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Irina Grigoryeva, Irina Pervova, Anna Smirnova

INEQUALITIES IN ELIGIBILITY FOR SOCIAL CARE: AN INTERNATIONAL CONTEXT

The issue of eligibility in social care systems has been the subject of extensive scholarly debate, particularly with reference to advanced industrialized countries and their welfare regimes. Our main research question was to consider how eligibility for social services is regarded in three countries (the UK, Finland and Russia) and whether experts and authorities in these countries share similar notions when discussing the concept and criteria of eligibility. Eligibility issues are of interest as they can clearly highlight differences in varying regimes of social welfare. While the social-democratic regime is built on the basis of maximum eligibility for social services, the neoliberal regime is based on addressing the demand for social services. Different actors are interested in different schemes of eligibility. On the one hand, citizens are interested in broader eligibility. On the other hand, business seeks to reduce the tax burden as much as possible. The state stands between these two powerful actors and is motivated by the somewhat conflicting desires to reduce public spending while simultaneously bolstering its legitimacy and retaining the support of the electorate.

Key words: eligibility, welfare regimes, social care, citizen rights

This article seeks to advance discussion of the modern turn to neoliberal policy and the marketisation of social services all over the world. This is achieved by offering a framework for examining how these changes influence eligibility issues.

Irina Grigoryeva – Doctor of Science in Sociology, Professor, St. Petersburg State University, Russian Federation. Email: soc28@yandex.ru

Irina Pervova – Doctor of Science in Sociology, Professor, St. Petersburg State University, Russian Federation. Email: pervovai@mail.ru

Anna Smirnova – PhD (kandidat nauk) in Sociology, St. Petersburg State University, Russian Federation. Email: anna.c.smirnova@gmail.com

It is argued here that these changes produce larger inequality, a point that is explored by employing examples from country case studies.

The term "eligibility" refers to differences in regimes of social welfare (Abrahmanson 1995, 2010; Brennan et al. 2012). Access to welfare state provisions is seldom unconditional. A number of commonly used rules of eligibility, contingent rights and contribution rules can therefore be identified. For example, after passing the Universal Declaration of Human Rights in 1948 many nations provide the right to benefits based on the contingencies of unemployment, sickness, disability, or age. This can be described as a contingent right (Twine 1994). It emphasizes the importance of measurement to establish the extent and depth of exclusion and to monitor progress toward inclusion.

In these terms, eligibility should be understood as criteria that must be satisfied in order for a person to have a right to a particular service, such as medical care, education, housing or social services. All countries strive towards the establishment of equal and equitable criteria in laws regulating the provision of social opportunities for all citizens and the prevention of discrimination. In practice, however, the true extent of eligibility can only be discovered when the actual level of accessibility to services or goods is measured in accordance with the eligibility criteria that regulates which people have the right to access them.

Eligibility also entails two other terms: accessibility and availability of social services. Access can be defined as the actual use of services and everything that facilitates or impedes their use. Furthermore, access can be viewed as the link between the population and the system providing social services (Andersen, Davidson 2007; Graves 2009). With regards to availability, researchers have distinguished the following important dimensions; being "available “to really meet clients” needs"; being geographically accessible so as to "to be in line with the location of clients"; and ensuring "the organization of care meets the clients’ expectations" (Obrist et al. 2007). In other words, availability means how readily available a service is, even to those who qualify under the eligibility criteria; while accessibility refers to how easily those satisfying the eligibility criteria can claim their benefit.

Eligibility criteria also serve as gatekeepers, granting access to some but denying services and goods to others. By applying specific criteria and procedures, a person is identified as belonging to a pre-defined group, and thus, is "eligible to benefit". Certain resources or programs are believed to be essential in ensuring positive outcomes for individuals, for instance, better health, limiting the impact of impairment on daily life, or improving participation in specific areas of life.

The type and level of welfare in a country determines the actualization of citizen rights and the accessibility and availability of services. At the same time, a welfare state places conditions on eligibility in terms of its scope, potential, limits and capacity. Eligibility criteria are designed to meet the needs of various groups, including both vulnerable groups and the active population, who can enjoy different levels of accessibility to and availability of services.

The article offers a review of how eligibility issues have transformed recently under neoliberal pressure and, more concretely, how they are developing in three countries with different welfare regimes that are influenced by local histories and practices. The authors question whether this transformation has led to a decrease in inequality, or if the changes have merely been aimed at alleviating budget problems by cutting expenditure on satisfying the needs of citizens.

