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AFFIRMATIVE ACTION POLICIES:
THEIR JURIDICAL BASES AND
PRACTICE

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INTRODUCTORY DESCRIPTION OF THE PROJECT

Affirmative action measures are aimed to eliminate discrimination suffered by women in society. The implementation of these measures, although recommended by current legislation, poses certain legal problems in the different legal theories and in the practice.

The most recent institutional effort in favour of affirmative action is being developed by the Spanish Women's Affairs Institute (Instituto de la Mujer), which has initiated the Programme OPTIMA with the co-operation of several large companies (Panrico-Donuts, Sanitas, Nutrexpa, Rank Xerox, Pepsico España, Unión Fenosa, Tabacalera, Dupont Ibérica, AG Technology) in accordance with the directives of the E.U. and within the framework of the Programme NOW.

The aim of this research is both, theoretical and empirical. On the one hand, it tries to find the juridical bases that justify affirmative action on the light of the E.U. countries legislation. On the other hand, it tries to follow up the implementation of Optima in the work environment of several companies.

The research is intended for a period of three years. We would follow the introduction of affirmative action in the companies involved; from the process of discussion the ways of implementing the measures of affirmative action, to their real implementation and to the evaluation of the results. The data obtained from the direct observation plus data gather in the process by the Instituto de la Mujer and by the participating companies together with data from the application of the Delphi technique and the interviews would be the basis of the final appraisal.

CENTRAL PROPOSITIONS AND WORKING HYPOTHESES

The main aim of this research is two-fold:

- 1) Analysis of the juridical legitimacy of affirmative action, through the study of the Spanish and European legislation, sentences and jurisprudence.
- 2) Appraisal to the social influence -decrease of the discrimination in the working environment- produced by the implementation of the Optima programme.

Besides, we would refer to more specific aims derived from the central ones. In this sense, we would analyse a few other questions such as:

1. Making explicit the limitations of the current legislation on addressing women issues, specifically those related to the principle of equality.
2. Evidencing the interrelation of women discrimination in society and law.
3. Observing the changes produced in the mechanisms and instruments used in the entrance, work conditions and promotion of women and men in companies that have implemented Optima Programme and in other companies that have not (reduction of sexual bias in jobs advertisement, internal promotion, etc.).
4. Analysing the reaction of the social agents involved: Workers (women and men), Trade Unions, Employers, Public Administration.

Some working hypotheses would help us to answer the researching questions.

- 1^a. Women working in companies that have incorporated affirmative action measures have access to higher responsibility positions.
- 2^a. Incorporating individuals coming from discriminated groups in areas where they did not have the chance of being before (women in management positions, women in traditional men positions), changes the general attitude of the group. A change is also

produced in the attitude of the other individuals (workers, other managers, employers) in relation to women. Women's access to management positions leads to a revaluation of women and would contribute to produce a positive ideological change in relation to women's capabilities in general.

3^a. The measures of flexible timetables, frequently included in Affirmative action programmes, improve the conditions of work of all the staff members and reduce the absenteeism of men and women, which have a positive effect in the productivity of the company.

4^a. The public image of the companies would be more attractive for that part of the population keen on the idea of equality of opportunities.

PRESENT STATE OF THE ART AND THEORETICAL DISCUSSIONS IN THE SOCIAL AND LEGAL FIELD

This research will be developed within the current theories of welfare state and the main feminist critics to their limitations. The basic feminist critic to the mainstream theories of welfare is their gender-blind perspective. Besides, feminist critics agree in some other questions, such as the need to integrate paid and unpaid work into the analysis of welfare states. Several feminists call for a rethinking of Esping-Andersen's notion of de-commodification when apply to both, women and men. The empirical analysis of some feminist researchers suggests how gender regimes both correspond to and differ from Esping-Andersen's welfare state regimes and other mainstream typologies. This feminist critics contribute to the analysis of how the division of labour among the sexes and gender ideologies shapes social provision and, how social policies affect the life of women and men across welfare states.

Mary Daly, Linda Gordon, Helga Hernes, Diane Sainsbury and other feminist researchers in the European and International field, have been working in this sense.

In the social field in Spain, my work will follow the steps initiated by Judith Astelarra (1997), M^a Ángeles Durán (1997), Celia Valiente (1997), Capitolina Díaz (1996a), Amelia Valcárcel (1993) and Enrique Gil Calvo (1991), among others.

The start point of the theoretical discussion about affirmative action, its juridical justification and the legal problems that it poses could be framed on the *Critical Legal Studies* and on the *Feminist Jurisprudence*, both theories were developed mainly in the USA at the end of the sixties.

Taking as a reference the theory of social justice of Rawls, those American writers justified Affirmative action from different perspectives: from an integrated conception of the compensatory and distributive justice (Rosenfeld, 1991), as a necessary measure in order to reach equality of opportunities (Hooks, 1987), as a preferential treatment from an utilitarian theory of Law (Greenawalt, 1983), including Affirmative action in the contractual theories of justice, as a part of the distributive rights (Goldman, 1979)

The current discussion in Europe includes relevant jurists as M^a Victoria Ballester in Italy, Maidowski in Germany, Vogel-Polsky in Belgium. In Spain, M^a Fernanda Fernández López, Juan Antonio García Amado, Fernando Rey Martínez, Miguel Rodríguez-Piñero and Alfonso Ruiz Miguel, stand out for their philosophic and constitutional analysis of this subject. In relation to Affirmative action in the labour market we can take into account the studies of Amparo Ballester Pastor, Rosa Quesada Segura, Carmen Saez Lara, among others.

MAIN THEORETICAL CONCEPTS AND RELEVANT SCHOLARS

The theoretical discussion, which constitutes the first part of the research, involves the analysis of affirmative action in relation to the concepts of justice, equality and freedom, bases of the democratic system. Frequently both, arguments for and against affirmative action are based in different ideas of justice, equality and freedom.

The analyses of this key concepts has to be done not only from the point of view of Philosophy, but from the point of view of the main Social and Political theories, as well as the most important tendencies in Jurisprudence.

To achieve a concept of affirmative action is necessary to clarify the idea of *entry equality*, *exit equality* (or equality of result), equality of opportunities and equal treatment. Affirmative action is also related to the concepts of formal equality and substantial equality.

Besides, the analysis of the concept of discrimination in relation to the concept of equal treatment poses the question of whether the elimination of discrimination means equal treatment or not. It is also interesting examine the concept of discrimination in comparison with the unequal treatment, as affirmative action measures implies unequal treatment, but they are not discriminatory, from my point of view and taking into account the sentences of the Spanish Tribunal Constitucional . Referred to the setting of these concepts of equality, direct and indirect discrimination, in the Spanish legal system, the work of scholars as M^a Fernanda Fernández López Fernando, Rey Martínez and Miguel Rodríguez-Piñero has made a good contribution.

Affirmative action has also a direct rapport with the concept of justice. Depending on the content of justice, affirmative action could be allowed and would have a legal justification or not. In this sense is specially relevant the research that Rosenfeld has done in order to justify affirmative action from the point of view of an integrated theory of justice.

Besides, the inclusion of affirmative action in the welfare policies means a revision of the concepts of democracy and citizenship from a feminist point of view (Pateman, 1988).

COMPARATIVE DOMAIN OF THE RESEARCH

The Civil Rights Act (1964) was the legal frame to introduce affirmative action policies and the parallel development of theories to push ahead the principle of equal opportunities.

However, this research will concentrate in the evolution of the issue of affirmative Action in the nineties and specifically in some of its implementation policies in Europe (Programmes NOW, OPTIMA).

DATA AND SOURCES:

Empirical Data:

- a) Direct: Data collected by direct observation in the companies subject of this study and those obtained by a Delphi technique and by interviews.
- b) Indirect: Data gathered by the Instituto de la Mujer (Central one and regionals), Local and Regional Authorities which had developed Equal Opportunities Plans, data gathered by the Companies involved in the Optima programme.

Legal Sources:

- a) Spanish and European normative (Laws, Directives, Recommendations) and political decisions (Equal Opportunities Plans), adopted in the framework of the principle of equality.
- b) Sentences given by the Spanish Constitutional Court of Justice and by the European Court of Justice in relation to women's equality cases.
- c) European and Spanish Jurisprudence dealing with the theoretical questions that affirmative action poses.

METHODOLOGICAL PERSPECTIVE

Interdisciplinary approach for a multidimensional issue:

Affirmative action measures are something more than a simple political decision, they allow the interaction of different social sciences: Philosophy, Economy, Law Sociology and so on.

In this sense, the establishment of affirmative action measures depends on the interest of each government in the elimination of the discrimination between genders, it is also related to the kind of social policies developed by the State. Public policies are also in relation to the demands of the affected group and to their mechanisms of social pressure that the group has (Social movements, Trade Unions, Political Parties,...). Besides, every philosophical approach to the justice or legal justification of affirmative action encloses ideological elements...To address all these different issues related to affirmative action, the research has to be done from an interdisciplinary perspective that takes into account all the dimensions of the phenomenon.

Gendered perspective:

A gendered perspective means not only to introduce in the research a new variable, the gender, that allows a more complete explanation of the reality, but means also to review the traditional theories and categories of knowledge from a new perspective that highlights the relationships between genders in the current system, and reveals the influence of the patriarchy in the construction of the social reality.

Being aware of the polemic in relation to whether a feminist methodology exists or not (Díaz Martínez, 1996b y Gisela Kaplan, 1995), we think that it is necessary to include the point of view of the group to which affirmative action measures are addressed to.

In this research, a gendered perspective would mean to analyse the women position in the labour market, taking into account their specific problems and the effects that affirmative action policies have for women and for the society as a whole.

The dimensions to the empirical study are referred to:

- a. The change in the objective and subjective position of women in the companies.
- b. The change of the attitude towards women in the labour market.

The change produced in the position of women and the reasons that make possible these changes could be observed directly, through the registration of the changes introduced by the company and the changes experienced in the position of women.

The concrete techniques to compile information would be:

- Direct Observation and registration of the changes introduced by the company in the process of selecting staff members (non-sexist information in the employment offers, application forms without sexist mentions, non discriminatory training to the selecting comities for new recruits), in the access to the training programmes and in the system of internal promotion.
- Delphi in three phases to the key people from:
 - a) Department of Human Resources of every company involved
 - b) Trade Unions members involved in affirmative action programmes
 - c) Key people from the Instituto de la Mujer
- Interviews to employees, both men and women, in sections where the impact of the measures is more evident.

- Documentary analysis of the legislation and sentences referred to the equality of opportunities in the Spanish and Communitarian Law, as well as the different jurisprudence.

The use of different methodological instruments in the researching process is due on the one hand, to the need of giving a response to the two-fold question, which is the main aim of the study. In this sense, the documentary analysis would be used mainly in the juridical part of the research, whereas interviews, Delphi and direct observation would answer the sociological questions .

On the other hand, it seems to be necessary the use of more than one technique in social research for two fundamental reasons. Firstly, every method have advantages and disadvantages, so the use of different techniques which are complementary among them, allow us to analyse different parts of the researching object, and at the same time, the combination of several techniques help us to solve the limitations of each concrete technique. Secondly, the triangulation of techniques, as it is known, is a guarantee of validity.

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Title: Medicalization of fatigue: searching for a social logic.

(supervisor: prof. A.M. Guillemard, CeSoPS, Paris I)

* N.B: First of all, I would like to apologize for my very poor english. I would also like to point out a specific problem of translation: in French only one word exists (*fatigue*) to say "tiredness" and "fatigue". In English, I think that the second one is more technical and direct, but I am not sure of the exact signification in medicine. But, when the expression, "industrial fatigue" (created in France) is used, it means "boredom". So, I will sometimes use the word fatigue as the french "*fatigue*".

Introduction :

General goal: Since the end of the XIXth century, in various forms, fatigue has become a new object of medical investigation through a procedure which we can qualify as social construction of the disease. The aim of this project is to understand the various social reasons which may explain the increasing role played by medical professionals in the study and the management of fatigue since the end of the XIXth century (neurasthenia...) up to today (yuppies syndrome, burn out...). I would like to show that one can understand the medicalisation of tiredness as the conjunction of individuals strategies and imperatives of the social order linked with major social transformations (decline of religions, industrialisation and desindustrialisation, individulisation...).

Sociological interest of the subject: Tiredness, and especially tiredness at work, means the boundaries of human action. At the end of the XIX th. century some doctors and engineers (e.g. Angello Mosso, 1846-1910, who built a device to measure fatigue: the "ergograph", Jules Etienne Marey, 1830-1904, who invented chronophotography...) tried to show how the "human motor" works and to find the point where the energy spent due to strain is so important that it becomes a health hazard. This kind research was not only medical but also political: the idea was to determinate a "neutral" standard for the length of labor and find a compromise between workers and factory owners. An other idea was to show that intelectual workers spent more energy than physical workers. According to Mosso (*La fatigue intellectuelle et physique*, 1898), there is only one kind of fatigue: the nervous fatigue. The muscular fatigue is not a problem because nerves controls it: the exhaustion is not due to the muscles but to the nerves. So, the physical worker do not use his nerves before exhaustion whereas the intelectual worker use his nerves as soon as he is working. This theory is a way to legitimate a higher payement for intelectual worker (among them, the boss of industry) than for physical workers. These attempts were a failure mainly because it was imposible to find a biological measurement of "intelectual fatigue". No strict correlation could be found between the biological measurement of fatigue and the sensation of tiredness expressed. The reason is

that this research ignored the subjective aspect of fatigue. But the theory of Mosso shows how medical work is profoundly linked with social problems (*e.g.* the class struggle).

As other corporal feelings, tiredness is not a natural occurrence. It is something mediated by culture and people have to learn to feel it as something which is bad for health and for the body. For instance, H.S. Becker (1963) has shown how the drug smokers do not immediately feel the effects of drugs as a pleasant thing. They have to learn with skilled smokers what kind of things they have to feel. Medical theories participate more and more to our perception of corporal feelings, but, as we saw it with Mosso, medical idea depends on social conditions as class and gender inequalities, dominant ideologies and so on. So, our perception of fatigue will be socially oriented. The fathers of sociology like Weber or Durkheim did not see this social dimension about fatigue. For instance, Weber used the work of the physiologist Kraepelin to study industrial fatigue without making a link between this kind of research and his theory of rationalisation ; Durkheim used the notion of neurasthenia without wondering if it is a *prenotion* (in 1898, when he is writing *Le Suicide*, some doctors says that neurasthenia is only a windy name among rich people). I would like to show that our actual perception of fatigue (the idea of bad tiredness) depends on social transformation which imply new representations, new forms of social control and new forms of compromise.

History of the idea of bad tiredness

For a long time, tiredness has been perceived as a normal result of work. The distinction between good and bad tiredness appears very progressively. The good tiredness results from healthy activity, for instance a walk in the countryside where the air is pure and the bad one is due to activities viewed as not natural¹. Bad tiredness can be presented as an illness. The first expression of this idea may be found in the theory of monks with *acedia* (Turner, 1995). In modern words, the theory of *acedia* means that the life of the monks who do not work enough

¹ Which are very different from one author to another. According to Dr. Proust (the father of the writer), the society life is the main cause of bad tiredness in modern society and Dr. Charcot accuse the journey by train.

may produce some sort of depression. One of the first theologian to speak about acedia is Evagre le Pontique during the IV th. century. According to him, acedia was an illness which only concerns anchorite monks and not coenobite living in community. Evagre describe the problem of tiredness and boredom of the anchorite with empathy and humour. But, after Evagre theory, Saint Jean Cassien says that acedia was a sin, not an illness. In the same time, he says that acedia was common among coenobites too and even among clerics. One can make the hypothesis that characterizing acedia as a sin rather than an illness may express a change in the social control: the anchorite is alone and nobody, except him, is able to control his action ; on the contrary, the coenobite and the cleric are immersed in a community which can control them. The idea of illness means an internal social control and the idea of sin an external one. During the XIV th century, acedia was one more time considered as an illness, it was progressively linked to apathy, sloth, dirtiness and bad ways of living. Healthy activities (prayer and gardening for example) were the antidote. Maybe the religious external social control (the idea of sin) became weaker at that time.

The idea of bad tiredness appears first among the monks because they first invented modern ideology of the value of earlier denied work, the rules about time, some new forms of individualism (especially the anchorite). Acedia was, in the same time, a way to promote the new ideology of work and a way for the monks to explain their new psychological trouble. When some aspects of the new modernity appear in the laymen world, some example of bad fatigue appear also. For instance, when knights are fixed in the king's court, they are forced to develop self constraint. In the same time, they develop a new form of aristocratic melancholy, linked with nostalgia for their ancient freedom (Elias, 1990). Another example of expression of bad fatigue appears in Rousseau's work (*Les confessions*, 1765-70): he explains that he is making long walks in the countryside in order to cure tiredness due to intellectual work (in means that good fatigue is a way to cure bad fatigue). At the XVII th. century he good fatigue is the one free activities (walking in the countryside or in the mountains) and the bad fatigue the one of constraints activities (self constraints, intellectual working) But, in the same time,

the new bourgeoisie develop the ideology of work (work is the goal of humanity). This contradiction will be solve at the end of the XIX th century with the theory of neurasthenia.

Neurasthénia, invented by Beard in United State in 1869 was first considered as an illness of rich people. A new illness appeared in North America and in Europe at the end of the XIXth century. In France it became a "fashionable" illness and a very convenient one for giving a name to a lot of complaints which could not be explained by any well-known disease. The first doctors who study neurasthenia (Dr. Potel, Dr. Proust, Dr. Ballet ... in France) insisted on the social etiology: neurasthnia is caused by the modern life and is the illness of rich people. Besides the study of neurasthenia, numerous moral, conservative and traditional ideas were maintained (against modern capitalism, against socialist theories, against industrialisation and automation...). Neurasthenia is a way to defend the value of the traditional bourgeoisie and accept the economical transformations. According to Beard, neurasthénia is a sign of superiority of the intellectual worker upon the physical workers. The nerves of the former are weaker but more fitted with the modern life.

The simultaneously conservative and progressive theory of neurasthenia is also congruent with the ideology of dominant doctors (prestigious practionners in big cities). At that time (1870-1900) the medical profession was about to win the social struggle for their monopoly. This struggle was strengthened by the false impression doctors had of their social power: when the profession was becoming stronger and stronger, they were afraid of having their positions decrease, because of the increase of the number of doctors and the development of big firms which could threaten their autonomy. This situation may explain the inference for a doctrine containing an indictment of modern society and corporative capitalism. Between 1900 an 1930, when doctors' social power becomes stronger and stronger, the fear was reduced and some doctors (e.g. Dr. Binet or Dr Montassut in France) criticized the social implications of the first theories of neurasthenia which may have tarnished the scientific

image of medicine². Doctors were also anxious to receive patients from low social condition who could have claim for recognition of their neurasthenia thanks to the social insurance. There was a sort of collusion between rich patients and prestigious doctors. For working people, neurasthenia is disqualified as "*sinistrose*", which means unconscious simulation. The decline of neurasthenia is linked with the "discovery" of this illness among workers and peasants.

Another important idea in the medicalisation of fatigue can be found in the study of "industrial fatigue". The origin can be found in the work of Vauban (1633-1707) about the social condition of the craftsmen. But the most famous is doctor Louis-René Villermé who also made an important contribution to this study with his well known essay (*Le tableau de l'état physique et moral des ouvriers*, 1840). Despite this research, "industrial fatigue" was institutionalized as a scientific discipline between the end of the XIXth century and the end of World War I. The works of Marey and Lahy in France and, later, the work of Mayo (Gillespie, 1991) in USA are the most well known in this field. My argument is that this kind of research was conducted to solve social and economical questions (socially constructed as "social problems") rather than medical ones. The collusion is not between workers and physiologists but between the latter and the modern plant owners who want to improve the productivity and the state who want to find social peace³. The workers appears only as contestation and resistance force which may be canalised by medical action ; even when some doctors sincerely want to improve the social condition of workers.

² In 1898 Dr. Binet wrote, about a debate linking neurasthenia of student with the new school syllabus: "we don't exactly understand how honorable doctors of the Academy, such as Hardy and Ferréol, can be competent enough to decide which subjects should be studied. We should forget about their ideas which are out the subject" ("*nous ne comprenons pas très exactement comment les très honorables médecins de l'Académie de Médecine, comme Hardy et Ferréol, avaient la compétence nécessaire pour trancher ces questions d'enseignement. Négligeons ces parties accessoires où la discussion semble avoir un peu déviée*").

³ These two kinds of actors pay for the doctor intervention, not the workers. Labour unions will collaborate with some doctors mostly after World War II.

Up until the 1950' s and 60' s, there were two branches of the medicalisation of fatigue: 1. The concept of bad fatigue and the study of intellectual tiredness and 2. The study of physical tiredness and industrial fatigue. During the 1950' s, they came together with the creation of the concept of stress by Hans Selye (1936, 1956). This represent today's understanding of fatigue (i.e. a bad feeling of tiredness due to stress of several psychosocial attacks).

The genealogy of the perception of tiredness and fatigue as a medical problem shows that the idea of bad tiredness has always been a social way of making an accusation against something (internal social control) and, at the same time, an individual reaction against new constraint and bondage. For instance, for the monks, acedia was a way to condemn idleness and indolence, but, at the same time, it might have been the result of personal suffering due to the monastic life style which included rules which did not exist for the rest of population at that time (so the monks were not immediately used to them): cutting up of time and strict daily schedule, several intellectual activities, deprivations rules... This is the reason why I want to built a theoretical framework including the both dimensions: social control and individual strategies.

Comparative approach:

The comparative study is not the main goal of my Ph. D. But there is a point wich is worth to be studied: The medicalization of fatigue is not the same in anglo-saxon countries and in France. In the former the medicalization takes place in the discovery of new disease: neurasthenia, fibromyalgia, yuppies syndrome (or CFS), and burn out have been invented in north America. In France, these disease are not so popular and accepted by medical profession as in anglo saxon countries (where there are also doctors who do not agree with these disease, but they are less numerous). But, in France, general fatigue or common tiredness is more considered as a medical sujet in itself, by some doctors and by laymen. A british observer of french life (Theodor Zeldin, *Les français*) said that he was surprised by the custom of french people to consider tiredness as an important medical problem.

Theoretical frame:

The central thesis is that **the medicalization of fatigue results from the interactions of the strategies played by different kinds of actors with different interests and different ideologies**, for instance:

- The pharmaceutical industry takes great interest in the market of fatigue. This industry pays for most of the studies in that field.
- Among the medical and psychological professionals, some of them do not want to consider fatigue as a medical problem because it depends on social factors which cannot be rigorously studied. Others try to manage the fatigue complaint because of humanitarian or commercial reasons. Finally, some professionals try to present fatigue as a new pathological entity, which may be explained as the search of a new field of investigation. Among them, the concepts vary. All these differences can be explained by the place occupied in the field of the profession. Between rationalism, which considers in diseases only as a neutral reading of reality, and relativism which only considers that medical theories are determined by culture, I would like to show the influence of the professional environment. The social representations and the selections that they induce in the perception of reality, the professional stakes, the working conditions, the intellectual fashions all shape the conceptualization of fatigue and therefore its diagnostic and treatment.
- Among the laymen, the medical recognition of fatigue is a way to make legitimate claims for better working conditions or longer rest periods. This strategy is used by labor unions or individuals. But among the laymen, especially the workers, the recognition of fatigue is inhibited by the construction of self-identity based on the capacity to confront hard working conditions. In that case, the increase of fatigue could be explained by the crisis of the value of work.

But, in the same time, **new forms of medicalisation of fatigue are new forms of social regulation of personal problems and conflicts**. Toward the individual strategies, peoples

tried to adapt themselves with new social condition (the life in a monastery, in the king's court, the modern capitalism...). Moreover, the strategies of each kind of actors produce new dependancies, new collusions: At the end of the XIX th. century, doctors need rich patients and the latter want to give a signification to their new trouble with the social recognition of neurasthénia. The new political contestation of the workers and their passive resistance to the rising of productivity created, for the state and the plant owners a need for a medical intervention. As Abram De Swaan (1990, pp. 68-69) said, "this function of doctors [...] has often been mistaken for controle pure and simple. This is wrong in two respects. First, what is evolved is not just disciplining, but in the first place conflict management, the resolution of social contrevsies and personnal conflicts in a particulars maners, by re-defining them as medical problems. Second, this form of medical intervention is not solely initiated by doctors, has not been imposed by the ruling class or the state apparatus, but come from a colusion, a hidden complicity between the parties to the conflict, with one another, and with the doctors. The weakest party in the conflict gains from having its wants re-defined as medical necessity, the strongest party gains by the individualisation thus realised, by the social isolation of the conflict. Medicalisation automaticaly creates a state of exception, even if it implies to many millions as in the case of disability to work. The gain for the third, in this alliance, come from the chance of prestige, income and the realization of occupational ideal".

The fact that laymen translate and mobilize medical and psychological knowledge in their own feeling and strategies means that I have to discover their underlying theory about psychopathology of fatigue. I do not want to make a new medical theory of fatigue but I can not avoid making some assumptions about a psychosociology of fatigue compatible with a constructionist approach. The main ones are :

- The feeling of tiredness, when it does not result from physical work (but from the conditions of the social life), is one of the possible expressions of mental suffering. This mental suffering may have three origins: 1. New constraints and limitations which individuals are not yet used to. 2. The anguish caused by the possibility of failing to reach socially prescribed objectives. 3. The lack of social recognition and gratefulness. Labour often presents such conditions.

- In most of the situations, mental suffering do not automatically produce a pathological conversion. As Dejours (1993) has shown, most of the workers produce a "collective defensive ideology" to avert mental illness. The illness means a failure of this collective ideology. So, illness can be studied with a sociological point of view.
- Fatigue is not the only form of pathological conversion of mental suffering. In the culture where the concept of nervous breakdown and bad fatigue does not exist, the pathological conversion of social suffering is more somatic (Kleinman, 1986 and Massé, 1995).
- The idea of bad tiredness is created as a mean of social regulation in the society where labour and effort become personal affairs because there is a need of a subtle persuasion. In other words it occurs when the strategy in a social game is created by one person and not by the whole team (the best example is, maybe, the change in the king's court studied by Elias). In this kind of society, bad tiredness becomes a way to express mental suffering.

After the general theory, I shall quickly present the three parts of my research and the empirical data.

1 - The professional construction of fatigue.

The aim of this chapter is to "explain" the different strategies used by experts and specialist in the study of fatigue.

The professional construction of tiredness and fatigue as a medical question takes on several shapes. After the 1930's, as we have seen, the medical interest in neurasthenia declines and the study about industrial fatigue were less numerous. It was only after World War II that the medical profession's interest in fatigue and tiredness appeared once again. Since the 1950's a few "occupational doctors" ("*médecins du travail*") studied tiredness in new kinds of occupations as telephone operators or airplane pilots. This kind of research was based on a psychological approach of the concept of stress created by Hans Selye (1936 and 1956). In

France the most important research of this kind, was carried out by a military doctor, Pierre Bugard, who learned with Selye. He founded the *Groupe d'Etude de la Fatigue* in 1975. This kind of research gives great importance to the psychosomatization of social problems. This approach is used mainly by doctors who are often marginalized by the medical profession (occupational doctors, military doctors, etc...). For this reason, these doctors chose a psychosocial method and a subject seldom studied (fatigue).

In the 1980's, a new form of medicalization appeared with the yuppies' syndrome, "invented" in 1982 in the United State. It was a biological form of fatigue. In France, most doctors were sceptical about this new illness. But some doctors, hospital residents, decide to carry out research in order to find new fields of investigation. This very biological approach (they were looking for a virus of fatigue) allows research to be done in the most dominant place of the medical profession.

Fatigue and tiredness gave a few doctors the opportunity to find new subjects of research, first for marginalized doctors, then for more prominent ones, when it became a more serious subject (because of the hypothesis about virus). Nevertheless others did not want to consider tiredness and fatigue as a serious medical subject.

During the 1970s , social philosophers (I. Illitch, M. Foucault...) explained medicalization of social problems by medical imperialism, trying to dominate people and to extend the medical power. But the case of fatigue shows that some laymen may be more interested in medicalization than some professionals. Moreover, interactionism (Lemert, Freidson, Goffmann...) show that illness progressively defines itself through the interactions of everyday life. Thus, someone can be considered truly tired (i.e. ill) or as a lazy person, based on the situation of interaction and his personal story (Dodier, 1993). It is not possible to consider that the medicalization of fatigue is solely the result of experts' strategies.

I would like to show the process of interpenetration of strategies (N. Elias) and the social construction (Berger and Luckmann) of fatigue. Some doctors have built new theories about fatigue which were recovered and reprocessed by laymen in order to sustain their own interests. Contrary to the theory of medical dominance (Illitch, 1977), I argue that this "translation" ("*traduction*", Callon and Latour) of interest is more important than the discovery of the illness for the success of the "moral entrepreneur" (Becker, 1963; Freidson, 1970) in the process of construction and consideration of fatigue as a disease. During the XIXth century, a lot of new illnesses have been discovered but very few were so popular as neurasthenia⁴. The success of neurasthenia is due to the coincidence between professional representations and the preoccupations of upper and middle class laymen.

In my Ph. D. I show the example of the study of "SPID" (some sort of fibromyalgia, characterised by an important muscular fatigue). The doctor who invented SPID is a famous rheumatologist with great professional power. But his invention does not have yet a lot of success. According to him, one of the reasons is the fact that there is no powerful sick people associations as in other countries with fibromyalgia. So, he makes great efforts to stimulate such an association by helping actively his patient who try to do it. Among all the doctors I met, he is the more aware of the role played by lobbying in the success of an illness and he knows that his own lobbying is not sufficient because he cannot do what some laymen can do (writing article in women's magazine, make pressure on other physicians...).

Another argument against the theory of medical dominance is that -except for the assumed biological forms of fatigue: CFS and SPID- the physiologists who studied tiredness are often marginal and dropout in the medical profession and they are doctors who want to promote a new medical model which would pay more attention to the social origins of illness. So, they are in conflict with the dominant part of the profession. For instance, in France, several specialists of tiredness and stress are ancient army doctors. Military doctors have an atypical position within the military world as well as in the medical profession. As a reaction to this

⁴ Abbot (1988) explains the failure of the "gynecological nervousness", a challenger of neurasthenia, because of the gap between the theory about this disease and the representation common among the laymen.

atypical position, some of them have a certain attitude about what is considered "correct" medical practice and they inverse the common values of most members of the modern medical profession (independent practice, physiological understanding of disease...). Certain military doctor who take this inversed position could be qualified as doctors of social medicine. What conditions encourage this type of process atypical of the majority in the medical profession? Two points in time are especially important in this process: first experience as a doctor in a military base, together with the moment when the individual returns to civil life. This is the moment in a military doctor's career when the relationship between typical military medical tendencies and practical, cognitive orientation towards a certain type of medical practice wich is stigmatized by most medical practionners becomes clearly immasked. The choice, wich is limited to certain sectors of reorientation, determines the identity defining strategy the military doctors uses: either he remains attached to the dominant values identifying civil medicine or he questions these values and builds is own identity within specific values of military medicine. The last one are those who specialise on subjects like the studdy of tiredness (e.g. Pierre Bugard, chairman of the *Groupe d'étude de la fatigue*).

2 - Medicalization of tiredness and the crisis of the value of work.

Why are people, newspapers, labor-unions, etc... taking more and more interest in fatigue and tiredness? What is the meaning of this trend?

Talcott Parsons shows that the modern sick role allows people to avoid their regular obligations and, at the same time it is a way to control social deviance. Therefore, the medicalization of fatigue, especially the one linked to work, may be seen as a new form of social compromise: due to medicalization, people would still accept hard work conditions which are being increasingly criticized (crisis of the work value, work division...).

i) The theory of the end of work.

