béland, Marchildon, & Prince, 2020; Tschanz & Powell, 2020).

3. Universalization as a Process

The post-World War II period was—broadly speaking—characterized by a "quest for universality" in social policies:

> There is a movement…towards including additional classes of the population, covering a wider range of contingencies, providing benefits more nearly adequate to needs and removing anomalies among them, loosening the tie between benefit right and contribution payment, and, in general, unifying the finance and administration of branches hitherto separate. (International Labour Office, as cited in Briggs, 1961, p. 224)

This process of universalization included social security (devised early on in the 20th century) for well-known contingencies such as old age, unemployment, disability or employment injuries that spread through most of the Global North and parts of the Global South, but were often limited to formal sector employment (again see Béland et al., 2020, for the notion of universalization). However, from the 1970s onwards, many countries in the Global North and the Global South started to reverse universalization or de-universalize at varying moments and to varied extents (Goul Andersen, 2012). Sometimes, basic features of social policies were redesigned, e.g., by fundamentally changing the financing of social policies or by introducing targeted benefits (see Mkandawire, 2005). While international organizations such as the International Monetary Fund or the World Bank pressured for structural adjustments in terms of de-universalization, some domestic actors were also in favor of such policies. Sometimes, universal social policy programs were modified by "incremental tinkering", i.e., "numerous small manipulations in programme eligibility, decentralization of administrative responsibility, a shift from passive to active unemployment measures" (Cox, 1998, p. 2). This was justified with the argument that it strengthens universal policies in the long term. However, it might—when cumulated—weaken universalism. In recent years, several authors have observed a wave of universalization in the Global South anew (e.g., Martínez Franzoni & Sánchez-Ancochea, 2016; see also Leisering, 2020; Öktem, 2020). These processes of universalization were not necessarily driven by the idea of universalism. However, here again, terms such as universalization and de-universalization are misleading or fuzzy as they refer to a variety of developments (for some examples see Blomqvist & Palme, 2020; Rosenstein & Bonvin, 2020).

4. Dimensions of Universalism

To analyze these developments more precisely, several dimensions of universalism can be differentiated (Goul Andersen, 2012; see Blomqvist & Palme, 2020). This editorial presents some dimensions discussed in the literature under different designations by grouping them (and does aim at presenting an agreed-upon list of dimensions). It is important to bear in mind that applying the multidimensional term universalism to social services differs from applying it to transfers (Anttonen & Sipilä, 2014, p. 5).

A first dimension refers to the question who is included in a social policy. Coverage of transfers or access to social services are notions that refer to this dimension. Regarding social services (e.g., health care and education), equal access is also related to the geographical distribution of facilities. In contrast to education, where access is generally a legal obligation and right, health care services are required to be accessible to those in need of such services. Universal uptake therefore does not mean the same in the fields of health care, education and transfers. Generally, legal entitlement or institutional practice are described as universal when the large majority of the population is included (Anttonen & Sipilä, 2014, p. 6). Social services such as health care and education were inclusive in the Global North, and education became mandatory before the term universal was broadly used. Universalism referring to coverage only is criticized and considered to be a minimal form of universalism (Martínez Franzoni & Sánchez-Ancochea, 2016, p. 28). Strictly speaking, there is no universal entitlement in most social policies as they require citizenship or residence (Künzler & Nollert, 2017). The universal nature of citizenship-based social policies is frequently taken for granted in some articles of this issue and more broadly in the literature (see, e.g., Anttonen & Sipilä, 2014, p. 5). However, citizenship- or residency-based policies are not available to denizens such as refugees, asylum seekers, stateless people, undocumented migrants or people born in a country yet without a birth certificate to prove citizenship or residence. Are citizenship-based social policies really universal or should they rather be described as based on a categorical entitlement or being group-universal (Stefánsson, 2012, p. 47)? Age-based or gender-based entitlement is another form of categorical entitlement. Selective entitlement also comes into play when members of a category must fulfil certain criteria to be entitled, e.g., have an income below a defined threshold. Categorical entitlements and means-tested programs are more expensive to administer, entail inclusion and exclusion errors, and require a certain level of state capacity (Mkandawire, 2005). Furthermore, they bear the potential to create stigma and be less redistributive than universal programs (Korpi & Palme, 1998; Martínez Franzoni & Sánchez-Ancochea, 2016).

A second dimension of universalism refers to the providers. Martínez Franzoni and Sánchez-Ancochea

(2016) emphasize the quality of services. If quality of health care or educational services throughout a country or in disadvantaged regions is low, these services might not be used, as people seek alternatives or opt out. Therefore, the authors maintain that even when coverage and access rates are high, universalism cannot be considered strong when quality of the services is low. Some scholars argue that in order to qualify as universal, services must be provided by the government (see Blomqvist & Palme, 2020). Others insist that governments must define and supervise standards to be respected by all providers, but that it does not matter whether providers are public, private for profit or nonprofit (see in this issue the discussion of universality by Béland et al., 2020; see also Budowski, 2020). Besides questions of quality, providers also matter when implementing services and transfers (see Mehrara, 2020; Rosenstein & Bonvin 2020; Tschanz & Powell, 2020), as, for example, the selection of 'legitimate beneficiaries' may have exclusionary effects.

Policy outcomes are a third dimension of universalism. In increasingly diverse societies, universalism requires "some degree of particularism or positive selectivism" (Anttonen & Sipilä, 2014, p. 14) to ensure that groups with specific needs are "on an equal footing with the rest of the citizenry" (Stefánsson, 2012, p. 62; see also Mehrara, 2020; Tschanz & Powell, 2020).

Financing of social services and transfers is a fourth dimension of universalism frequently mentioned. Some scholars consider indirect financing to be universal—preferably through progressive taxing and not through contributions or direct payment at time of need (Goul Andersen, 2012; see Blomqvist & Palme, 2020). Other scholars consider financing of a service universal when direct payment at time of need is not required and does not lead to poverty therewith allowing for further modes of payments such as compulsory insurance contributions (payroll taxes), voluntary insurance premiums, or foreign assistance to complement taxes (WHO, 2010).

Adequacy of benefits is a fifth dimension mainly discussed in the Global North (Anttonen & Sipilä, 2014, pp. 4–5; Goul Andersen, 2012, pp. 164–165). Adequate benefits assure a decent—not minimal—standard of living and are broadly supported by citizens; adequate benefits reduce the tendency of richer groups to choose to complement or substitute benefits with private solutions. While adequacy is considered necessary for universalism by some Northern authors (Goul Andersen, 2012, p. 166; see Blomqvist & Palme, 2020), social protection floors mentioned above are clearly minimal (see Öktem, 2020). A "maximalist universalist approach" (Martínez Franzoni & Sánchez-Ancochea, 2016, pp. 28–30) that includes broad coverage and access, sufficiently generous transfers for a socially acceptable living standard, and quality services furthering equality in outcomes and inclusion beyond citizenship is yet quite elusive.

Acknowledgments

The authors are listed alphabetically and contributed equally.

Conflict of Interests

The authors declare no conflict of interests.

References

Anttonen, A., & Sipilä, J. (2014). *Varieties of universalism*. Draft paper prepared for the UNRISD Conference "New Directions in Social Policy: Alternatives from and for the Global South," Geneva, Switzerland. Retrieved from http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/D04EC7C33C9EC48AC1257D0800293153/$file/Anttonen%20and%20Sipila.pdf

Béland, D., Marchildon, G. P., & Prince, M. J. (2020). Understanding universality within a liberal welfare regime: The case of universal social programs in Canada. *Social Inclusion*, *8*(1), 124–132.

Blomqvist, P., & Palme, J. (2020). Universalism in welfare policy: The Swedish case beyond 1990. *Social Inclusion*, *8*(1), 114–123.

Briggs, A. (1961). The welfare state in historical perspective. *European Journal of Sociology*, *2*(2), 221–258.

Budowski, M. (2020). Universalism in healthcare and social citizenship in Chile, Uruguay and Costa Rica. In F. Collyer & K. Willis (Eds.), *Navigating the healthcare system* (pp. 15–39). London: Palgrave Macmillan.

Cox, R. H. (1998). The consequences of welfare reform: How conceptions of social rights are changing. *Journal of Social Policy*, *27*(1), 1–16.

Goul Andersen, J. (2012). Universalization and de-universalization of unemployment in Denmark and Sweden. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 162–186). Cheltenham: Edward Elgar.

International Labour Office. (2017). *World social protection report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. Geneva: ILO. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf

Korpi, W., & Palme, J. (1998). The paradox of redistribution and strategies of equality: Welfare state institutions, inequality and poverty in the Western countries. *American Sociological Review*, *63*(5), 661–687.

Künzler, D., & Nollert, M. (2017). Varieties and drivers of social welfare in sub-Saharan Africa: A critical assessment of current research. *socialpolicy.ch*, 2017(2). http://dx.doi.org/10.18753/2297-8224-94

Leisering, L. (2020). The calls for universal social protection by international organizations: Constructing a new global consensus. *Social Inclusion*, *8*(1), 90–102.

Martínez Franzoni, J., & Sánchez-Ancochea, D. (2016). *The quest for universal social policy in the South. Ac-*

tors, ideas, and architectures. Cambridge: Cambridge University Press.

Mehrara, L. (2020). Seeking the ideal of universalism within Norway's social reality. *Social Inclusion*, *8*(1), 133–144.

Mkandawire, T. (2005). *Targeting and universalism in poverty reduction* (Social Policy and Development Programme Paper No. 23). Geneva: United Nations Research Institute for Social Development.

Öktem, K. G. (2020). The welfare state as universal social security: A global analysis. *Social Inclusion*, *8*(1), 103–113.

Palier, B. (2008). De l'ambiguïté en politique [Of ambiguity in policies]. In O. Giraud & P. Warin (Eds.), *Politiques publiques et démocratie* [Public policies and democracy] (pp. 93–107). Paris: La Découverte.

Rosenstein, E., & Bonvin, J.-M. (2020). Paradoxes of universalism: The case of the Swiss disability insurance. *Social Inclusion*, *8*(1), 168–177.

Saikkonen, P., & Ylikänno, M. (2020). Is there room for targeting within universalism? Finnish social assistance recipients as social citizens. *Social Inclusion*, *8*(1), 145–154.

Stefánsson, K. (2012). What is in a word? Universalism, ideology and practice. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 42–68). Cheltenham: Edward Elgar.

Tschanz, C., & Powell, J. J. W. (2020). Competing institutional logics and paradoxical universalism: School-to-work transitions of disabled youth in Switzerland and the United States. *Social Inclusion*, *8*(1), 155–167.

United Nations. (2015). Sustainable Development Goals. *United Nations*. Retrieved from https://sustainabledevelopment.un.org/#

WHO. (2010). *The world health report 2010. Health systems financing: The path to universal coverage*. Geneva: World Health Organization.

About the Authors

Monica Budowski is Professor of Sociology, Social Policy and Social Work at the University of Fribourg, Switzerland. Previously, Monica was Scientific Head of the Swiss Household Panel at the University of Neuchâtel and Research Fellow at the London School of Economics, Princeton University, and the Universidad de Costa Rica. She has published in the fields of social inequality, poverty, precarious prosperity, stratification, welfare, subjective well-being, quality of life, health, households, families and gender, social policy (especially in Latin America) with qualitative and quantitative methods, longitudinal analyses and often from a comparative perspective.

Daniel Künzler is Lecturer at the Department of Social Work, Social Policy and Global Development, University of Fribourg (Switzerland). He is currently working on the dynamics and politics of social policies in Kenya and colonial legacies and social policies in Middle Africa. His general research interests are social policies in sub-Saharan Africa and popular culture, with a special focus on Eastern Africa.

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 90–102
DOI: 10.17645/si.v8i1.2569

Article

The Calls for Universal Social Protection by International Organizations: Constructing a New Global Consensus

Lutz Leisering

Department of Sociology, Institute for World Society Studies, Bielefeld University, 33615 Bielefeld, Germany;
E-Mail: lutz.leisering@uni-bielefeld.de

Submitted: 19 October 2019 | Accepted: 24 February 2020 | Published: 18 March 2020

Abstract
Universalism has become a lead idea of global social politics, and of global social security in particular, first voiced in the Universal Declaration of Human Rights of 1948 and renewed in recent calls for "Social Security for All" and "Universal Health Coverage," and in the Global Partnership for Universal Social Protection to Achieve the Sustainable Development Goals launched by the World Bank and the International Labour Organization in 2016. This article analyses the idea of a universal right to social protection, as recently articulated by international organizations. According to J. W. Meyer's neo-institutionalist theory of world society (Krücken & Drori, 2009; Meyer, 2007), universalism is a world-cultural norm, and international organizations are proponents of world culture. This article is based on the assumption that the meaning of universalism is not fixed, but that international organizations construct the norm in changing ways to secure worldwide acceptance and applicability, considering that states have very diverse socio-economic conditions and socio-cultural backgrounds. Accordingly, the article analyses how international organizations construct the cultural idea of universalism as well as institutional models of universal social protection. The finding is that the recent calls for universalism represent a new interpretation of universalism that refers to individual entitlements to benefits rather than collective development, and that this global consensus was reached by constructing the norm in a way to leave room for interpretation and adaptation. However, the price of consensus is the attenuation of the norm, by allowing particularistic interpretations and by weakening the content of the right to social protection. The article also seeks to explain the rise of the new global consensus and identify its limitations.

Keywords
human rights; international organizations; social policy; social protection; social rights; social security; universalism

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction: The Global Call for a Universal Right to Social Protection

Universalism is a guiding idea of modernity (Parsons & Shils, 2001) or even of world culture (Krücken & Drori, 2009), first laid down in international law in the Universal Declaration of Human Rights of the United Nations (UDHR; UN, 1948), which includes social rights, and confirmed in the International Covenant on Economic, Social and Cultural Rights (ICESCR; UN, 1966). The UDHR posits the basic equality of all human beings "in dignity and rights" (UN, 1948, article 1). However, well into the 1990s, the "right to social security" for "everyone," as laid down in article 22 of the UDHR and in article 9 of the ICESCR, had not led to policies that seek to establish entitlements to social protection benefits for everybody. The International Labour Organization (ILO) had mainly pushed for spreading social insurance, which in the global South only applies to a minority of workers in the formal, mostly urban sector of the economy.

As late as around 1980, and more forcefully in the 2000s and 2010s, global initiatives for extending the coverage of social security beyond privileged groups took shape. International organizations have been renewing

the idea of universalism by calling for extending public services to all persons in all countries in the world, such as "Health for All" (World Health Organization [WHO], 1979), "Education for All" (UNESCO, 1982), "Social Security for All" (ILO, 2001, 2003), and "Universal Health Coverage" (UHC2030, 2019; UN, 2012, 2017). Recommendation 202 by the ILO on Social Protection Floors (ILO, 2012) and the 2030 Agenda for Sustainable Development (UN, 2015) also include calls for extending coverage, "leaving no one behind" (UN, 2015). The Global Partnership for Universal Social Protection to Achieve the Sustainable Development Goals, launched by the World Bank and the ILO in 2016 (Rutkowski & Ortiz, 2016; USP2030, 2019), eventually generalized and consolidated the call for universalism.

In the global North, universalism has been part of the self-description of the welfare state since WWII, particularly among the Nordic countries (Kildal & Kuhnle, 2005). In global arenas, all major international organizations subscribe to the idea of universalism, but some nationalist, authoritarian, and theocratic regimes have been questioning the idea, as do some intellectuals in democratic societies who view universalism as a late colonial or patriarchal Western ideology. Social security is both a lead idea (Kaufmann, 2012, Chapter 5) and the largest field of social policy. Since around the 2000s, the kindred term "social protection" has also become common. I use the two as interchangeable.

This article seeks to make sense of the recent global calls for universalism by international organizations: what concept of universalism underlies the calls, how do international organizations construct the idea of universalism to secure a worldwide consensus on and applicability of the idea of universalism in a socio-economically and socio-culturally heterogeneous world?

This article is an empirical and conceptual exploration, based on a first screening of documents, and on results of the FLOOR project (www.floorcash.org; see also Leisering, 2019a) on the changing views of international organizations on social protection since the 1990s (von Gliszczynski, 2015), the changing interpretation of social human rights since 1948 (legal branch of the FLOOR project; Davy, 2013, 2014), and the spread of social cash transfers in the global South. To my knowledge, there is only one empirical study of the calls by international organizations for universalism in social protection, by Shriwise, Kentikelenis, and Stuckler (in press), who cover five fields of social protection and argue that universalism is more than just talk; it is a "policy trend" which includes the introduction of new policy instruments.

The article focuses exclusively on ideas, not on actual policies, politics, or policy outcomes. However, from a constructivist sociology of knowledge perspective, I analyse ideas as part of policy paradigms and paradigm shifts. Moreover, the focus is on international organizations, not on national governments and their policies.

The next section is on data and methods, while Section 3 presents the theoretical framework and specifies the research questions. Section 4 traces earlier interpretations of universalism and identifies the origins of the new interpretations that show in the recent calls by international organizations. Section 5 maps the variety of institutional models of universal social protection constructed by international organizations. Section 6 presents the constructions of the cultural idea of universalism in social protection, by which international organizations seek to establish universalism as a globally consensual principle. Section 7 describes the pitfalls to which the politics of universalism in social protection are liable. A conclusion follows.

2. Data and Methods

The article is based on an exploratory qualitative content analysis of the calls for universal social protection and on results from the FLOOR project, which draws on the Sociology of Knowledge Approach to Discourse (SKAD; von Gliszczynski, 2015), applied to documents of international organizations, and on a legal analysis of human rights documents (Davy, 2014, 2015). FLOOR has unique self-constructed exhaustive data sets.

The content analysis traces, among others, references to "universal," "universalistic," "universalism," or "universality," to "all" (relating to persons or countries), "everyone," and "no-one" (as in "leaving no-one behind"). Actors may refer explicitly to "universalism" or "universality," or to terms from the semantic field of universalism, especially "inclusive(ness)" (see, e.g., UN, 2018, 2002, para. 13; World Bank, 2012). From the angle of interpretive sociology, the article assumes that the meaning of the concept of universalism (and of other concepts) is not fixed, but that the concept is "constructed"—interpreted, defined, composed, framed, or even created—by actors, and that constructions change over time.

A variety of documents are relevant to the study of universalism:

- Global calls and campaigns for universal social protection;
- Human rights declarations and covenants under the UN, which can also be seen as calls for universalism;
- Major documents like Recommendation 202 on Social Protection Floors (ILO, 2012) or the 2030 Agenda for Sustainable Development of the UN (2015), which have a broader scope, but rank universalism among their key principles;
- Other general documents, such as the World Bank's Social Protection and Labor Strategy 2012–2022 (World Bank, 2012), which also have references to universalism (through "inclusion").

In addition to these more declamatory documents, related operative documents produced by the secretariats and committees of the organizations also matter.

International organizations are only one variety of what Orenstein (2008, p. 42) calls "transnational actors," that is, actors that need not be international in a constitutional sense but operate in multiple nation-states. Transnational actors in this sense include national development organizations like the German GIZ (*Deutsche Gesellschaft für Internationale Zusammenarbeit*), global epistemic communities, social movements, and policy entrepreneurs like the German consultant Bernd Schubert. The analysis extends to these "transnational actors," even if for convenience, I speak of "international organizations.''

3. Theoretical Framework: Welfare Internationalism and World Culture

The theoretical framework of this article includes concepts from sociology, global social policy research, International Relations, and, above all, from neo-institutionalist world society theory and international law.

The 1940s were a decade of "welfare internationalism" (Kaufmann, 2012, Chapter 4), that is, international organizations increasingly took to social issues, as reflected, among others, in the Atlantic Charter of 1941, the ILO Declaration of Philadelphia of 1944, the UN Charter of 1945, and the UDHR of 1948. All these documents have an explicitly universal scope. Bob Deacon, the founding father of global social policy as a research field, saw the 1990s as a further formative decade of global social policy, positing a "socialization" of global politics, i.e., "social" issues were gaining weight on global agendas which had been dominated by military and security matters and by economic issues (Deacon, Hulse, & Stubbs, 1997, p. 3). Since that time, international organizations have increasingly become social policy actors, and international organizations that had been concerned with social issues before have extended their domains.

The bourgeoning literature on global policy diffusion has provided ample evidence that ideas and models of international organizations may feed into domestic policies (e.g., Böger & Leisering, 2020; Leisering, Liu, & ten Brink, 2017; Orenstein, 2008; Strang & Chang, 1993; Usui, 1994). Therefore, it makes sense to investigate ideas advanced by international organizations. In the global social policy literature, reference is often made to great ideologies like neo-liberalism, juxtaposed with social-democratic or progressive thinking (e.g., Deacon, 2007). There is less literature on more specific ideas, especially those that cut across policy areas. For example, social-scientific analyses of social human rights tend to focus on (insufficient) implementation, rather than analysing the (changing) meaning and interpretation of the rights (e.g., Deacon, 2007, pp. 136–137). This article focuses on a specific global idea, universalism, which cuts across policy areas and common ideologies, and on the interpretation of this idea by global actors.

According to Orenstein (2008), an International Relations scholar, international organizations are "knowledge actors," and "proposal actors" in particular (Orenstein, 2008, p. 57), that is, they design and seek to spread specific models of social policy. International organizations fall into representative assemblies of the member states, which govern the organization, and secretariats that do the operative work, such as the International Labour Office within the ILO (Barnett & Finnemore, 2004). The secretariats often have considerable weight and act in relative autonomy. While the representative assemblies voice more general ideas by way of declarations, the secretariats engage more in designing models, and the two sides may not easily align with each other. In the case of the UN as a social human rights actor, the Economic and Social Council (ECOSOC) assumes an operative role, e.g., by issuing General Comments on selected human rights clauses. International organizations also differ by their mandates. The organizations may attend to designated groups like older persons (HelpAge International) or children (UNICEF), they may cover designated fields like labour (ILO) or food (Food and Agriculture Organization, FAO) or address specific aspects like development (World Bank). We can expect that the mandate of an international organization influences the way the organization conceives of universalism.

Sociological world society theory posits a rising global consciousness and a shared world culture, unlike (or rather complementing) socio-economic theories of globalization (Meyer, 2007, pp. 262–263). "World culture" denotes globally shared ideas, institutional models, and "scripts," which pervade organizations, states, and the individual life course. Meyer holds that world culture took off in the 1940s, in response to the "colossal disaster of World War II" (Krücken & Drori, 2009, p. 199). Social issues were part of world culture right from the beginning, as welfare internationalism. The most general elements of world culture include universalism, individualism, rationalism, and social progress (Krücken & Drori, 2009). World-cultural models include, e.g., school curricula, constitutions, and human rights. Human rights are the only global codification of citizenship in all its dimensions, civil, political, and social (Kaufmann, 2012, p. 120).

World society theory conceives of international organizations as key proponents of world culture, as "objective disinterested others" or "rationalized others," who—in the absence of a global democracy—gain legitimacy by advocating universal, world cultural values rather than articulating sectional interests (Krücken & Drori, 2009, pp. 186, 188). States subscribe to world-cultural ideas in order to pose as good states, even if they cannot or do not want to implement the norms (strategic "decoupling" or "loose coupling"; Krücken & Drori, 2009, pp. 181–183). The modern nation-state is a world-cultural model, and, at the same time, a key agent of world culture (Krücken & Drori, 2009, Chapter 8). Furthermore, Meyer assumes expansionist dynamics of world culture, including a growing awareness and articulation of social problems (Krücken & Drori, 2009, p. 199).

Universalism under the UN human rights framework means that the rights hold for all persons, all places, and at all times (Davy, 2015, p. 199). From the perspective of Meyer's theory, "place" above all means "nation-state." Legally, the states are the addressees of UN human rights declarations. This helps to disentangle two facets of the norm of "universalism" in social protection that are intertwined: all *states* should recognize the right to social protection (universal validity of the right as a cultural idea); and in each country, social protection programmes should cover all *persons* or citizens ("universal social protection" as an institutional model of social policy). The term "model" does not denote a concrete institution or programme, but a simplified cognitive and normative blueprint, that is, it is an idea, too. I assume that international organizations engage with both types of ideas, as suggested by Orenstein and Meyer.

I argue that Meyer tends to take the elements of world culture as given and unchangeable, at least in his research practice. He and associates primarily investigate the implementation of elements of world culture, e.g., the spread of human rights across states, rather than the creation and the changing construction of the elements. In contrast, I argue that world culture is socially constructed by and negotiated among actors and is therefore variable. As a consequence, global (and national) actors may develop very different understandings of these norms and ideas. From this point of view, the spread of world culture is not only about implementation (coupling/decoupling), but about interpretation among international organizations (and by national actors).

Consensus on the idea of universalism cannot be taken for granted, considering that there are around 200 countries in the world that differ considerably in socio-economic and socio-cultural terms. Davy (2015) challenges the widespread assumption that universalism as a global principle was established in 1948 in the UDHR. She even speaks of universalism as a "myth" (Davy, 2015, p. 200). Universalism as proclaimed in the UDHR, she argues, has little substance, it is expressed in abstract wordings that remain open for diverse understandings, including particularistic interpretations. "It could be that a right is universal precisely when it can be interpreted in particularistic terms in many respects" (Davy, 2015, p. 229; author's translation). Based on an in-depth study of UN documents from 1946 to 1948, Davy finds that in the preparation of the UDHR, the idea of universalism was subject to protracted controversies among member states. She argues that human rights universalism of any substantial kind is a process. In the decades after the UDHR, negotiations in UN human rights committees gradually filled the broad label of universalism with substance, to eventually achieve a degree of convergence among member states. It would be more appropriate to speak of universalisation than universalism.

The difficulties of achieving consensus also affect the recent calls for universalism in social protection. Accordingly, the article pursues three research questions regarding the calls: First, how do international organizations construct the general cultural idea of universalism in social protection to enable worldwide acceptance, considering that the countries in the world have very diverse socio-cultural backgrounds? In other words: How do global actors navigate between the claims of universalism and particularism (see Section 6)? Second, how do international organizations translate the general idea of universalism into specific institutional models (of universal social protection) in view of enabling worldwide applicability, considering the diversity of socio-economic conditions and of national welfare traditions (see Section 5)? States have different cultures of welfare, rooted in distinct traditions of family, of statehood, and of perceptions of social problems, which are shaped by religious and moral traditions. Third, what factors made for the recent rise of the calls for universalism in social protection, and why did these calls come so late, decades after the UDHR? What is new about the interpretation of universalism voiced in the recent calls (see Section 4)?

4. From Developmental Universalism to Entitlement Universalism: The Origins of the Recent Calls for Universalism

Explaining the recent rise of calls for universalism in social protection is a research desideratum. Earlier research by FLOOR on changing global ideas at least offers a partial explanation, by identifying an ideational window of opportunity for the new interpretation of universalism. In the 1990s, a window began to open, through three fundamental changes in global discourses, all of which amounted to an individualisation of guiding concepts of global policy, namely development, social human rights, and poverty. These discursive changes were conducive to the new interpretation of universalism.

First, development (Leisering, 2019a, pp. 257–260; von Gliszczynski, 2015, Chapter 4.2). Well into the 1990s, a collective concept of development had prevailed, with an emphasis on structural policies relating to global terms of trade, macroeconomic policies, and the construction of infrastructure (Koehler, 2015). This concept had a universalistic thrust, but in collective rather than individualistic terms (*developmental universalism*): Advancing welfare through economic growth was to benefit growing sections of the population in the middle and long term, while individual entitlements to welfare benefits, geared to specified individual needs here and now, were secondary or even residual. Developmental universalism reflects the idea of "growth-mediated security," which is driven by markets, while universalism of individual entitlements reflects the idea of "support-led security" (Drèze & Sen, 1991, p. 22).

From the 1990s, the idea of development changed, not only to pro-poor growth but to growth by the poor: The poor were newly conceptualised as potential agents of economic growth, contributing to development—if supported by welfare benefits. In this way, social pro-

tection in the sense of individual entitlements to benefits became part and parcel of development policy, beyond the narrow confines of contributory social insurance. Entitlement universalism came to complement developmental universalism.

Second, poverty. Up to the 1990s, a collective concept of poverty had prevailed. Fighting poverty meant to raise national GDP and the overall standard of living. Poverty referred to countries rather than to individuals living in poverty (Berten & Leisering, 2017, pp. 154–156). But in 1990, an individualized measure of global poverty was introduced, the 1$-a-day line (World Bank, 1990, pp. 27, 139). This was the "first serious attempt to count the world's poor using a common measure" (Hulme, 2015, p. 34). The new measure was associated with an individualization of poverty policies (Leisering, 2019b), which included direct welfare benefits to the poor.

Third, human rights (Davy, 2013, 2014). Well into the 1990s, article 9 of the ICESCR on the right to social security and article 11 on the right to an adequate standard of living had been mainly interpreted in collective terms, either developmental or socialist (UN, 1966). According to a socialist understanding, social security and livelihoods were embedded in the socialist organization of production. In the collective understandings of rights, individual entitlements to benefits were secondary or even redundant. As late as the 1990s, an interpretation of social rights as individual entitlements to benefits came to prevail, as familiar under post-WWII Northern welfare states. Nowadays, we take an individualized understanding of social rights for granted, but in historical perspective it is rather recent. Moreover, the human rights laid down in the UDHR had generally remained dormant for decades, to become more influential in global discourses only from the 1990s.

The individualisation of the three guiding concepts—development, social human rights, poverty—challenged the dominance of the concept of developmental (or socialist) universalism, suggesting the concept of entitlement universalism which underlies the recent calls for universalism in social protection. The world cultural principle of universalism was wedded to another world cultural principle, individualism. The individualized notion of universalism marked a thorough-going paradigm shift (or third order policy change, as defined by Hall, 1993) in development policy and in poverty policy (Leisering, 2019a, p. 265): a new problem definition (individual poverty), new discursive frames (individualized concepts of development, with the poor as agents, and of human rights), and a new instrument (social cash transfers to the poor). The new paradigm has established a new global consensus (for this term see also ILO, 2001) in the fields of social protection and development policy. The key call for universalism (Rutkowski & Ortiz, 2016; USP2030, n.d., 2019) explicitly refers to the new discursive frames by highlighting the collective use of universal social protection—fostering economic growth, productivity, and political stability as well as human rights (USP2030, n.d.). Similarly, the ILO (2003) aims to "raise awareness worldwide about the role of social security in economic and social development." "Universality" is part of a "common understanding among UN agencies" about a "human rights based approach to development cooperation" (United Nations Sustainable Development Group, 2003; for health see WHO, 2017).

By contrast, Shriwise et al. (in press) maintain that the calls for universalism do not indicate a paradigm change in global policy but draw on dominant norms. However, their window of observation starts as late as 2005, when the paradigm change had already taken place. The supporting statement by von Gliszczynski (2015) they quote refers to the time from 2008 when consensus on social cash transfers was already established.

5. Constructing Institutional Models of Social Protection: From Universalism to Universalisms

The global calls for universalism in social protection issued by international organizations testify to the assumptions of world society theory (Krücken & Drori, 2009; Meyer, 2007) and International Relations (Orenstein, 2008). By issuing these calls, international organizations explicitly legitimize themselves by reference to a fundamental world cultural idea. More specifically, by devising models of universal social protection, international organizations also act as proposal actors, in view of spreading the models worldwide, with states as immediate addressees. Furthermore, the rise of the calls testifies to the expansionist dynamics of world culture, by extending the idea of universalism to the field of social protection, interpreted as entitlement universalism. This section inquires how institutional models of universal social protection were constructed in a way to be applicable to very diverse socio-economic and socio-cultural settings (see Table 1 for models and proponents). Proponents often include more than one model in their documents.

The core of universalism regarding models of social protection, as articulated in the calls by international organizations, is coverage (see, e.g., USP2030, 2019): full coverage of all persons by social protection programmes. Even this seemingly clear-cut operationalization of universalism is open to interpretation: Who is "all"? And universalism of what? (Coverage by what?)

Who is "all"? The unit of reference is often vague: "everyone, as a member of society," or "all people" (USP2030, n.d.). Early calls retain the older reference of social protection to workers rather than citizens, speaking about "working people, particularly in the informal economy" (ILO, 2003) or "the formal and informal working population" (UN, 2002, No. 52(c)). The Madrid International Plan of Action on Ageing refers to an "inclusive society for all ages" (UN, 2002, para. 13). The ILO (2003) also speaks of the countries' "citizens," matching the remit of UN human rights, the states. It is often left open if migrants are to be included, but USP2030 (n.d.) names migrants explicitly.

Who needs to be included to cover "all" persons? For the ILO (2003) it is mostly informal workers, since they are not covered by social insurance. Later calls name a range of other groups, seen as left behind, such as women, children, persons with disabilities, indigenous peoples, minorities (USP2030, n.d.) or, relating to health, "the most vulnerable" (UN, 2017). The 2030 Agenda for Sustainable Development stipulates to "reach the furthest behind first" (UN, 2015, No. 4). All these groups may be positively discriminated in the context of progressive universalism (see Section 6). Regarding countries, the ILO (2003) only refers to developing countries.

Universalism of what? When speaking about universal coverage, actors may refer to welfare provisions, to entitlements to benefits, and to access to social services.

Many documents call for setting up welfare programmes and providing benefits, but not necessarily for individual rights or entitlements. The World Bank, for example, while not rejecting rights, in most documents simply does not mention rights, e.g., when conceiving of social safety nets for the poor (World Bank, 2018). The Social Protection Floors (ILO, 2012) call for "guarantees" rather than rights. I call these approaches *provision universalism*, in contradistinction to *entitlement universalism*, which emphasizes the rights character of provisions (see similarly Leisering, 2019a, pp. 142–143). USP2030 exemplifies the latter.

The third variety, *access universalism*, applies to social services in particular (but also to income security; see, e.g., ILO, 2003). Related policies seek to set up infrastructure to ensure that all citizens, including, e.g., persons living in remote areas or persons with disabilities, have access to delivery agencies like hospitals, nursing homes, and advice centres. Having access to services is not identical with having entitlements to services. Entitlements relate to law and legal regulations, while access depends on social space and the organization of service delivery. Proclaiming access universalism need not go along with bestowing entitlements on citizens, rather it is about how dense the social infrastructure ought to be. This technocratic approach eases the challenge of universalism. The emphasis on building social infrastructure (Gough, 2019) reflects a collectivist interpretation of social rights. In the field of health services, calls for universalism tend to lean towards provision universalism and access universalism (e.g., UHC2030, 2019).

Entitlement universalism further ramifies into what I call benefit universalism and protection universalism. *Benefit universalism* denotes the rare case that everybody is entitled to receipt of benefits, irrespective of need. Strictly speaking, the idea of an unconditional Basic Income (UBI) is the only example. *Protection universalism* refers to programmes that bestow entitlements on every citizen to receive benefits when affected by a designated contingency.

For most social protection programmes, entitlement universalism means protection universalism (Barrientos & Hulme, 2008, p. 324; Leisering, 2019a, p. 80). This is obvious for social insurance, which bestows benefits on citizens only if certain risks occur, such as old age, unemployment, work accident, or ill-health. Protection universalism in the case of means-tested social cash transfers, however, is contested. Here, protection universalism means that transfers are only paid in case of poverty, to be ascertained by a means test. From this point of view, even means-tested benefits can be (protection) universal or at least contribute to the overall coverage of social protection in a country. Protection universalism seems to be taken for granted by the calls, as hinted at in "cash transfers for all who need it" (USP2030, n.d.) and in "universal health coverage means all people have access to the health care they need, when and where they need it" (WHO, 2019).

Cutting across the basic forms of universalism—provision universalism, entitlement universalism, access universalism—programme universalism and systemic universalism can be distinguished.

Programme universalism refers to universal coverage by single welfare programmes. Thinking in terms of programme universalism is common in global politics, especially in the calls for "universal" pensions and "universal" child benefits (which in fact are categorical). Programme universalism is less abstract and may make consensus easier. Also, programme universalism is mostly categorical, and thereby particularistic, referring to a designated social group or rather "category" constructed by the programmes. The members of each category are assumed to share certain characteristics relevant to social protection, distinct from other categories. A categorical approach constructs social categories or groups as deserving, underpinned by recourse to theorizations (in the case of children, e.g., by theories about the special needs of children) and cultural linkages (in the case of children, e.g., to the human value of children and the UN Convention on the Rights of the Child of 1989; on theorization and cultural linkages as strategies of spreading policies see Strang & Meyer, 1993). Life-cycle groups are the most common way of constructing target categories, with two categories standing out: older persons and children. Social cash transfer programmes for these categories have been actively promoted by international organizations with a pertinent mandate, namely by HelpAge International and UNICEF (see the discourse analysis by von Gliszczynski & Leisering, 2016). In the field of health, calls for non-categorical programmes are more common: UHC2030 (2019) calls for health systems that are accessible to all, "irrespective of socio-economic or legal status."

By contrast, the general calls for universalism like USP2030 tend implicitly or explicitly to refer to *systemic universalism*, that is, to realizing universal coverage by the joint operation of several social protection programmes in a country. This idea may meet with less acceptance among states, because achieving systemic universalism is more demanding than programme universalism. Systemic universalism requires the design of

Table 1. Varieties of models of universal social protection.

	Proponents
Universalism of what?	
Provision universalism	Various actors and documents, including the Social Protection Floors (ILO, 2012), the ICESCR, article 12 on health (UN, 1966), UHC2030 (2019), World Bank (2018)
Entitlement universalism	Human rights organizations (e.g., FIAN, HelpAge International)
Benefit universalism	Basic Income Earth Network
Protection universalism	Most actors, explicitly, e.g., ECOSOC (2008, General Comment No. 19 on the right to social security); USP2030 (n.d., 2019)
Access universalism	UN General Assembly (UN, 2012, 2017, Universal Health Coverage)
Universalism by what?	
Programme universalism	HelpAge International, Development Pathways (social pensions); UNICEF (child benefits); Basic Income Earth Network
Systemic universalism	Federal Ministry for Economic Cooperation and Development (2019); USP2030 (n.d., 2019)
Categorical universalism	ILO (2012, Social Protection Floors, 2010, Staircase Model)
Non-categorical universalism	Global policy entrepreneur Schubert (2018)
Mixed universalism	World Bank (Gentilini et al., 2020)

a composite architecture of social protection in a country. To this end, links between separate policy communities and constituencies need to be forged, programme administrations need to be coordinated, and an integrated normative framework needs to be designed. Such composite design has a horizontal dimension—including programmes for different groups and different social problems—and a vertical dimension, ranging from lower to higher tiers of social protection.

In the horizontal dimension, systemic universalism is mostly categorically differentiated *(categorical universalism)*, with separate programmes for different categories, as for life-cycle categories in the ILO's model of the Social Protection Floors (ILO, 2012). The USP2030 (2019) envisages a combination of "cash or in-kind benefits, contributory or non-contributory schemes, and programmes to enhance human capital, productive assets, and access to jobs."

In the vertical dimension, the ILO (2010, pp. 19–20), the traditional champion of social insurance, has conceived of a tiered "staircase" model, which has the social floor(s) as bottom tier and social insurance as the mainstay, adding up to universal coverage in the vertical dimension. Other models have both a horizontal and a vertical dimension. The global policy entrepreneur Bernd Schubert (2018, p. 8) conceives of a systemically universal architecture of basic social protection in Sub-Saharan countries, differentiated by degree and kinds of poverty of the addressees (*non-categorical universalism*). The architecture includes emergency relief, insurance against ill-health, disability, and death of a breadwinner, public works, an education grant, and non-categorical social cash transfers. The three-dimensional "social assistance cube" designed by the World Bank (Gentilini, Grosh, Rigolini, & Yemtsov, 2020, p. 21) combines a variety of categorical and non-categorical programmes, including social cash transfers, tied cash benefits (like school fee waivers), benefits in kind, and a small UBI component, adding up to a *mixed* (categorical/non-categorical) *universalism*.

Alternatively, universal coverage can also be achieved by way of programme universalism, namely by a single programme that covers all citizens (unlike, e.g., "universal" pensions), like a national health service or a "general social assistance" programme that addresses all citizens purely on the basis of need (ascertained through a means test), irrespective of membership in a designated socio-demographic group (non-categorical programme universalism). A UBI would be a non-means-tested variety of a non-categorical programme that achieves universal coverage. Among international organizations, general social assistance belongs to the consensual models of social cash transfers, but political support is weakest (von Gliszczynski & Leisering, 2016). The model is not actively promoted by any international organizations, none has a mandate for it. Only Schubert (2018) has been spreading a variety of the model in Sub-Saharan Africa, occasionally supported by UNICEF or other international organizations. In the case of single programmes that cover all citizens the distinction between programme universalism and systemic universalism is blurred.

The UBI looms large in global debates and is particularly advocated by the Basic Income Earth Network (BIEN), but was not designated by any major international organization as a model of basic income protection during the formative years of social cash transfers, the 2000s (Leisering, 2019a, Chapter 4). A recent World

Bank publication considers a UBI, but only as a possible small building block of the "social assistance cube" (Gentilini et al., 2020, p. 21). Debates on a UBI are decoupled from two major discursive frames of global debates on social protection, namely development and human rights (Leisering, 2019a, p. 364; von Gliszczynski, 2017).

We may conclude that the call for universalism in social protection, even if only in a technical sense of extending coverage, is not as clear-cut as it sounds, and allows for a range of institutional models of universalism. Universalism is an empty mould—Shriwise et al. (in press) similarly speak of a "discursive umbrella"—that can be filled by many programme designs and normative models.

6. Constructing the Cultural Idea of Universalism in Social Protection: Consensus by Attenuation

The global spread of institutional models of universal social protection is predicated on a consensus on the cultural idea of universalism in social protection. How has the idea or norm of universalism been constructed to meet with acceptance by very heterogeneous countries?

Considering that the idea of universalism may be foreign to the elites or the ordinary citizens in some countries, international organizations seek to loosen the claims of universalism. In this section, three discursive strategies by which international organizations ease the claims of universalism are identified: phrasing the idea of universalism in abstract or vague terms; offering a broad choice of institutional models of universalism and allowing for national adaptation; and weakening the content of the norm that is to be spread worldwide, the right to social security.

6.1. Phrasing the Idea of Universalism in Abstract Terms

The principle of universalism is mostly worded in very general terms, in the UN human rights framework and in the calls by international organizations. This applies to the vague definition of standards (see Section 6.3 below) as well as to the diverse units of reference of universalism (described in Section 5 above). All this makes it easier for actors with different backgrounds to accept universalism and advance particularistic interpretations.

6.2. Offering Choice and Adaptation of Global Models

I have shown that international organizations, including international non-governmental organizations (INGOs), and donors propose a range of models. This is likely to raise the applicability of global models of social protection to particular national conditions, leaving choices to the states. In this way, international organizations handle the tension between propagating global "best practices" (e.g., Rio Group, 2006) on the one hand, and holding up the flag of "country ownership" (e.g., World Bank, 2008, p. 382) and discrediting notions of "one size fits all" (e.g., ILO, 2010, p. 21) on the other hand. All main calls by international organizations explicitly emphasize that the states are to choose and adapt the global models, based on an acknowledgement of diverse national conditions:

> There are many paths towards universal social protection. Both the ILO and the World Bank fully recognize: national ownership of development processes towards universalism. (ILO & World Bank, 2015, p. 2; similarly USP2030, n.d.)

> There is no universal approach to expanding social security coverage. (ILO, 2003; similarly UN, 2002)

> National ownership: Develop social protection strategies and policies based on national priorities and circumstances. (USP2030, 2019; similarly UN, 2002, article 8)

A frequent choice encouraged by sectional governmental and non-governmental international organizations is programme universalism, especially by way of "universal" social pensions and "universal" child benefit, depicted as a step towards systemic universalism. Even within the main types of models—programme universalism, systemic universalism, benefit universalism, protection universalism—there is much variation and choice. For example, categorical systemic universalism can be constructed in many ways, depending on the selection and construction of the categories, their differential treatment, and combinations with non-categorical elements.

The acceptance and applicability of global models is also facilitated by the construction of what I call "meta models." In the case of basic social protection, the universalistic idea of social cash transfers for the poor could only become consensual among international organizations, because during the formative years of the idea of social cash transfers (the 2000s) four particularistic submodels were constructed that reflect domains of international organizations, while the general idea of cash transfers remained an empty meta model (Leisering, 2019a, Chapter 4). In this way, different policy actors could advocate for different interpretations of the core ideas. The multi-pillar model of the World Bank (1994) can also be seen as a meta model, in the field of old-age security.

6.3. Weakening the Content of the Right to Social Security

Three avenues of weakening the right to social security can be identified among international organizations: temporalization; vague or absent benefit standards; and recognizing collective interpretations of social rights.

The first avenue of weakening the right to social security, temporalisation of universalism, means allowing for a gradual extension of social protection coverage rather than requiring countries to cover all citizens in one go.

This "progressive universalism" (UHC2030, 2019) is modelled on the principle of "progressive realization" laid down in the UN human rights framework as acceptable state behaviour (ICESCR, article *2*(1); UN, 1966), taken up, e.g., in the ILO's Social Protection Floors (ILO, 2012, Section I, 3). Temporalisation makes the idea of universalism more acceptable, because it is less demanding policy-wise and because it allows for diverse strategies of moving closer to universalism, including decidedly particularistic strategies according to the interests and ideas that prevail in domestic politics. Above all, selected social groups can be prioritized and positively discriminated (see Section 5).

Temporalisation is found in all major calls for universalism: "encourage countries to extend social security to more of their citizens" (ILO, 2003; similarly UN, 2002, para. 52(c)). The Sustainable Development Goals (Goal 1.3; UN, 2015) specify an interim goal: "By 2030, [to] achieve substantial coverage of the poor and the vulnerable." Temporalisation may also be offered as a choice: as a "choice of countries to aim for gradual and progressive realization or immediate universal coverage" (ILO & World Bank, 2015, p. 2). Temporalisation may also refer to countries as targeted by international organizations: "increase the number of countries that provide universal social protection" (USP2030, n.d.). Instead of extending coverage, temporalisation may also refer to gradually reaching higher standards (of health services; UN, 2002, article 14).

The second avenue refers to leaving benefit standards vague or even doing without standards. Obviously, this makes universalism easier to swallow for the states. In documents on universalism and inclusiveness, international organizations tend to focus on coverage, but remain silent or vague when it comes to the level of benefits or even benefit standards. Remarkably, even minimum standards of social protection play a marginal role in global discourses. Even the UN human rights framework lacks minimum standards in social security (Davy, 2015). In the ICESCR, the benefit level is vaguely defined—article 11 posits an "adequate" standard of living—and article 9, the shortest in the Covenant, has no standard at all, even though the article encapsulates the human rights core of universal social protection, the right of everyone to social security (UN, 1966). The specification of article 9 was left to the ILO (Davy, 2013, p. S22) and to the states. Similarly, ILO Recommendation 202 on Social Protection Floors delegates benefit standards to the states (ILO, 2012). USP2030 (n.d.) calls for "adequate" cash transfers. In the health sector, the ICESCR (article 12) proclaims "the highest attainable standard," but more specific documents name malleable standards like "safe, quality services and products" (UHC2030, 2019), "essential health services," and "primary health care" (WHO, 2019).