Shaping Eligibility

Given that excessive bureaucratisation of all administrative structures in modern states (Luhmann 2000) is combined with low efficiency, the central goal of the neoliberal agenda today is to develop a number of agents able to provide eligible welfare. This means the state must coordinate all welfare providers, organising tenders for financing and, most importantly, decreasing the number of informal interactions between state or business structures that manage resources and NGOs (Cook 2011). The relationship between that welfare-providing state and other welfare channels, such as civil, voluntary and charitable organisations, the market and the family, has generally been obscure and difficult to characterise.

Gosta Esping-Andersen (1990) and later European authors (Aspalter 2011; Citroni, Sicora 2015; Jaeger, Kvist 2003) saw the interaction of the state, the market and civil society (or the so-called "triangle of wellbeing") through the mediums of taxes, social payment and employment. However, family connections, households and employment were not investigated, which was a source of criticism by gender sociologists (Hiilamo 2004; Razavi, Hassim 2007). The chains of interactions between family and work, such as what women's employment gives to a family and what it takes away, are issues that were analysed from the point of view of women's "double employment" during the early periods of family life (Iarskaja-Smirnova 2004; Orloff 2006).

At the same time, the important role of family as a subject of social policy was an issue that led to the idea of the square/rhombus/diamond of welfare. Initially, the Catholic/South European model of the "triangle" was considered "rudimentary" (Abrahamson 1993; Abrahamson 1995). However, after only a short amount of time, the idea to include the family was developed independently by Latin American Catholic philosophers, who proclaimed that the time had arrived for a "civilization of care" rather than a "civilization of work" (Hittinger 2011; Olthuis, Dekkers 2005). The model whereby human relations are transformed under the pressure of globalization, growth of consumption and efficiency, and neoliberalism, as a whole, was criticized. Developed bureaucratised or "market forms" of care were declared "cold", while "care", as an analytical category, was used as the antonym of "service" (Hittinger 2011)

In today's post-industrial societies, there is a new process whereby commodifications are transformed by the rapid growth of employment in the service delivery sector, especially for elderly care. Housework is not considered a female task

anymore and it is not rare for a woman to build a career, while a husband may look after the home and children (Zdravomyslova 1995). Children and homes can also be served by nurses and teachers when parents are busy at work, which can be seen as a form of "cold care" that is not so common. Nevertheless, a market society is opposed to the mobilization of "fiction commodities" (Polanyi 2001) for the following reasons: firstly they disturb the natural order (moral limits), and second, they need to be controlled by the state.

For these reasons, modern families and modern society cannot cope without the commercialization of care and services. Since the end of the 1990s, Germany and France, countries with the most developed systems of social insurance and high tax discipline, have entered into a new type of social insurance – employees pay in advance not only for their pension, but also for care in old age. Other countries have also developed services as a result of subsidies provided by NGOs or corporations that encourage both socially responsible business and charity. The narrowing of the job market in developed countries also might lead to a decrease in full-time employment, and thus more flexible and part-time employment for women and young people, resulting in the appearance of a "precariat" (Standing 2011), which ultimately entails advantages for the "warming" of care as women have more time to spend at home. At the same time the traditional concept of "access" or "accessibility" in regards to services relates more to territorial distinctions, transport distance or the proximity of a client to a social worker from the service organization, whereas in the past women took on the burden of such social services (Esping-Andersen 2000).

There is also a "framework" of laws and policies providing eligibility criteria for health and social care for any citizen or person who lives (sometimes only if regularly) in that country. In this sense, eligibility of services provided by the state means no more than access to water for a horse. If the horse wants to drink it can. If it does not, nobody will compel it to do so. However, this does not mean that water should not be made available. However, many experts today and before have concluded that the end of a "caring welfare state" is quite natural as excessive eligibility always generates a large number of "fare dodgers"; those who receive social benefits without preliminary labour participation (Eisenstadt, Roniger 1984; Habermas 1986; Weitz-Shapiro 2003).

The question of state intervention into citizens' lives has often been a proxy for the question of paternalism. Autonomy can be understood as both an ascribed status and a capacity, the two of which are closely related but distinct. Autonomy emerges out of social relations. As an American policy researcher wrote "our status as autonomous agents is often constituted by larger social relations that configure the distribution of recognition and respect in our society: institutional, cultural, and market relations, among others" (Ben-Ishai 2012: 153). In Western Europe, this approach to social policy was accurately declared in the Manifesto of Blair and Schröder, which proclaimed that the purpose of social policy is "to transform the safety net of entitlements into a springboard towards

personal responsibility" that can increase the professional and social mobility of the population (Blair, Schröder 1998).