According to some social scientists (e.g. Rifkin, 1995; Méda 1995), work no longer has an important value in our society. This idea is very excessive and work is still a very important way for developing a social and a personal identity. The change may be in the role played by labour for creating a personal identity.

In the past (after industrialisation and before World War II), one's occupation was considered to be a social obligation and it was the main source for constructing social identity (e.g. the Durkheim's idea of "*solidarité organique*"). Labour was good for health because it was a way of social integration (e.g. Durkheim's theory on suicide). Presently, work, like family life is considered, by a growing part of the population (especially in the higher and middle class), more and more as a means of personal satisfaction and growth. Labour is good for health when it provides with rich and various activity. In this case, repetitive work is increasingly considered to be a source of tiredness and stress. Hard executive work or nurses work can be accepted when it provide personal satisfaction (i.e. social recognition). But, it can suddenly produce mental suffering ("burn-out") when the satisfaction or the recognition appears to be (or becomes) insufficient.

The "fordist compromise", which consists of swapping rising wages and employment security with tedious and wearisome work, disappears when there is an economical crisis. Firms now require more productivity, flexibility and responsibility from workers, all without compensation. Stress, tiredness and fatigue are the result of this situation.

So, the increasing complaint about fatigue and tiredness may be explained, at the same time, by subjective (change in labour's value and social representation) and objective reasons (labour conditions).

ii) The medicalisation of fatigue by factory workers and nurses.

These two occupations will be used as examples to give a precise meaning of the medicalisation of fatigue at work. Traditionally, factory workers defended themselves against fatigue and mental exhaustion with non-medical methods (strikes for labour conditions, turnover, absenteeism, pouring, uproar...). The ideology of "good work" and of the strength in fighting against nature undermine the medical complaint of tiredness which is less important among workers than among other social groups, despite harder labour conditions. But this difference tends to be reduced. One explanation may be the reduction in used of traditional means to fight fatigue (because of unemployment, harder pressure from bosses...).

Nursing is a relatively new profession and fatigue has always been a frequent complaint⁵. This complaint is being treated more and more as a medical problem (stress, burn-out...) in order to rapidly find a suitable solution. The reason for this is because, since the 1960's, nursing has been considered to be a stressful job with a lot of absenteeism. The term "nurses problem" ("*le problème infirmier*") has been used by the hospital administrators to mean just that. In France, it was first a response to the shortage of nurses, followed by a reaction to the nurses social movement and the major strikes of 1988 and 1991.

Stress and burn out among nurses is a perfect example of an implicit collusion between different kinds of actors: Nurses who want to have their claim and their trouble legitimate by a psychological discourse, the head nurses appreciate burn out because it draw a rationalisation of the patient/nurses relations, hospital manager used studies about stress and burn out as a mean of social pacification of conflicts, psychologist are interesting in burn out as a new "jurisdiction" (Abbot, 1988). This collusion is based on a myth or a metaphor. In all the interview I made with nurses, one of the major problem is the relation with patient: Nurses jurisdiction is based on taking care of the patient ("nursing") but it is difficult to present

⁵ The famous Florence Nightingale, who found at the end of the XIX th. the first nurses schools, thought she was suffering from neurasthenia.

this task as a professional one: it implies "dirty work" (Hugues, 1996), it can be done by "laywomen" (*les aides soignantes*), the patient is a sick person and a layman who can hardly produce a real "recognition" of the professional competency, and so on... The major issue is the one of the right distance (*la juste distance*) with the patient: When the nurse is too close from patient, she is suffering and she cannot be a good professional (accordind to the head nurses I met), but when the nurse is too distant, she is like the doctors, too technical, and she do not assume her jurisdiction. The theory of burn out propose to link professionalisation (how to find at every moment the right distance) and fight against the illness (to be too close create burn out, but being too distant is the major symptom of the illness). One way of doing it is to create protocols for each difficult situation (relations with an anxious patient, speaking with the family of a dead patient...).

At the begining of the century, problems due to the relations with patients were often managed thanks to religious conceptions of death, illness, suffering... Today, this kind of problem are more and more managed thanks to psychological conceptions.

3 - Medicalization of fatigue and the welfare state.

The role played by the (welfare) State in the medicalization of fatigue is ambiguous. On one hand, the medicalization means additional expenses, but, on the other hand, it could be included in a strategy to promote less expensive medecine: prevention, holistic medecine... As B. Jobert has shown (1981), at the end of the 1970's, intellectuals (like Illitch) and technocrats in planning ("*planification*") agreed that promoting prevention and a psychosocial approach of medecine would improve the health of the population with less costly means.

Moreover, several official organisations (*le Bureau International du travail, le Conseil Economique et Social...*) have recently recognized stress as a new risk at work. What is the meaning of this recognition? Is it a new form of a social compromise: the new way of managing plants, based on flexibility, which is a source of stress, would be accepted due to

the medicalization and the socialization of its new risks (as François Ewald [1986] as shown through the example of work injuries at the end of the XIXth century) ?

According to the marxist theory of Navaro (1980), damage in the workplace is accepted in capitalist society because of workers' compensation paid by the public health system. In that sense, the medicalisation of fatigue and stress would be a way to manage the psychological hazard caused by modernisation of production. The fatigue and stress theory is also a "victim blaming ideology" (it is the people who have a bad way of life) which exonerates collective responsibility and some sort of "collective defensive ideology" (Dejours) : stress and mental illness are not automatically produced by the situation but depend on the individual : only weak individuals are in danger.

In my Ph. D, I shall study three dimensions of the role played by the state:

1. The negotiations between labor unions and boss, regulating by the state, about the recognition of professional disease based on wear of the body and mind. It is interesting, also, to study the trucks drivers conflict in 1996 because the arguments about the nervous wear due to stress take an important place in the negotiations.
2. The place taken by tiredness at work among the public health policies in France.
3. The action of the state as the employer of nurses in public hospital. Why; in the same time, the state produce more and more studies about stress and burn out and promotes a politic of rationalisation and limitation of the nurses employment ? The idea of professionalisation is a way to find a compromise between the goals of budgetary restrictions and the strategies of head nurses involved in the construction of a professional jurisdiction. Nurses in hospital criticise the politic of restriction but are happy to have their problem recognize. They also use the theory of burn out as a mean to avoid to important self culpability about problems in the relation with patient.

4 - The empirical data.

Two kinds of empirical data have been used :

a)- A lot of books and papers written by professionals about fatigue for 200 years. (which can be found in different libraries in Paris, especially the one in the Saint-Anne Hospital).

b)- Interviews with different kinds of people:

-Professionals who work on fatigue (to determine why they have chosen to study fatigue)

-General practionners (how they manage fatigue, what they think of fatigue specialists...)

-Specialists in health problems in different labor unions (how they use medical work on fatigue to justify their own claims).

- Workers in two firms (Renault Flins and MVM). These interview have been done by professor Anne Marie Guillemard and her team.

- Nurses in two hospitals (because of the burn-out); the Laënnec Hospital in Paris and the Max Fourestier Hospital in Nanterre. The second one is very specific because it has a very large reception center for homeless people. This gives the hospital a bad reputation which may partially explain the nurses' mental pain and tiredness.

- Head nurses, labour doctors and psychologist working in hospital, hospital managers, higher civil servant working in the hospital admistration (*Assistance Publique-Hôpitaux de Paris, Direction des hôpitaux au ministère de la santé*).

I have already done 27 interviews of doctors, 9 of labor-union representatives and 32 interviews of nurses and head nurses. I also met members of sick people associations (3), public hospital civil servant (8). I shall also use more than 50 interviews of workers made by prof. A. M. Guillemard and 29 interviews of nurses made by students in my class (*Travaux dirigés*) of "sociology of social policies"

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SOCIAL DOWNFALL? ECONOMIC RESTRUCTURING AND MIDDLE CLASS'S ANXIETY

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Social downfall? Economic restructuring and middle class's anxiety.

Introduction

"I did primary school and immediately after finishing this at the age of fourteen I started to work. Almost everyone in my class was going to the factory. Two boys were going to the agricultural school and one boy was going to the HBS and he became a teacher. I also had to put on my blue overalls from my mother. It was a normal situation and I did not dislike it anyway. I came from a farming family, so I knew what hard work was like. And in Eindhoven they liked the hard working farming sons from this region. I worked a couple of years in small companies in the neighbourhood. But when I was about 25 I wanted to marry, so I was looking for more security. DAF was a large company. I could almost begin immediately, together with many other workers from my village. DAF was growing very fast and they needed workers badly in 1955. At the same time the cigar making industry collapsed, so almost everyone was going to the city. Every morning two buses of DAF drove to Eindhoven". (Sander)

These remarks were made by a 57 year old man who worked at DAF, a Dutch truck company. He talked about a very specific period of DAF. This period which started after Second World War had been unique for the company, the region and for the workers and their families. This specific coherent and reciprocal class relationship, the changes in it and the comparison with two other countries, namely Belgium and England, in which DAF also operates are the subject of this paper. The changes can be described well by processes of restructuring, internationalisation (globalisation) and flexibilisation. These processes can lead to labour market insecurity and the threat of downward mobility for a growing group of workers. Most of these workers were not earlier confronted with insecurity, unemployment or downward mobility. They were used to lifetime employment, hard work and good pay, (job) security and climbing the social ladder. The transitions and the 'fear of falling' of these (lower) middle class due to processes of restructuring and flexibilisation, and the meaning they give to their unexpected insecurity, are the subject of my PhD-research.

In this paper I like to tell something about the PhD-research. First I am going to say something about DAF and its workers. Then I will make a few remarks about the processes of restructuring, flexibilisation and its consequences for labour market insecurity. These trends can be connected with the development of downward mobility of the middle class. The context in which the labour market insecurity occurs, influences the consequences for the workers and their possible feelings of fear. Institutions and social security systems differ in the three countries. This is the subject of the next section of this paper. The last section is about the methodology of the PhD-research.

The PhD-research will be carried out with a qualitative research design. Life histories of DAF-workers and their families in three different national contexts are central in the research. The central questions of the PhD-research are:

- What are the consequences for the DAF-workers and their families of the bankruptcy of DAF and the following labour market situation in the Netherlands, Belgium and England?
- How do these lower middle class people give meaning to the threat of downward mobility?
- In what way do differences in institutional contexts (social security, industrial relations and labour market) influence the threat of social downfall for the DAF-workers and their families?

Loyalty and hard work of DAF-workers: the DAF-family feeling

DAF is a Dutch truck company which started in 1928 in Eindhoven, a middle sized town in the south of the Netherlands. Just after Second World War the local economy was characterised by a more or less simultaneous development of declining agricultural employment and a growing industrial employment. Growth in the agricultural sector could only be realised through intensification. The extension of land available for farming or the splitting up of farms were no longer possible. Only one child could take over the farm and very often this was the eldest son. The other children of the mostly large farming families had to look for other employment opportunities. This surplus of workers did not cause much problems in the local economy. There was an enormous need for workers after the war to build up the country. The local cotton and cigar making industries were still growing, and small construction companies for example could also use (young) workers. At the same time the big companies in the region, Philips and DAF were growing very fast and they needed workers too. One way DAF and Philips got people to work in the industrial sectors in the city was to offer them higher wages. The relative better wages of the big companies were in the first years the most important reason for many workers to work overthere.

The attractiveness of the high wages for the young workers had some reasons. The workers of DAF and Philips were most of the time young boys. The workers of Philips were very often higher educated boys from the city. DAF recruited his workers mainly from the country-side near the city of Eindhoven. These workers were known as very hard working boys and that was what DAF needed, more than educated boys (Van Oorschot 1996). At the end of the fifties DAF not only produced trucks, but also cars and they needed a lot of workers for this extended production. Many boys from the country side came from large and very often farming families. After the war the children were expected to contribute to the family income. As soon as they finished primary school a lot of them started to work. The few who were allowed to follow some years of secondary school, usually went to technical or agricultural schools, but they were exceptions. Continuing education after primary school was not a normal case in that time. Working at a young age was the norm. When they were fifteen they were sent to local industries by their parents. All the money they earned they gave to their parents. They got some pocket money for themselves.

DAF started campaigns like 'join DAF and build your future' to attract more new workers. In a time of labour shortage it became also very important to keep the workers. The Van Doorne-family did this by offering good wages to it's workers. But the company did more, because it not only needed hard working, but also loyal workers. DAF strengthened the loyalty and commitment of the workers by offering good opportunities for promotion and security. Because of the growing internal labour market of DAF the low skilled workers also had the promise of promotion, a good position and a 'life-time job'. Hard work and loyalty were almost always rewarded with promotion and rising wages. Besides hard work the workers were willing to work overtime when it was needed. DAF was a medium sized company compared to the other truck companies and it was too small to finance big investments. New developments were rarely started by DAF, but it was able very well to adjust to these changes quickly. DAF could operate relatively flexible through the hard work of the workers.

When it was necessary DAF educated the workers themselves at the DAF-company school. DAF also offered some other benefits, for example participation in a pension fund, company transport from home to work with buses, personnel club, grants to let the children study, birthday presents and social work. The workers liked to work at DAF more and more. The products, the truck and the car, also started to appeal the workers. DAF was seen as one big family and working at DAF became a way of life for many workers and their families. More and more DAF started to be known as a good and secure employer in the region. The owners of the DAF-company, the family Van Doorne, were willing very much to reinforce this family feeling and loyalty of the DAF-workers. Many workers remembered how Hub and Wim van Doorne walked through the factory and how they called many people by their names. They stood at the workbench and talked with everyone for a while and shared cigarettes with the workers. The Van Doorne's knew what was good for their workers like the parents knew what was good for their children. The 'DAF-family sentiment' was a kind of unspoken social contract between the workers and the management. For the workers it meant life time security and safety and for the Van Doorne-family it was expressed in the paternalistic way of leading their company.

In the sixties the company grew so fast that it had to look for Belgian workers, because there were not enough workers in the region anymore. When after a couple of years besides workers also space became scarce in the region, DAF decided in 1968 to extend it's production to Belgium. The many Belgian workers who already worked at DAF in Eindhoven could now work in Belgium. This reduced their time for travel considerably (Van Oorschot 1996; Teune 1996).

From the seventies things gradually changed. The processes that are partly responsible for these changes are discussed below.

Restructuring, flexibilisation and labour market insecurity

The growing awareness and interest of globalisation processes are of recent nature, but the processes itself certainly not. The intensity, scope and influence of it have increased lately (Arrighi 1994; Heilbron & Wilterdink 1995). One of the major changes influenced by the globalisation process is the increasing international competition between companies. As a consequence they need to react more quickly to new demands of the market. A greater flexibility is essential for the companies and with mass production this becomes more difficult to realise. Many companies switch to a strategy of specialisation to reach a greater flexibility and manoeuvrability. They concentrate on their core tasks, the tasks that contribute to the survival of the companies. Mass production is in many cases replaced by 'lean production' and production for smaller market segments. Many companies are making more use of computers and automation and this also changes the production process. New technologies in communication and transport are making a 'just-in-time' production system possible. Contrary to a 'just-in-case' production system it means small stocks and proximity to suppliers because the necessary parts must be delivered when they are needed in production (Dicken 1992; Dankbaar 1995).

While the industrial sector is declining the service sector grows. Some authors speak of deindustrialisation (e.g. Castells 1989; Davies 1990; Esping-Andersen 1993, 1996; Harvey 1990; Nash 1989; Zukin 1991). Deindustrialisation does not mean the total disappearance of industrial production. It only emphasized the declining importance of this sector compared to the growing service sector. In the service sector low qualified and paid jobs exist next to high qualified and paid jobs. Jobs in this sector are not always suitable for the displaced workers from the industrial sector. The transition from semi-skilled industrial work to, often unskilled, service jobs means most of the time a financial decline, because those service jobs are often worse paid than the industrial jobs (Reich 1991; Wilterdink 1995). If the jobs in the service sector are more convenient maybe it counterbalances the financial hardships.

The so-called 'nostalgia' feelings that are often connected with restructuring need a revision (Dudley 1994; Milkman 1997; Newman 1988). Milkman and Dudley correctly state that the disappearance of industrial work is not regretted by everyone. In Dudley's research especially the professionals are glad 'working class people were put in the right place again' (compare also Sennett & Cobb 1973; Rubin 1976). In Milkman's research it were just the workers themselves who grasp the opportunity to get out of the factory, because they hated the work so much. With the money they received (severance payment) they built a new life. Indeed many workers did not like their industrial work, but on the other hand they certainly do not like the sometimes bleak prospects of the future. Many industrial workers do not long to the past, but the situation in which some of them are now is sometimes hard to accept. A growing dichotomy in society is often associated with these transitions. It seems that a small, rich part of the population is able to take advantage of the present developments, while an increasing part of the population struggle to deal

with this new situation (Ehrenreich 1989; Newman 1988, 1993; Reich 1991; Wilterdink 1995; Dronkers & Ultee 1995).

The consequences of processes of restructuring and flexibilisation are distinct for different groups of workers, but the labour market insecurity seems to increase for a growing amount of workers. Flexibilisation processes not only influence the change of production systems, but also effect the workforce. Many workers lost their jobs in the late seventies and eighties because of oil crises, recessions, contractions of whole industries and technological innovations. Those who did not lose their jobs at that moment feared for their jobs in the future. In spite of the bettering economic circumstances since then the threat of unemployment and more stress at work still bothered a lot of workers. Labour market insecurity is very often connected with high unemployment figures. A recent study of OECD (1997) however shows that in countries with low or declining unemployment employees are worrying too about the future and security of their jobs and their company. The OECD study also links the increasing labour market insecurity with other factors: the changing stability of jobs, the consequences of job loss, and labour market institutions. In general low skilled workers, blue-collar workers and in some countries older employees (for example in the Netherlands and England) experience the biggest labour market insecurity according to the OECD-report (OECD 1997).

This increasing experienced labour market insecurity makes (scientific) attention for it more important. Burchell (1994) propose to see unemployment as an extreme case of labour market insecurity. People who work at the moment, but have been recently confronted with downward mobility, unemployment or a low degree of job security are ranged under the broad definition of labour market insecurity. Unemployed and labour market insecure workers show the same reactions that are characterised by feelings of powerlessness, stress, frustration and the unpredictability of the future. Maybe a polarisation between workers and unemployed workers needs refinement, because the dichotomy shifts more and more to workers with a secure labour market position on the one hand and unemployed and workers with an insecure job on the other hand.

The increasing labour market insecurity has everything to do with the trend toward more flexibility. With regard to flexibility of the workforce a distinction can be made between numerical and functional forms and between internal and external forms (Delsen 1997; Van Hoof 1990; Mok 1990; Timmer 1994, 1995; Trommel 1987). Numerical flexibility means an adjustment of the amount of workers necessary in production, while functional flexibility refers to jobs with tasks at different levels. Internal and external forms of flexibility relates to flexible employment of the workforce inside the company (investments in employees, extending of operating hours of the company, flexible rewarding system) or outside the company (the ease of regulations of dismissal and flexible employees). Functional, internal flexibility can have many advantages for the workers, because the job becomes more attractive. This kind of flexibility however is often reserved for just

a small group of regular workers. Numerical flexibility can have more negative aspects for the workers. Part-time workers and especially temporary employees are more likely to experience the burden of labour market insecurity. However the disadvantages and insecurity that are often connected with numerical flexibility do not hold for everyone. It depends on individual wishes and on the situation of the household whether the flexibility will be experienced as a problem. (Delsen 1997; Trommel 1987).

Flexibilisation was also introduced in the automobile industry. The automobile industry was very much characterised by mass production and the line. Mass production meant standard products, standardised workpractices, big stocks and big quantities to keep the costs low. 'Fordism' and 'Taylorism', as it was often called, started in America and because of the successes it was also introduced in other countries. But every general production system got it's own peculiarities when introduced into another context because of different local circumstances as labour markets and institutions. So Fordism in England differed from Fordism in America and from that in the Netherlands (Dankbaar 1993, 1995; Kalb 1995). With the increasing influence of the market and the more differentiated demand of cars Fordism was not really effective anymore. The Japanese car producers started with another production system, which is often called 'Toyotism'. This production system is now copied in a lot of other countries. In the Toyota Production System (TPS) two principles are central: 'Just-In-Time' and 'Total-Quality-Control'. This means, as mentioned earlier, that production parts are delivered when they are needed at the line, so there is no need any more for big stocks. The importance of the use of regular subcontractors increases a lot. Moreover a group of workers is responsible for a specific amount of tasks, including repair, maintenance and quality control. Central elements in Toyotism are continued improvement and increased productivity. The stimulation of the co-operation between workers in a team and trust and co-operation between workers and management are important aspects in the Japanese production system. In other countries, for example England with their probably more opposed relations between workers and management, this can be a problem.

The context in Japan in which Toyotism functioned was totally different from other countries that also started with this production system. Existing institutions and traditions had to be adjusted and this not always happened without conflicts (Dankbaar 1993, 1995). In Sweden and Germany companies experimented with other possible production systems that imply not a so radical change from their own existing institutions and traditions. The so-called 'social-technical-system approach' has more attention for the workers and their functioning in the organisation. Characteristics are longer work cycles, stationary workplaces and autonomous taskgroups. An important difference with the Japanese production system is the possibility of own planning and internal decision making in a team of workers in Sweden and Germany. A much heard criticism is that the Japanese team functions more as a way of controlling and disciplining the workers by management (Dankbaar 1993; Sandberg 1995). Very often the introduction of new production

systems does not go without problems. The research of Ruth Milkman is an example of this. In her research of a company in the United States Milkman (1997) shows a growing polarisation between the skilled and semi- or non-skilled workers. In stead of an increasing level of skills for all workers, it was just one group of workers who profits of the new production system. The semi-skilled workers had high expectations of the new production system, because it would make their work less boring. But they felt more instead of less subordinated by the technology. The job became physically less hard, but the pressure of work and stress increased.

Middle class and downward mobility

In general the inequality increases in most Western European countries due to processes of restructuring and globalisation (Dronkers & Ultee 1995; Wilterdink 1995). When one looks more specifically the consequences are very different for different groups. The elite profits of the increasing opportunities whereas the lower classes are more often the victims of the restructuring of much industrial work. It is interesting to see what happens with the people who do not belong to the real winners and losers of these processes. Especially in the United States there is a lot of research about the middle classes and their fear of downward mobility (Newman 1988, 1993; Dudley 1994; Ehrenreich 1989; Rubin 1976, 1994; Sennet & Cobb 1973). The notion that (almost) everyone belongs to the broad middle class disappears. The differences between members of this middle class become bigger and the homogeneity becomes smaller. Studies of 'the new middle class' shows a part of the middle class which is very successful and upwardly mobile (Butler & Savage 1995; Davies 1990; Dudley 1994; Ehrenreich 1989; Savage 1992; Zukin 1991). However it appears that this applies not to everyone in the middle class, because besides rising there is also downward mobility or no mobility.

The interest for the middle class has increased recently. In politics 'traditional labour parties' try to get the attention of other groups besides the workers (see for example Tony Blair in England). In scientific respect research nearly always was aimed at groups lower or higher at the social ladder. Developments like restructuring, flexibilisation and globalisation however have consequences for the middle classes and therefore influence the research of it. In many studies middle class is very often associated with service sector employment, especially the business service sector (contrary to personal service sector). There is a debate going on whether there is one uniform 'service class' (among others: Goldthorpe) or three distinct middle classes (among others: Savage). The three middle classes, the entrepreneurs, the managers and the professionals, dispose of different 'assets', respectively property, organisational and cultural assets, which influence their chances and opportunities. These studies mainly focus on the upwardly mobile segment of the middle class. There are however groups of people who are not successful and who are threatened with downward mobility.

The transition from an industrial to a 'post-industrial' society is according to Dudley not a linear process, but a 'cultural battle' (Dudley 1994). Different groups struggle for the possible

positive consequences of the processes of restructuring and flexibilisation. The lower middle class and the working class are losing ground in this fight. Dudley and Milkman (1994; 1997) describe the workers of the automobile industry as the privileged stratum of the working class: 'the aristocracy of the working class' (Dudley) and 'prisoners of prosperity' (Milkman). They make a good living, but the work itself is monotone and boring. Whether these workers belong to the working class or to the (lower) middle class is not a very relevant issue, according to Dudley (see also Newman, 1988 and their joint reference to David Halle's (1984) 'America's working man'). With regard to their working conditions they probably belong to the working class, but with regard to their income, life style, security and rising they could belong to the middle class. It is important to realise the different meanings of class in different societies. In America someone probably belong very soon to the middle class, whereas the same person in for example England is seen as working class. What really is important then is the way people themselves give meaning to a fundamental change in their living conditions.

In this PhD-research the DAF-workers are considered as lower middle class. The good wages and other benefits DAF offered make possible a middle class way of live. The lower middle class is a group of people who experienced upward mobility with only limited education. Because they worked hard and seized the chances and opportunities the big companies offered, they could make promotion. The companies could use young, semi-skilled workers who were willing to work hard. In exchange for their hard working the workers got the security of a permanent job. In practice this meant a 'life-time job' with a good pension and other benefits. Their working conditions show similarities with that of the working class, but the income and promotion in the company enabled them a middle class way of life (their own house, a car, holidays). The economic growth after World War Two made this rising possible for a great part of the workers. Most of the time the wages were high enough to support a family on one income. Many women were staying at home to take care of the household and the children. The economic growth made possible the construction of welfare states that supported in it's turn this process of middle class formation.

The fundamental change these workers experienced had everything to do with the great economic and social changes in society starting from the end of the seventies and beginning of the eighties. The lower middle class often worked in contracting industries. There were mass workforce reductions. Their skills and education were not longer enough for a relatively well paid job in the industrial sector. Higher education and general, universal knowledge became of increasing importance on the labour market. This knowledge became the most important ticket for upward mobility (Dudley 1994; Esping-Andersen 1993; Savage 1992; Sennett & Cobb 1973). People who had this knowledge and qualifications were employable in more different situations at work. Especially the higher educated professionals, in Savage's terms the people with the cultural assets, profited by these developments. People with organisational assets, the lower middle class and working class often experienced the negative consequences of the same developments. Contrary to the professionals they felt the threat of downward mobility and unemployment.

Security, rising expectations and upward mobility were the two most central values of the middle class. With the economic growth of the fifties and the sixties these values became so self-evident, that no one ever doubted the continuity and solidity of them. The 'myth of the middle class' promised progress for the present and the next generation. The life stories of many people in the lower middle class confirmed this promise. Everyone who wanted to work hard was assured of it's share in the wealth of society. With a job in the factory upward mobility was a real possibility. Many people saw their middle class position, a well paid and permanent job with a good pension, as the appropriate reward for their hard work and effort. The expectations of the lower middle class had a real basis in fact. This unwritten 'social contract', the reciprocal exchange relation between employees and employers (government) was an essential part of the 'myth of the middle class'.

In much stratification research the focus is on occupation, education and income of an individual worker. Mobility is studied by comparing the father's job with the son's job. In this kind of research even a small move up or down the social ladder already is considered as rising or falling. The threat of downward mobility because of labour market insecurity is of central concern in this research. However in this PhD-research falling means a fundamental change in living conditions and possibilities of a group of workers. Employees notice the slow disappearance of their life-time job or they become unemployed and have troubles finding a new comparable job. Some of them are able to adjust to the new situation, others have not succeeded to make a change in their circumstances (Newman 1988, 1993; Dudley 1994; Bertaux & Thompson 1997). The way DAF-workers and their families deal with this process of adjustment, cultural struggle and making sense of the new situation is the subject of this study.

Many DAF-workers liked to work at DAF very much and they identified themselves with the product and the company. They saw themselves as part of a big family. This applied especially to the older workers who started to work at DAF in the fifties. One of the most important things DAF offered its workers was the possible rise to a middle class way of life and the opportunities this created for their children. The positive function of the 'DAF-family sentiment' changed in a restraint for the DAF-workers in later years. At the end of the eighties and beginning of the nineties the prospects were bad for DAF. The company made too many losses, the take-over of the English company and going public were not as successful as it was expected. The company was not as flexible anymore as it used to be in earlier times because of the huge growth of the organisation's top. DAF became too big, certainly for the 'DAF-family sentiment'. The workers noticed that something was going very wrong, but a great deal of them trusted the company and the management, because they had done so all the time. Union members and younger workers were more sceptical about the statements of the management that things were under control. In 1993 DAF went bankrupt and started all over again with only half of the workforce. Many laid-off workers felt betrayed by the company. They met their part of the contract, but the management did

not. The relation between hard work and loyalty on the side of the workers and the reward of promotion and life time security by the management was not as solid as expected.

It seems the lower middle class (of DAF) itself never expected the possibility of downward mobility. In view of their own experiences this is no surprise. From studies of Newman (1988, 1993) and Dudley (1994) the lower middle class appeared to have problems with making sense of these unexpected events. According to their own view they did not make big mistakes and still something is going very wrong. They do not know who or what they must hold responsible for this. For these people processes of restructuring and flexibilisation result in a 'crisis of expectations' (see Dudley 1994: 22). Old rules do not longer function or are changed during the game without telling them. Goals like a good pension and upward mobility for their children are more difficult to reach. Reactions of the threatened middle class in the above mentioned studies vary from self-reproach and remorse, because every individual is responsible for his or her destiny, to solidarity because the group as a whole is betrayed. The different legitimations people give to their current situation and the social and political consequences of it depend among other things on the context and individual life story.

DAF purchased Leyland in 1987. The integration of both companies took some time. The so called 'us and them mentality' was unknown in Eindhoven, where a sort of 'company mentality' ruled (Van Oorschot 1996). The first years however were very successful, but soon this came to an end and DAF collapsed. Only two English factories (Leyland Trucks and Albion Automative) still had a contract with DAF. The workforce is reduced considerably in England, Belgium and the Netherlands. After the bankruptcy in 1993 DAF emphasized flexibilisation. It only wanted to produce by the 'build-to-order' principle. DAF builds only the trucks that are ordered by it's customers, so this means a disappearance of stocks. This has consequences for the workforce. The demand of trucks fluctuates a lot and when there are more orders DAF needs more (temporary) workers. But when the demand of trucks declines DAF has less trouble to get rid of those workers. After the bankruptcy DAF increases the percentage of flexible and temporary employees when it needs more workers. Because of the introduction of a new DAF-truck in the spring of 1997 the amount of orders is very high. DAF has trouble to find suitable workers. In the region of Eindhoven the company cannot find anymore. Now DAF is looking for Belgian workers to work in Eindhoven (again) and a part of the production will be replaced to England. The amount of regular employees with a permanent contract also rises. The regular workers do not like the numerical flexibility. There are conflicts about the work load, pressure of work, the unpredictability of work schedules and free days. In November 1996 Paccar, an American truck producer, purchased DAF. The problem of DAF that it was too small for huge investments is solved now. Whether the take over has consequences for the workers remains to be seen. The workers are insecure about the future. They do not know what is going to happen with their jobs

and they do not like it (Van Oorschot 1996; Teune 1996; articles from the local newspaper Eindhovens Dagblad 1994-1997).

Rising opportunities and security was important for the parents, but they think it was even more important for their children. Despite their own successes they noticed the difficulties their children experience to realise upward mobility too. In the earlier mentioned, mostly American studies the parents with secure labour market positions seem to be afraid of downward mobility of their children (see Newman 1988, 1993; Ehrenreich 1989; Dudley 1994). The parents do not know to blame the problems to the wrong attitude of the children or to the changing circumstances. According to some parents the children lack the right middle class attitude of 'deferred gratification, self-denial and hard work' (Newman 1993; Ehrenreich 1989). The young are less likely to delay rewards and they have (too) little responsibility according to the adults. They want to have success immediately and to take advantage of it directly. Other parents see their children work hard, get their certificates and still they do not find a good job. Or they have a good job, but still cannot live like their parents, because of rising prices.