The third avenue of weakening the right to social security is giving weight to developmental universalism and access universalism (emphasizing social infrastructure), which reflect collective interpretations of social rights, as analysed in Sections 4 and 5. Highlighting collective strategies of universalism while attributing a residual role to welfare entitlements, may be applauded by some states in the quest for economic progress.

7. Pitfalls

I argue that that the new global consensus on universalism in social protection is liable to pitfalls when turned into policies. Three pitfalls can be distinguished: malleability; residualism; and, closely linked, inequality.

The malleability of the idea of universalism, while enabling the global acceptance of the idea, allows for particularistic interpretations and realizations to be presented under the flag of universalism. The idea of universalism creates an open space in which activists can lobby for the interests of particular groups. Concern of minority groups may eclipse the needs of majority groups. For example, progressive universalism can lead to prioritizations based on sectional attributions of deservingness and powerful lobby groups.

On residualism: Universalistic programmes tend to have indefinite or low benefits, in practice as well as in the policy conceptions of international organizations. The German sociologist Georg Simmel (1908/1965) argued that benefits that accrue to everybody, without stipulating any specific quality or achievement of a person, tend to be low. This may apply to universal benefits. Universalistic social policy, therefore, risks to become residual.

This is closely linked to the issue of inequality. Korpi and Palme (1998) identify a "paradox of redistribution": policies that concentrate their efforts on the poor, are less successful in fighting poverty and inequality. This finding is often taken as an argument against means-tested benefits (social assistance, social cash transfers), but according to Korpi and Palme the paradox of redistribution also applies to universal programmes (here defined as non-means-tested and flat-rate). Universal programmes leave a "space of inequality" (Leisering & Marschallek, 2010) above basic social protection—a space which the middle classes fill by taking up more generous private and occupational welfare. As a consequence, the middle classes are likely to lose interest in public welfare and diminish their political support; the fiscal space of government will narrow, and the universal programmes will deteriorate:

> The solidarity of flat-rate universalism presumes a historically peculiar class structure, one in which the vast majority of the population are the "little people" for whom a modest, albeit egalitarian, benefit may be considered adequate. Where this no longer obtains, as occurs with growing working-class prosperity and the rise of the new middle classes, flat-rate universalism inadvertently promotes dualism because the better-off turn to private insurance and to fringe-benefit bargaining…the result is that the won-

> derfully egalitarian spirit of universalism turns into a dualism similar to that of the social-assistance state: the poor rely on the state, and the remainder on the market. (Esping-Andersen, 1990, p. 25)

Generally speaking, universalism is basically an egalitarian notion, but universalistic policies are prone to create social divisions, in several ways. Categorical universalism, which is more common than non-categorical universalism, creates fragmentation and inequalities between social groups. Temporalization of the right to social protection (progressive universalism) excludes certain groups. And the residualist tendency of universalism entails a dualistic structure of stratification, as described by Esping-Andersen in the above quote. According to Korpi and Palme (1998), a multi-tiered ("encompassing") model of social protection (realizing systemic universalism) is more successful in fighting poverty and inequality than universalistic programmes. But substantial inequality would remain. Fighting poverty has been at the centre of global development politics since the Millennium Development Goals of 2000, but in the 2010s, the even bigger challenge of increasing inequality has come to the fore. The idea and practice of universalism is of little avail in reducing inequality beyond alleviating poverty.

8. Conclusion: A New Global Consensus and Its Limitations

Universalism seems to be a clearly defined and consensual principle, but on closer examination it turns out that this global norm is subject to diverse and changing interpretations, and that achieving consensus is demanding. The recent calls for universalism in social security by international organizations represent a new, individualistic interpretation of this norm (what I call entitlement universalism), which qualifies collectivist, developmental interpretations that had prevailed well into the 1990s. The new universalism is part of a paradigm shift in global social policy and in development policy. The global consensus on the new universalism could only be achieved because international organizations have left room for diverse interpretations and institutional models: by allowing for less demanding varieties of universalism like provision universalism, access universalism, and programme universalism, and through discursive strategies that attenuate the right to social security.

The malleability of universalism as a world-cultural norm contributes to the unity of world society, by mediating the tension between a unified world culture and the socio-cultural heterogeneity of the world. In political terms, the malleability of the new norm enables coalitions between dissimilar actors, as between the World Bank, the ILO and others under the USP2030. The political utility of open or even vague concepts has been observed by writers for some time (e.g., Luhmann, 1970).

However, the price of consensus is the attenuation of the norm, by allowing particularistic interpretations and by weakening the content of the right to social protection. Moreover, universalism is liable to pitfalls, including the risk of residual universalism and new social divisions, leaving the vast social inequalities in the global South unattended. Furthermore, global migration flows are undermining the territorial state and the status of national citizenship as units of reference for the universalization of social human rights. The increasing fluidity of global labour in an age of digitalization and cyberspace, with new forms like platform work, may also require new ways of providing security "to all people wherever and however they work" (Packard et al., 2019, a World Bank publication). New elements of world culture will be needed to frame such changes.

Acknowledgments

The article stems from the research project FLOOR-B at Bielefeld University, Germany, part of the wider interdisciplinary research project FLOOR, funded by the German Research Council (*Deutsche Forschungsgemeinschaft*), and with principal investigator Lutz Leisering (www.floorcash.org). I am indebted to the research team for scholarly exchanges and support. First ideas for the article were presented on 19 December 2018 at the Institute of Sociology, University of Duisburg-Essen, Germany. I also thank the anonymous reviewers, the editors, and Timotheus Brunotte for significant comments which helped to improve the article.

Conflict of Interests

The author declares no conflict of interests.

References

Barnett, M., & Finnemore, M. (2004). *Rules for the world. International organizations in global politics*. London and Ithaca, NY: Cornell University Press.

Barrientos, A., & Hulme, D. (2008). Embedding social protection in the developing World. In A. Barrientos & D. Hulme (Eds.), *Social protection for the poor and poorest* (pp. 315–330). Basingstoke: Palgrave Macmillan.

Berten, J., & Leisering, L. (2017). Social policy by numbers. How international organisations construct global policy proposals. *International Journal of Social Welfare*, *26*(2), 151–167.

Böger, T., & Leisering, L. (2020). A new pathway to universalism? Explaining the spread of "social" pensions in the global South, 1967–2011. *Journal of International Relations and Development*. https://doi.org/10.1057/s41268-018-0152-2

Davy, U. (2013). Social citizenship going international: Changes in the reading of UN-sponsored economic and social rights. *International Journal of Social Welfare*, *22*(S1), S15–S31.

Davy, U. (2014). How human rights shape social citizenship: On citizenship and the understanding of

economic and social rights. *Washington University Global Studies Law Review*, *13*, 201–393.

Davy, U. (2015). Der "Universalismus" der Allgemeinen Erklärung der Menschenrechte: Die Arbeit am Konsens, 1946–1948 [The "universalism" of the Universal Declaration of Human Rights: Working on consensus]. In B. Heintz & B. Leisering (Eds.), *Menschenrechte in der Weltgesellschaft* (pp. 198–235) [Human rights in world society]. New York, NY: Campus.

Deacon, B. (2007). *Global social policy and governance*. London: Sage.

Deacon, B., Hulse, M., & Stubbs, P. (1997). *Global social policy: International organizations and the future of welfare*. London: Sage.

Drèze, J., & Sen, A. K. (1991). Public action for social security. In E. Ahmad, J. Drèze, J. Hills, & A. K. Sen (Eds.), *Social security in developing countries* (pp. 3–40). Oxford: Clarendon Press.

ECOSOC. (2008). *General Comment No. 19: The right to social security (art. 9)*. New York, NY: UN Committee on Economic, Social and Cultural Rights.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity Press.

Federal Ministry for Economic Cooperation and Development. (2019). *A systems perspective on universal social protection. Towards life-long equitable access to comprehensive social protection for all*. Bonn: BMZ.

Gentilini, U., Grosh, M., Rigolini, J., & Yemtsov, R. (Eds.). (2020). *Exploring universal basic income: A guide to navigating concepts, evidence, and practices*. Washington, DC: World Bank.

Gough, I. (2019). Universal basic services: A theoretical and moral framework. *The Political Quarterly*, *90*(3), 534–542.

Hall, P. (1993). Policy paradigms, social learning, and the state: The case of economic policymaking in Britain, *Comparative Politics*, *25*(3), 275–296.

Hulme, D. (2015). *Global poverty: Global governance and poor people in the post-2015 era* (2nd ed.). New York, NY: Routledge.

International Labour Organization. (2001). *Social security: A new consensus*. Geneva: ILO.

International Labour Organization. (2003). Global campaign on social security and coverage for all. *International Labour Organization*. Retrieved from http://www.ilo.org/public/english/protection/socsec/pol/campagne/index.htm

International Labour Organization. (2010). *Extending social security to all: A guide through challenges and options*. Geneva: ILO.

International Labour Organization. (2012). *Social Protection Floors Recommendation (R202)*. Geneva: ILO.

International Labour Organization, & World Bank. (2015). *A shared mission for universal social protection: Concept note*. Geneva: ILO and World Bank. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/genericdocument/wcms_378996.pdf

Kaufmann, F.-X. (2012). *European foundations of the welfare state*. New York, NY: Berghahn Publishers.

Kildal, N., & Kuhnle, S. (2005). The principle of universalism: Tracing a key idea in the Scandinavian welfare model. In N. Kildal & S. Kuhnle (Eds.), *Normative foundations of the welfare state: The Nordic experience* (pp. 13–33). London: Routledge.

Koehler, G. (2015). Seven decades of "development," and now what? *Journal of International Development*, *27*(6), 733–751.

Korpi, W., & Palme, J. (1998). The paradox of redistribution and strategies of equality: Welfare state institutions, inequality and poverty in the Western countries. *American Sociological Review*, *63*(5), 661–687.

Krücken, G., & Drori, G. S. (Eds.). (2009). *World society: The writings of John W. Meyer*. Oxford: Oxford University Press.

Leisering, L. (2019a). *The global rise of social cash transfers: How states and international organizations constructed a new instrument for combating poverty*. Oxford: Oxford University Press.

Leisering, L. (2019b). Social cash transfers in the global South: Individualizing poverty policies. In B. Greve (Ed.), *Routledge international handbook of poverty* (pp. 317–327). London: Routledge.

Leisering, L., & Marschallek, C. (2010). Zwischen Wohlfahrtsstaat und Wohlfahrtsmarkt: Alterssicherung und soziale Ungleichheit [Between welfare state and welfare market: Old-age security and social inequality]. In H. G. Hockerts & W. Süß (Eds.), *Soziale Ungleichheit im Sozialstaat: Die Bundesrepublik Deutschland und Großbritannien im Vergleich* [Social inequality in the welfare state: The Federal Republic of Germany and Great Britain compared] (pp. 89–115). München: Oldenbourg.

Leisering, L., Liu, T., & ten Brink, T. (2017). Synthesizing disparate ideas: How a Chinese model of social assistance was forged. *Global Social Policy*, *17*(3), 307–327.

Luhmann, N. (1970). Wahrheit und Ideologie [Truth and ideology]. In L. Luhmann, *Soziologische Aufklärung* [Sociological enlightenment] (pp. 54–65). Opladen: Westdeutscher Verlag.

Meyer, J. W. (2007). Globalization: Theory and trends. *International Journal of Comparative Sociology*, *48*(4), 261–273.

Orenstein, M. A. (2008). *Privatizing pensions: The transnational campaign for social security reform*. Princeton, NJ: Princeton University Press.

Packard, T., Gentilini, U., Grosh, M., O'Keefe, P., Palacios, R., Robalino, D., & Santos, I. (2019). *Protecting all: Risk sharing for a diverse and diversifying world of work*. Washington, DC: World Bank.

Parsons, T., & Shils, E. A. (2001). *Toward a general theory of action*. New Brunswick, NJ: Transaction Publishers.

Rio Group. (2006). *Compendium of best practices in poverty measurement*. Rio de Janeiro: United Nations.

Rutkowski, M., & Ortiz, I. (2016). *Universal social protection to achieve the SDGs: Launch of the new global partnership for universal social protection to achieve the Sustainable Development Goals*. New York, NY: UN, World Bank Group and ILO. Retrieved from https://www.social-protection.org/gimi/gess/RessourcePDF.action?id=54051

Schubert, B. (2018). *Quantitative assessment of the social assistance system in the Kingdom of Eswatini*. Mbabane: UNICEF.

Shriwise, A., Kentikelenis, A., & Stuckler, D. (in press). Universal social protection: Is it just talk? *Sociology of Development*.

Simmel, G. (1965). The poor. *Social Problems*, *13*(2), 118–140. (Original work published in German in 1908)

Strang, D., & Chang, P. M. Y. (1993). The International Labour Organization and the welfare state: Institutional effects on national welfare spending, 1960–80. *International Organization*, *47*(2), 235–262.

Strang, D., & Meyer, J. W. (1993). Institutional conditions for diffusion. *Theory and Society*, *22*(4), 487–511.

UHC2030. (2019). Moving together to build a healthier world. Key asks from the UHC movement. UN high-level meeting on universal health coverage. *UHC2030*. Retrieved from https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UN_HLM/UHC_Key_Asks_final.pdf

UN. (1948). *Universal Declaration of Human Rights*. New York, NY: United Nations.

UN. (1966). *International Covenant on Economic, Social, and Cultural Rights*. New York, NY: United Nations.

UN. (2002). *Political Declaration and Madrid International Plan of Action on Ageing*. Madrid: United Nations.

UN. (2012). *Global health and foreign policy*. (UN General Assembly Resolution A/Res/67/81, 12 December 2012). New York, NY: United Nations.

UN. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. New York, NY: United Nations.

UN. (2017). *Global health and foreign policy: Addressing the health of the most vulnerable for an inclusive society*. (UN General Assembly Resolution A/RES/72/139, 12). New York, NY: United Nations.

UN. (2018). *Promoting inclusion through social protection. Report on the world social situation 2018*. New York, NY: United Nations.

UNESCO. (1982). *Major programme II: 'Education for all*.' Paris: UNESCO. Retrieved from http://unesdoc.unesco.org/images/0005/000539/053978E.pdf

United Nations Sustainable Development Group. (2003). *The human rights based approach to development cooperation—Towards a common understanding among UN agencies.* New York, NY: UNDG. Retrieved from https://undg.org/wp-content/uploads/2017/01/The_Human_Rights_Based_Approach_to_Development_Cooperation_Towards_a_Common_Understanding_among_UN.pdf

USP2030. (n.d.). Universal social protection 2030: Vision. *USP2030*. Retrieved from https://www.usp2030.org/gimi/USP2030.action

USP2030. (2019). Together to achieve universal social protection by 2030: A call to action. *USP2030*. Retrieved from https://www.usp2030.org/gimi/RessourcePDF.action?id=55464

Usui, C. (1994). Welfare state development in a world system context: Event history analysis of first social insurance legislation among 60 countries, 1880–1960. In T. Janoski & A. M. Hicks (Eds.), *The comparative political economy of the welfare state* (pp. 254–277). Cambridge: Cambridge University Press.

von Gliszczynski, M. (2015). *Cash transfers and basic social protection: Towards a development revolution?* Basingstoke: Palgrave Macmillan.

von Gliszczynski, M. (2017). Social protection and basic income in global policy. *Global Social Policy*, *17*(1), 98–100.

von Gliszczynski, M., & Leisering, L. (2016). Constructing new global models of social security: How international organizations defined the field of social cash transfers in the 2000s. *Journal of Social Policy*, *45*(2), 325–343.

World Health Organization. (1979). *Formulating strategies for health for all by the year 2000*. Geneva: WHO.

World Health Organization. (2017). *UHC2030 International Health Partnership. Global compact for progress towards universal health coverage*. Geneva: WHO. Retrieved from https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_Official_documents/UHC2030_Global_Compact_WEB.pdf

World Health Organization. (2019). UN high-level meeting on universal health coverage. *World Health Organization*. https://www.who.int/news-room/events/detail/2019/09/23/default-calendar/un-high-level-meeting-on-universal-health-coverage

World Bank. (1990). *World Development Report 1990: Poverty*. New York, NY: Oxford University Press.

World Bank. (1994). *Averting the old age crisis: Policies to protect the old and promote growth*. New York, NY: Oxford University Press.

World Bank. (2008). *For protection and promotion. The design and implementation of effective safety nets*. Washington, DC: World Bank.

World Bank. (2012). *Resilience, equity and opportunity: Social protection and labor strategy*. Washington, DC: World Bank.

World Bank. (2018). *The state of social safety nets 2018*. Washington, DC: World Bank.

About the Author

Lutz Leisering is Emeritus Professor of Social Policy at the Department of Sociology, Bielefeld University, Germany, and founding member of the Institute for World Society Studies. He holds a PhD (econ.) from the London School of Economics and has published on social policy in Europe and the global South, especially on old-age security, social assistance, international organizations, and the global diffusion of ideas; his most recent book is *The Global Rise of Social Cash Transfers* (2019, OUP). He is a Board member of HelpAge Germany.

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 103–113
DOI: 10.17645/si.v8i1.2509

Article

The Welfare State as Universal Social Security: A Global Analysis

Kerem Gabriel Öktem

Faculty of Sociology, Bielefeld University, 33615 Bielefeld, Germany; E-Mail: kerem.oektem@uni-bielefeld.de

Submitted: 30 September 2019 | Accepted: 10 February 2020 | Published: 18 March 2020

Abstract
Over the past decades, the geography of comparative welfare state research has transformed. Whereas scholars used to focus on a limited number of advanced industrialised democracies, they now increasingly study developments in Europe's periphery, East Asia, and Latin America. So, does this mean that the welfare state has spread around the world? To answer this question, we analyse different ways to measure welfare states and map their results. With the help of International Labour Organization and International Monetary Fund data, we explore measurements based on social expenditures, social rights, and social security legislations and show that each of them faces serious limitations in a global analysis of welfare states. For some measurements, we simply lack global data. For others, we risk misclassifying the extent and quality of some social protection systems. Finally, we present a measurement that is grounded in the idea that the welfare state is essentially about universalism. Relying on a conceptualisation of the welfare state as collective responsibility for the well-being of the entire population, we use universal social security as a yardstick. We measure this conceptualization through health and pension coverage and show that a growing number of countries have become welfare states by this definition. Yet, it is possible that at least some of these cases offer only basic levels of protection, we caution.

Keywords
social protection; social rights; universal social security; universalism; welfare effort; welfare state

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction

Over the past decades, the "geography of comparative welfare state research" (Hort, 2005) has transformed. In previous decades, scholars used to focus only on "eighteen to twenty rich capitalist countries" in the OECD area (Esping-Andersen, 1994, p. 713). Scholars assumed that the very concept of the welfare state could "hardly be stretched" (Esping-Andersen, 1994, p. 713) beyond these countries. Nowadays, research increasingly takes into account developments in Europe's periphery, East Asia, and Latin America (Haggard & Kaufman, 2008; Huber & Stephens, 2012; Wood & Gough, 2006)—even if they still tend to shy away from comparing old and new cases. Collectively, these cases have been labelled "emerging" welfare states (Huber & Niedzwiecki, 2015). So, does this mean that the welfare state—which is widely perceived as a "European invention" (Gough & Therborn, 2010)—has spread around the world?

In this article, we aim to answer this question. This is trickier than it might appear. The question "when is a state a welfare state" (Esping-Andersen, 1990, p. 18) is rarely explicitly answered in principle, let alone measured in practice. Furthermore, the "dependent variable problem" (Green-Pedersen, 2007) debate has shown that the welfare state is very much a contested concept that encapsulates diverse understandings. This naturally leads to conflicting findings, particularly when it comes to the issue of welfare state change.

In this article, we analyse different ways to conceptualise and measure welfare states and map their results. We explore how different understandings are related to different approaches to measure welfare states. We show that these approaches, based on social expenditures, social rights, and social security legislations, all face serious limitations when applied in a global analyses of welfare states. In some cases, we simply lack data on a global level. In others, we risk misclassifying social

protection systems. As an alternative, we present a different conceptualisation based on the principle of universalism. Surveying various welfare state definitions, we argue that the hallmark of the welfare state is the assumption of "collective responsibility for the well-being of the entire population" (Kaufmann, 2013, p. 35). We interpret universalism in a minimalist way as requiring universal social security, i.e., the provision of social security to the whole population. This, in turn, is measured through coverage indicators which have long been employed in welfare state research (Flora & Alber, 1981). This focus on universal social security as a yardstick for welfare stateness resonates well with the recent global emphasis on "leaving no one behind" in the Sustainable Development Goals (International Labour Organization [ILO], 2017).

Our results show how a growing number of countries, including a number of middle-income countries, have defied fears of a "race to the bottom" triggered by globalisation (Rudra, 2008) and universalised social security. However, we caution that the increasing global attention on universal coverage since the 2000s has facilitated the creation of minimal welfare states. These states provide universal coverage for key social risks, but provide protection only on a basic level. This means that these states follow a model of "residual universalism" (Leisering, 2019, p. 358). In such systems, public benefits essentially cater to the poor, while the better-off prefer private benefits. As a result, these systems do not ameliorate but produce new inequalities (Esping-Andersen, 1990, p. 25), which makes their status as universal systems questionable. In case such systems proliferate, using our measurement to map welfare states around the world would become questionable. Instead, more demanding concepts of universalism that take into account benefit levels, as well as the design of the social security system (Leisering, 2019; Martinez Franzoni & Sánchez-Ancochea, 2016), would have to be employed.

For the analysis, the article mainly draws on data from the ILO and the International Monetary Fund (IMF). ILO data obtained from the ILOSTAT database and from flagship reports is used to analyse social security legislation, social rights, and social security coverage (ILO, 2010, 2017, 2019). IMF data from the Government Finance Statistics (GFS) database is used to analyse social expenditures (IMF, 2019). We complement this data with information from "Social Security Programs Throughout the World," which is gathered by the Social Security Administration and the International Social Security Association, and with country-specific sources (Social Security Administration, 2019).

The article is structured as follows. We start with a discussion of three different welfare state conceptualisations. In the third section, we explore global measurements of welfare states based on these conceptualisations. In the fourth section, we present an alternative conceptualisation of the welfare state based on universal social security. We develop an operationalisation and measurement based on this conceptualisation to map welfare states around the world. In the concluding section, we discuss the strengths and weaknesses of the different measurements and discuss the implications of our findings.

2. Contrasting Conceptualisations of the Welfare State

2.1. The Welfare State as an Ensemble of Policies

One simple but also popular conceptualisation of the welfare state understands it as a sum of all social policy. For instance, Clasen and Siegel (2007, p. 6) conceptualise the welfare state as "all mechanisms which provide social protection against and redistribution of market mechanisms and outcomes." This approach is straightforward and sees the welfare state as an ensemble of policies. The welfare state refers to "sectors of state activity" and is "something that a state has" (Wincott, 2001, p. 413). This conceptualisation is only weakly related to the spread of the notion and the degree of universalism, as the specific content of social policies is left undefined.

In terms of operationalisation and measurement, this understanding of the welfare state corresponds to the measurement of whether countries have adapted certain social security programmes. In this tradition, researchers simply check whether countries have statutory programmes in key branches of social security. These branches are: old age, work injury, unemployment, and sickness (some add family allowances). A welfare state is said to be consolidated when legislation in two (Hort & Kuhnle, 2000; Pierson, 2004) or three (Hicks, 1999, p. 67) of these branches exist. The ILO (2017) classifies social security systems with a similar measurement. Here, maternity, disability, and survivors insurances are added to the list and countries are classified as having systems with a "comprehensive scope," if programmes in all eight branches exist (ILO, 2017).

This approach faces at least two problems. First, it links the welfare state closely to an ILO model of social security. This model focuses on state provision of cash benefits for clearly delimitated social risks. These risks are related to the normal life course in post-agrarian societies. "Social policy by other means" (Seelkopf & Starke, 2019), i.e., unconventional policy instruments that serve as functional equivalents of conventional welfare state policies, does not feature at all. Hence, countries with elaborate, but unconventional social security systems might not score high. Researchers argue that there is an affinity between low state capacity, high informality, and unconventional social policy (Seelkopf & Starke, 2019). Therefore, they likely play a bigger role in the Global South—although they are also found in the Global North. To provide just one example, India's Public Distribution System, which provides subsidised food, has been described as the "centerpiece of India's social protection system" (Bhattacharya, Falcao, & Puri, 2017).

Second, the approach assumes that having legislation is in itself meaningful. In a global analysis this makes

limited sense. In the Global South, legislation is frequently not properly implemented and its reach is limited. Yet, with this approach, states that provide social security only on paper might still be perceived as welfare states. For instance, Vietnam and Uzbekistan appear to have legislations in all branches of social security, but few would describe them as welfare states. Hence, in a global analysis, focusing only on the presence of social legislation is problematic.

2.2. The Welfare State as Welfare Effort

Arguably the most widely employed concept to measure the welfare state is "welfare effort" (Wilensky, 1975). This refers to the amount of expenditures that a state devotes to social functions, such as health or pensions. The most common operationalisation of welfare effort is public social expenditure as a share of national income, which was the leading indicator in the early era of comparative research (Zöllner, 1963). In this tradition, countries that devote significant shares of their national income to social transfers are—albeit often only implicitly—defined as welfare states (Rudra, 2008, p. 23). Yet, in the literature there is no clear threshold in terms of an amount of social expenditure beyond which countries would be classified as welfare states.

An alternative conceptualisation based on social expenditure has been put forward by Therborn (1984, pp. 31–35). His definition boils down to the idea that welfare states are states that devote more than half of all government expenditures to social policy. In this conceptualisation, the welfare state refers to a "distinct ontology or form of the state" (Wincott, 2001, p. 413). Underlying this conceptualisation is the belief that the priorities of the state are reflected in its budget. A state that spends most of its money on welfare policies is therefore by definition a welfare state. While Therborn's (1984) definition is intriguing, it has not been widely employed by researchers. Furthermore, it has been criticised for its counterintuitive empirical results (Castles, 2006; Esping-Andersen, 1990, p. 20).

Social spending data is "easily available in published sources" (Korpi, 1989, p. 310). Yet, it rarely reflects underlying welfare state conceptualisations. Wilensky (1975, pp. 1–2), for instance, defined the "essence of the welfare state" as "government-protected minimum standards of income, nutrition, health, housing, and education, assured to every citizen as a political right." He justified focusing on welfare effort by stating that it "comes closest to capturing the idea of the welfare state" (Wilensky, 1975, pp. 1–2). The mismatch between conceptualisation and measurement is obvious. It is impossible to understand whether "government-protected minimum standards" are "assured to every citizen as a political right" based on expenditure data (Wilensky, 1975, pp. 1–2). Unsurprisingly, critics argued that "expenditure levels have only indirect bearing on…the core of the modern welfare state" (Korpi, 1989, p. 310) and that they are "epiphenomenal to the theoretical substance of welfare states" (Esping-Andersen, 1990, p. 19). Similarly, spending levels are not directly related to universalism. The amount of overall spending simply does not specify whether the whole population benefits from the social security systems.

In a global comparison of welfare effort, two further issues have to be noted. First, expenditures are partly determined by socio-demographic factors. For instance, the proportion of the aged in a country is closely correlated with social spending. The higher the proportion of the elderly, the higher social expenditures are. Hence, countries with a relatively young population would rarely post high welfare effort even if they provide generous social protection. Accordingly, the analysis would be potentially biased against countries at early stages of the demographic transition. While this issue could be tackled through the control of socio-demographic factors, a second problem is more difficult to overcome. Social spending datasets usually measure gross expenditures. Thus, the way tax systems affect social spending is often disregarded (Adema & Fron, 2019), making it difficult to compare countries.

2.3. The Welfare State as Social Rights of Citizenship

Building on T. H. Marshall's notions of social rights and social citizenship, some scholars developed measurements that would better reflect their underlying welfare state conceptualisation (Stephens, 2010). For them, the welfare state was "a state-organized, institutionalised system of social guarantees" (Esping-Andersen, 1994, p. 714). They developed new indicators to capture the "extent and quality of the social rights that constitute social citizenship" (Korpi, 1989, p. 310). These indicators were collected in the Social Citizenship Indicator Programme (SCIP), a database that "focused on citizens' rights and duties legislated in programmes to alleviate economic needs characterising the human condition" (Korpi & Palme, 2008, p. 2). The "reference point" for these indicators was "a worker in manufacturing or the metal industry," who has been in continuous employment for the past years (Korpi & Palme, 2008, p. 4).

In the Marshallian conceptualisation of the welfare state, universality played a key role. The very term social citizenship entails a universalist dimension, in that it is assumed that citizenship applies to all citizens of a country. Furthermore, Marshall (1950, p. 47) speaks of a "universal right to real income." Measurements based on this approach contained universality as one dimension, capturing it through coverage indicators (Esping-Andersen, 1990, p. 70; Korpi, 1989, p. 315). Yet, universality was not conceived as a pre-condition of welfare states in these social rights-based measurements.

Social rights data was popularised by Esping-Andersen's Decommodification Index (DI). He understood social rights "in terms of their capacity for 'de-commodification"' (Esping-Andersen, 1990, p. 3).

Therefore, the index aimed to capture the decommodification of labour, "the degree to which individuals, or families, can uphold a socially acceptable standard of living independently of market" (Esping-Andersen, 1990, p. 37). This was operationalised in three distinct dimensions—access to benefits, income replacement, and the range of entitlements—and measured for three programmes—unemployment insurance, sick pay, and old-age pensions. While the index was devised to measure decommodification—and also Scruggs' Benefit Generosity Index (BGI) that was modelled after the DI (Scruggs & Allan, 2006)—it has been widely used as a proxy for the welfare state.

Both social rights indexes have been computed for classic welfare states. However, it remains unclear how valid a global application of these indexes would be. The concept of decommodification presupposes that a prior commodification of labour has taken place. This means that employment mainly occurs in formal labour markets, which is not necessarily the case in the Global South. In many southern countries, large sections of the labour force remain involved in subsistence agriculture. Thus, wage labour exists alongside other means of livelihood (Böger & Öktem, 2019; Rudra, 2008; Wood & Gough, 2006). Moreover, the indexes measure three social insurance programmes as it was believed that these "form a key part of modern welfare states and of what Thomas H. Marshall termed social citizenship" (Korpi & Palme, 2008, p. 2). Other policy areas, such as healthcare, are not captured (Bambra, 2005). This is curious, as Marshall (1950) himself saw health as crucial for social citizenship. Finally, due to the focus on cash benefits provided primarily through certain social insurance programmes, the indexes would likely overlook "functional equivalents" (Bonoli, 2007) of conventional programmes. For instance, in the realm of unemployment, severance pay and employment-guarantee schemes are two functional equivalents that would not be captured by social rights indexes. Countries that employ these policies would thus be underestimated by such indexes. There is reason to believe that such functional equivalents are more prevalent in the Global South. Comparative research reports an "inverse relation between income level of a country and severance pay generosity" (Holzmann, Pouget, Vodopivec, & Weber, 2011, p. 21). Employment-guarantee schemes, which link public works with cash benefits, are found in some crucial southern countries such as India and Ethiopia (ILO, 2017). Perhaps this is one reason why social rights indexes have not been generated beyond a limited number of countries in the Global North.

3. Mapping Welfare States around the World

3.1. Measuring Welfare States through Social Security Legislation

Measuring welfare states through the existence of social security legislation is a simple but effective way to grasp how the welfare state has spread around the world. Today, "even the poorest Third World nation has some form of social policy" (Esping-Andersen, 1994, p. 713). Therefore, legislation can be expected to be a dimension that can be employed in a global analysis of welfare states. The ILO provides in-depth data on whether statutory legislation exists in eight branches of social security. The higher the number of branches with legislation, the more comprehensive a country's social security system is. Previous research has set two or three legislations in the key four or five branches as a threshold for "welfare state consolidation" (Hicks, 1999; Hort & Kuhnle, 2000; Pierson, 2004).

Our results for 181 countries and territories (see Supplementary File) show that social security legislation has truly spread throughout the world. 148 countries have legislation that provides cash benefits against more than half of the eight social risks. The countries with less comprehensive legislation are mainly found in sub-Saharan Africa. Only a handful of countries do not have at least two programmes in the classic four branches (old age, unemployment, sickness, and work injury). By the standards of previous research, most countries in the world are consolidated welfare states, and 70 countries even have programmes in all eight branches, thus being classified as "comprehensive" social security systems by the ILO (2017). Overall, the "world has seen social protection systems develop at an impressive pace" (ILO, 2017, p. 4)—and this development continues at full speed (Grünewald & Seelkopf, 2016). Still, the results also suggest that simply measuring whether a statutory nationwide programme exists is insufficient to differentiate between welfare states and non-welfare states.

3.2. Measuring Welfare States through Public Social Expenditure

On a global level, data on public social expenditure remains surprisingly fragmentary. The most widely used cross-national databases feature high income countries, therefore excluding the majority of countries. The ILO's Cost of Social Security series, which had a global approach and served as the basis for pioneering comparative studies (Wilensky, 1975; Zöllner, 1963), ceased to be updated in the 1990s. While the ILO's World Social Protection Reports contain data on social expenditure, they only compile data from other sources, such as Eurostat, which puts doubt on the coherence of the data.

Currently, the IMF's GFS is the best available data for a global analysis of social expenditure. GFS contains spending data based on classification of government functions. To gauge welfare effort researchers have combined social protection and health data. Yet, we also report education and housing data, as these categories are sometimes also perceived as part of the welfare state (Therborn, 1984). GFS provides data for different levels of government, such as central, local, or general government. So far, research has focused on central govern-

ment expenditures (Grünewald & Seelkopf, 2016, p. 120; Rudra, 2008, p. 27). However, social policy is not always the responsibility of the central government. In many states, social policy is partly left to the local government level. Hence, central government expenditures are weakly correlated to general government expenditures. To quote just one example, based on budgetary central government data, China spent 0.25% on social protection and health in 2016—the corresponding general government figure is 10%. This shows that central government data is not necessarily a good proxy for overall welfare effort of a state. Therefore, we use general government data for our analysis. Unfortunately, data for general government expenditures is limited to around 60 countries. In order to broaden the reach of our analysis, we also report results for countries with relatively high spending on lower levels of government. In this way, we are able to include 74 countries and territories in the analysis. Unfortunately, most of these countries are either OECD or post-communist countries and thus the global reach of the analysis remains limited.

The data (see Supplementary File) shows that most countries post a relatively high welfare effort: 49 of 65 cases have social expenditures in excess of 10% of GDP. Moreover, if we include housing and education, 57 of 74 countries spend more than half of their budget on social expenditures. In that sense, they fulfil Therborn's (1984) definition of a welfare state. Denmark even devotes 73% of its budget to social policy. These high levels of welfare effort are mainly due to the large number of OECD, EU, and post-communist countries, which have historically high social spending. For instance, average social spending is 21.9% in OECD countries, while it is only 10.3% in non-OECD countries. The lowest welfare effort is observed in Myanmar, which spends only 2% of GDP on social protection and health. Among the countries from the Global South, Mauritius, China, and Egypt stand out with relatively high social spending and a high share of social spending. Additionally, Argentina, Brazil, Chile, Costa Rica, and the Marshall Islands, for which we have only partial data, also post high social spending and likely to devote more than half of their budget to social policy. Despite limited data, we can thus conclude that at least some countries in the Global South gradually approach OECD standards of welfare effort.

3.3. Measuring Welfare States through Social Rights

Comparative researchers appear to have reached a "silent agreement" that welfare states are best captured through social rights (Kühner, 2015), even if concerns about "convergent validity" have been voiced (Bolukbasi & Öktem, 2018; Wenzelburger, Zohlnhöfer, & Wolf, 2013). Accordingly, social rights indexes have been widely used as proxies for the welfare state. The two popular social rights datasets, the SCIP and the Comparative Welfare Entitlements Dataset (CWED), however, focus on the Global North. Recent geographical expansions notwithstanding, the datasets still include only around 30 (mostly European) countries. Due to the lack of data, the leading social rights indexes, Esping-Andersen's DI (which is based on SCIP) and Scruggs' BGI (which is based on CWED), cannot be computed on a global level. Still, the mathematical structure of the indexes makes it possible to estimate—with limited data—potential maximum scores that countries can achieve. These scores should not be seen as an assessment of the quality of the respective social protection system, however. Rather, they indicate the likelihood that the respective country has developed a social security system which is roughly comparable to those of classic welfare states. Moreover, the scores give an indication of which countries certainly lack such a social security system.

Although it is possible to compute potential maximum levels for both indexes, we focus here on the DI, because it has a simpler structure than the BGI. The DI is the sum of three sub-indexes for unemployment insurance, sick pay, and old-age pensions. For unemployment insurance and for sick pay, replacement rates, waiting days, the qualification period, and benefit duration are measured; for old-age pensions the minimum and standard replacement rates, the share of employee contributions in pension funding, and the qualification period are measured. These indicators are standardised in a peculiar manner. A country is assigned a score of 2 if it posts a value within one standard deviation (SD) of the indicator's mean. It is assigned a score of 3 if it posts a value greater than one SD above the mean. It is assigned a score of 1 if it posts a value lower than one SD below the mean. Replacement rates are given double weight as they are assumed to be more important. To compute sub-index scores, the values for each indicator are summed up and multiplied by the coverage level of the programme.

The maximum score for the full DI is 48. This score is achieved if coverage is universal in all programmes and all scores for the remaining indicator are more than one SD above the mean. The DI scores crucially depend on coverage, as the sum of all indicators in a branch is multiplied by coverage to signify the "probability that any given person will possess the right" to benefit (Esping-Andersen, 1990, p. 49). With information on whether a country has legislation in the respective branch of social security and an estimate of programme coverage, one can significantly narrow the range of values that the index can take. Assuming that programmes exist in all three branches, the maximum score is three times the minimum score. For instance, assuming that legislation in all three branches exists, a country with full coverage in all three branches would range between 16 and 48. If legislation only exists for old-age pensions, but not for unemployment insurance and sick pay, as in many African countries, a country could reach at best a score of 16.

Data on whether statutory programmes exist and on pension coverage can be retrieved from the ILO. However, for unemployment and sick pay coverage data

is not easily available. Looking at SCIP data (for the Global North) for the number of people insured in different programmes, we find that the data for pensions, unemployment, and sickness do not vary randomly. Rather, in the overwhelming number of cases, the number of people insured for pension (active coverage) is either equal to or exceeds the number of people insured against unemployment and sickness. In light of this fact, we can assume that unemployment and sick pay coverage will rarely be higher than pension coverage. In this sense, we can use the pension coverage data to estimate the potential maximum level that unemployment and sick pay coverage might take. To provide an example, ILO data indicates that 41% of the labour force contributes to pensions in Algeria (ILO, 2017). Yet, we do not know what share of the labour force is insured against unemployment and sickness. Now, to estimate potential maximum decommodification levels, we assume that unemployment and sick pay coverage is, at best, 41%. Assuming that the respective country achieves the highest possible scores on the remaining indicators, we arrive at an estimate for the potential maximum level that a country could score. As explained above, this does not signify real DI scores.

Based on these considerations, we construct potential DI scores for 165 countries and territories (see Supplementary File). Unsurprisingly, nearly the whole Global North posts high scores, with the United States being the welfare laggard among the northern countries. Interestingly, a number of post-communist countries, such as Kazakhstan, Mongolia, and Russia stand out as having potentially high decommodification. Additionally, China, Taiwan, and Hong Kong also post high values. Within Latin America, Uruguay, Chile, and Argentina score well. In sub-Saharan Africa, South Africa has by far the highest score. Whether these countries really provide high levels of social rights remains open, however. If, for instance, replacement rates in these countries are low, or unemployment and sick pay coverage are far below pension coverage, DI scores would be markedly below our estimates for potential decommodification.

Around 70 countries have low potential DI scores. These countries are mostly from sub-Saharan Africa, South and Southeast Asia. Moreover, some Middle Eastern countries, such as Saudi Arabia or Oman, also score low. Interestingly, two countries that have been listed among the "most advanced welfare states in the Global South" (Huber & Niedzwiecki, 2015, p. 796), South Korea and Costa Rica, feature unimpressive scores. Similarly, Mauritius, which has been applauded for its universal social protection system (Sandbrook, Edelman, Heller, & Teichman, 2007) is also not performing too well. If real DI scores were to be computed for these countries, it is likely that they would be significantly below our expectations. These examples point to the problem that the DI is modelled after a certain type of social security system. This makes it arguably ill-suited to assess countries where functional equivalents of conventional welfare state policies prevail.

4. The Welfare State as Universal Social Security

In this section, we develop a simple measurement that is devised to capture whether a country has become a welfare state (Öktem, 2016). The measurement is grounded in the assumption that a key characteristic of the welfare state is universalism. Universalism is a crucial concept in welfare state research, but one which is also very much contested. Yet, there is "a reasonable degree of unanimity" that at minimum, it requires that the entire population must be included by social policy and have access to benefits (Anttonen & Sipilä, 2012, p. 37). In other words: There must be universal social security. This, we argue, is the lowest common denominator of most of those conceptualisations that perceive the welfare state to be something a state is—and not what it does (Wincott, 2001, p. 413).

As we have seen, there are various welfare state conceptualisations. However, most of them have a common feature. They share the assumption that in order to qualify as a welfare state, a country has to ensure universal social protection of its population. Let us take Wilensky's (1975) definition as an example. In his view, the "essence of the welfare state is government-protected minimum standards assured to every citizen as a political right, not as charity" (Wilensky, 1975, p. 1). Providing these "minimum standards" to every citizen essentially means ensuring universal social protection. Taking this definition seriously, a state has to guarantee these "minimum standards" to be a welfare state.

This emphasis on guaranteeing a 'minimum' is also found in the British welfare state tradition (Veit-Wilson, 2000). Other approaches go beyond a minimum. Esping-Andersen, for instance, focuses on adequacy. As we have seen, universality is an important component of his DI because of the coverage indicators. He defines the welfare state in more general terms as "a state-organised, institutionalised system of social guarantees that, unconditionally, assures adequate living standards to all citizens" (Esping-Andersen, 1994, p. 714). These "social guarantees" are essentially rights-based social security policies that, again, have to apply to "all citizens," i.e., universal social security.

An alternative way to conceptualise the welfare state has concentrated on redistribution. The best-known example is Briggs' (1961, p. 228) definition that focuses on how politics modifies "the play of market forces." Yet, key components of Briggs' (1961) definition are social security ("narrowing the extent of insecurity") and universalism ("all citizens without distinction of status or class"). Here, universal social security is a means by which the state ensures redistribution.

Whereas these conceptualisations focus on specific outcomes, others remain more abstract. Kaufmann (2013, p. 35), for instance, argues that "the specific difference that defines welfare state developments," as opposed to social policy developments in general, is the assumption of "collective responsibility for the well-being

of the entire population mediated by political action." This "collective responsibility" has to be expressed not just in "normative orientations" (Leisering, 2003), but also in social policy. While in Kaufmann's understanding the precise policies would depend on the national context, social security policies would, in any case, be part of the policy mix. Given that the focus is on the inclusion of the "entire population," this approach thus also requires universal social security.

These diverse understandings of the welfare state all agree that a state has to ensure universal social security to be a welfare state. Hence, universalism, in its "minimalist definition" (Martinez Franzoni & Sánchez-Ancochea, 2016, pp. 28–30), can be described as a key characteristic of welfare states—it is "the idea or principle that makes a state a welfare state" (Anttonen, Häikiö, & Stefánsson, 2012, p. 191). It seems that whatever else one expects from the welfare state—be it redistribution (Briggs, 1961), institutionalisation of social protection (Alber, 1989, p. 30), or full employment (Mishra, 1984, p. xi)—one also expects that a welfare state assumes responsibility for the social protection of the entire population. In light of this finding, I conceptualise the welfare state as a state, whose citizens are all protected by the formal social security system.

This conceptualisation excludes informal or traditional social security arrangements, i.e., family or community-based social protection mechanisms. These mechanisms, such as rotating savings and credit association, traditionally play an important role across the Global South (Ahmad, 1991; Wood & Gough, 2006). Yet, insofar as they are neither state-provided nor regulated by the state, they should be seen as alternatives to the welfare state. At the same time, the conceptualisation does not determine through which particular policies the population is protected. This aspect is important for a global analysis because it allows for the inclusion of unconventional welfare states that defy a policy model. Still, it concentrates on the social security system as the defining area of the welfare state. Furthermore, the definition does not assume state-provided welfare, but leaves open the possibility that the state achieves universal social protection by means of regulation. In this sense, it includes "regulatory" in addition to "provider" welfare states (Leisering, 2011; Levi-Faur, 2014).

Although our approach sees universalism at the heart of the welfare state, it is important to note that it does not presuppose "programme universalism" (Leisering, 2019, p. 399). This term refers to the idea that in each branch of social security, the population is covered by a single programme and thus has access to similar services and benefits. Instead, countries with "systemic universalism," which provide different programmes for different parts of the population in each branch of social security, are also included in this conceptualisation (Leisering, 2019, p. 405). Systemic universalism is found, for instance, in continental European Bismarckian pension systems. In these countries, different occupational groups have separate programmes, yet (nearly) the whole population is covered. Hence, what matters is that collectively programmes cover the whole population.

So, how can we capture whether states ensure universal social security, i.e., operationalise the definition? Welfare state research has classically focused on four areas of social security that correspond to four social risks: old age, sickness, unemployment, and work injury. Yet, one can make a case for excluding the latter two in a global measurement of welfare states. Protection against work injuries has not received much attention from comparative researchers. Even when included in measurements of the welfare state, it was given less weight than other branches of social security (Flora & Alber, 1981, p. 54). Measuring protection against unemployment is difficult due to the prevalence of functional equivalents of unemployment insurance, which are hard to measure consistently. Furthermore, as a social risk, unemployment appears to be less pressing in some societies than in others. For instance, in communist countries the existence of a "right" and "obligation to work" meant that policymakers did not see any need to introduce unemployment insurance (Kaufmann, 2013). Old age and sickness, on the other hand, could be more aptly described as universal social risks. They are part of the human condition and not simply the by-product of a particular economic system. Moreover, they are by far the most important branches of social security in terms of expenditure. Therefore, we operationalise universal social security as universal protection against old age and sickness.

Hence, we understand the welfare state as a state, which ensures universal protection against old age and sickness. We measure universal protection against sickness through health coverage. Here, we mainly rely on data from the ILO, which measures legal health coverage through the number of "affiliated members of health insurance" in the case of insurance-based systems and the number of people "having free access to health care services provided by the State" in the case of national health systems (ILO, 2017, p. 375). Admittedly, legal coverage is not a perfect measure for understanding whether people have effective access to health services. It only captures "entitlement universalism," not "receipt universalism" (Leisering, 2019). Yet, so far, we lack a better measurement on the global level. For protection against old-age, we measure "old-age effective coverage" (ILO, 2017, p. 361). We rely on data from the ILO and other sources that estimate the proportion of people above the legal retirement age that receives old age pensions. This approach offers two advantages over the traditional way of measuring pension coverage through the number of active contributors (Flora & Alber, 1981). First, for various reasons, in many countries legal entitlement is not sufficient for claiming benefits. Second, in many countries a sizeable share of the elderly receives non-contributory pensions (Böger, 2013). In these countries, counting the number of active contributors to a pension system would underestimate coverage.