Instead of the outdated concept of providing social services, many experts offer self-development programs provided by small business projects, social entrepreneurship and so on. Moreover, many experts argue that the only social development capable of breaking the links between needs, poverty and social exclusion emerges from the growth of education, health improvement and the participation of people in solving their own problems. As such, it is only by taking control of his or her own development that a person can receive the kind of help from society that will allow them to experience real social growth (Sen 1999; Samer 2012). Nowadays we can observe that the empowerment of service users is playing a greater role than bureaucratic ordering or market demand.

The study of National Contexts

Finland, Russia and the United Kingdom were chosen as case studies for various reasons. The United Kingdom was selected as it is the birthplace of liberalism, retaining both a rather high level of social and economic inequality and a long-developed system protecting citizens' rights to minimum social services. Finland is one of the most successful countries in Northern Europe, enjoying a very high level of social and economic alignment and virtually universal access to social services. In the current period, the UK is striving to minimise the reduction in eligibility for services that has emerged as a result of marketisation; at the same time the marketisation of services in Finland is a painful process for its citizens as the state moves away from the social democratic gains of universal access to social services. Russian social policy is contradictory; it has retained many of the outward features of socialism, resisting attempts of modernization and monetization at the legal level. At the same time it is already considerably commercialised at the level of everyday life. However, if Finland is operating under the pressure of a directives of the "common European home", Russia's attempts at liberalisation arise from budgetary difficulties of providing for the considerable number of people at the "bottom of society" that still rely on a diverse number of social benefits.

The United Kingdom (The example of England)

The United Kingdom is a unitary state in which the central government substantially directs most government activity. However, the structure of services in England, Scotland, Wales and Northern Ireland differs in certain respects. In our paper we consider eligibility for social care in England.

Starting more than 20 years ago, there was an increase in the privatisation of social work within England and a shift in the role of social work from a direct service provider to that of a care manager or commissioner in many regions. The majority of qualified social workers (95%) continue to be employed by local

authorities[1] as the growing private sector employs mostly unqualified social care workers. Experts estimate that this trend will continue with a shrinking demand for social workers in adult services and an increased need for unqualified social care workers. According to the 2014 Care Bill, a local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

> (a) contribute towards preventing or delaying the number of adults needing care or support; (b) contribute towards preventing or delaying the development by carers in its area of needs for support; (c) reduce the needs for care and support of adults in its area; (d) reduce the needs for support of carers in its area (Care Bill 2014).

In 2010, reform of social and health care was undertaken. The government has made it clear that deficit reduction takes precedence and £15 to 20 billion of efficiency savings will have to come from the National Health Service (NHS). An emergency budget announced further reductions in public spending; adding an additional £17 billion to that which had previously been projected by 2014/2015. In these difficult times, the NHS is potentially able to assist by reducing access to health care by withdrawing services, extending waiting times or tightening eligibility criteria (Thomas 2010; Duffy 2013).

At the same time, the British Association of Social Workers claimed services have been "restricted to critical cases only, preventive services are being shelved and, overnight, people are being expected to find alternative ways of getting their needs met" (2011). In fact, the UK cuts have resulted in less welfare provision for children. For example, the "Child Protection Plan" became the "Child-in-need plan" with the same being true for the elderly. Several authors (e.g. Brennan et al. 2012; Gal, Weiss-Gal 2013) have pointed out that modernisation or transformation in social care has increased procedures, bureaucracy, documentation, assessment and its standardisation. This has, in turn, led to an expansion of "the state" instead of extension of the "big society" that was promised by Margaret Thatcher (Building… 2009). In summary, reform has decreased the amount of in-depth direct work done with children and families in accordance with the actual service requirements demanded by the new reforms.

Eligibility for services has tightened in the wake of new form, especially in the sphere of the greatest perceived needs being responded to. In recent years, adult services have evolved around a "personalisation" agenda, aimed at giving service users increased choice. The precise nature of how this has impacted on service provision varies between local authorities but in accordance with the assessment requirements, each service user is allocated a budget allowance, which they may

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[1] "Local authority" can mean (a) a county council in England, (b) a district council for an area in England for which there is no county council, (c) a London borough council, or (d) the Common Council of the City of London.

also have partial responsibility for managing. The intention is for them to select and control the services they require. However, there is concern that there may be insufficient safeguards in place and that this approach may not reflect all service users' preferences (Cowden, Singh 2007). Social work has experienced the construction of quasi-markets in social care, the establishment of a care and case management system of work, and the impact of an audit and new managerial culture of organization and service delivery (Adams, Shardlow 2005).