Parents try to pave the way for a successful and happy future for their children (Brinkgreve & Van Stolk 1997; Te Grotenhuis 1993). The importance of education and diploma's for a good labour market position increases. Without these significant documents it becomes hard to succeed in the labour market. Some of the parents realise more and more their children will not make it the way they themselves often did: hard work and loyalty. The lower middle class parents stimulate their children to use their talents optimally, but even a high education appears no longer a guarantee for a successful career. As a reward for their hard work and loyalty the DAF-workers received opportunities for promotion and security of DAF. The older children of the DAF-workers profited from these increasing chances. The DAF-workers emphasized the freedom of choice for their children and also stimulated them to study, because they themselves often had not the chance to do so (compare Brinkgreve & Van Stolk 1997). They wanted them to do better than they did. At the same time however they hoped the children would stay in the neighbourhood, geographically and socially. The importance of other norms besides the stimulation of mobility could be an explanation. To take care of one another, solidarity and the significance of the family are perhaps also central values in the raising of children. These values also found expression in the loyalty to DAF, the so called 'DAF-family feeling' (Van Oorschot 1996; Teune 1996). This was especially the case in the region of Eindhoven. It would be interesting to see how loyalty to DAF developed in Belgium and England and what consequences these perhaps different developments had.

Parents try to prepare their children for an independent adult life. Contrary to money or property direct transmission of social status, a successful career, a work attitude or norms is not possible. The most important thing parents can do is to create preconditions so that children could make the potential resources their own. From the preconditions and existing circumstances more

trajectories or destinies are possible, but every child has to construct his or her own trajectory. Reproduction is a dynamic process (Bertaux & Thompson 1997). Parents will help and advise their children as much as possible, but in the end they have to do it on their own. The confrontation with a situation of labour market insecurity can have the consequence that some trajectories are more difficult to reach for the children. Parents can also stimulate or even force their children to make other choices in these situations, for example in regard to education and jobs. The children themselves can also make other choices when their parents are displaced. In her study Newman shows that children of displaced managers want a job with as little as possible chance on a confrontation with insecurity. When the children are older they will feel more responsible for the situation of the family and try to help financially and emotionally (Newman 1988). When parents are struck by labour market insecurity they struggle with feelings they cannot contribute much to future prospects of their children anymore. Not only their own dreams and expectations fall apart, but also their hopes and future expectations for their children. The parents regret the slow disappearance of the family feeling and the reciprocal relation between hard work and loyalty.

Institutional context

The severity of the consequences of labour market insecurity and unemployment is influenced among other things by the welfare state. However the influence of the welfare state differs in each country. The growing interdependence between the countries because of globalisation processes does not have the same effects on for example the field of employment and the prevention of inequality. The chosen solutions for comparable problems are determined for a great deal by the specific geographical and historical national contexts. The welfare state remains for a considerable part a national concern (De Swaan 1989).

Esping-Andersen (1990, 1993, 1996) discusses the consequences of globalisation processes and deindustrialisation for the welfare state. In his view there is not just one post-industrial trajectory for the welfare state. He distinguishes three types or clusters of welfare states: liberal, corporatist and social-democrat. Respectively the United States, Germany and Sweden are the prototype countries. Employment policy, degree of decommodification (degree in which people are not dependent on the market for their livelihood) and social stratification are criteria on which he decides how to range a country. The distinct welfare state regimes arise from interaction effects, but Esping-Andersen emphasizes especially the effect of class coalitions. The changing class coalitions, partly determined by earlier institutionalisation, make some choices and chances possible, while excluding other ones. These class coalitions are of great significance because they do not only explain the specific path of development, but also their future development (Esping-Andersen 1990, 1996; also Wilterdink 1995:199).

In general Belgium and the Netherlands are grouped under the corporatist welfare states, and England under the liberal regime. Different authors have made comments on these

classification of welfare state regimes (Engbersen, Hemerijck & Bakker 1994; Einerhand 1997a). This classification is ideal-typical and in practice the differences between welfare states are not that clear as in theory. For example on the criterion of decommodification the Netherlands and Belgium are close to the social democratic regimes. With regard to labour market participation the Netherlands till recently seem to belong to the corporatist welfare states (Engbersen, Hemerijck & Bakker 1994). At the same time there are significant differences within one type of welfare state. For example in the group of corporatist welfare states one can make a distinction between more employer-led (the Netherlands), more employee-led (Belgium) or balanced between this two (Germany). This has for example consequences for the possibilities of social policy and the co-operation of the unions and employer organisations (Van Ruysseveldt & Visser 1996).

The welfare states have different social security systems. The rule and policy making and the implementation of the social security systems can diverge in the different Western European welfare states (Einerhand 1997a, 1997b). The financial consequences but also the moral legitimation and acceptance of a labour market insecure situation will differ as a consequence. In the liberal welfare state unemployed people are seen as profiteers: they do not want to work and are not able to take care of their own livelihood. While people in a social democratic regime have a right to work and they are hardly confronted with a negative imago. In this case the legitimation of the insecure situation will not be blamed to individual shortcomings. The differences between welfare states become very clear and concrete for workers who live in one country and work in another. For example the Belgian workers at DAF in Eindhoven pay income taxes in Belgium and social security contributions in the Netherlands. Changes in policies can have a negative effect for these workers, because they are not eligible for possible corrections by way of other policies.

Besides differences in social security systems there are also big differences between the countries with regard to labour relations and the labour market. The Netherlands and Belgium show some important similarities: both are small countries with open economies, the political structure is characterised by formation of coalitions and ideological pillarisation, low labour market participation and high labour costs. There are of course also differences between the two countries: especially the power and influence of the unions are much greater in Belgium than in the Netherlands. The unions are clearly present in the companies in Belgium. The influence of government on the organisations of employers and employees increases in Belgium (centralisation) while the government in the Netherlands is just withdrawing (decentralisation). Belgium and England do have a longer industrial history in common. In both countries the unions have (had) considerable influence and they are characterised by their militant nature. Distinct segments of the workforce are represented by different unions (for example skilled workers and unskilled workers have their own unions). Contrary to the Netherlands the unions play an important role on the shop floor in Belgium and England. In the Netherlands the unions are more active on a national or branch level (Van Ruysseveldt & Visser 1996).

The institutional differences in social security systems, labour relations and labour markets influence experiences of workers who have to deal with labour market insecurity. The reactions and meaning they give to the threat of downward mobility are mediated among other things by the different institutional contexts.

Methodology

In this research events and experiences of people and the meaning they give to it are central. People make use of their own life histories to understand their experiences. The experiences are embedded in earlier experiences, in expectations for and dreams about the future and in local circumstances. Age and the period one grew up in, class, local context, the different industrial histories and the role of the welfare state, all influence and structure the experiences of people differently. By using life histories it is possible to unravel the often complex, coherent and sometimes contradictory ways people give meaning to their lives. Moreover life histories show the relationship between economy, politics, culture, power, ideology and everyday experiences of people (Kalb 1995).

One of the strong aspects of qualitative research methods, like life histories, is the embedding of time and place. By using life histories this embedding takes place almost self evidently. Life histories provide the interpretation framework in which people try to understand their own life with its unexpected events. Regularities and patterns can become clear with life histories (Thompson 1981; Thompson & Bertaux 1997). This will not happen after one or two interviews. The told life histories are too unique for that. Bertaux en Bertaux-Wiame (1981; see also Rubin 1982) use the idea of 'saturation process'. One life story is indeed one unique and specific story. Thirty life stories of all kind of people are probably also very different. But thirty life histories of people working in the car industry that is hit by restructuring processes represent more than thirty, separate stories. There will probably be a pattern that is present in every story in its own unique way. All life histories together tell a story of DAF and Leyland and a more general story about the decaying automobile industry and a declining middle class in three national contexts.

The time period of this research plays for the most part after the Second World War. Thanks to the great economic upswing many young lower educated workers could start at the big companies. Many of these workers will be over fifty by now. The events and experiences they will talk about took place many years ago. One of the objections against the use of life histories is the inaccuracy of experiences in the past. People do not remember everything quite well and sometimes they forget things. Memories also changes because of new experiences. However with a research based on life histories this does not have to be a big problem, according to Mary Jo Maynes (1992). People act and react on basis of their own interpretations of events and experiences. These interpretations may not be perfectly the same as how it happened in reality (the 'objective facts'), but they are true for the people. This is the reason why experiences must be put

in a context (time and location). Good qualitative research presupposes more or less self evidently triangulation of methods. Besides the in-depth interviews other resources of which literature and archive material are the most important, will be used. This material is of great significance because it is the fundament of the life histories. Milkman (1997) sees her interviews as the most valuable data. But her previous research (visits to the factory, archive material, survey) provides the basis. This is how she knew which issues were important and where to concentrate on. The interview material however appears to be richer.

Ninety in-depth interviews with (ex) workers of DAF and their families will be conducted. This means some thirty interviews in every location. These are used sample sizes for this kind of research (see also Milkman 1997; Newman 1988, 1993; Rubin 1976, 1982, 1994; Dudley 1994, Te Grotenhuis 1993; Bertaux & Thompson 1997). The DAF-factories are at three locations: Eindhoven (the Netherlands), Westerlo (Belgium) and Leyland (England). In the surrounding neighbourhoods of these locations the interviews with the DAF-workers will take place. Fixed topics will return in every interview, but the interview will have a semi-structured character. There will be room for spontaneous stories. Besides the events the respondents will bring, topics which return are: a description of the career till the present; DAF and the bankruptcy; the consequences, financially and emotionally, of labour market insecurity, unemployment or a new job (at DAF or elsewhere); information about the situation of the family, children and parents; opinions and attitudes (see also Dudley 1994; Te Grotenhuis 1993; Milkman 1997; Newman 1988, 1993; Thompson 1993; Bertaux-Wiame 1993; Bertaux & Bertaux-Wiame 1981). In addition to the interviews with the DAF-workers conversations will be held with so-called 'experts'. Possible 'experts' are for example employees of labour exchange, (ex) representatives of unions, council members, volunteers of the DAF-museum, people of the 'Komitee Ex-DAFfers'. These experts could be helpful with finding respondents. Next to this each respondent will be asked after the interview if he or she knows other people who would (want to) co-operate in the research (the so called 'snowball' sampling).

One problem of this method is the dependence on the co-operation of the respondents to get new respondents. From the experience of other researchers (Rubin 1976, 1982, 1994; Newman 1988, 1993; Milkman 1997; Dudley 1994; Teune 1996) it appears that respondents appreciate when they can talk (with a stranger) about subjects, in this case their job and the consequences of the bankruptcy, which keeps them busy. Probably contrary to friends and family members the researcher hears the story for the first time. Moreover the chance that the respondent and the researcher see one another for a second time is small. Another problem of the snowball sampling would be a possible greater selectivity. The endeavour in this research will be to reach a reasonably representative selection of the workforce. By asking divergent 'experts' for respondents and also asking each respondent for other respondents the dispersal will be as great as possible. On the other hand the central questions do not demand a complete a-select sample. The

research is about the (declining) middle class, so the interviews will be held as much as possible with lower educated workers who were able to make promotion in the organisation.

Relevance of the research

There has been a lot of scientific research done to mobility in the Netherlands, Belgium and England (among others: Dronkers & Ultee 1995; Gallie et al. 1994). However much of the research has a very quantitative character. With regard to the meaning of mobility (upward and also downward) and its consequences for the people, there is hardly any research done. Moreover in much of this research the emphasis is on upward mobility. Downward mobility is barely an issue in this kind of research. However because of restructuring processes and flexibilisation downward mobility will probably happen more often. The lower middle class people are probably not the 'real losers' of the polarising society, but they symbolise however an important and considerable insecure segment of the same society. These themes demand research like that of Katherine Newman, Ruth Milkman, Kathryn Dudley, Richard Sennett & Jonathan Cobb, Barbara Ehrenreich, Lillian Rubin, Daniel Bertaux & Paul Thompson, Christien Brinkgreve & Bram van Stolk.

Social interest in themes of restructuring, (downward) mobility and as a consequence a bigger inequality and insecurity appear from some journalistic contributions. Although the quality is often good and they fulfil a valuable function, they often do without a more systematic scientific approach and they are hardly embedded in a broader perspective of comparison and development.

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Mariëlle Teune (1973) studied Social Sciences at the University of Utrecht. The restructuring in 1993 of the truck company DAF in Eindhoven and as a consequence the social downfall of the workers and the lower middle class were the subject of her MA research.

Since March 1997 she is working on her PhD-research at the Amsterdam School. This current research will also be on the restructuring of DAF, but now she wants to make a comparison between the Netherlands, Belgium and England. In those countries too many workers experience social downfall because of the restructuring of DAF. In England some companies are even shut down, leaving the workers and their families with nothing. The experiences of the lower middle classes may differ because of the different contexts of the countries. One aspect of this context is the role of the welfare state, for example in softening the consequences of the restructuring for the workers. The experiences of the workers and their families in the different countries and the meaning they give to their social downfall are central in this research.

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“URBAN:

**A Critical Case Study of the
Formulation and Operationalisation of a
Community Initiative”**

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Abstract¹

The objective of this project is to produce a critical case study of the European Union's modus operandi in approaching urban issues via the analysis of the decision-making processes leading to the formulation and operationalisation of its Structural Fund Initiative for crisis-hit cities, URBAN (1994-1999). The key actors and key events in the decision-making process, together with their methods of determining URBAN's main objectives, will form the heart of the empirical study. With an additional cross-country comparison between the UK and Germany, the member states' strategies to operationalize the Community guidelines will be illustrated on four local URBAN projects. Using a qualitative research design, the investigation will be undertaken at the EU, national and local level by means of elite interviews with EU officials as well as central and local government actors.

The outcome of this study will be a critical analysis of EU decision-making processes and policy performance related to the urban dimension, which - in terms of Community Initiatives as a whole - is regarded as structurally defective. Furthermore, different existing bodies of literature for the European, the national and the local level, will be drawn together into one, multidimensional framework, thus contributing to the body of knowledge of the social sciences.

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Central proposition and research questions

The central proposition is an illustration of the EU's past and present *modus operandi* in approaching urban issues as being selective, inappropriate and in need of alteration. The Community's approach of urban problems continues to be focused on a single-dimensional environmental and/or transport perspective. Hereby the essential integrated and multi-dimensional perspective to equally address the economic, social and cultural problems of urban areas and, thus to perceive European cities in a holistic way, is still lacking. Resulting from the EU's institutional, political and economical conceptualisation, European cities are not regarded as an essential object in the Community's pursue of its primary goals, the creation of the European Monetary Union and the promotion of European integration and socio-economic cohesion.

Thus, the politically weak position of the city within the current EU context, can be explained by the current lack of a mandate for "urban policy" in the Maastricht Treaty. While this deficit of explicit legal grounds to act is regarded as an obstacle to further European integration and socio-economic cohesion by some European, national and especially local actors, others, however, fully welcome this restriction of EU competence. With differing views among member states and even within the Commission, "European urban areas" weren't, at least not officially, considered as a Community policy arena, nor did they feature as a separate entity of investigation, independent from the traditional regional focus. Therefore, "urban issues" started to emerge at the European level only during the 1980s and 1990s, developing into a highly politicised bureaucracy, where past, current and especially future institutional and political settings are subject to extensive networking, lobbying and bargaining.

In 1994, the EU launched the URBAN Community Initiative, which can be regarded as the EU's first Community-wide attempt to promote urban regeneration and combat social exclusion in European cities. Hereby, the existence of pockets of poverty and deprivation in urban areas was officially acknowledged at the European level. Within this new socio-spatial European policy arena, URBAN was developed from past EU social and spatial intervention through small-scale action research and networking. Intended to develop innovate strategies, to create a body of knowledge, provide an exchange of experience, and thus to elaborate on a methodology, URBAN features as an essential Community policy-making tool for an European analysis of urban problems. However, restricted by its Community Initiative framework with a small share of Structural Fund budget, URBAN is designed to merely act as a

"catalyst in a broad-based approach, by undertaking key schemes to help deprived urban areas achieve a lasting improvement in living standards for their inhabitants" (OJ 94/C 180/02, 01.07.1994).

As endless competition over boundaries and competence is a characteristic of the political marketplace of the EU and particularly in regard to urban areas, the example URBAN will illustrate the various instruments and complex mechanisms applied within EU policies and politics to pursue European and often national policy interests, responding more to powerful lobbying, than to objective policy intervention.

Some of the descriptive questions, which derive from the central proposition, are: How did the URBAN Community Initiative for crisis-hit cities come to existence? Which processes delayed the formulation of URBAN as a EU-wide programme? What characterised the policy and decision-making processes leading to the launch and operationalisation of URBAN? Who were the key actors, event and major constraints? How are budgetary issues dealt with? Which method was used for the selection process of local URBAN projects? Which methods and strategies do Member States in general, and the UK and Germany in particular, use to operationalise and implement the EU guidelines on URBAN? Which influences did/do generally determine the scope of URBAN's structure, objectives and implications?

The four central hypotheses to be tested at EU, national and local case study level, all relate to the EU's modus operandi in approaching urban issues:

- *Hypothesis One:*
Are Community Initiatives as a whole prone to clientelistic subversion via powerful lobbying?
- *Hypothesis Two:*
Is the planning process implemented by the Commission since the last Structural Fund reform structurally defective?
- *Hypothesis Three:*
Have bidding cultures dictated successful outcomes regarding funding allocations, rather than notions of urban "need"?
- *Hypothesis Four:*
Does Implementation fail to ensure co-ordinated operationalisation?

While revealing the mechanism of extensive bargaining between the various players at different levels, the complex interplay of formal and informal policies - both integral elements of

EU nature and politics - will be illustrated on the example of the Community's modus operandi of urban issues. Thus, the study will produce a critical case study of the decision-making process and policy performance related to the urban dimension, which - in terms of Community Initiatives as a whole - is regarded as structurally defective.

Links to present state of research:

As this study addresses decision-making processes within the context of urban politics and policies at the EU, national and local levels, different theoretical discussions and research objectives have to be taken into account:

Community-independent research produced a long-standing and extensive body of academic and expert knowledge on country-specific as well as comparative European research of urban decline and urban growth problems (Cheshire, van den Berg, Parkinson, et al.), poverty and social exclusion (Room, Townsend, Leibfried & Pierson, et al.), while there equally exists comprehensive and far-reaching research on public policy, policy formulation and implementation, European integration, intergovernmental and/or supranational decision- and policy-making as well as multi-level governance (Keating, Hooghe, Richardson, Wallace & Wallace, Scharpf, et al.)

Restricted by the Community's institutional, political and constitutional context, the EU's body of knowledge is limited to Community-specific decision-making, policy formulation and implementation, monitoring and evaluation. Within the Community's structural policies, discussion focuses on socio-economic cohesion and the reduction of economic and territorial disparities. Some practical intervention and theoretical discussion on social exclusion exists, where the Commission together with experts has produced a recent research agenda. However, as the awareness of European urban problems at EU level only emerged in the mid- to late 1980s, Community research on European cities is mainly dominated by environmental and transport issues. However, some debate on socio-economic and cultural problems of urban deprivation and social exclusion slowly begins to emerge on the EU agenda, currently being explored by small scale action programmes, such as URBAN.

Thus, the discussion of the European city as an actor at national and particularly at European level is a rather new research area, with the city increasingly entering the political agenda of

Europe. Regarded as a synonym for the "urban crisis" as well as for the entrepreneurial notion of city marketing, urban government and governance emerge as a new focus for the local, national and increasingly European level. Given the compulsory competitive tendering for European funding, which is decided at national level, a wide range of new actors enters this policy arena, some of which got only recently involved in urban politics and policies.

Resulting from the variety and quantity of actors at the European (urban) stage, the Community's complex policy-making structure as well as institutional settings, networking becomes a crucial instrument for both the Commission as well as the various players to co-ordinate and develop new policies and policy channels. Interest groups practise networking to have access to decision- and policy-making as well as implementation with concessions in their interest. The Commission uses networking as a necessary tool for flexible policy development *within* Community institutions as well as *with* Member States and sub-national actors. Therefore, the research of EU decision- and policy-making in terms of institutional and political interaction between the EU, national and local level is increasingly influenced by the concept of policy networks.

The political science research of policy networks analyses the exchange relations between state and civil society, i.e. the state-business relations or public-private sector links in regard to policy formation and implementation (Hanf & Scharpf, Hecl, van Waarden, et al.). Research is characterised by different modes of identifying different network characteristics and dimensions as well as defining policy networks, thus distinguishing between various types of policy networks by means of typologies and conceptualisations. Common to all policy networks, however, is the notion, that formal policy-making avenues are influenced and increasingly determined by informal policy-making arrangements. While it is impossible to locate the central authority or power centre of decision-making within policy networks, co-ordination is not obtained by an hierarchic authority, but by horizontal bargaining - a specific characteristic of EU politics and policies.

Theoretical concepts:

The theoretical concepts used within the framework of this study are the notions of social exclusion and policy networking. Particularly interesting within the framework of this research study is the concept of social exclusion, which not only gives URBAN its socio-spatial conceptualisation, but equally illustrates the political logic of EU policy-making per se. Among other

factors, two Community operational programmes, the Innovative Initiatives' action projects to develop new strategies of urban regeneration, *Urban Pilot Projects (1989-1994)* and the Community Initiative to combat social exclusion, the *Community Programme to Foster the Economic and Social Integration of the Least Privileged Groups, [Poverty 3] (1989-1994)*, paved the way for URBAN. Considering the end of the first Structural Fund programming phase in 1994 as well as the outcomes of Poverty 3 - where the successful projects were within an urban setting - it became apparent, that a lot of the political dimension had an urban scope. Therefore, the idea to follow up on Poverty 3 - where a direct continuation has been blocked by the political veto of Germany and the UK - emerged in the light of an urban initiative, which should have a clear relation to poverty. Thus, URBAN was launched into a highly politicised environment, induced from a political logic per se.

Additionally, the notion of social exclusion acts as an interesting concept in regard to the cross-country comparison between the UK and Germany. Implying different modes of conceptualisation of poverty and social exclusion, two very different theoretical paradigms and sets of intellectual traditions are most prevalent, i.e. the modern Anglo-Saxon research into poverty and the Continental as well as EU tradition of analysis of social exclusion (Room, Jordan, et al.). It will be interesting to see within the cross-country comparison of this study, how the UK and Germany operationalise the Community guidelines under the URBAN Initiative in the four local URBAN case studies.

The second theoretical concept used in this study of the decision-making processes behind URBAN, is the political science concept of policy networks, which - following van Waarden (1992) and Jordan & Schubert (1992) - is used as a neutral concept. Focusing originally on state-business relations, policy networks can also provide a useful instrument in the analysis of EU relations (Scharpf, Peterson, Hooghe, Conzelmann, Smyrl, et al.). Based on van Waarden's (pp. 32ff, 1992) conceptualisation of policy networks through seven dimensions i.e. number and type of actors, function of networks, structure, institutionalisation, rules of conduct, power relations, actor strategies - policy networks obtain an empirical element, which allow variations at local, national and EU level. Specifically within the Community's urban context, one type of policy networks, i.e. issue networks (Heclo, 1978), is particularly relevant. Open and fragmented, issue networks constitute informal and unstable relations with an unlimited number of participants, functioning as both interest representatives as well as expert in a rather unorganised technoc-

racy. Given the complexity of URBAN's formulation and operationalisation as well as the individuality of the four URBAN case studies, the concept of policy networks -and specifically issue networks- provides a useful tool to analyse the respective policy-making process and operationalisation procedure at EU, national and local level.

Methodology:

The investigation will be carried out on the level of the EU, the national level of the UK and Germany as well as the local level on four specific British, German case studies (London (Park Royal), Merseyside, Berlin and Duisburg). This multi-tier design implicitly reflects the policy framework of URBAN as a Community Initiative and provides the analytical basis for the theoretical concepts of social exclusion and policy networking.

The methodology consists of an analysis of secondary data and qualitative elite-based in-depth interviews. The documentary research on academic documents available locally in London on urban theory, the theory of urban deprivation and social exclusion was followed by documentary research on policy networking, supra-national and specifically EU decision-making as well as on publications by the European Union on urban regeneration, social exclusion and deprivation, the EU's approach to urban issues, especially within the Community's urban policy measures, while political science implementation literature was consulted.

While some methodological as well as EU-political research experience has been gained in a case study-based evaluation of the Community Initiative "*Poverty 3*" (1989-1994) in the UK and Germany as part of my dissertation, this is now widened and depend through the analysis of URBAN, thus contributing to an integrated research strategy. The choice for the cross-country comparison between the EU Member States Great Britain and Germany is based on personal competence as well as the country-specific characteristics. As major powers in Western Europe, the UK and Germany both represent advanced welfare states with an equally advanced urban policy framework. However, different political, economical and social traditions result in the pursuit of diverging national as well as European interests.

Additionally to the EU context, four case studies of specific URBAN projects (two per country) were selected for this cross-country comparison: two large industrial areas, Merseyside and Duis-

burg, as well as the two capitals, London (Park Royal) and Berlin. The choice of these specific local projects is based on their scope to reflect upon the socio-spatial objectives of the URBAN Initiative per se, the cities' successfulness in attracting EU funding, their funding status within Community Structural Fund Objectives and thus their capacity to illustrate the nature and complexity of EU decision-making, of intergovernmental bargaining and powerful lobbying within this politicised bureaucracy. Furthermore, the *local* case study framework has been selected due to the level's capacity to illustrate the formulation procedure as well as the URBAN programme implementation structure locally. In fact, it is the case studies which develop the project proposals, submitted to the national and European level for selection and approval. After the identification of all key actors and key events at EU, national and local level, the fieldwork is conducted in Brussels, Britain and Germany. Therefore, this three-tier primary and secondary research design will provide information on and about each specific policy- and decision-making level.

The total number of interviews, based on 1 hour interviews with an additional 2 hour for processing, is calculated as 50, of which 40 will be cross-national. Around 10 interviews are allocated for EU officials, while around 10 interviews are accounted for a representative range of local and national actors per site. However, to maintain the elite interview framework and to avoid an unnecessary increase of interview figures, the case study interviews will not be conducted at a lower level than with key actors sitting on the local project's Management Committee, the officially designated body to oversee the administration, implementation and monitoring. In addition, I envisage to be able to undertake a limited number of interviews with experts involved in the URBAN Initiative.

All interviews are conducted by questionnaires, i.e. open, semi-structured sets of in-depth questions (topic guides). In-depth, tape-recorded interviews will be conducted, in order to fully reflect and mirror the respondents' body of knowledge, degree of involvement and influence, and his/her perspective regarding URBAN's formulation process and implementation set-up. Thus, Elite interviews with key actors will take place at EU level with EU officials (Commission's DGXVI and DGV, MEPs), at national level with central and local government representatives, and at local level with project directors/staff in the selected case studies, including academic experts involved in the design and operationalisation of URBAN. Hereby, all qualitative data regarding the formulation and implementation of URBAN, including national and local project data in the UK and Germany, will be collected.

Qualitative data will be processed and analysed by means of the content analysis. For this purpose, all interviews will be transcribed and coded, in order to reflect the contextual conditions of the secondary and primary data. Additionally codes will be developed from the literature on qualitative methodological techniques as well as from the personal experience as a research assistant to Dr. Steen Mangen's research Project: "Inner City Database in Europe". Re-reading for initially missed and new codes will be carried out simultaneously to the data collection. This ensures, that the complex structure of EU decision- and policy-making is fully reflected, any new information and changes are immediately incorporated into the research. Therefore, the key actors and key events involved in the formulation and implementation of URBAN will be documented in general and in particular by means of a cross-country comparison at national and local case study level in the UK and Germany.

First findings of collected data:

As far as it can be seen from the presently collected data at EU, national and local level, the hypotheses all seem to test positive. However, further tests need to be done in order to obtain a detailed and precise proof at all levels.

The formulation of the Community Initiative URBAN was subject to extensive bargaining and lobbying efforts by various players at all levels: Interest groups, members of the EP, officials in the Commission, as well as central and local government actors extensively lobbied for an urban agenda during the late 1980 and 1990s. While Community intervention through the small-scale innovative projects *Urban Pilot Projects* as well as the Community Initiative *Poverty 3* during 1989 and 1994 contributed to the launch of the action programme URBAN for 1994-1999, other factors equally progressed the development of an urban agenda in Europe, i.e. multiple efforts to introduce "urban issues" into the Maastricht Treaty occurred, i.e.: the Commission's submission to the Intergovernmental Conference on Political Union sought to include a direct reference to "urban areas in decline" under the Structural Fund objectives, the existence of two key reports in the EP i.e.: the Pack and Romeos Reports in 1993, several conferences by Eurocities, as well as activities by the Quartiers en Crise network, while local actors as well tried to advance an urban agenda, i.e.: two key reports by the Association of London Authorities and London Boroughs Association on "*Urban Areas in Decline, 1992*" and "*London Regional Plan for the Reform of the Structural Funds, 1993*". These multiple efforts for an urban agenda resulted in an amendment of the Commission's Green Paper on the future of Community Initiatives of 1993,

where two additional topics, i.e. fishery and urban issues, had to be included after the demand of the EP.

The Commission's planning process since the last Structural Fund reform is structurally defective, while the funding allocations are dictated by bidding cultures: After the Commission published the guidelines and call for tender for URBAN in the Member States in 1994, the local level composed project proposals, which were selected by the national level before being sent back to the Commission. However, given the Commission's strict guidelines under the Community Initiative framework, together with the implicit Structural Fund logic, the possibility to apply for URBAN funding remained restricted to a few eligible cities, thus pre-determining the later successful candidates. Furthermore, as some Member States disapproved the Community's guidelines due to political reasons, their URBAN project formulation was postponed, which created difficulties for the implementation. Other national governments initially proposed too many URBAN projects, trying to leave the politically difficult choice of successful cities up to the Commission. Thus, as the number of locally proposed projects exceeded the scope of the URBAN framework, the national level used bidding processes for the local project selection, where political factors and/or proposal qualities often dominated over "urban need". Further problems, arising from the defective planning process, emerged, when the Commission's aim for socio-economically and environmentally balanced projects was not always translated into action. While Member States could sometimes defend their selective and biased projects, the Commission considers these to result from the lack of capacity to produce integrated projects, which later causes difficulties for the implementation.

Following from the above, the implementation fails to ensure co-ordinated operationalisation: Given the national differences in administrative structures and policy traditions in urban policies and politics, the translation of URBAN guidelines into the national and specifically the local structures creates difficulties for implementation and co-ordinated operationalisation. Thus problems such as project delays, incomplete implementation or high staff fluctuation, were caused by the unfamiliarity of the local level with EU funding principles, ambiguous Community guidelines as well as bargaining over control and competence among the local, national and EU level.

Nevertheless, URBAN is a particularly interesting Community programme, as it touches on much broader issues, i.e.: the future development of Structural Fund budget and structure, the mode of

setting-up local partnerships including better service delivery, while revealing the EU's intention to find alternatives to employment, to build a skill base as well as to develop communities. Thus the discussion about URBAN generates a broader debate on unemployment in urban areas, social exclusion and spatial targeting, economic development of local community and immediate labour markets, capacity building and sustainable regeneration, partnership and "bottom-up" approaches, empowering of local communities as well as a bottom-up approach to economic development providing solutions.

Further examples of URBAN's broader impact have to be seen within the EU's institutional logic, e.g.: its amendment of ERDF programming. While the ERDF has a traditional strong economic focus, i.e. production investment and job creation, URBAN herein follows a new logic, i.e. a bottom-up approach to generate social, environmental, cultural aspects providing economic effects in the long-run: "social capital". Additionally, through URBAN, the Commission started to address urban deprivation with the acknowledgement of small pockets of poverty, which gives rise to new aspects of socio-economic cohesion, differing from the traditional regional development focus.

