



Szent István University

Doctoral School of Management and Business Administration

**A comparative study between social policy in Qatar and social policy in the developed countries of Europe: with special focus on old age care in Qatar and Hungary**

**The Ph.D. dissertation**

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## **ABBREVIATION**

- **CDU:** Christian Democratic Union
- **CEE:** Central and Eastern European
- **CSU:** Christian Social Union
- **DEM:** Dual Earner Model
- **EEC:** European Economic Community
- **ETUC:** European Trade Union
- **ETUC:** European Trade Union Confederation
- **FDI:** Foreign Direct Investment
- **GCC:** Gulf cooperation Council
- **GDP:** Gross Domestic Product
- **HDI:** Human Development Index
- **LNG:** Liquid form of Natural Gas
- **MED:** Male Earner Model
- **MENA:** Middle East and North Africa
- **NGO:** Non- Governmental Organisation
- **NHS:** National Healthcare Services
- **OECD:** Organisation for Economic Cooperation and Development
- **OMC:** Open Method of Coordination
- **SPC:** Social Protection Committee
- **UNICE:** Union of Industrial and Employer Confederation of Europe
- **LTC:** Long Term Care
- **PHCC:** Primary Health Care Corporation

- List of European countries acronyms

<b>Belgium</b> (BE)	<b>Greece</b> (EL)	<b>Lithuania</b> (LT)	<b>Portugal</b> (PT)
<b>Bulgaria</b> (BG)	<b>Spain</b> (ES)	<b>Luxembourg</b> (LU)	<b>Romania</b> (RO)
<b>Czechia</b> (CZ)	<b>France</b> (FR)	<b>Hungary</b> (HU)	<b>Slovenia</b> (SI)
<b>Denmark</b> (DK)	<b>Croatia</b> (HR)	<b>Malta</b> (MT)	<b>Slovakia</b> (SK)
<b>Germany</b> (DE)	<b>Italy</b> (IT)	<b>Netherlands</b> (NL)	<b>Finland</b> (FI)
<b>Estonia</b> (EE)	<b>Cyprus</b> (CY)	<b>Austria</b> (AT)	<b>Sweden</b> (SE)
<b>Ireland</b> (IE)	<b>Latvia</b> (LV)	<b>Poland</b> (PL)	<b>United Kingdom</b> (UK)

# **1. INTRODUCTION**

## **1. 1. The study problem**

Humans are social beings. One of the most important field and activity of our lives is the creation, maintenance and improvement of relationships with other people. We strive for being part of communities and experiencing belonging to them, which is a basic human need. Since the appearance of humanity on the face of the Earth, defining the quality and depth of our relations to others, claiming some belonging to us and others as strangers, constitutes a central element of our lives. This classification is resultant in different treatment of people; towards some we feel and act responsible and do the most we are capable of while being neutral or even hostile to others.

All over the course of human history, the idea and practice of mutual cooperation, support, and nursing of those who are considered to be near to us have been around. Up until recently, family used to be considered the smallest and most important building bloc of society, irrespective of civilization or location. In case of necessity, everyone relies on the support of those who are closest to them, i.e. family members in the first place.

Therefore, the selfless treatment of others than family and the idea of social care is not self-explanatory. It stems from the teaching of Christianity, which, at the time, was the only ideology to go radically against the prevailing principle of tit for tat. In turn, it highlighted the need for selfless love, the feeling of inhesion and called for making steps towards social equality. The history of Europe and indirectly, that of the whole world has been changed fundamentally by the spread of this religion. However, the idea of striving for social equality is not present exclusively within the teachings of Christianity – since from the beginning, Islam has also been calling the rich for giving a hand and share their wealth with the poor.

In the modern age, the process of transformation of our social structures and communities began as a consequence of both the increase in total human wealth and the spread of different ideologies. Throughout the long centuries of history, larger and larger human populations started to claim to be of same roots and belonging to each other which lead to the creation of the concept of modern nation. This progress necessarily came in parallel with the institutionalization of human relations and caring of those belonging to the same community. In accordance with the prevailing religious ideologies, the emergence of an all-encompassing social care system for every community, no matter how large in headcount they are, has started, in some regions earlier than in others.

Rooted firmly in Christianity and building on the conception of solidarity and selfless support of others, European and North American countries are seen as flagships of the continuous improvement of social care. Their social care spending is by far the highest all over the world and are expected to skyrocket in the future due to aging. A World Bank study has shown that between 2004-2009, Europe in itself outscored the rest of the world by spending an overwhelming 58% of total world expenditure on social protection.

Due to these changes, social care and benefits have become central issues of public awareness in the Western World and are influencing factors of high politics. A good illustration of the weight of social care is the famous 'Patient Protection and Affordable Care Act' (also referred to as Obama Care) of the United States of America, signed by President Barack Obama in March, 2010. This health reform law promised to widen the circle of those Americans entitled to access health care and insurance at an affordable price, while cutting healthcare spending and improving the quality of healthcare at the same time. The fact that this reform was the outcome of a decade long brainstorming on the highest levels of politics, demonstrates how ponderous and delicate the question of social care is in this part of the world.

Nevertheless, in the last decades, demand for social care system appeared in other parts of the world, too. Thanks to globalization, improvement of technology and flow of information around the globe, masses of people living in other parts of the world have started to long for higher living standards and the security of this higher living standard being backed by the community, represented by the state. Staying realistic, most of the developing countries are very far from catching up with North American and European levels, and it is even hard to imagine that they will reach it one day.

However, there are some countries outside of the Western World which are outperforming it in terms of living standards and accumulated wealth. These countries are usually providers of relatively scarce raw material or energy source such as crude oil and natural gas, or worldwide appreciated hubs of financial or technology related services. The Gulf states and Singapore are excellent examples of these two types, respectively. These countries have the financial capability of affording even higher levels of social spending than states of the Western World do, and all of them have their own model of social care. Thus, if we take a look at the world map of social care, we find that there exist several types of unrelated models which share some common features but are in many aspects different from each other. Finding the basic assumptions on which these social care systems rely on is something that has not been in the focus of the



literature of this field, therefore problematizing and theorizing the social care system in Qatar with relation to the European origins of modern social care systems constitute the main contribution of this work to the field.