For measuring whether countries are welfare states, we combine health coverage and pension coverage with a logical conjunction. Therefore, the universality of social security is defined by the lower of the two scores. This reflects the assumption that both health and pensions are equally necessary components of the concept of social security. Health reflects the care dimension, whereas pension reflects the cash dimension of social security. A universal programme in one branch cannot make up for a lack of universality in the other. Social security is a package, which at its minimum contains protection against the two most universal social risks, illness and old age. For universal social security, people have to be covered in both dimensions.

Our measurement of the welfare state as universal social security includes 160 countries and territories (see Supplementary File). Our results show that 39 cases have coverage levels of at least 90% and can thus be reasonably described as welfare states. These countries also post high social expenditures, spending on average 20.6% of their GDP on social protection and health. Most of these countries are EU or OECD members or post-communist countries. The exceptions are Mauritius, South Africa, and China. Another 26 "proto-welfare states" (Wood & Gough, 2006) cover at least two thirds of the population. These include five Latin American and a number of post-communist countries. Furthermore, Greece and the United States are also in this group. On average, these countries spend 14.2% of their GDP on social policy.

From our data, 22 countries cover between one and two thirds of the population. For these countries it remains unclear whether they can be perceived as welfare states. This is a heterogeneous group, with several cases from the Middle East. 33 countries cover less than one third, and another 40 countries cover less than 10%. By our definition, these would be non-welfare states. This group includes many cases from Africa and South Asia. Furthermore, for another 28 countries we lack data in one dimension. 13 of these cases score low on the remaining dimension, so they can also be described as non-welfare states. Overall, the results reveal that the core idea behind the welfare state—universal social security—has spread beyond Europe, albeit to a limited degree. Interestingly, there is a decent correlation between universal social security and social spending ($r = 0.61$).

5. Conclusion

In this article, we explored whether the welfare state—a European invention—has spread around the world. For this purpose, we analysed three popular understandings of the welfare state and their associated measurements. These measurements based on social legislation, social expenditures, and on social rights of citizenship revealed shortcomings that make them ill-suited for a global analysis of welfare states. Mapping welfare states through social security legislation is prone to overestimate social security in countries where legislation is not effectively implemented. At the same time, it is prone to miss out on unconventional welfare states that rely on social policy by other means. Mapping welfare states through expenditures is difficult on a global level due to data limitations. Furthermore, welfare effort is linked not just to the quality of social protection, but also to the socio-demographic profile of the country, making global comparisons demanding. Mapping welfare states through social citizenship is also difficult due to data limitations. Even if data were available on a global level, however, the results would not necessarily be a good proxy for the welfare state because of the close link to a particular policy model. Functional equivalents of conventional policies would be overlooked.

As an alternative, we proposed to conceptualise the welfare state through universalism, which we interpreted as universal social security. This is the lowest common denominator of influential welfare state definitions. We operationalised this concept as universal protection against old age and sickness and measured it through health and pension coverage. This proved to be a simple but effective way to undertake a global analysis of welfare states. It revealed that an increasing number of countries have universalised social security, i.e., have become welfare states. This overall conclusion is supported by the results of the three more common measurements of the welfare state, even if the scores for single countries vary.

While fruitful, our approach also has shortcomings. First, the measurement does not take into account social policy by other means. However, given that it only captures two very basic branches of social security, the problem should be less severe than for some other measurements, such as the DI. Second, since the 2000s, the global social policy discourse focused on the fact that a minority received generous social protection while the majority remained excluded. In response, international organisations pushed for "extending social security to the excluded" (Leisering, 2009). In some cases, this meant universal coverage on a low level. In healthcare, some countries such as China built virtually universal health insurances, which cover only part of the treatment expenses. In pensions, social pensions with benefit levels too low to lift recipients out of poverty have spread (Böger, 2013). Such systems may provide universal coverage, but they hardly offer social security. These systems are good examples of "residual universalism" (Leisering, 2019). Although universal in terms of coverage, these systems essentially focus on the poor and offer low quality benefits and services. As a result, such systems facilitate the expansion of market-based options for the middle classes. This, in turn, would lead to the rise of new inequalities between those who have to rely on public programmes and those covered by private services. While "residual universalism" clearly constitutes an improvement over having no social security, it does not really correspond to a universalistic understanding of the welfare

state. If more countries adopt such minimal but universal systems, our measurement of the welfare state would no longer work. In this case, one would need to select a more demanding conceptualisation among the varieties of universalism proposed in the literature. This could entail taking into account benefit levels, benefit distribution, the institutional design of social policies, and the overall architecture of social security systems (Anttonen et al., 2012; Brady & Bostic, 2015, p. 274; Jacques & Noël, 2018, pp. 74–75; Korpi & Palme, 1998; Leisering, 2019, pp. 357–369; Martinez Franzoni & Sánchez-Ancochea, 2016, pp. 5–8).

So, what implications does this global analysis have for comparative welfare state research? Has the welfare spread around the world? Partly, yes. A number of countries beyond the core cases can be understood as welfare states. This is visible in legislation, spending, and coverage. These cases could be compared to the classic welfare states to reveal new insights. In addition to the post-communist countries—which already had complex social security systems, relatively high social expenditures, and fairly universal coverage before transition—countries from the Southern Cone of Latin America, as well as China, stand out. Hence, these countries could be integrated into mainstream research. It would be interesting, for instance, to generate social rights data to explore in how far instruments devised to capture northern welfare states also help us make sense of welfare states in the Global South. Beyond these cases, it would be also worthwhile to directly compare seemingly unconventional welfare states, such as Costa Rica and South Africa, with classic welfare states.

Acknowledgments

The author would like to thank Lutz Leisering, Tolga Bolukbasi, and Tobias Böger for very valuable comments and suggestions on an earlier version of the article.

Conflict of Interests

The author declares no conflict of interests.

Supplementary Material

Supplementary material for this article is available online in the format provided by the authors (unedited).

References

Adema, W., & Fron, P. (2019). *The OECD SOCX manual: 2019 edition*. Paris: OECD. Retrieved from http://www.oecd.org/social/soc/SOCX_Manuel_2019.pdf

Ahmad, E. (Ed.). (1991). *Social security in developing countries*. Oxford: Oxford University Press.

Alber, J. (1989). *Der Sozialstaat in der Bundesrepublik 1950–1983* [The welfare state in West Germany 1950–1983]. Frankfurt am Main: Campus.

Anttonen, A., & Sipilä, J. (2012). Universalism in the British and Scandinavian social policy debates. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 16–41). Cheltenham: Edward Elgar.

Anttonen, A., Häikiö, L., & Stefánsson, K. (2012). The future of the welfare state: Rethinking universalism. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 187–196). Cheltenham: Edward Elgar.

Bambra, C. (2005). Cash versus services: 'Worlds of welfare' and the decommodification of cash benefits and health care services. *Journal of Social Policy*, *34*(2), 195–213.

Bhattacharya, S., Falcao, V. L., & Puri, R. (2017). The public distribution system in India: Policy evolution and program delivery trends. In H. Alderman, U. Gentilini, & R. Yemtsov (Eds.), *The 1.5 billion people question: Food, vouchers, or cash transfers?* (pp. 43–105). Washington, DC: The World Bank.

Böger, T. (2013). *Diffusing social citizenship at the margins? The spread of social pensions in the Global South* (Unpublished Master's dissertation). Bielefeld University, Bielefeld, Germany.

Böger, T., & Öktem, K. G. (2019). Levels or worlds of welfare? Assessing social rights and social stratification in Northern and Southern countries. *Social Policy & Administration*, *53*(1), 63–77.

Bolukbasi, H. T., & Öktem, K. G. (2018). Conceptualizing and operationalizing social rights: Towards higher convergent validity in SCIP and CWED. *Journal of European Social Policy*, *28*(1), 86–100.

Bonoli, G. (2007). Too narrow and too wide at once: The 'welfare state' as a dependent variable in policy analysis. In J. Clasen & N. A. Siegel (Eds.), *Investigating welfare state change: The 'dependent variable problem' in comparative analysis* (pp. 24–39). Cheltenham: Edward Elgar.

Brady, D., & Bostic, A. (2015). Paradoxes of social policy: Welfare transfers, relative poverty, and redistribution preferences. *American Sociological Review*, *80*(2), 268–298.

Briggs, A. (1961). The welfare state in historical perspective. *European Journal of Sociology*, *2*(2), 221–258.

Castles, F. G. (2006). *The growth of the post-war public expenditure state: Long-term trajectories and recent trends* (Working Paper No. 35). Bremen: Collaborative Research Center 597—Transformations of the State.

Clasen, J., & Siegel, N. A. (2007). Comparative welfare state analysis and the 'dependent variable problem.' In J. Clasen & N. A. Siegel (Eds.), *Investigating welfare state change* (pp. 3–12). Cheltenham: Edward Elgar.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity Press.

Esping-Andersen, G. (1994). Welfare states and the economy. In N. J. Smelser & R. Swedberg (Eds.), *Handbook of economic sociology* (pp. 711–732). Princeton, NJ: Russell Sage Foundation.

Flora, P., & Alber, J. (1981). Modernization, democratization, and the development of welfare states in Western Europe. In P. Flora & A. J. Heidenheimer (Eds.), *The development of welfare states in Europe and America* (pp. 37–80). New Brunswick, NJ: Transaction Books.

Gough, I., & Therborn, G. (2010). The global future of welfare states. In F. G. Castles, S. Leibfried, J. Lewis, H. Obinger, & C. Pierson (Eds.), *The Oxford handbook of the welfare state* (pp. 703–720). Oxford: Oxford University Press.

Green-Pedersen, C. (2007). More than data questions and methodological issues: Theoretical conceptualization and the dependent variable 'problem' in the study of welfare reform. In J. Clasen & N. A. Siegel (Eds.), *Investigating welfare state change* (pp. 13–23). Cheltenham: Edward Elgar.

Grünewald, A., & Seelkopf, L. (2016). Auslaufmodell oder Erfolgsgeschichte? Soziale Sicherung in globaler Perspektive [A thing of the past or success story? Social security in global perspective]. *Zeitschrift für Sozialreform*, *62*(2), 111–140.

Haggard, S., & Kaufman, R. R. (2008). *Development, democracy, and welfare states: Latin America, East Asia, and Eastern Europe*. Princeton, NJ: Princeton University Press.

Hicks, A. M. (1999). *Social democracy and welfare capitalism*. Ithaca, NY: Cornell University Press.

Holzmann, R., Pouget, Y., Vodopivec, M., & Weber, M. (2011). *Severance pay programs around the world: History, rationale, status, and reforms* (Discussion Paper No. 5731). Bonn: IZA—Institute of Labor Economics.

Hort, S. E. O. (2005). The geography of comparative welfare state research: A comment. *Global Social Policy*, *5*(1), 14–17.

Hort, S. E. O., & Kuhnle, S. (2000). The coming of East and South-East Asian welfare states. *Journal of European Social Policy*, *10*(2), 162–184.

Huber, E., & Niedzwiecki, S. (2015). Emerging welfare states in Latin America and East Asia. In S. Leibfried, E. Huber, M. Lange, J. D. Levy, F. Nullmeier, & J. D. Stephens (Eds.), *The Oxford handbook of transformations of the state* (pp. 796–812). Oxford: Oxford University Press.

Huber, E., & Stephens, J. D. (2012). *Democracy and the left: Social policy and inequality in Latin America*. Chicago, IL: University of Chicago Press.

International Labour Organization. (2010). *World social security report 2010/11: Providing coverage in times of crisis and beyond*. Geneva: International Labour Organization.

International Labour Organization. (2017). *World social protection report 2017–19*. Geneva: International Labour Organization.

International Labour Organization. (2019). Data. *International Labour Organization*. Retrieved from https://ilostat.ilo.org/data

International Monetary Fund. (2019). Home. *International Monetary Fund*. Retrieved from https://data.imf.org

Jacques, O., & Noël, A. (2018). The case for welfare state universalism, or the lasting relevance of the paradox of redistribution. *Journal of European Social Policy*, *28*(1), 70–85.

Kaufmann, F.-X. (2013). *Variations of the welfare state*. Berlin: Springer.

Korpi, W. (1989). Power, politics, and state autonomy in the development of social citizenship: Social rights during sickness in eighteen OECD countries since 1930. *American Sociological Review*, *54*(3), 309–328.

Korpi, W., & Palme, J. (1998). The paradox of redistribution and strategies of equality: Welfare state institutions, inequality, and poverty in the Western countries. *American Sociological Review*, *63*(5), 661–687.

Korpi, W., & Palme, J. (2008). *The social citizenship indicator program (SCIP): General coding comments*. Stockholm: Swedish Institute for Social Research.

Kühner, S. (2015). What if we waited a little longer? The dependent variable problem within the comparative analysis of the welfare state revisited. *Social Policy Review*, *27*, 199–224.

Leisering, L. (2003). Nation state and welfare state: An intellectual and political history. *Journal of European Social Policy*, *13*(2), 175–185.

Leisering, L. (2009). Extending social security to the excluded. *Global Social Policy*, *9*(2), 246–272.

Leisering, L. (2011). Transformations of the state: Comparing the new regulatory state to the post-war provider state. In L. Leisering (Ed.), *The new regulatory state* (pp. 254–274). London: Palgrave Macmillan.

Leisering, L. (2019). *The global rise of social cash transfers*. Oxford: Oxford University Press.

Levi-Faur, D. (2014). The welfare state: A regulatory perspective. *Public Administration*, *92*(3), 599–614.

Marshall, T. H. (1950). *Citizenship and social class and other essays*. Cambridge: Cambridge University Press.

Martinez Franzoni, J., & Sánchez-Ancochea, D. (2016). *The quest for universal social policy in the South*. Cambridge: Cambridge University Press.

Mishra, R. (1984). *The welfare state in crisis: Social thought and social change*. New York, NY: St. Martin's Press.

Öktem, K. G. (2016). *Pathways to universal social security in lower income countries: Explaining the emergence of welfare states in the developing world* (Unpublished Doctoral dissertation). Bilkent University, Ankara, Turkey.

Pierson, C. (2004). 'Late industrializers' and the development of the welfare state. In P. T. Mkandawire (Ed.), *Social policy in a development context* (pp. 215–245). London: Palgrave Macmillan.

Rudra, N. (2008). *Globalization and the race to the bottom in developing countries: Who really gets hurt?* Cambridge: Cambridge University Press.

Sandbrook, R., Edelman, M., Heller, P., & Teichman, J. (2007). *Social democracy in the global periphery*. Cambridge: Cambridge University Press.

Scruggs, L., & Allan, J. (2006). Welfare-state decommodification in 18 OECD countries: A replication and revision. *Journal of European Social Policy*, *16*(1), 55–72.

Seelkopf, L., & Starke, P. (2019). Social policy by other means: Theorizing unconventional forms of welfare production. *Journal of Comparative Policy Analysis*, *21*(3), 219–234.

Social Security Administration. (2019). Social security programs throughout the world. *Social Security Administration*. Retrieved from https://www.ssa.gov/policy/docs/progdesc/ssptw

Stephens, J. D. (2010). The social rights of citizenship. In F. G. Castles, S. Leibfried, J. Lewis, H. Obinger, & C. Pierson (Eds.), *The Oxford handbook of the welfare state* (pp. 511–525). Oxford: Oxford University Press.

Therborn, G. (1984). Classes and states welfare state developments, 1881–1981. *Studies in Political Economy*, *14*(1), 7–41.

Veit-Wilson, J. (2000). States of welfare: A conceptual challenge. *Social Policy & Administration*, *34*(1), 1–25.

Wenzelburger, G., Zohlnhöfer, R., & Wolf, F. (2013). Implications of dataset choice in comparative welfare state research. *Journal of European Public Policy*, *20*(9), 1229–1250.

Wilensky, H. L. (1975). *The welfare state and equality*. Berkeley, CA: University of California Press.

Wincott, D. (2001). Reassessing the social foundations of welfare (state) regimes. *New Political Economy*, *6*(3), 409–425.

Wood, G. D., & Gough, I. (2006). A comparative welfare regime approach to global social policy. *World Development*, *34*(10), 1696–1712.

Zöllner, D. (1963). *Öffentliche Sozialleistungen und wirtschaftliche Entwicklung: Ein zeitlicher und internationaler Vergleich* [Public social benefits and economic development: A temporal and international comparison]. Berlin: Duncker & Humblot.

About the Author

Kerem Gabriel Öktem is a Post-Doctoral Researcher at the Faculty of Sociology of Bielefeld University. He received his PhD from the Department of Political Science at Bilkent University in 2016 for his dissertation on the emergence of welfare states in the Global South. His research focuses on how to conceptualise, measure, and compare social policy in the Global South and the Global North.

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 114–123
DOI: 10.17645/si.v8i1.2511

Article

Universalism in Welfare Policy: The Swedish Case beyond 1990

Paula Blomqvist * and Joakim Palme

Department of Government, Uppsala University, 751 20 Uppsala, Sweden; E-Mails: paula.blomqvist@statsvet.uu.se (P.B.), joakim.palme@statsvet.uu.se (J.P.)

* Corresponding author

Submitted: 30 September 2019 | Accepted: 2 January 2020 | Published: 18 March 2020

Abstract
Despite its broad usage, universalism as a concept is not always clearly defined. In this article, a multidimensional definition of universalism in social policy is developed, based on four policy characteristics: inclusion, financing, provision, and the adequacy of benefits. In the empirical part of the article, the feasibility of this definition is tested by an analysis of recent changes in the Swedish welfare state, which is typically described as universal but has undergone substantive reforms since 1990. Four social policy areas are examined: pensions, social insurance, health care, and family policy. The results indicate that Swedish welfare policies retain their universalistic character in some dimensions but have become less universalistic in others. This demonstrates that a multidimensional approach is best suited to capture in full the nature and implications of welfare state reform.

Keywords
family policy; health care; pensions; social insurance; social protection; Sweden; universalist welfare; welfare state reform

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction

Universalism has long been a central concept in social policy research, both as a goal and a characterization of policy instruments. It is typically used to describe social policies that include the whole population in a country, rather than just a targeted group, or which create separate programs for different groups. Universalism has been seen as a value both because it implies a higher level of social equity than selective or stratifying policies and because it has been shown to create a broader basis of popular support for public welfare programs. Controversies regarding universalism typically concern questions about distribution of benefits, and also the functioning and sustainability of welfare states (Beland, Marchildon, & Prince, 2019; Kildal & Kuhnle, 2005; Thompson & Hoggett, 1996). Not infrequently, such discussions are confused by the ambiguity and fuzziness of the concept of universalism itself, which leaves it open to differing interpretations (Anttonen & Sipilä, 2014). In addition, interpretations of universality have often differed between policy sectors. In this article it is argued that it is fruitful to formulate criteria for universal social policies that speak to both of the two main types of social benefits: cash-benefits and benefits in-kind, i.e., social insurance and assimilated schemes, on the one hand, and social services, on the other hand. Drawing on previous research on the nature of universalism in social insurance as well as social services, a comprehensive definition of universalism is presented that combines four analytical dimensions: inclusion, financing, provision, and benefits. According to this definition, a fully universalist social program should (1) formally include all citizens on the same conditions, (2) be financed through public means only, (3) be managed by one actor only so that benefits are uniform, and (4) offer social benefits that are generous and of high quality, thereby making them relevant to all groups in society, including the better-off. While this definition is inspired by the Nordic experience with its extensive, publicly funded and admin-

istrated welfare systems, universalism should be understood as an ideal type concept, rather than an empirical generalization. Using the construction of ideal type, that is, a pure ideal, makes it possible to describe and analyse the concept in more depth while at the same time acknowledging that full universalism is virtually impossible to obtain even if embraced as a policy goal.

The empirical part of the article treats the case of Sweden, which has often been pointed to as a prime example of a universalistic welfare state, but where reforms and retrenchment in the last decades have led to questioning whether this characteristic prevails (Berg, 2004; Clayton & Pontusson, 1998; Lindbom, 2001). Drawing on a multidimensional definition of universalism, changes in the Swedish welfare state after 1990 are assessed in order to answer the question of whether, or to what extent, the system can still be described as universalistic. Four policy areas are examined: pensions, social insurance, family policy, and health care. The findings in the article show that the changes that have taken place have weakened the universalist character of the system, particularly with regard to the fashion in which the benefits are provided and the adequacy of the benefits. The analysis of the Swedish case demonstrates the usefulness of a comprehensive, multidimensional definition of universalism as this provides for more nuanced discussion of the effects of social reforms and their implications for social equity.

2. The concept of Universalism

Universalism has been broadly understood as the principle through which social protection and services are offered to all citizens as a matter of social right, rather than through means-testing or systems that are segmented by, for example, occupation or income levels (Esping-Andersen, 1990; Titmuss, 1976). This definition does not capture important differences between social programs with regard to their administration or adequacy in meeting social needs. When the principle of universalism was first promoted as a policy value in postwar Britain through the so-called Beveridge plan in the 1940s, universal social benefits were typically suggested to be uniform, or the same for all individuals (Baldwin, 1992). Later, most countries extended benefits in universal social programs to incorporate shifting needs and benefit levels as well as principles of income protection (Anttonen, Häikiö, & Stefánsson, 2012, Chapter 1; Esping-Andersen, 1990). Furthermore, it appears that a more multi-dimensional interpretation of the concept is needed in order to understand the recent developments in many national welfare systems in the past decades, which have concerned not only formal rights to social benefits but also the manner in which they are provided (Albrekt Larsen & Goul Andersen, 2015). In particular, reforms aimed at market-orienting systems of service provision have led to new forms of governance and a higher share of private service providers in sectors such as health, education, and social care (Bode, 2006; Gilbert, 2002; Kamerman & Kahn, 2014). The new welfare mix of public and private elements that has developed as a result often challenges standard conceptions of what constitutes "public" or "universal" social programs and makes it hard to assess the implications for values such as social equity (Klenk & Pavolini, 2015; le Grand & Bartlett, 1993). A broader conceptualization of universality, which also includes characteristics such as service delivery and the administration of social programs, makes it possible to address the implications of such reforms as well. Another problem with most previous definitions of universalism is that they refer either to social protection systems (Korpi & Palme, 1998), or to specific policy sectors in welfare services, such as health care or elder care (see, for instance, Carey, Crammond, & de Leeuw, 2015; Szebehely & Meagher, 2018). In the following, insights from prior research on universalism in both social insurance and social services are drawn upon in order to develop a fuller and more comprehensive definition of the concept.

With regard to social insurance programs, three fundamental questions can be posed in order to determine their character and degree of universalism (cf. Korpi & Palme, 1998). First, are programs open to all or means-tested? Second, are programs segmented, with different insurance providers, or administered within the same (public) system for all? Third, are benefits paid at a flat rate or earnings-related? The third question may seem surprising, not least because many countries combine basic flat-rate and earnings-related provisions in, for instance, their pension system. Furthermore, as noted above, early definitions of universalism tended to describe benefits as flat rate, or uniform. Others have argued, however, that systems which only provide basic insurance benefits in practice invite private insurance to provide complementing income protection for the better-off, thereby undermining the universalist character of the system (Esping-Andersen, 1990; Korpi & Palme, 1998). For this reason, it can be argued that it is important that social insurance systems have adequate earnings-related benefits in order to preserve universalism in the sense of the system being used by all income groups, not just those with relatively low incomes. This "adequacy logic," which was identified already by Titmuss (1955), is also applicable to the social services, where public services of poor quality, or which are too restricted in scope to cover the needs of the majority of the population, may pave the way for complementary private markets. From this it follows that a universal program is one that is not means-tested, is administered by the state as a unitary system rather than by separate organizations, includes benefit levels that are adequate enough and involve some degree of earnings-relatedness to prevent the development of complementary private markets for insurance against income loss.

In the case of social services, universalism has been discussed foremost in relation to financing (who pays)

and access (who gets to use the services), but also the manner in which the services are provided and by whom. In contrast to benefits paid in cash, in-kind services tend to vary in terms of content and quality depending on how and by whom they are provided. This means that, while the discussion about income replacement versus flat-rate benefits is less relevant in the service context, questions about the nature of the services and actors who deliver them are central. Distinctions in this regard are typically made between public, private for-profit, and private non-profit ownership. Another difference between cash benefits and social services is that the latter is often provided on the basis of assessed need for the particular service in kind, even if there is a general entitlement formulated in legal statutes. Here "need" then refers not to economic need, but need for the service in question, such as a specific medical treatment or care service.

It is usually argued that the most universalistic way of financing social services is general income taxation, as this implies that the financing is solidaristic (shared by all members in society on the basis of their financial ability), and that social risks, such as illness or injury, are pooled within the population as a whole, rather than smaller groups (Rothstein, 1998). Discussions about universalism in funding in the social services also include the size and construction of user fees, where such fees have been seen as a threat to universalism if they are so high that they prevent low income groups from using the services. On the other hand, reduced fees for such groups have not usually been seen as a breach with the universalist principle but rather as "targeting within universalism" (Skocpol, 1991).

When it comes to providing social services to users, it has been suggested that a fully universalistic form of provision exists when it is organized by public authorities to ensure that they have the same content for all (Anttonen, 2002; Anttonen et al., 2012). If service providers are private organizations or firms, particularly if subjected to competition, incentives for various forms of user selection, or picking the most "attractive" users, have often been highlighted as a problem. Private service providers, for example within primary education or health care, have also been known to discriminate among users in other ways, such as through specific "profiles", or through geographical location (Isaksson, Blomqvist, & Winblad, 2016; le Grand & Bartlett, 1993). Finally, previous research on universalism in the social services has also discussed patterns of service usage. Anttonen has argued that a social program can be regarded as universalistic only if it is not just open to but *used* by the great majority of the population when in need (Anttonen, 2002, p. 77). This implies that in order to be universalistic, a public social service program must be regarded as relevant by all groups in society, including those who can afford to purchase services on the market. This line of reasoning can be seen as a parallel to Korpi and Palme's argument about the need for universalistic social benefits to be perceived as "adequate" even by those with higher incomes. In the area of social services, questions regarding adequacy are often related to service quality and accessibility.

Combining insights on the nature of universalism in previous research on social insurance and welfare services, a general definition of universalism is proposed that comprises four dimensions:

- Inclusion, referring to who is formally included in social programs and whether they are open to all citizens on the same conditions;
- Financing, referring to whether social programs are financed by public or private means;
- Provision, referring to who is providing services or administering insurance systems and whether these actors are public, market-based, or voluntary/non-profit;
- Benefits, referring to whether social benefits are seen as adequate by all groups in society or if some groups choose to complement benefits with private solutions.

The multi-dimensional approach to universalism presented above suggests that universalism should not be understood as an "either/or" trait. Given the complexity of the concept, it seems apparent that a social program can be more or less universalistic or be universalistic with regard to some dimensions but not others. In this sense, one can talk of degrees of universalism. Perceiving universalism as constructed through different dimensions and constituting a scale rather than a dichotomy, or other categorical terms, also makes the concept more suited to assess changes in social programs over time.

3. Universalism and the Swedish Model

The contemporary Swedish welfare system is largely a post war construct, guided by principles of universalism and solidarity and with an overriding aim of promoting social equity. In the social protection programs, basic benefits were combined with earnings-related provisions and included families with children, the working aged, and the elderly. In the social services, programs were organized with the idea to support individuals from the cradle to the grave by entitlements to an increasingly broad range of welfare services, including health care, elder care, and childcare (Hort, 2014). During the 1980s the system came under increased pressure, both from structural changes in the economy, which brought unemployment and growing public deficits, and political criticism (Blomqvist & Rothstein, 2000). The 1990s brought an economic crisis which exerted downward pressure on the social insurances and paved way for a series of reforms inspired by neoliberal ideas in the social services sector. While the appeal of "universal" social rights continues to be strong in Sweden, leading all major political parties to embrace this goal, at least rhetorically, there has been growing uncertainly and disagreement

over what this concept actually entails. In the following, changes in four central welfare areas: pensions, sickness and unemployment insurance, health care, and family policy are reviewed in order to assess their effects with regard to universalism. Together, these areas make up a large part of the Swedish welfare state and include both social protection and social service programs.

4. Pensions

The universalistic trait of the Swedish pension system has a long tradition and dates back to the first reform in 1913 when Sweden became the first country in the world to introduce a pension system for the whole population, including women and non-workers (Edebalk, 1996). In practice, the system was not fully universal since the main expenditures were on the so-called means-tested supplements. It was not until the 1946–1948 reform that means-testing was completely abolished and a system of universal flat-rate pensions, where the entire benefits were paid without means-testing, was established. In 1959, the public pension system was extended to include an earnings-related supplement. This two-tier system gradually expanded over the following decades and in principle came to incorporate the entire working population and provide relatively generous benefit levels, which in effect virtually eliminated private pension savings.

In 1998 a radical reform of the public pension system was introduced, shifting it from a so-called "defined benefit" formula to a "defined contributions" system, where the value of the benefits became linked to the performance of the economy, wage developments, and the longevity of the population (Palme, 2003). The intention behind the reform was to make the system more financially sustainable and to create stronger work incentives. The new Swedish pension system represented a policy shift in the direction of privatization and free choice, as it introduced more room for choice of pension funds, even on the private market, on the part of individual beneficiaries (Hinrichs, 2004). At the same time, the basic values of the previous system, e.g., to combine basic economic security with income protection for all retired citizens within the framework of a mandatory, publicly-controlled system, were preserved. The reformed system is different in the sense that the income-related system has become the first tier and the basic benefit is now a guaranteed level rather than a common component of the benefit package of the retirees. The reform did not reduce access to the system, which is still paid by compulsory contributions and taxes. This implies that the post-1998 system remains highly universalistic with regard to inclusion and financing. In fact, the basic, flat-rate level of pension benefits guaranteed in the 1998 system is slightly higher than in the old system. Moreover, benefits are still paid out by the state even if the size of the benefits may be affected by a slight privatization of risk through the individual choice of premium fund. At the same time, the new system is less predictable to beneficiaries and also calculated to be less generous in terms of replacement rates compared to the previous system. In this sense, the universality in the adequacy of benefits has been reduced.

The fact that benefits are more uncertain and less generous, especially for higher income groups, appears to have led to an increase in private pension savings in Sweden. In the early 2000s, 35% of the working age population had private pension savings, compared with 17% in 1990 (Palmer, 2002; Palme, 2003). This can be said to represent a slight reduction in the universalistic character of the system's financing in so far as the public pension system has become complemented to a higher degree with market solutions. Given that the new system is more mixed in its provision structure and benefits are more dependent on individual choice of fund (and also retirement age), there is a weakening of universalism, also in the dimension of provision.

5. Social Insurance: Sickness Leave and Unemployment Benefits

The history of the major social insurance programs for the working population in Sweden is different from that of the pension system. Both sickness leave and unemployment benefits were organized in the form of a voluntary state-subsidized insurance in the first part of the 20th century. The increased public involvement in the system started with state subsidies being paid to sickness insurance funds in 1910, but it was not until 1934 that public subsidies of the unemployment insurance funds were legislated. Whereas sickness insurance was made both universal and compulsory in 1955, the unemployment insurance system has maintained its voluntary, state-subsidized character, even if a flat-rate benefit for uninsured persons was introduced in 1974. Benefits are earnings-related and standardized in both programs, with a cap for high-income earners. The unemployment insurance funds have remained administered by trade unions in line with the so-called Ghent model.

In 2010, a Centre–Right coalition government appointed a parliamentary social insurance commission to come up with reform proposals for the sickness and unemployment benefits, but no major changes were proposed in the end. This is typical of the developments in these programs over the last decades, as they have been characterized by small, ad hoc, adjustments and austerity measures rather than big reforms. Some of these "minor" changes have, however, had surprisingly large effects. One example is the increase in insured person's contributions for unemployment insurance, introduced in 2007, which led to a drastic drop in coverage. Additionally, "non-decisions" have contributed to a kind of drift (cf. Streeck & Thelen, 2005) of the system: In 2012, a report revealed that there had in fact been a significant reduction in replacement levels over the last decades in both sickness and unemployment insurance. While the Swedish insurance programs used to

be among the most generous in the OECD with regard to both replacement levels and benefit duration, by 2010 the Swedish programs scored average (Palme, Ferrarini, Sjöberg, & Nelson, 2012).

Other changes that have been important for the development of the system in recent years include the introduction of earned income tax credits, which effectively reduced the net replacement rates of social insurance benefits. The benefit duration has also been subject to several restrictions, leading to a less generous system, particularly for those with long-term illness. In the case of the unemployment insurance, the government chose in 2007 to increase individual contributions to the earnings-related part of the system, a choice motivated by the belief that this would penalise excessive wage demands from the unions. The result was a dramatic decline not only in the coverage of the unemployment insurance but also in union density, from 80% to below 70%. However, the individual contributions have gradually been reduced again since 2014, restoring the previous level of universality in its financing structure.

In sum, sickness and unemployment insurance continue to differ as the latter is primarily administered by trade unions, which makes it more pluralistic and less universal in terms of provision. The financing of the unemployment insurance was at least for a period shifted in a less universal direction as the wage earners" contributions increased. The sickness insurance has retained its level of universalism both in terms of inclusion and administration. Concerning the adequacy of benefits, there has been some tightening of qualifying conditions for entitlements in both programs, not least when it comes to the duration of benefits. While benefits are still earnings-related in both cases, the income ceilings have declined significantly. This has led to a tendency towards privatization of sickness insurance, as there has been an increased reliance on collectively bargained, or trade union-provided benefits. While the collectively bargained programs cover 90% of employees in Sweden, they are particularly important for the higher income groups who are increasingly dependent on these programs to be adequately insured. This implies that the sickness insurance has become less universal both with regards to financing, provision and benefit adequacy (cf. Grees, 2015).

6. Family Policy

Swedish family policy has three main parts: cash benefits, parental insurance, and publicly financed childcare provision. Together, this creates what has been described as an earner-carer family model, where all individuals, regardless of gender, can be both income earners and child carers (Morgan, 2012). This policy orientation was strengthened during the 1990s and 2000s as both parental leave and access to childcare services were extended, and several new policy measures introduced to support fathers in their role as carers (Earles, 2011).

The Swedish child cash benefit program entitles all parents to a flat-rate allowance per child until the child turns 16. This is a universal program which includes all parents, regardless of income. The program was first introduced as a payment to all mothers in 1931 and has remained more or less intact since. In 2019, the size of the benefit was about 120 EUR per month. Paid parental leave was introduced in Sweden in 1974, entitling parents to 26 weeks of paid leave at a wage replacement of 90%. It was gradually extended to 15 months in the early 1990s, with 90% wage replacement for the first 12 months, followed by three months with lower flat-rate compensation (according to Eurostat calculations, where paid parental leave corresponds to two-thirds of income replacement, the Swedish parental leave is 18.5 months). Following the economic recession in the mid-1990s, the wage replacement level was lowered to 80%. In the early 2000s, the parental insurance was further extended in that one month of income-replacement was added to it, and at the same time the flat-rate benefits were increased The changes introduced in the parental leave scheme after 1990 have had the effect of making the system more generous, particularly with regard to the time period covered. At the same time, the fact that the ceiling set for income levels for benefit purposes, over which no replacement is provided, has remained more or less fixed while wage levels have increased implies that a higher share of the population will get significantly lower replacement levels than 80%: in this sense, benefit levels have become markedly less adequate.

The public childcare system has been characterized by a gradual expansion after 1990. At the beginning of the decade, 40% of all children aged 16 attended a publicly financed day care service. In 1995, access to childcare became a formal right for all children from the age of 1, forcing local governments to increase the supply of services. Further steps to universalize the system were taken in 2001, when the right to (part-time) care was extended to the children of the unemployed, and in 2002, when the same right was extended to children of parents who were on parental leave with a sibling. In the same year, the government reduced user fees by introducing a maximum fee (*maxtaxa*) and making 525 hours of attendance free of charge for 4- and 5-year-olds (Hiilamo, 2004). In 2017, 84% of all children aged 2 to 5 attended a care institution within the public childcare system (Swedish National Agency of Education, 2018). Quality in the system is generally regarded as high and has been rising further in recent decades due to prolonged university–level education for preschool teachers and the introduction of a national pedagogical curriculum (Sheridan, Williams, Sandberg, & Vurinen, 2011). A significant development in the system in the early 1990s was the introduction of the right of the municipalities to delegate the task of providing childcare services to private organizations in exchange for public funding. Under this system of parental choice, private providers of childcare are subjected to the same regulation and na-

tional curriculum as public providers and are financed on the same conditions with the same user fees. Since then, the share of private care providers within the system has grown steadily to about 25% in 2018. It has been shown that highly educated parents are more inclined to opt for non-public providers but that there are no significant quality differences between these and public providers in terms of staffing levels and staff continuity, and that the educational level of the staff is in fact higher in the public sector than the private (Hanspers & Mörk, 2011; Swedish National Agency of Education, 2018). The partial privatization of the provision of childcare services in Sweden has also led to services becoming more diverse in terms of pedagogical orientation.

With regard to the question of universalism, developments in Swedish family policies have been slightly contradictory after 1990. Along some dimensions of the concept, such as inclusion and financing, their universalist character has been strengthened. Both the parental insurance and the childcare system were extended during this period in ways that made them more, rather than less, inclusive. In childcare services, public subsidies have been markedly increased, while in the parental insurance, replacement levels were slightly reduced. At the same time, the benefit period was extended in parental insurance and the availability of childcare improved markedly. This points to benefit adequacy in the parental insurance system being reduced in some ways (replacement levels in the parental insurance) while improved in others (length of parental leave and more care services offered at a lower cost to parents). As for provision, there was a clear departure from the previous uniform, public model in that the share of private care providers increased significantly. The partial privatization of childcare provision during the period also led to services becoming more differentiated in their orientation, with many preschools today having distinct pedagogical profiles. General quality assessments, together with parent surveys, indicate, however, that the quality of the care is still high and that parents are generally very satisfied with the service (OECD, 2006; Swedish National Agency of Education 2018). The new mixed delivery system in childcare services in Sweden has thus led to a decrease in universality in the provision dimension. Benefit adequacy in this sector still appears high, however, in that the quality of the services are perceived as good by the vast majority of parents and there is no indication of the better-off turning to privately funded market alternatives.

7. Health Care

The Swedish health care system is an NHS-type system financed by income tax that provides entitlement to high quality care services for all citizens, regardless of income or employment. The system that developed in the post-war era had a high level of universalism in that services were largely standardized and provided almost exclusively by public hospitals and primary care centres at the local, or county, level. In the late 1980s, the share of private providers was estimated to be only a few percent, making it, in some estimations, the most publicly dominated system in the world (Blomqvist & Winblad, 2013; Immergut, 1992).

Like other parts of the welfare services, the health care system became subject to increased political criticism during the 1980s, leading to a series of reforms during the 1990s and 2000s, foremost in relation to the provision of health services. Argued by right-wing critics in particular to be characterized by low efficiency, inflexibility, and lack of sensitivity to patient demands, the system was gradually opened up to competition from private care providers, albeit within the framework of continued public funding and administration (Blomqvist, 2004; Blomqvist & Winblad, 2013). During the 2010s, the policy orientation towards privatization of provision continued, particularly in the primary care sector after the so-called Primary Care Choice Reform in 2009. In this sector over 40% of all patient visits were made to private care providers in 2018 (Blomqvist & Winblad, in press). However, since there has been less interest from the regional health authorities to advance privatization of provision in the hospital sector (such as through outsourcing or selling hospitals), the total share of private provision within the system has remained relatively low. In 2018, only six out of the country's 70 hospitals were privately owned (OECD & European Observatory on Health Systems and Policies, 2019). Due to the single-payer organization of the system and the direct local political control over budgets, it has been known to have a high level of cost-control (Anell, Glenngård, & Merkur, 2012). In 2018 the spending level was about 11% of GDP, which was higher than during the 1990s, when spending levels were reduced as a result of the financial crisis. The reduction in spending during this period was managed largely through rationalizations like closing and merging of hospitals and reducing staff, but also technological developments leading to increased productivity and shorter treatment periods (Blomqvist & Winblad, in press). Other health policy changes during the period have been a strengthening of central regulatory control within the system through national clinical guidelines, quality registers, and the formalization of patient's rights with regard to waiting times, information, and co-determination through the 2015 Patient Rights Law. In 2005, a waiting-time guarantee was introduced which entitled all patients to specialist care treatment within a certain time limit (90 days).

Regarding the effects on the universalism of the health care system by the reforms undertaken since 1990, it can be noted, first, that there appears to be little change in relation to the dimension of inclusion. Inclusion can even be said to have been extended by a legal change in 2013 making the right to health care services that should be given "without delay" applicable not only to asylum seekers but to irregular migrants

who stay in the county illegally. The guiding principle that all health services within the system should be distributed solely on the basis of medical need, rather than income or occupation, is still supported by all major political parties. Some have argued that the increase of private care givers within the primary care system threatens the needs principle, as it leads to an uneven geographic establishment of providers. Evaluations indicate that new private providers have located disproportionally in urban and more affluent areas (Isaksson et al., 2016) but also that there has been a general improvement in access for all groups as a result of their expansion within the system. In 2015, 99% of the population could reach a primary care giver within 20 minutes, indicating a slight improvement compared to previous years. When it comes to the second universality dimension, financing, the Swedish health care system still has a very high share of public financing in comparison with other health care systems within the OECD, but there is a marginal trend of growth in private health insurance, foremost obtained through employment. In 2017, about 650,000 Swedes had voluntary health insurance, which represented a significant increase in only the recent decade, but still amounted to only about 6% of the population (Kullberg, Blomqvist, & Winblad, 2019). In the third universality dimension, provision, there has been a marked change given the introduction of mixed provision. Even though there is some indication of stratification in that high-income groups are more likely to have chosen privately practicing GPs, there is no evidence of services provided by private care providers being of higher quality than public (or the other way around). Rather, most estimates of medical quality in the system point to a general improvement over the last decades, placing Sweden in the top of most international rankings of health system quality (Swedish Association of Local Authorities and Regions, 2015). Nonetheless, the growth in voluntary health insurance uptake and gradual development of complementary private health care markets during the period indicate a growing gap between what citizens and employers demand and what the public system can deliver. Several studies indicate that waiting times for specialist care in the public system, in particular, have been a contributing factor behind the growth in voluntary health insurance markets (Kullberg et al., 2019; Palme, 2017). This points to mixed evidence with regard to how the adequacy of benefits has developed in the health care system over the period; while there appears to have been an improvement in terms of medical quality, there has been a weakening in terms of access to care.

8. Conclusion

When summarizing the developments in the four welfare policy areas from the perspective of universalism, a complex and partly contradictory pattern emerges. Drawing on the multi-dimensional conceptualization developed in the beginning of the article, it can be observed that, in terms of inclusion, social programs remain by and large universalistic. If anything, they have become more inclusive, as in the cases of child- and health care. In the second dimension, financing, changes have been relatively small and public financing systems have generally prevailed, or, as in the case of childcare, been extended. In the third universalism dimension, provision, there has been more substantive change due to a policy trend towards privatization of provision in welfare services and a higher reliance on private, occupational insurance programs in sickness insurance. The privatization trend has led to social services becoming more diverse and consumption patterns more segregated, but with no apparent undermining of social equity through increased quality differences between public and private sectors. In the fourth dimension, the adequacy of benefits, developments are somewhat ambiguous. In the area of social insurance as well as in the parental leave program, it appears quite clear that benefits have become less adequate as income replacement rates have declined. In childcare services, benefits appear to have improved due to increased access and quality improvements. In health care, there are also clear indications of quality developments, particularly in terms of medical quality, but the adequacy of benefits has been reduced through the persistent problem of waiting times. Taken together, these findings indicate that, in three out of four dimensions, there have been at least slight reductions in the universalism of Swedish social policies over the past decades. The findings are summarized in Table 1.

How important these developments are for an overall assessment of the universalism of the Swedish welfare state depends on how the relative importance of the four dimensions is valued and to what extent they can be seen as interdependent. It can be argued that inclusion and financing are the most important, or basic, dimensions for the preservation of universality within a welfare system. Without formal inclusion of all citizens and public financing, there is no guaranteed access to social benefits for all, even at a minimum level. The adequacy dimension is also important, both directly and indirectly. If social benefits are not adequate, or able to address the needs of people, the value of being included in a welfare program and have it payed for by public means. becomes diluted. As noted, the lack of adequate benefits may also have an indirect effect by leading to an expansion of private markets for social protection and services. Such developments do not only undermine social equality but might lead to an erosion of political support for public welfare programs among those groups who turn to the market, most likely the upper and middle classes. If this happens, the financing of the system will be threatened as well. A weakening of the provision dimension is perhaps the most difficult to judge the consequences of, but the effects are likely to be most notable in the social services, where users interact with each other and the service providers. If systems for service delivery become more diverse, this could lead to growing differences in

Table 1. Changes in dimensions of universalism in Swedish welfare 1990–2019.

	Inclusion	Financing	Provision	Benefits
Social insurance	constant	slightly reduced	reduced	reduced
Pensions	constant	slightly reduced	reduced	reduced
Family policy	extended (childcare)	extended	reduced	extended (childcare), mixed (parental insurance)
Health care	extended	constant	reduced	mixed

the status and quality of the services, which risks making systems more socially stratified. If quality differences increase, this might also affect the adequacy dimension of universalism, leading dissatisfied users to seek out market alternatives. Whether such a development occurs is likely to depend, however, in large measure on the public regulation of the services in question for example with regard to quality standards or conditions for access.

The findings in the article also indicate that, if there is a threat to the universality of the Swedish welfare system, it comes mainly from the tendency towards growing markets for social benefits outside the public programs. Developments in the future with regard to such complementary markets appear to depend not least on the adequacy of benefits offered through public social programs. At the same time, there are a number of factors that suggest that it might be possible to sustain the still relatively high over-all level of universalism in the Swedish welfare system. The first one is the public popularity of the universalist principle. As is well documented, populations in welfare states with a high level of universality in, for instance, inclusion and financing, support their welfare systems more strongly than populations in more selective or stratifying welfare states (Brady & Bostic, 2015). This extends to individual programs in that universal programs tend to be more popular than means-tested ones (Rothstein, 1998). The fact that universal social policies tend to generate popular support is evident not least in the Swedish case, where there has long been a high level of public commitment to universally inclusive and publicly financed welfare programs (Svallfors, 2016). The second factor is that publicly controlled systems tend to be more effective in terms of cost control than systems with plural financers and administrators, a fact that is evident both in health care and pensions (Hsiao, 2007; Palme, 2005). Finally, it is also apparent that universalism in inclusion and financing, at least, are policy values which still have broad political support in Sweden, even among groups to the right on the political spectrum (Lindbom, 2016). On a more general level, the findings in the article suggest that when discussing the fate of universalism in mature welfare states, scholars should be careful to define the concept and use its different dimensions to trace and assess changes in social programs over time.