However, as URBAN was not designed to find solutions to urban deprivation, but rather act as a catalyst to attract attention and to elaborate a methodology, its particular potential lies in its capacity to set an European urban agenda. Therefore, after URBAN's programming end in 1999, the new regulations for Structural Funds operation for 2000-2005 will implicitly include urban aspects through the integration of Community Initiatives within mainstream Structural Fund programmes under Objective 1 and 2. Nevertheless, the actual impact of URBAN can yet not be judged, leaving the development and future role of urban issues within EU politics and policies still to be determined.

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Comments welcome!

**Health Services for Families
in Denmark, Germany, Austria and the United Kingdom**

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Abstract

The family is embedded in society through a variety of institutions, which are characterized by different degrees of family orientation. An important institution for the family is the health care system. State health services have not been especially established for the family, but they affect the family in various ways. The present study focuses on health services for families and revolves around two questions in particular: how are health services for families institutionalized and what impact do they have on families? To provide answers on the effects of institutions, the national health services of Denmark and the United Kingdom and the insurance systems of Germany and Austria are analyzed in a comparative perspective. Relevant dimensions in investigating the impact of different health care systems on the family are: coverage of the population by the health care system, access to health services, comprehensiveness of services, financing and allocation of resources. The preliminary results presented in this paper are mainly based on examinations of the health care systems of Denmark and Germany.

Research question and stage of research¹

This paper focuses on the question how different health care systems affect the family. The national health systems of Denmark and the United Kingdom and the health insurance systems of Germany and Austria have been chosen for the comparative analysis to show the impact of different health services on the family.

Health services for families have not been a major issue in recent comparative studies on family policy. Although definitions of family policy follow the wide-ranging definition proposed by Kamerman and Kahn (1978): "family policy means everything that government does to and for the family", health services are excluded. Health services are seen as implicit family policy, but have not been systematically analyzed in comparative studies.² Exceptions are examinations of maternity leave and maternity

¹ The International Project on Family Changes and Family Policies, co-directed by Prof. Peter Flora (Univ. of Mannheim, MZES) and Profs. Kamerman and Kahn (Columbia Univ., New York), analyzes changes in family structures and family policies in 18 European and overseas countries. Within this project, the EU Commission supports a 'Training and Mobility Programme for Young Researchers' (TMR). The working paper 'Health Services for Families' is written as part of the TMR-Programme. Research stays are financed for Denmark (1.1.97-30.9.97) and Austria (1.10.97-30.6.98). Supervisor for the Ph.D.-Thesis on 'Health Services for Families in Denmark, Germany, Austria and the United Kingdom' is Prof. Jürgen Kohl (Univ. of Heidelberg).

² Kamerman and Kahn 1978; Kamerman and Kahn 1991; Bradshaw et al. 1993; Neubauer 1993a; Neubauer 1993b; Bahle 1995; Hantrais 1995; Hantrais and Letablier 1996; Gauthier 1996; Millar and Warman 1996

benefits and selected health services for mothers and children.³ In health policy studies, on the other hand, the focus is on the whole population, and specific services for families are not sufficiently examined.⁴ One information system on primary health care has been developed for the Nordic countries by the Nordic-Medico Statistical Committee (NOMESCO). NOMESCO provides comparative data and information on maternal and child health care.⁵ The World Health Organization (WHO) emphasizes the importance of a developed primary health care system in several publications.⁶ These publications indicate that special attention has to be given to the health risks of women and children. The WHO intends „to fuel the debate on health policies and their implementation in Member States“ (WHO 1993: 1). Resolutions and special programs have been provided, but comparative analysis of the present situation of health care systems with a focus on women and children has not been carried out yet.

When analysts investigate 'health and family' they mainly focus on the family's impact on the health of family members⁷ or on supporting the family's potential for health.⁸ The everyday life of a family is seen as an important resource for supporting and maintaining family members' health. The connection between health and the family is, on the one hand, regarded as a matter of course, but, on the other hand, it is an area of research that has not been investigated systematically.⁹ Researchers draw attention to the lack of studies on family and health¹⁰ and observe that research on public health care that takes the family into consideration is only in the early stages.¹¹

So far, comparative studies on health care systems have given little systematic attention to families. My intention is to provide some information for a better understanding of the varying effects that health systems have on families. Countries with different types of health systems have been selected to analyze the effects of different institutional regulations in a comparative perspective. Denmark and the United Kingdom have tax-financed national health services, while Germans and Austrians are covered by health insurance systems.

³ Bradshaw et al. 1993: 256; Neubauer 1993b: 59-61; Hantrais 1995: 115f; Hantrais and Letablier 1996: 122-124, 163-165; Gauthier 1996: 172-180, Ringen 1997b: 79-83

⁴ Schneider et al. 1992; Alber and Bernardi-Schenkluhn 1992; OECD 1992; OECD 1994a; OECD 1994b; OECD 1995a; OECD 1995b; OECD 1996; World Bank 1995

⁵ NOMESCO 1993; NOMESCO 1994

⁶ WHO 1978; WHO 1985; WHO 1990; Whitehead 1991; WHO 1993; Dahlgren and Whitehead 1993; WHO 1994

⁷ Gerhardt 1989; Fünfter Familienbericht 1994; Kaiser 1996; Hurrelmann 1988; Hurrelmann 1994; Grunow 1994

⁸ Fünfter Familienbericht 1994

⁹ Grundow 1994

¹⁰ v. Schweitzer 1995

¹¹ Fünfter Familienbericht 1994

Definition of health services for families

In the context of this study, health services for families are defined as services of the health care system that support the relationship between parents (or one parent) and their child(ren) and relieve the family by benefits in kind as well as cash benefits. Health care is needed at particular times. A family depends on support by the health system in particular spheres of life; „there is a need for various types of help and care when one is young, when raising children, and when one is old“ (Pinch 1997: 6). Health care for the elderly is not regarded in this study, because these services are mainly institutionalized outside the health sector (e.g. long-term 'care insurance'). The focus in this study is on health services for women during pregnancy and birth as well as on services for babies and children. These requirements are emphasized in the Black Report (1980: 144): “Ease of access, good facilities, respect for the individual and availability of care and advice throughout infancy and childhood might be the watch-words of any planned development of services”. In the program of the World Health Organization (WHO) ‘Health for All 2000’, the target is to support especially the health of children. “It can be achieved by implementing strategies that (...) organize disease prevention and health surveillance for all children, including good antenatal, postnatal, preschool and school health service” (WHO 1993: 37). Special attention is also needed for the health of women, because “unique health problems of women are related primarily to the reproduction function” (WHO 1993: 41). This aim can be achieved by providing „improved support and care during pregnancy, including the balanced use of perinatal technology” (WHO 1993: 41).

The organizational structure of the health system, health financing, the allocation of resources as well as special health services are of importance for the family. When examining the organizational structure, the question is how and on which level (state, regional, or local level) services are offered and how they are connected. For the comparison of financing and the allocation of resources it is of interest in which respect families are financially supported and how they are taken into consideration when allocating the resources. As relevant health services for families¹², the following measures are examined in a comparative perspective: maternal health service, child health service, health visitor schemes, school health services and child dental care.

Theoretical concept

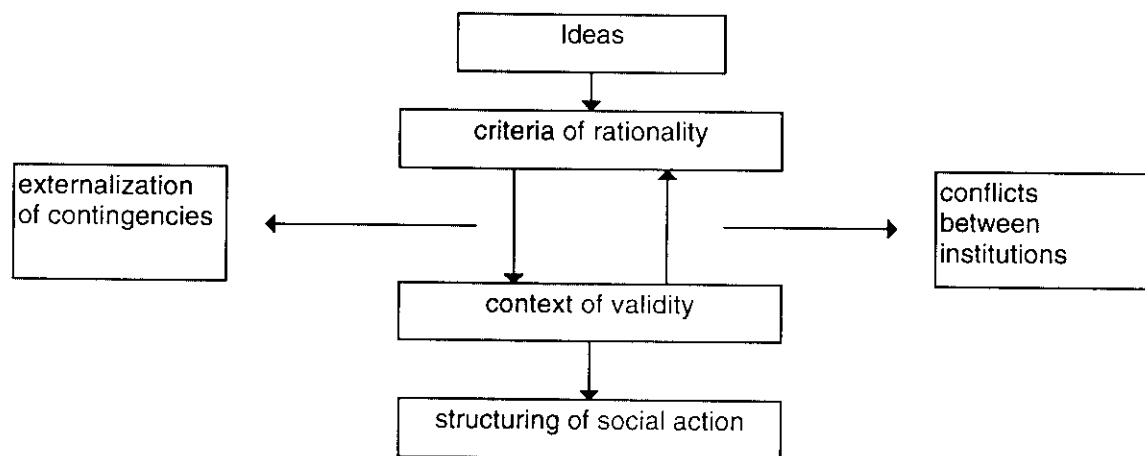
Families not only receive certain benefits from the health system, but the institutionalized health services also provide orientation for social action. With reference to the institutional approach of Lepsius¹³, the primary concern of this study is to examine how health services are institutionalized, the orientation they provide for families and the

¹² WHO 1978; Black Report 1980; Freeman and Levine 1989; WHO 1993; NOMESCO 1994

¹³ Lepsius 1990; Lepsius 1995a; Lepsius 1995b; Lepsius 1997

effects that can be assigned to these institutions. Lepsius (1997: 58) asks how it is possible that social action is – in definable situations – oriented toward certain ideas, irrespective of the motives and interests of the individual actors. Lepsius (1997: 58) defines institutions as processes that structure social action and relate them to social values. There are five dimensions of a mediation process between ideas and the structuring of social action: 1. formation of criteria of rationality (Rationalitätskriterien), 2. differentiation of the context of validity (Geltungskontext), 3. sanctioning power of an institution, 4. externalization of contingencies, and 5. structuring of conflicts between institutions.

Figure 1: Mediation process between ideas and the structuring of social action (Lepsius 1997: 62)



Lepsius (1997: 58) defines criteria of rationality as maxims of social action (Handlungsmaximen) that are formed in the institutionalization process of certain values and are relevant for various individuals with different motives and interests. These criteria, regulations and procedures have to systematize social action and make it calculable to provide enduring orientation for social action. Criteria of rationality that bring social action into line, only apply in a defined context of social action.¹⁴ This context is specified by conflicts between institutions and by the externalization of contingencies and costs. Only when the context for the validity of the criteria is explicitly defined, is there a consistent, regular and typical orientation for social action. For the enforcement and defense of its claim to validity, an idea needs power to sanction. By externalizing contingencies and costs (transfer to the private spheres of life of the individuals or to other institutions), an idea can achieve a great relevance for social action.¹⁵ Essential for the validity of an institution is its capacity to assert its maxims of social action against other institutions. For claiming enduring orientation of social action, an institution requires legitimacy. The founding of an institution is legitimized by the claim to realize certain values and ideas, and gains relevance for social action by its sanctioning power and the

¹⁴ Lepsius 1997

¹⁵ Lepsius 1995b; Lepsius 1997

degree of internalized habit-formation.¹⁶ Ideas achieve emphasis out of various – often incompatible – possibilities of orientation. Therefore, institutions have important effects on social action.¹⁷ In this study, specific institutions and their effects on the family are analyzed. The questions are: how can families orientate themselves along institutional regulations¹⁸ of the health system and vice versa what kind of orientation does the institution have to offer the family.

Dimensions for the analysis of health services for families

Health services and their effects can be analyzed by comparing health care systems using specific dimensions. „Around the world, several policy goals stand out: to provide universal and equal access to reasonable health care, to keep health care expenditure at an affordable level, and to make effective use of resources. The likelihood of achieving these goals and the resultant cost to society depend greatly on the method of financing. Whoever possesses the financial power can determine where health resources will be directed and how they will be used“ (Hsiao 1995: 16). These dimensions can be further differentiated.¹⁹ When analyzing health care systems, the following dimensions are relevant: coverage, access, comprehensiveness, financing and allocation of resources.

Coverage means, which part of the population is covered by the health system. Is there a legal claim to health services? Can citizens opt out of the system by purchasing private insurance? For families it is especially interesting on what conditions family members are covered and whether they have to make some own provisions. „Universal coverage does not ensure reasonably equal access to health care by all citizens. Equal access can only be achieved through a fairly even distribution of health facilities and health professionals across regions. The availability of health facilities depends on two factors: capital investments and the payment policy for recurrent costs and for physician services“ (Hsiao 1995: 25).

An important aim is therefore equity of access.²⁰ Equity means health care on equal conditions and successive reduction of barriers to entry. Equal access can be achieved when provisions and services are available, unhampered by waiting lists, user charges or income level. How are services secured for those who need them most, but who do not express their demands, for example children?²¹ The second important question concerning the access to the health system is consumer choice. Do patients have free access to a general practitioner, specialist or hospital of their choice? „Nations that provide services directly usually allow consumers a choice on primary care physicians but restrict the choice on hospitals and specialists. (...) Financing plans that provide services indirectly usually give consumers greater choice in selecting their hospitals and physicians“ (Hsiao 1995: 27).

¹⁶ Lepsius 1997: 62

¹⁷ For the effects of institutions see Jepperson 1991.

¹⁸ For the orientation function of institutions see Göhler 1994 and Rehberg 1994.

¹⁹ Black Report 1980, Whitehead 1991; WHO 1993, Dahlgren and Whitehead 1993, OECD 1994c

²⁰ Daniels 1985; Whitehead 1991; Dahlgren and Whitehead 1993; OECD 1995a

²¹ Ringen 1997a: 56f

In addition to coverage and access, comprehensiveness is a third dimension for the comparison of health services. Are health services provided for all spheres of the life cycle of a family? Does the health care system provide services available for pregnant women, babies and young children, school children, home visits by public health nurses, and child dental services?

The system of financing can have enormous effects on the family. Progressivity, for example, is a fundamental equity principle in financing. Likewise it is an important question whether it is possible to opt out of the system. Is it possible for higher income groups to leave the system?

A fifth dimension is the allocation of resources. This dimension provides some further information about the family orientation of the health system. „Resources may be allocated among prevention, primary care, and curative medicine. The effectiveness of prevention and primary care as measured by cost-benefit ratios has long been documented. Consumers, however, have not demonstrated a strong willingness to pay for prevention and primary care in comparison with curative medicine. Perhaps this is because a sick person knows for certain that he or she will personally benefit from health care and thus has a strong incentive to pay for relief from suffering.“ (Hsiao 1995: 26). Is the family taken into consideration when allocating resources?

Data and sources

The comparative analysis is based mainly on quantitative data published by the OECD (OECD Health Policy Studies 1992-1996; OECD Health Data 1997). The Health For All Database of the World Health Organization, Regional Office for Europe, provides some further information, especially on health indicators (HFA Database 1996). The analysis of the institutional regulations is based on national data sources and publications. For Denmark, the most important sources are: Danmarks Statistik (Statistik Årbok, Social Sikring og Retsvæsen, Statistik tiårsoversigt); Ministry of Health (Kommunale Sundhedsordninger 1995: 7, 1996: 4); Nordic Medico Statistical Committee (NOMESCO). NOMESCO is considered to be a forerunner in the quantifying of health services in Europe. In Germany, the following sources provide data: Der Bundesminister für Gesundheit (Daten des Gesundheitswesens 1991-1995); Der Bundesminister für Arbeit und Sozialordnung 1996; Sachverständigenrat für die Konzertierte Aktion im Gesundheitswesen (Sondergutachten 1987-1997). For Austria, important sources and publications are: Österreichisches Statistisches Zentralamt (ÖSTAT) (Gesundheitsstatistisches Jahrbuch 1970-1995); Bericht über das Gesundheitswesen 1970-1992; Handbuch der Österreichischen Sozialversicherung and for the United Kingdom: The Health and Lifestyle Survey 1990-1995; Central Statistical Office 1970-1995; Department of Health 1990-1995.

As far as available, data are provided for the period 1970 to 1997. For the comparison most of the data are measured in per cent of GDP or they are converted in ECU by Purchasing Power Parities (PPP).

Comparative analysis

This comparative analysis seeks to identify and compare diverse elements of four health care systems that support the family. Five dimensions have been identified (see above): coverage, access, comprehensiveness, financing and allocation of resources.

Coverage

„A primary goal of a developed nation's health care system is to provide every citizen with coverage or to make basic health care universally available“ (Hsiao 1995: 23). This goal has been achieved in all of the four investigated countries. The national health care systems of the United Kingdom (since 1948) and Denmark (since 1973) guarantee a 100% coverage. The whole population is included in the health care system, and health service is a civil right. In both countries there is the option of an additional private insurance. „Patients thus have a wider choice of services, including services provided by private hospitals and private-practicing physicians, and higher-grade service in public hospitals. Nevertheless, the people who opt out still have to pay taxes that fund the public insurance or facilities“ (Hsiao 1995: 22). In the health insurance systems of Germany (since 1883) and Austria (since 1888), today of 88.5%²² and 99%²³ respectively of the population is covered. There is a right to health care on the basis of contributions. In principle, coverage is therefore connected to employment. Additional regulations had to be implemented for those who are not employed. In Germany, the statutory health insurance (Gesetzliche Krankenversicherung, GKV) originally was restricted to workers in legally defined enterprises and to selected groups of employees. Today, all workers and employees (up to a certain limit of income) have compulsory insurance. The compulsory insurance has been extended to family members (1930), pensioners (1941), farmers (1972), handicapped people (1975), students (1975) and artists (1981). Non-employed spouses and children (up to a certain age) are covered by a family insurance without paying own contributions. In Germany, employees and workers with a gross income above a certain limit (3,060 ECU in 1996) can 'opt out' of the system and purchase private insurance. In this case, family members have to purchase their own private insurance, too. In Germany, 99.9% (1994) of the population are covered by the GKV (88.5%), a private insurance (9.1%) or additional state provisions (2.3%)²⁴. But, as mentioned above, universal coverage does not ensure equal and free access to health services.

Access

There are two questions concerning access to the health system: One question that has to be raised is equity of access, the other question is consumer choice. In Denmark and the United Kingdom the access to the health system is channeled by the general

²² Data for 1994; Daten des Gesundheitswesens 1995

²³ Data for 1995; OECD 1997

²⁴ Daten des Gesundheitswesens 1995

practitioners, who act as gatekeepers for hospital service and visits to specialists.²⁵ In the United Kingdom about 90% of all contacts with the health system start and finish with the general practitioner.²⁶ In Denmark, patients can choose between two reimbursement schemes. Group 1 offers free medical help, but with such limitations as that patients are allowed to change their general practitioner only once a year and have no direct access to a specialist. 97.4% of the population preferred this scheme in 1994. Group 2 allows unrestricted choice of a general practitioner for certain co-payment arrangements. Denmark only has a limited number of self-employed specialists. Medical examinations for expectant mothers and for children, for example, are performed by general practitioners. Therefore, for important family health services, the choice is restricted. Since 1993, citizens who are in need of hospital treatment can choose the hospital they wish to be treated in.²⁷ Since 1996, children have their own insurance certificate. Families often keep the same general practitioner for a number of years, which gives the doctor a thorough knowledge of the family's social and medical situation; he or she functions as a family doctor.²⁸ "It is particularly helpful if families can have a close, long-term relationship with their own family physician and family nurse. Family physicians and nurses require a broad health for all outlook and a commitment to improve the quality of life of the people they serve. General practice is progressing towards this ideal. The concept of the health for all nurse has started to take root since the European Conference on Nursing in 1988. This basic health care workers provides, for a number of families and households, a continuous and integrated service and lifestyle counseling, home care and well-baby care" (WHO 1993: 133). The degree of specialization is lower in Denmark, when compared with the services by gynecologists and pediatricians in Germany. But the knowledge of family burdens that can influence the health of their members is greater. In combination with home visits by public health nurses, school health services and child dental health care, the service of the general practitioner is forming an integrated and coordinated program. For families, potential barriers to entering the health system are reduced. The family orientation of the health system is supported by services for families that are delivered on the same political level (local communities). Therefore, Neubauer (1993) calls it a 'one-shop system'.

In Germany, patients have a wider choice when selecting a doctor. Patients have free access to a general practitioner or a specialist of their choice. Health services for families are provided by general practitioners, gynecologists, pediatricians, children's health nurses, and midwives. In comparison to Denmark, a higher degree of specialized care is ensured. On the other hand, the long-term relationship to a family practitioner, as encouraged by the WHO, is less developed. While in Denmark, different professions responsible for the family (general practitioner, public health nurse) can exchange information, the German system is characterized by a higher degree of fragmentation (figure 2). The school health service is part of the public health service (Öffentlicher

²⁵ OECD 1994a

²⁶ OECD 1995a

²⁷ Ministry of Health 1997

²⁸ When family doctors act as gatekeepers of the system a more coherent medical history in the hand of one person is possible (OECD 1995a).

Gesundheitsdienst) without a direct connection to the health insurance system. Home visits by public health nurses and a child dental health care system are not institutionalized. In comparison with Denmark, there is a lower degree of coordination between the sectors.

Figure 2: Health services for families

	Denmark	Germany
Medical examinations for the expectant mother	<i>provision of services:</i> general practitioner, midwives (employed by the counties), <i>responsibility:</i> counties	<i>provision of services:</i> gynecologist; midwives (private practice), <i>responsibility:</i> health insurance scheme
Medical examinations for children	<i>provision of services:</i> general practitioner; <i>responsibility:</i> counties	<i>provision of services:</i> pediatrician; <i>responsibility:</i> health insurance scheme
Immunizations	<i>provision of services:</i> general practitioner; <i>responsibility:</i> counties	<i>provision of services:</i> pediatrician <i>responsibility:</i> health insurance scheme
Health visitor schemes	<i>provision of services:</i> public health nurses (employed by the municipality); <i>responsibility:</i> municipality	<i>provision of services:</i> (midwives) <i>responsibility:</i> (health insurance scheme)
School health service	<i>provision of services:</i> public health nurses (employed by the municipality); <i>responsibility:</i> municipality	<i>provision of services:</i> pediatrician, employed by the public health authority <i>responsibility:</i> public health authority (Gesundheitsamt)
Child dental health care	<i>provision of services:</i> children's dentists (employed by the municipality), <i>responsibility:</i> municipality	<i>provision of services:</i> dentists in private practice; <i>responsibility:</i> health insurance scheme

Comprehensiveness

A comparison of the staff employed in the health systems gives some preliminary information about the comprehensiveness of the health services. In Germany, the total employment in the health sector is about one-third higher than in Denmark or the United Kingdom with a density of 2,850 persons per 100,000 inhabitants.²⁹ The density of general practitioners in Germany and Austria with 110 and 120 respectively general practitioners per 100,000 inhabitants is twice as high as in Denmark (63 per 100,000 inhabitants) or the United Kingdom (59 per 100,000 inhabitants). This extreme difference is of interest, because in Denmark and the United Kingdom, the access to the health care system is possible only through a general practitioner. Moreover, these general practitioners have additional functions that are provided by gynecologists and pediatricians in Germany or Austria.

In the next sections it will be investigated, whether the health care system provides support in all important spheres of family life by comparing the following services: maternal health service, child health service, health visitor scheme, school health service and child dental care.

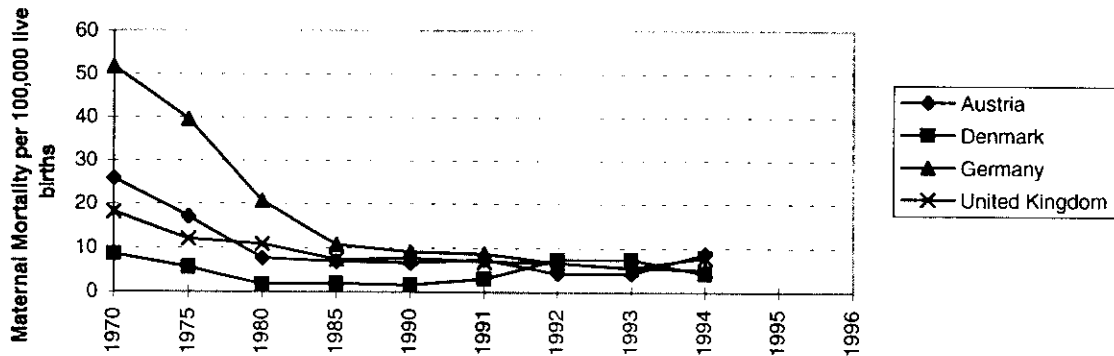
Maternal health service

The WHO focuses on the differences in maternal health services between countries: "In reproductive and maternal health services, variations exist in quality, availability and

²⁹ OECD 1997; see Table A1 in the appendix.

accessibility. Antenatal and perinatal services exist everywhere, but their quality varies" (WHO 1993: 131). Maternal mortality is an important indicator for the quality of maternal health services.

Figure 3: Maternal Mortality per 100,000 live births



OECD Health Data 1997

In Germany, maternal mortality was the highest in the comparison of the four countries until the 1990s. Preventive medical examinations for the expectant mother were introduced in 1967. Today, there are 10 medical examinations for expectant mothers, regularly performed by a gynecologist. All preventive examinations have to be registered on a mother and child health card (Mutterpaß). During pregnancy, two ultrasound screenings are designated. Furthermore, expectant mothers have the right to 10 examinations by a midwife.³⁰ Today, maternal mortality is on the same level in Germany as in the other three countries. In Denmark, maternal mortality has already been on a level that Germany, Austria and the United Kingdom did not reach until 1990. This data indicates that it is possible to have low maternal mortality using preventive health care measures rather than high technology medical facilities. While in Germany maternal health care is mainly performed by a specialist, in Denmark every expectant mother has the right to three examinations by her general practitioner, five visits to a midwife and one specialist examination.³¹ The comparison indicates that the Danish system achieves better results than Germany with a lower degree of specialization .

Medical examinations for children

Prenatal and antenatal preventive examinations have important effects for the health of children. Countries with distinct neonatal programs have a lower perinatal mortality rate and a lower rate of congenital malformations.³² While a low stillbirth rate is a good indicator for good antenatal care, a low death rate during the first week of life indicates effective obstetric and perinatal care.³³

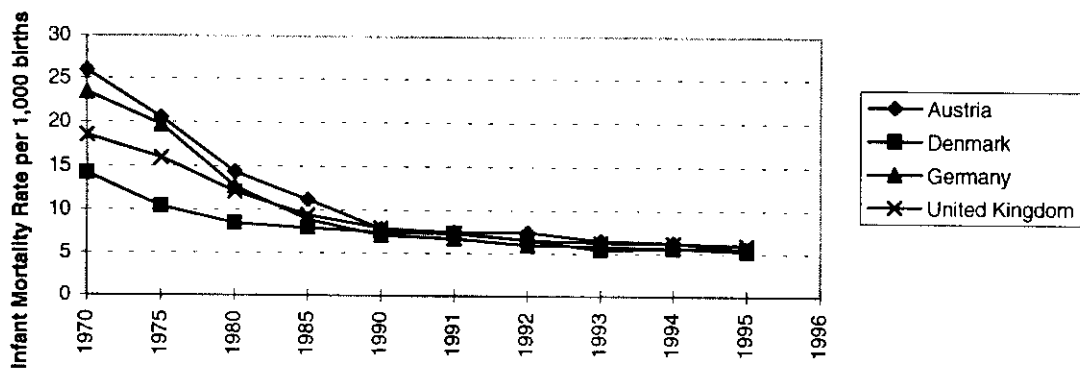
³⁰ Services during pregnancy and maternity are defined in §§ 195 to 200b of the Reichsversicherungsordnung (RVO).

³¹ NOMESCO 1993

³² OECD 1994a

³³ Perinatal care: period from the 28th week of pregnancy until 10 days after birth. See NOMESCO 1993; NOMESCO 1994.

Figure 4: Infant Mortality Rate per 1,000 births



OECD HEALTH DATA 1997

In Denmark, child health care is linked to the municipal health administration, while health check-ups for children are carried out in accordance with the health insurance scheme (counties). Children visit general practitioners, and public health nurses make home visits, both according to standard schedules. The child is entitled to free medical examinations at the age of 5 weeks, 5, 10, 15 and 24 months. In 1994, more than 97% of all children up to the age of two years received these medical examinations. Children above the age of 24 months have annual check-ups until they reach school age. More than 95% of all children under the age of one received immunizations from the family doctor against whooping cough, diphtheria, tetanus and polio.³⁴ As the Black Report (1980) and the publications by the WHO indicate, good coordination between the various health measures is essential for good results in health care, as are services targeted on the specific needs of certain risk groups.

In Germany, curative health care measures have priority over preventive services. In 1971, when the 'early diagnosis program' (Früherkennungsprogramm) was introduced, Germany and Austria had the highest infant mortality rate of the four countries. "Early assessment of disabilities and developmental risk is a necessary precondition for any intervention service" (Klein 1996: 58). This insight was only recently accepted in Germany. The Health Structure Act (Gesundheitsstrukturgesetz) of 1993 introduced health promotion as an independent health policy task of the statutory health insurance. Today, 9 preventive health care measures are provided by a pediatrician or a general practitioner for children after birth, at the age of 10 days, 6 weeks, 4, 7, 12, 24, 48 and 64 months. Five immunizations are part of the 9 preventive health examinations. The high participation rate of 90% indicates that the 'early diagnosis program' for babies and children is highly institutionalized.³⁵ The success of the comprehensive measures is shown by the low infant mortality rate of the latest years, similar to the rate in the other three countries. In contrast to Denmark, this result has mainly been achieved through increased treatment by specialists.

³⁴ Sygesikringstatistik 1994; NOMESCO 1996; Ministry of Health 1997

³⁵ Daten des Gesundheitswesens 1994

Home visits by public health nurses

In Denmark, the municipal health authorities are notified of all births and are responsible for the health care services offered to mothers and children in form of visits by a visiting nurse. Every new born child is visited monthly by the health visitor for the first six months of its life. In special cases visits can continue until the child is two years old. In 1995, children under the age of one received 7.5 home visits on average.³⁶ "Through the health visitors the local authorities, as part of their health care programme, are responsible for giving free advice, assistance and health examinations to check functional deficiencies of school children until the end of their compulsory education." (Ministry of Health 1997: 51). In Germany, there are no comparable institutionalized services.