## **1. 2. The research scopes –defining social care, social policy, welfare state and welfare regime**

Social care is a very broad notion, and this fact does not allow us to come up with an all-encompassing definition. However, I attempt to capture the essence of it by claiming that social care basically means the provision of any kind of support for individuals irrespective of their gender, age, abilities or social status, in order to enable them to live a more enjoyable life and to proceed towards self-fulfilment. Social care includes all interpersonal provision one can receive either as a child, as a parent or as an elderly person. Social care mainly concerns those who are in need of an extra support (Lalor and Share, 2013: 3–4).

Social care has a twofold vision. First, it stands for enabling the individual to find support provided by the community the individual belongs to, in case of hardships arising in any stages of life. Second, it aims at a more equal society by the reduction of differences between living standards of people. Generally, there is a differentiation between two sub segments of social care: private and public social care. Private social care is concerned with any effort exerted by an individual or a group of individuals upon the improvement of the life quality of someone else, driven by religious or any other kind of personal motivation. This form of social care is in prevalence in most places of the third world and basically everywhere where family-centred social approach is dominant. Nevertheless, it has its traditions in the developed West as well, it is enough to mention the colourful variety of volunteering opportunities. Social care practitioners can be distinguished from social workers by their more direct way in which they approach service users, they are not officials and formal conductors of support. Social workers, however, are connected to an official institution that most of the time provide care as its primary function (Lalor and Share, 2013:8). Public social care, however, refers to the institutionalized form of social care, where the role of supporting the individual in any case of harm or problem is undertaken by the state. Naturally, family members and friends do support each other in this case, too, but to a lesser extent. Within political systems where public social care is applied with success, every citizen bears a dual role. On the one hand, the individual contributes to the maintenance of the system by paying taxes and sometimes even working personally in this field. On the other hand, every member is a beneficiary of it by receiving certain support with respect to the arising needs.

Notwithstanding, both branches of social care would be worth examining in detail, however, the subject of research is confined to the discussion of public social care as the “Western” and the Qatari social care systems belong to the public form of social care provision.

As mentioned before, public social care is designed to assist people when they face hardships of life. In an average developed welfare state, this assistance can be classified into several types based on the life stage and situation of citizens. Without aiming at the disclosure of a complete list, some fields of public social assistance and related examples are listed below: health (sick pay, accident allowance, disability allowance), old age (pension, free transportation of pensioners), job and career (unemployment benefit, entrepreneurial allowance, job searching benefit before pension), family and relatives (housing provision, child care, family allowance, orphan care, widow’s pension), education support (state scholarships, loans), etc. (Essays UK, 2018)

The topic of benefits, allowances and other means of social care have become central recently, at least in Europe, caused by the emerging importance of three unfavourable factors.

First, Europe is diagnosed with the severe problem of aging, which logically leads to labour shortage in the medium term (and in some cases even earlier) and threatens the viability of the recent old age pension systems.

Second, the rapid advancement of technology conquers more and more fields of life, including jobs and make it possible to automatize for cost saving purposes. This technological development may contribute to the mitigation of the aging problem mentioned above. The increasing unemployment rate is, however, hazardous for multiple reasons for Western societies that are based on the public prestige of work, and unemployment benefit payments place a heavy burden on national governments.

Third, the recently evolving migration crisis connected to the first challenge of demographic shift raises doubts and questions about the viability of the refugee status and the sustainability of the benefits which come with refugee status.

These challenges however, in different forms and intensity, also play an important role in shaping certain non-Western societies, such as Qatar. Since Western societies have already acquired significant experiences in tackling these issues, developing or newly developed nations might rely on these policy solutions formulated in Western environment.

Social policy is considered as the governmental application of social care, nonetheless it includes not only the practice (governmental actions), but the theory (studying) of social welfare as well. Social policy “looks at the idea of social welfare, and its relationship to politics and society” by aiming to improve health care, human services, education and employment in the society (Spicker, 2014). From governmental point of view, it means the planning and application of distribution of different goods and services that the community produce.

If a government puts the welfare of the society high on the policy agenda, one can talk about a welfare state. In this case, the government relies on a well-established institutional network ensuring the social well-being of the citizens. A welfare state employs developed taxation and insurance policies that aim the maintenance of the high-quality services of the government. Beyond these official measures, a welfare state has also to be based on certain socially embedded values such as social involvement in support and responsibility for those who are in need, equal opportunities for the members of the society, and a certain degree of equality (Spicker and Bondarenko, 2015).

In the dissertation, I use different models of welfare states (such as the Qatari and different European models) also defined as welfare regimes. These can be distinguished from each other by their different levels of expenditure, different institutional components and different traditions (principles) on which welfare provision are based (Andersen 2012:6). In the different typologies of the literature, these regimes are formulated as coherent systems of social policies that emphasize the main features of a state or a certain group of state in terms of welfare provision. These models help essentialize the historically and institutionally complex social policy developments of a region, therefore they are useful for analysing and comparing different policies and their outcomes.