Acknowledgments

We wish to thank the participants at the research seminar at our department, in particular Nadja Grees, Pernilla Tunberger and Johanna Söderström, Anders Lindbom and Christian Albrekt Larsen, as well as two anonymous reviewers and the editors for useful suggestions.

Conflict of Interests

The authors declare no conflict of interests.

References

Albrekt Larsen, C., & Goul Andersen, J. (2015). *Den universelle velfærdsstat* [The Universal welfare state]. Copenhagen: Frydelund Academic.

Anell, A., Glenngård, A., & Merkur, S. M. (2012). Sweden: Health systems review. *Health systems in transition*, *14*(5), 1–159.

Anttonen, A. (2002). Universalism and social policy: A Nordic-feminist revaluation. *Nordic Journal of Women's Studies*, *10*(2). https://doi.org/10.1080/080387402760262168

Anttonen, A., Häikiö, L., & Stefánsson, K. (Eds.). (2012). *Welfare state, universalism and diversity*. Cheltenham: Edward Elgar.

Anttonen, A., & Sipilä, J. (2014). *Varieties of universalism* (Draft paper prepared for the UNRISD Conference "New Directions in Social Policy: Alternatives from and to the Global South"). Retrieved from shorturl.at/ahDS5

Baldwin, P. (1992). Beveridge in the *lounge durée*. *International Social Security Review*, *45*(1/2), 53–72.

Beland, D., Marchildon, G. P., & Prince, J. (Eds.). (2019). *Universality and social policy in Canada*. Toronto: University of Toronto Press.

Berg, A. (2004). The universal welfare state: Theory and the case of Sweden. *Political Studies*, *52*(4), 745–766.

Blomqvist, P. (2004). The choice revolution: Privatization of Swedish social services in the 1990s. *Social Policy and Administration*, *38*(2), 139–155.

Blomqvist, P., & Rothstein, B. (2000). *Välfärdsstatens nya ansikte* [The new face of the welfare state]. Stockholm: Agora.

Blomqvist, P., & Winblad, U. (2013). Sweden: Continued marketization in a universalist system. In E. Pavolini & A. M. Guillen (Eds.), *Public health care systems: Restructuring and retrenchment* (pp. 9–25). Basingstoke: Palgrave Macmillan.

Blomqvist, P., & Winblad, U. (in press). Sweden. In E. Immergut (Ed.), *Handbook of health politics in Europe*. Oxford: Oxford University Press.

Bode, I. (2006). Disorganized welfare mixes: Voluntary agencies and the new governance regimes in Western Europe. *Journal of European Social Policy*, *16*(4), 346–359.

Brady, D., & Bostic, A. (2015). Paradoxes of social policy: Welfare transfers, relative poverty, and redistribution preferences. *American Sociological Review*, *80*(2), 268–298.

Carey, E., Crammond, B., & de Leeuw, E. (2015). Towards health equity: A framework for the application of proportionate universalism. *International Journal for Equity in Health*, *14*(81). https://doi.org/10.1186/s12939-015-0207-6

Clayton, R., & Pontusson, J. (1998). Welfare state retrenchment revisited: Entitlement cuts, public sector restructuring, and inegalitarian trends in advanced capitalist societies. *World Politics*, *51*(1), 67–98.

Earles, K. (2011). Swedish family policy: Continuity and change in the Nordic welfare state model. *Social Policy and Administration*, *45*(2), 180–193.

Edebalk, P. G. (1996). *Välfärdsstaten träder fram. Svensk socialförsäkring 1884–1955* [The welfare state emerges. Swedish social insurance 1884–1955]. Lund: Arkiv Förlag.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity Press.

Gilbert, N. (2002). *Transformation of the welfare state. The silent surrender of public responsibility*. Oxford: Oxford University Press.

Grees, N. (2015). Stratification in changing Swedish sickness insurance. *European Journal of Social Security*, *17*(4), 453–480.

Hanspers, K., & Mörk, E. (2011). Förskola. In Laura Hartman (Ed.), *Konkurrensen konsekvenser*. Stockholm: SNS Förlag.

Hiilamo, H. (2004). Changing family policy in Sweden and Finland during the 1990s. *Social Policy and Administration*, *38*(1), 21–24.

Hinrichs, K. (2004). *Active citizens and retirement planning: Enlarging freedom of choice in the course of pension reforms in the Nordic countries and Germany* (Working Paper). Bremen: Centre for Social Policy Research, University of Bremen.

Hort, S. (2014). *Social policy, welfare state and civil society in Sweden*. *Volume I: History, policies and institutions 1884–1988*. Lund: Arkiv Förlag.

Hsiao, W. (2007). Why is a systemic view of health financing necessary? *Health Affairs*, *26*(4), 950–961.

Immergut, E. (1992). *Health politics: Interests and institutions in Western Europe*. Cambridge: Cambridge University Press.

Isaksson, D., Blomqvist, P., & Winblad, U. (2016). Free establishment of primary health care providers: Effects on geographical equity. *BMC Health Services Research*, *16*(28). https://doi.org/10.1186/s12913-016-1259-z

Kamerman, S., & Kahn, A. (2014). *Privatization and the welfare state*. Princeton, NJ: Princeton University Press.

Kildal, N., & Kuhnle, S. (2005). The Nordic model and the idea of universalism. In N. Kildal & S. Kuhnle (Eds.), *Normative foundations of the welfare state: The Nordic experience* (pp. 13–33).New York, NY: Routledge.

Klenk, T., & Pavolini, E. (2015). *Restructuring welfare governance: Marketization, managerialism and welfare state professionalism*. London: Edward Elgar Publishing.

Korpi, W., & Palme, J. (1998). The paradox of redistribution and strategies of equality: Welfare state institutions, inequality, and poverty in the Western countries. *American Sociological Review*, *63*(5), 661–687.

Kullberg, L., Blomqvist, P., & Winblad, U. (2019). Health insurance for the healthy? Voluntary insurance in Sweden. *Health Policy*, *123*(8), 737–746.

le Grand, J., & Bartlett, W. (1993). *Quasi-markets and social policy*. London: Macmillan Press.

Lindbom, A. (2001). Dismantling the social democratic model? Has the Swedish welfare state lost its defining characteristics? *Scandinavian Political Studies*, *24*(3), 171–193.

Lindbom, A. (2016). Political partisanship and policy feedback: The Swedish welfare state after eight years of center-right government. In J. Pierre (Ed.), *The Oxford handbook of Swedish politics* (pp. 37–54). Oxford: Oxford University Press.

Morgan, K. (2012). Promoting social investment through work-family policies: Which nations do it and why? In N. Morel, B. Palier, & J. Palme (Eds.), *Towards a social investment welfare state? Ideas, policies and challenges* (pp. 153–180). Bristol: Policy Press.

OECD. (2006). *Starting strong II. Early childhood education and care*. Paris: OECD Publishing.

OECD, & European Observatory on Health Systems and Policies. (2019). *State of health in the EU. Sweden: Country health profile 2019*. Luxembourg: Publications Office of the European Union.

Palme, J. (2003). Pension reform in Sweden and the changing boundaries between public and private. In G. L. Clarke & N. Whitehead (Eds.), *Pension security in the 21st century* (pp. 144–167). Oxford: Oxford University Press.

Palme, J. (2005). Features of the Swedish pension reform. *The Japanese Journal of Social Security Policy*, *4*(1), 42–53.

Palme, J., Ferrarini, T., Sjöberg, O., & Nelson, K. (2012). *Sveriges socialförsäkringar i ett jämförande perspektiv* [Swedish social insurance in comparative perspective] (Report S 2010:4). Stockholm: The Parliamentary Social Insurance Commission.

Palme, M. (2017). *Vem har privat sjukförsäkring i Sverige?* [Who has private sickness insurance?]. Stockholm: Department of Economics, Stockholm University.

Palmer, E. (2002). Swedish pension reform: How did it evolve and what does it mean for the future? In M.

Feldstein & H. Siebert (Eds.), *Social security pensions reforms in Europe* (pp. 171–210). Chicago, IL: University of Chicago Press.

Rothstein, B. (1998). *Just institutions matter: The moral and political logic of the universal welfare state*. Cambridge: Cambridge University Press.

Sheridan, S., Williams, P., Sandberg, A., & Vurinen, T. (2011). Preschool teaching in Sweden: A profession in change. *Educational Research*, *53*(4), 415–437.

Skocpol, T. (1991). Politically viable policies to combat poverty in the United States. In C. Jencks & P. E. Peterson (Eds.). *The urban underclass* (pp. 411–436). Washington, DC: Brookings Institute.

Streeck, W., & Thelen, K. (2005). *Beyond continuity: Institutional change in advanced political economies*. Oxford: Oxford University Press.

Svallfors, S. (2016). Who loves the Swedish welfare state? Attitude trends 1980–2010. In J. Pierre (Ed.), *The Oxford handbook of Swedish politics* (pp. 22–36). Oxford: Oxford University Press.

Swedish Association of Local Authorities and Regions. (2015). *Svensk sjukvård i internationell jämförelse* [Swedish health care in comparative perspective]. Stockholm: Sweden's Municipalities and County Councils. Retrieved from https://webbutik.skl.se/bilder/artiklar/pdf/7585-075-7.pdf

Swedish National Agency of Education. (2018). *Barn och personal i förskolan hösten 2017*. Enheten för förskole—och grundskolestatistik [Children and staff in the preschool in the fall of 2017] (Dnr.2017:670). Retrieved from https://www.skolverket.se/publikationer?id=3949

Szebehely, M., & Meagher, G. (2018). Nordic elder care: Weak universalism becoming weaker? *Journal of European Social Policy*, *28*(3), 294–308.

Thompson, S., & Hoggett, P. (1996). Universalism, selectivism and particularism: Towards a postmodern social policy. *Critical Social Policy*, *16*, 21–42.

Titmuss, R. M. (1955). Pension systems and population change. *The Political Quarterly*, *26*(2), 152–166.

Titmuss, R. M. (1976). Universal and selective social services. In R. M. Titmuss (Ed.), *Commitment to welfare* (pp. 113–123). London: George Allen and Unwin.

About the Authors

Paula Blomqvist is Associate Professor of political science at the Department of Government, Uppsala University, Sweden, since 2007. Her PhD was earned in 2002 from Columbia University, USA. Her research on the Swedish welfare state, marketization and public governance has been published in a range of scholarly journals and books.

Joakim Palme is Professor of Political Science at the Department of Government, Uppsala University, since 2009. Palme holds a PhD in sociology from 1990, Stockholm University, where he was employed at the Swedish Institute for Social Research. He chaired the Swedish "Welfare Commission" from 1999 to 2001. From 2002 to 2011 he was the Director of the Institute for Futures Studies in Stockholm. He has published extensively on the welfare state as a strategy of equality and the politics of the welfare state.

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 124–132
DOI: 10.17645/si.v8iX1.2445

Article

Understanding Universality within a Liberal Welfare Regime: The Case of Universal Social Programs in Canada

Daniel Béland [1,*], Gregory P. Marchildon [2,3] and Michael J. Prince [4]

[1] McGill Institute for the Study of Canada, McGill University, Montreal, H3A 0G2, Canada; E-Mail: daniel.beland@mcgill.ca
[2] Institute of Health Policy, Management & Evaluation, University of Toronto, Toronto, M5T 3M6, Canada; E-Mail: greg.marchildon@utoronto.ca
[3] Munk School of Global Affairs and Public Policy, University of Toronto, Toronto, M5S 3K9, Canada
[4] Faculty of Human & Social Development, University of Victoria, Victoria, V8W 2Y2, Canada; E-Mail: mprince@uvic.ca

* Corresponding author

Submitted: 5 September 2019 | Accepted: 23 December 2019 | Published: 18 March 2020

Abstract
Although Canada is known as a liberal welfare regime, universality is a key issue in that country, as several major social programs are universal in both their core principles and coverage rules. The objective of this article is to discuss the meaning of universality and related concepts before exploring the development of individual universal social programs in Canada, with a particular focus on health care and old-age pensions. More generally, the article shows how universality can exist and become resilient within a predominantly liberal welfare regime due to the complex and fragmented nature of modern social policy systems, in which policy types vary from policy area to policy area, and even from program to program within the same policy area. The broader analysis of health care and old-age pensions as policy areas illustrates this general claim. This analysis looks at the historical development and the politics of provincial universal health coverage since the late 1950s and at the evolution of the federal Old Age Security program since its creation in the early 1950s. The main argument of this article is that universality as a set of principles remains stronger in health care than in pensions yet key challenges remain in each of these policy areas. Another contention is that there are multiple and contested universalisms in social policy.

Keywords
Canada; health care; liberal welfare regime; old-age pensions; social policy; universality

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction

Although universality is typically linked with the social democratic welfare regime associated with Scandinavian countries such as Denmark and Sweden, universal social programs exist in the other welfare regimes, including liberal regimes (Esping-Andersen, 1990). Regardless of the country and welfare regime, however, it is clear that growing demographic, economic, and fiscal pressures have led scholars such as Neil Gilbert (2002) to talk about a rise of social policy targeting and a decline of universality in advanced industrial countries. Other scholars reject this idea of a "universal decline of universality," arguing that universality remains strong in many advanced industrial countries categorized as both social democratic and liberal welfare regimes (Béland, Blomqvist, Goul Andersen, Palme, & Waddan, 2014). This is in part because the liberal welfare regime, based on the primacy of individual rights rather than on the notion of collective responsibility embedded in the social democratic welfare regime, can still lean towards specific universal policy interventions, if it offers greater equality in

terms of individual opportunity (Esping-Andersen, 1990; Spicker, 2013)

The objective of this article is to contribute to this ongoing debate about the fate of social policy universality in contemporary advanced industrial societies by examining Canada, a liberal welfare regime in which universal social programs have long played a central role (for an overview see Rice & Prince, 2013). Our contribution to this debate is both theoretical and empirical. First, we offer a critical discussion of three key concepts that are used in this debate: universalism, universality, and universalization. Second, we discuss the historical and the recent fate of universality in Canada by comparing and contrasting the situation prevailing in the two largest social policy areas in terms of social spending: health care and old-age pensions. This comparative analysis suggests that universality has proved relatively resilient in these two policy areas, in contrast to what has been witnessed in other components of the Canadian welfare regime such as family benefits. The article concludes with a summary of the findings leading to a broader discussion about the history and fate of universality in liberal welfare regimes such as Canada.

2. Universalism, Universality, and Universalization

To better analyse universal social policy, we introduce three core concepts—namely, universalism, universality, and universalization. These concepts relate to important political ideas, prominent policy instruments, and social processes of change in program design and service delivery. Associated with each of these concepts are a number of complementary notions as well as counter-ideas that together constitute the normative and ideological context of universal social policy in contemporary welfare states.

In brief, universalism is associated with, among other ideas, the corresponding notions of equality and solidarity alongside the contending ideas of diversity and particularism, universality with the complementary notions of accessibility and social rights (that benefits and services should be available unconditionally as a matter of citizenship or residency) plus the competing ideas of selectivity and deservingness, and universalization with accompanying concepts of belonging and decommodification in opposition to the concepts of separating, categorizing, and privatizing.

Universalism, like other "isms," is a complex, dynamic, and contested discourse of public beliefs. It refers to sets of attitudes, principles, ideas, arguments, normative theories, and frameworks of values expressed by specific individuals, groups, institutions, and social movements. From the academic literature and from public discourse, three dimensions to universalism can be identified. These are universalism as: (1) a vision or visions of preferred relations between citizens, governments, communities, and markets; (2) political claims for and against universal approaches in social policymaking and public services; and (3) a body of academic concepts and theories on social policy and the welfare state.

Universalism articulates explicit conceptions on the state, civil society, families, the market economy, and social policy that can be understood as beliefs regarding a desired mix of responsibilities between and among state and non-state actors in social policy and program provision. Favoured ideas in universalism include communal responsibility, equity, and sharing; equality of opportunity and status for all; and the importance of social inclusion and integration. Other connected "isms" include social democratic versions of collectivism, egalitarianism, and nationalism. In liberal welfare states such as Canada, the United States, and the United Kingdom, strong counter-isms to universalism include economic liberalism, market individualism, traditional familism, and neoconservatism. More specifically in the Canadian context, beliefs about preferred arrangements between state and society link up to ideas of constitutionalism, federalism, and the division of powers, inter-regional redistribution, and the equal treatment of citizens across the country with regard to uniform rules on eligibility, benefit amounts, and benefit duration (Rice & Prince, 2013).

Academic theories about social policy customarily supportive of universalism include relative conceptions of poverty measures rather than absolute measures; social rights as integral components of modern citizenship regimes; and institutional and redistributive welfare models rather than a residual model for addressing individual and community needs. More recently, from feminist scholars and critical policy analysts, are the concepts of false universalism, differentiated universalism, and interactive universalism (Lister, 2003). These concepts interrogate assumptions about the disembodied and autonomous citizen (and reveal this image to be an artificial universalism), question the supposed impartiality of the universal, with a focus on who is included and who is excluded, and, in our age of identity politics and equality rights in a multinational state, suggest a synthesis between the universal and the plural that seeks to embrace equality and diversity through notions of equity, self-determination, dignity, and inclusion.

Universality is a distinctive governing instrument in social policy which refers to public provisions in the form of benefits, services, or general rules anchored in legislation instead of discretionary public sector programming or provisions in the private sector, the domestic sector, or the voluntary sector, including charitable measures. Accessibility rests on citizenship or residency irrespective of financial need or income, and the benefit or service or rule is applicable to the general population (or a particular age group, such as children or older people) of a political jurisdiction. The operating principle for universal provision is of equal benefits or equal access.

A further expression of this general sense of political community is that financing universal programs is wholly or primarily through general revenue sources. This points to the direct link between general taxation and univer-

sality because, in contrast to social insurance programs which are typically financed through dedicated payroll contributions paid mostly or wholly by workers and their employers, universal programs depend on the flow of general fiscal revenues associated with income taxes (personal and corporate) and sales taxes. Universal social programs offer social protection independent of one's contributions and labour market status. While social assistance programs, like universal ones, are financed through general revenues, they usually target the poor (either through an income test or a more stringent means test that takes into account both income and personal assets). Universal benefits and services are granted based on citizenship status or residency (sometimes supplemented by age criteria in the case of demogrants like Old Age Security [OAS]), rather than need (social assistance) or past contributions (social insurance).

Universalization refers to social processes of change in program design and service delivery, and, we suggest, comprises two related processes: discursive practices, and sequences of material and institutional processes. The discursive involves such cultural activities as the growing acceptance, circulation, and influence of universal ideas, values, and discourse in public discussions and political debates. The material and institutional dimension of universalization involves concrete activities by governments and other state agencies—for instance, the adoption and extension of universality in design features of income benefits, tax measures, and public goods and services. In this respect, universalization indicates a sustained growth in the number of universal programs or an extension of the scope and adequacy of existing universal social services, cash transfers, and social legislation and human rights. To be sure, universalization has implications for the scope of populations covered and for the patterns of resource allocation and distribution between state and non-state actors.

Both the discursive and material processes contribute to the institutionalization of social rights in a multinational state, constructing distinctive policy architectures of universal values and provisions, in addition to shaping the development of citizenship as a regime of entitlements and obligations. Moreover, this universalization operates at a number of levels of social action, from a single program such as old age pensions and broad policy areas such as universal elementary and secondary education and universal health coverage (UHC) to an overall welfare state (whether federal, provincial, or national) and society in general.

Case studies of social policy areas and groups shed important light on two questions related to universalization: first, on the origins, nature, and extent of universalization; and, second, on processes of de-universalization, which entail the diminishment of universality as a policy instrument and the assertion of ideas of private responsibility, for example, as well as techniques related to selectivity and categorical targeting (Béland, Marchildon, & Prince, 2019). Social policy studies with historical and comparative perspectives can reveal the rise and fall, and perhaps the rise again, of certain ideas, interests, and instrument choices over an extended period, providing insights into the vulnerability or resiliency of given social programs and policy communities.

Countries with liberal welfare regimes, including Canada, have created universal programs, which exist alongside targeted social assistance and contributory social insurance programs, in large part because of the considerable influence of labour and social democratic parties and/or governments. In Canada, universality is dominant in health care, while it is largely absent from income security policy, a subfield dominated by social insurance (federal employment insurance) and social assistance (provincial welfare). In contrast, the field of old age pensions witnesses a close overlapping of universal programs (OAS), income-tested social assistance (the Guaranteed Income Supplement [GIS]), and social insurance (Canada Pension Plan [CPP]/Quebec Pension Plan [QPP]) benefits. It is to the two policy areas of health care and old-age pensions that we now turn.

3. Health Care

UHC—commonly known as Medicare in Canada—emerged in stages in the quarter century immediately following the end of the Second World War. More than any other social policy, Medicare would become the poster child program for universality in Canada. Similar to the National Health Service (NHS) in the United Kingdom, Medicare became the jewel in the crown of the Canadian welfare state due to the average citizen's familiarity with its services and because of the absence of any similar policy in the United States, a country with which Canadians regularly compare themselves. In social democratic welfare regimes, UHC is based on citizenship/residency rather than employment status or social security contributions. Canadian Medicare too is based on citizenship/residency, in this case on the simple fact of residency in any of the 10 provinces and three territories that administer Medicare in this highly decentralized federation. Although actual use of Medicare is triggered by medical need, in fact the right to access is based on the broader principle of citizenship.

Canada is far from unique among high-income countries in having UHC. However, the Canadian approach reflects one of the strongest forms of universality in the world (Marchildon, 2014). The majority of UHC systems in high-income countries permit a separate—albeit highly regulated—private tier of hospital and other medically necessary health services. This is done in various ways including the public subsidization of private health insurance supporting a private delivery system parallel to the public system (e.g., Australia), the non-subsidized purchase of private health services partly through executive benefit packages (e.g., United Kingdom), or the required opting out of UHC by citizens earning above a specified threshold of income (e.g., Germany). In Canada,

none of these forms are encouraged and some are prohibited. Instead, Medicare is built upon a single-tier of publicly-financed health facilities even if delivery involves a highly mixed and decentralized system of public and private delivery agents (Deber, 2004). Being a decentralized federation, provincial governments rather than the central government are responsible for ensuring coverage as well as financing all Medicare services so that they are free at the point of access. Although there are multiple provincial single-payer UHC systems, they are held together through broad standards set by the federal government that must be met by provincial governments in order to receive their full per capita share of the Canada Health Transfer (Marchildon, 2013; Tuohy, 2009).

This single-tier embodies the right of all citizens to access the same services in the same facilities without a private class or "business-class" tier of higher-quality health services relative to publicly-financed Medicare services. This single-tier aspect was the product of a design successfully implemented in the only Canadian province with an elected social democratic government—the Co-operative Commonwealth Federation (CCF) which would later morph into the New Democratic Party (Dyck & Marchildon, 2018). These single-payer and single-tier characteristics were essential attributes of the universal hospital coverage program introduced by the CCF government in Saskatchewan in January 1947 (some 18 months before the NHS was implemented) and the universal medical care program implemented by the same administration in July 1962 after a lengthy struggle with organized medicine. These design features were accepted by both Liberal and Progressive Conservative administrations at the federal level and embedded in the conditions and standards set by successive federal administrations, most recently in the Canada Health Act of 1984. Over time, Canadians came to see this strong form of universality as an attribute of citizenship (Cohn, 2005; Romanow, 2002).

Despite the political and popular consensus in favour of Canadian-style Medicare, there has always been a vocal and powerful minority opposed to the strong form of universalism associated with Medicare. Moreover, in recent years, the critiques of Medicare have grown and its basic design principles challenged through the courts. In particular, anti-Medicare forces have advocated for the elimination of uniform coverage to allow for the right to access private insurance and private services along with the introduction of user fees will be necessary to address the perceived shortcomings of Canadian Medicare (Bliss, 2010; Blomqvist & Busby, 2015; Speer & Lee, 2016). Increasingly, arguments against single-tier Medicare and the underlying contending values are presented to the courts in cases where plaintiffs argue that the provincial laws and regulations that protect the single-tier aspect of provincial Medicare systems are contrary to individual rights as defined under the Charter of Rights and Freedoms in the Canadian Constitution (Flood & Thomas, 2018).

While a growing coalition of forces on the political right is attempting to limit Canadian Medicare, the left-wing critique of Canadian Medicare is that the federal government has not been assiduous enough in enforcing national standards against recalcitrant provincial governments and this has led to a steady erosion of the principle of access based on need rather than ability to pay. Indeed, in some of Canada's largest cities, it is possible to avoid wait lists by paying for access to advanced diagnostic tests and some elective but still medically necessary day surgeries. This has created two-tier breaches in what was intended to be a single-tier system.

The left's other major critique of Canadian Medicare is its narrowness. Coverage is limited to hospital, medical care—largely defined as physician services, drugs administered within hospitals, and medically necessary diagnostic services. This means that universal coverage in Canada is narrow compared to other high-income countries with UHC. Although expansion beyond this narrow basket was recommended in the past by two Royal Commissions (Canada, 1964; Romanow, 2002) there has been no significant change to the basic Medicare basket of covered services since the 1960s. At the same time, an increasing proportion of health care service is delivered outside of hospitals by non-physicians and an increasing percentage of prescription drugs are consumed outside of hospitals. Although the Medicare basket included something close to two-thirds of all health care goods and services in Canada in the early 1970s, today Medicare covers something less than one-half of all health care as measured by expenditures—a passive form of privatization or de-universalization.

By the end of the 1970s, provincial governments had begun to fill in some of the gaps created by the narrowness of Medicare through targeted and categorical programs. For example, provincial prescription drug plans were established as safety nets for those without employment-based private health insurance. These plans targeted retired individuals and social assistance recipients. At the same time, provincial governments also subsidized or provided some social care services including home care and long-term facility care, largely selective programmes based on means testing. Operating without national standards, the coverage for such programmes is highly variable across the country. In particular, there is a deep east-west gradient in which public coverage for prescription drugs and public subsidies and services for social care are much thinner in Atlantic Canada than in the rest of the country (Romanow, 2002).

There are also areas of health care that have been almost exempt from public intervention and seem to be subject to the market logic of a liberal state as defined by Esping-Andersen (1990). Dental care is almost exclusively (i.e., 95%) financed on a private basis—one of the highest levels of private finance among OECD countries. Vision care is also excluded from Medicare and not part of provincial extended health benefit programmes—though provision is made for both dental and vision care

in provincial welfare programmes (Marchildon, 2013). These private and targeted public programmes have made the expansion of universal Medicare difficult as the example of pharmaceuticals illustrate.

Canada is the only high-income UHC country in which prescription drugs are not part of the basic UHC coverage. For decades, arguments have been made to add medically necessary prescription drugs to Medicare through a universal Pharmacare programme. However, because only an estimated 7 percent of the population—largely the working poor—are financially prevented from access to necessary medications, the public demand for universal Pharmacare is relatively weak in Canada (Morgan & Boothe, 2016). Since 2014, there have been increasing calls for universal Pharmacare in Canada from policy experts, organized labour, and some civil society organizations. In 2018, a Parliamentary Committee reported on national Pharmacare with a majority report in favour of adding outpatient drugs to existing provincial and territorial Medicare plans (Parliamentary Standing Committee on Health, 2018).

In response to this recent pressure, the federal government established an Advisory Council on the Implementation of National Pharmacare which delivered its final report and recommendations in June 2019 (Canada, 2019; Grignon, Longo, Marchildon, & Officer, 2020). The federal government's response to this report will be the most important test of the political viability of the Canadian model of UHC. If the federal government decides that pharmaceuticals should be added to universal coverage on a single-tier and single-payer basis, the recommendation of the Advisory Council, then this will demonstrate that the model can evolve toward greater universalization. If, however, the federal government choses to simply fill some obvious gaps or subsidize premiums for individuals, then this will confirm that the Canadian model of Medicare is in retreat.

4. Old-Age Pensions

The modern Canadian pension system gradually took shape during the 1950s and 1960s. As the result of a series of reforms, multilayered arrangements emerged. Three main layers comprise this complex pension system. First, OAS is a universal flat-rate pension supplemented by the GIS, an income-tested program targeted low-income older people. Second, the CPP and the QPP are contributory, earning-related public pension programs. While QPP operates only in the province of Quebec, CPP covers all workers located outside that province. Finally, employer-sponsored Registered Retirement Plans and personal savings accounts known as Registered Retirement Savings Plans constitute the voluntary yet tax-subsidized components of this fragmented pension system (Béland & Myles, 2005).

Despite this fragmentation, in recent decades, this system has proved quite effective in reducing poverty among older people in Canada. For instance, as Michael Wiseman and Martynas Yčas suggest (2008), poverty rates among older people are more than three times lower in Canada than in the United States, another liberal country Canada is regularly compared with. As they show, in terms of poverty reduction, Canada also performs much better than the UK and as well as Sweden, a country strongly associated with the universalism and the social-democratic welfare regime. As they argue, this surprising performance is related directly to the relationship between a modest yet universal flat pension—OAS—and a targeted program—GIS—that supplements this flat pension (Wiseman & Yčas, 2008). The remainder of this section focuses on the history and fate of this flat pension over time.

In 1952, OAS was created as a universal flat pension offering modest cash benefits (originally 40 dollars CDN per month) to people aged 70 and older meeting basic residency criteria. Later on, in 1970, the eligibility age for OAS was lowered to 65. OAS is a purely federal program, a reality that was made possible by a constitutional agreement between the federal government and the 10 provinces. As for the eligibility criteria, they are quite stringent, as one needs to reside in Canada for 40 years in order to receive full OAS benefits (Béland & Myles, 2005).

In the early-mid 1960s, it became clear that, on its own, OAS could not guarantee the economic security of millions of retirees, a situation that led to the advent of CPP and QPP. The addition of these earnings-related components to Canada's pension system was accompanied by the creation of GIS in 1967. Initially a temporary measure aimed at supporting low-income older people before CPP and QPP could pay full pensions, GIS was later made permanent (Béland & Myles, 2005). GIS has since remained available to people entitled to OAS benefits who fall under a minimum level of income.

Like GIS, over time OAS became a widely popular program that created large constituencies, a situation that made it more resistant to potential retrenchment, in a policy feedback logic well described by Paul Pierson (1994) in his now classic book *Dismantling the Welfare State?* This resistance to direct and explicit retrenchment became obvious in the early-mid 1980s, when Canada, like many other advanced industrial countries, faced large public deficits, which led politicians to look for potential fiscal savings through cutbacks in social programs. Because OAS is financed through general revenues, it became an obvious target during that period. Concerns about the long-term consequences of demographic aging also fueled fiscal anxiety about OAS. It is in this context that, in the mid-1980s, newly-elected Progressive Conservative Prime Minister Brian Mulroney attempted to save the federal government money by partially deindexing OAS pensions, which would penalize both current and future retirees while reducing the long-term fiscal liability of the federal government. In part because Mulroney had promised to spare OAS from such cuts during the 1984 federal campaign, the announcement about the deindex-

ing of OAS pensions less than a year after the election infuriated many older voters, who took the streets to protest against the proposed measure. In the end, facing much criticism, the Mulroney government withdrew from the OAS retrenchment proposal. Yet, four years later, as part of its 1989 budget, the Mulroney government successfully implemented a low-profile fiscal "claw back" of OAS benefits from high income older people. This meant that, currently, 2.2 percent of eligible older people are subject to the full repayment of their OAS pension, while another 4.7 percent are subject to a partial repayment (Office of the Chief Actuary, 2017, p. 89). Better-off older people who receive OAS can minimize the claw back or withholding tax on their benefit through various financial maneuvers: by splitting pension income with their spouse, generating non-taxable investment income, and making use of income tax deductions to lower their net income. Of course, such measures are less likely available to older people with modest income. This example of "social policy by stealth" (Gray, 1990) or, what we would call, partial de-universalization, is consistent with the Pierson's argument that obfuscation is a potentially effective retrenchment strategy (Pierson, 1994).

The 1989 claw back allowed the federal government to save some money on the back of well-off older people, preserving the formal universality of OAS even while undermining it in practice. Less than a decade later, in 1996, the Liberal government of Jean Chrétien announced a pension reform initiative that would formally end universality (that is, total de-universalization) by replacing both OAS and GIS with a new income-tested Seniors' Benefit that would especially benefit low-income older people (Battle, 1997). To reduce potential opposition to a measure that would further penalize high income older people, the change was designed not to affect current retirees. Despite this blame avoidance strategy (Weaver, 1986), the Seniors' Benefit faced much criticism from both the left (because of the way in which benefits for couples would be calculated) and the right (because its income-test was seen as penalizing seemingly responsible workers who save enough for retirement on their own). In the end, as federal budget surpluses started to materialize in the late 1990s, the Seniors' Benefit seemed less and less necessary and, in the face of criticisms, the Liberal government withdrew its proposal in 1998 (Béland & Myles, 2005).

The Seniors' Benefit was the only major attempt to formally end universality in old-age pensions. After the late 1990s, the only direct effort to retrench OAS occurred in 2012, when a federal Conservative government announced a gradual increase in the eligibility age of OAS and GIS benefits from 65 to 67 between 2023 and 2029. Immediately decried by the Liberal Party of Canada and the New Democratic Party, this increase was cancelled in 2016 by the newly-elected Liberal government of Justin Trudeau (Harris, 2016).

Overall, it is clear that OAS has been largely spared from extensive, direct retrenchment, which is not the case of other Canadian social programs such as federal Employment Insurance (Campeau, 2005) and provincial social assistance (Béland & Daigneault, 2015). Yet, this situation should not obscure the long-term impact of low-profile yet consequential provisions like the ongoing claw back which erodes universality over time, and indexation mechanisms which reduces the real value of OAS benefits over time. Although the impact of demographic aging on OAS spending may prove relatively limited, the gradual erosion of the real value of universal benefits means that they will play an increasingly minor role compared to other components of Canada's fragmented pension system, including GIS (Béland & Marier, 2019). This means that, although universality has been relatively resilient within Canada's pension system, the relative role of OAS as a source of economic security is diminishing within that system, a situation reinforced by the recently announced expansions of CPP and QPP, which will increase the scope of earnings-related pensions. On the whole, we can talk about a formal resilience of universality but a relative weakening of its relative importance within the country's pension system.

5. Discussion and Conclusion

Universalism, universality, and universalization—central concepts in our analytical approach—represent salient political ideas, significant policy tools, and societal change processes in contemporary public affairs. While universality based on citizenship or residency undergirds government intervention in health care and old age pensions in Canada (and in elementary and secondary education), other approaches based on social insurance and selective targeting operate simultaneously. The politics of universality are multiple, relating to diverse values and beliefs, several policy instruments and administrative techniques, and demographic and socio-economic trends. Universalism and universality intermingle with other political ideas and policy instruments in both complementary and contentious ways. Debates centre on the quality of public services, the generosity of income benefits, the mode of funding programs, the coverage of the population, and the intended results perceived for families, gender relations, markets, governments, and society overall. In the political life and public discourse of Canada's liberal welfare regime, major ideas include individual and family responsibility, personal achievement, and the work ethic alongside equality of opportunity, equal access to services, and regional equity.

As a public policy technique or instrument, universality gives expression to social citizenship rights and community membership. By comparison, as a policy tool, social insurance relates personal (premium) contributions and workforce attachment to protection against certain shared risks or contingencies of life. Income-tested benefits and fee subsidies acknowledge differential household incomes and the (in)ability to pay, while social assistance and means testing place emphasis on basic liv-

ing needs, human vulnerability, rationing of public resources, and welfare subsistence.

One of the reasons for the contested nature of universality is that there is no single model of universal policy program design across countries and periods. This was demonstrated by our analysis of the historical development and the politics of provincial UHC since the 1960s and at the evolution of the federal OAS program since its creation in the early 1950s. In Canada, the trajectory of universality has been and remains uneven and varies from one policy area to the next. The example of pensions also illustrates how the interaction among public social programs takes place in a broader institutional and discursive context of liberalism in which private benefits play a major role alongside public policy programs. These private pension and savings schemes remain voluntary in nature, and therefore offer coverage that is far from universal. At the same time, these private programs are publicly supported through tax expenditure subsidies. In pension policy, we see the interplay of different political discourses (universalism and individualism) and program designs (universality and selectivity).

Universalization directs attention to whether a social program or policy field is becoming more universal in terms of its design elements and dominant ideas in the environment. With respect to medicare, we see renewed efforts at upholding the universal features of access and coverage through federal and provincial reinvestments over the past ten to fifteen years, following a period of fiscal restraint. The federal universal elderly benefit, OAS, has also gone through swings in recent times.

More generally, the varieties of policy program design are important when the time comes to analyze the meaning of universality and universalism within a country's welfare regime. For instance, although Canada is widely understood as a liberal welfare regime, its public health care system largely operates according to a universal logic associated with the social democratic regime. As for Canada's pension system, it is liberal in nature in the sense that public benefits are relatively modest and that social assistance, in the form of GIS, plays a key role within that system. Yet, this system, which features a mix of universal, social insurance, and social assistance benefits, offers surprisingly positive outcomes in terms of poverty reductions that are closer to the results of social-democratic welfare states of Denmark and Sweden than the more liberal regimes in the United Kingdom and the United States (Wiseman & Yčas, 2008). This points, once again, to the need to study the interaction among different types of social programs, which varies over time and across policy areas within the same country. In the end, our analysis points to the need to study the evolution and interaction among concrete policy instruments to grasp the nature and evolution of universality. Universality and its associated concepts of universalism and universalization, along with related ideas of selectivity and social insurance, must be appreciated in the actual institutional and temporal contexts in which they operate and which, in turn, influence their goals, design, and practices. This broad lesson applies to liberal regimes and we believe scholars studying other countries could find this approach useful. Because at least some key universal programs are there to stay even in a liberal country like Canada, more scholarship is needed about the historical development of and the contemporary debates over universalism, universality, and universalization, in advanced industrial nations and elsewhere around the world.

Acknowledgments

The authors would like to thank Monica Budowski, Daniel Kuenzler, and the three reviewers for their comments and suggestions.

Conflict of Interests

The authors declare no conflict of interests.

References

Battle, K. (1997). Pension reform in Canada. *Canadian Journal of Aging*, *16*(3), 519–552.

Béland, D., Blomqvist, P., Goul Andersen, J., Palme, J., & Waddan, A. (2014). The universal decline of universality? Social policy change in Canada, Denmark, Sweden, and the UK. *Social Policy & Administration*, *48*(7), 739–756.

Béland, D., & Daigneault, P.-M. (Eds.). (2015). *Welfare reform in Canada: Provincial social assistance in comparative perspective*. Toronto: University of Toronto Press.

Béland, D., Marchildon, G. P., & Prince, M. J. (Eds.). (2019). *Universality and social policy in Canada*. Toronto: University of Toronto Press.

Béland, D., & Marier, P. (2019). Universality and the erosion of old age security. In D. Béland, G. P. Marchildon, & M. J. Prince (Eds.), *Universality and social policy in Canada* (pp. 103–119). Toronto: University of Toronto Press.

Béland, D., & Myles, J. (2005). Stasis amidst change: Canadian pension reform in an age of retrenchment. In G. Bonoli & T. Shinkawa (Eds.), *Ageing and pension reform around the world* (pp. 252–272). Cheltenham: Edward Elgar.

Bliss, M. (2010). *Critical condition: A historian's prognosis on Canada's aging healthcare system*. Toronto: C. D. Howe Institute.

Blomqvist, Å., & Busby, C. (2015). *Rethinking Canada's unbalance mix of public and private healthcare: Insights from abroad* (Commentary No. 420). Toronto: C. D. Howe Institute.

Campeau, G. (2005). *From UI to EI: Waging war on the welfare state*. Vancouver: UBC Press.

Canada. (1964). *Royal commission on health services: Volume 1*. Ottawa: Queen's Printer for the Government

of Canada.
Canada. (2019). *A prescription for Canada: Achieving Pharmacare for all—Final report of the Advisory Council on the implementation of national Pharmacare*. Ottawa: Government of Canada on behalf of the Advisory Council on the Implementation of National Pharmacare.
Cohn, D. (2005). Canadian Medicare: Is there a potential for loyalty? Evidence from Alberta. *Canadian Journal of Political Science*, *38*(2), 415–433.
Deber, R. (2004). Delivering health care: Public, not-for-profit, or private? In G. P. Marchildon, T. McIntosh, & P.-G. Forest (Eds.), *The fiscal sustainability of health care in Canada: The Romanow papers, Volume 1* (pp. 233–296). Toronto: University of Toronto Press.
Dyck, E., & Marchildon, G. P. (2018). Medicare and social democracy in Canada. In R. Lexier, S. Bangarth, & J. Weier (Eds.), *Party of conscience: The CCF, the NDP, and social democracy in Canada* (pp. 174–182). Toronto: Between the Lines.
Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton, NJ: Princeton University Press.
Flood, C. M., & Thomas, B. (2018). A successful charter challenge to Medicare? Policy options for Canadian provincial governments. *Health Economics, Policy and Law*, *13*(3/4), 433–449.
Gilbert, N. (2002). *Transformation of the welfare state*. New York, NY: Oxford University Press.
Gray, G. (1990). Social policy by stealth. *Policy Options*, *11*(2), 17–29.
Grignon, M., Longo, C. J., Marchildon, G. P., & Officer, S. (2020). The 2018 decision to establish an Advisory Council on adding pharmaceuticals to universal health coverage in Canada. *Health Policy*, *124*(1), 7–11.
Harris, K. (2016, March 17). Justin Trudeau says OAS eligibility age to return to 65 in 1st Liberal budget. *CBC*. Retrieved from https://www.cbc.ca/news/politics/trudeau-economy-bloomberg-new-york-1.3495331
Lister, R. (2003). *Citizenship: Feminist perspectives* (2nd ed.). New York, NY: New York University Press.
Marchildon, G. P. (2013). *Health systems in transition: Canada* (2nd ed.). Toronto: University of Toronto Press.
Marchildon, G. P. (2014). The three dimensions of universal Medicare in Canada. *Canadian Public Administration*, *57*(3), 362–382.
Morgan, S. G., & Boothe, K. (2016). Universal prescription drug coverage in Canada: Long-promised yet undelivered. *Healthcare Management Forum*, *29*(6), 247–254.
Office of the Chief Actuary. (2017). *Actuarial report on the Old Age Security program as at 31 December 2015*. Ottawa: Office of the Chief Actuary.
Parliamentary Standing Committee on Health. (2018). *Pharmacare now: Prescription medicine coverage for all Canadians*. Ottawa: House of Commons.
Pierson, P. (1994). *Dismantling the welfare state? Reagan, Thatcher, and the politics of retrenchment*. New York, NY: Cambridge University Press.
Rice, J. J., & Prince, M. J. (2013). *Changing politics of Canadian social policy* (2nd ed.). Toronto: University of Toronto Press.
Romanow, R. (2002). *Building on values: The future of health care in Canada*. Ottawa: Commission on the Future of Health Care in Canada.
Speer, S., & Lee, I. (2016). *Toward a more fair Medicare: Why Canadian health care isn't equitable or sustainable and how it can be*. Ottawa: Macdonald-Laurier Institute.
Spicker, P. (2013). Liberal welfare states. In B. Greve (Ed.), *The Routledge handbook of the welfare state* (pp. 193–201). London: Routledge.
Tuohy, C. H. (2009). Single payers, multiple systems: The scope and limits of subnational variation under a federal health policy framework. *Journal of Health Politics, Policy and Law*, *34*(4), 453–496.
Weaver, R. K. (1986). The politics of blame avoidance. *Journal of Public Policy*, *6*(4), 371–398.
Wiseman, M., & Yčas, M. (2008). The Canadian safety net for the elderly. *Social Security Bulletin*, *68*(2), 53–67.

About the Authors

Daniel Béland is Director of the McGill Institute for the Study of Canada and James McGill Professor in the Department of Political Science at McGill University (Canada). A student of social and fiscal policy, he has published more than 140 articles in peer-reviewed journals. He has also published more than 15 books, including *An Advanced Introduction to Social Policy* (2016; with Rianne Mahon) and *Universality and Social Policy in Canada* (2019; edited with Gregory P. Marchildon and Michael J. Prince).

Gregory P. Marchildon holds the Ontario Research Chair in Health Policy and System Design at the University of Toronto (Canada). He has researched and written extensively in the fields of policy history, federalism and comparative health systems and health policy. He has published two editions of *Health Systems in Transition: Canada* (2018; with Thomas J. Bossert) and is the co-editor of *Federalism and Decentralization in Health Care* and *Bending the Cost Curve in Health: Canada's Provinces in International Perspective* (2015; with Livio Di Matteo).

Michael J. Prince holds the Lansdowne Professor Chair of Social Policy at the University of Victoria (Canada). Among his books are *Absent Citizens: Disability Politics and Policy in Canada* (2009), *Changing Politics of Canadian Social Policy* (2013; with James Rice), *Weary Warriors: Power, Knowledge, and the Invisible Wounds of Soldiers* (2014; with Pamela Moss), and *Struggling for Social Citizenship: Disabled Canadians, Income Security, and Prime Ministerial Eras* (2016).

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 133–144
DOI: 10.17645/si.v8iX1.2535

Article

Seeking the Ideal of Universalism within Norway's Social Reality

Lydia Mehrara

Faculty of Social Sciences, Nord University, 8049 Bodø, Norway; E-Mail: lydia.mehrara@nord.no

Submitted: 10 October 2019 | Accepted: 12 February 2020 | Published: 18 March 2020

Abstract
How much inequality in policy instruments can a universalist welfare state tolerate in its pursuit of equity? This article reviews the nuances of universalism as a concept through examination of its meaning and application in Norwegian health policy, with a contextual focus on migrant maternal health in Norway. The Nordic welfare model is generous and dedicated to achieving equality through the universal provision of social services; however, there are increasing gray areas that challenge the system, invoking the conundrum of equality versus equity. Universalism is a central principle in Norwegian health policy, however changes in the socio-political environment have meant the concept as originally conceived requires a more nuanced articulation. Population changes in particular, such as a growing and diverse migrant settlement, present challenges for how to achieve the equality desired by universalist measures, while maintaining the equity demanded by diversity. This article uses an example of a Norwegian program that delivers maternal health services to migrant women to question the concept of universalism as a theoretical and practical construct, as historically and currently applied in Norwegian health policy. This example illustrates how healthcare as an organization functions in the country, and the role of its key players in adapting policy instruments to meet the Norwegian welfare state's universal policy aims. The scholarly contribution of this article lies in promoting a critical reflection on the evolving definition of universalism, and in contributing to a discussion on the need to retheorize the concept in Norwegian health policy to attain equity.

Keywords
diversity; health policy; maternal health; migration; Norway; universalism

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction

The Nordic welfare model is most generous and dedicated to achieving equality through the universal provision of social services, however there are divergences between its ideals and their application. This view is shared by Anttonen and Sipilä (2012) in their review of the Nordic welfare model, which asserts:

> [The] model looks better on paper than in real life and it does not always perform according to its ideals. Many social programs are less universal than the ideology would suggest, and the policies that are strongly redistributive in intention often prove to be neutralized in the process of implementation. (Erikson, Hansen, Ringen, and Uusitalo, as cited in Anttonen & Sipilä, 2012, p. 28)

There are increasing gray areas in this welfare system that invoke the conundrum or paradox of equality versus equity, and the discrepancy between the ideal of universalism in policy versus its implementation in practice.