School health service

In Denmark, the municipalities are responsible for the medical examinations of all children by school and nursery school medical officers. In 1982, a new school health scheme was introduced. Compulsory examinations by a general practitioner were reduced to one, when children start school. Health nurses became the centre of the school health scheme. Health nurses give one yearly examination to all school children up to the 9th grade.³⁷ During pre-school and the first school year, about 90% of all children in this group were examined. On average, more than three-quarters of all children up to the 9th grade were examined in 1993/94.³⁸ In Germany, the responsibility for preventive measures for children and juveniles is transferred from the pediatrician or general practitioner to the 'youth health service' (Jugendärztlicher Dienst), when children start school. There are three regular preventive examinations by a pediatrician of the public 'youth health service'. As part of these examinations, the immunization schedule is continued.³⁹

Child dental health care

In Denmark, systematic preventive oral health care was instituted by the Child Oral Health Care Act, 1972. The act required municipalities to establish child oral health care clinics for the treatment of all children under the age of 16 (since 1986 under the age of 18). The 16- and 17-year-olds can choose between municipal clinics and private practitioners. It is noted that the oral health care must include general as well as individual preventive measures, regular examination of the dental development and oral health of each child, and treatment of oral disease and malocclusions to the extent necessary for maintaining the oral system in a healthy and functional condition. In 1972, children were examined every 6 months. Now that caries have substantially been brought under control, the examination intervals are typically 10-12 months.⁴⁰ In general, municipalities staff their own clinics. Children's dentists are paid by agreement, but have standard working hours and a standard salary. The child oral health care program is

³⁶ Sundhedsstyrelsen 1996

³⁷ Juul et al. 1989

³⁸ Sundhedsstyrelsen 1995

³⁹ Meireis 1995

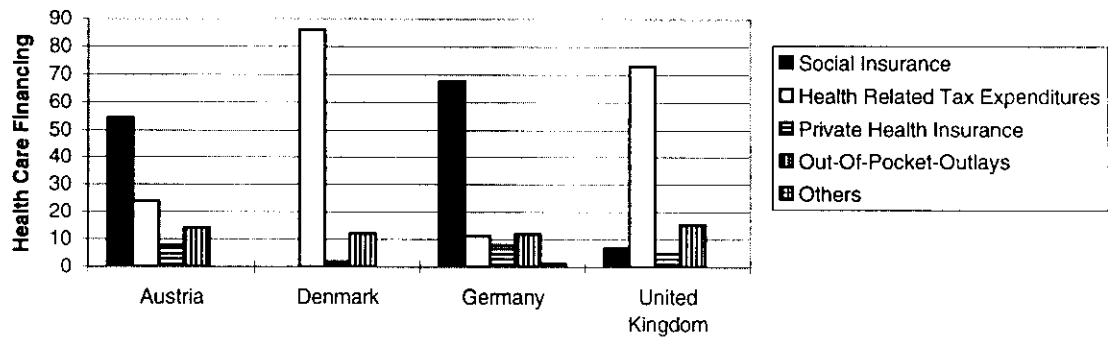
⁴⁰ Friis Hasché 1994

decentralized, i.e. the clinics are located throughout the municipalities. Most are in schools and, therefore, near where the children live.⁴¹ In Germany, systematic preventive dental health care for children is not part of the statutory health insurance. Some treatment is provided by the public 'youth health service'. Insured persons from the age of 6 up to the age of 20 have the right to one preventive dental health care measure per year.⁴² While in Denmark the targeted dental health care measures have resulted in a considerable improvement of child dental health (measured in 'defect, filled or missing teeth' (DMF) at age 12), in Germany, the incidence is today twice as high as in Denmark.⁴³

Financing

The way nations finance their health care systems has a considerable impact on the family.

Figure 3: Health Care Financing



OECD HEALTH DATA 1997

The national health services are mainly financed through taxation (United Kingdom: 72.7%; Denmark: 86.5%). The progressivity of the tax system causes a high redistribution from higher to lower income groups. The more one relies on tax finance, the greater the burden on people with higher incomes. Tax finance also effects a redistribution from single-households to family-households. The health insurance systems are mainly financed by insurance contributions (Germany: 67.7%; Austria: 54.3%). The contribution is proportional up to a certain limit of income (Beitragsbemessungsgrenze). For voluntarily insured persons with an income above this limit, insurance contributions are regressive. Those patients have the possibility to opt out of the system and since civil servants and self-employed persons are not included in the statutory health insurance, there is a lower redistribution effect from higher to lower income groups than in national health systems. The insurance contribution of compulsorily insured persons is not based on the number of family members covered. Therefore there is a high redistribution from single-households to family-households.

„Private insurance systems cover individuals or groups, setting premia on the

⁴¹ Friis Hasché 1994

⁴² Sozialgesetzbuch V (SGB V), § 21

⁴³ See table A3 in the appendix.

basis of their risk characteristics. They are flexible, providing a range of insurance packages with different degrees of risk. High-risk individuals may find it difficult to obtain coverage" (OECD 1995a: 22). Reliance on private insurance will distribute the burden according to ex ante expectation of illness. Women cause higher costs for the health care system. They are considered as a high-risk group and have to pay higher insurance contributions. Children are not automatically covered (as in social insurance systems). They have to be covered by an extra private insurance policy. The more a health care system relies on private insurance, the lower is the support of the family. Less than 2% of total health expenditure in Denmark and less than 5% in the United Kingdom is financed by private health insurance. Since private insurance is additional to tax finance, there is a transfer of income from privately insured persons to persons only covered by the national health system. In Germany and Austria, there is no transfer of income from privately insured persons to persons who are required to join the statutory health insurance. About 8% of total health expenditure is financed by private insurance in the two countries. The effect of this 'exit option' counteracts the redistribution effect of the statutory health insurance.

The greater the reliance on direct charges for use, the greater the burden carried by those who are ill. When 'out-of-pocket outlays' are determined, the situation of the family is often not taken into consideration. Families with low income are especially vulnerable by a high proportion of direct charges.⁴⁴ The proportion of 'out-of-pocket outlays' is 12% in Denmark and Germany, 14% in Austria and 15% in the United Kingdom. An important factor is the cost of medicine. In Denmark, the health care reimbursement scheme subsidizes certain drugs prescribed by doctors or dentists according to a limited list published by the Ministry of Health. The drugs are divided into three groups and the subsidy represents 50, 75 or 100% of their price. In 1991, 45% of the cost for prescriptions was covered by the health care reimbursement scheme.⁴⁵ Prescriptions for pregnant women are free, but not the medicine prescribed for children. This subsidy provides only limited financial relief for the family. In Germany, 50% of expenditures for prescriptions was covered by the statutory health insurance in 1991. Pharmaceuticals for children and for expectant women are free, which causes a considerable relief for the family. The United Kingdom has the highest proportion of expenditure on pharmaceuticals (16% of total expenditure), but 91% of the cost is covered by the national health system. Dental health care, too, is financed by 'out-of-pocket outlays' to a high degree. In Denmark, dental health care for children up to the age of 18 is free. For families, this results in a financial relief of about 100 ECU per child and year (1987).⁴⁶ In Germany, about 50% of the cost of dental health care is covered by the statutory health insurance. The subsidy can be increased to 60%, if patients visit their dentist once a year for a preventive examination.⁴⁷

⁴⁴ See the overview on cost-sharing for health care services in OECD countries in: OECD 1995a.

⁴⁵ OECD 1994a

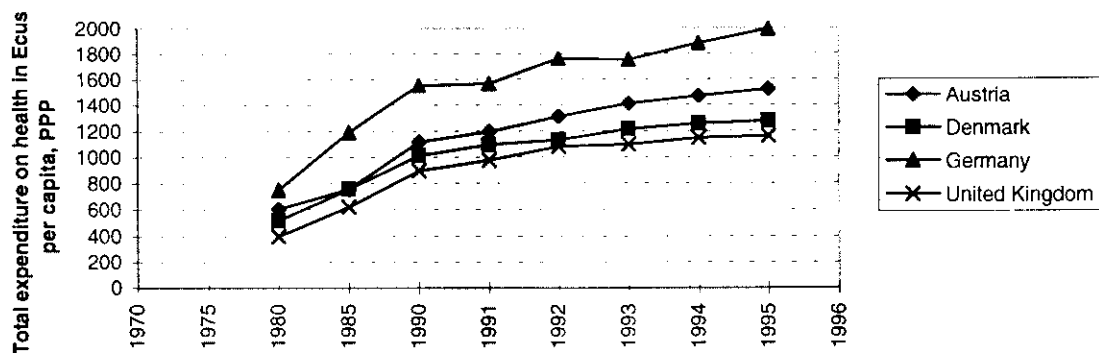
⁴⁶ Friis Hasché 1994

⁴⁷ SGB V, § 22

Allocation of resources

In countries with national health care systems, health expenditure is in concurrence with other state expenditures. The government has a strong interest and the power to control cost. In Denmark, an annual budget is set by agreements between the government and the county and municipal associations, who carry the financial responsibility in the decentralized system. „Though formally voluntary, such agreements seem to have had great impact in creating a consensus among central, regional, and local decisionmakers on the necessity of strict cost containment in the public sector“ (OECD 1994a: 128). The proportion of GDP consumed by the health care system has been 6.4% in Denmark and 6.9% in the United Kingdom. Austria, too, has had a moderate development of health expenditure. Today, 7.9% of GDP is consumed by its health care system. In Germany, there is still a trend of increasing health expenditure. Today, the proportion of GDP is 10.5%.⁴⁸ Measured in ECU per head of population (by purchasing power parities, PPP), health expenditure is 31% higher than in Austria, 56% higher than in Denmark and 72% higher than in the United Kingdom (see figure 4). In comparison to the other countries, Germany has not been able to implement effective cost control mechanisms.

Figure 4: Total Expenditure on Health in ECU per Capita, PPP



OECD HEALTH DATA 1997

Bradshaw et al. (1993) argue that health services that reduce the cost for families have an important impact on the family situation.⁴⁹ A low level of health expenditure does not necessarily result in a low quantity and/or quality of health services for families. Preventive measures which often are of importance for the family can result in a reduction of cost. In Denmark, for example, caries have been brought under control with the help of systematic child dental health care. This is one reason why the cost for dental health care in Denmark is much lower than in Germany.

⁴⁸ OECD HEALTH DATA 1997, see figure A1 in the appendix.

⁴⁹ Bradshaw et al. (1993) identify five distinctive elements of a county's comprehensive child support package. One element is benefits and services that reduce the cost of health care for the family. The authors get the unexpected result that health care costs are not an important issue for the family. The reason for this result might be the selected 'standard package of health care' with three prescriptions per person and year, three visits to a general practitioner, one visit to a dentist and one week in hospital per person.

In Denmark, 800 Mio. ECU (14.1% of total health expenditure) have been spent on family health services, i.e. sickness benefit in connection with pregnancy, childbirth or adoption, health care for infants and school children, child oral health care and preventive care in 1994.⁵⁰ In Germany, 20,286 Mio. ECU (13.2% of total health expenditure) have been spent on preventive care, the 'early diagnosis program' and maternal health care.⁵¹ The data indicate that there is a tendency to allocate more money (in ECU per head) for family health services in Denmark than in Germany.⁵² This thesis has to be proven on the basis of further research on health services in Denmark, Germany, Austria and the United Kingdom. This paper therefore presents tentative conclusions of a work in progress.

Concluding remarks

To return to the beginning: how do different health care systems affect the family? Key institutional differences between Denmark and Germany have been described. In both countries, the whole population is covered by the health system. But the discussion in Germany indicates that in this country the right to health care is still connected to the employment status and that the compulsory and free family insurance is not irreversible.⁵³ While Danish families have a closer contact to 'their' general practitioner, German families have a wider choice of doctors as well as easy access to health services provided by specialists. In Denmark, home visits by public health nurses, yearly examinations of all school children by a health nurse and systematic preventive dental health care provided by children's dentists in municipal clinics allows a better control of the health of children than is the case in Germany.

The comparison of health care financing indicates that the redistribution effect of the health system from single-households to family-households is lower in Germany than in Denmark, because higher income groups have the possibility to opt out of the system and purchase private insurance. Health services that reduce the cost for a family have an important effect on the family situation. But at the present state of research these theses cannot be proved by the data available.

⁵⁰ Sundhedsstyrelsen 1994

⁵¹ Daten des Gesundheitswesens 1995

⁵² Data on family specific health services are not available in OECD or HFA datasets. This part of the comparison has to be based on national data.

⁵³ The president of the German Medical Association (Hartmannbund), Hans-Jürgen Thomas, demands a compulsory insurance for dependent spouses and children with own contributions (see *Süddeutsche Zeitung*, 23.10.97).

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Appendix

Table A1: Health expenditure in % of GDP

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996
Austria	5.4	7.3	7.9	6.7	7.1	7.2	7.5	7.9	7.8	7.9	7.9
Denmark	6.1	6.5	6.8	6.3	6.5	6.5	6.6	6.8	6.6	6.4	6.4
Germany	5.7	8	8.1	8.5	8.2	9.6	10.2	10.1	10.3	10.4	10.5
United Kingdom	4.5	5.5	5.6	5.9	6	6.5	6.9	6.9	6.9	6.9	6.9

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Table A2: National expenditure on health (1994)

	in-patient care	ambulatory care	dental care	pharmaceuticals
Austria		20.9	10.9 (1991)	14.0
Denmark		60.9	6.3 (1991)	11.4
Germany		36.4	7.3	12.0
United Kingdom		42.6	5.5 (1992)	15.3

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Table A3: Health employment per 100,000 inhabitants (1995)

	Denmark	Germany	Austria	United Kingdom
total health employment	2,108 (1993)	2,849	...	2,035
practising physicians	290 (1994)	336	266	156 (1994)
general practitioners	63	112	124	59 (1994)
dentists	52	74	46	38
nurses	673 (1993)	508	856	414 (1985)

OECD Health Data 1997

Table A4: Employment in family health services per 100,000 inhabitants (1994)

	Denmark	Germany	Austria	United Kingdom
gynecologists		16.1		
pediatricians		12.8		
midwives	19.9	10.95		
children's nurses		49.6		
Public Health Nurses, Visiting Nurses	48.9			
child dentists	21.2			
health employment for babies and school-children	27.5			

Table A5: Perinatal mortality in % of all live and stillbirths

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996
Austria	2.7	2.12	1.41	1.01	0.69	0.65	0.68	0.61	0.62	0.69	
Denmark	1.79	1.33	0.9	0.81	0.83	0.8	0.81	0.74			
Germany	2.64	1.93	1.16	0.79	0.6	0.58	0.58	0.54	0.64	0.68	
United Kingdom	2.38	1.97	1.32	1.01	0.81	0.81	0.77	0.88	0.89		

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Table A6: DMF-teeth's at age 12

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996
Austria			3		4.2						
Denmark		9.4	9.4	4.9	1.9	1.8	1.9	2	1.9	1.7	1.8
Germany			6.4		4.1	3.9	3.9				
United Kingdom			2.2		3.1			1.4			

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**Social Support Networks.
Informal vs. Formal
Resource Mobilisation.
A Case Study of Single Mothers
in the United Kingdom and Germany.**

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1. Abstract

Despite of the term 'social welfare *state*' modern systems of social welfare are characterised by a division of labour between formal and informal sources of welfare provision. Families bear the largest burden of welfare provision in the informal sector, but are least recognised as major welfare providers, according to Heinze (1988). Single mothers are most likely to become deprived of resources of all family types. Hence it is assumed that they rely especially on informal support.

Formal support is understood as being obtained from formalised relations, in contrast to informal support that is obtained through personal relationships. The basic assumption hereby is that a person's informal support network constitutes a potential buffer. This research project is guided by three central research questions. First, does the balance between formal and informal resource mobilisation differ between Germany and the United Kingdom? It is assumed that this relationship is determined by the different systems of social welfare provision in both countries, i.e. by macro-structural conditions. However, the crucial part of answering this question is to get down to the micro level of society, the level of individual action. Thus another important focus is that on individual choices and individual action. Do individual actors develop particular preferences in favour of either form of support? Finally, it shall be investigated which factors influence availability and use of informal support networks.

2. Comparison Group and Sampling Strategy

Crucially for the success of any research project is an appropriate sampling procedure. The main objective of this project is to carry out a cross-national comparison according to common standards of validity and reliability. The sampling process therefore requires the selection of a comparison group which is as similar as possible between the United Kingdom and in Germany. Hence, the selection of the comparison group and the description of the envisaged sample are subject of this chapter.

2.1. Being a Single Parent as Major Cause of Social Exclusion

Families are both major welfare providers and welfare recipients. Socialisation of children or care for children as well as the elderly would be unthinkable without the daily efforts by families. However, they face numerous difficulties in fulfilling these 'duties' (Lister 1994) because modern industrial societies are characterised by structural recklessness towards family needs, i.e. wages are calculated according to individual performance and working hours are organised according to industrial requirements, regardless of families' needs.

Parents have no other choice than to devote a lot of time to their children's needs. Doing so they often do not fit into the organisational requirements of 'normal jobs' and are consequently forced to take lower-paid part-time jobs or not be in employment at all. Hence parents have to look for alternative sources of income.

Modern welfare states provide families with specific monetary transfers to relieve them - at least partially - of these burdens caused by children. However, monetary transfers are not appropriate for

satisfying every family need. Other resources, such as time, effort, and information are important as well.

There is another source of support on which families traditionally have relied when need emerged - informal support through personal networks. Families are embedded in informal networks formed by relationships to relatives, friends, colleagues, and neighbours. However, they differ in respect to their position in these networks and thus in the likelihood to get access to resources.

Western European societies have faced the emergence of various new family types over the past 30 years. The ideal family of modernity, the so-called 'complete family' where the father was the breadwinner while the mother stayed at home with the children was supposed to be capable to handle all arising requirements. But how do single or lone mothers' cope?

Single mothers are most likely to become deprived of resources of all family types (Napp-Peters 1985 ; Nave-Herz 1992). The majority of lone mothers is not employed (Bradshaw et. al. 1991 ; Familienbericht 1994). Consequently, they have low household incomes. The majority of single parent families disposes an income that is below the poverty line (Familienreport 1994), suffers under cramped living conditions, and a deviant socialisation of children (Lampert 1996). Alone the fact to have children means a significantly increased risk of being affected by poverty and social exclusion. This risk is even higher in case of single parent families, according to recent research both in Germany and the United Kingdom (Familienreport 1994 ; Kempson et. al. 1994 ; Middleton et. al. 1994).

Hence it can be assumed that single and lone mothers rely especially on informal support. If a single or lone mother is employed she needs somebody's help who cares for the children. Contrary, if she is not employed, she lacks wage income. Considering Granovetter's (1973) findings regarding the impact of job relations on the formation of social networks, they are disadvantaged in their likelihood to be members of large informal networks. Of course, the amount of required informal support is likely to be affected by the availability of social benefits specifically designed for families or for single parents.

Summarising it can be said that it can be expected that single parent families face similarly difficult situations in both countries. It is especially challenging to investigate their access to and use of informal support. Results showing severe deficiencies could indicate the need of more formal welfare provision. The number of single and lone mothers has continuously increased over the past three decades. Several million children experience living conditions of single or lone mothers. Their future life chances will be affected by these circumstances.

¹ The term 'single mothers' refers to women who were 'never married'. 'Lone mothers' were married before or might even been married, but live separated from their former partners.

2.2. Contingencies of Family Life

Single or lone mother households are not necessarily alike. Circumstances of their family life need to be specified to ensure that the samples in the UK and in Germany are as similar as possible. The first step into that direction was to select single or lone mothers only. This makes sense because the large majority of single parents are either single or lone mothers (more than 90 per cent in both countries) (Harding 1996 ; Peuckert 1996).

Families can mobilise support in different ways. They can either try to provide necessary resources themselves or take advantage of external support sources. In both cases there are informal as well as formal means of support. Formal support is understood as being obtained from formalised relations, such as a contract. Single or lone mothers are perceived as providing themselves with formal support when they are in regular employment. External formal support is provided by bureaucratically structured state agencies like Benefits Agencies. Informal support is regarded as being obtained through personal relationships. Parents provide a large amount of informal support themselves by looking after their children, for example. The following table summarises the basic analytical concept of this research project.

Fig.2: Basic analytical concept of the research project

Internal Support		External Support	
Formal internal support	Informal internal support	Formal external support	Informal external support
Wage income	Unpaid work	Social benefits	Social support networks

Wage income is the most important income source (Kaufmann 1996). Hence it becomes necessary to distinguish households where the single mother is unemployed, in part-time employment or in full-time employment. These contingencies are especially important because they do not only significantly influence the extent of available resources, but have a distinct impact on the formation of informal support networks as well.

Another important distinction is that between single mothers and lone mothers. The first term refers to women who were 'never married', the second one to 'ever married' women. Most single parent families are results of divorce or death of a partner. They account for more than a third of all cases each in West-Germany. Still, there is a significant number of single parents who have always been single parents (16.7 per cent in West-Germany ; 25 per cent in the UK) (Bradshaw et. al. 1991 ; Familienbericht 1994).

Finally, the number of children is likely to have some effect. Buhr et. al. (1987) showed for young families in the West-German federal state Northrhine-Westphalia that the birth of a second child raises the frequency of informal support relations between young mothers and their parents significantly.

Otherwise, neighbours as well as acquaintances provide informal support more often after the birth of the first or second child. The question is whether a similar trend will be true for single parents as well. Only 5 per cent of lone parents in Western Germany have more than two children, but 15 per cent in the UK. Families with two children account for about a quarter of all single parent households in West Germany, while their proportion in the UK amounts to a third. The large majority of nearly three quarter has only one child in West Germany (Familienbericht 1994 ; Erler 1996). More than half of all British lone parents are in the same position (Bradshaw et. al. 1991). Therefore the decision was taken to include families with one child only into the sample.

Finally, it has to be said that only very young children aged younger than six years will be considered. It is assumed that age of the single parent does not matter for the purpose of this research project. However, very young mothers aged younger than 16 years will be neglected because the support incident of becoming unemployed hardly applies to them.

Since the main objective of this research project is to analyse whether there are cross-national differences in resource mobilisation by single mothers only white British and German women will be interviewed to exclude the possible impact of cultural or ethnic variables.

Of course, social-structural variables, e.g. education, duration of employment, or duration of residence in the neighbourhood are likely to affect informal support networks. These factors will be considered separately. For more details see sub-chapter 3.1 (Central Research Hypotheses).

2.3. Size of and Access to the Envisaged Sample

The predominant interest of this research project is to analyse strategies in raising social support from informal sources used by single or lone mothers to cope with extremely difficult circumstances as well as motives behind selected strategies. Qualitative in-depth interviews are the appropriate research method to gather such data. In-depth interviews require much more time than structured, quantitative ones. Thus the question of statistical representativity has to be neglected because it is impossible to conduct as many in-depth interviews as required by standards of statistical representativity within the framework set by the research time-table.

Since representativity does not matter for the purpose of this project, the research location is of fewer significance. Consequently, it seems justified to select one city in each country only. Still, it is essential for the cross-national comparison to select a sample that is as similar as possible in both countries, also regarding their overall living conditions. Therefore two metropolitan cities, the largest cities each in the United Kingdom and in Germany, London and Berlin, were chosen.

The number of interviews will be rather small according to quantitative standards. Still, the sample will be large enough to cover sufficient numbers of the envisaged contingencies in both countries. Altogether 120 interviews are planned, 60 each in the United Kingdom and Germany.

Access to the envisaged sample will be realised using 'gatekeepers' that mediate the contact to potential interviewees. It is intended to use one gatekeeper only in each country to simplify matters. Therefore two voluntary organisations which are rather big players among groups representing single

parent's interests were contacted: 'Verein Alleinstehender Mütter und Väter' (VAMV) (= 'Society of Single Mothers and Fathers') in Berlin and 'Gingerbread' in London. Both organisations form large bodies that have branches at regional and local level as well as several local offices which seems beneficiary for getting access to the required number of interviewees through these 'gate keepers'.

This procedure allows relatively easy access to the sample what is intended to speed up the whole research process. However, this method is likely to produce a bias in a sense that single mothers who have contact to above-mentioned organisations tend to be socially more active than others.

3. Research Methods

Subject of this sub-chapter is the discussion of central research hypotheses as well as that of the adopted research methods. Attached are considerations regarding originality and the planned timetable of the project.

3.1. Central Research Hypotheses

This research project is guided by a threefold research interest. First, the overall theme which takes the central position among the research questions and which unites all other questions is the cross-nationally comparative aspect: Does the balance between formal and informal resource mobilisation differ between Germany and the United Kingdom? Whereas the focus of this first research question lies at the comparative aspect it also implies another crucial aspect - the question regarding the relationship between formal and informal resource mobilisation. It is assumed that this relationship is determined by the different systems of social welfare provision in both countries, i.e. by macro-structural conditions. But the crucial part of answering this question is to get down to the micro level of society, the level of individual action.

Thus another important focus is that on individual choices and individual action. Do individual actors develop particular preferences in favour of either form of support, in the light of above-mentioned structures? What are motives and reasons for these decisions? And, coming back to the first research question, do individual actors make different decisions in both countries?

Finally, it shall be investigated which factors influence availability and use of informal support networks – and thus individual decisions. Two variable groups presumably are of central importance: social-structural variables and normative patterns like the reciprocity principle.

The main concern of this research project is a cross-national comparison of availability and use of resources in informal support networks. The question shall be answered how important the impact of different systems of social welfare for the development of resource mobilisation strategies is. It was shown in chapter 1 of the dissertation that the formal sectors of social welfare provision in the United Kingdom and in Germany are not alike. Nevertheless, both countries have categorical systems of social security that provide similar monetary benefits (Barr 1993 ; Lampert 1994 ; Benefits Agency 1996).

The results of d'Abbs' (1991) research suggest that there is an inverse relationship between formal and informal support. However, his study also shows that the same people who are able to mobilise

relatively much formal support mobilise a lot of informal support as well. How can these findings be explained?

A deficiency of d'Abbs' approach is that he does not distinguish between different types of social support. Social support can be divided into four sub-categories: (1) financial aid, (2) material help, (3) unpaid work, and (4) emotional support. Above described social benefits are monetary benefits by nature. Hence their 'functional equivalents' in the informal sector are financial aid and material help. Whereas it appears plausible that this positive relationship is likely to be true as far as monetary benefits are concerned, d'Abbs' observations are not likely to be true for other types of social support. Thus the first research hypothesis is:

The relationship between use of formal support vs. use of informal support in Germany and in the United Kingdom is not alike. British single or lone mothers mobilise a higher proportion of their required monetary resources from informal support networks than their German counterparts, due to differences in formal provision of monetary benefits. In contrast, it is expected that the extent of informal support through unpaid work and emotional support do not to differ between both countries.

The second big theme of this research project is the question which factors have a significant impact on availability and use of resources from informal support networks. D'Abbs (1991), Diewald (1991), and Kempson et. al. (1994) showed that well educated people are more likely to mobilise informal support than less well educated. A positive relationship was also shown between informal support provision and household income as well as employment status.

Household income is likely to differ significantly, depending on employment status. A rather rough differentiation is made within this study, distinguishing full-time employment, part-time employment, and unemployment. But even short-term unemployed are likely to dispose of a higher household income than long-term unemployed because the former are entitled to contributory benefits which are more generous than non-contributory benefits.

Former occupational status and duration of employment also matter in terms of personal relationships. Granovetter (1974) demonstrated the importance of colleagues as sources of informal support. Furthermore, age and number of children are likely to affect informal networks as well. Especially very young children require that much care and attention that the parent's mobility is severely restricted. However, for methodological reasons only single and lone mothers with very young children will be considered. Neighbourhood characteristics and duration of residence in the same community are also likely to affect availability of informal support. Hence the second research hypothesis is:

Availability and use of informal support varies depending on social-structural characteristics.

The better educated, better trained, longer in employment, living in the same neighbourhood a single mother is or was, the more likely is she to be part of large personal networks and the more likely is she to mobilise support from these networks. The higher her disposable income, and the fewer children she has, the more likely is she to be part of large personal networks and the more likely is she to mobilise support from these networks.

The expectation of reciprocity, i.e. the 'repayment' of help at a later stage is seen by several authors as

precondition of informal support provision (see, for example, Kaufmann 1989 ; d'Abbs 1991 ; Diewald 1991). The provision of informal support thus becomes an exchange process. The help provider is paid immediately with the obligation to reciprocate at a later stage. Social support networks have to be maintained. Individual actors have to invest time and energy, and to provide support themselves to be in a position to use its resources in times of need (Diewald 1991). Therefore it is important to identify conditions of these exchange processes and to take into account the impact of structural and normative variables.

Other authors emphasise exceptions of this rule for relationships between close relatives, such as mothers and daughters where support is provided regardless of reciprocity (Lewis 1991 ; Strohmeier 1995). Lewis demonstrated in her study how many daughters renounced of her life chances to care for their ill or disabled mothers. How can this contradiction be solved? Buhr et. al. (1987) suggested the concept of 'social distance' to describe the degree of 'closeness' of relations. Close relatives like parents or brothers and sisters are regarded as least socially distant within this concept. Thus a twofold hypothesis is stated:

Single or lone mothers only request social support from socially distant people like neighbours, acquaintances, ex-colleagues, friends, or distant relatives when they are able to reciprocate. In contrast, they do receive informal support from close relatives, i.e. their parents or brothers and sisters without the obligation to do so.

Finally, the impact of the support incident unemployment on informal support networks will be investigated. If job loss has a significant impact on informal support networks, then changes of structural network variables, such as size or intensity of relations are likely to occur. The impact of the support incident unemployment on informal networks of single parents is twofold: *First, the number of informal relationships decreases. Second, the intensity of relations to close relatives increases.*

3.2. Combining Qualitative and Quantitative Analysis

Data collection is carried out using semi-structured interviews. The advantage of this method is the combination of qualitative and quantitative methods. By integrating quantitative and qualitative methods it is possible to combine their strengths. Whereas qualitative interviews allow the interviewees to structure the world as they see it, quantitative interviews leave not much room for that. Qualitative interviews are more likely to capture complex matters without being superficially. Otherwise data which were obtained through a questionnaire provide a high degree of standardisation and thus reliability (Rank 1992).

The research instrument will consist of two parts: a short questionnaire regarding required standardised information and a less-structured topic-guide that permits in-depth interviewing. Social-structural data that are needed to test the second hypothesis will be gathered using this standardised questionnaire. This is the most efficient way to get this sort of information. In contrast, it is necessary to use qualitative in-depth interviews to get insights in the way of how support networks change following a support incident.

Details of resource mobilisation that are subject of the other three hypotheses are sensitive data,

especially as far as relationships to close relatives or close friends are concerned. Qualitative in-depth interviews allow respondents to structure the world as they see it. The exploration of motives and reasons for decisions in favour of particular resource mobilisation strategies requires exactly that perspective. The ultimate goal of this research project is to understand - in the sense of Max Weber's 'Verstehen' concept (Weber 1972) - why individual actors develop particular preferences and why they make decisions in favour of distinct options. This task cannot be fulfilled if the interviewee is presented with a standardised model where formulated items have to be ticked. A standardised questionnaire always reflects the researcher's perception of the problem and does not leave enough space for describing in detail living conditions and other circumstances of daily life that may have an impact on strategic decisions. The in-depth parts will be tape-recorded.

Finally, the author will take advantage of recently developed, computer based data analysing tools. The prospect of speeding up the whole process of data interpretation and data analysis is the main motive behind this decision. Moreover, data handling and even exchange of knowledge is much easier when data are available in computer based formats. The gathered data will be analysed using the qualitative software package NUD*IST as well as the 'conventional' quantitative programme SPSS. SPSS will be used for the purpose of sample description and to carry out some explorative analyses.

3.3. Expected Addition of Knowledge

A number of national studies in the field of informal resource mobilisation was carried out already in both the United Kingdom and Germany. Apparently, British social scientists conducted several qualitative research projects regarding these issues, thereby very much concerned with the notions of poverty and social exclusion (see, for example, Kempson et. al. 1994, Middleton et. al. 1994). Their German colleagues in contrast included cross-sectional questionnaires concerning availability and use of selected informal support options (e.g. 'Who cares for the children when you go to work?') in one year's programme of large-scale quantitative panel studies like the 'Wohlfahrtssurvey 1984' ('Welfare Survey'), the 'ALLBUS 1986' ('General Population Survey'), the 'Socio-Economic Panel 1988', or the 'Familiensurvey 1994' ('Family Survey') which were centred at large research institutions, such as 'Deutsches Jugendforschungsinstitut' in Munich ('German Youth Research Institute') who is in charge of the Family Surveys (Diewald 1991 ; Bien et. al. 1994 ; Bender et. al. 1997).

However, there is no research project yet which provides cross-nationally comparative data regarding availability and use of informal resources as well as motives for adopted informal resource mobilisation strategies. Furthermore, there is surprisingly few information available in Germany regarding the impact of unemployment on families' circumstances² in general and none at all regarding its effect on single parent families. Moreover, the question shall be answered how important the impact of different systems of social welfare for the choice of resource mobilisation strategies is.

² Only two sources dealing with families' situation when its members become unemployed could be identified in the catalogue of the 'Deutsche Bücherei' (= 'German Library') which is in its importance equivalent to the British Library.