### **1. 3. Study objectives and the main hypotheses**

This research focuses on public social care, and more specifically on the examination of two selected social care models. The first model discussed is the one applied in the European Union, while the second one is the model applied in the state of Qatar. The first one represents the most original way of development in modern social care services (social care systems of the developed countries) – a basis that every newly developing social care system have to build upon. However, this assumption can be problematic in practice as societies with different (economic, governmental, social and cultural) background try to follow this model. The Qatari model signifies these dilemmas; however, it not only provides an interesting case that is from a different

culture than the European, it is supposed to have one of the best financial background due to Qatar's favourable economic position. The dilemma is also perceived in the categorization of Qatar: according to economic data, the country is a developed and a modern country, nevertheless it is not a developed country in the Western sense concerning its social and state relations. The comparison of Qatari social care to the European social models provides diversity for my analysis, as these models constitute various forms of problems, management and solutions within the context of the European civilization. By the larger scope, my aim is to relate the Qatari social care system to the original, "Western" type social care and in that framework, highlight the best practices useful for the development of the Qatari system. For a more nuanced analysis, I had to focus my attention only to one country that is Hungary having a Western orientation, but "Eastern" legacies as well, just like Qatar has. Besides, this limitation makes the comparison more balanced (a comparison between two countries in general and in a specific area of social care, namely elderly care) and I had the possibility to collect more data only on the Hungarian case.

Besides the detailed description and analysis of the two models, I am addressing the question of effectiveness and quality of these models. I am searching for answers about how these features of each model could be improved, learning from the strengths and weaknesses of the other model. Once strengths and useful practices are identified in each model, they are ready to be adopted by the law- and decision-makers of the other model.

Concerning these complex issues mentioned above, I outline the following hypotheses:

- H1: I try to prove that different approach is needed when we attempt to tackle the question of social care in Qatar than in Europe. In practice, the same way of thinking in the Gulf countries and in Europe cannot be effective and suitable to the local situation. Qatar is a conservative country of high oil revenues and has a society consisting largely of migrants and young Qataris. These basic differences from Western Europe constitute totally new challenges for the country. Western social care practices might be partly applicable to the situation in Qatar, however, local culture, social values, economic and administrative practices and constraints always influence these attempts that finally end up in a "distorted" application of external practices.
- H2: Secondly, however high amount of money is involved in the maintenance of the Qatari social care system, it does not necessarily mean success. The rapid development cannot be digested by a relatively conservative society, social initiatives will not formulate themselves

in an organic way even if they are well-financed. The differences can be seen by statistical means: per capita income, GDP, cost of services, the measure of financial support by the state.

- H3: Although social care as scientific field can be generalized and analysed in different countries and cultures, social care systems are deeply rooted in the local historical and cultural environment, therefore societies have differing views on what belongs to the realm of social care and what is the role of the state and the individuals in the maintenance of these systems.
- H4: Contrary to these differences listed above, there is a significant volume of commonalities that make the two models comparable. Qatari social care and governmental planning largely relies on European (and Western, in general) social and governmental experiences not only by following the “trend” itself, but through the application of European counsel and staff in the renovation of the Qatari society.

#### **1. 4. Methods of analysis**

In order to underpin the evidences of my statements, I will use historical arguments thus identifying the relevance of values and traditions in the construction of different social care systems. Since this dissertation contains a significant part on the analysis of the European social care system, I apply the method of comparative analysis when it comes to the evaluation of the Qatari and European social care.

Even if there are restrictions concerning the applicability of a comparative analysis, it is still a useful technique to monitor the status of a phenomenon in a particular time. The comparative parts (charts and tables) in the dissertation serve as an easily understandable way to present on (summarize) the topics analysed before, and of course cannot replace the texts that is for a more nuanced analysis and provides a surface to emphasize the heterogeneity of the various forms of European social care. Moreover, I needed to essentialize the European models as they are the general counter-parts of the Qatari system in the comparative part. (Right next to Hungary, which serves as the specific counterparts of the Qatari social care system.)

The case of Qatar is interesting, because it can be still considered as an emerging country, however, it outperforms many Western countries in living standards and social cohesion. “A case study is the ‘preferred method’ when asking how or why things the researcher has little control over happen and the ‘focus is on contemporary phenomena within a real-life context (Henderson, 2014).

Since the uniqueness of this work lies in the comparative assessment between the two models and there has been no such a work in the field before, I review the existing literature and datasets at each subtopic where they have the biggest relevance.

The comparative method is utilized in chapter 4, where I chose a specific area of social care for analysis, namely the elderly care. This area of research serves as the main mean of empirical comparison between Hungary and Qatar. To this end, I rely on previous empirical research on home care services in these countries. By doing so, my aims are the following:

1. Examining the complex questions of what services are needed for the elderly, how should these services be provided, and by whom?
2. Gaining a better understanding of the experiences of social caregivers both in Hungarian and Qatari environment.
3. Investigating the perspectives of elderly care and its values and institutions in these countries and the strengths and weaknesses.
4. Proposing policy and recommendations based on the findings of this study.
5. Building awareness among populations about important social issues.

The analysis enables to draw lessons from successes and failures of these two different systems and can assist policy makers in the formulation of adequate responses to the existing and upcoming challenges. This research also brings forward recommendations by focusing on aspects that can be improved. (Health Systems Profile – Qatar, 2006:3).

For this empirical study, my arguments are the following:

1. Huge financial resources does not necessarily mean more efficiency in the elderly care.
2. The Hungarian elderly care system is not a policy priority for the government and its management lacks a strategic direction to follow.
3. However significant Qatari financial resources may be, the country is not yet prepared for the consequences of the upcoming demographic shift and lacks the necessary policy to cope with the challenges.

For the purpose of comparison, my criticism focuses on the universal nature of Western values partly because it is difficult to define them comprehensively, and partly due to the rise of other

social, religious and moral systems that give more relevance for the local contexts and puts the Western ideals – whatever they might be – into the background. However, I argue that the idea of human rights and their application can provide an improvement not only in interpersonal relations but with regard to state–citizen respects as well. This process of development is in the modern states’ own interest and essential to build a better society. Although universal human rights are products of modern times, I believe they are the determinants of future, a scale should be applied to the everyday requirements of modern societies.

## **1. 5. Structure of the dissertation**

As for the main body of the text, the dissertation consists of four chapters and is summed up with the conclusion and recommendations.