Universalism is a central principle in Norwegian health policy, however changes in Norway's socio-political environment, and the evolution of the welfare state since its inception, have meant that the concept as originally conceived requires a more nuanced articulation. The notion of universalism is faced with the challenge of diversity, particularly that of ethnocultural diversity brought on by a relatively new and growing segment of the Norwegian population, immigrants. Indicators of differing health outcomes among this group compared to the local population have led to discussions concerning issues of equity in a system founded upon a desire to attain equality. Responding to these challenges

has not been easy or without consequence, thus leading to this article's primary analytical question: How much inequality in policy instruments can a universalist welfare state tolerate in its pursuit of equity?

This article examines the meaning and application of universalism in Norwegian health policy as both a theoretical and practical construct. It starts with a history of universalism and its adoption in Norway followed by an overview of Norwegian health policy in relation to immigrant women and their access to maternal health provisions. The argument presented here concerns the paradox of equality and equity as a manifestation of universalism in Norwegian policy. It therefore suggests a more nuanced approach to maternal immigrant health within Norwegian health policy. This task begins with a brief historical account of Norway's adoption of universalism. The next section offers a contemporary overview of Norwegian health policy and illustrates its enactment through the specific example of a local maternal health initiative for immigrant women, whilst addressing the definitions and relationships between the concepts of immigration, diversity, equality, equity and universalism. In light of this example, the following section theoretically explores the concept of universalism, distinguishing its nuances and shortcomings, as compared and linked to the policy and practice nexus of universalism in Norway. A discussion section merges the contextual analyses and the theoretical perspectives of the two preceding sections. In doing so, it reflects critically on the paradox of equality and equity brought forth as a challenge to universalism which Norwegian health policy needs to face in response to growing diversity in the population. This section presents an in-depth review of the divergences between the application of universalism as a concept in policy aims (theory), and in policy instruments (practice) in Norwegian health policy. Finally, the article concludes by examining possibilities of an articulated reiteration of universalism in Norwegian health policy as a resolution to the presented challenge.

1.1. A Historical Account of Universalism and the Development of the Welfare State

The welfare state as a national institution in many countries is relatively new, having emerged in the mid twentieth century in response to societal upheavals. In order to achieve its institutional welfare objectives, a series of social policies, some of which already existed in smaller scales, were gradually implemented by states and thus expanded to cover their entire populations. Norway's adoption of a welfare regime followed a general pattern in developed Western countries having instituted several social reforms during the previous century. The British welfare system, often considered to be the start of a recognized welfare state, emphasized the need for social protection against many of the social ills, and the provision of social insurance as protection built on previous systems, such as had already existed in such places as Germany and Norway. Such state-based protection systems were considered to be universal and their provisions were to apply to all of society irrespective of individual circumstances, because the improvement of society was the ultimate aim. Individual circumstances and meeting of particular needs could either be incorporated within the universal provisions or addressed separately as general eligibilities. While the Norwegian and British welfare systems differ, as will be described briefly below, universalism, as an ideology emergent from the idea of universally provided services, was a key factor in social provision, including health.

How and why Norway came to adopt universalism as a policy direction is open to different interpretations. For Kuhnle and Hort (2004), the many initiatives of social insurance in Nordic countries before and during the twentieth century paved the path for the adoption of universalism. They identify four central positions in support of universalism: community building, risk exposure, human dignity—i.e., the Universal Declaration of Human Rights in 1948—and economic and bureaucratic efficiency—i.e., eliminating means-testing (Kuhnle & Hort, 2004). For them, these offered the obvious foundations for institutionalizing the principle of universalism across the state. Kautto (2010) instead maintains, it was the particularities of the Scandinavian political, demographic, and cultural climates of the time that led to what has since been labelled the Social Democratic Welfare State system in Scandinavia. Given the largely homogenous populations of Nordic countries then, combined with a common history of social policy development increased the likelihood for the successful adoption of universal ideas. Universalism was justified in this welfare model because it supported national cohesion or unity and increased the functional capacity of citizens. It is beyond the scope of this article to trace these trajectories and conditions in depth, but universalism in Norway owes its particular regime to this history, which has shaped and affected public and social policy since. This article will explore the implications of this broad concept in Norway's welfare institution today.

2. Universal Public Health in Norway Today

Norway has one of the most comprehensive social policy models extending to health policy, with the universal application of provision assuming equal access and benefit. Decentralization is an operational mechanism to ensure efficient distribution, with the State maintaining a regulatory role and local governments being primary providers. Figure 1 illustrates this organization. Here maternal health services are highlighted as this will serve as an example for analyzing universalism as a policy aim (theory) and instrument (practice) in the subsequent section.

All non-hospital based primary healthcare are the responsibility of municipalities (Figure 1). This division of responsibility grants municipalities autonomy and thus a

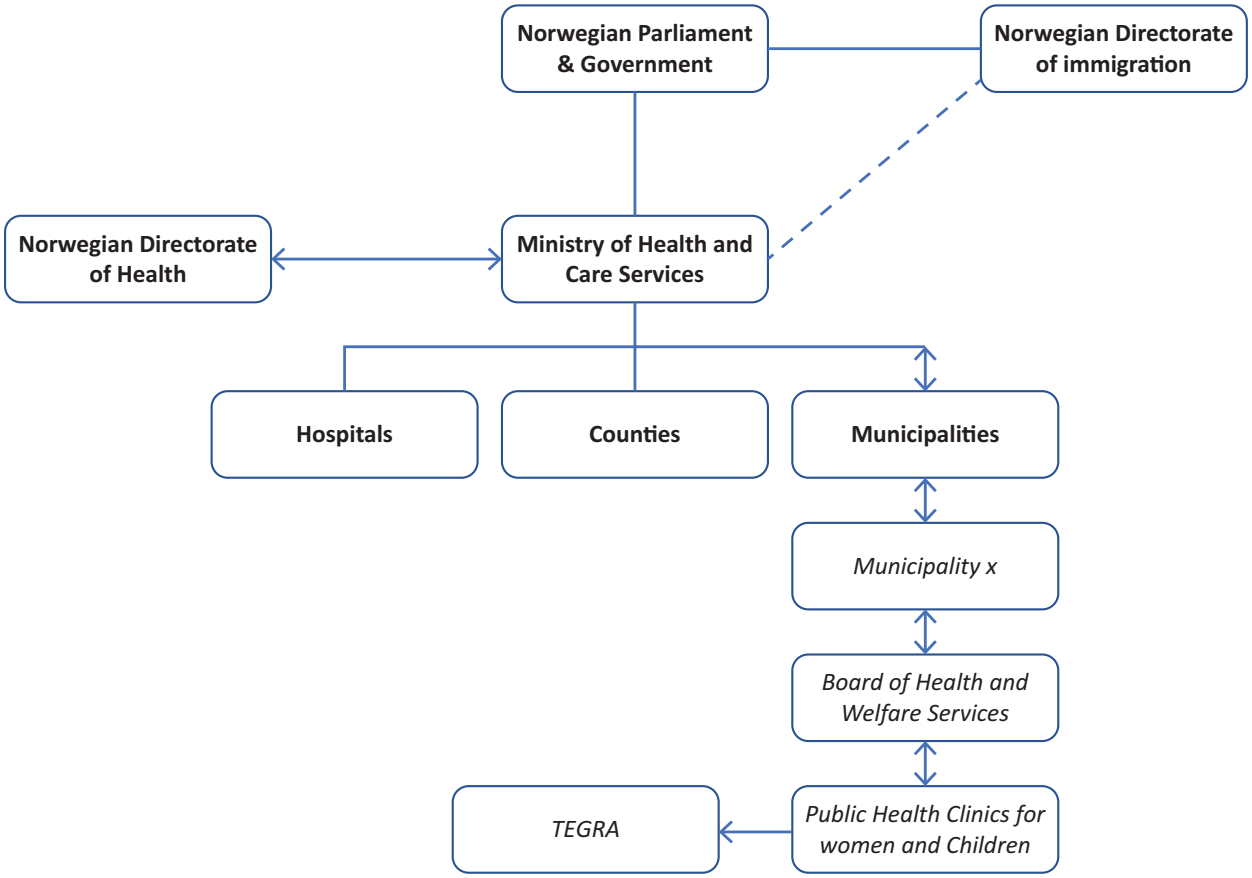

Figure 1. Organization of health services in Norway. Figure adapted from Ringard, Sagan, Saunes, and Lindahl (2013, p. 17, Figure 2.1).

degree of flexibility in tailoring service provision within the framework of national guidelines and standards to best meet the particular needs of their local populations. This governance system assumes that primary service provision operates most efficiently at the most local level possible.

Despite attempting maintenance of the welfare state's egalitarian and universalistic ideals through this healthcare distribution model, the responsibility of local municipalities to provide non-hospital based reproductive healthcare means that service provision may vary across the country. Various settlement patterns across the country further complicate the system, as do the challenges of growing ethnocultural diversity resulting from increased immigration in Norwegian society. To contextualize this issue, migrants made up less than two percent of Norway's total population in the 1970s (Vassenden, 2010). Whereas in 2019, persons with immigrant backgrounds, i.e., "persons born abroad with two foreign-born parents and four foreign born grandparents, in addition to persons born in Norway with two foreign-born parents and four foreign-born grandparents" (Statistics Norway [SSB], n.d.) henceforth referred to as migrants, comprise nearly eighteen percent of Norway's population (SSB, 2019). As migration is not explicitly recognized as a determinant of health in Norwegian health policy, where the focus mostly concerns access, there have been various responses to migrants' needs across Norway.

2.1. Migration, Diversity, and the Issue of Equity

Norway's relative ethnic homogeneity until recently has meant issues of cultural diversity being a necessary target for policy, such as in health, have not been prominent. As described earlier, the development of the Nordic welfare state and the adoption of universalism as a hallmark feature of this model were driven by a collective, post-War sense of unity and desire for equality, facilitated by the homogeneity of their populations. Though positive and progressive in intention, an unexamined ideology of universalism can exclude those who do not conform to the model's homogenic definitions. The dearth of research from a policy to practice perspective in Norway indicates that policy makers and implementors are not cognizant of how people from different sociocultural backgrounds experience universalism in its current blanketed approach. This topic will be elaborated through the example of maternal health services in the following subsections.

Keeping with the need for further research, there now exists an imperative to retheorize universalism and

its coexisting nuances as currently applied in health policy to account for the emerging sociocultural diversity. Increasing indicators associated with the growing national migrant population that emphasize the challenges and shortcomings of health policy illustrate this need (Attanapola, 2013; Dahl, 2009; Munthe-Kaas, Bidonde, Nguyen, Flodgren, & Meneses, 2018). This is not only a Norwegian issue; multiple European studies highlight the differences in health outcomes, help seeking and differential access patterns of their migrant populations despite their right to health services (Darj & Lindmark, 2002; Dejin-Karlsson & Östergren, 2004; Ny, 2007; Rechel et al., 2011). Consequently, this presents the challenge of how to achieve the equality or sameness in opportunity desired by universalist ideals of Norwegian social policy whilst ensuring the equity or fairness demanded by Norway's diversity. These challenges are not limited to migrants, but also involve other underrepresented or unrepresented groups within Norwegian society. Immigrant women and the issue of maternal health services is one specific example referenced by this article. The following two subsections lay the contextual foreground for this debate in order to problematize and later address the multifold intricacies of the concepts of equity and equality.

2.2. Maternal Health Provisions for Immigrant Women

Despite the entitlement of all pregnant women to free maternity care regardless of their legal status (Helsenorge, 2019), the discrepancy between equality versus equity, resultant from a blanketed yet indeterminant approach to universalism, is evident in maternal health provision for immigrant women. Despite the universalist assumption of equal rights to health services enabling health equity, equal opportunity and health outcome is not warranted for all immigrant women. Differences in the utilization of prenatal and antenatal care by immigrant women in comparison to non-immigrant women, and a higher prevalence of complications and unfavorable birth outcomes among this group, indicate these disparities (Nørredam & Krasnik, 2011; Reeske & Razum, 2011). This demonstrates that there are issues of poor access, which must be considered from both institutional and individual perspectives. Institutional access barriers may be due to poor institutional knowledge and resources to address migrant women's health needs, dissemination of information in hard to reach immigrant communities, and perhaps even that of health center proximity. In combination with individual factors embodied by migrant women, such as cultural differences, language barriers, or education level, these can lead to different health seeking patterns, and subsequently to poorer health outcomes for both mothers and infants. Such circumstances are poorly addressed by universalist or state level policy and provisions. In keeping with the decentralized policy framework presented in Figure 1, action has been taken by some municipalities. One such health promotion program offered by a municipality is presented below to facilitate the discussion surrounding the analytical question of how much inequality in policy instruments or treatment can a universalist welfare state tolerate in its pursuit of equity. The information for this case which comes from a previous study by this author (Mehrara, 2017), is utilized like other investigative material in this theoretical article: to illustrate and analyze, but not to empiricize, the enactment of universalism in Norway.

2.3. Example of a Local Health Initiative for Immigrant Women

In the early 2000s, a group of primary maternal health service providers working in a Norwegian municipality with one of the highest concentrations of immigrants in the country designed a program named TEGRA (short for inTEGRAtion; see Stavanger Kommune, 2016). This development was in response to both the challenges they faced in working with migrant women, and the disparities of maternal and child health outcomes they saw in this group over time in comparison to the Norwegian population. After several years of voluntary operation, the project was incorporated formally at the municipal government level and has since received public funding.

TEGRA, which initially began to address the issue of female genital mutilation, has expanded its scope and aims to address broader topics of health promotion aimed at a more diverse group of immigrant women (Mehrara, 2017). TEGRA now offers free comprehensive and linguistically inclusive pre- and post-natal workshops, specifically designed for immigrant women. These workshops play an important role in promoting the integration of immigrant women into Norwegian society by developing their system knowledge, a type of knowledge required for them to understand and navigate the health and welfare system. Not only providing information around pregnancy, childbirth and motherhood in Norway, they support and empower immigrant women to gain an understanding of and access to the available resources. Furthermore, the workshops create a space for network building for these mothers. These actions accumulate and lead to better understanding, trust and use of not only the health system but other social services, and ultimately the integration and overall wellbeing of immigrant women. An additional program objective is to increase the cultural competency of healthcare professionals and other service providers working with immigrant women and their families through education, training and topic specific discussions both at the local and national levels (Helsesøstre, 2007).

This free local health initiative for immigrant women runs in parallel and in addition to the state-run health services in this municipality. The success of TEGRA both in overall qualitative measures of satisfaction from service users, and quantitative reports on the improvement of health and birth outcomes among the immigrant popu-

lation, reaffirm its necessity. TEGRA's success has gained the praise of both local and national service providers. The municipality's formal recognition of TEGRA shows the incentive and need for such programs, where services are targeted toward specific population groups in Norwegian society who are otherwise overseen by standard distribution protocols. This demonstrates that a degree of selective universalism as described by Carey and Crammond (2017) and discussed further in section three, is well received and required. A similar program has recently been adopted by another Norwegian municipality, where it too has gained popularity. Together, these indicate that the decentralized health governance system allows for some local flexibility toward developing equitable approaches to healthcare.

The downside to this localized response is that due to differences in resources, demographics and responses between municipalities, this approach can inadvertently deepen inequality in the country and within the system. While women in certain municipalities can benefit from extended support programs, women in other Norwegian localities where such tailored programs do not exist, have the complex task of navigating the healthcare system as their own responsibility, which may impact their use and trust of the health system in the long run. This approach to maternal health provision within Norway's universal frame of health policy, leads into this article's critical discussion of whether this system's overarching ideology of fairness actually translates to equity in practice. Before taking this discussion further, it is important to clarify what is meant by equity and equality in the context of diversity and universalism.

2.4. Equity and Equality

Teasing out equity from equality is a complex task. Depending on context, the two are given various definitions. Within the context of this article, equality refers to a sameness in entitlement or right to a standard set of available health services, whereas equity in health is considered a critical aspect of accessibility, and it differs from equality in that it "concerns fairness" (Nørredam & Krasnik, 2011, p. 67). Furthermore, "equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically" (WHO, n.d.). Applying an equality focused policy to the distribution of health services, i.e., granting access to healthcare as a statutory right to all eligible residents in Norway, neither ensures equality in the ability of beneficiaries to access and use services, nor guarantees equality in outcome. An equality-oriented approach, though seemingly fair, overlooks that this equal right needs to be mobilized by its beneficiaries to become an opportunity through which they can benefit from healthcare services to their fullest potential, and to attain equal outcome. While equality implies a right, equity implies both equal opportunity and equal outcome; hence, a policy following an ideology that is meant to promote equality does not necessarily offer distributive justice or equity in practice. This system-oriented argument is not to insinuate that equality of opportunity and outcome in health are one-dimensional transactions independent of individual factors, or that all migrants have poor health outcomes. As already explained, access to health and consequently health-seeking behavior are multidimensional; therefore, equality of opportunity and outcome do not depend only on the health system, but also on the life course or previous experience of the migrants. This analysis, however, focuses on the role of healthcare as an institution in Norway, because though it may not be the only factor enabling equality of opportunity and outcome, its recognition and response to diversity makes it a significant contributor to broadscale change, and to achieving equity.

The assumption underlying the blanketed approach to universalism in Norway, or its equality focused social and health policy, implies that everyone's needs can be addressed by granting them the same right to healthcare and to a same set of general provisions. Entitlement to a right does not necessarily contribute to fairness because it does not take into consideration the subset of individual or institutional factors that may limit the mobilization of an opportunity. It is therefore important to consider the element of equity in health policy to recognize diverse needs. Though achieving absolute equity is a utopian idea, an equity-oriented policy, conscious of and proactive about the differences among people's needs can lay the foundations for more equitable healthcare system and more equal outcomes.

The recognition of differences is fundamental in order to mobilize a system that provides equal right to healthcare, to a system that offers distributive justice. Awareness of the individualistic needs existent in an ethnoculturally diverse population within the collectivist frame of Norwegian political ideology is essential for promoting equity. The case of TEGRA provides one example of how primary service providers recognized the need to address diversity within the universal approach of healthcare in Norway. Nevertheless, the relationship between equality or equity is more complex than a simple binary of a right and opportunity or outcome. Neither explore the intricacies of diversity within the scope of universalism, in this case, the diversity of immigrant women's maternal health needs in Norway's universal health system. Moreover, the issue goes beyond the scope of health equity, though it is the example through which the concept of universalism is analyzed in this work. The issue of blanketed universalism extends to a general question of inclusion and integration of immigrants in Norwegian social policy. To claim universal equality whilst not recognizing ethnocultural diversity, or how people from different backgrounds experience universalism, reinstates a monocultural view of privilege which may contradict the Norwegian ethos of social democracy, and also contribute to segregation within the population.

This of course is one lens through which the fairness of this universal health system can be analyzed. Another important perspective that the enactment of healthcare in practice should be critiqued from is through questioning whether its current approach to health equity can be problematic. More specifically, can this degree of governmental decentralization, and the autonomy of "street-level bureaucrats," itself be viewed as problematic?

TEGRA is an initiative developed in response to a demand, wherein an effort has been made to recognize the diverse maternal health needs of immigrant women. Absence of this program or similar ones, incorporated or accommodated at the central level of health policy in Norway, leaves the responsibility of targeting services and ensuring universalism in practice to primary service providers, such as midwives and health nurses. These actors can be referred to as "street-level bureaucrats," a concept coined by Lipsky (1980), which refers to those actors who use their discretion in amending policy practice: "Street-level bureaucrats in the Nordic states are supposed to implement universalist policies and statutory services within the context of local, democratic institutions" (Vike, 2018, p. 250). In the case of maternal health services for immigrant women in Norway, street-level bureaucrats play a key role in addressing policy shortcomings, by devising grass-root initiatives that tailor general policy recommendations to address the more specific needs of service users. The autonomy of street-level bureaucrats in their role as the 'nuts and bolts' of the policy practice nexus in Norwegian health policy has been fundamental to the continuous expansion and adaptation of social policy to meet the diverse needs of the population. However, this raises a question of whether this is an appropriate and sustainable way to address the challenges of diversity facing Norway's universal social policy.

This approach to universalism certainly has some benefits for health equity, such as providers being able to address the specific needs of service users, however it is simultaneously problematic. Designating street-level bureaucrats to bridge the gaps between the ideal of universalism in policy, to its enactment through practice in their social realities, does not eliminate gaps in central policy and its theoretical underpinnings. Rather, it provides a 'band-aid' solution, where the consequences of this imbalance are most visible, i.e., in municipalities with a high concentration of immigrants. With respect to maternal health initiatives such as TEGRA, the needs of immigrant women in more remote parts of the country without such initiatives are not as explicitly attended to, consequently imposing the service users with a larger burden of personal responsibility to navigate the healthcare system and beyond. Meanwhile, its availability in other regions privileges those immigrants within a specific geographic proximity. This links the argument back to the issue of equality and equity discussed earlier and calls for an examination of the meaning and application of universalism as a concept in Norwegian health policy. The following section dissects universalism as a concept, in order to provide the theoretical framing for the discussion to follow of whether there is a discrepancy between the ideal of universalism and its application in Norway's social reality in section four.

3. Contemporary Deconstruction of Universalism in Norway

Thus far, the article has focused on the inception of universalism and its application in Norwegian health policy. Some issues were raised with respect to the concept's meaning and relation to diversity, equality and equity, using an example of a local health initiative to both problematize and illustrate the different facets of the argument. This section expands its focus to deconstructing the meaning of universalism as a concept and retheorizing its application in Norwegian health policy. In doing so, it offers a critical review of the contemporary implications of universalism in order to position the analysis of universalism in Norway.

To start, universalism can be comprehended as both a simple or a complex concept; where its meaning has evolved from its traditional sense as a redistribution mechanism, to its meaning being context, time, location and discipline bound. When the concept of universalism was coined, its vague definition allowed for interpretation and thus for different stakeholders to appropriate it to suit their purposes at different times (Anttonen, Haikio, & Kolbeinn, 2012). Through the evolution of its application and more scholarly interest in its variance, the concept has been given multiple meanings: "Rather than referring to some single abstract principle, universalism can be seen as a multidimensional concept that refers to a set of principles" (Stefánsson, 2012, p. 42). Below, views of the concept are represented from three different perspectives, beginning with a theoretical overview, going onto an operational presentation, and finally a comparative analysis of universalism as a distribution mechanism.

3.1. Theoretical Overview

Universalism as a theoretical concept is contested. Anttonen et al. (2012, p. 37), explain universalism as a theoretical dichotomy in which, 'universal' refers to a mechanism of redistribution and the type of welfare state, whereas 'universalism' refers to a "particular kind of social ideology." They exemplify this referring to its adoption in the British welfare model as the nature of benefits, and in the Nordic model as a spirit and ideology. Stefánsson (2012) argues instead that from a theoretical perspective, universalism refers to person-state relationships and social inclusion, whereas in a procedural sense it describes a distributive process(es). A simple reiteration of these views can instead maintain that universalism can be used to define policy aims or instruments, one outlook emphasizing a theoretical ideology and the latter practicality or processes of distribution. This distinction is exemplified in Table 1.

Table 1. Universalism as policy aim compared to universalism as policy instrument.

Theoretical dichotomy	Universalism of policy aims	Universalism of policy instruments
Central dogma	Universalism as a social ideology	Universalism as an operational principle
Focus	Person-state relationship and social inclusion (Stefánsson, 2012)	Mechanism of distribution (Stefánsson, 2012)
Effect	Consequentialist (Anttonen et al., 2012)	Procedural (Anttonen et al., 2012)
Example	Nordic universalism	British universalism

Universalism, a complex theory, cannot only be described as a mutually exclusive dichotomy, as presented in Table 1. For the universalism of policy instruments to come about, some underlying universalist ideology is prerequisite; likewise, for the translation of universal policy aims, policy instruments require awareness of and operation within a universalist frame. One might argue, rather, that the theory of universalism exists on a continuum. Though universalism forms the underpinning ideology of welfare policy in Norway, Norwegian universalism cannot be distilled to emphasize only an ideology, or the universalism of policy aims and of social inclusion. Universalism in Norway is also an applied policy approach or instrument for the redistribution of social and welfare services across the country. In a comparative example, the UK policy framework predominately presents universalism as a redistribution mechanism (Anttonen et al., 2012). Though a degree of universal ideology exists, the focus in the UK is on the application of universalism as an operational principle for some services such as primary education and healthcare, as opposed to a political ideology encompassing all public services as in Norway.

This variation in characterization also continues in the application of universalism, where varieties of universalism coexist both at an institutional level and at the practice level, and where "each dimension of universalism is a matter of degree not a dichotomy" (Anttonen et al., 2012, p. 189). Scholarship thus emphasizes that the universality of programs lies on a spectrum of universalism in both its theoretical ideology and its practical application. The following subsection therefore examines different types of universalism on this continuum.

3.2. Operational Presentation

To begin, Carey and Crammond (2017) provide an operational definition of universalism by dividing the concept into two broad institutional approaches based on how a government defines service provision, i.e., general or specific universalism. They describe 'general universalism' as a type of universalism where "flat-rate benefits are applied to all, irrespective of citizenship, class, means or need" (Carey & Crammond, 2017, p. 304); whereas 'specific universalism' "supports free, universal availability of public services…to all on the basis of citizenship (though it does not necessarily guarantee universal access)," and "goes beyond flat-rate benefits in an attempt to redress existing inequalities" (Carey & Crammond, 2017, p. 305). This is presented in Table 2.

The concept of selectivism can be applied within the framework of specific universalism, where the definition and scope of social benefits still tend toward broad definition based on a general concept of common good. Selectivism differs from residualism, whereby benefits are not only targeted to the poor, and is concerned with targeting services to population subgroups based on their needs. Some scholars argue that like residualism, selectivism does not fit within the framework of universalism because it is not all inclusive and thus discriminatory (Anttonen & Sipilä, 2012). However, Carey and

Table 2. Operational overview of universalism as institutional approaches. Adapted from Carey and Crammond (2017).

Institutional approaches	General universalism	Specific universalism
Rationale	Protection of the population through flat-rate benefits for everyone	Universal social benefits to promote social rights and social equality
Examples	Infectious disease control and sanitation	Public health insurance; public schools
Eligibility	Impartial distribution to the entire population	Based on citizenship
Limitations	Can only be applied in certain contexts where the need triumphs above social, political and economic barriers.	Though there is more targeting, this type of universalism still too general as it overlooks sociocultural diversity and does not therefore guarantee equal benefit within society because it impartially favors predominant social norms.

Crammond (2017, p. 304) argue for selectivism within the frame of universalism, explaining that "while universalism is regarded as a precondition of equality, it does little to promote redistribution and ignores existing inequalities." Thus, a degree of targeting or tailoring of services is required within a proportionate application of universalism to achieve health equity (Carey & Crammond, 2017; Carey, Crammond, & de Leeuw, 2015).

Selectivism is further subdivided into two categories, positive and negative (Carey et al., 2015; see Figure 2). Within a universal system, positive selectivism addresses the specific needs of particular groups through a decentralized model of welfare governance, where without any means-testing schemes, "state funded agencies embedded in communities are sensitive to, and can cater for, difference and diversity" (Carey & Crammond, 2017, p. 305). Examples include programs, such as that of TEGRA illustrated in section two, that offer additional support within a public system to specific groups based on their needs. Negative selectivism however, "targets the provision of services and assistance on the basis of individual means (i.e., using means-testing) within a universal framework" (Carey & Crammond, 2017, p. 305). This type of targeted universalism is often argued to be stigmatizing because it is susceptible to defining disadvantage on the basis of means testing. Finally, there exists the notion of particularism, which is at the opposite end of general universalism on the impartiality scale, as it profoundly emphasizes recognition of all types of diversity in society and consumer choice in tailoring government services. In other words, particularism is a very individualized system and the antithesis of universalism's collectivist underpinnings, with a high degree of targeting at the cost of a high degree of impartiality or eligibility criteria. Figure 2 below represents these different distribution methods relative to their degree of impartiality and targeting.

The breakdown of universalism as theoretical and operational constructs, or as policy aims and policy instruments, sets the analytic framework for investigating universalism in Norwegian health policy. Bringing together this conceptual framework with the example of TEGRA in section two, the types of universalisms at play in Norwegian health policy can be extrapolated by analyzing the nuances surrounding this issue's policy and practice nexus.

4. Discussion

This article has examined the policy and practice of universalism in Norway, posing the question: How much inequality in policy instruments can a universalist welfare state tolerate in its pursuit of equity? This section synthesizes the various discussions on the topic thus far and reflects on both the adoption and application of universalism in Norway, offers suggestions for retheorization of the concept, and makes recommendations for policy and further research.

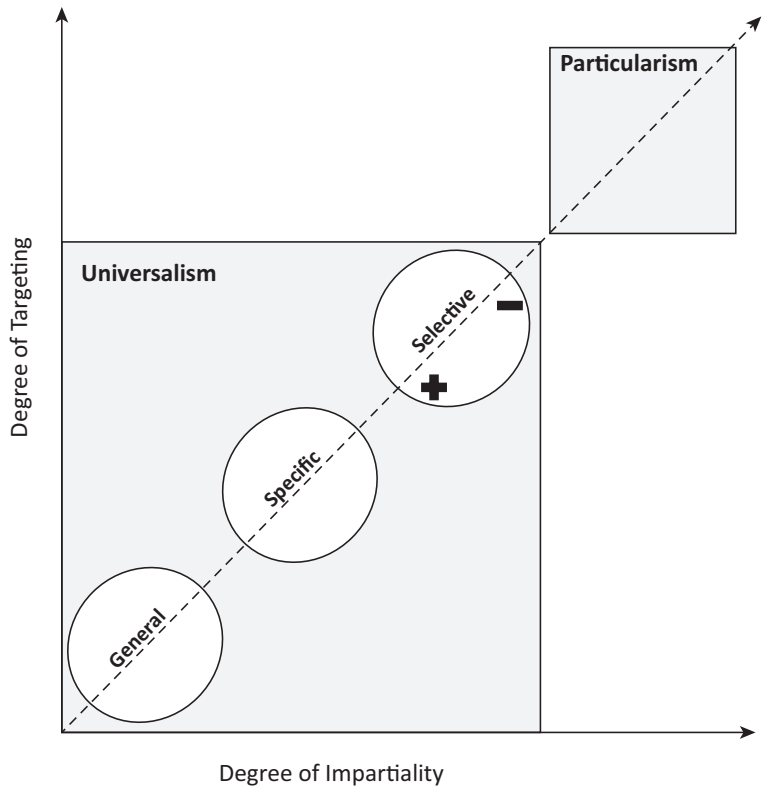

Figure 2. Universal benefit distribution based on degrees of impartiality and targeting. Adapted from Carey and Crammond (2017).

4.1. Reflections on Norwegian Universalism

Norway's approach to social policy aims strongly resonates with a generic notion of universalism, particularly, that of specific universalism, where the only eligibility criterion is legal residency status (Table 2). This simplistic and all-encompassing definition traces back to the principle's historical foundations. Meanwhile, in the implementation of its policy instruments, i.e., governance of distribution, and particularly healthcare, Norway's decentralized approach allows for a great degree of malleability. This enables different localities in the country to adopt various methods of redistribution and service provision within the frame of the central general government guidelines. Targeted programs that operate in addition and or in parallel to standard services for at risk or minority populations, who due to various factors may otherwise be impeded from benefiting from these services, are included here.

There are of course benefits to geographic localized targeting, the major one being cost savings, i.e., not spending on programs that are not uniformly needed across the country. The second benefit of this approach is the autonomy and the flexibility it gives municipalities and street-level bureaucrats to design and offer relevant programs within the scope of national requirements, as programs can be continuously launched and altered to meet local demands. This ties in with another benefit of small-scale local projects, their ability to circumvent bureaucratic hurdles.

Nevertheless, there are less favorable aspects to this approach. To begin, though needs may vary within a diverse population, the fact that many social and health needs are universal cannot be discredited; therefore, it is flawed to assume that a health disparity linked to ethnocultural diversity is only specific to a single municipality. It may be that some social challenges or needs are more visible or frequent in some parts of Norway due to demographic variables such as its immigrant population, average age, unemployment status, and more; yet they cannot suppose the regional specificity of these problems. Secondly, local programs may be cost effective in the short run; however, such needs often persist and grow in a population, and thus in the long run, and in lieu of systematic programs collectively targeting the common needs of a particular populations, the burden will fall on individual service providers and service users, resulting in the consumption of more time and resources. Likewise, in the absence of a standardized audited protocol, the effectiveness of the latter scenario may vary extensively from one provider to another. Hence, not only can this be financially costly to the system, it can also challenge the service providers and affect the quality of care they provide.

The selectivist approach to universalism, adopted to address the gaps inherent to this policy aim in the enactment of policy instruments, brings about yet another set of challenges. The case of TEGRA presents a 'positive selectivist' approach to targeting of services to immigrant women, wherein "positive selectivism aims to provide additional services and resources for certain groups on the basis of needs (e.g., without means testing)" by being more sensitive to difference and catering to diversity (Carey & Crammond, 2017, p. 305). Although at first glance, this seems like an equitable approach to distribution, even within this framework, the needs of beneficiaries are potentially defined homogenously through the lens of those in power, the mostly ethnically Norwegian primary care providers. Programs developed based on what the service providers assume a specific group of the recipients' needs to be can unconsciously counter their positive intentions of addressing different needs of the population (Carey & Crammond, 2017). This argument also questions the degree of choice that can be tolerated in a universal welfare system, and hence distilled into the paradigm of new public management; nevertheless, this article's scope is limited to merely signaling these possibilities.

4.2. Recommendations for Policy and Research

In asking whether the systematic targeting of services should be incorporated at the national level within the frame of universal social policies, it is argued that local initiatives targeting universal benefits through positive selectivist measures, should be audited by the municipality. If they are running as a formal function locally, they should then be audited by national authorities such as the Directorate of Health, and they should meet certain standards to ensure service users' satisfaction, or contribute to statistical improvements of dependent variables, such as better maternal and birth outcomes. Furthermore, there should be more dialogue between service providers and policy makers as to why these programs are beneficial, and whether and how they could be incorporated nationally to benefit more people. TEGRA's example shows that such programs respond to a common need or demand in addition to health promotion and preventive care, and that participation in such programs can improve the cultural health capital of immigrant women. Shim (2010, p. 1) defines cultural health capital as "the repertoire of cultural skills, verbal and non-verbal competencies, attitudes and behaviors and interactional styles, cultivated by patients and clinicians alike, that, when deployed, may result in more optimal healthcare relationships." Participation in such programs expands benefits beyond a specific service by giving service users the knowledge, tools, and skills to navigate the system, and to mobilize and optimize the healthcare opportunities to which they are entitled. The question remains of why the systematic targeting of services, especially in cases where they have been tried and tested, is not incorporated nationally.

To summarize this conceptual review of universalism, the principle of universalism is loosely defined in Norwegian health policy, and in its current form, it can-

not deliver to its ideals in practice. The principle, as it stands today, is a vague amalgamation of its nuances as a theoretical ideal from the time of its inception in the Norwegian welfare state, and of its locally defined and applied definitions as a principle for practice: "The conceptual history of universalism would appear to be closely linked with the making of social policy" (Anttonen & Sipilä, 2012, p. 37). While providing the foundations for constructing a welfare system with social democratic ideals and reflecting a collective interest in a common good, there are now greater expectations from the modern welfare state, and the needs it must cater to are wider in scope and variety than at its inception. Socio-political changes, population growth, aging population and more ethnocultural diversification impose new challenges on the universal policies of the welfare state, specifically on what those policies ought to imply beyond their theoretical shell of policy aims, and in practice as well.

In Norway, the burden of bridging the gap between the ideal of universalism in policy, versus its enactment at the service delivery level, is currently left to public service agents. However, without the formal recognition of these shortcomings at the national level, the paradox of the equality demanded by universalism and the equity demanded by diversity also remains.

Through providing 'equal' treatment or access to different groups, the thought in many universalistic welfare states, such as Norway, at least from a historical standpoint that remains deeply embedded in policy today, is that equality will result. However, "welfare scholars argue that many states which have been described as 'universal,' exclude certain groups by virtue of viewing populations as homogenous" (Carey & Crammond, 2017, p. 304). This indicates a problem with the sameness in treatment, as in the model of specific universalism adopted in Norwegian health policy, as assuming an impartial solution to provision can be insensitive to some people's needs and ability to access services, especially those whose needs fall outside the margins of the dominant society and culture. As stated earlier, though the core principle of universalism is considered prerequisite to achieving equality, in its application, when differences among individuals and their needs are overlooked, it consequently results in countering its objectives of equal distribution or opportunity (Carey & Crammond, 2017). To therefore ensure equality, differences must be considered and, with that, "to be sensitive to differences in need, Dworkin's theory of equality argued that individuals must be treated differently" (Carey & Crammond, 2017, p. 304). In the case of migrant maternal healthcare in Norway, notions of universalism in the distribution of maternal healthcare may obscure social diversity, because notions of good practice and understandings of diverse needs may vary across and within different localities.

Nevertheless, targeting services and redefining universalism with a felt-tipped pen in order to make it truly 'universal,' both in theory and practice, leads to the important question, posed by Carey and Crammond (2017, p. 304) of "how much diversity should policies and programs seek to encompass." More specifically, this leads to the central analytical question of this article: How much inequality in policy instruments can a universalist welfare state tolerate in the pursuit of equity?

Perhaps the answer to these questions lies beyond universalism, or perhaps it requires a more nuanced articulation of universalism. The reconsideration of social policy, including health policy in Norway does not require a total redefinition, rather it requires a rethinking and clarification of the conceptualization of universalism and its implications. Most certainly, "universalism is not a panacea" (Anttonen et al., 2012, p. 187) and there will always be shortcomings. But fine-tuning the theory, and its consequences in practice, can reduce some of the discrepancy the concept carries between equality and equity in Norwegian social policy. Despite some gray areas, Norwegian health policy remains one of the most comprehensive and successful health systems in the world. However, to uphold this status, it requires a more systematic and pragmatic approach to dealing with change, especially concerning its increasingly diverse ethnocultural population. The emphasis in Norwegian health policy should therefore go beyond the eligibility issues, i.e., specific universalism (Table 2), to how to be more inclusive and efficient in addressing the different needs of the population it covers, i.e., through positive selectivism. There needs to be recognition at the national level that, "citizenship is an equal status for all citizens but affects them differently" (Stefánsson, 2012, p. 62), which is true of universalism as well in that not everyone experiences it the same way. This primarily requires the problematization of this issue and its shortcomings in policy. Secondly, the engagement of service users from the population's minority groups and their collaboration with service providers and policy makers can enhance the understanding and accommodation of their particular needs.

The key for answering the article's analytical question is not in the invention of a barometer to measure the capacity of universalist policy aims in tolerating inequality of treatments through universal policy instruments in the pursuit of equity, but in exploring whether there is at all a capacity within this social policy framework to dissect the nuances of universalism as a concept in theory and in practice. This is undoubtedly a mammoth task, but through the theoretical analysis of health policy in Norway, and the concept of universalism, this article means to initiate this process and spark further discussion and research.

5. Conclusion

This article reflected on the concept of universalism in social policy, to challenge its orthodox notions of idealism and equality with the questions of change and diversity, within the frame of health equity in Norway. Labeling

Norway's health system as universalist, prompted a dissection of the concept as adopted and applied through an example of its enactment to explore the implications of universalism in this system, and whether and how a gap between policy and practice is bridged.

Despite the analyses and recommendations presented in this article, the overarching issue of whether universalism is a sustainable approach to health equity remains. The balance of equality and equity is sensitive within universalism, where too much emphasis on equality can overlook intricate effects of equity, and likewise, too much focus on equity may overthrow the notion of equality altogether. Absolute equity is a utopian ideal, and Norway's universal welfare system will unavoidably result in some degree of inequity within the population, as universalism as a theory or policy aim is inherently limited by its collectivist nature. Notwithstanding this barrier, a balance between equity and equality could be achieved in Norway's health policy through the collaboration of service users, service providers and policymakers in reevaluating policy measures and devising a more nuanced application of universalism in accordance to the diversifying needs of contemporary Norwegian society.

Acknowledgments

First and foremost, I thank all the reviewers and editors involved in the revisions of this work for *Social Inclusion* for their valuable feedback. Furthermore, I extend my gratitude to my doctoral supervisors, Professor Trude Karine Olaug Gjernes at Nord University and Dr. Susan Young at the University of Western Australia for their continued guidance and assistance. Finally, I thank Dr. Jessica Allen Hanssen at Nord University for her input and proofreading of this article.

Conflict of Interests

The author declares no conflict of interests.

References

Anttonen, A., Haikio, L., & Kolbeinn, S. (2012). The future of the welfare state: Rethinking universalism. In A. Anttonen, L. Haikio, & S. Kolbeinn (Eds.), *Welfare state, universalism and diversity* (pp. 187–196). Cheltenham: Edward Elgar Publishing.

Anttonen, A., & Sipilä, J. (2012). Universalism in the British and Scandinavian social policy debates. In A. Anttonen, L. Haikio, & S. Kolbeinn (Eds.), *Welfare state, universalism and diversity* (pp. 16–41). Cheltenham: Edward Elgar Publishing.

Attanapola, C. T. (2013). *Migration and health: A literature review of the health of immigrant populations in Norway*. Trondheim: NTNU Social Research. Retrieved from https://samforsk.brage.unit.no/samforsk-xmlui/handle/11250/2365877

Carey, G., & Crammond, B. (2017). A glossary of policy frameworks: The many forms of 'universalism' and policy 'targeting.' *Journal of Epidemiology and Community Health*, *71*(3), 303–307. http://dx.doi.org/10.1136/jech-2014-204311

Carey, G., Crammond, B., & de Leeuw, E. (2015). Towards health equity: A framework for the application of proportionate universalism. *International Journal for Equity in Health*, *14*(1), 81. http://dx.doi.org/10.1186/s12939-015-0207-6

Dahl, E. (2009). Health inequalities and health policy: The Norwegian case. *Norsk Epidemiologi*, *12*(1), 69–75. https://doi.org/10.5324/nje.v12i1.521

Darj, E., & Lindmark, G. (2002). Not all women use maternal health services. Language barriers and fear of the examination are common. *Lakartidningen*, *99*(1/2), 41–44.

Dejin-Karlsson, E., & Östergren, P.-O. (2004). Country of origin, social support and the risk of small for gestational age birth. *Scandinavian Journal of Public Health*, *32*(6), 442–449. https://doi.org/10.1080/14034940410028172

Helsenorge. (2019). Pregnancy and maternity care in Norway. *Helsenorge*. Retrieved from https://helsenorge.no/other-languages/english/pregnancy-and-maternity-care

Helsesøstre. (2007). Jærstrendene—Manges helsekilde Helsesøstre [Public health nurses. Jærstrendende—A source for helath"] (Report No. 1–2007). Askim: Østfold Trykkeri AS. Retrieved from https://www.nsf.no/Content/252225/HELSES_1_07.pdf

Kautto, M. (2010). The Nordic countries. In F. G. Castles, S. Leibfried, J. Lewis, H. Obinger, & C. Pierson (Eds.), *The Oxford handbook of the welfare state*. Oxford: Oxford University Press.

Kuhnle, S., & Hort, S. E. (2004). *The developmental welfare state in Scandinavia: Lessons for the developing world*. Geneva: United Nations Research Institute for Social Development.

Lipsky, M. (1980). *Street level bureaucracy: Dilemmas of the individual in public services*. New York, NY: Russell Sage Foundation.

Mehrara, L. (2017). *Imperfections of a perfect state—A social policy analysis of the provisions of maternal health services for migrant women in Norway: A case study on Stavanger* (Unpublished Master's dissertation). University of Stavanger, Stavanger, Norway. Retrieved from http://hdl.handle.net/11250/2450604

Munthe-Kaas, H. M., Bidonde, J., Nguyen, L., Flodgren, G., & Meneses, J. (2018). *Effect of health equity tools for immigrants: A systematic review*. Trondheim: Norwegian Institute of Public Health. Retrieved from https://www.fhi.no/en/publ/2018/Effect-of-health-equity-tools-for-immigrants-a-systematic-review

Nørredam, M., & Krasnik, A. (2011). Migrants' access to health services. In B. Rechel, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict, & M. McKee (Eds.), *Migration and health in the European Union* (pp. 67–78). Maidenhead: Open University Press.

Ny, P. (2007). *Swedish maternal health care in a multiethnic society—Including the fathers* (Unpublished Doctoral dissertation). Malmö University, Malmö, Sweden. Retrieved from https://muep.mau.se/handle/2043/4105

Rechel, B., Mladovsky, P., Devillé, W., Rijks, B., Petrova-Benedict, R., & McKee, M. (Eds.). (2011). *The future of migrant health in Europe*. Maidenhead: Open University Press.

Reeske, A., & Razum, O. (2011). Maternal and child health: From conception to first birthday. In B. Rechel, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict, & M. McKee (Eds.), *Migration and health in the European Union* (pp. 139–154). Maidenhead: Open University Press.

Ringard, A., Sagan, N., Saunes, I. S., & Lindahl, A. K. (2013). Norway: Health system review. *Health Systems in Transition*, *15*(8), 1–162. Retrieved from https://apps.who.int/iris/handle/10665/330299

Shim, J. K. (2010). Cultural health capital: A theoretical approach to understanding health care interactions and the dynamics of unequal treatment. *Journal of Health and Social Behavior*, *51*(1), 1–15. https://doi.org/10.1177/0022146509361185

Statistics Norway. (n.d.). Persons with immigrant background. *Statistics Norway*. Retrieved from https://www.ssb.no/ajax/ordforklaring?key=225102&sprak=en

Statistics Norway. (2019). Immigrants and Norwegian-born to immigrant parents. *Statistics Norway*. Retrieved from https://www.ssb.no/en/innvbef

Stavanger Kommune. (2016). TEGRA, svangerskapskurs og barselgruppe [TEGRA, childbirth course and maternity group]. *Stavanger Kommune*. Retrieved from http://www.stavanger.kommune.no/no/Tilbud-tjenester-og-skjema/Barn-og-familie/Helsestasjon/Gruppetilbud1/TEGRA

Stefánsson, K. (2012). What is in a word? Universalism, ideology and practice. In A. Anttonen, L. Haikio, & S. Kolbeinn (Eds.), *Welfare state, universalism and diversity* (pp. 42–68). Cheltenham: Edward Elgar Publishing.

Vassenden, A. (2010). Untangling the different components of Norwegianness. *Nations and Nationalism*, *16*(4), 734–752. https://doi.org/10.1111/j.1469-8129.2009.00438.x

Vike, H. (2018). Street-level bureaucracy and crosscutting cleavages in municipal worlds. In H. Byrkjeflot & F. Engelstad (Eds.), *Bureaucracy and society in transition: Comparative perspectives* (pp. 245–263). Bingley: Emerald Publishing.