3.4. Research Time Table

- October 1996 - Consultation of relevant literature, statistics, and survey data ; final decision reg.
 December 1996 primary research
Outcome: research proposal
- January 1997 - Background reading ; decision on suitable theoretical framework
 May 1997 Outcome: two introductory draft chapters
- June 1997 - Planning and preparation of field work ; development of
 December 1997 research instruments ; pilot study
Outcome: complete research design ; timetable of research period
- January 1998 - Field Work in London
 May 1998 Outcome: raw data (tape-recorded and on questionnaire)
- June 1998 - Field Work in Berlin
 September 1998 Outcome: raw data (tape-recorded and on questionnaire)
- October 1998 Data processing and data analysis
 - March 1999 Outcome: NUD*IST and SPSS data sets ; analytical chapters
- April 1999 - Writing-Up of PhD thesis
 December 1999 Outcome: Submission

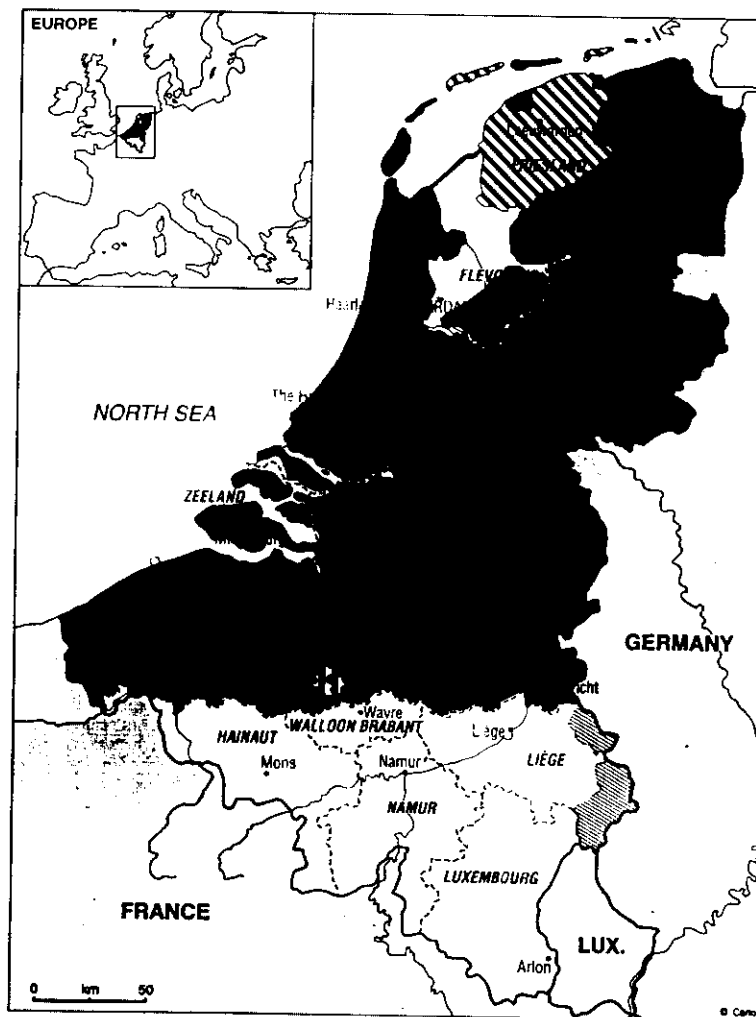
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





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SUBJECT OF RESEARCH :

Comparative study of the development of Social insurances and social policies led at a local level, from 1920 to nowadays, in France, Belgium, and Netherlands.



- | | | | |
|---|---|---|---------------------|
|  | Dutch language-area |  | Capital city |
|  | French language-area in Belgium |  | Provincial capital |
|  | Brussels bilingual area :
Dutch and French |  | National frontier |
|  | German language-area in Belgium |  | Provincial boundary |
|  | Bilingual area : Dutch and Frisian | | |

'A man born in a already possessed world, if he cannot obtain from his parents any substance he can ask them in a just way and if the society doesn't need his work, has no right to reclaim the smallest part of food, and in fact, he is too much in way.

At the big banquet of Nature, there is no vacant set for him. She commands him to go'.

MALTHUS, 1798, Essai sur le principe de la population.

"The Art of doing Good doesn't improvise itself : this is taught. There are rules to follow, methods to know... Nobody could not escape the knowledge of surrounding miseries. In a public or private capacity, under any form, every social person, female or male, young or old, has a duty of charity, favour, of solidarity to fulfil...

Probably, foresight gets the upper hand over charity, insurance is better than assistance, in the same way as hygiene is preferable to medicine".

Paul STRAUSS, Assistance Sociale, Pauvres et mendiants, Paris, Félix Alcan, 1901.

SUMMARY

INTRODUCTION

I Presentation of the subject of the study :

Comparison France-Belgium-Netherlands of the local development of social insurances and social policies organised (1920-nowadays).

II Broads direction of researches :

The definitions of the families, their needs, the notion of « Intervening State »..., vary according to each national context and reflect all the social changes. Then every country is going to recognise or not the necessity of making an 'institutional' system of «familial policies», and creating (or to let set them up) in a national and local level, some special institutions and organisms, to develop a whole of policies of social benefits or social actions. Parallel, the scope of these interventions as the number of social actors who have to intervene, diversify and multiply themselves, beyond the initial purposes.

The local organisms which were originally invested with particular missions, their internal or external working, their initiatives in the domain of social policies are going to be in the centre of a network of different and multiple influences.

'...natural institution, the family is naturally free ; to help to its fulfilment, it's to protect its freedom'.

Renaudin, 1951.

Arises here the necessity of determining and recognising the organisms which have to promote the sector of social action with a problematic approach of structures and actions which exist in a different way than France.

The French organisms : CNAF and CAF from North region / Pas-de-Calais / Ardennes.

Belgian and Dutch institutions : social structures and actions developed in a national or federal import, regional, and community (for example, in Belgium, Centres Publics d'Aide Sociale ou CPAS ; ONE et Kind en gezin ; familial planning ; associations as the Ligue des familles).

Netherlands : depending of their own social security and organisms charged of its promotion, and of the actors which are concerned ; research made near Directions, and local organisms which are working on the ground ; comparison with territorial communities.

III Problematic :

study of the structures, of the management internal as external of the organisms, and the social politics which exist, particularly about social action.

Presentation of a short analytic diagram more precisely over Belgium and France, because of the absence of concrete and sufficient documents about Netherlands.

CONCLUSION

BIBLIOGRAPHY

ANNEXES

The Social Security means nowadays a multitude of organisms and discharges the most different functions. Its role is extending. yesterday's assistance is become today the safeguard, the guarantee for someone and his family to be able to face up to most of the risks which represents the facts of living, and integrating any kind of society. By this way, the social and family policies are going to correspond to one culture and to be the result of a legal economic politic, social-cultural, historic determined life.

To promote one social policy or a family action at an European scale, while it respects the national specifications¹, knowing that the purposes and contents of the programs created by every country are different, to build the Social Europe ask a better knowledge of the institutions of each member², a convergence of the national interests at stake, and a common definition of the rules which could respect, but also to go beyond the national peculiarities.

Its building goes by the recognition and the reciprocal compatibility of the specific forms of politics that each of our societies have instituted, at some historic stage³.

This asks to base itself on a better understanding of the local institutions as well, the history, the working, the initiatives of which constitute the translation of this sociologic real-life and the pillar of this legal experience. Indeed, the organisms of the Social Security are not simply undertaken to put into effect the texts for the 'better being of the social insured people'. They become one centre of decisions (more or less) autonomous, in a position to adopt a personal politic.

As regards social security, most of the studies compare the social experiences from France, to England or Germany. Some of them had concerned countries from South of Europe or, sometimes, have made connections between our country and Luxembourg, Denmark, Ireland, and Walloon Belgium.

However, no analysis brings to light the resemblances and differences which exist between France, Belgium (Walloon as Flemish) and especially Netherlands. It doesn't exist any comparisons which permit to value and understand social or family policies existing or not, the working of Dutch organisms nor Flemish, through a French approach, while France, and particularly departments of North, Pas-de-Calais, had always been very close to Belgium, itself largely influenced by Netherlands, because of cultural and historical reasons.

The present research does concern an international comparison of the social actions' systems and social and families policies, developed since 1920 until nowadays, in France, Belgium and Netherlands ; three countries, neighbours in a geographic way, but very different in a cultural one.

It's in question to analyse the central institutions and local actors set up in these countries, and to be interested by these policies born during hinge-periods⁴, to determinate the context and events which explain their

¹ Recherche et prévision, CNAF, juin 93, n°32.

² PAGE: 5

Mladenovic, in 1972, is distinguishing at the very outset, two period as for the formation of the family policies, about the post-industrial societies :

the first one would extend until the end of the second world war, and would characterize itself by the bringing up to use of a complete system of preventive and curative protection of the family and its members ; the second period, beginning at the end of the second war, would be characterized by a new social philosophy of planning and global or general programming of the social and integrated economic development, where the man's social and emotional needs would be brought at the same level than his economic needs.

This action characterizing itself then, by a re-orientation, re-positioning of the fiscal and monetary allowances to forms of support, assistance and more direct cares (preventive social action, development of the immediate well-being of children, protection of the family and of the motherhood...).

³Jean Claude Barbier.

creation, to present the problems linked to their development. The family being not an isolated system nor closed, policies are a privileged ground for meetings between her and society. They permit a special conception of the individual, the family, their respective needs, with the recognition of their well-being and their promotion.

An approach, both sociologic, historic and legal will permit to exploit the cultural and societal differences, and the similarities that these institutional systems involve.

"the politic and territorial conditions ask differentiated methods and social policies considering the national, regional and local peculiarities".

Mladenovic, 1972.

According to a social, cultural, economic and demographic context in mutation, which were the measures, interesting people and families and organisms which have to respect them⁵ ?

A summary presentation about Belgium and Netherlands is going to follow.

⁴The selected period permit to retrace this organisms' evolution, since the date of their creation. Besides this key-period, the European building gives itself its own points of reference : Rome Treaty, and then, common european social norms, with the adoption of an European Code of Social Security, whose elaboration goes back a proposition made by the Consultative Assembly of the Council of Europe in 1950, come into force in march 1964. This one will be ratified by Netherland, the 16 march 1967, the 13 august 1969 by Belgium, and the 17 february 1986 by France.

⁵Research concerning in France, the organisms in place , specially in the departements from Nord, Pas-de-Calais, Ardennes ; in Belgium, they have concerned the two linguistic communauties of the country.

« If the legal basis of institutions can be easily known, it 's not the same for their psychological context, currents of opinions, conflicts of interests, which are at the origin of each progress or which break this progress, or even, direct evolution towards ways the reason could only not explain».
Pierre Laroque.

. **Netherlands.**

Nowadays, Netherlands don't have as such and in a explicit way, a family policy⁶. In fact, it was always let people the care to organise their own relations, on respect of citizens' private life behalf. Then, they don't have the same type of structures than in France for example, and their institutions are different from German and Danish.

We can distinguish three periods considering social mutations :

From 1946 to 1965, social security is coming. The demographic pressure is at this moment very strong, and makes oppose the quick population's growing and the economy shaken by war and then the loss of Indonesia⁷.

In such circumstances, the family polities were necessary, their influence measured in a preventive purpose rather than curative⁸.

With the start of the « second demographic transition»⁹, the years 1965-80 let the government free to intervene in the scope of Etat-Providence, or Welfare State. The family policy rests then on the recognition of Family as "community of primordial life", that politics influence by their intervention¹⁰. A relation moreover very present in Belgium, create itself between the "family policy" and the "general policy of well-being"¹¹, even if the family policy conserve a specific job.

« In so far as an over assistance is essential, it is more and more often given local authorities to look for, less bureaucratic, more efficient, and more liable not to exceed the budgetary constraints»¹².

In parallel, « the social assistance»¹³ develops itself. The State acts since years 60-70, to promote this idea of «well-being» in

⁶ Evolution des politiques familiales, Commission des Communautés Européennes, éd. W. Dumon, 1994.

⁷ Peterson.

⁸ PAGE:

Contrary to France or Germany for example, which seemed to introduce kind of family measures to brake a strong decrease of the average size of families. 7

⁹ Zwart, in 1969, "going from the fact that every politic partis are looking for at first, to improve the general well-being of Dutch people, it is obvious that numerous politic decisions will influence the family life. Nevertheless, we can wonder in which extent the different politic partis in Netherland can realise this".

¹⁰ PAGE:

Van den Bosch : There is a big need of a preventive family policy, dynamical, which can create a favourable climate to the spiritual enrichment of each family's members and which moreover, stimulates the family's integration in the society". 7

¹¹ PAGE:

Verriest W., (1968). 7

¹² voir ouv. précité.

a general conception. Its action takes then two forms : 'the organisation of the community', around the life in the neighbourhoods, the city, the village, the lands, the province', and the development of 'social services around individuality and family'. « In general, the place or the region where exerts any social action is determining the content of this action ».

During 70th, Netherlands were counting about 700 institutions of general intervention, 950 organisations of familial assistance, 50 offices of consultation, one centre of information for young people, one office of consultation for homosexuals in Amsterdam.

One particular assistance aim at the readjustment and the disabled' social rehabilitation, the elderly persons, (meals at home, work-studios, preparation to the retirement, course of gymnastics, special civil servants...), the mother and the child (rehabilitation of prostitutes, typical forms of the young people's assistance, the single mother's supervision, with the multiplication of specialists of social action, psychologists, doctors and others... varied institutions within the Federation of institutions in aid of the single mother. At this time were taken a census of 32 offices of help and 10 maternal houses.

Since 1980 until nowadays, is making itself the notion of «Welfare-State», with the withdrawal of the government¹⁴ and the introduction of the idea of « first responsibility » of people' who will have still access to « networks of support in local environments »¹⁵. It's about "reassure" families without make them irresponsible", Donath's opinion who, already in 1963, defining the familial policy in RFA¹⁶, described the dangers which presented for him a too present family policy¹⁷.

The will to harmonise family and professional lives, specially for the women, mother of a family, comes to light. And since the years 90-94, the Dutch Government adopts a way more clearly favourable to the population, to parents and children¹⁸. It adopts besides some implicit measures about the frailest families. This stays anyway written in a collective policy of "emancipation, of free-choice, of well-being" improving individual.

. Belgium.

"One intensive, general and co-ordinated family policy, justify itself by the fact that family is participating, through its inner development and its outer relations, to the edification of the society of tomorrow". Van Mechelin.

¹³Le service social, L'assistance au Pays-Bas, par Wladimir Plavsic, janvier-février 1974.

¹⁴PAGE:

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This aspect remains to be qualified. Thus for example, the NIDI's rapport du NIDI mentions families policies : family policy in the Netherlands as a determinant of fertility intentions : changing attitudes and effect, by Hein G. Moors Netherlands Inter-university Demographic Institute, 1985.

¹⁵ voir supra.

¹⁶ "The conscient and duly organised action of some mandated officials, action which would like to model, to protect and to promote the family".

¹⁷weakening of the sense of the family's responsibility, requirements of compensations by State, use of the family policy as a mean of demographic pressure, and threat of a rigid patriarcalism and liberalism freezing the family policy.

¹⁸ reaction to the recommendations formulated by the European Conference about the Population, 1993.

To take into consideration the structures and social policies has changed a lot, since the first measures of social protection were set up, with employers and worker initiatives, the creation of the first funds of mutual help and recognition of child benefits in 1930.

The Belgian social security is characterised by an expansion to protect family and children. Depending of needs and necessities, it created itself rather by spasmodic actions than by a general approach. So for example, the law-decree from 1945 is going most certainly recognise the « public » insurance system of social security, but won't create a unified one. It will let the existing private institutions remain and created policies.

Belgium's institutions are subdivided into three levels : federation, community and region. Each centre of decision is competent. It can directly intervene in all kinds of politics which makes their approach be complex.

The federal or « central » level, can take some decisions about the social security of workers, in child benefits (National Office of child benefits for wage earning workers) and the holidays savings.

The "community", is divides between French, Flemish and German groups. Their decisions concern families, about cultural plan, education and teaching, « personal and social » well-being. Several organisations are occupied with specific problems which can be independent of any general policy of social action for family.

So for example, about the problems which are linked to the « early childhood », exists « the Office of the birth and childhood for the French part, and "Kind en Gezin" for the Flemish one. These organisms have to respect public missions about childhood.

The "regional" level is composed of Flemish, Walloon parts, and 'Brussels-capital', and is busy with economic questions. The subjects relate to the social action were transferred from the community level to the regional one in 1993.

Concerning the social action, each region is independent. At this standard, exist the Public Centres of Social Help or CPAS. Placed under communities or federal State's care, they are "in practice the public actors of the whole of concrete social interventions to the persons". CPAS have to support a lot of missions and their roles are very diversified. Besides, they benefit from several types of financing¹⁹.

"The CPAS don't move themselves in closed vase "²⁰. Near them, some associations, very powerful pressure-groups, communal institutions have a real influence ²¹.

« The policies concerning explicitly or implicitly the well-being of families are fragmented, centralised or decentralised between multiple networks of competence »²².

¹⁹ Research made by Bénédicte Froment, juin 1996 ; l'autonomie des administrations ayant la charge financière de l'action sociale vers les familles, comparaison France Belgique.

²⁰ Jean-Marie Berger, le défi des CPAS, éd. Labor, 1978.

²¹ Vander Elst, de achtergrond van de gezinspolitiek in België, 1960.

²² voir supra.

As an example, a brief presentation of some organisations and their way of acting, during the 70th is given. Several grounds are concerned. (see the annexes).

Like all policies, the family one is determined by some values or "dominant emotional images" of the family which are going to influence the politic measures. Consequently, it will be more or less depending of a conception according what, or there is in every policy, a familial point of view because every politic decision, whatever the sector from which it comes under, can have any influence over the family ; or a particularly restrictive conception which won't considerate only specific actions undertaken favour of families and officially presented like this²³.

For example, between the basis of the Belgian familial policy, certain ideologies had dominated in the years 1920-62, as social, catholic and socialist doctrines. They influence the different actors, among which ones, we find again in the foreground, the Ligue of numerous families²⁴. It's also necessary, as for the past as for nowadays, to study the policies according to the two principal linguistic communities of the country.

Whereas France recognises and applies a real policy for families, Netherlands don't have, at the very outset, any family policy, Belgium leans on the concepts of « familial dimension » and of « individual dimension » to seat policies which will have two kind of influences.

France, Netherlands, and Belgium, could refer to three types of policies, (one not excluded from the other). The first one would directly concern about the families themselves instead of the individuals that are part of it. The second one could introduce a familial aspect in its dispositions, the third one would identify different dimensions and the scope of investigations whether they are turned to families or individuals.

Belgium and France recognise the State's necessary obligation as the actor's families policies, contrary to Netherlands, which yet, adopts a « generous » policy of help towards the family's members.

So, in accordance with a certain definition of the family, policies exist (or not) to help it, openly or not, and alleviate its needs, recognised, accepted, or denied. They concerned most often the creation of a very complex system of children benefits, allowances in cash for every country. If we quickly compare what exists for some of them :

- Netherlands founded, after the pilot law of the 23 December 1939, followed by the law of the 26 April 1962, a maternity allowance and a typical allowance : the added quarterly allowance. Whereas they don't the equivalence of the isolated parents allowance, for special handicapped children allowance, nor the housing-moving one, but they have some others concerning for example orphan children...

- Belgium as for itself, was maybe one of the first countries to constitute a system of children benefits, with the installation of this system after the laws of the 4 august 1930, and the co-ordinated laws and royal decisions of the 19 December 1939. It permits the payment of maternity indemnities, allowances of birth, some added for

²³ De Bie.

²⁴ La ligue familiale des familles nombreuses, Intérêts familiaux, Rapport Général de la Commission Centrale des Intérêts familiaux

handicapped children or because of special cases, on the other hand housing or isolated parents allowances don't exist.

Exists an important ground of local and national interventions from social organisms, territorial collectivises, concerning prestations of service and prestations in nature, which involves the necessity of a partnership at variable scales. Their interventions answer to definitions and logics peculiar to analysed periods and contexts.

Several types of questions can be asked about the existence of a Welfare-state, the nature of Social Security, of the internal and external organisation of the organisms, definitions and principles which appears through the policies, the programmes and their effectiveness, the mutations which characterise families and individual categories, definition of well-being (independent notion, also linked to the concepts of social security and Welfare-State), the convergence of national policies in the purpose of a European Harmonisation of legislations.

I Welfare-State.

Concept of Welfare-State

The concept of Welfare-State and the development, then, the transformation of the missions of social security ; welfare state, or negation of the welfare-State.

The interventions of the State, guarantor of the S.S and legitimacy of its action ; stakes.

doctrines and purposes of the policies.

powers and economic rapports.

politic crises (example of Belgium, in front of the barrier of the policies of every linguistic communities).

crises at each power scales : interpenetrating of the grounds of actors.

parties and leagues.

Debates

between the supporters of the maintenance of the S.S over the forces and strengths which exerts wage-earning work by opposition to its dilution in a generalised assistance based on the criterion of the need²⁵, and the militants who wish broaden the originally objectives of the s.s using it as a mean of struggle against the poverty²⁶.

Nature of the actors intervening in the social scope and crumbling of the existing structures.

not many concerted actions and common to the different actors.

In Belgium, for example, the social and family policies are difficult to surround.

break-up of polities between several ministries on a national plan, and absence of a real ministry of the family. 'At this level, the negotiator will be the minister of the social affairs, the one of employment and work, the one of the justice and finances...'²⁷.

Province and regions can intervene and adopt measures 'welcoming to the family'²⁸, as the cities and CPAS. '...in such an edifice, the question of the relations between family organisations and politic responsible is far from being obvious and the establishment of 'a partnership' 'd necessity at first the partnership of these different level of power'²⁹.

to this can be added the problem which represents the necessary dialogue between the representants of familial organisations and the politic decisionmakers, difficult question to realise a family policy : influence of some associations.

²⁵ risk to privilege the subjects who have a work to the detriment of the others, that the rarity of declared jobs has reduced to the inactivity or to small jobs.

²⁶ There is some question of 'the last rack', the closest of the misery, which offers a dangerous pretext to the political officials, who are tempted to relax 'the texture of the rights obtained by the strength of the work which has built the superior racks' (professeur Dijon).

²⁷ A Superior Council of the Family had been created by a Royal Order in 1979, to inform and advise the Minister of the Social Affairs of the French Community. It has stopped assembling because of absence of budget, and ignorance of its opinions.

²⁸ J. Devaux et Mouraux D. : La politique familiale des Provinces, communes et CPAS, 1988.

²⁹ Contribution de la Ligue des Familles-Belgique, Conference internationale Moscou, 19-21 octobre 1990, Politique familiale globale et droits des familles : au present et a l'avenir.

example : the League of Families.

It asserts itself as a pressure movement in front of the government, which has not foreseen anything for families³⁰. Its acknowledgement has not been denial until now, having been consulted for example in 1987, on the occasion of the politic crisis come from these legislative elections.

League of families is playing a consultative role in several organisations, for what affects families and their interests. League receipts also certain subsidies from public authorities, for some activities of permanent education and permanent promotion.

The decentralisation.

In France, can be see a pyramidal structure and strongly graded with a centralising mouthpiece. This is not the case in Belgium. A plurality of organisms without real link between them, and with variable concertations. An associative environment, very rich and influent. A politic sharing of the social sectors to develop ; role of the cities.

The vote of laws about decentralisation has brought out many modifications of the landscape 'social action'. An strategic systemic analysis³¹, permits to demonstrate the strategies developed by a few

actors to increase their autonomy and thei power, up to transform the working and regulation rules of a program to their aid³².

The CAF had to face up to changes of their ground of competences and reoverturn a relative marginalization of their role, after the vote of the laws of 2d march about rights and freedoms of communes, regions and departments, and the one of the 23d july 1983.

However, it appears that the decentralisation isn't the founder element but the consequence of a organizational evolution begun already in 1960, creates an additional dynamic linked to the connections of power and tensions due to pre-existing local contexts, and to the CAF's moving nature itself. These last ones could live themself an intern decentralization which gave them a new force permitting a more autonom local policy³³. By this way, were differentiated the decentralization, which is a movment of the powers'places and of the legitimacy to slant and to act, and the re-composing which refers to a re-definition of the objet itself or to the scope of activities and actions.

The decentralization in the social action was translated by a rise of the power of the territorial communities which have acquired a new legitimacy, of the State, which has definited again its own role as it doesn't present itself like a homogen actor whose identity appears clearly. The associative partnership practises sometimes a real monopole³⁴ in some departments. Without counting considiering other actors like National Education or working-agencies.

³⁰ see the contribution of the Ligue des Familles pre-quoted. as the one used in the researchs works of A. Maguer et P. Bavoux, en 1993 : decentralisation et action sociale familiale : les nouvelles regulations des politiaues sociales locales dans le champs d'intervention de la CAF, trajectoires, Lyon, janvier 1993.

³² Crozier M. et Friedberg G., l'acteur et le systeme, Paris, Seuil, 1977.

³³ F. Aballea et F. Menard, decentralisation et action sociale familiale, FORS, Paris, 1993.

³⁴ authors pre.cit.

This led to a mutation of the nature and purposes of partnership. The connections are becoming more complex and politic as the actors have a legitimacy and a scope of a different nature, more formal in accordance with rules and norms to respect³⁵, and then 'institutionalized'³⁶ and consequently concurrenial and conflictual, with the wish to impose an image, to promote a policy, to the detriment sometimes of the real and concrete demands and requests³⁷.

II social role and finality of the 'social security' nowadays...

The evolution which characterizes the institution, (concepts and doctrines which find their foundation in certain realities as the after-war, some crisis-states, the roles which are assigned to the social security today, its structure, do not they translate a new intrinsic change of nature ?
S.S 's nature facing a societal reality, nowadays and tomorrow.

policies' controversial existence, like families policies.

III organisational approach of the structures set up"...

*we constate considerable differences from Office to Office according the personalities in presence, the dimension of the Office, the local climate... The board of directors of an Office from Alsace doesn't look much like one from Provence or Corse, one board from Nord or from Normandie, like one from one board from South-West".
Pierre Laroque.*

These Offices, individually and daily, reveal some different realities from a place to another one. beyond the texts, they show their autonomy, embody men's action who have very dissimilar personalities, who have been invested to concrive a concrete form to an ideal. They have to correspond with several kinds of economic and politic logics³⁸, to conserve their place in a system of market economy to a group of social structures. Then, the conception of every Office stays unique, because the particular geographic environments, then, cultural, economic, politic they integrate are going to influence them. Their neresearchs fond of several places will permit to compare the existing structures and social or even

³⁵'formalization' of the written projects, of studies and protocols of execution, of procedures of estimation...

³⁶'the partnership takes place less up to actors' standard on the ground than up to institutions' one. It's a partnership by the night, supervised by some procedures of a politic or technocratic type', aut. pre-cit.

³⁷F. Abellea and F. Menard have determined three strategies for the partners' play : the compensation, which translate the worry about not losing contact with the ground, the 'repositionnement', which privileges the partnership with local collectivities, and the refondation, which privileges the association. For example, as regards equipment of quarter, a same CAF can, according to the cases, rely on the associations and on the General Council or to come closer to the communes. About housing, the offices from Lille and Roubaix are recognized by their partners and play a large role. indeed, they dispose of a knowlege of the concerned populations, through the files of the personalized help for housing and beneficiaries of the RMI...

³⁸National or local pressures from other types of organizations.

medical policies, (care centres for mothers and children), and the difficulties which came against their creation.

It's not a matter of find again our own system in the other institutional models, although the first points of reference can be get from the History of the french CAF, from their predecessors the Offices of compensation, and their activity. By this way, it would be question of knowing in which limits certain social action, recognized or not, could be developed through institutional authorities.

organismes' formation.

Lots of problems are at the origin of the creation, of the organisation and then of the maintenance of the Offices and other organizations. Their structuration depends as much from legislative lines and historic evenements (wars, crisis, rebuilding), than a human environment. Their « administrative » structure reflects the

personalities who have "lived" and "made" « their » organism promoting beyond the texts, the guidance to keep, the policies to adopt, the initiatives to promote.

"the social insurance and Social Security have evoluated from an individual insurance inspirated by formulas of a commercial insurance, comparing for every individual premiums and prestations and to a collective solidarity larger and larger".
E. Antonelli.

Are brought to light the context, conditions, difficulties met to develop actions, reasons which explain and justificate their choices. They will permit to measure the consequences and result. In France, it was existing already, even before the orders from 1945, a certain number of independant organisms, the Offices of compensation.

« The study of social sécurité permit to show the conflicts of intérests, the opinions, in accordance with a psychologist enviroment since the first private initiatives privées as regard social insurance. It's about to definite also the politic and economic limits in which one the Offices could develop themselfe, with the "economic incidence of the charges of Social insurance" which represent the passage from a paternalism of company to a system of national solidarity, basis of a system of social insurances ».
E. Antonelli.

In which measure organism which have to promotate a social action contribute to the families policies ?

Next diagram, given as an information, concerns a way of working deducted from french organims, that we can compare to the structure of foreign organisms.

I The administration, internal and foreign organisms' gestion.

Similarities and divergences exist between the different organisms to approach and apply the laws' texts. Their ability to intervene, their autonomy, facing an active power of guardianship.

1. Internal Structure.

Organs of direction and gestion.

1 - Men.

Their personality, their membership, responsibilities, as their tempers condition the evolution of the organisms.

In France notably, the composition of directions and boards of directors, commissions and bureaux, conferences of managers and officers, unions, personnel will be studied, as questions which come through the P.V. (questions about salaries, bonus, allowances, holidays).

2 - Legal organization.

Statutes (elections, nominations...), the respect of legal (or not) missions, object of numerous discussions.

3 - Practical organization.

Several points are concerned, particularly :

- premises : titles of property, problems of laws, movings....
- existence of technical services.
- Problems linked to the personal.
- Problems of the methods of work, adopted facing the increase of new techniques, (humanization of structures, example of reception), stages of the mechanization, informatique, office automation.

4 - financial gestion : economic aspect.

A fundamental question exists through the economic and financial import of the institution, through its resources and its system of recovering them.

2. External structures :

1 - The exercise of a guardianship or a control (State or other) about budget, and social politics, have been gradually asserted face the leaders and managers' autonomy. Which marge of manoeuvring do they still have face the control, the direction, and orientation of a general policy constantly more constraining ?

How have the conflicts been resolved ?

The organisms have created their control-structures, as the technical medical control. They intervene close to the directors' board of the different establishments which receive their support.

The medical and social equipments work with several speeds depending on the regions and have been the object of several restructurations. To humanize them, public and private establishments have received financial guaranties and supports.

The offices have helped to the development of the reception's structures, social hygiene establishments, have made easier the purchase of materiel, of equipment.

2 - A ring of relations has been woven as between offices, than between them and organisms (the FNOSS...), and collectivities. In which measure has the increase of a partnership contributed to the respect of their missions, and then, to the improvement of each " région " ?

In Belgium, Province and communes can intervene and manage a policy 'welcome to the family'³⁹, as the CPAS. Provinces organize services for childhood and elder persons⁴⁰.

At the level of the commune, two official authorities can be created : the Committee or the Family Consultative Commission and the "echevinat". Measures can be taken about housing, by the granting of some helps, essentially with primes⁴¹, completed by water, gaz, electricity, distribution prices' reductions of what benefite on priority the numerous families ; about communal tax system⁴², culture and sport⁴³, at the level of communal services⁴⁴, communal schools⁴⁵, helps and services (for the family⁴⁶ and elder persons) can make a favour to them.

Every CPAS (every OCMW) develops its own interventions because of local needs and financial available funds.

The CPAS can then collaborate with other institutions, according to 4 forms

;

- under the condition to guarantee the interested party's free-choice, the CPAS calls for the collaboration of private and public persons or services, who have the necessary means to realize their missions.

³⁹J. Devaux et Mouraux D. : La politique familiale des Provinces, communes et CPAS, 1988.