The origin of the idea of modern social care traces back to Western Europe, to the age of enlightenment and can be related to the concept of bio-power introduced by the French philosopher, Michel Foucault. In this manner, I track the development of social rights by providing an insight into their history in Western Europe. This overview helps understand the core values and characteristics of the Western social care systems. The theoretical and historical introduction will be followed by an analysis of the general social conditions in Western Europe. During this evaluation we will see the tendencies and typical social problems that the national governments in Europe have to cope with. Also, I try to summarize the means by which social care programs tackle the problems. To balance my analysis, unsuccessful attempts and problems of the contemporary society is also worth mentioning.

Thus, the first part of the second chapter is devoted to the detailed introduction and evaluation of the European Social Model. Due to its increasing significance regarding Europe’s future in light of aging and migration, this model is heavily and widely researched. Researchers treat the ‘European Social Model’ as an umbrella term rather than one referring to an organic entity, because following Esping-Andersen’s seminal work on this issue, there are four clearly separable variations in existence, covering different regions of the continent. Besides the history of social care on this continent, these model variations, namely the Nordic, the Anglo-Saxon, Mediterranean and Continental models are discussed one by one. Due to the Hungarian focus of the dissertation, I added a short discussion of the East European model as well (often referred to as Post-Socialist). The chapter is concluded by the general evaluation of the European social care, touching on all positive and negative aspects which can be identified, in addition to the challenges it faces and will face in the future. It must be noted that when I mention social models,

I refer to social care models as the social care aspect of these models are the main focus of this work.

In the second part of the second chapter, the social care model applied in the state of Qatar is examined. Throughout this part of the dissertation – in a similar manner to the previous chapter – numerous aspects are discussed, including: its history and its connection to the cultural and religious background, its underlying principles, its different fields, its operations and administrative challenges, the envisioned goals and the predictable challenges which are likely to appear in the short or long term, in addition to the model's strengths and weaknesses.

In the framework of the third chapter, the comparison of the aforementioned two models takes place, listing all the significant similarities and differences between them. The question of the dissertation will be brought into focus here: in what sense or to what extent can the European social care model applied to Qatar. Also, I raise the question of what the lesson is learnt from the European experience of social care systems. In this chapter, it will be revealed to what extent the cultural and religious values and historical background contribute to the current status of social care both in Europe and in Qatar. For a more specific understanding of the situation, I chose Hungary as a country and elderly care as a special field of social care for qualitative analysis, also the study of Hungarian and Qatari economic and social policy through an applied study to compare some indicators between Hungary and Qatar.

Based on the findings revealed in chapter four, chapter five stands for meaningful proposals aiming to improve the effectiveness and quality of the social care models analysed above. These proposals are designed to contribute to the enhancement of both the European and Qatari models through a comprehensive understanding of which factors are worth paying extra attention and which are irrelevant when it comes to planning for the future. I hope that this research will prove to be a useful tool of a successful dealing with arising challenges and mitigation of risks that these societies are exposed to.

## **1. 6. Motivations**

The topic of my dissertation is connected to my earlier scientific interest in a sense that I dealt with a special part of social care system in my Master thesis. Having written a thesis about orphan care and the role of social service, now I would embark on a much broader topic that encompasses all my insights and personal experiences concerning the European and the Qatari social care models.



## **2. LITERATURE REVIEW**

### **2. 1. Social Care in Western Europe**

This essay intends to define a fundamental idea and form of activity, namely the social care and find its historical focus points. It is a challenging task to do so owing to the diversity of historical records, therefore my narrative necessarily contains a certain amount of reduction. This analysis aims to describe the governmental and communal forms of social responsibility and does not intend to shed light on the individual forms of care connected to social history.

The attempt to establish a sort of origin of social care is important, although the feasibility of this mission is not obvious. In general, it is quite hard to define the exact origin and emergence of any social phenomena. By taking up such inquiries the researcher interferes with the continuous course of time and tries to separate her topic from events before and after. Yet, because of the tangled interaction of human acts and natural phenomena, the preliminaries and the consequences, the causes and effects of the events are embedded in each other and manifest themselves in the impalpable complexity of never-ending time.

Since nobody can span every tiny aspect and connection point of the elements of history, there is no escaping from selection. I use some examples of social care development from Germany and Great Britain, the two masters of social transformations in the Age of Industrialization. These cases will lead us to the modern definition of welfare state and the emergence of social rights in the West. The last component of this chapter focuses on the immediate post-war period in Western Europe. All the other developments of social care systems in the West will be discussed under the umbrella of the European Integration in the next chapter and the Hungarian system will be included to that part as well.

During the whole process of social care development, we can see that the extension of the executive power of the state was indicated by not only a conceptual change, but by a revolution of technology as well. This revolution encompassed phenomena such as the expansion of market, growing speed in transportation, technical improvement in the army, and the spread of printing, just to mention the most important ones. These developments from the beginning of the Early Modern Age, served as pillars to the projection of state power to areas never seen before. Also, the capitalist system and the increased amount of government receipts fostered rivalry among different powers of Western Europe, which again contributed to establishing an extended administrative staff dealing not only with strictly state affairs but with related social

issues as well. In the following sections my aim is first to follow the historical developments of social care from its beginnings in the Early Modern Age until the formation of the European Economic Community and then the European Union that intends to extend the system to an international level.

Within European context, not only the states extended their scope of interest to broader areas of society but, the individuals also created common incentives replacing the duties of the church and sharing responsibility for the community in a secular sense. These self-help groups were larger than the traditional socially organized caretaking systems. They concentrated their efforts not only on the family and its direct environment; rather they could broaden the scope of their activities in larger and larger cities full of people of different origins.