WHO. (n.d.). Equity. *World Health Organization.* Retrieved from http://www.who.int/healthsystems/topics/equity/en

About the Author

Lydia Mehrara is a PhD Candidate in Sociology at Nord University, Bodø, Norway. Her doctoral project examines the implications of Norway's decentralized approach to addressing the maternal health needs of immigrant women across the country. It applies a sociological perspective to the equity and equality debate within the context of universalism by focusing on maternal health services for immigrant women as a representation of this dynamic, from both the macro (system) and micro (individual) dimensions.

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 145–154
DOI: 10.17645/si.v8i1.2521

Article

Is There Room for Targeting within Universalism? Finnish Social Assistance Recipients as Social Citizens

Paula Saikkonen [1,*] and Minna Ylikännö [2]

[1] Social Policy Research, Finnish Institute for Health and Welfare, 00271 Helsinki, Finland; E-Mail: paula.saikkonen@thl.fi
[2] Kela—Social Insurance Institution of Finland, 00250 Helsinki, Finland; E-Mail: minna.ylikanno@kela.fi

* Corresponding author

Submitted: 30 September 2019 | Accepted: 27 January 2020 | Published: 18 March 2020

Abstract
This article focuses on the role of means-tested social assistance in Finland, which is often considered one of the Nordic welfare states described as having a universal welfare model. The article scrutinises the capacity of the final safety net to enhance the social citizenship of social assistance recipients. The Finnish social security system combines social insurance (earnings-related benefits), universal benefits (flat-rate benefits), free or affordable public services, and social assistance as a means-tested and targeted element, and thus it is a discussion on the degree of universalism that best captures the nature of universalism in the Finnish welfare state. Because the final safety net includes public services (especially social work) and income transfers (especially social assistance), its ability to strengthen social citizenship depends on both elements—separately and as a combination—as there may be a simultaneous need for financial aid and services. Whilst national registers provide data on social assistance, there is no national register data on municipal social services, which is why a survey was conducted. In this study, the heterogenic clients supported by the final safety net were described based on an open-ended question in the survey data. Statistics were then used to evaluate the frequency of client groups (capable clients, persistent clients, invisible clients, safety net dropouts). The article concludes that universalism as a social policy principle is challenged by the diversity of the clientele.

Keywords
social assistance; social citizenship; social security; universalism; welfare state

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction

The Nordic welfare states are characterised by a strong emphasis on universalism to promote equality. As a departure from the concept of British universalism, which focuses mainly on the benefits system, universalism in the Nordic welfare states extends to policy outcomes by emphasising the role of public services in increasing equality and social citizenship (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012). Throughout the development of the Western welfare states, it was disputed how public resources should be used in order to alleviate poverty and reduce inequality in society (Petersen, 2011). In general, the influence of earnings-related benefits on equality has been widely questioned, whereas flat-rate benefits have gained more acceptance (Korpi & Palme, 1998; van Oorschot & Roosma, 2017). As regards to the Nordic welfare states, which are often described as universal welfare models, the social security systems combine social insurance (earnings-related benefits), universal benefits (flat-rate benefits), free or affordable public services, and also some means-tested elements (Anttonen & Sipilä, 2012; Kuhnle, 2011). Our starting point is this idea of 'varieties of universalism'

(Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, p. 2). We focus on targeting within universalism in the Finnish welfare state, and we scrutinise the capacity of the final safety net to enhance the social citizenship of social assistance recipients. By social citizenship, we mean the right to maintain a reasonable standard of living when social risk is realised (e.g., unemployment, retirement, or illness), as it is used as a policy concept in the field of social security (Eggers, Grages, & Pfau-Effinger, 2019).

Even though the 'universal welfare state' is a widely used concept, defining universalism is extremely difficult in terms of concrete welfare policies (Goul Andersen, 2012). In addition, it has to be acknowledged that even though there are similarities between the Nordic countries, their social security systems, including minimum income schemes, have developed differently (Kettunen & Petersen, 2011). We interpret universalism as a principle of social policy according to which people in the same situation should be treated the same, and as characteristic of the Nordic welfare state (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012). Our interest lies in the social citizenship of one disadvantaged group: social assistance recipients. In the Finnish context, the final safety net is part of the social security system, including services (Niemelä & Salminen, 2006). In the past, one common character of social assistance in the Nordic countries has been the tight connection between cash and care (Kuivalainen & Nelson, 2012). Last-resort social assistance and related services come into use once earnings-related or residence-based basic social benefits (such as unemployment benefits, pensions, and student allowances, which are primary social security against social risks) and universal public services have failed to provide social protection.

Finland is an interesting case, as it goes against the current trend of decentralisation in Europe. This is because in 2017 it centralised social assistance from municipalities under one national agency, the Social Insurance Institution of Finland (Kela). One major justification for the reform was that it would increase equality, as means-tested financial aid would be granted according to the same principles across the country with less discretion. Discretion and local practices were seen to cause unequal outcomes for social assistance recipients (Parliament of Finland, 2014a). Although social services and a small part of social assistance (supplementary and preventive) are still the responsibility of the municipalities, in practice the connection between cash (basic social assistance) and care (social work) became weaker following the reform (Varjonen, 2020). The idea of increasing equality by decreasing the use of discretion in the final safety net may at first sound like something that strengthens universalism in the Finnish welfare state. However, as we discuss universalism as a social policy principle that also covers the outcomes of the policy, the picture becomes blurrier.

In the next section, we discuss universalism and social citizenship in the final safety net. Universalism and social citizenship are both slippery concepts. However, as our focus is on universalism as a social policy principle, we see that these concepts have two common denominators to be considered: membership (inclusion) and allocation (redistribution). After defining these main concepts, we briefly describe the final safety net in the current social security system. We then proceed to describe our research design and results. In the final section, we answer our research questions and reflect on the current state of the Finnish welfare state and its degree of universalism.

2. Universalism as a Social Policy Principle and Social Citizenship

In this article, universalism is considered as a social policy principle that also characterises the Nordic welfare model. Universalism provides common access to public goods and supports citizens' social rights (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, pp. 3–4; Anttonen, Häikiö, & Stefánsson, 2012, p. 187). In practice, universal welfare states provide benefits and services for all in order to increase equality, but targeting within universalism might also be an effective redistribution tool (e.g., Goul Andersen, 2012; Jacques & Noël, 2018; Leibetseder et al., 2017) when improving the lives of less privileged people so that they may reach the general standards of society (Anttonen & Sipilä, 2012). In this sense, targeting benefits or services may strengthen social citizenship.

2.1. Interpreting Universalism as a Social Policy Principle

When universalism is considered as a social policy principle of the welfare state, it has two main dimensions: inclusion and allocation. In the inclusion dimension, universalism includes everyone with welfare needs on the basis of citizenship or residency. In this sense, universalism in the Nordic welfare states can be questioned as it does not include everyone. For instance, asylum seekers are excluded while they wait for the decision on their residence permit application, not to mention asylum seekers with negative decisions who have access only to very limited services. In the allocation dimension, universalism is juxtaposed with selectivism. Selectivism means the discretionary allocation of benefits and services, whereas universalism follows a principle that people in the same situation must be treated in the same way (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012; Kildal & Kuhnle, 2005; see also Frederiksen, 2018). However, this juxtaposition is partly arbitrary, as a universal social policy does not mean the absence of targeted benefits and services (Goul Andersen, 2012; Jacques & Noël, 2018).

Universalism emphasises the delivery of welfare to all on equal terms, but it does not entail that everybody receives the same benefits and services (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, pp. 3–4). Typically, discretion and means-testing are used in the final safety net. The principal idea is to give those with welfare needs not only access to a minimum standard of income but also to

support the less privileged so they can get closer to the general standards of society (Anttonen & Sipilä, 2012). This means that people with greater needs may receive higher benefits (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, p. 7). The Finnish welfare state is typically labelled as universal rather than residual or selective, in contrast to Anglo-Saxon countries. The earnings-related benefits in the social security system have even increased the legitimacy of the universal welfare model. It has been noted that people are more supportive of benefits that they may get themselves than they are towards strictly targeted benefits (van Oorschot & Roosma, 2015). The delivery of welfare to all on equal terms does not exclude earnings-related benefits, yet it assumes that all people have equal access to the system (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, p. 8).

As a part of the Finnish social security system, social assistance can be seen as targeting within universalism, if targeting results in privileged support for the least well-off (Goul Andersen, 2012). Social assistance combines cash benefits and social services with the objective of meeting the needs of recipients in terms of enhancing their capabilities to participate in society (Ministry of Social Affairs and Health, 1997). Next, we move on to discuss universalism as a form of common access to public goods and citizens' social rights.

2.2. Social Citizenship and the Final Safety Net

The dimensions of inclusion and allocation also appear in social citizenship. The concept of social citizenship has been used widely and in varying ways since T. H. Marshall. Most authors agree that the main elements are social rights and responsibilities (Eggers et al., 2019; Marchal, Marx, & van Mechelen, 2014). These rights and responsibilities formulate a society or community, and thus they influence and determine identities. Indeed, the concept is questioned by arguing that since Marshall, the world has radically changed and better models for citizenship are needed in order to tackle the challenges of multiculturalism, ethnic diversity, and migration (Turner, 2009). Diversity is also a challenge for universalism as a social policy principle (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, pp. 8–9).

The idea of universal social citizenship that has been seen as the core of universal social policy has been rivalled by the idea of active citizenship (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, p. 10). Active citizenship means strengthening self-responsibility. In the field of social policy, the demand of active citizens has been seen on labour market policies, pension policies, family policies, and long-term care policies, although there are huge variations between countries as to what extent they expect these policies to promote the autonomy and agency of citizens. Active citizenship does not automatically mean that the responsibility of the state (or public responsibility) is replaced by self-responsibility because the state or public sector may support active social citizens by offering social security and services that increase citizens' choices and autonomy (Eggers et al., 2019).

Social citizenship has been studied in the context of minimum income schemes, as they define what social citizenship minimally entails. Social rights are often defined as a generosity of benefits (Marchal et al., 2014). However, free public services may bring security and opportunities for citizens and strengthen participation (Gough, 2019). One of the main tasks of minimum income schemes is to alleviate economic hardships, and free services may be a valuable addition to the benefits (Marchal et al., 2014). That is to say, the role of services for social citizenship might be easily ignored, although previous research has highlighted that social assistance arrangements often reflect the level of social citizenship (Leibetseder et al., 2017). To give one example of arrangements: Means-tested social assistance in the Nordic countries is granted mostly for households, but it could be granted to individuals and without any means-testing at all. The inclusiveness or exclusiveness of the outcome of means-testing can be seen as an indicator of the degree of universalism (Goul Andersen, 2012).

2.3. Social Assistance as Part of the Finnish Social Security System

When the social assistance reform was developed (2014–2016), it was argued that centralising social assistance in one national agency would increase the equality of recipients, even though the concept of equality was not clearly defined in the policy documents (Varjonen, 2020). As Kela handles residence-based basic social security benefits, it would be less stigmatising to apply for social assistance from Kela (Parliament of Finland, 2014a). Another reason to promote reform was the large number of social assistance recipients. Many claimants may be dependent on social assistance due to the inadequacy of basic social security benefits (National Institute for Health and Welfare [THL], 2019a).

Finnish social security can mainly be divided into two groups. Firstly, employment-based benefits (e.g., earnings-related pensions, earnings-related sickness benefits and rehabilitation allowances, earnings-related maternity, paternity and parental allowances, and earnings-related unemployment benefits), and secondly, benefits based on residence in Finland (e.g., guarantee pensions, minimum sickness allowances, minimum maternity, paternity and parental allowances, basic unemployment allowance, and labour market subsidy). These basic social security benefits are administered by Kela. Basic social security is meant to secure at least basic-level income and a reasonable standard of living for everyone, without income or means-testing (THL, 2019a). Therefore, it is assumed that social assistance provides only short-term support (Bradshaw & Terum, 1997). The inadequacy of basic social security combined with high housing costs in the central districts easily results in financial difficulties (THL, 2019a).

The reform was enacted in two bills, one in 2014 and the other in 2016. When processing the first bill in Parliament, the Social and Health Committee stated that an operating model that referred clients smoothly and efficiently between two organisations—the municipalities and Kela—was essential for the social inclusion of disadvantaged clients. The committee emphasised that the reform would have a massive effect on social work even though the benefits officers were a known occupational group in most of the municipalities (Parliament of Finland, 2014b). Two years later, the committee stated its disappointment that the model mentioned in the first memorandum was still missing just two months prior to the implementation of the reform (Parliament of Finland, 2016). The importance of referrals was noted, but the lack of practices in the matter was not a reason to postpone the implementation of the reform.

Social assistance is only meant to be a temporary relief when households face financial difficulties. According to the present legislation, the minimum level of social assistance can be reduced by up to 40% and for two months at a time in cases where an able-bodied applicant is not actively searching for work or participating in active labour market actions. Until the reform, municipal caseworkers rarely used this opportunity to reduce social assistance. The Act on Social Assistance (Ministry of Social Affairs and Health, 1997) emphasises that sanctions should only be carried out if it does not endanger coping with everyday life.

In practice, the reform means that everyone needs to apply for basic social assistance from Kela before they can apply for preventive or supplementary social assistance from a municipality. Basic social assistance can be applied for through an online form, although telephone and in-person services are also available. Kela is responsible for informing the municipality if it realises that a client is in need of social services. However, it is strictly regulated under what circumstances Kela is allowed to contact a municipality without the client's permission.

3. Research Design

In this study, we focus on two main questions. Firstly, what is the role of social assistance in the Finnish welfare state? Secondly, what is the nature of universalism in the final safety net? As the final safety net includes public services (especially social work) and income transfers (especially social assistance), its ability to strengthen social citizenship depends on both elements, separately and in tandem, as there may be a simultaneous need for financial aid and services. Unlike basic social security, the last-resort social assistance is means-tested; thus, officials have some discretionary power and impact on how the final safety net is realised (Kallio & Kouvo, 2015). Traditionally, social workers have been on the front line when assessing the need for social assistance or social services, although even before the basic social assistance was transferred to Kela, there were benefits officers in the municipalities. In most of the municipalities, the benefits officials belonged to teams along with social workers (Blomgren et al., 2016). Thus, the connection between services and income transfers was tighter than after basic social assistance was centralised.

As the interest lies in the final safety net—which includes services and financial aid—we utilised survey data and statistical data: official national social assistance statistics provided by the THL and statistics on basic social assistance provided by Kela. Whereas the latter database only includes information on the basic social assistance, the supplementary and preventive social assistance granted by the municipalities are reported only in the official statistics.

National statistics on social assistance are collected on an annual basis; they include data about basic, preventive and supplementary social assistance (THL, 2019b). Since the reform, Kela (2019) has provided more specific data about basic social assistance a few weeks after benefit claims and payments. However, we have very little data on how social work and other municipal services are organised and how the administration varies between Finnish municipalities. Due to this, we approached THL to collect survey data from the municipalities. It focused on the services of adult social work in the municipalities.

The electronic survey was conducted by the THL in the autumn of 2017. Some 369 social services caseworkers responded to the survey. Of the responses, 25% came from the Helsinki metropolitan area, whereas 21% of the population in mainland Finland lives in this area. Hence, the Helsinki metropolitan area was over-represented. Of the respondents, 37% worked in the six largest cities in Finland (Helsinki, Espoo, Tampere, Vantaa, Oulu, and Turku), 25% in medium-sized towns, 33% in other municipalities, and 5% chose not to say. Because there is no exact information on the total number of social service caseworkers working with adults with a connection to social assistance in Finland, it is impossible to provide the response rate.

In this article, we focus on the open-ended question that asked the caseworkers about their views regarding who or which client groups had benefitted from the reform and in what way—or whether the caseworkers thought there were clients who had suffered from the reform. From a total of 369 respondents, 252 answered this question. The length of the answers varied from very short (only a few words) to several sentences long. Caseworkers identified several advantages and disadvantages in their responses, often with several issues in one answer. The answers were analysed using ATLAS.ti software, designed for the analysis of qualitative data. The initial coding was based purely on the data and coding advantages and disadvantages (Friese, 2014). Afterwards, the codes were classified into categories according to how the respondents expressed the connection between services and financial aid in the final safety net. The role of social assistance in social work practices has been an on-going discussion since the first social assistance law in

the 1980s. There was high expectation that social workers would be able to use more time for client work after Kela took care of basic social assistance.

Based on qualitative data, we created a typology of clients. However, it was not possible to provide any information on the number of clients in the different categories based on the survey data. So, we relied on quantitative data on the clientele. The challenge is that not every social assistance recipient needs the services, and not everyone who needs the services is a social assistance recipient. We cannot expect that everyone entitled to social assistance applies for it or is able to access social services. Obviously, the estimates on the number of clients are rough, but useful when considering the degree of universalism in the Finnish welfare state.

4. Social Citizenship and the Nature of Universalism in the Final Safety Net

We start by presenting the typology based on the responses to the open-ended question given by the social services caseworkers. As stated above, some of the public services are included as part of social security. For those relying on the final safety net, the services may be even more important. For instance, meeting the basic needs of citizens for health, care, education, and minimum income is at the core of social rights (Gough, 2019). At least in theory, social assistance (financial aid and services) can support these social rights and thus social citizenship as a whole (Leibetseder et al., 2017). After presenting the typology, we find out how these categories appear in the statistics.

4.1. The Change of System and Heterogeneity of the Clientele

We received 252 responses to the open-ended question in the questionnaire directed at caseworkers. Unexpectedly, the caseworkers focused more on the client groups and different types of clients who have suffered from the reform than beneficiaries who were mostly described as capable clients. The latter part of the question ('in what way') gave much more information than just the client group. The answers focused mostly on describing unsatisfied service needs, problems in applying or getting social assistance, and outcomes for the clients when the final safety net was not as tight as it should be. As the final safety net is realised as a combination of cash (social assistance) and care (social work), the responses were classified according to these dimensions. The typology is based on the caseworkers' views on their clientele's need for social assistance and services. The classification is summarised in Table 1.

In the top left-hand corner, the need for cash (social assistance) and care is relatively small. This group consists of clients who supplement earnings-related or basic social security with social assistance, which means they do not have assets or wealth. We expected Kela's database to capture this group quite well. Typically, caseworkers stated: 'Self-motivated clients have benefited, as all benefits are paid by Kela' (e.g., Respondent 23, metropolitan area). These criteria fit some older clients, such as long-term unemployed people who are close to pensionable age, some pensioners, and single parents on parental allowances. One social worker wrote:

> Those who live in a stable economic situation and whose income and costs do not vary from one month to another have benefitted from the reform. (Respondent 19, medium-size town)

These recipients understand the system and the calculations on which social assistance is based in order to check that the paid amount is correct and if not, they can make a claim for a correction themselves. These were people with stable but low incomes or steady life circumstances. A basic requirement to function independently is having access to the Internet and sufficient skills to use digital services. However, they apply for basic social security and then social assistance, and in return they get a top-up on benefits, assuming they do not have any assets or wealth. Even though there is a benefits official to manage electronic applications, there is no direct interaction between the caseworker and the client if the

Table 1. Classification of clients according to the dimensions of cash and care.

Need for cash (social assistance)	Need for care (services)	
	Little	Extensive
Little	Capable clients with digital skills and good social relationships, need for financial aid resulting from insufficiency of the earnings-related or basic social benefits combined with high housing costs, basic social assistance often enough.	Invisible clients such as immigrants without language skills (Finnish/English/Swedish), clients with reduced social assistance, especially adolescents, clients who avoid using services.
Extensive	Persistent clients: Occasional need for basic social assistance, due to health care or medicine costs (e.g., pensioners), sometimes need for supplementary social assistance, rent arrears.	Safety net dropouts: people with accumulated social problems, long-term social assistance receipts, elderly people in remote areas (often in need of preventive social assistance).

electronic form is correctly filled in. This may be a practice that strengthens social citizenship (e.g., Leibetseder et al., 2017).

In the lower left-hand corner, the need for care (social services) is relatively low, but cash is essential to avoid incapacity or to gain the most basic social rights (Edmiston, 2017). The caseworkers mentioned those clients who only need temporary support, for instance, while waiting for decisions on earnings-related benefits. Pensioners on a disability pension or older people who do not have the skills or equipment to apply for basic social assistance, but who live in the central districts, can be categorised here too. As one social worker wrote:

> I thought [before the centralisation] that pensioners with low income would have benefited. But now it seems that applying for social assistance, with all the reporting and attachments, is too difficult for them. (Respondent 56, small town)

These clients do not necessarily need a long-term relationship with the social worker, but they do need periodic help with the application process. They cannot cope with the application process without support from a caseworker, their relatives, an NGO, or Kela staff. For them, the need for social assistance is occasional but may be of critical importance, for instance, to obtain medicine. One caseworker wrote: 'I am most worried about people on disability pensions and people who are not able to use electronic services or cannot read and understand guidelines independently' (Respondent 46, metropolitan area). In this group, social citizenship may be realised if support during the application process is available, the decision concerning basic social assistance is made within seven days (as it should be), and the decisions do not include any major mistakes. The recipients must have a negative or positive decision made for them concerning basic social assistance before applying for supplementary social assistance from the municipality. In this group, public services are needed to ensure income transfers. Social citizenship may be endangered without proper help.

In the upper right-hand corner, the invisible clients are people who can get left out if they do not want to meet any officials and do not care about the reductions to their social assistance payments. However, from this angle, it can be argued that Finnish social assistance is universal by nature. It has to be paid (if applied for), at least in a reduced amount, as long as the requirement of residency is fulfilled. Before the reform, social workers had the opportunity to evaluate reductions beforehand to make sure that a reduction would not endanger the vital subsistence of the client. Indeed, a client can meet the municipal caseworker after Kela has informed the client of a forthcoming reduction, and then the caseworker can make a statement in order to convince Kela that the reduction is unreasonable and may threaten the client's capacity to function within society. Kela is only obliged to inform municipalities afterwards if a client's social assistance is reduced. One caseworker described the situation for young people as follows:

> Clients under 25 are at risk of exclusion, and if Kela doesn't inform the municipality of their situation, they might be without any service or activating measures for several months. Their problems become deeper and more complex. When a young person is finally referred to the municipality, it may be too late to contact them. Before, we were able to find the necessary services for young people as soon as it was seen that the need for social assistance wasn't occasional. (Respondent 89, federation of municipalities)

Invisible clients (in Table 1) include young people and immigrants without Finnish, Swedish, or English language skills. Language skills are a necessity in order to apply for social assistance and to access services, and also in everyday life. Kela has organised remote interpreting, but according to the caseworkers, the interpreting services were not seen to be sufficient. The respondents stated that the clients did not know their rights or responsibilities due to misunderstandings. Furthermore, for immigrants, education and employment services are essential, but they do not necessarily have information about these services. The client may have several issues at the same time, which presupposes smooth cooperation between Kela and municipal social work. One social worker wrote:

> The position of immigrants is pretty bad. Before, they came to the social work offices and got help on several issues during the appointment, and if there were mistakes in the decisions concerning social assistance, it was easy and quick to fix. Nowadays, Kela customer service officers are not allowed to make decisions themselves, thus they cannot correct mistakes, and they are not able to give the right advice. Too often, they refer clients to the social worker without any decision on basic social assistance. (Respondent 338, mid-size town)

People have needs that are ignored, and the consequences may be severe, especially in the long term. In every case, problems in customer service and cooperation between Kela and municipalities increase financial precarity and uncertainty, which impairs social citizenship (see Goul Andersen, 2012).

The most disadvantaged clients are in the lower right-hand corner (in Table 1). Safety net dropouts are those who are mentally exhausted, ill, and have substance misuse problems—or in general, people who have difficulty coping in their everyday lives. They have several needs of (social) services, and they are often entitled to supplementary or preventive social assistance. Support from caseworkers may be a prerequisite for access to necessary health and social services. One caseworker described the clientele as follows:

> The situation is the worst for the mental health patients whose basic social assistance Kela may reduce if they are not able to apply for sick leave or get in contact with the employment office. For people with long-term illnesses, these demands are impossible: They do not have contact with health care, or they are not able to get appointments quickly enough. For some of these clients, even leaving their apartment might be too big of an obstacle. Kela doesn't correct reduced basic social assistance, which results in more decisions being made by the municipality. (Respondent 30, metropolitan area)

Statements like this describe threats to social citizenship. Requirements for disadvantaged people may be unreasonable (see Leibetseder et al., 2017). One social worker wrote:

> I am extremely worried about clients with multiple problems, people without language skills, people with mental health problems, people who are not able to leave home, unskilled people, substance abusers, etc. They don't understand or they are not able to function with Kela's decisions. They don't read the decisions, or they are not able to understand them. These problems have shown up as unpaid bills. Social assistance has been directed to the client (not to the renter) and the rent goes unpaid. (Respondent 88, large city)

Social citizenship was hardly realised for recipients in this group—before or after the reform. According to the caseworkers, the current arrangements seemed to work for those who were healthy and had a good degree of autonomy, i.e., capable clients. However, this typology is not static, as recipients may occupy different positions over time. Citizens have numerous needs and preferences and the given polity influences how their citizenship is constructed (Edmiston, 2017).

4.2. Targeting within Universalism?

As stated above, selectivity in some parts of the social security system does not mean giving up on universalism as such. It is a question of the degree of universalism. Next, we utilise the typology and try to identify the groups in the statistics collected from the recipients of social assistance.

According to official national statistics, social assistance was granted in 2018 to 469,694 people (8.5% of the whole population) in 306,322 households (9.9% of all Finnish households). Social assistance did not seem to be only a final safety net, but rather a top-up benefit for many. The largest group in our classification (see Table 1) consists of capable clients for whom social assistance is more or less only a top-up benefit.

Housing costs are a typical reason to apply for basic social assistance, especially in the central districts where housing costs are relatively high. According to Kela's registers (2019), 45% of the basic social assistance costs in 2018 were granted for housing costs. Households receiving a top-up to their income or benefits due to housing costs are often clear cases, and basic social assistance can be paid mostly by applying the same practices to all households.

Kela is obliged to refer clients to municipal social services when it observes a need for services. In such cases, clients and their households are in need of targeted services from the municipal social services, and it may also be that in handling benefits, discretion is needed in order to satisfy a client's needs. According to Kela's registers (2019), a little less than half of the households were in need of social services in 2018.

Persistent clients in the typology (see Table 1) receive social assistance due to occasional expenses that cannot be covered by a regular income, for instance with unemployment benefits or a pension. These expenses can occur due to hospitalisation or medical prescriptions, for example, which are typical of elderly recipients of social assistance, albeit the receipt of social assistance may not be long-term. This assumption is supported by official statistics, as for the majority of older people (66.5% of recipients aged 65 years or older) social assistance was short-term support (1–3 months per year). The total number of short-term recipients was 181,743 in 2018.

Some of the expenses are not covered by basic social assistance but are covered by supplementary or preventive social assistance paid by municipalities. In 2018, a total of 77,747 households received supplementary social assistance, and preventive social assistance was granted to 37,767 households. These households become clients of municipal social work teams when receiving supplementary or preventive social assistance, although not all of them are necessarily in need of services.

The two other identified groups (see Table 1) suffer from a disconnection between cash and care. In other words, they have a need for both social assistance and services but might not receive the latter due to the fact that the benefits and the services are offered by different public organisations. The invisible clients (Table 1) also include people who have applied for basic social assistance and are not eligible for it but have a need for social services. In 2018, the number of such households was 28,162 (Kela, 2019). These clients have no obligation to meet a caseworker, even if Kela has observed a need for services and has reported it to the municipality. It is unclear how many of these clients actually receive the services they need.

Another signal for the need for services is situations where basic social assistance is reduced due to sanctioning of the benefits when the recipient has been observed behaving in an improper manner. Kela has nationwide practices to reduce social assistance and sanctions can be applied more systematically than before the reform. Kela has an obligation to inform the municipality in such cases. The number of notifications was 27,584 in 2018. Again, these clients are not obliged to contact the case-

worker in municipal social work. Targeting within universalism does not work as it should if the clients are left without needed social services.

The number of safety net dropouts (Table 1) is difficult to assess, as they are not necessarily reached by Kela or the municipalities and are therefore not on the registers. In the survey, caseworkers mentioned that clients with accumulated social problems are at risk of dropping out of the safety net. According to statistics, 87,445 households were long-term (10–12 months in one year) recipients of social assistance in 2018, which is a strong signal of dropping out of the safety net, as social assistance should provide only temporary support.

5. Conclusion: The Room for Targeting within Universalism

We wanted to understand universalism as a social policy principle concerning social assistance recipients. We relied on the concept of social citizenship, as it emphasises social, economic, and democratic rights that we also recognise in Finnish welfare legislation.

We first asked: What is the role of social assistance in the Finnish welfare state? As a Nordic country, Finland is often regarded as a universal welfare state, with means-testing and targeted benefits playing only a minor role. We argued that targeting does not necessarily contradict the idea of universalism as a policy principle, especially when the focus is on the outcome and individuals' needs are taken into account when allocating resources. Targeting can even be seen as fine-tuning universal welfare, in the sense that it enables more support for people with the greatest needs (Anttonen, Häikiö, Stfánsson, & Sipilä, 2012, pp. 7–8). According to Finnish legislation, social assistance is meant to be only temporary financial aid, and one of its tasks is to increase participation. This did not change when basic social assistance was transferred to Kela at the beginning of 2017.

We wrote about the degree of universalism, as it has been shown that pure universalism hardly exists. Furthermore, it has been said that the welfare state always includes some idea or some level of universalism. If universalism is scrutinised in terms of procedures, it means that the same policy applies equally to everyone (Anttonen, Häikiö, & Stefánsson, 2012, pp. 189–191). The centralisation of social assistance was justified by the claim that when nationwide practices would be applied to social assistance, equality for clients would increase. This may be the case for those clients who are only in need of social assistance as a top-up for other income or benefits. According to our analysis, the group of capable clients makes up a big share of the recipients. For them, the national system is better, and Kela might be easier to approach than the municipal social services, especially when only basic social assistance is needed alongside basic social security and the applicant may apply for it electronically. However, when social assistance is utilised as a top-up benefit, it reduces the certainty of monthly income compared to sufficient insurance-based or basic social security; thus it may erode social citizenship, at least for those who have to rely on social assistance for a lengthy period (Edmiston, 2017; Esping-Andersen, 1990, pp. 25–26).

Secondly, we asked: What is the nature of universalism in the final safety net? In principle, the final safety net should bring the less privileged closer to the general standard of society by enhancing their social citizenship. According to the caseworkers in municipal social services, social assistance recipients have too often been left alone to navigate the system without receiving the services they need. This may harm universalism in terms of universal inclusion and social citizenship (see Stéfansson, 2012). However, our typology also highlighted the necessity of targeting within universalism. We recognised invisible clients, persistent clients, and safety net dropouts, and their different needs. The welfare system is not able to offer enough support without acknowledging the diversity of the clientele. The safety net dropouts are especially at risk of exclusion, and it may be necessary to allocate more resources to them. The reform has highlighted that the recognition of individual needs, discretion, and equality may all be necessary elements in the final safety net, but they are difficult to combine. We conclude that the reform has increased individual self-responsibility instead of giving more choices or increasing autonomy for these clients. Therefore, the reform has been a step in the direction of active citizenship instead of supporting the social citizenship of disadvantaged groups (Eggers et al., 2019).

The statistics showed that last-resort social assistance has gained a strong foothold in the Finnish social security system. We do not yet know whether the reform has increased the acceptance of means-testing in the social security system by digitising the application process and hiding the inadequacy of the basic social security or whether citizens see social assistance as more legitimate and the recipients as more deserving. Furthermore, we have relied on the views of municipal caseworkers and register data. The municipal caseworkers meet only some of the recipients—often those who struggle with bureaucracy and who experience difficulties in their lives. Their views cannot be generalised to all recipients. Obviously, we should seek opinions and ask about the experiences of the social assistance recipients. In every case, this article has shown that one reform has multiple outcomes which should be evaluated carefully, especially if universalism is seen as an important social policy principle.

Acknowledgments

The writers thank the anonymous reviewers and editors for their critical comments. This research was supported by the Strategic Research Council of the Academy of Finland (Decision Numbers 293103 and 312794).

Conflict of Interests

The authors declare no conflict of interests.

References

Anttonen, A., & Sipilä, J. (2012). Universalism in the British and Scandinavian social policy debates. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 16–41). Cheltenham: Edward Elgar.

Anttonen, A., Häikiö, L., & Stefánsson, K. (2012). The future of welfare state: Rethinking universalism. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 187–196). Cheltenham: Edward Elgar.

Anttonen, A., Häikiö, L., Stefánsson, K., & Sipilä, J. (2012). Universalism and the challenge of diversity. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 1–15). Cheltenham: Edward Elgar.

Blomgren, S., Karjalainen, J., Karjalainen, P., Kivipelto, M., Saikkonen, P., & Saikku, P. (2016). *Sosiaalityö, palvelut ja etuudet muutoksessa* [Social work, services and benefits in a state of flux]. Helsinki: National Institute for Health and Welfare.

Bradshaw, J., & Terum, L. I. (1997). How Nordic is the Nordic model? Social assistance in a comparative perspective. *Scandinavian Journal of Social Welfare*, *6*(4), 247–256.

Edmiston, D. (2017). Welfare, austerity and social citizenship in the UK. *Social Policy & Society*, *16*(2), 216–270.

Eggers, T., Grages, C., & Pfau-Effinger, B. (2019). Self-responsibility of the "active social citizen": Different types of the policy concept of "active social citizenship" in different types of welfare states. *American Behavioral Scientist*, *63*(1), 43–64.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Policy Press.

Frederiksen, M. (2018). Varieties of Scandinavian universalism. *Acta Sociologica*, *61*(1), 3–16.

Friese, S. (2014). *Qualitative data analysis with ATLAS.ti*. London: SAGE.

Gough, I. (2019). Universal basic services: A theoretical and moral framework. *The Political Quarterly*, *90*(3), 534–542.

Goul Andersen, J. (2012). Universalization and de-universalization of unemployment protection in Denmark and Sweden. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 162–186). Cheltenham: Edward Elgar.

Jacques, O., & Noël, A. (2018). The case for welfare state universalism, or the lasting relevance of the paradox of redistribution. *Journal of European Social Policy*, *28*(1), 70–85.

Kallio, J., & Kouvo, A. (2015). Street-level bureaucrats' and the general public's deservingness perceptions of social assistance recipients in Finland. *Social Policy and Administration*, *49*(3), 316–334.

Kela. (2019). Statistics on basic social assistance. *Kela*. Retrieved from https://www.kela.fi/web/en/statistics-on-basic-social-assistance

Kettunen, P., & Petersen, K. (2011). Introduction: Rethinking welfare state models. In P. Kettunen & K. Petersen (Eds.), *Beyond welfare state models: Transnational historical perspectives on social policy* (pp. 1–15). Cheltenham: Edward Elgar.

Kildal, N., & Kuhnle, S. (2005). The Nordic welfare model and the idea of universalism. In N. Kildal & S. Kuhnle (Eds.), *Normative foundations of the welfare state: The Nordic experience* (pp. 13–33). London: Routledge.

Korpi, W., & Palme, J. (1998). The paradox of redistribution and strategies of equality: Welfare state institutions, inequality, and poverty in the western countries. *American Sociological Review*, *63*(5), 661–687.

Kuhnle, S. (2011). International modelling in the making of the Nordic social security system. In P. Kettunen & K. Petersen (Eds.), *Beyond welfare state models: Transnational historical perspectives on social policy* (pp. 65–81). Cheltenham: Edward Elgar.

Kuivalainen, S., & Nelson, K. (2012). Eroding minimum income protection in the Nordic countries? Reassessing the Nordic model of social assistance. In J. Kvist, J. Fritzell, B. Hvinden, & O. Kangas (Eds.), *Changing social equality: The Nordic welfare model in the 21st century* (pp. 69–87). Bristol: Policy Press.

Leibetseder, B., Gubrium, E., Dierckx, D., Fluder, R., Hauri, R., & Rayemaeckers, P. (2017). Subsidiarity and social citizenship: Social assistance schemes in Austria, Belgium, Switzerland and Norway. *International Journal of Social Welfare*, *26*(4), 353–365.

Marchal, S., Marx, I., & van Mechelen, N. (2014). The great wake-up call? Social citizenship and minimum income provisions in Europe in times of crisis. *Journal of Social Policy*, *43*(2), 247–267.

Ministry of Social Affairs and Health. (1997). *Social assistance act* (No. 1412/1997). Helsinki: Ministry of Social Affairs and Health. Retrieved from https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=49653&p_country=FIN&p_classification=15.05

National Institute for Health and Welfare. (2019a). *Perusturvan riittävyyden arviointi 2015–2019* [Evaluation report on the adequacy of basic social security 2015–2019]. Helsinki: National Institute for Health and Welfare. Retrieved from http://urn.fi/URN:ISBN:978-952-343-296-3

National Institute for Health and Welfare. (2019b). *Toimeentulotuki 2018* [Social assistance statistics 2018]. Helsinki: National Institute for Health and Welfare. Retrieved from https://thl.fi/fi/tilastot-ja-data/tilastot-aiheittain/aikuisten-sosiaalipalvelut/toimeentulotuki/toimeentulotuki

Niemelä, H., & Salminen, K. (2006). *Social security in Fin-*

land. Helsinki: Finnish Centre for Pensions.
Parliament of Finland. (2014a). *HE 358/2014 vp: Hallituksen esitys eduskunnalle laeiksi toimeentulotuesta annetun lain ja kunnan peruspalvelujen valtionosuudesta annetun lain muuttamisesta* [Bill to change the Social Assistance Act and the Act for the Municipal Services Subsidy by the state]. Helsinki: Parliament of Finland. Retrieved from https://www.eduskunta.fi/FI/vaski/sivut/trip.aspx?triptype=ValtiopaivaAsiat&docid=he+358/2014
Parliament of Finland. (2014b). Sosiaali- Ja Terveysvaliokunnan Mietintö [Committee on social affairs] (Report 54/2014–HE 358/2014). Helsinki: Parliament of Finland. Retrieved from https://www.eduskunta.fi/FI/vaski/Mietinto/Documents/stvm_54+2014.pdf
Parliament of Finland. (2016). Sosiaali- Ja Terveysvaliokunnan Mietintö [Committee on social affairs] (Report 33/2016–HE 217/2016). Helsinki: Parliament of Finland. Retrieved from https://www.eduskunta.fi/FI/vaski/HallituksenEsitys/Documents/HE_217+2016.pdf
Petersen, K. (2011). National, Nordic and trans-Nordic: Transnational perspectives on the history of the Nordic welfare states. In P. Kettunen & K. Petersen (Eds.), *Beyond welfare state models: Transnational historical perspectives on social policy* (pp. 41–64). Cheltenham: Edward Elgar.
Stéfansson, K. (2012). What is in a word? Universalism, ideology and practice. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 42–68). Cheltenham: Edward Elgar.
Turner, B. S. (2009). T. H. Marshall, social rights and English national identity. *Citizenship Studies*, *13*(1), 65–73.
van Oorschot, W., & Roosma, F. (2015). *The social legitimacy of differently targeted benefits* (Discussion Paper No. 15/11). Antwerp: Herman Deleeck Centre for Social Policy.
van Oorschot, W., & Roosma, F. (2017). The social legitimacy of differently targeted welfare and welfare deservingness. In W. van Oorschot, F. Roosma, B. Meuleman, & T. Reeskens (Eds.), *The social legitimacy of targeted welfare: Attitudes to welfare deservingness* (pp. 3–36). Cheltenham: Edward Elgar.
Varjonen, S. (2020). Institutional evolution and abrupt change: Reforming the administration of social assistance in Finland. *International Journal of Social Welfare*, *29*(1), 62–70.

About the Authors

Paula Saikkonen (PhD) works at the Finnish Institute for Health and Welfare. Her research work has focused on welfare states or social security. She is one of the editors and the writers of the book *The Relational Nordic Welfare State, Between Utopia and Ideology* (2019). Currently, she works in two research projects funded by the Strategic Research Council of the Academy of Finland.

Minna Ylikännö (PhD) works as Head of Research Group in the Social Insurance Institution of Finland (Kela). Her main research interests include unemployment, employment policies, well-being, and minimum income schemes. Currently, she is engaged in several research projects concerning, e.g., Finnish basic income experiment, social assistance, and the impacts of sudden structural change in ecosystems.

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 155–167
DOI: 10.17645/si.v8i1.2373

Article

Competing Institutional Logics and Paradoxical Universalism: School-to-Work Transitions of Disabled Youth in Switzerland and the United States

Christoph Tschanz [1,*] and Justin J. W. Powell [2]

[1] Department of Social Work, Social Policy and Global Development, Faculty of Humanities, University of Fribourg, CH-1700 Fribourg, Switzerland; E-Mail: christoph.tschanz@unifr.ch
[2] Institute of Education & Society, University of Luxembourg, L-4366 Esch-sur-Alzette, Luxembourg; E-Mail: justin.powell@uni.lu

* Corresponding author

Submitted: 4 October 2019 | Accepted: 27 January 2020 | Published: 18 March 2020

Abstract
Disablement is a complex social phenomenon in contemporary societies, reflected in disability policies oriented towards contrasting paradigms. Fraught with ambivalence, disability raises dilemmas of classification and targeted supports. Paradoxical universalism emphasizes that to achieve universality requires recognizing individual dis/abilities and particular contextual conditions and barriers that disable. Myriad aspects of educational and disability policies challenge both conceptualization and realization of universal policies, such as compulsory schooling, with widespread exclusion or segregation prevalent. Resulting tensions between providing support and ubiquitous stigmatization and separation are endemic, and particularly evident during life course transitions that imply shifting memberships in institutions and organizations. Particularly visible among disabled youth, school-to-work transitions are fundamentally challenged by contrasting policies, institutional logics, and institutionalized organizations. Analyzing institutional logics facilitates understanding of the lack of coordination that hinders successful transitions. Examining such challenges in the United States and Switzerland, we compare their labor markets and federal governance structures and contrasting education, welfare, and employment systems. Whereas lacking inter-institutional coordination negatively impacts disabled young adults in the United States, Switzerland's robust vocational education and training system, while not a panacea, does provide more coordinated support during school-to-work transitions. These two countries provide relevant cases to examine ambivalence and contestation around the human right to inclusive education as well as the universality of the right (not) to work.

Keywords
comparative education; comparative social policy; disability; disability policy; education; educational policy; institutions; institutional logics; organizations; school-to-work transitions

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction: Situating Disablement in School-to-Work Transitions

Compulsory schooling during childhood and youth, and commodified work during adulthood, have come to constitute the core principles of a "normal" life course in most contemporary societies yet cannot be taken for granted in the case of disabled people. If educated citizenry are the foundation of a democracy, they also represent the basis of a nation's economy because skill formation is crucial not only for formulating political values but also for working in complex organizations. Compulsory schooling laws were originally enacted to socialize national citizens and to ensure the preparation of future

workers (Heidenheimer, 1997). By offering free public education and making it compulsory, democratic nation-states acknowledge the intimate relationship between education and citizenship (Marshall, 1950/1992, p. 16). At the nexus of industrializing nation-states, forceful social movements and growing citizenship rights, mass schooling arose with the cultural ideologies of the nation-state (e.g., Boli, Ramirez, & Meyer, 1985). Global ideals are more powerful than ever in "schooled societies" (Baker, 2014) in which schooling increasingly determines individual identities and life chances.

Although special education programs have fostered integration into education systems and provide supports to access curricular contents, children and youth with recognized impairments or special educational needs (SEN) are routinely stigmatized and separated or segregated from their peers—this constituting much of their disablement (Powell, 2011/2016). Their school-to-work transitions are especially challenging, as comparisons of transition outcomes from the United States (Haber et al., 2016) and Europe (Halvorsen & Hvinden, 2018) emphasize. The focus on transitions between schooling and vocational education and training (VET) and labor markets is driven by the importance of success in mastering these transitions for life chances. The factors bearing on transitions are complex. Learning opportunities provided within environments of schooling, VET programs, and firms foster development. The information and support youth receive from state programs and within their social networks facilitate transitions, even as gatekeepers' recruitment behavior adds bias in the face of "institutional discrimination" (Gomolla & Radtke, 2002). Individual motivation, competencies, and decision-making are crucial (see Ludwig-Mayerhofer et al., 2019).

At macro and meso levels, institutions and organizations that constitute the adjoining spheres of education and work are central to constructing disability categories. These determine who is eligible for targeted support and services—and impact which youth become (classified as) disabled. Organizations are embedded in contrasting "institutional logics" (Aldrich & Ruef, 2006; Friedland & Alford, 1991; Thornton, Ocasio, & Lounsbury, 2012), with individuals needing to adapt to these sets of values, ideals, and practices that provide meaning to daily activities. Logics and the challenges of inter-institutional coordination, we argue, are particularly salient as individuals (attempt to) transition from school to work, as these institutional logics demand of individuals different kinds of performances. The supports provided also differ markedly. In educational policies, tensions between the need for the provision of learning opportunities and well-being in schooling, and the ever-present risk of stigmatization via "negative classification" (Neckel & Sutterlüty, 2005) are endemic. Receiving specific supports and special services may be viewed positively or negatively, especially when an official classification is required, described as the "resource-labeling-dilemma" (Füssel & Kretschmann, 1993). Welfare state institutions structure the ambiguous and ambivalent disability classification systems and their categories. Access to a need-based distribution system as a substitute for a work-based distribution system involves institutions favoring official medical or legal knowledge and standards to classify impairments and (chronic) illnesses, and consequently people, representing a "distributive dilemma" (Stone, 1984) in policymaking.

At the intersection of schooling, VET, and work, we argue, the contrasting, even competing, logics guiding education and work institutions and organizations become starkly evident. Neither stakeholders nor individuals seem adept at negotiating or mastering contradictory institutionalized ideas, norms, and regulations in these major institutions that shape so much of our contemporary life courses. Thus, we here analyze these competing institutional logics and uncover the paradoxical universalism in disability policies impacting school-to-work transitions, exemplified by the contrasting cases of the United States and Switzerland.

Facilitating our comparative analysis, these two country cases have federal governance structures and liberal labor markets but contrasting education, welfare, and employment systems. Our process of social inquiry follows the case study method (Ragin, 1992). We intertwine our in-depth knowledge, gained through numerous prior research projects, of the cultures and structures of US and Swiss educational, welfare, and employment institutional arrangements (e.g., Powell, 2011/2016; Tschanz, 2017). We link ideas and evidence in a collaborative process and present the characteristics of these country cases, aiming for meaningful "theoretically structured descriptions of the empirical world" (Ragin, 1992, p. 225). We examine educational and social policies and their underlying characteristics of universalism versus selectivism with regard to the construction of "kinds" of persons via official categories, their provisions and institutionalized organizations, and outcomes. Furthermore, we discuss the contrasting macro regimes and institutional logics driving these (sub)national education and social systems and challenges faced within two federal countries.