Adult services are audited by the Care Quality Commission, whose remit includes health and social care services. Current figures show that out of 3,911 inspections just over 21 % failed to meet all the required standards (Care Quality Commission 2014). There are concerns that the quality of private care is lower than previously provided by local authorities with pressure on care providers to keep the cost of services down and turn a profit. As for children's services, they continue to be stretched. Seen as the most complex and stressful area of service provision, departments struggle to recruit experienced social workers and are reliant on the newly qualified to maintain safeguarding services. Between 2002 and 2010 there was a 70 percent increase in private for-profit childcare in England (Lloyd 2010).

Recent research (e.g. West et al. 2010; Brennan et al. 2012) has raised concerns about the capacity of England's mixed economy to deliver universal, high quality provision of social services. The study of Vincent and Ball (2006) notes that even "skilled and privileged middle-class consumers" find the system difficult to navigate, and other studies say they "have to deploy the full range of capitals available to them, economic, cultural and social, to achieve their purposes in this market" (Brennan et al. 2012: 384).

Finland

The current understanding in Europe is that the Nordic countries, including Finland, have the lowest level of poverty, a highly equitable income distribution and advanced equality (gender, regional, etc.). The Nordic welfare model is considered egalitarian with a high standard of provision. A Social Safety Net, which is premised on the universality of rights, is a central part of the Nordic social policy model. Finland has also followed the Nordic model when designing and providing social security for its citizens. Social assistance and pensions are considered important features of the Social Safety Net. These are designed based on income, property, social status and family situation. The state is mandated to ensure overall well-being with a model based on the following elements: a high level of taxation; social expenditure; a high share of public financing; and service investments.

Politically, social provision is organized at two levels in Finland. The first is at the national level in the Parliament formed by 200 members, and the second at a local level in around 348 Municipalities (Kananoja 2009). Local authorities are mandated to provide basic welfare services such as health, primary (and partly secondary) education and social services. The problem is that

many small municipalities have population of less than 5000, leaving them with weak financial capabilities.

The social protection system consists of two parts: social insurance, and social and health care services. Production and executive power of social insurance belongs to the Central government and to the Social Insurance Institution of Finland (Kela). The Kela is responsible for national pension insurance, National Health Insurance and basic unemployment benefits. Benefits under insurance schemes are uniform. the municipalities are now the main authorities responsible for decisions concerning regional social welfare policy control. However, the municipalities have not gained more power to decide what kind of services they want to provide because most of the social welfare and health care services are statutory. The new power shift laid the foundations for the de-monopolization and privatization of welfare services because each municipality has the right to arrange services. Municipalities organize services either by providing them themselves, or together with other municipalities, or by purchasing them on the market or from other service providers (Kananoja 2009).

Now the welfare state in Finland is remodelling into a "welfare society" by offering proactive welfare services for citizens. A universalistic social policy was introduced in Finland at the time when the state was still developing between the two World Wars. Finland's social policy was geared towards both growth and equity, such as land reforms and compulsory schooling. Since 1992 the role of the market in social and health care has changed dramatically, and reforming education, healthcare and welfare allowed them to evolve towards quasi-markets. The main idea is that there should be neutrality in the role of the market in these sectors as that will provide equal relations from service providers irrespective of their legal status. It is believed that utilising market structures can lead to the best quality of services provided by the private sector (although no facts confirm this). On the other hand, laws are directed towards an increase of efficiency and a decrease in excessive expenses, which is what the market demands.

Any attempt to increase efficiency in providing social services is met with serious obstacles, as there are a large number of private companies in the service market. The interdependence of private corporations and state purposes often results in a stability and balance that positively affects efficiency and quality of service. This interdependence can sometimes cause conflict situations leading to long-term negative consequences (Kangas et al. 2010).

Russia

The main legislative regulation of eligibility to social services in Russia over the last twenty years was the Federal Law on Social Services (1995), which was subsequently removed from Russian law in 2015. Citizens have equal rights in access but the key feature in the liberal orientation of services is to focus services on people who are in the most vulnerable situation. The relationship between federal

and regional government is complex, and regions vary in the level of resources they are able to commit to social services.