Indeed, living in cities is the key for the development of modern social thought. Cities make contacts among individuals more frequent and they necessarily induce greater cooperation in qualitative and quantitative sense as well. Cities function as the places of high opportunities and high risks at the same time and make the people possible to gain or lose. We will see that the social care systems are the direct outcome of the capitalist competition in the society and fundamentally has been serving as a balancing tool of abrupt social changes ever since.

In the following section, I will track the development of social rights by trying to provide a meaningful insight into their history and conceptualization in Western Europe. This theoretical and historical introduction will be followed by an analysis of the general social conditions of the modern West. During this evaluation we will see the tendencies and typical social problems that the states in Europe have to cope with. Also, I try to summarize the means by which the social care programs intend to tackle the newly emerging problems. To balance my analysis, unsuccessful attempts and constant problems of the contemporary society is also worth mentioning.

Thus, the third part is devoted to the detailed introduction and evaluation of the European Social Model. Due to its increasing significance regarding Europe's future in light of aging and migration, this model is heavily and widely researched. Researchers treat the 'European Social Model' as an umbrella term rather than one referring to an organic entity, because there are four clearly separable variations in existence, each covering different regions of the continent. These model variations, namely the Nordic, the Anglo-Saxon, Mediterranean and Continental models are discussed one by one together with the history of social care of all the relevant countries including Hungary as well. The chapter is concluded by the general evaluation of the European

social care, touching on all positive and negative aspects which can be identified, in addition to the challenges it faces and will face in the future.

### **2. 1. 1. History and development of social rights in Europe**

This section serves the purpose of drawing a sketch of European social history and the emergence of the idea and content of social care itself. This historical overview helps recognize the motivations of answers to different challenges of various nations and eras thus explaining the present state of social care. The experience of the past is important to every society in a sense that it helps define the directions and dimensions of development. It also serves as a lesson for the social workers and politicians of the future in defining the target by knowing the failures and challenges of the past. My focus will be mainly on the Western European developments, since the continent can be regarded as the pioneers of regulations and practice of social care issues. The developments of social care systems in North America will not be included in this part as those constitute a different – not universal – Western approach and are beyond the scope of this analysis.

#### **2. 1. 1. 1. The origin of an idea in Europe**

Caring people is one of the most basic values and instincts of all human beings regardless their religion or traditions. It can be seen as an organizing idea of humans living together – caring, cooperating and communicating in very sophisticated ways are among the main distinctive features of human beings from the nature.

The traditional form of caring was carried out in small local communities and within the families. By the emergence of social care systems, this basic idea evolved. But the idea that beyond the family, there can be a possibility of social solidarity exercised by the state covered long distances in the European history. By now, not at the end of the process, the net of caring covered a more comprehensive community than in the ancient times. The society recognized itself as an identity making entity; therefore, its members the society provide common security against the challenges outside and exercise solidarity inside.

In the ancient times, the ad hoc forms of providing help first started to be institutionalized in moral and religious teachings. For example, according to Thomas Aquinas (died in 1274) the state should be the representative of the idea of common good by maintaining the equity of rights and justice (Helmi, 2008:793). Every religion emphasizes the persistent power of the community and the necessity of its maintenance. By doing so, they implement serious social

programs, e. g. almsgiving, taking care of elderly people, responsibility for the ill people and orphans. (Interestingly, among all these traditional values taking special care of children did not receive as much emphasis as nowadays.)

During the Middle Ages, there were social classes that did not possess any rights (slaves) or they had them only partially (peasantry). These classes lived under the auspices of the nobility thus being hierarchically dependent on their help. Because of having these social connections, there was no need of systems of social policies, since the existing system together with the help of the church could maintain a limited but suitable form of social care (Hoffman, 2015:11).

The era of great geographical discoveries in the early modern age can be described by the notion of bio-power introduced by the French philosopher Michel Foucault. This is based on the idea that humanity is one race, and every individual is a biological being having (only) biological needs to deal with. For the satisfaction of these needs, the state has to make actions, for example organizing the supply of the cities centrally, or the common defence against epidemics (Foucault, 2009:25). This transformation with regard to the state–population relations was triggered by the large-scale growth of the population in certain areas of Europe in the Early Modern Ages. The increase in population concentration tested the traditional administration systems that answered the challenges by the introduction of central norms and rationality. As a consequence, this process caused the growing influence of the state administration on the individuals and helped the formation of absolutist regimes.

The concept of bio-power was embodied in three areas of administrative life: the extension of legal sovereignty, the discipline, and the implementation of security. The latest meant social security as well. In practice, rulers tended to eliminate the chaotic spatial structures of the cities of the Middle Ages with the aim of streaming the people and goods fast, thus helping the maintenance of security and transparency of the spatial distribution of the houses in the cities. The development of a unified road system narrowed the chances of theft, fostered trade activities, and provided the city a “healthier layout”, because in certain unified areas managing epidemics or fire became possible. Besides, the whole idea was about the efficient control and governance over the territories. Apart from social security, the implementation of these principles was important from the aspect of the ruler (the monarch), who tried to organize the administration in the most efficient way (enlightened absolutism) that was essentially important to maintain big armies in a very conflictual era.

The emergence of capitalist economic system provided ways for wider fields of social transactions, competitions, interactions, economic and social struggles. The traditionally countryside domination of the Middle Age feudalism dissolved and made place for a more uncertain social distribution that started to be prevailed by the urban lifestyle. The tumultuous and insecure eras of the 17<sup>th</sup> and 18<sup>th</sup> centuries made a large amount of opportunities for the new bourgeoisie and lessened the social status of the traditional ruling elites. Religious foundation of caring people and reformation movements played roles in the development. “Even if Protestantism and the Reformation cannot lay sole claim to having caused the reforms of poor relief and health care which occurred in the sixteenth- and seventeenth centuries in Protestant Western Europe, the speed and thoroughness with which they were undertaken would not have been imaginable without the theological rationale which the Protestant reformers gave to these reforms” (Grell, 1997:3). In the Early Modern England, the elementary system of fifteen thousand parishes contributed to the maintenance of poor services, which were, of course outside the realm of governmental management (Fass, 2004:764). They provided a nursing service for those of their fellow pensioners who were ill paid for by the parish. This was a system which seems to have been mutually beneficial to both the poor and the parish.