⁴⁰Initiatives are taken about housing helps, family assistance services, seniors helps, to develop socio-cultural and sportive activities, and activities in provincial schools. It can be designed a permanent deputy of the family.

⁴¹helps which are given until 1979, were concerning much more the building than the purchase, and the improvement of the accomodation, the free or at a very cheap price connections to water and electricity. Stationary since 1986, it represents 60 % of the helps which are granted in Luxembourg, against 41 % at Namur and Liege, 19 % in Bruxelles, 18 % in Hainaut, and 17 in the Walloon Brabant (Etudes et recherches n. 2, septembre 1994).

⁴²cost of the asked taxes varying until more than twelve times.

⁴³services as libraries, sportive equipments...

⁴⁴social service, job-service, container of sorting for the paper, glass, tissu, oils, organic wastes, opening of ticket offices with special times, cost of the communal taxes asked according to some administrative documents...

⁴⁵varied courses, lunches, creches, excursions... are suggested. However, the study of the reception's cost and financing for 0 to 6 years children old makes appear the problem which represents the 'nursery system' (reception of the small childhood and extra-school), need which is linked to the parents' activities, and which is characterized by a shortage of places in reception's environments and by the deficiency of reception's policies outside the school hours, particularly in the French community. (couts et financement de l'accueil de l'enfant de 0 a 6 ans, V. Hecquet, septembre 1996).

'... the continuity of structures of reception 0-6 years must be asked as much in the point of view of parents like a factor of men and women luck's equality in the access to employment than in the point of point of view of children as producing 'equality in the access to education and health'. (A. Dubois et P. Humblet, 1993).

The reception of the child is lived, at the title of a global reception policy as acrossroads between social security, children benefits, harmonization of labour time, employment and labor policies.

⁴⁶organization of own services, subsidies and logistic helps brought to private services, financial helps (birth subsidies, pre-nuptial savings subsidies, adoption allowances, marriage allowances, matrimonial loans, breast feed babies allowances), services (babies consultations, creches, childs minders, reception homes, pre-creches, pre-native consultations, holidays areas and times, children consultations, families helps services ; keeping-halts, domicile keeping and baby-sitting services are rarer).

- one convention of collaboration can be bargained with another CPAS, a public or private service, an asbl⁴⁷, or a private individual to carry out a defined job⁴⁸.
- The CPAS can propose to social institutions and services which serve its territory, some committees of co-ordination to permit between the different institutions, a prior dialogue to every action.
- The CPAS can also form itself in association with other CPAS, public services or associations⁴⁹.

IV director social action principles.

Between the guidelines which can be edicted, the social action in France respects notably 5 director principles⁵⁰, and that we can find for some of them in Belgium.

- It aims to contribute in an active way to the country's family policy.
- by the supplies of equipments and useful services to families and children, it wants to be itself additional to children benefits.
- familial, its social finality calls for measures in order to guarantee its access to families in a difficult situation or the less favoured on an economic, social or cultural view.
- it is wilful for a real local partnership.
- decntralized, it remains consistent with the institutional orientations.

V interventions' sectors of the organisms⁵¹.

The principles differ. In France, the sector 'family branches' interven in its name to promote it. In Belgium, it's under social interventions, that actions exist on family and individual's behalf. The social action rests on values, and wants to definite the population's objective needs and subjective desires⁵². The sectors of intervention are more and more extensive, and corresponde to the society's mutations, as to the definition back of the roles kept by the social security's branches.

⁴⁷association without lucrative purpose ; in accordance with the ministerial circular of the 13 april 1994, the CPAS can participate to its creation.

⁴⁸French Community Minister's circular of the 19 october 1989. Such conventions can only be justified if their involves, for the centre and the concerned persons, which advantages 'they wouldn't benefit without this one'.

⁴⁹This form of collaboration is to distinguish from 'the inter-communal of CPAS' or the intercommunal concerned by the law of the 22 december 1986, art. 1.5. and by the art. 79 from the organic law.

⁵⁰ document : the orientations of the family social action of the caisses d'allocations familiales 92-96.

⁵¹« Social Security has larger purposes than only the prevention or attenuation of the poverty... Its fundamental object is to bring to individuals and families, the assurance that their life-level and life-quality won't be, as much as possible, seriously shaken by a social or economical eventuality, whatever it can be. For that, it is not just a question of answering as the needs dictate ; it is necessary at first to prevent the risks to happen and to become true ; it 's necessary after, to help individuals and families to adapt themselves in the best way, when they are the victims of an incapacity or of any handicaps which haven't been or which couldn't be saved ».

« La sécurité sociale à l'horizon 2000 », OIT, Genève, 1984, § 39.

⁵² voir sociologie et politiques sociales dans les pays occidentaux, Henri Janne et Jean Morsa, Belgique, 1962

« Our social action has to devote itself to the family policy of our country, being by the offered equipments and services to family and children, complementary to the children benefits...

The CNAF's directors'board has re-affirmed its attachment to a decentralized exercise of our familial social action, but coherent with the orientations and priorities of the Institution ...

The CAFs' interventions ground are multiple and their action practises in various ways to take into account the local contexts».

circulaire n°82-92

In France, the family branch (and in Belgium, the social sector) contribute to the big public policies by the benefits distributed to families, about housing, and the struggle against precarious state.

It develops a family policy, by the installation of creches, education, l spare-times.

professional activities and retirements (linked to children)

re-distribution of incomes

animation and social integration (districts, individual helps)

protection of family interests and children

health

Its role is going beyond this, modulating according to the local disparities.

reception of the young children : social establishments, creches, childhood-contracts, helps to an individual reception of children.

Social services (social services, social workers' improvement, courses for familial workers)

holidays and leisures (CLSH, leisures'equipments, holidays, formation of leaders and directors' holidays centres)

Social centres and other equipments of neighbourhood (social centres, other equipments of neighbourhood, help to familial associations, to associations of migrant workers, associations of sanitary and social education)

housing (housing, loans for domestic equipment, furniture of first moving, repairs, and non-repaying helps for renting's debts, accession to the property, Electricity-gas, helps for unpayed-renting, helps to handicaped persons.

diverse (FJT, additional allowances, assistance and other repairs out-housing, documentation and information of families, studies and social researchs, régionaux inter-CAF regional funds sharing)

gestion's column⁵³.

(Remark : sectors of CAF un-obligation of social action : circular of the 2 march 1981, equipment and services which concern the children's houses with a social character, children helping-homes, rest home for children and mothers, infants' consultations, community health centres, treatments' centres, IMPP, CMPP, reception-centres for hospitalized sick's families, shelters and centres of social re-adaptation, centres of professional orientation, associations'

⁵³ documents statistiques CNAF, example 87-92.

social head offices, establishments of social workers' basis-formation, purely cultural and sportive interventions).

The CPAS as most of organisms charged of a social mission sees its functions be multiplied, and its ground grow up⁵⁴.

It has for mission to assure a social help which can permit to everybody, or family, to live agreeably to **human dignity**⁵⁵. Thus, the recognized right includes the right of the health protection and social, medical or legal support, the right to have a decent house as well as the right of cultural and social fulfilment.

The support which can be dispensed, automatically or because of the interested person's request, can be material, social, medical, medico-social, or psychological.

About the helps and services to families, it can carry out an important social action, bring solutions to families special problems, and realize a real preventive action⁵⁶. This depends on the CPAS.

More than the two third of CPAS organize more than five different services, and one quarter organize between 6 and 10.

The more frequent services concern the familial supports, the lunches to house, and the houseworkers. More than the middle of the centres organize free or cheap allied services, some services staying not much organized⁵⁷. (see annexe⁵⁸). The socialization of the divers forms of familial work charges represents an important market, creative of new employments. However, puts up against this, a certain social and politic responsables' resistance as for these forms of collective or mass services. Indeed, some authors present this strength of socialization as a factor of familial responsibilities resignation.

The CPAS from Brussels launches into a new social policy : The Global Social Plan⁵⁹, working since 1996 and which has permitted to definite back the CPAS's missions, and to structure again all the services⁶⁰.

A Special Committee of the Social Service examines financial supports requests files, and every situation which asks its collaboration to the : individual or collective requests.

The following of this global plan is also respected by a Action Committee in Opened Environment, set up to open a better thought with the on ground-social workers. It has to permit a concertation and a knowledge by the responsables of the problems lived at a local level. This committee came instead of the previous Youth Committee. After this plan, structures of social services have been modified⁶¹.

Near the CPAS, the ONE⁶² plays a preventive role near families, organizing a group of taken charges, reception and care structures for children and their

⁵⁴ 253 CPAS are a part of walloon region, 19 CPAS belong to the Brussel Capital district, 9 CPAS to the German language region.

⁵⁵ art. 23 from Belgian Constitution.

⁵⁶ J. Delvaux.

⁵⁷ In 1988, Besides the minimex distributed to the persons without resources, near 90 % of CPAS were obtaining helps and services for families, 80 % were informing their 'custom' about their services, almost three quarters were giving some supports in kind.

⁵⁸ example, year 1995.

⁵⁹ evaluation of the social Global Plan, CSAMO du 3 juillet 1997.

⁶⁰ under the presidency de Monsieur Mayeur.

⁶¹ see annexe.

⁶² ONE or Childhood National Organization instituted by the law of the 5 september 1919, from a national competence, become Childhood and Birth Office on the 30 march 1983, only competent for the French Community.

parents, particularly the mothers. The purely medical and hygienist concerns from the beginning of the century against a strong infantile mortality, give today ways to the 'research of a better-being for the child, his mother and the familial group'. The organism orientates and concentrates the private initiatives, while being dependent on the Ministry of Health and Social Affairs.

The social action policies, consequences.

According to times, the organisms have contributed to the change of their region, beyond what it can be admit, as the retreat of big scourges, the general improvement of hygien, or the medical contributions. Their interventions, often only and specific, the economic repercussions of their improvements have asserted the integration and the acknowledgement of each region (quality of living, sectors of researchs).

The concept of family policy.

*'This half-century which seems in many respects, to mark the Family's twilight, contains also by a strange paradox, a familial revival which constitutes maybe one of the biggest contemporary sociologist phenomenons'*⁶³.

This notion covers a group of problematics linked to the family as to its needs : family and survival, family and well-being, and natality, and individuals... so many lights which will modificate legislator and actors' priorities.

It's not only to promote the family, but to influence its structure and functions⁶⁴, to "influence its working". At this title, "the familial policy appears like a crossroads-institutional link between family and society" (Stolte-Heiskanen).

Coherence of policies and legitimacy.

They change with countries. Some authors think that 'State' should be the principal guarantor of this familia well-being, others on the contrary, considere that its role should be limited, as it's a question of private order.

Comes also into play, the present **decentralisation** of the policies. Besides, their impact on the behaviours themself is difficult to limit, and one criterion of evaluation could be the formation of an **environment favourable** to the family fulfilment⁶⁵. The notion of **well-being** in this point, has all its significance, according to the purposes and objectives at stake. They obey also to a volunty of social progress, of demographic and economic balance, and to moral and psychological worries.

⁶³M. Blanc, evolution de l'opinion publique au sujet de la famille, chronique sociale de France, 1950.

⁶⁴ PAGE: 21

Stolte, 1967.

⁶⁵accomodation, economic situation, unemployment, children cost, work time flexibility, keeping equipments disponibility, parental holidays, become according to the poll of the 'Eurobarometre' in 1993, the most important factors about the couples' determination to form themself in a stable way and to get children.

Characteristics.

The family policies seem to be more implicite than explicite⁶⁶. They characterise themselves by certain objectives which concern the childhood sector, the economy and social, the intrafamilial relations and familial questions⁶⁷.

Purpose and of the family policy.

The social protection isn't part of the extention or the development of families solidarities, but in the precarisation and pauperisation linked to the wage earning work conditions which extend and get worse during the XIXe century⁶⁸. A group of guaranties against social risks has been established on the basis of a national solidarity, in a concern for 'ridding the workers of the uncertainty of the next day'⁶⁹.

The employers family policies from the end of the war has been methods of their wage policies. At the beginning of the children benefits movement, we find again near always the concern to adapt in the most economic way the working incomes to the rise of the live cost⁷⁰.

The employers were appealing to the socialist principle 'to each one according to his needs', while the unions, were persevering with the liberal principle 'to an equal work, an equal salaris'.

The familial policy didn't receive its legal consecration before it was strenghtened by other worries, notably demographic⁷¹.

In numerous cases, the policies aaim les to answer to families' needs, to promote their interests than to make them contribute to the realization of other policies. Consequently, the policies which are elaborated don't start from family like vital strenght, but start from them because they need a kind of assistance, families like groups presenting some deficiencies linked to their structure or to their members, parallel to the structure of economy or of the society. The beneficial consequences on the families, are like this in a incident and secondary way.

A familial policie maybe overoutdated⁷².

The traditional familial policy has become in facts, a policy of the forms of families which focus as for the whole of the social policies over certain pre-defined aspects of family : differences between the forms of family, like

⁶⁶An explicite policy includes measures which are expressly taken in the families' interests and officialy recognized as this; they include also precise and explicite objectives about families. An implicite policy takes into account every measures which are not made for her in a express purpose, but which is going to influence her in an indirect way. These policies are concerning groups of population as 'mothers', 'children', 'elder persons' or 'handicaped ones', or, are occurring in particular sectors as education, health... : la famille n. 3, politiques nationales de la famille..., dep. des aff. eco. et soc. internat., nations unies, New York, 1987.

⁶⁷These objectives can correspond to the will of giving to children equal lucks whatever their origin, of avoiding that the social injustices are passed on between generations, of attenuating the disparities which present regions, of favouring a 'democratisation' of the roles in the family and of her social relations, of providing of their balance.

⁶⁸Peemans-Poullet H.

⁶⁹account of the 'ordonnance''s motives from the 4 october 1985.

⁷⁰P.H. Douglas.

⁷¹Were often linked between themselfe, demographical policies and families policies, offering all a net of familial allowances from which ones the children benefits are only one of the elements.

⁷²W. Van Dongen

families with one or two professional revenues, isolated or co-living, with or without children, marrieds or not... Despite a large tolerance towards the other forms of families, the risk appears to see some families forms mounted against the others because of the absence of unifying principles.

Another problem lies in the fact that the family policy scatters in a set of financial instruments⁷³, which call also the intervention of different ministeries and public organisms⁷⁴, without this having really a general view : because these interests don't always converge, even when the user families' interests and the servicesproducers' ones dependoften on the same Ministry⁷⁵.

'The politic modele is isolated and implicitly naive : we think that we can realize an effective family policy without integrating it in the other plans.'

With the marginalization and the isolation of the family as a politic ground and with the short term prospects, the large social phenomenons which are at the origin of the families' problems are not taken into consideration in the families' policies.'

It's clear that the families policies miss some long term perspective about society considered on the whole'...

We tempt to round off the corners for some families' forms, but it doesn't exist any reciprocal fonctional link or any inter-action between the short term policy and the long term perspectives⁷⁶.

Effectiveness and distribution of children benefits faced with social action.

The expenses in this point, make Belgium be, with Norway and France, in front of the Netherland, England and Germany, one of the countries which devotes the most of means to the direct family policy measures. The benefits and tax relieves for dependant children reduce the percentage of families in poverty or living insecurity of 11% CE standards. They constitute a supply revenue for numerous families, single-parents, parents with a single revenue. They are widely distributed between the revenues groups of population, varying between 9860 FB to 8698.

Services and collective equipments.

The children benefits concern a 'socialization' of economic expenses for children.

At the beginning, to assign this allowance had to permit employers not to rise the whole of salaris.

It has never been really considered socializing the extra-work linked to children's education. Anyway, these last-mentioned don't represent the unique 'familial-work' charge, as we have to take the domination of parents or other family's members because of age or sickness into consideration.

⁷³about the children in Belgium, for example, birth primes, children benefits, fiscal exemptions, fiscal deduction of the care costs, discounts about public transports, services collectifs...

⁷⁴Family and well-being, Education, Culture and youth, Employment, Emancipation, ONE...

⁷⁵In Belgium, families don't have any independant politic authority.

⁷⁶A political revaluation of the family requires a clear, separate Ministry, entrusted with all the aspects of the family life... [he] would have to serve the interests of all the families forms in contact with the other society's organisations. This is why it is opportune to gather together within a same Ministry the responsibility of the producers of family services... in order to avoid the confusions of interests. W. Van Dongen.

However, 80 % of families stay in a living-insecurity despite the social policies measures.

'The European Community or the Centrum voor sociaal Beleid's living-insecurity norms are above The Belgian social help norms. Have we to see here the demonstration by nonsense of the social help un-efficiency ?'

VI Concept of family, facing th concept of social category.

Definition of the family.

The modern family tends to become a simple companionship (camaraderie) between persons... more free,... in a paradoxical way more precarious... This marital companionship appears to us profoundly linked to the structures of the modern industrial civilization... The homo-oeconomicus has never been so less familial⁷⁷.

The family has changed of nature. Couple and individuality super-impose to it. Exists the problem of an adapted social action.

The term 'family' or 'couple', indicates, is speaking about a cell composed by several person living together, but which individualizes itself and doesn't show solidarity any more, creating by the isolation of its members, a population's "sectorisation". The generic term of family can indicate the notion of group as a separated individuality. If a number of families policies are still sublimating the famille spirit and blood-links, even in a very large sense, they are concerning other social groups, and other social realities.

In another way, the absence of generic word "family policies" doesn't want to mean inevitably its real non-existence.

Family integrates various definitions which can be associated and convergent, translating terms of "natalist policies" and "society's foundations", as social cell and pre-individual with the denunciation of crisis' states (is the family living nowadays ?), economic cell, legal cell.

creation, existence, survival and fulfilment of the family.

The survival appears between the principal objectives of the family and of couples (Van Haegendoren M.).

The term "survival" can be understood in a very large way according to the author, as an effort to achieve the maximum of well-being, associated if the occasion should arise, to the social mobility within a same generation or between several generations ⁷⁸⁷⁹.

⁷⁷contract in a sociologic sense rather than in a legal one... P.C. Beltrao, vers une politique de bien etre familial, 1957, Rome, Louvain.

⁷⁸Arsene Dumont could sum up the de-population and the family's mutations in a theory which he called 'the social hair'(social elevation) : every man tends to elevate himself from lower society's functions to the ones which are over them. His tendency can be thwarted by material obstacles... The principal obstacle to the fulfillment of this impulse, spirit, can being the existence of children... Each couple brought to reduce it as much as possible'. 'or certain rules he can express : the natality's progress is at the inversal rate of the social hair ; the individual's progress, either about value, or in enjoyment, is at the direct rate of the social hair ; hence this consequence that the development of the race in number is at the inversal rate and inversal account of the individual development in value and in enjoyment'. This law is particularly manifest in a democratic and individualist society.

Several changes have intervened at this level of the strategy of survival, parallel to the individualization of the socio-demographic structure, to the individualization of the revenues, and to the generalization of the female economic activity.

Even among numerous families, the families with two revenues are nowadays in a majority.

Work's distribution according to age-brackets and families phases has also radically changed ; youngs and elderer working less and coming later in the labour market, the payed work is more concentrated in the age-bracket which has also to insure the biggest part of the non-payed work (building of the family cell).

The familial lands change : the children don't contribute to the couples' survival but constitute a very important cost. Lived stages since the beginning of the century with the prohibition of children work and introduction of the compulsory schooling.

The familial life cycle upheavals are accompanied with so radical family's organization changes.

'The organisation of the family is first and foremost the way it is structured in a internal plan or, in other words, the way its members behave the ones towards the others, with the distribution of the pieceworks and rapports of power inside the familial cell⁸⁰.

According to Dumon W., 'the problems of distribution of powers and sharing of works are very close, and in fact, the two facets of a same structure'.

Family structure.

As for the power, after the fashion of numerous other structures of the collectivity, it seems that family evolves from a patriarchal model system and then from command, to a system of negotiation which concerns as much the relations between "husband and wife" ("conjoints") as parental relations. The Family and its members' support, the acceptance of a responsabilization could represent a social individualization and recognition of the individual that we don't find again anymore necessarily nowadays, with the recognition, the individualization and autonomy that labour and social life imply⁸¹.

The family appears under such a multi-facets form, that for example, Scandinavian researchers have refuted, about what can concern as far as they are concerned, the notions of model, of family and family policies, looked as 'primary (basic) life forms', inadequate to render the complexity of private life forms and the weak family institutionalization. The State's interventions inner the private life is done then, on parents' support behalf to make them educate their children for the well-being of everybody, in a sharing of the obligations. The recognition of an individual identity of the

⁷⁹To this theory we can super-impose the constatations made by M. Sauvy, about the importance of the 'tertiarization' of a society, to the detriment of the two first sectors : 'a reversible movement of the tertiary sector to the previous stages..., is almost not observing, what is even constituting a serious problem of economic structure for some ageing nations'.

Now, these sociological needs (expenses with a tertiary character as the services, culture...) people cannot at least subjectively do without, enter easily in conflict with the family fulfillment.

It can also be added the notion of family 'planning' for some categories of population whose revenue (without talking about the uncertain revenues), are only increasing because the seniority ; it's question about in-elastic revenues, evolving in stages, during the necessary time to the family fulfillment.

⁸⁰Dumon W.

⁸¹social citizenship linked to the labour, not to the marriage.

family members seems to annihilate the recognition of a cohesion and global familial identity, to accentuate the discrepancy between the new lived or tolerated models and the common ideal.

The place of the child and his own authority are evolving and, parallel to this, the definition and the respect of preestablished roles tend to disappear [problem of a kind of responsibilities' flights].

'The uncertainty is the characteristic of the modern family'⁸².

the family stays a fundamental value for many, whatever the adopted behaviours⁸³, even if the "conjugal" is ceasing to be the norm, facing forms of the familial recomposing. For example, since 1985, the Belgian family suffers a structural mutation comparable to France and Netherland, in the way of a 'familial dilution' and an 'individualisation' : increase of the number of young isolated people, of couples without children, mono-parental families or single parents at the expense of families counting several generations⁸⁴. The tendencies are more important in the Walloon part than in Flanders.

Multiplication of the familial transitions.

The individuals are passing by more types of families than before (couple's instability and critical of the models' supporters).

In Belgium, between 1985 and 1992, more than half-population has changed his family type, individuals living in couples with two revenues knowing the biggest stability, the isolated persons or individuals from monoparental-family with an unique revenue, or composed-families having for 60 % of them, changed of family-type.

Instable family structure.

The first forms of interventions for dependent children are born in a socio-demographical context which is characterised by the family with a unique revenue, when nowadays, the family with a double revenue predominates, in a context of instable familial structure.

It can be noticed also the persistent incompatibility between the two parents' careers and the charge of several children, particularly in 'lower' environments. It can follow from this, that the level of prosperity of families with children is not only any more function of the direct cost of the upkeep of children, but also of the indirect cost (for example, home-work cost). Then, can exist the question of the fragmented familial careers, which increase the risk of making the family fall in the system of the assistance.

Some consequences of familial transitions.

The familial transition which present in Belgium, for example, the most risks remains the divorce, in front of being widow and leaving the marital home. In the first situation in fact, the risk of poverty increases of 200 % CE norm, against 3 % then 91 % for the two others.

Recognition of the woman.

⁸²L. Roussel.

⁸³see european investigations about this.

⁸⁴Cantillon B., famille et politique sociale, 1994.

The division of tasks is not only made according to sex, but according to a 'differentiation man-woman through the fulfilment of a own, distinctive identity', which stays linked to the working-ages-stages.

The recognition of the woman is going most often through her insertion, acceptance in the labour market, in the social life in general, and even political.

The individualization of the revenue has for notable consequence, a new distribution of the work in the different ages categories of the population, explains the difficulty to harmonize labour and family life, and asks the problem of the re-distribution of labour available on the period of activity of individuals, 'taking into account the possibilities and needs peculiar to each phase of the life and family'.

In parallel, the concept of 'new father' has emerged, fading away the concept of authority which was one of its components.

In another way, the child sees himself invested with own rights and obligations, respected as a person showing specific needs and characteristics.

The convention about children rights, ratified by Belgium the 25 november 1991, is one of this recognition, but, inside the family, the child is so much recognized as a person, that a brake has been put to the parental authority in numerous countries, as regards parental authority.

Problem of the 'socialised' arrangement of the labour time

Actually, the social security assumes a number of arrangements of the labour time, because they are destined specially to a specific objective [education-holiday, interruption of career after a child birth...], their utilisation being left to the workers' free choice.

Relations between generations

They make also appear another change about the organization of the family : between the family called 'of origin' and the one called 'of procreation'.

The extension of the life expectancy

In Belgium for example, from 1950 to 1990, it came from 62,04 years to 72,43 years, for men and from 67,26 years to 79,13 for women. The adjunction of this fourth phase of life implies new problems, concerning the cares and treatments (material dependence), and affective taking responsibility.

The notion of informal cares has emerged, and it is a question of : 'cares which are dispensed in the family or at home, by the female members'.

The constatation was made by W.Dumon, that we are speaking about reduction and small families, when we can observe in parallel an increase of the functional scale as regards cares by families. The generations' role is becoming between themselves an affair of solidarity.

solidarity between generations.

The burden which bears upon intermediate generations concerns as well the children as parents. 'The most demanded generation is the one who is situated in the middle of the chain, between old parents and children, young adults'⁸⁵.

⁸⁵Attias-Donfut, 1993.

'The internal solidarity between generations, even within the framework of the couple or the family, is assuming an essential role and requires the support of the public authorities, of the industry and of the social partners.

Should be created a family policy which is 'friendly' to it and centred on the families as unity and not as families' individualized members. For the big majority of them, the supports that the generations bring each others are understandable, explain themselves on an affective plan, to which superimpose themselves, cares, domestic help and financial ones, which conduce to the concept of 'asymetry' of the contributions between generations⁸⁶. At this title, some authors as Peemans Pouillet H., were thinking that 'the increase of the citizens' social rights and the satisfaction of social demands by the State, far from having entailed the dispossession by the family of its duties, would have on the contrary made them see their responsibilities growing gradually'.

Now, they are essentially the women who assume this extrawork, which constitutes a new reality which has to be accepted and recognized. Never before the load of this extra-work to assume per every adult in a good form, to accede to the needs of these two extreme ages (first, and third/ fourth age) has been so heavy ; the generations with a reduced natality as a result of notably, the crisis of the years thirty and the second war, have to assume a work-load for precedent generations, with a stronger natality.

Technical means permitting to control the beginning and the end of the life, and in a certain measure, to influence them, appeal to the necessity of a reinforcement of the norms and values in what are becoming the 'post-modern' societies : values of the families and institutionnalization of the morale and of the Ethic.

One of the consequences, about the families policies, of the ageing of the population can be the imbalance of the policies which exist in favour of elder people (third and fourth age) facing the politics which are developped for the youth and the family. Thus, evoke we the 'ages' war'⁸⁷, decisions going often in the line of an opposition of the generations⁸⁸ between them instead of measures of harmonization and solidarity between them. It can be dreaded in some communautes, a reduction of the direct supports to the family, and maybe, of the indirect supports (services⁸⁹), the politic decision makers having to make more and more choices between generations.

problems of the variations of population rates.

probleme of migrations, opening of the european territory : example, the populations' mobility.

VII Social Well-being.

The notion of well-being sees itself linked to the kind of life and to the moral, intellectual, material comfot. The machinism's influences and the technical progress on the familial environment were approached more lately in France than

⁸⁶B. Bawin-Legros.

⁸⁷De Beys X., Une solidarite a reinventer : celle des generations, 1987. Two examples : during an investigation, made about the professional insertion of young people, it has been demonstrated the fear that presents the competition from youngs in front of elderer workers, all positive discrimination in aid of the young workers (exoneration of social contributions for the employers, recruiting) being felt like a penalty against the people who are working. Problem of the election campain favourable to elder people, electorate, what is not the case of young people and children.

⁸⁸orientation of certain politics' speech, economic measures ; 'some paying for the others'.

⁸⁹example in Belgium of the family helps who are becoming senior ones.

in some other countries like Sweden, Belgium, Netherland⁹⁰. The organisation is also very different, taken into nice consideration, as regards schooling, hygiene, cares.

The notion of **well-being** has evoluated. This is for example a kind of England's account, which can be used as an illustration : 'on account of the crescent affluence of rich people and the crescent number of those who, every years, come to a nicer class, the life-style and the cost of first necessities or comfort goods, which make the 'life-level', have grown in a extraordinary way ; and os frugal, as devoid of ostentation, as reasonable we could be, as decided to be living as we think we have to live and not as are living other people arround us, it is absolutely impossible not being influenced by their exemple⁹¹. The result is that we have the *need* of numerous things whose ones our parents do without... we are from now on, used to consume more'⁹².

Revenue, well-being and security of existence of the belgian family, and insecurity.

Since 85 to 92 the Flemish families get a substantial advance of walloon families, the differences of revenues bringing out a bigger risk of poverty and insecurity of living, in Wallonia ; 5% of pors in Flanders for 8,4 % in Wallonia and thus, a bigger dependance from certain social policies.

A comparision with the Benelux and Lorraine can show that the risk of poverty in complete families with two or more children, is appreciably lower in Belgium (than in Netherlands too).

Problem of poverty

Poverty points out less a deficiency in the rapport of the man to nature than a fracture in the human mediation of this rapport... The economic organization laminating the labour-strength in the research of excessive profit leads, induces some cultural dynamisms i which ones the worker is devaluing himself, making himself by this way more unfit to the integration in the usual rapports of production. Called carefully 'circular causality', this real vicious circle introduces in the hereditary culture of poor families, the dis-workings of a society which has refused to take really into account the needs and the work of the ones that she is situating at the lowest level of a ladder she has herself created'.⁹³

To tempt of solving the question of living-insecurity, it would be a question of come back up the ladder stooped, gone down by the poor. The poverty doesn't only characterize a material state of affairs, but correspond to a specific devalued social status, showing, marking the identity of the ones who experience this⁹⁴.

⁹⁰harmony of the surrounding environment, space, colors, are for example as many factors, decisive in the policies of town planning, particularly in the Norh countries, whether it is about private or collective accomodations, really functional, agreeable (homes for elder persons, studiants, creches....). to compare with the social accomodations in France, Belgium and Netherland.

The tertiary town is dispersed. It lets subsistate around it Nature, trees, plants, flowers, herbs. Cities are rational. (lire a ce sujet les propositions faites par J. Fourastie, machinisme et bien etre, les ed. de minuit, Paris, 1951.

⁹¹problem of the play, of the consequences of the social pressure and of the social fact which assert themself to the individual wills, see Durkheim, les regles de la methode sociologique, Paris, 1895.

⁹²W.R. Greg, Life at high pressure, the contempory review, mars, 1875.

⁹³see, Dijon X.

⁹⁴B. Bawin-Legros

For numerous families, the children benefits form, besides the taxes benefits, an important part of the global familial revenue.

A new social identity.

The frailty perceived through the society give birth to symptoms of a new social identity, in which one the social exclusion constitutes a dynamic process. 'The values and the ways of sociability have been altered. The term of 'crisis of social link' is used to designate, to appoint among other things, the individualism of behaviours and of fold over the domestic sphere'⁹⁵.

VIII Integration of families and family policies in Europe.

At the time of the creation of the CEE in 1957, the harmonization of social policies didn't take in consideration the families life-level. Afterwards, and since the 1980s, the letmotiv for an important number of members countries, is not so much to harmonize the social insurances systems, than to permit the convergence of some objectives, the same 'demographic tendances' with in particular, the population's ageing, the evolution of families structures, the increase of unemployment and the diffusion of social exclusion, 'provocating the same social problems'⁹⁶. Recognizing the diversity of the national systems, nevertheless, the Council was expecting their convergence. But, can exist the problem of a particular doctrine, as would have expressed some authors⁹⁷ :: 'I wonder if... we couldn't conceive a programme in which one a doctrinal basis could be admitted for various countries, and even for various ages'.