2. Theoretical Framework

2.1. Paradoxical Universalism and Dilemmas of Disability Classification

Disability policies in education and employment as well as in social protection are characterized by paradoxical universalism and dilemmas resulting from disability classification and categories that often stigmatize individuals and groups even as they benefit from targeted policies and programs. Universalism is a polysemic concept having contrasting meanings within the academic field of social policy research (Stefánsson, 2012). Indeed, recent research proposes to acknowledge and investigate "varieties of universalism" (Anttonen & Sipilä, 2014, p. 3)

or to use the paradoxical term "universalisms" (Künzler & Nollert, 2017, p. 9). When applied, the ambiguity of the term universalism manifests itself, particularly, we argue, when analyzing classifications and categories of impairment, disability, and special (educational) needs which are themselves contested and dynamic concepts when applied to individuals because of the environmentally contingent nature of disablement as a social and political process (see, e.g., Verbrugge & Jette, 1994). The most common definition of universalism would require the theoretical and practical applicability to all members of one kind (Stefánsson, 2012). However, "disabled people" or "people with disabilities" are overarching categories of diverse groups that reflect the relationality and context-dependence of disability in various institutions and organizations as in society more generally—and throughout the life course (Powell, 2003). Classificatory concepts of kinds of people continuously and sometimes rapidly morph (Hacking, 1999), emphasizing the importance of historical analyses of often ambivalent meanings of dis/ability categories. These are embedded in diverse disability policies and programs, originating in different eras, that reflect often contrary models of disability, from deficit orientation to human rights (see, e.g., Maschke, 2008).

In fact, classical contributions to disability studies emphasize that disability is a universal human condition that affects every human being to a certain degree over their life course (Zola, 1989). Yet, instead of an advancing universalism, institutional arrangements in education and employment do not counteract disablement but have rather been built upon ideas of disability as bodily, mental, and social deviance, with policies oriented to a mythical yet influential notion of the "normal life course" (Powell, 2003; Priestley, 2000). In many contemporary societies, educational inequalities have decreased with regard to access, participation, and attainment, such as in terms of gender (Hadjar & Becker, 2009). "Normalcy" in adulthood among men was long associated with commodified work (Polanyi, 1944/2001), whereas for women this is increasingly associated with labor force participation along with unpaid reproductive activities (Becker-Schmidt, 2010). However, regarding disability these associations are much more precarious and contradictory since people with a wide variety of perceived impairments and disabilities are often stigmatized and excluded from both productive as well as reproductive activities (Waldschmidt, 2010, p. 49). Unlike other characteristics, continuous growth and differentiation of disability classification has led to a large, highly diverse minority group, to be understood as representing ubiquitous human variation (Schriner & Scotch, 2001).

Firstly, the massive expansion of education at all levels has made most education systems more inclusive, with compulsory schooling the most universalistic policy in most countries. However, within that increasingly inclusive context, special education serves an ambivalent role: Historically, it ensured participation for many pupils previously entirely excluded from formal education, yet it also accomplished this by diverting pupils with recognized SEN into lower-status and often spatially distinct learning spaces. Special education, especially when it is offered in segregated or separated settings is per se anti-universalistic. Indeed, the existence of such structures calls the inclusivity of the entire educational system into question—in stark contrast to the mandate of the UN Convention on the Rights of People with Disabilities (UN-CRPD), now ratified by almost all countries, but not the United States. The 50 US education systems retain an institutional logic of "separation" with special classes within general schools. The German-speaking countries maintain a logic of "segregation"—evidenced by their ubiquitous segregated special schools—in the *Länder* of Germany and Austria and in the Swiss *Kantone*/*cantons* (see section 3.2). Special facilities or special classes are dependent on the classification of a certain group of pupils as deviant or "abnormal." Paradoxically, this approach, under the guise of widening access to include all children and youth, has historically been associated with an anti-universalistic, targeted distribution of "special" or additional resources (Richardson & Powell, 2011, p. 76). To be labelled as being a pupil "with SEN" often coincides with the provision of special resources to cover specific identified learning needs beyond the usual provisions of a particular school setting. However, school segregation continues to lead to lower educational achievement and further disadvantage in school-to-work transitions—incompatible with the human right to inclusive education (Blanck, in press; Pfahl, 2011). Thus, this trade-off of being officially classified and labeled to get special resources has been called a "resource-labeling-dilemma" (Füssel & Kretschmann, 1993). However, theories claim that this dilemma may be mitigated by the universalization of the provisions to entire inclusive learning groups or schools. Such universal provision requires considerable, sustained resources. Yet even among highly inclusive Nordic societies there are differences, with Iceland and Finland having high classification rates, whereas Sweden avoids specific SEN categories (Powell, 2011/2016).

Secondly, the dimension of social protection in adulthood mirrors this educational dilemma. Disability benefits for young adults are also per se anti-universalistic and selective because in modern capitalist states "normal" adulthood is associated with a work-based distribution system. The allocation into a need-based distribution system is dependent on the medical-legal classification of a certain group, which is provided by the validation device of the societal knowledge about individuals (Stone, 1984, p. 21). The welfare state intertwines this medical-legal classification with a special resource allocation system (Tschanz, 2015). "Disability" has the function of a "categorial resolution," as individuals are classified as deviant from the norm within a work-based distribution system and provided with access in a need-based distribution system to compensate their recognized needs (Stone, 1984,

p. 21). This dilemma could be mitigated by the recognition of the needs of the whole population and the recognition of disability as a universal human condition (Zola, 1989). Such universal recognition would require a considerable change in the culture-specific perception of "normalcy" and a "normal life course." Flexibilization would allow for more permeable understandings of all human beings as inherently fragile and needy beings whose capabilities and needs change over the life course. Such an approach would prevent the perception of disabled people as being different, and having their collective needs pitted against other societal groups (Zola, 1989, p. 19).

In social policy research, questions around universalism often target the distribution of provisions to secure a "socially acceptable standard of living independently of market participation" (Esping-Andersen, 1990, p. 37). Yet labor market participation is tenuous for many disabled people, and prevalent exclusion from work comes with huge material disadvantages, reduced social participation, and vilification (Waldschmidt, 2011, p. 71). This is the reason most collective actors representing the interests of disabled people demand sustainable integration in commodified work seen as a precondition to full recognition and citizenry (Waldschmidt, 2011, p. 71). Therefore, for disabled people, alongside the right not to work, the right to engage in paid employment is valuable (Grover & Piggott, 2015). Ideally, engagement in the world of work has the characteristics of gainful employment (Kronauer, 2018).

However, current liberal democracies with capitalist market economies cannot provide universalistic answers in absolute terms to both of these rights. As Dahrendorf (2000, p. 1067) argues, an individual's freedom not to work is an important liberal principle. Only authoritarian regimes execute(d) policies of forced and compulsory labor. Western liberal democracies have rather built welfare states that provide some degree of de-commodification (Esping-Andersen, 1990). On the other hand, the universal right to gainful employment is something liberalism cannot enforce (Dahrendorf, 2000, p. 1067). Inherent to the process of selling people's labor as a "fictitious commodity" (Polanyi, 1944/2001), there is a cleavage between the societal goal of inclusion and the employer's freedom to select the most "productive" workers (Nadai & Canonica, 2019). Liberalism cannot enforce the universality of the former because it attaches remarkable importance to the latter. However, some liberal democracies have placed the other right—freedom not to work—under serious threat due to a new form of authoritarianism consisting of rigid workfare policies and a relentless hunt for cases of welfare fraud, making tighter control measures inevitable (Dahrendorf, 2000, p. 1067). Classification provides access to some options for negotiating the world of work; however, less so in work than in education can the state aim for universalistic policies and programs (Maschke, 2008). Examining the contrasting institutional logics regarding education and work helps understand why.

2.2. Neo-Institutionalism, Logics, and Inter-Institutional Coordination of Education and Work

Institutions are "stable designs for chronically repeated activity sequences" (Jepperson, 1991, p. 145). These designs come in various forms, and social life unfolds within them following various logics. Thornton and Ocasio (2008, p. 101) define institutional logics as "socially constructed, historical patterns of material practices, assumptions, values, beliefs, and rules by which individuals produce and reproduce their material subsistence, organize time and space, and provide meaning to their social reality." This institutional logic approach focuses on the consequences of institutional characteristics in shaping organizations and the individuals acting in them, accordingly; conversely, individuals and organizational actors also participate in evolving institutional logics—linking institutions and action as well as structures and processes (Thornton & Ocasio, 2008, p. 100). Conceptualizing such logics, Friedland and Alford (1991) emphasize that the bureaucratic state, the capitalist market, and democracy are key institutional sectors, each with its own distinct logic, that operate together as an inter-institutional system.

The existence of contrasting institutional logics and institutionalized organizations fundamentally challenges universal social policies, visible especially at inter-institutional transition points, such as young adults' school-to-work transitions. Policies like compulsory schooling or social assistance exist in many countries (World Bank, 2019). Usually policies focus on one stage of life, with few, such as job coaching (Pfahl, 2011) and employment counseling (Blanck, in press), facilitating interaction or supporting individuals in transitioning between life course phases. If institutions of education and work exhibit important similarities relating to dis/ability, they also have significant differences in their logics, which, we argue, result in their (lack of) inter-institutional coordination.

The institutional logics of schooling and employment are ideationally driven by conceptions of achievement and performance. However, whereas the aim of schooling is to foster and compensate via learning opportunities to develop knowledge and skills, employment support is provided to enable individuals to apply their knowledge and skills to achieve certain tasks. In the normative dimension, the values and orientations of professions in determining goals and relevant activities but also in adjudicating who may provide appropriate support—whether in schools, employment agencies, or in firms—exemplifies an overarching logic across institutions. Finally, in the regulative dimension, the logic is one of additional resources and specialized assistance to access the curriculum or the world of work.

Having explicated conceptions of institutional logics, we now address various ideal-typical dimensions of the institutions of education (schooling) and work, comparing Switzerland and the United States. Following

DiMaggio and Powell (1983) and Scott (2013), we analyze institutionalization processes that reflect ideas (cultural-cognitive), standards (normative) and policy (regulative) mechanisms that drive reproduction and change. Each of these dimensions suggests a different rationale for legitimacy, either by virtue of being legally sanctioned (regulative), morally governed (normative), or culturally supported (cognitive). In the cultural-cognitive dimension, we can identify the ideal in both institutions as achievement (performance), the expectation held for individuals (more or less meritocratically). Aligned with this is the dis/ability paradigm, extending across institutional boundaries of education and work: a mythical binary suggesting "normality"—whether as an idealized pupil or worker—that could be contrasted with supposed "abnormality." Whose performances and achievements suffice and whose do not is, however, context-dependent.

The highly problematic notion of ab/normality has been unmasked and critiqued for decades; it is an important strand of work within disability studies (see, e.g., Davis, 1997). Specifically, in terms of classification and categories applied to defining human "kinds" (Hacking, 1999) a range of clinical and legal concepts exists. These demonstrate contrasting institutional logics: Whereas in education (*besondere pädagogische Bedürfnisse/besoins éducatifs spécifiques*) are defined mainly in medical, psychological, and educational terms, in work the main category is a binary defined in medical and legal terms of "un/employability" (*Invalidität/invalidité*). For such categories of "abnormal" people, over centuries, professions have established expert claims and organizations have developed to address, serve, and control these groups. Often, being considered "abnormal" due to cumulative disadvantages has led to segregation in special schools, workhouses or asylums (Richardson & Powell, 2011).

Despite recent emphasis on lifelong learning, the focus of education remains on schooling in childhood and up to young adulthood, with compulsory schooling lasting through the teenage years, followed by vocational education and postsecondary education. The world of work dominates adulthood, ideal-typically stretching from a person's twenties to their sixties and beyond. Compulsory schooling has become a fully universal policy in most societies (Boli et al., 1985), yet special education diffused everywhere increasingly over the past century to ensure that pupils with recognized impairments, disabilities, and illnesses could take part to varying degrees, in publicly-provided schooling (Powell, 2011/2016). The target groups for employment policies are largely demand-driven, depending on sector, occupation, and local labor market conditions. Expectations of employment have become more inclusive of persons with disabilities previously excluded, also due to the effective universalization of schooling that conveyed certificates based on their participation and achievement. Despite higher qualification levels as a group, disabled people attain less education relative to other groups.

For disabled people who routinely face tenuous commitments to their equalized opportunities, a society's collectivist or individualistic direction bears significantly on forms and rates of participation (see Richardson & Powell, 2011, Chapter 4). Nevertheless, in the dimension of resource provision—whether expectations or responsibilities—states and families provide (more or less) support and inputs to ensure the provision of learning opportunities. By contrast, in employment, it is individuals who are expected to contribute to the production of products and services (outputs). Turning to the organizational forms, there are diverse kinds of schools and more or less inclusive classrooms in education as well as diverse firms and state-financed organizations—such as sheltered workshops—in employment sectors.

Finally, in the regulative dimension, in governance, states vary in their de/centralization, in turn determining how much autonomy school systems and individual schools have to address the challenge of inclusion given local conditions. Labor markets, too, differ considerably, evident in varieties of capitalism, social policy provisions, and political economies (Ebbinghaus & Manow, 2001; Hall & Soskice, 2001). In regulatory terms, the state assumes first-order functions of control and funding of schooling, including the accreditation and hiring and firing of teachers in public schools, but has second-order functions in employment, such as quota regulations. Thus, across the different dimensions of institutions—cultural-cognitive, normative, and regulative—important similarities and differences exist between schooling and work (see Table 1).

2.3. Challenges and Opportunities during Transitions from School-to-Work

Transitions from educational settings to labor markets can principally take three paths. Firstly, there is the possibility of a transition directly into that segment of the labor market completely governed by market forces in the form of a sustainable integration in commodified work (Waldschmidt, 2011, pp. 69–71). Such a transition requires pupils who have been (comprehensively) empowered by the educational system to function and be competitive within markets reflecting an employment logic. Here the idea of individual performance and expectations held for individuals (more or less meritocratically) can be directly transformed from education to the myriad of firms and other work organizations. Cultural-cognitively, stigmatizing labels of ab/normality must be avoided, since meta-analyses indicate that participation in inclusive education increases the likelihood of labor market integration compared to special education (EASNIE, 2018). In the normative dimension, resource provision could be resolved and the "resource-labeling-dilemma" in education mitigated by universalizing adequate resource provision to entire learning groups or schools—resolving the need to identify "abnormality," with numerous (un)intended consequences. In the regu-

Table 1. Institutional dimensions of education and work.

	Education (schooling)	Work
Cultural-cognitive dimension		
Ideal (expectation of individuals)	Achievement (performance)	
Dis/ability paradigm	Individual deficit versus "normality"	
Classification system (categories)	Pedagogical, psychological, medical; "special educational needs"	medical-legal; "un/employability"
Normative dimension		
Life stage	childhood; youth (often extended to 18, 21 or 25 years of age)	adulthood
Target group	universal (compulsory schooling)	demand-driven (depends on sector, occupation, local labor market conditions)
Resources: expectations, responsibility	state provides resources (inputs) supporting learning opportunities of individuals	individuals contribute to the production of products and services (outputs)
Organizational form(s)	diverse school types (classrooms)	diverse firms and state-financed organizations
Regulative dimension		
Governance	state (variance: de/centralized)	market (types of labor market)
Regulation (state)	first-order function (control & funding)	second-order function (e.g., quota regulations)

lative dimension, universalizing such transitions requires the possibility to legally sanction individuals or firms who try to negate the idea of individual performance differences or discriminate against those who do not manage to sufficiently react to market demands.

Secondly, transitions are possible into organizations having characteristics of a quasi-commodification (Waldschmidt, 2011, p. 69), allowing labor market uptake of those unable to compete within pure markets due to functional limitations or impairments—or because of mismatch between employer expectations and youth qualifications. However, such quasi-markets may solidify lacking competencies due to special programs that are often stigmatizing. Here the interconnected principles of individual learning opportunities, expectations, and school performance are not transferable to employment, evident in mostly failed bureaucratic attempts to provide effective transition support (Blanck, in press; Pfahl, 2011). Rather, the powerful norms stemming from deficit-oriented, within-individual models of disability that view disabled people as "abnormal," even "incompetent" (see Jenkins, 1998) is transferred into labor markets. This occurs simultaneously with ongoing education expansion, which paradoxically stigmatizes less-educated youth more than ever (Solga, 2005). Sheltered workplaces are characterized by irrefutable ambivalences, since they enable access to some employment for those not considered competitive in the primary labor market, while they also segregate, with negative effects on participants' educational levels, social networks, income levels, and social prestige (Hassler, 2017). In the regulative dimension, employers are legally sanctioned if they do not fulfill their obligations to recruit and employ disabled employees (given quota regulations). Often, then, financial penalties are partly used to finance quasi-commodification in support programs and employment beyond the primary labor market.

Thirdly, pathways exist in the realm of coordinated market economies that support gradual and stepwise labor market integration. Such bridges often integrate VET programs that are hybrids, containing elements of both education and employment institutions and providing platforms for continuous (re)negotiation between institutional logics of education and work. Busemeyer and Trampusch (2012) emphasize that the political economy of (vocational) education systems mirrors the overall political economy of labor markets. A stepwise labor market integration enables successful transitioning to commodified work of youth as it ideally enhances the match between employer expectations and youth qualifications and facilitates accumulation of formalized skills and employment experiences in early adulthood. In the regula-

tive dimension, such a transition requires sophisticated inter-institutional coordination in the governance of education and labor market institutions.

In sum, institutionalized differences in how and when youth transition affect their learning opportunities and their experience levels, and interest development throughout their careers. In transitioning´ between the institutional spheres of education and work, individuals must be flexible, managing conflicting demands that derive from the above-delineated contrasting institutional logics. Grounding the relational conceptions and contingent classification processes of dis/ability and their consequences with empirical material, we turn now to the contrasting case studies: United States and Switzerland.

3. Case Studies of Inter-Institutional Coordination and Paradoxical Universalism

3.1. United States

Learning opportunities and skill formation have become increasingly valued public goods, relied on for social and economic development as well as for democratic governance. While compulsory attendance affirmed the goal of participation of all school-age children, it also specified the rules for the exemption of those deemed "ineducable" or "disabled": Developments in special education reflect changes in these rules of access to, and passage through, schooling over a century of decreasing exclusion from public provision of learning opportunities (Richardson & Powell, 2011). As the emergent mass educational system in the United States reflected heightened standards for education and evolving conceptions of citizenship, the rise of special education changed the dialectical relationships between in/educability, ab/normality, and dis/ability. Over many decades, special educators elaborated their profession, specializing on types of student dis/ability most often based on statistically derived and psychometric definitions of ab/normality and intelligence. From the beginning, such cultural ideologies and models, inscribed in educational policies, affected which children were classified disabled and schooled in mostly segregated special education, if at all. The spread of special education, gradually at first, resulted in the concomitant establishment of special classes and schools to meet these newly acknowledged needs and rights of disabled and disadvantaged students; however, the emphasis in recent decades has been on a continuum of settings, with the majority of students with SEN spending some part of the school day in a special classroom, but nearly all students attend regular schools, thus reflecting an institutional logic of "separation" (Powell, 2011/2016).

When accomplished in practice, compulsory schooling of all children greatly increased student body diversity, as girls, children of low socioeconomic status, migrants and ethnic minorities, and finally those with perceived impairments entered formal schooling. Educational systems responded to this challenge of increasing differentiation through school structures, such as age grading and special education. The goal of these reforms was to homogenize learning groups, attempting to resolve tensions between expanded access to common schooling and organizational constraints (Richardson & Powell, 2011). Rising expectations and standards have led to increasing proportions of students who participate in special education programs. Socializing and integrating diverse student populations continue as crucial challenges facing schools, since the 1970s including all children and youth with disabilities, although the United States has not ratified the UN-CRPD (Powell, 2011/2016).

Examining transitions, analyses of instructional, interpersonal, and institutional processes confirm that placement in higher-level ability groups accelerates achievement growth, whereas placement in lower-level ability groups has the opposite effect. A National Research Council review concluded that students are indeed worse off in low tracks: "The most common reasons for this disadvantage are the failure to provide students in low-track classes with high-quality curriculum and instruction and the failure to convey high expectations for such students' academic performance" (Heubert & Hauser, 1999, p. 102). Such questions as to the interactions between individual dis/ability, effort, and educational environments and their impact on transitions were pursued in successive waves of the US National Longitudinal Transition Studies (commonly known as the NLTS; see Wagner, Newman, Cameto, Levine, & Garza, 2006). Crucially, these studies chart accumulation of disadvantages over entire careers and show the impact of disablement on personal, social, and economic outcomes as youth transition from adolescence to adulthood (Wells, Sandefur, & Hogan, 2003). Funded by the US Department of Education, these important studies document the experiences of a national sample (youth between 13–16 years of age in 2000) as they transitioned, reaching 21–25 years of age in 2009. Key findings show that postsecondary education participation by youth with disabilities more than doubled over time, increasing to nearly a third of youth out of high school up to two years and who had enrolled in a 2- or 4-year college or a postsecondary vocational, technical, or business school (Wagner, Newman, Cameto, & Levine, 2005). Increasing educational attainment has lifted occupational options and earnings. Beyond the negative effect on postsecondary education participation, differences between disabled youth who did and did not complete high school emphasize that dropouts did not share in the improvements in earnings relative to the federal minimum wage and the shifts in the types of jobs held (i.e., declines in maintenance and clerical jobs, increase in retail jobs) by those who completed high school (Wagner et al., 2005).

While educational attainment is no guarantee of later labor market integration, certification is a precondition, also among disadvantaged and disabled youth. Analyzing student, family, and school factors as predic-

tors of employment after leaving high school, Carter, Austin, and Trainor (2012) emphasize that employment success is correlated with having held a paid, community-based job while still in high school and that having independent self-care skills, higher social skills, more household responsibilities, and higher parent expectations increases the odds of labor market integration. Detailed investigations of the types of support provisions and programs offered in secondary schools to improve vocational preparation as well as provided adult services and local labor market conditions are crucial, because the goals of individualized support for accessing the curriculum and for transitioning to vocational training, postsecondary education, and employment are not always met. Labor market exclusion and precarity are less buffered given the limited welfare state, despite the fact that disability was institutionalized as an integral part of national and state policies and social provisions (Skocpol, 1995). Simultaneously, architectural barriers have been removed and unemployment rates have declined. Yet since the Great Recession (2007–2009), work conditions and stress on social systems had particularly negative effects on people with disabilities—and those affected by job loss, itself a source of chronic illness and disability (Kalleberg & von Wachter, 2017; see also O'Brien, 2013).

In sum, despite increasing participation and attainment rates as well as diverse support programs, disabled youth remain disadvantaged as they attempt to transition. The more active disabled young adults are while in school, the more likely they are to remain integrated in labor markets after graduation. However, supports provided are often insufficient or not individualized enough to ensure successful transitions. Our second case, Switzerland, has an education system structured differently, with an advanced VET system, and a similarly liberal labor market with few protections for most workers.

3.2. Switzerland

Schooling in Switzerland, compulsory since 1874, universalized access, also for children understood to have SEN (Wolfisberg, 2002, pp. 61–68). Yet Swiss special educational history is ambivalent, conflicting, and partly injust, evident in segregated organizations (Wolfisberg, 2002). Even today special education retains the institutional logic of segregation, despite the demands of the Federal Disability Equality Law (*Behindertengleichstellungsgesetz/Loi sur l'égalité pour les handicapés*) and UN-CRPD for universal inclusive education across the life course. Few cantons follow this principle and achieve inclusion, remaining unreprimanded by federal jurisdiction (Kurt & Heinzmann, 2018). For years, gradually increasing, inclusively schooled populations were not accompanied by decreases in the segregatively schooled population: Advancing inclusive schooling has been accompanied by rising classification rates (Bless & Kronig, 2000). Recently, the segregation rate has fallen from above 5% of all pupils (Swiss mean in 2000) to below 3.5% (Swiss mean in 2016), yet with considerable inter-cantonal disparities (Mejeh & Powell, 2018, pp. 423–424).

Switzerland is well-known worldwide for its "dual" VET system, in which more than two-thirds of each cohort participates. After compulsory schooling, pupils follow a firm-based training program, accompanied by a school-based component of one to two days per week (Bonvin & Dahmen, 2017, p. 282). These programs are governed by public and private actors (Bonvin & Dahmen, 2017; di Maio, Graf, & Wilson, 2019). Switzerland is a strong collective skill system (Busemeyer & Trampusch, 2012). A third duality is the interplay and tension between economic and social goals (di Maio et al., 2019). For disabled youth, training conditions can be adjusted by the recognition and compensation mechanism *Nachteilsausgleich/compensation des inégalités* (Schellenberg, Studer, & Hofmann, 2016, p. 487). For some youth with impairments or functional limitations, a short-track apprenticeship (*Eidgenössisches Berufsattest/attestation fédérale de formation professionnelle*) is an important alternative, taking two rather than the usual three to four years of training (Schellenberg et al., 2016, pp. 487–488). Another option is practical education (*INSOS PrA/INSOS FPra*), not part of official education systems but standardized by INSOS, the syndicate of disability care institutions (Schellenberg et al., 2016, p. 488).

Since 1960, Switzerland has disability insurance (*Invalidenversicherung/assurance-invalidité*) that is federally governed (see Fracheboud, 2015). Disability insurance is formally universal, providing access to all registered workers or residents after one year, including children and youth. However, selectivity typical for disability insurance schemes is present, with only officially classified children and youth eligible for this support.

Comparing employment rates of people with disabilities, Switzerland's rate is higher (around 55%) than in the United States (below 40%), although both lie considerably under general employment rates (OECD, 2010, p. 51). Switzerland's higher rate may be attributed to some extent to the VET system, which enables more robust means of integrating disabled young people into labor markets as it smooths transitions and counteracts supply-demand mismatches. Generally, research shows clear associations of strong VET programs with prevention of youth unemployment (Kriesi & Schweri, 2019, pp. 58–59). Compared to the United States, problems of inter-institutional coordination are targeted more comprehensively, whereas distributive dilemmas resulting in paradoxical universalism remain endemic.

Firstly, while disability insurance is governed by the Swiss confederation and upper secondary education is governed jointly by the Swiss confederation and cantons (with business interest organizations, private companies and trade unions for VET), primary education and lower secondary education are governed entirely by the cantons. Cantonal education policies are certainly not univer-

sally inclusive, with persistent inter-cantonal disparities ranging from high segregation rates (special schooling) to more inclusive schooling, mainly at primary level (Mejeh & Powell, 2018). Attempts to foster transitions are hindered by stigmatizing notions of ab/normality and its (un)intended negative consequences due to institutionalized cantonal special education organizations. Research demonstrates that inclusively schooled pupils more successfully access the labor market (Eckhart, Haeberlin, Sahli Lozano, & Blanc, 2011). Seen from this perspective, segregated schooling in cantons negatively affects employment. Enhanced inter-institutional coordination between disability insurance and upper secondary education with cantonal (special) education schemes would be necessary. Federally, the disability insurance could play an important role in this process. With a bundle of new policies (*Weiterentwicklung der IV/développement continu de l'AI*) the Swiss disability insurance currently plans to improve inter-institutional coordination for eligible persons between 13 to 25 years of age, supporting first vocational training opportunities (Lüthi, 2017, p. 17). The expansion of case management support, educational bridging offers and access to private employment agencies, and temporary recruitment services are under way (Lüthi, 2017. p. 17). A bundle of policies exists: employment counselling, job coaching services, opportunities for re-education, job placement services, work trials, daily allowances for youth in a short-track apprenticeship in the primary labor market, and wage subsidies as incentives for employers (Lüthi, 2017, p. 17). Paradoxically, while the insurance program focuses strongly on labor market integration, its classifying of individuals as "invalid" (*invalid/invalide)* is associated with stigmatization, an explicit category of "abnormality" originating in the 18th century (Stone, 1984; Tschanz, 2015).

Secondly, Swiss VET governance is among the most liberal among coordinated market economies. Business interest organizations and private companies have strong bargaining power in formulating teaching contents and an essential say in VET (Bonvin & Dahmen, 2017). While school-to-work transitions are generally eased via the vaunted Swiss VET system that supports the majority of youth to adjust as expectations and performances shift from education to employment, the principle of getting an apprenticeship follows mainly market-based selection procedures (Dahmen, Bonvin, & Beuret, 2017), suboptimally adjusted to the needs of minority groups (Imdorf, 2005). For instance, in contrast to Denmark's and Germany's short-track apprenticeships, Switzerland puts more emphasis on economic efficiency rather than social equality (di Maio et al., 2019). Unlike other countries, Switzerland does not provide a "Youth Guarantee" with a universal right to an apprenticeship or training opportunity, instead following a market-based allocation model (Dahmen et al., 2017, p. 156). Exceptions include youth with certain medical-psychological classification because in these cases the disability insurance is obliged to guarantee the first vocational training opportunity (Lüthi, 2017, p. 17). Paradoxically, while overall inter-institutional coordination works very well for youth who succeed in the market-based selection procedure, youth with impairments or functional limitations are dependent on anti-universalistic medical-psychological classification to approximate the universal Youth Guarantee.

Thirdly, Switzerland reformed disability insurance over the last 20 years thrice (Probst, Tabin, & Courvoisier, 2015). While the right to gainful employment has not been codified since Switzerland lacks legal obligations imposed on employers—there is neither an employment quota nor strict anti-discrimination legislation (Nadai & Canonica, 2019, p. 89; Nadai, Gonon, & Rotzetter, 2018, p. 407)—these reforms rely on the belief that the medical profession is capable of drawing objective boundaries between deserving people with impairments or illnesses and undeserving applicants; emphasizing tightened medical assessments (Caduff & Budowski, 2012, pp. 76–79). Furthermore, the recent discourse constructs disablement as a motivational problem justifying the introduction of tighter control mechanisms, which reinforce societal hierarchies based on assumed capabilities (Piecek, Tabin, Perrin, & Probst, 2019). Therefore, recent developments for adults have increased the legal sanctioning of those individuals who cannot or will not, for whatever reason, work. This danger simultaneously exists for prospective transition policies. In other areas of contemporary Swiss youth policies, a direction best described as "educationfare" arises (Dahmen et al., 2017, p. 155). This neologism, inspired by the term "workfare," means the establishment of stronger welfare conditionality criteria for youth in conjunction with targeting their integration into apprenticeships or other educational settings (Dahmen et al., 2017, p. 155). Therefore, the right to be accompanied by inter-institutional coordination on pathways into the labor market is thwarted by ever-earlier expectations of successful individual performance and outputs. Facilitated inter-institutional coordination via VET and the Swiss disability insurance will have to be critically examined regarding its possible paradoxical consequences for the right not to work.

In sum, contrary to the United States, the main challenge in Switzerland is not activation prior to leaving the education system, since its dual VET system (hardly reproduceable in the United States) provides multiple institutionalized pathways to formalized skills and employment experiences. However, the market-based allocation procedure to access such pathways continues to disadvantage some disabled youth, precluding universal access to VET and the (primary) labor market. For many, their life chances are determined by ambivalent effects of categorical membership (acquired during their cantonal school careers) and the requirements of individual performance and outputs of a liberal labor market. Or they are confronted by the paradox that one has to obtain the former in order to get access to support programs smoothing the pathway to the latter.

4. Conclusion

In our comparative case studies (Ragin, 1992), we linked ideas and evidence with theoretically structured descriptions. In particular, we outlined the school-to-work transitions of disabled youth in the United States and Switzerland from an institutional logics perspective. We considered the paradoxical "universalism" that affects contemporary education and disability policy. Both countries constructed a dialectical relationship between in/educability, ab/normality, and dis/ability with the establishment of compulsory universal schooling. This, the most crucial universal policy early in the life course, determines life chances to an increasingly large degree in "schooled societies" (Baker, 2014). This field remains especially challenging because these core institutions are characterized by different institutional logics and complex arrangements of institutionalized organizations, whether stigmatizing special classes (United States) or schools (Switzerland), and the lack (United States) or presence (Switzerland) of VET as a formal bridge between schooling and labor markets that demands coordination and must adjudicate the competing principles of social integration and efficiency.

In both countries, the logic of investment in human capital via years of schooling is matched by enforcement of the logic of performance of paid employment and individual adaptation to labor market conditions. We contrasted their institutional arrangements to support disabled youth transitioning. Especially in transition processes, the interrelation between education and social policies and between families and school and firm environments must be considered. While in the United States, the lack of inter-institutional coordination in the transition phase follows its liberal approach vis-à-vis limited state governance of markets, Switzerland, as a coordinated market economy, provides more transition opportunities via its VET system and has extended social policy insurance, which also supports transitions of classified youth. However, Switzerland does not fully coordinate education and employment systems to ensure successful transitions, also due to its market-based allocation of apprenticeships. Additional and intensified coordination between social policies and employment is partially counteracted by Swiss disability insurance's classification demands, creating a support-labeling-dilemma.

In Switzerland and the US, education and labor market institutions have institutionalized deficit-oriented conceptions of disability, with no paradigm shift towards socio-political, minority or human rights-based models. Both remain strongly oriented towards the ideal of individual performance, whether schooling (learning progress) or paid employment (task accomplishment). The necessity to provide universal opportunities, following the human right to inclusive education or right to work codified in the UN-CRPD, demands such a paradigm shift. This may be coupled with critical assessments of dominant ideas and values surrounding "ab/normality."

Acknowledgments

We gratefully acknowledge helpful comments on early drafts received from Robin Samuel and three anonymous reviewers. Christoph Tschanz acknowledges the Swiss National Science Foundation (SNSF) for his Doc.CH grant (No. 172008), and both authors thank the SNSF for providing funding to publish this article open access.

Conflict of Interests

The authors declare no conflict of interest.

References

Aldrich, H. E., & Ruef, M. (2006). *Organizations evolving* (2nd ed.). London: Sage.

Anttonen, A., & Sipilä, J. (2014). *Varieties of universalism*. Geneva: United Nations Research Institute for Social Development.

Baker, D. (2014). *The schooled society: The educational transformation of global culture*. Stanford, CA: Stanford University Press.

Becker-Schmidt, R. (2010). Doppelte Vergesellschaftung von Frauen [The double socialization of women]. In R. Becker & B. Kortendiek (Eds.), *Handbuch Frauen- und Geschlechterforschung* [Handbook on women and gender research] (3rd ed., pp. 65–74). Wiesbaden: Springer.

Blanck, J. M. (in press). *Übergänge nach der Schule als "zweite Chance"?* [*Post-school transitions as a "second chance"*]. Weinheim: Beltz Juventa.

Bless, G., & Kronig, W. (2000). Im Schatten der Integrationsbemühungen steigt die Zahl der Sonderklassenschüler stetig an [In the shadow of intregration attempts, the number of pupils in special classes rises]. *Schweizer Schule*, *87*, 3–12.

Boli, J., Ramirez, F. O., & Meyer, J. W. (1985). Explaining the origins and expansion of mass education. *Comparative Education Review*, *29*(2), 145–170.

Bonvin, J.-M., & Dahmen, S. (2017). The Swiss welfare state system: With special reference to education policy. In C. Aspalter (Ed.), *The Routledge international handbook to welfare state systems* (pp. 274–290). London: Routledge.

Busemeyer, M. R., & Trampusch, C. (Eds.). (2012). *The political economy of collective skill formation*. Oxford: Oxford University Press.

Caduff, P., & Budowski, M. (2012). "Scheininvalide"? Zum Problem der Grenzziehung zwischen legitimen und "illegitimen" Krankheitsbildern ["Invalid-pretenders?" On the problem of the boundary drawn between legitimate and "illegitimate" medical conditions]. In M. Budowski, M. Nollert, & C. Young (Eds.), *Delinquenz und Bestrafung* [Delinquency and penalization] (pp. 62–82). Zurich: Seismo.

Carter, E. W., Austin, D., & Trainor, A. A. (2012). Predictors of postschool employment outcomes for young

adults with severe disabilities. *Journal of Disability Policy Studies*, *23*(1), 50–63.

Dahmen, S., Bonvin, J.-M., & Beuret, B. (2017). The dynamics of youth policies in Switzerland: Between participation and activation. In H.-U. Otto, V. Egdell, J.-M. Bonvin, & R. Atzmüller (Eds.), *Empowering young people in disempowering times* (pp. 144–159). Cheltenham: Edward Elgar.

Dahrendorf, R. (2000). Die globale Klasse und die neue Ungleichheit [The global class and the new social inequality]. *Merkur*, *54*(619), 1057–1068.

Davis, L. J. (1997). Constructing normalcy. In L. J. Davis (Ed.), *The disability studies reader* (pp. 9–28). London: Routledge.

DiMaggio, P. J., & Powell, W. W. (1983). The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, *48*, 147–160.

di Maio, G., Graf, L., & Wilson, A. (2019). Torn between economic efficiency and social equality? Short-track apprenticeships in Denmark, Germany and Switzerland. *European Educational Research Journal*, *18*(6), 699–723.

EASNIE. (2018). *Evidence of the link between inclusive education and social inclusion*. Odense: European Agency for Special Needs and Inclusive Education.

Ebbinghaus, B., & Manow, P. (Eds.). (2001). *Comparing welfare capitalism*. London: Routledge.

Eckhart, M., Haeberlin, U., Sahli Lozano, C., & Blanc, P. (2011). *Langzeitwirkungen der schulischen Integration* [Long-term effects of school integration]. Berne: Haupt.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity Press.

Fracheboud, V. (2015). *L'introduction de l'assurance invalidité en Suisse (1944–1960)* [The introduction of the disability insurance in Switzerland (1944–1960)]. Lausanne: Antipodes.

Friedland, R., & Alford, R. A. (1991). Bringing society back in: Symbols, practices and institutional contradictions. In W. W. Powell & P. J. DiMaggio (Eds.), *The new institutionalism in organizational analysis* (pp. 232–263). Chicago, IL: University of Chicago Press.

Füssel, H.-P., & Kretschmann, R. (1993). *Gemeinsamer Unterricht für behinderte und nichtbehinderte Kinder* [Joint instruction for disabled and nondisabled children]. Witterschlick: Wehle.

Gomolla, M., & Radtke, F. O. (2002). *Institutionelle Diskriminierung* [Institutional discrimination]. Opladen: Leske & Budrich.

Grover, C., & Piggott, L. (2015). A right not to work and disabled people. In C. Grover & L. Piggott (Eds.), *Disabled people, work and welfare* (pp. 239–255). Bristol: Policy Press.

Haber, M. G., Mazzotti, V. L., Mustian, A. L., Rowe, D. A., Bartholomew, A. L., Test, D. W., & Fowler, C. H. (2016). What works, when, for whom, and with whom: A meta-analytic review of predictors of post-secondary success for students with disabilities. *Review of Educational Research*, *86*(1), 123–162.

Hacking, I. (1999). *The social construction of what?* Cambridge, MA: Harvard University Press.

Hadjar, A., & Becker, R. (Eds.). (2009). *Expected and unexpected consequences of the educational expansion in Europe and the USA*. Berne: Haupt.

Hall, P. A., & Soskice, D. (Eds.). (2001). *Varieties of capitalism*. Oxford: Oxford University Press.

Halvorsen, R., & Hvinden, B. (2018). Youth, diversity and employment in times of crisis and economic restructuring: An introduction. In R. Halvorsen & B. Hvinden (Eds.), *Youth, diversity and employment* (pp. 1–31). Cheltenham: Edward Elgar.

Hassler, B. (2017). Geschützte Arbeitsplätze und Eingliederungsmanagement [Sheltered workshops and integration management]. In T. Geisen & P. Mösch (Eds.), *Praxishandbuch Eingliederungsmanagement* [Handbook of integration management in praxis] (pp. 1–13). Wiesbaden: Springer.

Heidenheimer, A. J. (1997). *Disparate ladders: Why school policies differ in Germany, Japan, and Switzerland*. New Brunswick, NJ: Transaction Publishers.

Heubert, J. P., & Hauser, R. M. (Eds.). (1999). *High stakes: Testing for tracking promotion and graduation*. Washington, DC: National Academy Press.

Imdorf, C. (2005). *Schulqualifikation und Berufsfindung* [School qualification and vocational orientation]. Wiesbaden: Springer.

Jenkins, R. (Ed.). (1998). *Questions of competence: Culture, classification and intellectual disability*. Cambridge: Cambridge University Press.

Jepperson, R. L. (1991). Institutions, institutional effects, and institutionalism. In W. W. Powell & P. J. DiMaggio (Eds.), *The new institutionalism in organizational analysis* (pp. 143–163). Chicago, IL: University of Chicago Press.

Kalleberg, A. L., & von Wachter, T. M. (2017). The U.S. labor market during and after the great recession. *RSF*, *3*(3), 1–19.

Kriesi, I., & Schweri, J. (2019). Types of education, achievement and labour market integration over the life course. *Social Inclusion*, *7*(3), 58–64.

Kronauer, M. (2018). Gainful employment between inclusion and exclusion In G. Wansing, F. Welti, & M. Schäfers (Eds.), *The right to work for persons with disabilities* (pp. 121–134). Baden-Baden: Nomos.

Künzler, D., & Nollert, M. (2017). Varieties and drivers of social welfare in sub-Saharan Africa. *Socialpolicy.ch*, *2*(2), 1–23.

Kurt, S., & Heinzmann, A. (2018). Ein Umdenken ist gefordert. Kindeswohl als Argument für die schulische Segregation [Rethinking child well-being as an argument for school segregation]. *SozialAktuell*, *6*, 38–39.

Ludwig-Mayerhofer, W., Pollak, R., Solga, H., Menze, L., Leuze, K., Edelstein, R., . . . Kühn, S. (2019). Vocational

education and training and transitions into the labor market. In H. P. Blossfeld & H. G. Roßbach (Eds.), *Education as a lifelong process* (3rd ed.). Wiesbaden: Springer.

Lüthi, A. (2017). Verstärkung der beruflichen Eingliederung [Strengthening vocational integration]. *CHSS Soziale Sicherheit*, *June*(2), 15–19.

Marshall, T. H. (1992). *Citizenship and social class*. London: Pluto Press. (Original work published 1950)

Maschke, M. (2008). *Behindertenpolitik in der Europäischen Union* [Disability policy in the European Union]. Wiesbaden: Springer.

Mejeh, M., & Powell, J. J. W. (2018). Inklusive Bildung in der Schweiz—Zwischen globalen Normen und kantonalen Besonderheiten [Inclusive education in Switzerland: Between global norms and cantonal specificities]. *Bildung und Erziehung*, *71*, 412–431.

Nadai, E., & Canonica, A. (2019). The moralization of labor: Establishing the social responsibility of employers for disabled workers. In S. Schiller-Merkens & P. Balsiger (Eds.), *The contested moralities of markets* (pp. 87–106). Bingley: Emerald.

Nadai, E., Gonon, A., & Rotzetter, F. (2018). Costs, risks and responsibility. Negotiating the value of disabled workers between disability insurance and employers. *Swiss Journal of Sociology*, *44*(3), 405–422.

Neckel, S., & Sutterlüty, F. (2005). Negative Klassifikationen. Konflikte um die symbolische Ordnung sozialer Ungleichheit [Negative classifications. Conflicts surrounding die symbolic order of social inequality]. In W. Heitmeyer & P. Imbusch (Eds.), *Integrationspotenziale einer modernen Gesellschaft* [Integration potentials in contemporary society] (pp. 409–428). Wiesbaden: Springer.

O'Brien, R. L. (2013). Economy and disability: Labor market conditions and the disability of working-age individuals. *Social Problems*, *60*(3), 321–333.

OECD. (2010). *Sickness, disability and work: Breaking the barriers*. Paris: OECD.

Pfahl, L. (2011). *Techniken der Behinderung. Der deutsche Lernbehinderungsdiskurs, die Sonderschule und ihre Auswirkungen auf Bildungsbiografien* [Technologies of disability. The German discourse on learning disabilities, the special school and its effects on educational biographies]. Bielefeld: Transcript.

Piecek, M., Tabin, J.-P., Perrin, C., & Probst, I. (2019). The 'compliant,' the 'pacified' and the 'rebel': Experiences with Swiss disability insurance. *Disability & Society*, *34*(4), 583–606.

Polanyi, K. (2001). *The great transformation*. Boston, MA: Beacon Press. (Original work published 1944)

Powell, J. J. W. (2003). Constructing disability and social inequality early in the life course. *Disability Studies Quarterly*, *23*(2), 57–75. Retrieved from http://dsq-sds.org/article/view/414/575

Powell, J. J. W. ({2011} 2016). *Barriers to inclusion: Special education in the United States and Germany*. Abingdon: Routledge.

Priestley, M. (2000). Adults only: Disability, social policy and the life course. *Journal of Social Policy*, *29*(3), 421–439.

Probst, I., Tabin, J.-P., & Courvoisier, N. (2015). De la réparation à la réversibilité. Un nouveau paradigme dans l'assurance invalidité? [From compensation to reversibility. A new paradigm in disability insurance?]. *Swiss Journal of Sociology*, *41*(1), 101–117.

Ragin, C. C. (1992). "Casing" and the process of social inquiry. In C. C. Ragin & H. S. Becker (Eds.), *What is a case?* (pp. 217–226). Cambridge: Cambridge University Press.

Richardson, J. G., & Powell, J. J. W. (2011). *Comparing special education: Origins to contemporary paradoxes*. Stanford, CA: Stanford University Press.

Schellenberg, C., Studer, M., & Hofmann, C. (2016). Transition Übergang Schule-Beruf [School-to-work transitions]. In I. Hedderich, G. Biewer, J. Hollenweger, & R. Markowetz (Eds.), *Handbuch Inklusion und Sonderpädagogik* [Handbook of inclusion and special education] (pp. 485–490). Bad Heilbrunn: Klinkhardt.

Schriner, K., & Scotch, R. K. (2001). Disability and institutional change: A human variation perspective on overcoming oppression. *Journal of Disability Policy Studies*, *12*(2), 100–106.

Scott, W. R. (2013). *Institutions and organizations* (4th ed.). London: Sage.

Skocpol, T. (1995). *Social policy in the United States*. Princeton, NJ: Princeton University Press.

Solga, H. (2005). *Ohne Abschluss in die Bildungsgesellschaft* [Without qualification in the education society]. Opladen: Barbara Budrich.

Stefánsson, K. (2012). What is in a word? Universalism, ideology and practice. In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 42–68). Cheltenham: Edward Elgar.

Stone, D. A. (1984). *The disabled state*. Philadelphia, PA: Temple University Press.

Thornton, P. H., & Ocasio, W. (2008). Institutional logics. In R. Greenwood, C. Oliver, R. Suddaby, & K. Sahlin (Eds.), *The Sage handbook of organizational institutionalism* (pp. 99–129). London: Sage.

Thornton, P. H., Ocasio, W., & Lounsbury, M. (2012). *The institutional logics perspective*. Oxford: Oxford University Press.

Tschanz, C. (2015). Die Welten des Aufbaus und Brechens von Barrieren—Europäische Behindertenpolitiken im Vergleich [The worlds of constructing and breaking of barriers—A comparison of European disability policies]. *Newsletter Studienbereich Soziologie, Sozialpolitik und Sozialarbeit*, *16*, 41–54.