In the 18<sup>th</sup> century, scholars of Enlightenment advanced and promoted technology and science for greater masses and were advocates of education, social change and ideas with great potential social impact. But the emergence of social management can be originated from the dual revolution of the 19<sup>th</sup> century, namely the industrial and the civil revolution (Hoffman 2015:10). The civil revolutions destroyed the strongly hierarchic social system and the socially or religiously dependent system of caregiving. By the end of these traditional connections between the nobility and peasantry, the revolutions managed to reach equal rights for the whole society at least theoretically. By the mechanization of agricultural production and the formation of large estates, the traditional village communities were dissolved in the countryside. Small guilds could not keep the competition with the factories thus ceasing the outdated system of caretaking in the cities. As a natural consequence of this process, the 19<sup>th</sup> century saw the recognition of the state’s responsibility for maintaining the society. Before the civil revolution, the weak social development and growth could not meet the criteria of comprehensive social care, since it necessitates financial and moral transformation of the society, moreover the equity of rights is also a key component in the origin of social care.

The improving living conditions increased the level of life expectancy, therefore making a split in the traditional household system. Due to the growing urbanization, more and more

generations started to live together having no place for privacy and individual life. In these crowded places, people did not even live with relatives as they had once done in the countryside. At the same time, the younger generation could not maintain the traditional caregiver services for the elderly people within the framework of households owing to fiscal problems and the increasing workload in the cities (Crouch, 1999:16–170). The traditional bonds among people weakened: the increasing number of old people in cities needed special caregivers and special services to maintain their lives. During the nineteenth century, due to the increasing fertility rate of the society and the dramatic decline of infant mortality, there was persistent reinforcement of the youth population in the cities mainly coming from the countryside. Their motivations to get a job and better opportunities have been the constant driving force of urbanization that is still an ongoing process nowadays. The consequences of urbanization in the sphere of social cohabitation are among the largest ones in the history of humankind contributing to the intensification of social transformations beyond family relations, therefore exposing the systems of social care to continuous challenges. The sheer logic of capitalism contributed to the exploitation of great masses of workers: in time of great supply of human resources, they could be easily replaced by someone else. The feeling of defencelessness, the lack of moral control over the people falling into a different world of villages and small communities often caused alienation and as a consequence, alcoholism, loose life and criminal activities.

### **2. 1. 1. 2. Rights and regulations: the modern interpretation of the welfare state and the system of social rights in Western Europe**

The main idea behind the eligibility of certain services of the state is the notion of citizenship in the Western societies. The importance of citizenship can be seen by its division into three parts as T. H. Marshall offers: civil, political and social (Marshall, 1950:10). The first one consists of different forms of individual freedom: freedom of speech, thought and faith, right to justice, own property, etc. Institutionally, it is supported by the courts of justice. The political side of citizenship means political participation in councils and the parliament as institutions of exercising these rights. The social part includes welfare and social security as individual rights of a Western citizen. These elements are provided mostly by the educational system and the system of social services.

By definition, social care is “the provision of support in helping people maintain or improve their place in the community. This may involve people working in housing, education, welfare, occupational or recreational settings” (Lloyd, 2010:127). Social rights are the norms that enable the implementation of these ideas mentioned above.

As for the legal basis of social care and social thought, social rights belong to the realm of positive rights meaning that the state must make intervention to enforce their effectiveness. In the international law, social rights together with economic and cultural rights are part of an independent group of rights. In the legal system, the emergence of this so called second generation of rights is the outcome of growing expansion of the state. As we seen before, the capitalist system of the 19<sup>th</sup> century based on private ownership, contractual freedom and unrestricted economic contest did not provide protection against pauperization. This contributed to the idea that the state should take part in the redistribution of goods and in a certain way confine the right of private ownership. Moreover, not only the thought of passive intervention was developed in the 19<sup>th</sup> century, but the governments recognized the importance of active involvement in welfare of the working class and the citizens in general as well by providing them protections as opposed to their employer. The state was motivated by the nationalistic ideal of the unity of nation that was considered as the main condition for successful competition in an era of the nations of Europe.

By the development of social rights and social care activities, the most important elements of social rights are

- social security (social insurance, social help and health insurance)
- the right to health
- rights to protect vulnerable groups
- defending the rights of workers
- right to residence

In general, the subjects of social rights are individuals; the obligated parties are not only the government itself, but non-governmental organizations (employers, educational institutions) as well. Social care support is not the part of the capitalist market system; benefits are not distributed by the market law of the economics. According to the common sense, social rights and benefits systems point towards individuals, but satisfy common needs and interests. Social care underpinned by social rights reacts to the malfunction of individual subsistence. Since humans are social beings having families and relatives, if something deteriorates during the production capacity and standard of living of the family, then the greater community (individuals, non-profit and for-profit organizations, civil society) or the government itself has to intervene with the aim of restoring the former status of the family (Hoffman, 2015:17). The distribution of

these tasks among the different players of the society and the accessibility of support in these cases differ from country to country.

Regulations of social and welfare law encompass the following parts:

- social assistance
- youth care
- family care
- old people care
- care of handicapped people
- social work in a community
- health care
- social security
- legal protection of workers (Halmai, 2008:85)

The legal protection of social rights can be found in the 55–56<sup>th</sup> articles of the Charter of the United Nations and also in the International Covenant of Economic, Social and Cultural Rights of 1966. The first constitutions that mentioned social rights were the Mexican from 1917, then the German from 1919, the Spanish from 1931 and the Soviet from 1936, (Halmai, 2008:85) however, the prevalence of these right in these countries can be debated.