« A double pitfall, reef is on the lookout for the comparatist. It's what consists in feed his investigation about the other countries, of categories of thoughts, of types and classifications which follow their course and make sense in the national area which are particular. (with this tendency) to look for some universalities of families policies where they don't exist... The other reef is obviously the culturalism, in the way of an extreme importance granted to national features of the policies, to their arrangement, their History and their Institutions... So specefic that it would become un-comparable to others »⁹⁸.

The members countries find themselves confronted with similar difficulties about families, but the 'conceptualization' of its stakes stays still nowadays individualist and therefore different for each one. The emergence of a common policy would ask the research and acceptance of a concepts and definitions' unification. This would suppose the research of a real harmonization, in accordance with a socio-cultural european common construction, rather than the convergence of national identities.

⁹⁵F.Aballea, F. Menard

⁹⁶L. Hantrais et M-T Letablier, Concepts et contextes dans les comparaisons internationales. Une observation sur les politiques familiales en Europe, 1993-1995, Rapport final CNAF, Paris.

⁹⁷For example, R.P.V. Fallon, 1952.

⁹⁸Jean Claude Barbier, Centre d'études de l'emploi, Université Paris 7.

Documents.

1 Law texts.

Coming from french considérations, it will be necessary to manage some researchs which will concern the facts, datas and legal experience Belgium / Netherland, primordial legislative and legal articulations : law-texts, preparatory works, debates and all other kind of documents which permit to come to the source, to the foundations of social institutions, to follow the progress, in every personal national perspectives, comparative (France-Belgium-Netherland), and national-community (with the ediction of the first european measures then, the european recognition of the necessity of a european social policy).

The legal informations in a historic perspective will be here essential, and we'll try to privilege pre-european researchs.

2. Determination of the sociological historical and cultural datas, and contexts.

The historical, cultural, economic, geographical, demographical contexts, have to permit a better knowledge about regions known for their autonomy, their free independance, and their influence in France and from abroad. Their particular place and situation in a specific territory, will help to situate all activities, covered risks, missions facing these contexts.

explaining boards, , synoptic diagrams, statistics will be very useful for a better understanding.

3 « Researchs on the ground », near organisms.

In parallel to the definition of general situations, it will be necessary to contact local organisms (dutch ones). And through a sociological study, we'll have to see how an organism is going to adapt a specific social and family policy, the difficulties which come up against, the needs of the locality and of the population. This study would like to permit nicer knowledge about the local organizations, in specific contexts, betwen nationa, european, and local situations.

Documents

Commission d'assistance publique, ou futur CPAS de Bruxelles.

- ensembles des rapports d'activite 1920-1997.
- statuts.
- textes.
- proces verbaux 1920-1945.
- brochures.
- livre blanc activites CPAS.
- photos de differents centres geres.
- statistiques activites 1920-aujourd'hui.
- divers.
- documents sur le fonctionnement des services d'aide familiale et aides menageres pour Bruxelles capital, (status, enquetes, evaluations, carte).

- rapports activite Anvers 1974, 1977, 1978, 80, 83, 85, 91-94
- objectifs Anvers 1995-2001.

-rapports activite Liege 1950-aujourd'hui

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- rapports d'activite 1919-1996.
- proces-verbaux 1919-1996.
- statuts.
- statistiques.
- cartes activite.
- divers documents.

Kind en Gezin

- rapports activite 87-95
- 'lettre du roi'
- rapports initiatives
- brochures

Union des villes et communes

- divers rapports activite
- legislation

Ligue des familles (bond van grote en van jonge gezinnen)

- rapports d'activite
- statuts depuis 1920
- articles journaux, almanachs
- programmes
- organigrammes services

Le planning familial

- documents divers

statistiques, cartes, et documents divers (1918-1997)
legislation.

«Whereas Europe favours exchanges of men and ideas between countries which make it up, we note that the social ground proves less permeable to these new datas»¹.

«...patient and laborious building of an institution constantly got again under way »
Pierre Laroque.

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Thesis Proposal

Name:	Margarita León
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Course:	PhD Social Policy and Administration (October 1996- June 1999)
Supervisor:	Steen Mangen
Title:	<u>The Gender Dimension of the Spanish Social Protection System (1976-1996)</u>

Central Problematic

The central object of investigation is to make gender part of a theoretical and empirical framework for welfare state analysis, through the specific case of the Spanish welfare state.

I set out the research proposal by suggesting two main questions: To what extent - and in which way- does the social protection system in Spain affect gender differently in terms of outcomes for men and women; and What are the potential factors that explain that degree of gender difference. Therefore, my concern in this study is the way in which social provisions in Spain are shaped by sexual divisions of labour and the causes of the actual configuration of the system.

Although this research study focuses in the analysis of just one country -Spain- , one of the aims is to integrate the Spanish case within the European context, without leaving the gender perspective. The goal here will be to find out what part of the evolution of the Spanish social protection system corresponds to its particular pattern of development and organisation and what corresponds to other countries' influence. The fact that the Spanish welfare state develops latter than most of the European countries means that in developing the system there should have been a welfare state' regime taken as a kind of model.

Finally, the gender analysis of the welfare state will lead to the actual highly controversial issue of the crisis of existing models of welfare states. Through the focus on gender issues , I will suggest a reflection of the viability of those established models and possible future evolution of new forms of protection. Thus, after the empirical analysis, I will come back to a theoretical debate where mainstream and feminist theories do not always concur.

Objectives

- Objective 1: To analyse and measure the degree of different access to the social protection system for men and women in Spain, from 1976 to 1996.
- Objective 2: To find out what has been the interplay between the market, the state, and the family in the configuration of the Spanish social protection system. Changes over time (1976-1996).
- Objective 3: The policy making process: social and political actors involved in the implementation of social policy over the last twenty years. Has *pactism* between trade unions, employers' organisation, political parties and the government been crucial on shaping the current structure and organisation of the system. Has gender been an issue all along the policy making process? Role of feminist groups and women's organisation in the implementation of social policy in Spain
- Objective 4: What has been the welfare state' regime that has been used as a model for the development of the Spanish welfare state once democracy was established? Has Spain constructed its own particular model of welfare state or has it followed other country's structure?

Hypotheses

The objectives explain above will be analysed through the formulation of the following hypotheses:

- Hypothesis 1: The Spanish social protection system affects gender in a very different manner, women are less protected -on an independent basis- than men. The conditions of receipt of social benefits and the level of entitlement privilege the sector of the population with a strong and stable relation with the labour market. Women, with a much more precarious relationship within the labour market are prejudiced by the system.
- Hypothesis 2: Due to the configuration of the benefits, women have access to the benefits from their husbands' employment and contribution record. Therefore, they profit more from derived than individually acquired benefits. The dependent status of 'wife' is encouraged through social security provisions. The Family is a basic institution in the provision of social rights.

Hypothesis 3: *Pactism* between trade unions, employer's organisations, political parties and government has dominated social planning and implementation. Feminist groups and women's organisations have been excluded in the process, therefore gender issues have not been relevant in the social planning of the last 20 years in Spain. The system has ideologically encouraged the male breadwinner type of family. Women independence has not been seen as a priority by the different social agents.

Hypothesis 4: The Spanish social protection system has been developed following the conservative regime-type of welfare state. Once democracy was established, continuity with the previous system in the field of Social Security has been the main goal of the first democratic governments and not the universalisation of the protection offered.

Hypothesis 5: The system of social protection appears to have small efficiency on income redistribution between men and women.

Methods to Test the Hypotheses

- Secondary analysis of statistical data on the public pension system and the unemployment benefits: Socio-demographic and socio-economic profiles of the beneficiaries. The impact of social transfers for men and women. Period of time covered (1976-1996)
- Legislation on Social Security from 1975 until 1996. Major reforms. Changes in the Conditions for entitlement. Time constraints, periods of qualification. Configuration of the benefits - the scale of protection provided, range of risks covered.
- Patterns of financing and spending of the Social Security System
- Labour market performance for men and women: Patters after major labour market reforms
- Revision of the decision making process. Outcomes derived from specific economic and political pacts between the social actors.
- Interviews to key figures on social planning in Spain and leaders of the feminist movement in Spain

Specification of Concepts

Definition of Social Protection System:

ESSPROSS (European System of Integrated Social Protection Statistics) defines social protection as *a system that consist of transfers in cash or kind¹, to households and individuals to relieve them the burden of a number of distinct risks or needs. Specifically these risks are: Old Age, Survivors; Disability; Occupational accidents and diseases; Family; Maternity; Sickness; Unemployment; Placement and vocational guidance; Housing; and Miscellaneous (all benefits that cannot be classified under other functions) .*

For the present research topic the concept of “social protection system” is operationalised as follows:

1. The public pension system (cash benefits)

The public pension system consists of three main types of pensions:

- a) Contributory pensions
- b) Non contributory pensions
- c) Assistentialist pensions

and the areas that are covered are: Employment injuries and occupational diseases; Invalidity; Retirement; Widow(er) pensions; Orphan and Family benefits ; maternity leave.

While contributory pensions are based on the occupational history of individuals in their working life, b, c, and d do not have a direct connection with the labour market, they are designed for those individuals with economic needs and that do not reach the conditions for a contributory pension.

2. The Unemployment Protection which also consists of contributory, non contributory and assistentialist subsidies.

¹ The services of social protection include: personal distribution to individuals or households; direct provision of goods and services; and fiscal incentives (tax deductions and credits).

Period of time

The analysis pretends to cover the evolution of the Spanish Social Protection system from 1976 to 1996. 1976 sets up the starting period of contemporary democracy in Spain. The analysis of those twenty years will show the evolution of the present system of social protection from the authoritarian regime (1939-1975), the *transition* period (1976-1982), the socialist governments (1982-1995) and the actual conservative government.

Theoretical Background (Initial Literature Review)

Framework for analysing the gender dimension of the Social Protection System

From the feminist perspective the point of departure to analyse the gender dimension of welfare states has been to focus on the public/private division. They claim for the integration of the family along with the market-state nexus. What is needed, they argue, is a theoretical focus that outlines the implications of a systematic gender difference in terms of access to social rights based on the public/private dichotomy.

Classical and contemporary mainstream theories have always privileged the market-state nexus in welfare state's analysis. By so doing, only class divisions are placed on the centre, leaving outside other types of social divisions such as gender division. The concept of Citizenship - first defined by Marshall- has been central for this understanding of the nexus welfare state- labour market

Marshall understands the concept of citizenship as a status which is enjoyed by a person who is full member of a community. Social rights - the third component of citizenship- are embodied in the welfare state and are defined as the right to participate in an appropriate standard of living. Marshall's theory asserts a permanent tension or contradiction between the principles of citizenship and the operation of the capitalist market. The relationship between citizenship and the labour market is analysed by Marshall in terms of class. The term *decommodification* addressed by Esping-Andersen - one of the main contemporary indicators to measure welfare states development- is directly influenced by Marshall's notion of citizenship: the degree to which social rights

are guaranteed independently of pure market forces, when a person can maintain a living without reliance on the market.

By asserting the connection between social rights and social class, the problematic relationship between citizenship and dependency in the family is not considered. Women quite often are not incorporated into the welfare state as independent citizens but as members of the family.

The meaning of citizenship for women needs to focus in other "non visible" issues that have also given shape to the configuration of the welfare state. The implications of the public/private dichotomy in terms of the welfare state is that by making the notion of citizenship only relevant to the public, independent and productive sphere, the connection or the importance of the private, dependent and reproductive work is completely ignored and yet "the public character of the sphere of civil society/state is constructed and gains its meaning through what it excludes: the private association of the family" (Pateman 1989 p.183)

Therefore, the main idea is that the market-state nexus as a framework to analyse the welfare state is not satisfactory when women are brought into the picture: the family has to be included along with the market and the state. This has a number of implications:

- Unpaid work has to be considered along with paid work
- Attention to other types of independence apart from independence from the market (de-commodification)
- A view of the welfare state not only as a de-commodifier agent but also as a commodifier (the extent to which state encourages (or discourages) women's independence from caring and family responsibilities.
- To understand that social provisions are shaped by sexual divisions of labour and at the same time to recognise that social policies affect women and men in a variety of different ways

Timetable

October 1996-March 1997: Background Academic reading of related theoretical and empirical issues. Narrowing down the research question

April 1997- June 1997: First and Second draft Chapter: I Chapter: *The Gender Dimension of the Welfare State* Revision of the mainstream theories of the welfare state and the review of the critiques made from a gender perspective. The Gender approach to the analysis of welfare states. II Chapter: *Gender and The Origins of the Spanish Welfare State*

July 1997-September 1997: Methodological Design of the empirical research, formulation of the hypotheses

September 1997- March 1998: Field Work: Data collecting. Interviewing

April 1998- September 1998: Data processing. Conclusions of the Empirical research

October 1998- May 1999: Writing up

June 1999: Submission

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Preface

Since November 1994, I have worked on a dissertation about the history of the Dutch social security system between 1901 and 1967. My research project focuses on two questions: How can the specific characteristics of the Dutch system, and the pace at which it has developed, be explained?

With regard to both the characteristics and the pace of development, the Dutch system does not fit any existing mold. It incorporates, for instance, elements of all three types of social systems developed by Esping-Anderson. However, in my view, the Dutch social security system and its development are not unique.

In order for the Dutch model to 'fit' the analyses of the history of other European social security systems, I have tried - by constant cross-examination of comparative literature and the Dutch history - to construct a 'new' model as a point of departure. In the centre of this model is the contrast between the 'old order' (the *ancien régime* based on 'monopolistic' economic, political and social relations) and the 'new order' (the 'modern' industrial society based on 'rational' production and the 'free market').

In my opinion, to understand why the transition from old types of social care to social security occurred in a different way and at a different speed in each European country, it is necessary to identify the specific 'old social order' from which the 'new order' emerged. The way in which the old and new social order merged or clashed also determined the fashion in which social security systems developed in different countries.

On the basis of my model I developed the following hypotheses:

1. The types of social security systems and the pace at which they developed in each nation was determined by the strength of the old social order and its world view.
2. The position of none of the social groups regarding social security was fixed beforehand. It was dependent on the strength of the old order.
3. Social security developed rapidly in countries where the old order was dominant or had disappeared completely.
4. Where the old order was dominant, 'conservative' systems were set up that perpetuated

societal inequality (Germany, Austria). Where the new order dominated, a 'liberal' system was set up that promoted social mobility (Great Britain). Where the old order and the new order balanced each other out, systems developed lacking in coherence, which generously afforded privileges to interest groups and local authorities (The Netherlands, Belgium, France).*

After the construction of my comparative model, I have studied the history of the Dutch system in detail. For this purpose, I used secondary sources whenever possible. Only in cases of doubt or gaps in the existing literature did I turn to primary sources such as archives, autobiographies, etc. The paper I am presenting here is the initial result of this detailed research.

Marcel Hoogenboom
November 1997

* I presented a first outline of this model to the 8th Meeting of the European School on Historical and Comparative Sociological Research on Social Policy (1996) in Bielefeld: *Hierarchy, Dependence and Protection - The History of the Dutch Social Security System in a Comparative Perspective*.

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'A leap in the dark' - 'Self-management' in the history of Dutch social insurance

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Parliamentary history of Dutch social insurance¹ is usually described in terms of a battle between three political groups: Catholics, Orthodox-Protestants and Social-Democrats. As most historiography has it, these groups came together in the 1930s and 1940s, after considerable discord at the beginning of the century, and proceeded to build the extensive system of social security that the Netherlands knows today. Some authors have also cited the role of progressive-liberals in this arrangement, while hardly anyone pays attention to the so-called conservative-liberals, who were, in a sense, the heirs to Dutch nineteenth-century liberalism.² This disregard is hardly surprising: partly because of the gradual expansion of suffrage since the late 1880s, the group was rendered virtually an endangered species in Parliament. Of the 44 seats it held in the Lower House in 1888 (out of 100), only 10 were left by 1918, the year general suffrage went into effect in the Netherlands. The conservative-liberals did, however, keep close contacts — through family ties, business and social connections — with the civil service, the press, and particularly with the big liberal employers, who, until the 1920s were considered the main representatives of business interests in the Netherlands.

This group consisted mainly of entrepreneurs in trade, banking and shipbuilding, largely originating from Amsterdam and Rotterdam. Though the companies they owned and managed frequently dated from the 19th century, their riches and economic power very often originated in the 17th and 18th centuries and, sometimes even in the 16th century. The same applied to their prestige and political power: many of them were members of families that had dominated the municipal, provincial and national administration from generation to generation. By the end of the 19th century, this group of entrepreneurs was strengthened by some 'early' industrial employers (mainly in textile and metalworks), who, for the financing of their companies and access to foreign markets (above all to the Dutch East Indies) were highly dependent on the old entrepreneurs.

These liberal employers had no objections on principle to mandatory insurance of their labourers against a number of the risks of working life. Some of them, like manufacturers Stork and Van Marken, had by the end of the 19th century even established their own company funds for that purpose.³ However, the liberal employers wanted to keep the administration of *national* social arrangements as much as possible in their own hands, because — as they and their conservative-liberal allies in parliament kept insisting — administration by the state would be much more costly and would entail an unruly bureaucracy. The influence of conservative-liberal politicians

¹ The development of the administration of unemployment insurance will not be considered here. It requires an entirely different analysis.

² The conservative-liberals were organised in the *Liberalen Unie* ('Liberal Union') and the *Bond van Vrije Liberalen* ('Federation of Free Liberals'), which merged into the *Vrijheidsbond* ('Liberty Federation') in 1921.

³ R.J.S. Schwitters, *De risico's van de arbeid - Het ontstaan van de Ongevallenwet-1901 in sociologisch perspectief*, (The risks of labour — The Origins of the Accidents Act of 1901 in a sociological perspective), Groningen 1991, 172-178.

and big liberal employers became apparent at the outset in the realisation of the first social security arrangement: the 'Bill on Accidents' of 1901 (*Ongevallenwet-1901*). Through a crafty combination of petitions and personal interference, they managed to get Parliament to authorise not only the State Insurance Bank (*Rijksverzekeringsbank*) to administer the bill, but also the employers.⁴ Thereby the principle of 'self-management' in social insurance was born.) *

In obtaining the right for employers to carry out social insurance arrangements, the conservative-liberals received unexpected support from the orthodox-Protestant parties ARP and CHU. In the historiography, these parties have habitually been labelled the champions of the idea of self-management, usually in reference to their battle for the autonomy and subsidisation of denominational education. However, the idea of self-management *in social insurance* was by no means an invention of the orthodox-Protestants, and certainly not of the ARP. The representatives of the orthodox-Protestant 'petite bourgeoisie' - the CHU merely represented the orthodox-Protestant upperclass - envisioned in the administration of social insurance legislation, a corporate organisation in which labourers, employers and civil servants would work together in harmony, preferably on a local level. This idea, described at length at the end of the 19th century by the great ARP-leader Abraham Kuyper, was, however, suddenly abandoned by orthodox-Protestant MPs during the debates of the Bill on Accidents.⁵ Instead, ARP and CHU (as well as some conservative Catholics) gave their support to the conservative-liberals and their model for self-management, handing them a majority. In later years this scenario was repeated at various times, as we shall see.

Centraal Beheer

In the meantime, the liberal employers were taking action on their intention to administer the Bill on Accidents themselves. In a short period of time, associations were established throughout the country, through which employers could re-insure themselves against the risks the law had burdened them with. In 1902, many of these associations joined a national, cooperative organisation that was to administer and coordinate their policy. '*Centraal Beheer*' ('Central Management'), as this cooperation was called from 1909, immediately presented itself as an extremely aggressive and expansionist organisation. Under the leadership of its chairman, F.E. Posthuma, it fought by all possible means its main rival in the administration of the Bill on Accidents, the State Insurance Bank. *Centraal Beheer* also tried to expand its sphere of activity to sectors that were not yet within reach of the law, such as agriculture and fisheries. That way it hoped to make self-management take root in these sectors before new legislation would put a state body in charge. This strategy soon yielded rewards. In 1913, the liberal employers — thanks again to a parliamentary majority of conservative-liberals, orthodox-Protestants and some conservative Catholics — obtained the right to administer the new 'Bill on Illness' as well as the 'Bill on Incapacity and Old Age'. Two years later, Posthuma — by then minister of Agriculture, Trade and Industry (1914-18) — even managed to persuade Parliament to leave the administration of a bill on accidents for sailors *exclusively* to the employers in that sector. In both cases, the "fact" that self-management had proven its great value in practice", as Posthuma put it during

⁴ W. de Vries, *De invloed van werkgevers en werknemers op de totstandkoming van de eerste sociale zekerheidswet (de Ongevallenwet 1901)*, (The influence of employers and employees on the realisation of the first social security act (the Bill on Accidents of 1901), Deventer 1970. OERND CUI. I SCWV31E

⁵ J. Mannoury, 'Enkele legislatieve aspecten van het groot-amendement-Kuyper op de Ongevallenwet-1901', ('Some legislative aspects of the Kuyper amendment on the Bill on Accidents of 1901'), in: P.A.J.M. Steenkamp & G.M.J. Veldkamp, *Sociale politiek opnieuw bedacht - Opstellen voor prof. dr F.J.H.M. van der Ven*, Deventer 1972, 111-117. 7

debates about the latter bill, was the decisive argument for a majority in Parliament.⁶

Not everyone subscribed to this observation. Particularly the social-democrats of the SDAP (Labour Party) and the NVV Labour Union did not tire of pointing out the major drawbacks of self-management. They found that the government had to protect labourers from employers, and therefore advocated full administration of social legislation by state institutions like the State Insurance Bank. As early as the parliamentary debates about the Bill on Accidents of 1901, Labour Party leader P.J. Troelstra expressed fear that labourers were not (yet) able to stand up against potential abuse of the freedom employers could derive from self-management, or to denounce such abuse publicly. After the Bill on Accidents was adopted, *Centraal Beheer* was for years castigated especially by Labour Party MP J.E.W. Duys. According to Duys, the liberal employers' drive for their own administrative organisations had not been motivated by fear of high costs and red tape, but rather by fear of a breach of the "patriarchal relation between patron and labourer". By keeping the state and trade unions from looking over their shoulder, Duys contended, the employers could get away with almost anything towards their labourers. Through large-scale coercion and intimidation, they would be able to effectively prevent their labourers from claiming any industrial injury benefits to which they were entitled.⁷

Duys' accusations were not entirely unfounded. In the first years after the adoption of the Bill on Accidents, several institutions reported a fairly widespread practice of evasion of the law and concealment of accidents. Punishment of such practices was almost impossible because hardly any labourers would be willing to give evidence against their employers. In 1906 for instance, despite reports of large-scale evasion of the law, only three employers had to appear in court (one of them was acquitted; the others were sentenced to a fine of 50 cents).⁸

These and other reports aroused growing suspicion against self-management, also in Catholic and ARP-circles. Under pressure from their own labourer followings, the political parties of these groups found themselves compelled during the course of the 1910s to withdraw their support for self-management, and to provide a more practical execution of their grand theoretical views about a corporate administrative organisation. In Parliament, this gradual change of position caused a further complication of the debate, as well as a deadlock between three camps with three virtually incompatible opinions about the administration of social insurance. Of the original supporters of self-management, only the conservative-liberals and the Protestant CHU were left. However, these parties — hardly differing from each other in political positioning and electoral support, except where moral-religious issues were concerned — occupied a powerful position in Parliament: without their support, a 'right-wing' parliamentary coalition was unthinkable for the time being. And because the preferences of both other ecclesiastic parties (corporate administration) and social-democrats (administration by state bodies) were irreconcilable, social legislation came to a screeching halt at the end of the 1910s. Even a simple 'introduction order', needed to make the already adopted Bill on Illness and the Bill on Incapacity and Old Age of 1913 go into effect, could not pass the Lower Chamber due to discord.

⁶ J. Schoonenberg, *Particulier initiatief in de arbeidersverzekering - Ontwikkeling van de positie der bijzondere uitvoeringsorganisaties in de wetgeving*, (Private initiative in labourer insurance — Development of the position of special administrative organisations in legislation), Paris 1930, 69-70.

⁷ J.E.W. Duys, *Het mislukken van het "particulier initiatief" en de "risico-overdracht" in zake sociale verzekering*, (The failure of 'private initiative' and 'risk transfer' concerning social insurance), Amsterdam 1908, 5-7.

⁸ *Jaarverslag der Rijksverzekeringsbank*, (Annual report of the State Insurance Bank), Amsterdam 1906, 44.

The Posthuma-Kupers Plan

The big losers of this political game were the labourers. After 20 years of grim struggle, both in Parliament and out, virtually the only accomplishment was an inadequate arrangement on accidents. In case of illness, incapacity or old age, only a quarter of them could claim mutual funds or company funds; all others were still dependent on benevolence for the poor, a humiliating alternative. This situation aroused growing frustration among trade unions. More and more often the question was asked whether the battle for administration of social insurance arrangements by state bodies was worth the long delay of legislation.

Therein lay an excellent opportunity for the liberal employers and *Centraal Beheer* to gain new support for amendments to the Bill on Illness (still not adopted). In the summer of 1920, Posthuma, who had returned to *Centraal Beheer* after his tenure as minister had ended, invited Labour Union secretary Kupers to participate in consultations about a new proposal from the employers. Kupers complied, and in April 1921, after a few rounds of negotiations in which Catholic and orthodox-Protestant trade unions were included, a joint draft Bill on Illness was presented, soon named the 'Posthuma-Kupers Plan'. By signing this agreement, the Labour Union more or less gave its blessing to the organisational form developed by liberal employers from the beginning. Although the agreement left the daily administration of the illness insurance to so-called *bedrijfsverenigingen* ('company associations'), to be governed collectively by workers and employers, these associations remained under the jurisdiction of employers' organisations. In exchange for this concession from the trade unions, the employers loosened the purse-strings. Unlike the earlier adopted Bill on Illness, the Plan obliged the employers to pay the entire premium; sick labourers were to be paid 80 per cent of their last-earned wage, compared to 70 per cent in the Bill of 1913.⁹ In a sense, it turned out that Duys had been right all along: the employers had been primarily after power, not money.

Initial reports about negotiations and then the publication of the Kupers-Posthuma Plan, caused a big commotion in Labour Party circles. The social-democratic press cried out against this 'betrayal' by the Labour Union, while senior Labour Party officials such as Wibaut, Boekman and Duys openly dissociated themselves from the agreement reached by Kupers. According to E. Boekman, the Labour Union's signing of the Plan was an irresponsible "leap in the dark". Just like Troelstra and Duys had done before, he pointed out the great dangers of an administration dominated by employers: who could guarantee that the labourer would receive his illness benefits if the boss controlled the funds? "Should his employer be deceitful, should he be unwilling, should he be unable to pay, this would of course involve a great deal of difficulty and misery for the labourer, and in many cases could probably cost him his benefits and, moreover, his job", Boekman said.¹⁰ Kupers and his associates came under pressure privately as well, and after heated debate on various political panels, it became clear that the Plan could not count on a majority in Parliament. The Labour Union hastily withdrew its support for the agreement.

Roman-Red Coalition

After the Labour Union's withdrawal, it seemed as though the political battle for control of social

⁹ *Proeve van een ontwerp Ziektewet*, (Plan for a Bill on Illness), 1921.

¹⁰ E. Boekman, 'De Ziektewet-Talma - Is de invoering in het belang der arbeiders?', ('Talma's Illness Act - Does its adoption serve the labourers?'), in: *Het Volk* (social-democratic newspaper), 24th and 30th November 1920.

security administration was about to start from scratch. In the background however, a new player presented itself, one that would assume an increasingly important role as the 1920s proceeded: the Catholic employers. These industrialists, who produced primarily for the home market, had until World War I been a negligible factor, politically. Not only were they scarcely organised, they had also been stymied in their efforts to develop their companies because of the free trade policy of the Dutch government, so that their economic power was not significant. This situation changed unexpectedly when the country was sealed off from the outside world by British and German blockades during World War I. In the absence of foreign competition, the companies of the Catholic employers experienced unprecedented growth. With this shift in the balance of power, the Catholic employers could, after the war, finally pursue their goal of a more active industrial policy and a more protectionist policy on trade. In doing so, they immediately found themselves diametrically opposed to the great protagonists of government restraint and free trade: the liberal employers and the conservative-liberal political parties.¹¹ In order to counterbalance these powerful opponents, the Catholic employers started looking for new allies in the 1920s.

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The challenge posed by the Catholic employers would eventually break the stalemate in the battle over the administrative organisation of social insurance. Without consulting the other employers, they reached an agreement with the Catholic trade unions in 1928 on the administrative organisation of the Bill on Illness. Under pressure from various sides, this agreement was tabled as a bill in Parliament shortly after by minister J.R. Slotemaker de Bruïne.¹² It immediately received the full support of the Catholic MPs. More notably, the Labour Party also sided with the bill (as did the Labour Union outside Parliament), creating the first majority in 15 years for any form of administration of social insurance, and allowing the Bill on Illness to finally pass. The sudden collaboration between Catholics and social-democrats was a political breakthrough. For the first time, both political groups dared to seek each other's support on an important political issue, bypassing their traditional allies. Thus the seeds were sown for a productive cooperation in the post-war period, known as the 'Roman-Red Coalition'.

The secret behind this initial cooperation was in the contents of the agreement between the Catholic employers and trade unions. The solution they had devised for the administrative problem was as innovative as it was fundamental. Just as the Posthuma-Kupers Plan, the proposal of the Catholic organisations put *bedrijfsverenigingen* (company associations) of employers and labourers in charge of carrying out the Illness Act. However, in order to eliminate fear among the trade unions of domination by the employers, the proposal contained two safeguards. First, only those *bedrijfsverenigingen* that were established by employers and workers together and governed by both parties on the basis of equality, were allowed to administer the Illness Act. Second, the onus for carrying out the terms of the agreement was put on *centralised* employer and labour organisations; only those *bedrijfsverenigingen* founded by them could be recognised

¹¹ P.E. de Hen, *Actieve en reactieve industrialisatiepolitiek in Nederland - De overheid en de ontwikkeling van de Nederlandse industrie in de jaren dertig en tussen 1945 en 1950*, (Active and responsive industrialisation policy in the Netherlands - The government and the development of Dutch industry in the 1930s and from 1945 to 1950), Amsterdam 1980, passim.

¹² My attention was drawn to this agreement by: J. Eikema, *De invloed van werkgevers(organisaties) op de totstandkoming van twee sociale verzekeringswetten in Nederland: de Ongevallenwet en de Ziektewet (ca 1900-1930)*, (The influence of employers (and their organisations) on the realisation of two social security acts in the Netherlands: the Bill on Accidents and the Bill on Illness (about 1900-1930), unpublished MA thesis, Amsterdam 1980, 87.

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as administrative organisations by the Minister of Social Affairs.¹³ The historic significance of the latter clause can hardly be overstated. Its adoption has not only greatly influenced the further development of social insurance, but also, more generally, the way in which labour relations in the Netherlands would later be shaped. After the adoption of the Illness Act, the national political arena — and not the work floor — became more and more the place where employers and workers negotiated conditions of employment.

In the end, full centralisation of illness insurance took longer than the architects of the Illness Act had hoped. As a consequence of a transition clause, included in the law at the last moment at the behest of conservative-liberal and CHU MPs, and extended repeatedly in the 1930s, some employers' associations retained the right to carry out the law for several more years. Only with the enactment of the Organisation Act on Social Insurance of 1953, did these so-called 'incomplete *bedrijfsverenigingen*' disappear for good.

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¹³ The proposal left the possibility open to establish so-called 'sectional funds' on a company level (governed by employers and labourers), but not before the labourers agreed with this in a secret ballot. Likewise, an existing sectional fund could be terminated by the workers. The fund would be under full supervision of the *bedrijfsvereniging*, and labourers could appeal actual decisions of the fund.