Tschanz, C. (2017). Zwischen Barrierefreiheit, Aktivierung und Marktradikalismus: Der Zugang zum Arbeitsmarkt durch die Invalidenversicherung [Between accessibility, activation and market radicalism: Accessing the labor market via disability insurance]. *Schweizerische Zeitschrift für Heilpädagogik*, *23*(3), 27–35.

Verbrugge, L. M., & Jette, A. M. (1994). The disablement process. *Social Science and Medicine*, *38*(1), 1–14.

Wagner, M., Newman, L., Cameto, R., & Levine, P. (2005). *Changes over time in the early postschool outcomes of youth with disabilities*. Menlo Park, CA: SRI International.

Wagner, M., Newman, L., Cameto, R., Levine, P., & Garza, N. (2006). *An overview of findings from wave 2 of the National Longitudinal Transition Study-2 (NLTS2)*. Menlo Park, CA: SRI International.

Waldschmidt, A. (2010). Das Mädchen Ashley oder: Intersektionen von Behinderung, Normalität und Geschlecht [Intersections of disabilty, normality, and gender]. In J. Jacob, S. Köbsell, & E. Wollrad (Eds.), *Gendering disability* (pp. 35–60). Bielefeld: Transcript.

Waldschmidt, A. (2011). Existenzsicherung—Ein soziales Recht? [The minimum standard of subsistence as a social right?]. In M. Dederich, & K. Grüber (Eds.), *Herausforderungen: Mit schwerer Behinderung leben* [Challenges: Living with severe disability] (2nd ed., pp. 61–74). Frankfurt am Main: Mabuse.

Wells, T., Sandefur, G. D., & Hogan, D. P. (2003). What happens after the high school years among young persons with disabilities? *Social Forces*, *82*(2), 803–832.

Wolfisberg, C. (2002). *Heilpädagogik und Eugenik* [*Special education and eugenics*]. Zurich: Chronos.

World Bank. (2019). *The atlas of social protection indicators of resilience and equity*. Washington, DC: World Bank. Retrieved from http://datatopics.worldbank.org/aspire

Zola, I. K. (1989). Toward the necessary universalizing of a disability policy. *The Milbank Quarterly*, *67*(2), 401–428.

About the Authors

Christoph Tschanz is a PhD candidate at the University of Fribourg, Switzerland, in the Department of Social Work, Social Policy and Global Development, funded by a Doc.CH grant. He specializes in comparative perspectives on European disability policies. Christoph holds a master's degree in Sociology and a bachelor's degree in Special Education and Social Pedagogy, both from the University of Fribourg. He previously worked at the Service für unterstützte Berufsbildung, a specifically VET-oriented supported training and employment program for people with an autism-spectrum condition on behalf of the Swiss disability insurance.

Justin J. W. Powell is Professor of Sociology of Education in the Institute of Education & Society, University of Luxembourg. His comparative institutional analyses chart persistence and change in special and inclusive education, in vocational training and higher education, and in science systems and research policy. His award-winning books include *Barriers to Inclusion: Special Education in the US and Germany* (Routledge, 2011/2016), *Comparing Special Education: Origins to Contemporary Paradoxes* (Stanford University Press, 2011), and *The Century of Science: The Global Triumph of the Research University* (Emerald, 2017/2019).

COGITATIO

Social Inclusion (ISSN: 2183–2803)
2020, Volume 8, Issue 1, Pages 168–177
DOI: 10.17645/si.v8i1.2499

Article

Paradoxes of Universalism: The Case of the Swiss Disability Insurance

Emilie Rosenstein * and Jean-Michel Bonvin

Department of Sociology, University of Geneva, 1211 Geneva, Switzerland; E-Mails: emilie.rosenstein@unige.ch (E.R.), jean-michel.bonvin@unige.ch (J.-M.B.)

* Corresponding author

Submitted: 30 September 2019 | Accepted: 9 December 2019 | Published: 18 March 2020

Abstract
Social policies rely on specific expectations vis-a-vis their beneficiaries, who have to abide by certain eligibility criteria or behavioral standards to access the benefits or services provided. As such, they draw boundaries between the deserving and undeserving, which results in the following paradox: While social policies claim to be universal, they actually exclude potential beneficiaries by imposing on them the compliance with these eligibility criteria and behavioral standards. In other words, purportedly universal social policies may have exclusionary effects, in the form either of selectivity (street-level bureaucrats select what they perceive as legitimate beneficiaries) or of self-exclusion and non-take-up (people entitled do not claim benefits or services). Based on the case of the Swiss disability insurance, this article explores the extent of, and the reasons underlying, the paradoxes of universalism within active social policies. It relies on a mixed-methods research design, combining sequence analysis (showing the selectivity of active reforms regarding people's access to disability benefits) and in-depth interviews. The conclusion of this article suggests that not all forms of universalism are equally exposed to such paradoxes and proposes a hypothesis to be explored in further research: The more requiring and precise in terms of eligibility criteria and behavioral standards social policies and activation strategies are (hard universalism), the higher the risk that they lead to selective practices in contradiction with their universal ambition. By contrast, fuzzier eligibility or behavioral criteria (soft universalism), which allow for adjustment to individual circumstances, may lead to more genuinely universal and inclusive social policies.

Keywords
activation; capability; disability policies; selectivity; social policies; universalism

Issue
This article is part of the issue "'Universalism' or 'Universalisms' in Social Policies?" edited by Monica Budowski (University of Fribourg, Switzerland) and Daniel Künzler (University of Fribourg, Switzerland).

1. Introduction: What is at Stake with Universalism?

Literature has abundantly shown that most social policies are characterised by a tension between universalism and selectivity. Rothstein considers them as ideal-types: On the one hand, universalism is characterized by a high degree of universal coverage, "i.e., benefits and services are intended to cover the entire population throughout the different stages of life, and on the basis of uniform rules…without the application of economic needs-testing (or means-testing)" (Rothstein, 1998, pp. 19–20); on the other hand, selectivity refers to social policies that do not cover the entire citizenry, applying needs or means testing and delivering benefits according to what Rothstein calls "discretionary allocation," with a view to focusing on the "truly needy" (Rothstein, 1998). Esping-Andersen's models of welfare (1990) show how countries combine both principles of universalism and selectivity in different ways. While the liberal model heavily relies on selectivity, i.e., on targeting and means-testing benefits, the social-democratic model, which characterises mainly Scandinavian welfare states, insists on the relevance of a universalistic approach providing generous cash benefits or in-kind services to all citizens or inhabitants of

a country. Universalistic approaches have been put under pressure in the contemporary context, even among the countries pertaining to the social-democratic model (about such processes of "de-universalisation" see Goul Andersen, 2012; van Kersbergen & Kraft, 2017). This results in a higher concern for containing social expenditure, generally coupled with the development of activation programmes conceived as the best solution to promote welfare recipients' return to the labour market and to reduce the caseload. It is then claimed that universalistic benefits tend to generate inactivity and poverty traps resulting in long-term exclusion or dependency on welfare. By contrast, selectivity is presented as a more efficient way to use public money as only those who really need benefits receive them, and in such a way that incentivises them to re-integrate the labour market and regain financial autonomy. This increased focus on targeting and selectivity is however not meant as the end of universalism in social policies, but rather as a new way to envisage the issue of universalism, which combines elements of selectivity or targeting with renewed conceptions of universalism based on notions such as "targeting within universalism" (Skocpol, 1991), "quasi-universalism" (Leisering, 2009), "conditional universalism" (Ferrera, 1998), etc. In this article, we want to examine these new configurations and their inclusionary or exclusionary effects in the field of disability policies.

We will show what impact such configurations have on the access to disability policies (be it cash benefits or in-kind services). We aim at analysing whether, how, and why "conditional universalism" based on activation requirements produces paradoxical impacts on beneficiaries. Indeed, activation policies rely on specific expectations vis-a-vis their beneficiaries, who have to abide by certain eligibility criteria or behavioural standards to access the benefits or services provided. As a result, purportedly universal social policies may have exclusionary effects. Our research shows that, in practice, not all eligible people are benefitting from such activation measures, either because of selectivity—street-level bureaucrats select those they perceive as legitimate beneficiaries—or of self-exclusion and non-take-up—people entitled do not claim benefits or services (Rosenstein, 2018). It is precisely this paradox, of a programme designed to encompass all recipients and practically excluding some of them, that will be the centre of our attention.

This article explores the extent of, and the reasons underlying, this paradox resulting from a universalistic approach to activation and its selective implementation. Our focus is not on the fundamental gap between political discourses and their actual implementation that may result in forms of selectivity—this has been abundantly documented since Michael Lipsky's (1980) seminal work on the discretionary power of street-level bureaucrats. Rather, our ambition is to understand why efforts to enlarge access to active programmes and make activation a universal path for welfare recipients, result in forms of selectivity that exclude many of them from activation tracks. To address this issue, we investigate the case of the Swiss disability insurance (DI), which has recently undergone a series of active reforms with a view to extending access to activation programmes and support disabled people in entering or returning to the labour market.

Our analyses rely on a mixed-methods research design. Section 2 provides an overview of the policy context of Swiss disability policies and its recent evolution. Section 3 presents the data and methods used. Section 4 is articulated in three subsections: Section 4.1 presents the overall impact of activation on DI claimants' trajectories, revealing the tensions between purposed universalism and actual selectivity; Section 4.2 focuses on the impact of age on access to disability benefits; and Section 4.3 highlights inequalities according to the type of impairment. Section 5 concludes and draws recommendations for closing or rather shortening the gap between discourses of universalism and practices of selectivity. It suggests that the capability approach may well represent the foundation for a more respectful and effective universalism.

2. DI and its Active Reforms: A Brief Contextualisation

DI (*Assurance-invalidité* in French, or *Invalidenversicherung* in German) is a central institution of the Swiss welfare system. Its mission is twofold: On the one hand, to prevent, reduce, or eliminate disability, this is the rehabilitation or activation part; on the other hand, to compensate citizens' loss of income resulting from disability, this is the financial compensation part. To do so, DI provides two kinds of benefits that are mutually exclusive: vocational rehabilitation measures (accompanied by daily allowances) and long-term disability pensions (that can be full or partial pensions, depending on claimants' loss of income). Since the creation of DI in 1960, its motto has always been "Rehabilitation before pension," i.e., pensions are meant to be a last resort solution for those people who cannot be rehabilitated. However, the number of pension recipients steadily increased over the years (OFAS, 2018), especially since the early nineties (+89% between 1990 and 2005), thus confronting the DI to major financial difficulties. To face this situation and reduce the number of pensions, a series of legal reforms were designed that had deep-seated consequences on DI implementation at the local level. Inspired by the principles of activation and following the OECD (2003, 2006) recommendations, the Federal Law on DI was amended three times in a row, over a very short period (in 2004, 2008, and 2012) with a view to increasing the outflow. The cornerstone of this active turn of DI was undoubtedly its 5th revision.

Implemented in 2008, the aim of the 5th revision of DI was to reduce by 20% the number of new pensions granted every year. To reach this goal, the premise was to invest massively in vocational rehabilitation pro-

grammes in order to make them more accessible and efficient. This implied a four-fold activation strategy. First, accelerate the procedures and introduce early detection and intervention programmes in order to preserve recipients' working capacity and optimise their chances to return (or remain) on the labour market. Second, develop the catalogue of vocational rehabilitation programmes to make it more congruent with disabled people's needs, including job placement programmes. Third, hire about 300 additional case managers to follow DI beneficiaries at the local level. And, fourth, reinforce recipients' individual responsibility, including their duty to collaborate and commit themselves actively in rehabilitation measures. This implied the adoption of a new sanction regime, also accompanied by new tools to fight against fraud. All these evolutions pointed to the ambition of effectively implementing universalistic activation to all people with a residual working capacity that could be used on the competitive labour market. These reforms were thus faithful to the initial motto "Rehabilitation before pension," claiming to fully implement it in the actual DI practices. It is precisely the effectiveness of this claim that we investigate in this article, trying to identify successes and failures and the reasons underlying them.

3. Data and Methods

The study on which this article is based mobilised a mixed-methods research design, including:

1. A documentary analysis (based on legal documents, public reports, and statistics);
2. Semi-directed interviews with DI local actors (managers, case managers, doctors, psychologists, etc; N = 22);
3. In-depth biographical interviews with people who claimed for DI benefits (N = 23);
4. Sequence analysis (N = 1500), applied to a sample of people who applied to the Office of DI in the canton of Vaud (the biggest DI office in the French-speaking part of Switzerland).

The complementarity of these methods and the triangulation of data have been conceived as follows: First, we carried out the documentary analysis in order to understand the legal context in which DI operates, and to identify the major social and economic issues faced by DI over the last decades. This first step allowed us to grasp the meaning of DI reforms, the aims, and the means of activation in this specific welfare context. Second, we completed the sequence analyses, in order to measure the longitudinal impact of active reforms on the administrative trajectory of three cohorts of DI claimants. On this basis, we identified specific trends that guided our questioning through qualitative interviews. Third, we proceeded to semi-directed interviews with DI local actors in order to grasp the way they interpret and implement DI reforms. Finally, we sampled DI claimants belonging to the three cohorts analysed statistically in order to complete in-depth biographical interviews. The sampling was based on the results of the sequence analyses, identifying three groups according to their administrative trajectories: people who were entitled to a vocational rehabilitation measure (the activated group), people who received a DI pension (the so-called "passive" group) and people who were considered as not eligible to DI benefits (the refusal group). In order to carry out in-depth biographical interviews with a variety of people belonging to each of these three groups, the sampling was made taking into account three variables: age, gender, and type of impairment of respondents.

This article relies mainly on the quantitative analyses, complemented by some references to the documentary analysis and the qualitative interviews; therefore, we present our quantitative methodology in some more detail. We used sequence analysis to provide a longitudinal view on the effect of DI reforms on claimants' trajectories. To do so, we used administrative data provided by the local disability office of the canton of Vaud. These include socio-demographic data such as year of birth, sex, health impairment, together with information about the administrative trajectory of beneficiaries (for instance whether and when their application was accepted, what type of benefits they received, etc.). We created three representative sub-samples of 500 individuals, randomly selected according to the year of their first application for DI benefits (respectively in 2000, 2004, and 2008). These years were chosen in order to capture the impact of activation reforms presented above. Then, we reconstructed their administrative trajectory over the 48 months following their application. In the figures presented below, the horizontal axis corresponds to the time passing by, with t + 0 designating the month of application. The vertical axis indicates the relative part of each state composing our alphabet, i.e., each administrative state that DI claimants may have encountered after their application. This includes states within DI schemes (like the period of assessment of their application or the granting of DI benefits) but also states designating the way they left DI (for instance, after a job placement or a refusal of their claim for benefits). The administrative data includes a high multiplicity of such states, we thus coded them into 10 categories. To highlight the effects of activation on claimants' trajectories, this article focuses on the comparison of the cohorts who claimed for benefits in 2000 (before DI active reforms) and 2008 (after active reforms).

We attributed a specific colour to each of the 10 states that may occur along the claimants' administrative trajectory (see legend of Figures 1, 2, and 3). Assessment (in red) corresponds to the administrative state during which claimants' eligibility to DI benefits is examined, both in legal and medical terms. Partial pension (in orange) and full pension (in yellow) show the proportion of claimants who are granted a DI pension, generally on the long-term. So-called "helplessness allowances" (in dark green) are granted to pensioners who need specific care

services due to the severity of their disability. Vocational rehabilitation (in light green) includes all training programmes funded by DI in order to improve beneficiaries' earning capacity. This includes mainly certified training programmes. Placement (in blue-grey) gathers the job placement programmes introduced by DI active reforms. Refusal (in light blue) designates the part of claimants assessed as not eligible for benefits. Temporary exit (in dark blue-grey) is an uncommon state, referring to the situation of people who temporary left the DI, after a short-term vocational rehabilitation measure and before a second application. Unlike temporary exit, permanent exit (in dark blue) corresponds to the case when beneficiaries definitely left the DI after the end of a vocational rehabilitation programme. This state also includes the very limited number of cases of people who exited the DI after their pension was suppressed. Retirement (in mauve) entails the situation of people who left DI because they entered the retirement pension scheme. Finally, death (in purple) shows the part of claimants whose follow-up by DI was suppressed because they passed away.

4. Results

4.1. Activation between Universalistic Discourses and Selective Practices

The first paradox we identified relates to the gap between the formal ambition of activating every beneficiary with a remaining earning capacity, as it appears in political discourses and policy designs (including legal texts and institutional documents), and its actual implementation and translation into welfare claimants' trajectories. The question at stake here is to establish a precise diagnosis about the extent to which activation programmes are inclusive or exclusive and activation can be considered as a universal and inclusive path.

When the main active reform of DI was introduced in 2008, the objective was to improve the access to vocational rehabilitation programmes in order to increase the outflow. This implies that, for each person who claims for DI benefits, the opportunity of a vocational rehabilitation must be thoroughly examined before considering his or her eligibility to a pension. As proclaimed by the Swiss Federal Council in its message supporting DI 5th revision:

> In the future, it will be more difficult to access pensions for insured people with health difficulties that impact their earning capacity. They will be entitled to a DI pension if and only if their earning capacity, in all likelihood, cannot be restored, maintained, or improved through rehabilitation measures that could be reasonably required. Besides, specific attention will be paid to what activities can still be, from an objective viewpoint, reasonably required from them, despite their health difficulties….Such strengthening of the conditions for the granting of pensions is compensated by the reinforcement of rehabilitation programmes. (Swiss Federal Council, 2005, p. 4287, authors' translation)

Besides, the duty of claimants to collaborate and commit themselves actively in rehabilitation measures has been strongly emphasised:

> In the future, insured people will play a leading role in their own rehabilitation. By collaborating actively with the DI and by complying with their duty to cooperate, they will show that they truly aim at their reinsertion in active life with the support of competent people and that they take their responsibilities accordingly. They thus also fulfil their obligation to reduce the damage or harm that caused their disability, thus doing a great service to themselves and society. When insured people do not display the expected commitment and do not fulfil their duty to collaborate, they will henceforth be sanctioned more quickly and more directly, in the form of a benefit reduction or refusal. (Swiss Federal Council, 2005, pp. 4281–4282, authors' translation)

Thus, the willingness to push DI beneficiaries into activation is very clearly stated, insisting that activation is the only practicable path for people who have a residual working capacity. As summarised by an interviewed DI employee: "It is like a noose around claimants, to whom we say, 'You have the choice between being rehabilitated and being rehabilitated."' In short, it is claimed that there is no way out of activation, which is conceived as a panacea for all beneficiaries with a residual working capacity. For street-level bureaucrats too, activation through vocational rehabilitation programmes is presented as the most appropriate solution, which ought to be tried whenever there seems to be an even limited chance for success. Granting activation programmes is highly valued by the tools and indicators used to monitor their activity; conversely, if activation fails, this is not sanctioned, i.e., if activated people get a disability pension in the end because rehabilitation attempts proved to be ineffective, this is not considered as a bad performance.

However, if we look at Figure 1, comparing the administrative trajectories of people who claim for disability benefits before (2000) and after (2008) the DI active turn, vocational rehabilitation measures (in light green) are far from being a universal and inclusive path. Indeed, if we compare the proportion of people involved in a rehabilitation programme one year after they applied for DI benefits, we see that they represented 3% of the 2000 sample, against 8% of the 2008 sample. This shows that, even if the access to rehabilitation is higher for the most recent cohort, it remains highly selective, in spite of the introduction of early intervention tools and the acceleration of DI assessment procedures (in red). Taking as an indicator the situation at $t + 12$ (one year after they applied for DI benefits), we see that 75% of the 2000 sam-

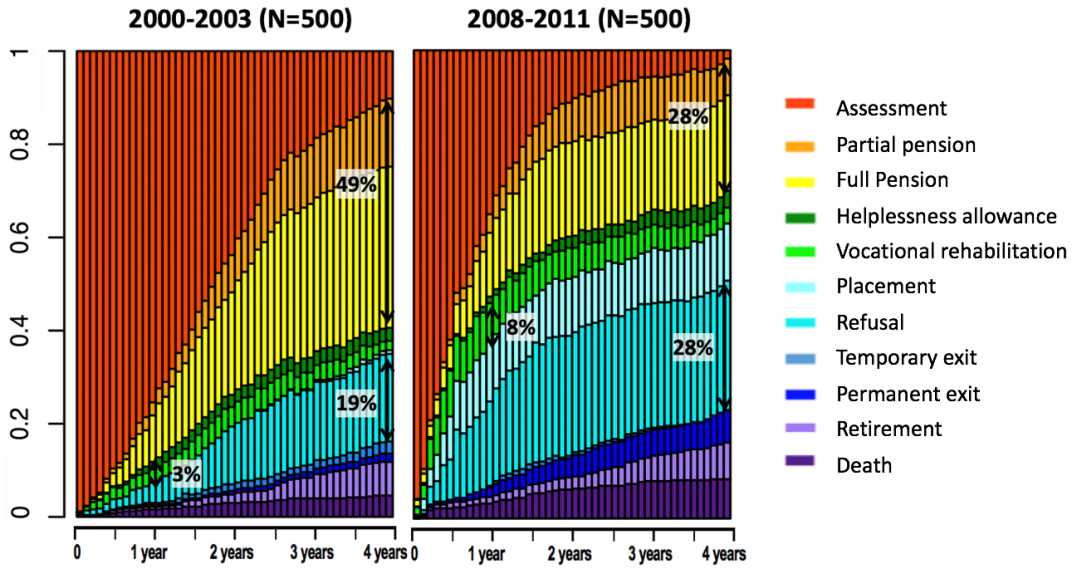

Figure 1. Comparison of two cohorts of DI claimants (2000 and 2008). Source: Rosenstein (2018; computed on the basis of administrative data provided by the DI Office of the canton of Vaud).

ple were still waiting for DI decision, against 35% among the 2008 cohort. The speed at which files are processed has been considerably increased but this does not, as yet, result in a much higher proportion of activated people.

Moreover, our sequence analyses show that active reforms result in a decrease in the number of pensions delivered by DI. If we compare the situation at t + 48, we see that while almost one person out of two (49%) used to benefit from a DI pension four years after their application in 2000 (be it a partial pension—in orange, or a full pension—in yellow), only 28% of the 2008 cohort was granted a pension. This massive reduction in the number of pensions delivered by DI does not coincide with an equivalent increase of the number of activated people. Rather, it is explained by the rise in the number of refusals (in light blue), i.e., the people who were considered as not eligible to DI benefits. Four years after their application, 19% of the 2000 cohort left DI after a refusal, while 28% of the 2008 cohort were in the same situation. Thus, paradoxically, the objective of universal activation, i.e., of including all people with a residual working capacity into rehabilitation programmes, resulted in excluding them altogether from DI benefits more than in increasing the rate of activation within DI.

This first set of analyses provides a good illustration of the paradox of activation and its claim to universalism. While vocational rehabilitation is officially presented as the only path for all people with a residual working capacity (we could even speak of a universal duty to activate in their case), our results show that it remains highly selective. Only a few people seem to fulfil the requirements to enter and complete a vocational rehabilitation programme. This questions the effective accessibility of rehabilitation programmes for disabled people with a residual earning capacity. Indeed, we observe a clear gap between the political will to enlarge access to activation and its actual and limited implementation, in spite of a clear speed up in file processing. However, it should be mentioned that this very limited increase in the access to vocational rehabilitation programmes may in part result from the fact that the analysis focuses on the cohort of 2008, i.e., the very year when the 5th revision was adopted. We could indeed formulate the hypothesis that the full implementation of active reforms may take more time and thus the impact may be more significant among more recent cohorts.

Our results also show a disconnection between the limited rise in the number of people involved in vocational rehabilitation and the significant reduction in the number of pensions delivered. This seems to invalidate the assumption underlying the DI reforms that there is a causal effect between investing in vocational rehabilitation programmes and reducing the number of pensions delivered. Rather, it appears that activation reforms have been more effective in reducing the access to so-called "passive" measures than in promoting an active support to DI claimants. All in all, this tends to suggest that the conception of universalistic activation underlying the Swiss DI reforms has a twofold exclusionary effect: It proves largely unable to include people into rehabilitation tracks, while it is much more efficient in excluding disabled people from DI benefits in general. This conclusion does not equally apply to all categories of recipients, however. It thus needs to be contrasted along the age and the type of impairment of DI claimants.

4.2. Age as a Factor of Exclusion

As illustrated in Figure 2, we observe important inequalities between youngsters and other generations in terms of accessing vocational rehabilitation programmes. Indeed, in both the 2000 and the 2008 cohorts, the

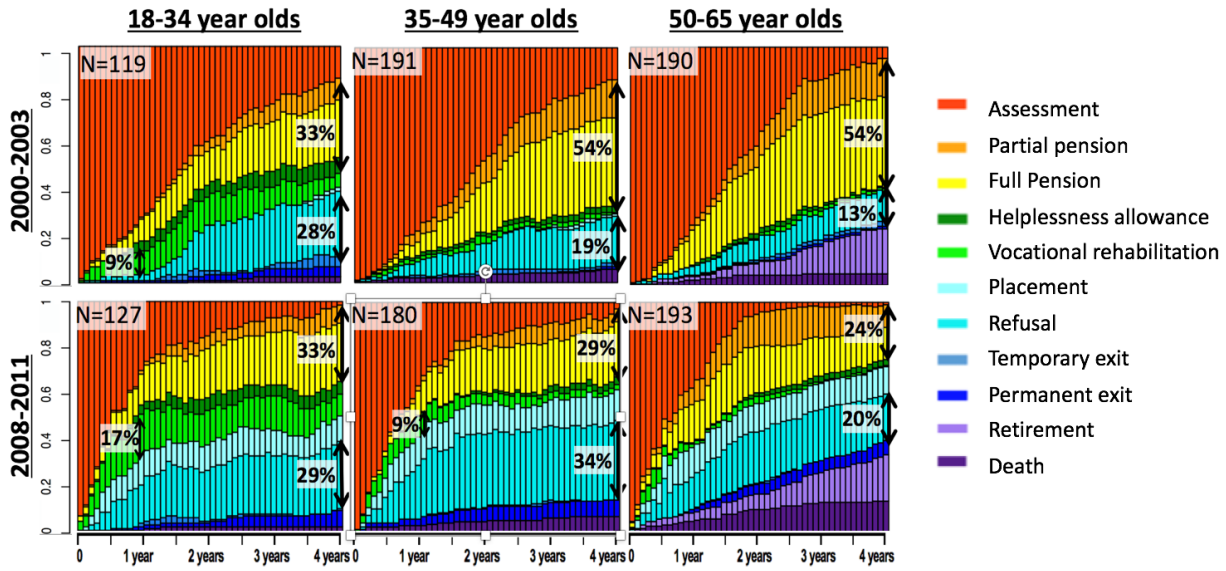

Figure 2. Comparison of two cohorts of DI claimants, according to age. Source: Rosenstein (2018; computed on the basis of administrative data provided by the DI Office of the canton of Vaud).

vast majority of vocational rehabilitation programmes (in light green) were granted to people belonging to the 18–34 age group. If we compare the situation at t + 12 (one year after the application), in the 2000 cohort (upper half of Figure 2), 9% of the 18–34 year old were involved in active measures, against less than 2% among the 35–49 year old and none of the 50–65 year old. In the 2008 cohort, the access to vocational rehabilitation programmes progressed, but still in an uneven way: At t + 12, 17% of the youngsters followed a vocational rehabilitation programme, against 9% among the middle age group, and less than 2% among the seniors. Thus, access to active programmes varies along the recipients' age, which confirms that activation is not a universal path, rather it tends to follow unequal patterns according to age categories.

Besides, our results reveal another limitation of DI reforms. While these were particularly aimed to tackle the increasing number of young pensioners, our analyses show that their rate has not decreased. The share of 18–35-year-old receiving pensions (full and partial) remained the same for both cohorts (33%, 4 years after their application). By contrast, for the 35–49 and 50–65 age groups, the impact has been very tangible and is reflected in a marked increase in benefit refusals (+79% among 35–49-year old, and +54% among 50–65-year old). Unlike the situation of young people, access to pensions for the older age groups has been significantly reduced, without any proportional progress in their access to vocational rehabilitation measures. For example, 9% of the 35–49-year-old belonging to the 2008 cohort were involved in active measures one year after their application (against less than 2% among the cohort of 2000).

These inequalities ought to be interpreted in relation to the selectivity operated by the labour market itself, especially regarding middle aged and senior workers. Interviews with both DI local agents and DI claimants underline the obstacles faced by middle and old age disabled people when they are looking for a job. As this recipient puts it:

> Even the counsellor of the unemployment insurance told me that with my age and my health issues, I won't find a job. So what am I supposed to do? I am too young to be retired and too old to find a job.

Taking into account the selectivity of the labour market, DI local agents themselves operate their own selection among beneficiaries. As this DI employee confirms:

> Maybe we devote less energy to certain beneficiaries. Of course, we have a certain deontology and we have to treat everyone in the same way. But we must also deliver results, so we have to focus on people who have the potential to succeed. We devote a little more energy on these cases, also because they will have more solutions within their reach.

This example illustrates what Merton (1968) calls "Matthew effects," i.e., a reinforcement of the advantages and resources provided to the most favoured individuals or groups, while the situation of the most vulnerable ones gets worse. In the present case, Matthew effects may lead to the exclusion of middle or old-age claimants from active tracks. This takes place especially when activation is conceived as a social investment that needs to deliver high returns (Bonoli, Cantillon, & van Lancker, 2017). This points out a second paradox or limitation of a universalistic approach to activation. By focusing on the necessity to adapt claimants to employers' requirements, activation produces forms of selectivity that tend to reproduce patterns of inequalities on the labour

market, supporting the ones that appear as more "includable" or "adaptable" and excluding the others from activation tracks.

4.3. Health Impairments and the Limits of Universalism

Important differences can be observed between the trajectories of people according to their health status. Figure 3 compares the trajectory of people who applied for DI benefits in 2000 and 2008, according to the type of impairment they were confronted to. We grouped them in three categories: people with a physical impairment; people with a psychical impairment—this category includes all cases cumulating both physical and psychical impairments; and people for whom DI agents concluded that there was no impairment. It should be noted that our definition of psychical impairment relies on the official classification of impairments used by DI (including psychoses, neuroses, and personality disorders). This classification is based on a medical approach to impairment that does not coincide with the biopsychosocial model used, for example, by the World Health Organization in its International Classification of Functioning, Disability and Health. The proportion of people with a psychical impairment among DI pension recipients increased significantly during last decades, becoming the leading cause of disability in Switzerland. As such, it has been specifically targeted by DI and its recent reforms.

Within the cohort of 2000 (upper half of Figure 3), vocational rehabilitation measures (in light green) were mainly allocated to people with a physical limitation (7% of them were involved in a rehabilitation programme two years after their application, against less than 2% among people with a psychical impairment). But the 2008 cohort reveals that the balance has changed with the implementation of the DI active reforms. Among this cohort, people with a psychical impairment benefitted more often of vocational rehabilitation programmes than people with a physical disability. Thus, one year after their application, 16% of people with a psychical impairment were involved in an active programme, against 9% among people suffering from a physical limitation. This change mainly results from the introduction in 2008 of specific rehabilitation measures devoted to people with psychical impairments, which were conceived as a solution to curb their increasing number among people receiving a disability pension.

What is even more revealing is to compare the three categories against the proportion of people exiting from disability schemes. Indeed, when looking at the proportion of people leaving the DI after a job placement measure (in blue-grey) or in case of a definitive exit (in dark blue) in 2008, we see that they are more frequent among people with a physical impairment than among people with a psychical impairment. For example, four years after their application in 2008, 15% of the people with a physical condition were involved in a job placement programme, against 9% among people with a psychical impairment. Such programmes are the closest to the labour market and the rate of participation into these programmes can thus be used as a yardstick to assess the efficiency of activation programmes. Hence, these results show that activation measures are significantly less efficient to promote the inclusion of people with a psychical impairment on the labour market. This seems to suggest that, even with a considerable investment and commitment of DI and of its recipients towards activation, the probability of exiting DI schemes and returning to the labour market remains unequal and less accessible to people with a psychical impairment.

This points to a third paradox of universalistic approaches to activation, i.e., that activation is not the

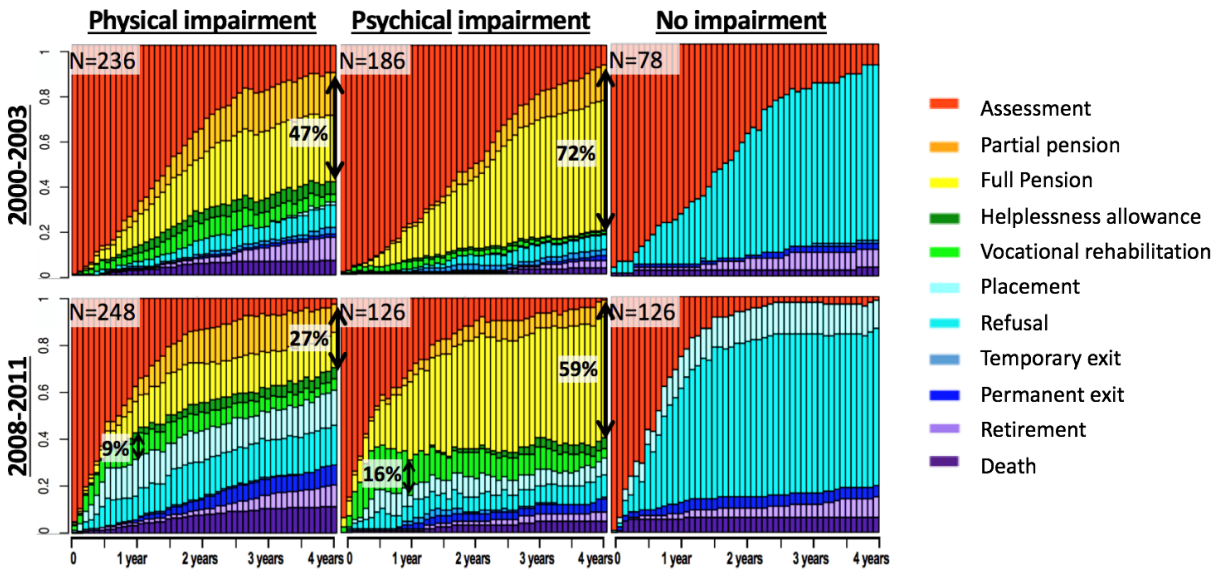

Figure 3. Comparison of two cohorts of DI claimants, according to the type of impairment. Source: Rosenstein (2018; computed on the basis of administrative data provided by the DI Office of the canton of Vaud).

panacea to promote inclusion. On the contrary, our results show that activation by itself does not constitute an appropriate or sufficient remedy to promote inclusion for all. The case of people with psychical impairments illustrates this paradox. For them, there is a risk that the obstacles they face in vocational rehabilitation or job placement programmes that are not appropriate or tailor-made enough regarding their specific needs, are interpreted as signals of their incapacity to be included in the labour market. In such cases, people with psychical impairments are left with no other forms of support than pensions. This is precisely what happened to this beneficiary:

> I found a job, but I broke down. I resisted for about a month and then, one morning, I collapsed. I got up to a point where I did not sleep anymore. So I said to the DI counsellor 'Listen, I cannot make it.' It was a fixed-term employment, partly subsidised by DI, but it was full-time and I broke down….I had everything in my hands to succeed. In addition, with a good salary. I asked the director to lower my activity rate to 50% but she said to me, 'I cannot, I need someone 100%.' So immediately after that, I asked for a 50% DI pension.

This example illustrates how the notion of universalism purported by the reformed DI may paradoxically result in polarising welfare trajectories of inclusion/exclusion. This is confirmed by Figure 3, revealing a differential access to disability pensions according to the type of impairment. In both the 2000 and the 2008 cohorts, access to pension is uneven, but the evolution of the situation provides interesting insights. Indeed, while in the 2000 cohort, 47% people with a physical limitation were receiving a disability pension four years after their application, they were only 27% in the same situation in the 2008 cohort. In the same way, 72% among people with a psychical impairment were receiving a disability pension four years after their application in the 2000 cohort, against 59% in the 2008 cohort. We thus observe a reduction in the proportion of pension recipients for both categories on the one hand, and a widening gap between the two categories on the other hand. This shows the differential ability of the reformed DI to activate recipients: while people with physical problems could be activated to a significant extent (thus reducing the caseload from 47% to 27%), such was not the case for people with a psychical impairment (from 72% to 59%), showing a lower capacity to provide inclusion through activation for this latter category.

Finally, Figure 3 also reveals a considerable decrease in the proportion of people with psychical impairment from 2000 to 2008 (N = 126 or 25% of the overall 2008 sample, compared to N = 186 or 37% of the 2000 sample). At the same time, we see that the proportion of individuals for whom DI employees concluded that they had no impairment (third column of Figure 3) increased from 16% of the 2000 sample (N = 78) to 25% of the 2008 sample (N = 126). This suggests that the introduction of a universalistic approach to activation in 2008 paradoxically resulted in an increase of the number of refusals to grant DI benefits and services, i.e., in a higher selectivity towards DI claimants. This is due, to a large extent, to the tightening of eligibility criteria discussed in the previous sections. Furthermore, we see that this selectivity does not operate randomly, but concerns much more significantly people with a psychical impairment, as is shown by the considerable decrease of their proportion in the 2008 cohort. Thus, rather than promoting inclusion for all, activation exacerbates inequalities at the expense of people with psychical impairments. As a matter of fact, it appears that the active turn of DI polarised the probability to access DI benefits and services or to exit the DI track on the long run, according to the type of impairment. This in turn confirms that activation is not a universal path.

5. Conclusion

Throughout this article, we tried to understand how and why purportedly universal social policies may have exclusionary effects. Based on a mixed-methods research design, applied to the case of the Swiss DI, we identified three paradoxical effects of a universalistic approach to activation on the inclusion/exclusion of vulnerable people. The first paradox relates to the gap between the official ambition to promote activation as a universal path for all people with a residual earning capacity, as it appears in political discourses and policy designs, and its actual implementation at the local level. Our analyses have shown that even if the access to activation programmes has slightly improved, they are by no means universally accessible insofar as only a few claimants seem to fulfil the requirements of activation. Besides, our results also pointed out that the active turn of DI resulted in a massive reduction of the access to pensions. As such, the universalistic approach to activation, rather than promoting inclusion by broadening the access to vocational rehabilitation programmes, seems to be more successful in denying access to so-called passive measures such as disability pensions. The second paradox points to the fact that despite its universal ambition, individuals are not on an equal footing in front of activation. Our analyses have shown for instance that vocational rehabilitation programmes are barely accessible for people over 35 years old. These inequalities have to be interpreted in relation to the selectivity of the labour market that makes people more or less likely to be employed, notably according to their age. The risk is thus that DI local agents exclude the least employable beneficiaries from activation programmes in order to focus on those who seem to demonstrate the highest probability to be included on the labour market. As such, universalistic approaches to activation are subjected to Matthew effects. Finally, the third paradox concerns the fact that universalistic ap-

proaches to activation do not seem to be equally successful for all beneficiaries. Comparing the trajectories of DI claimants according to their health status displays important inequalities in terms of inclusion in the labour market. As a matter of fact, people with a psychical impairment are less likely to enter the labour market, even if important efforts are deployed to make vocational rehabilitation programmes more accessible to them.

All three paradoxes provide insights into the processes underlying the gap between a universalistic approach to activation and its selective outcomes. Additionally, a fourth paradox should be considered (even if our quantitative analyses do not allow measuring precisely its impact). It refers to the issue of non-take-up and the situation of people who, for many different reasons, do not claim welfare benefits they are entitled to (see, for example, van Oorschot, 1991, 1995). As we have shown elsewhere (Rosenstein, 2018), activation may reinforce the non-take-up of welfare benefits or services by making people reluctant to endorse the duties and behavioural requirements that have been strengthened by active reforms. In-depth biographical interviews carried out with DI claimants reveal the negative impact of active reforms on their perceived eligibility and on their beliefs and feelings associated to DI, which have been shown to be prerequisites to claiming for benefits (Kerr, 1982). More specifically, activation tends to erode people's sense of entitlement (Hobson, 2014) and produces non-take-up or delayed take-up, which is paradoxical regarding the objective of early intervention promoted by DI reforms. As such, beside the forms of selectivity presented in Section 4 above, a universalistic approach to activation may also result in forms of self-selection and non-take-up.

These findings also apply to other policy fields and contexts, beyond Switzerland and the case of disability policies, and may shed light upon why the universal ambition of activation policies often results in practices of selectivity and exclusion. Further research should examine whether all forms of universalism are equally exposed to such paradoxes. We could for instance differentiate between two ideal-typical versions of universalism. The first one sets high and precise standards in terms of eligibility criteria and behavioural requirements and focuses on individual responsibility and supply-side policies rather than social responsibility and demand-side policies. In this case, universalistic approaches to activation impose high burdens of individuals who have to adapt to institutional requirements and may be excluded altogether from activation programmes if they do not meet these expectations. We suggest labelling this first ideal-type "hard universalism." The second one relies on less precise and less requiring eligibility or behavioural criteria, leaving more space to take into account recipients' abilities and aspirations and to develop tailor-made programmes. It advocates a more balanced combination of individual and social responsibility, and of supply— and demand-side policies when it comes to including people in the labour market. This second version could be more inclusive as it pays more attention to people's actual situation and aspirations. We propose calling this second ideal-type "soft universalism." Our contention is that hard universalism may have significant exclusionary effects for all those who cannot fulfil its requirements, either due to selectivity by welfare employees assessing them as unfit for activation or via self-selection (or rather self-exclusion) due to a perceived inability to meet the official expectations. By contrast, soft universalism, where requirements may be to a larger extent adjusted according to people's circumstances and aspirations, may lead to more inclusivity and effective universalism, although it would not eliminate of course all forms of selectivity. Actual programmes are situated in-between these ideal-typical situations. We suggest here that one key explanation of the paradoxes of activation within the Swiss DI could well lie in its tendency to privilege a hard version of universalism. Further research would be needed to explore this hypothesis in more depth, for instance by investigating the outcomes of programmes that give more space to soft universalism.

Acknowledgments

We would like to thank Felix Bühlmann for his essential contribution to the sequence analyses presented in this article. We are also very grateful to the editors of this thematic issue, as well as three anonymous reviewers for their useful and constructive comments. This publication also benefitted from the support of the Swiss National Centre of Competence in Research (NCCR) "LIVES—Overcoming Vulnerability: Life Course Perspectives," which is financed by the Swiss National Science Foundation (No. 51NF40-160590). The authors are grateful to the Swiss National Science Foundation for its financial assistance.

Conflict of Interests

The authors declare no conflict of interests.

References

Bonoli, G., Cantillon, B., & van Lancker, W. (2017). Social investment and the Matthew effect: Limits to a strategy. In A. Hemerijck (Ed.), *The uses of social investment* (pp. 66–76). Oxford: Oxford University Press.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity Press.

Ferrera, M. (1998). The four 'social Europes': Between universalism and selectivity. In M. Rhodes & Y. Mény (Eds.), *The future of European welfare: A new social contract?* (pp. 81–96). New York, NY: Palgrave Macmillan.

Goul Andersen, J. G. (2012). *The concept of universalism and its operationalisation in a mixed economy of welfare* (Working Paper No. 81). Aalborg: Centre for Com-

parative Welfare Studies, University of Aalborg.
Hobson, B. (Ed.). (2014). *Worklife balance: The agency and capabilities gap*. Oxford: Oxford University Press.
Kerr, S. (1982). Deciding about supplementary pensions: A provisional model. *Journal of Social Policy*, *11*(4), 505–517.
Leisering, L. (2009). Germany: A centrist welfare state at the crossroads. In P. Alcock & G. Craig (Eds.), *International social policy: Welfare regimes in the developed world* (2nd ed.; pp. 148–170). Basingstoke: Palgrave Macmillan.
Lipsky, M. (1980). *Street level bureaucracy: Dilemmas of the individual in public services*. New York, NY: Russell Sage.
Merton, R. K. (1968). The Matthew effect in science. *Science*, *159*(3810), 56–63.
OECD. (2003). *Transforming disability into ability: Policies to promote work and income security for disabled people*. Paris: OECD.
OECD. (2006). *Sickness, disability and work: Breaking the barriers. Norway, Poland and Switzerland* (Vol. 1). Paris: OECD.
OFAS. (2018). *Statistique de l'AI 2018* [Disability insurance statistics 2018]. Bern: OFAS.
Rosenstein, E. (2018). *Activer les publics vulnérables? Le cas de l'Assurance-invalidité* [Activating vulnerable groups? The case of the Swiss disability insurance]. Geneva: University of Geneva.
Rothstein, B. (1998). *Just institutions matter: The moral and political logic of the universal welfare state*. Cambridge: Cambridge University Press.
Skocpol, T. (1991). Targeting within universalism: Politically viable policies to combat poverty in the United States. In C. Jencks & P. E. Peterson (Eds.), *The urban underclass* (pp. 411–436). Washington, DC: The Brookings Institution.
Swiss Federal Council. (2005). *Message concernant la modification de la loi fédérale sur l'assurance-invalidité (5e révision de l'AI)* [Message concerning the amendment of the Federal Law on disability insurance (5th revision)]. Bern: Swiss Federal Council. Retrieved from https://www.admin.ch/opc/fr/federal-gazette/2005/4215.pdf
van Kersbergen, K., & Kraft, J. (2017). De-universalization and selective social investment in Scandinavia? In A. Hemerijck (Ed.), *The uses of social investment* (pp. 216–226). Oxford: Oxford University Press.
van Oorschot, W. (1991). Non-take up of social security benefits in Europe. *Journal of European Social Policy*, *1*(1), 15–30.
van Oorschot, W. (1995). *Realising rights: A multi-level approach to non-take-up of means-tested benefits.* Aldershot: Avebury.

About the Authors

Emilie Rosenstein is Lecturer in Sociology at the University of Geneva. Her main research areas include social policies, especially in the field of disability and youth welfare. Her theoretical background is inspired by the capability approach and the life course perspective. In 2018, she completed a PhD thesis investigating the active turn of the Swiss Disability Insurance and its impact on the life course of its beneficiaries (https://archive-ouverte.unige.ch/unige:102769). She is member of the NCCR "LIVES—Overcoming Vulnerability: Life Course Perspectives."

Jean-Michel Bonvin is Professor of Sociology and Social Policy at the University of Geneva. His main fields of expertise include social and labour market policies, organisational innovation in the management of the public sector, and theories of justice, especially the capability approach. His research has been funded, among others, by the European Commission and the Swiss National Science Foundation. He has published extensively in leading international journals such as *European Societies*, *Social Policy and Society* or *Community, Work & Family*.

Social Inclusion (ISSN: 2183-2803)

Social Inclusion is a peer-reviewed open access journal which provides academics and policy-makers with a forum to discuss and promote a more socially inclusive society.

The journal encourages researchers to publish their results on topics concerning social and cultural cohesiveness, marginalized social groups, social stratification, minority-majority interaction, cultural diversity, national identity, and core-periphery relations, while making significant contributions to the understanding and enhancement of social inclusion worldwide.

www.cogitatiopress.com/socialinclusion

COGITATIO