There is a debate in jurisprudence on the acceptance of social rights as human rights. Those who are against the recognition, maintain that there is no moral basis of these rights, since they cannot be derived from the human nature of the individuals. They claim that social rights can prevail only at the expense of the first generational rights, namely by the violation of free property right.

The advocates of social rights as basic rights say that there exist certain minimum life conditions that are necessary to maintain the dignity of an individual and if those conditions are met, can one exercise his or her right to freedom of expression. Of course, it is difficult to settle a measure for proper life quality, but still, solidarity must be achieved as it is expressed in the third idea of the French Revolution, fraternity (Halmai, 2008:88). In reality, the level of quality of social care is always relative meaning that it cannot be measured on absolute standards. Therefore, the state has the right to interpret social care dynamically, in accordance with the disposable



material goods. At the same time, the burden of financial maintenance and the benefits of social supply systems have to be proportionate.

Those who are against the constitutional incorporation of social rights argue that these rights always depend on the existing financial sources of the state; therefore, it is dangerous for the state to announce these rights as enforceable rights in all circumstances. For example, in time of crisis or war it is dubious whether the state has enough resources for providing health care services on constitutional standards or not. At the same time, the enforcement of social rights can encourage the state intervention in areas not really intended to cover by the administration and this potential outcome is in opposition with the defence of citizen rights (e.g. freedom of property) guaranteed in the constitution. The financial background of a fairly expanded social care system means extra burden for the citizens and their contribution to the social budget way more than what the requirement of solidarity demands. Social rights cannot be universal and therefore be the part of a national legal document with general characteristics. They effect only concrete groups of the society and oftentimes not in general and continuously, even if everybody can be potentially part of these groups (Juhász, 2012:27–28).

Advocates of constitutional incorporation of human rights do not see any danger in practical hindrance of basic human rights: they argue that those can be limited without losing their fundamental contents. They emphasize that even the first generational rights are not universal in every case, for example the freedom of assembly is not used by everybody, although it is an accepted and undeniable right of a modern constitution. The same should be applied to social rights that very much work in the same manner.

The following principles can be regarded as the basic principles of social law:

- Free access to work and the right to free choice of occupation
- Minimum subsistence that can be derived from the right to human dignity
- The rehabilitation criterion says that the primary aim of social care is the individual to be able to return to the labour market without any further assistance (long-term solution). Governmental measures should provide assistance for the maintenance of the basic values of the society, namely the working class by contributing the sustainability and the reproduction of the whole system.

- Principle of equal treatment on the basis of race, ethnicity, nation, gender, religion, age, disability or sexual orientation. This principle, of course, cannot be interpreted as equal benefits for everybody from the social care system.

- Principle of need examined by the specialized authority (Waltermann, 2012:313–314)

According to Raimund Waltermann, social supplies can be classified by three types on the basis of the nature of the service: financial, material, and personal (e.g. counselling, providing medical adviser). On the basis of entitlement, there are supplies according to the enjoyment of a right on the one hand and consideration on the other.

The financial background of the services can be originated from the central budget or public contributions.

Traditionally, social rights systems separate three types of subsystems within the realm of social supply. The first is the social insurance that provides mainly monetary assets financed by subsidies in case of illness, oldness, and unemployment not regarding the financial status of the applicants. The support in case of the second category is made based on the enjoyment of a right or due to the handicapped status of the entitled person. According to the third subsystem, the assistance is allocated on the basis of need and this requires assessment of financial status of the subject.

Some critics of the welfare systems contended that the aid itself has been serving as a conservative tool for managing the society therefore helping to maintain the traditional integrity of the family without querying the role of male breadwinner and by the subordination of the role of women (Darity, 2008:632). Regarding the gender aspect, it must be mentioned that in general, the practitioners of public services are mainly women, but the administration of charity is placed firmly in the hands of men (Parrot, 2001:27). Actually, this conservative aspect can be found in social care systems, because albeit these systems focus on individuals, they have collectivist values and intentions and avoid and fundamental transformation in the society. Such an occurrence would lead to crisis causing enormous amount of pressure on the social care system and insecurity in different social classes thus undermining the initial idea of social care: maintaining the stability.

### **2. 1. 1. 3. European welfare states after World War II until the emergence of the common regulation of the European integration**

The emergence of welfare states was a direct consequence of the social and administrative development of the interwar period. The notion of welfare state (as *Sozialstaat*) was first used by the constitution of the Federal Republic of Germany in 1949. In its 20<sup>th</sup> article, it is stated that the Federal Republic of Germany is a democratic, social, and federal state. However, this supposition does not mean the emergence of social rights in the constitution; it is rather a tendency, an attempt that points towards the constitutional recognition of them. In the same manner, France is also a social republic as it is declared in the constitution of 1958. Spain is also a democratic and welfare state defined by the rule of law according to the first article of the constitution of 1978. In the countries of East Central Europe, the same declaration can be found in the constitutions of the early 1990s as a heritage of the socialist times, when the idea of welfare state had no real normative meaning, rather it was a source of legitimation for these non-democratic regimes. All in all, “the development of the welfare state was the final step in the territorial consolidation of the nation state” (Kersbergen, 2014:40) meaning that in a more or less universal system of care equalized the benefits and opportunities for the whole population creating another important element of solidarity.

However social the countries under socialist regimes were declared, in practice, legal security is a key component to ensure the implementation of any social agenda. Several elements of the principle of rule of law encompass the requirements of welfare state. But welfare state is more than rule of law; it includes social security that ensures the individuals against the social risks by providing certain institutions and conditions to do so. Sometimes, it is enough to encourage the self-sufficiency of the citizens and intervention is necessary only in case of the failure of this idea. In modern sense, social security is based on the idea of solidarity, meaning that welfare has to be divided to a certain degree among different classes of the society. This can lead to the rearrangements of social relations, although the basic idea of rule of law and the first generational rights are stronger when it comes to conflicting principles of political and social rights (Halmai, 2008:800–803).