The Law defined which people are eligible for social services through the term "difficult life situation", which is described as a situation which he or she cannot overcome independently that is negatively affecting the everyday activity of the citizen. This includes categories such as disability, inability to look after oneself due to old age, illness, orphanhood, low income, unemployment, homelessness, family abuse and loneliness. Thus the Law also defines eligible groups: the disabled, lonely elderly people, orphans, the poor, the unemployed, homeless people, the lonely, etc. The concept of a "difficult life situation" is very unclear for eligibility issues, as it includes diverse identifiers, which can be classified as temporary situations or situations so daunting for an individual or individuals that their social development as a group is halted:

> To conceptualize the requirement for temporary external support, the Russian state bureaucracy has borrowed a conceptual framework from social psychology, pedagogics and psychology of childhood. The concept of the "difficult life situation", seen as a temporary critical condition which must be overcome, has became the central construct (Rogozin 2013: 34–35).[1]

However, a lack of efficiency criteria and the absence of ideas about the results that need to be reached have led to an even greater marginalization of clients and families.

The social services system is described as a system consisting of state enterprises and the organisation of social services, which are deemed to be the property of the regions of the Russian Federation and the public authorities under regional authority. This situation has only begun to change recently towards social partnership with non-commercial and non-governmental organizations. At the same time, many NGOs who received foreign funding were forced out of the services delivery sector. These NGOs had been providing additional services or services to those groups to whom the state did not pay enough attention.

In the socialist regime, social rights in Russia were prioritized, while political rights were neglected. In the transition period (1990s), the main problems were a lack of social rights and welfare. At that time it was very difficult to put social rights into practice due to a lack of financial support. Since 2005, Russia's welfare regime has undergone a major shift. This has included reforms of social service provision to regions and municipalities, introducing market mechanisms in health care and education, encouraging flexibility and labour markets models, eliminating subsidies and entitlements (Cook 2011). At the same time, a new theoretical approach has begun to develop. Instead of "the social state", the concept of "the service state" is used today. Taking into account the size of the territory, this new concept demands the development of "electronic public services," distance education, medical consulting by Inter-

[1] Authors' translation.

net and so on. Ex-president Dmitry Medvedev promoted access to online public services, but the change of the top state officials has led to a change of priorities in service. At the current moment only around 4–5% of the population actively uses these electronic public services (Malykhin 2013).

The situation regarding accessibility to social services in Russia is questionable. Determining access to social services through the concept of the "difficult life situation" can lead to difficulties in formulating eligibility rules and evaluating "failure of aid". Only recently, a new regulating document "Assessing the efficiency of public social aid on the basis of the social contract" was accepted by the Ministry on Labour and Social Protection of the Russian Federation (Act… 2012). The implementation of this regulation, which allows for the assessment of access efficiency through examining the "active measures of citizens" in overcoming a "difficult life situation" which may result in changes or improvements to the material conditions of families, including better access to the services.

From 2015 the old Law on Social Services stopped and a new law came into effect (Federal Law… 2013). The new Law keeps the priority of accessibility but indicates the necessity of addressing social care. So the main principles of social services are declared as the following: "equal free access of citizens to social care regardless of sex, race, age, nationality, language, origin, residence, religion, beliefs and belonging to different communities" (article 4.2.1) and "addressing social services" (article 4.2.2). The main changes are a rejection of the "difficult life situation" concept and the declared aim of establishing conditions for the development of a social services market and the participation of different agencies within it. This will certainly promote more efficiency in social care but only if the state regulates prices and controls the quality of social services (in the case that they are subsided). Otherwise, the eligibility of services will fall and efficiency will remain low.

Conclusion

Our analysis shows continuity in all three countries examined, with recent reform having led to budget savings, but also to an increased gap between the more and less wealthy consumers of social services. This applies to those countries with socio-democratic traditions, such as Finland now, and Russia in the past, and to those with liberal traditions, such as the UK. The commodification of care has become a barrier to increasing both the quality and availability of social services. Moreover, if the earlier inaccessibility of services was generally defined by distance to a social service and lack of transport and roads, now it is also defined by the financial capabilities of clients.

The authors believe that the process of economising budgets cannot always be called neo-liberalisation. Neo-liberalisation demands measures such as improving care, monitoring client situations and developing indicators to measure intervention efficiency. However, all these improvements take time and sometimes they can develop in unexpected paths. At the same time, measurement and monitoring need to

be carried out by professionals, which can lead to more and more paperwork, which in turn add to the bureaucratisation of social services. We cannot avoid mistakes of addressing, or exclusion and inclusion, nor can we avert increasing costs as the World Bank expert warned in 2004 (Grosh 2004). In countries with developed systems of redistribution, such as Finland, and for countries with a tradition of social equalization, such as Russia, neither clients nor professionals will be satisfied with expansions in the principle of addressing, a stage which the UK entered 30 years ago and is still struggling to deal with. Eligibility criteria are therefore becoming a more and more significant tool that can be used by the state to determine who receives services and who does not. This leads to an increase of inequality, both in terms of eligibility for social care and more general social inequality.

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