In Germany, for example, mentioning of the “*Sozialstaat*” in the constitution had and still has a normative role in legal regulations. The responsibility of the state is to provide and maintain appropriate and just social supply system and during making administrative measures, social obligations have to be considered. Welfare state does not provide social rights as an enjoyment

of a right but enforce the legislative body to take the idea of social security into consideration (Halmai, 2008:806).

After World War II, the right-wing coalition of Christian Democratic Union (CDU) and Christian Social Union (CSU) won the elections in West Germany. This was in a large part due to their idea of social market economy combining central elements of a free market economy (e.g. private property, free foreign trade, exchange of goods, free formation of prices, etc.) with a social security system based on pension insurance, universal health care and unemployment insurance financed jointly from employee and employer contribution and state subsidies. This is the most important factor as it underpins Esping-Andersen's argument about the decisive role of the compromise between labour, capital and political leaders in shaping the concrete forms of welfare state beside the historical roots (e.g. the Bismarck model in Germany).

In Great Britain the foundations of post-war welfare system were laid down by the so-called Beveridge Report of 1942. The report suggested full employment and security for the society. The idea behind this was the conviction that a high level of employment is the best guarantor of individual welfare because of the additional payments coming from the great number of employed people. The report intended to introduce an overall system of social affairs with a new ministry, with a unified administration providing each type of financial contribution. As a consequence of the commitment of the post-war Labour government, a national insurance scheme went into force in 1946 giving unemployment insurance, pensions, and new family allowances. Two years later, a national health service was introduced contributing to a universal welfare state service pack. The Children Act of 1948 followed the trend of having an overall administrative body over the child care system, but local authorities and their committees were responsible for the delivery of services. Beside children committees, health and welfare committees were introduced making the coordination of services difficult and reducing the universality of the whole system. Unfortunately, orphan children, similarly to older people of the previous Poor Law, were placed in large residential establishments (Parrot, 2001:32–330).

This expansion of welfare policy was due to the unprecedented economic growth of the post-war decades (Lowe, 1999: 68) and the post-war era until 1976 and the coming of conservative policy, often described as a golden age for welfare policy. While there was 12% of GDP spent to social welfare in Great Britain in 1960, sixteen years later it was 19,6% with a constant economic growth (Parrot 2001:34).

## **2. 1. 2. The European Social Model – systems, successes and failures**

### **2. 1. 2. 1. The development of social policy in Europe: A historical overview**

In the next section, I will briefly describe the development of the social policies of the European Community. It is a special phenomenon in world history as it reached the highest level of integration among independent states, and the integration by having common social policy is unique. In the following parts, we will see to what extent common European social policy can be a legitimate notion or rather it is only a target that has not been achieved yet. Is it worth talking about one common social policy or four different social models of Europe are more useful? I try to examine the interrelation between social policy-making on the community level and the national level as well. In this chapter, I analyse the role of the European Union as a promoter of social rights, thoughts and initiatives across Europe. of the aim is to shed light on different levels of policy-making within the European Union.

The evolution of the social policy of the European Community can be traced back until the Treaty of Paris in 1951, which established the European Coal and Steel Community and mentioned the improvement of working conditions and the standard of living for the workers (Finn, 1). The Treaty of Paris expired in 2002, but it can be constituted as the first community document dealing with “Economic and Social Regulations”. In 1957, the Euratom Treaty mentioned some reference to social care in a very limited way: only in relation to the use and the safety of nuclear energy. The Treaty of Rome on the foundation of the European Economic Community (1957) has also some reference to social policy being subordinated to economic considerations meaning that the main focus of legislation was on the labour market at that time. The treaties provided a legal basis for social policy at the community level. However, they introduced an initial form of social thought such as social security and non-discrimination in employment (Art. 52-58).and the concept of equal pay for equal work. The formation of the European Economic Community meant the free flow of human resources as well, which, in practice made it necessary to harmonize or at least make a certain level of permeability among the different social care services of the member states. Also, the European Social Fund was established in the Treaty (1958) targeting the questions of employment (training, mobility, unemployment) in Articles 123-127, from which the freedom of movement for workers had the most significant part.

The whole idea of common solutions to common European problems at that times centred on the economic cooperation and the market itself not on common act on social affairs (The Search

for Europe, 2015:129). But an integrated economy required having legal guaranties and a safety net for the workers – the participants of any economic activity. Therefore, if the member states of the integration wanted to achieve equal economic conditions or a more or less integrated market, they had to answer the challenges of modern societies together and beyond the scope of economy.

However, to a certain degree there was a contrast between the economic liberalization of the market and the idea of social policy that required state intervention. The idea of free and self-regulating market means that every actor of the society has to have the ability of self-help, but at the same time, this thought also has some top-down approach to social reforms. In a liberal market competing mechanisms serve the economic and financial growth of the most capable part of the society and through them it serves the whole system by making investments in the local economies, thus creating opportunities to the poorest and the most disadvantaged people of the community. The critics of this liberal market idea contends that the market without regulation contributes to the accumulation of enormous wealth in the hands of a tight upper class and in itself cause social problems originating from unbalance and inequalities. The crucial thing here is how much and how effective investment can be done in a liberal market system to improve the conditions of the poor. According to the market mechanisms, the investors always look for the areas where the payment is less for the workers, but as they improve the conditions, the workers' payment will automatically rise. If there is enough growth and redistribution in the society, this economic structure can be sustainable, and nobody feels the social imbalances. All in all, we can say that from the beginning of the European project until now, there is a discrepancy in the management of economic and the social policies, although they are interconnected in many aspects.

Not much was done in the field in the midst of large growth in the '60s and it lasted until 1972, when the heads of the member states realized the importance of and the interconnection between economic and social developments. Partly, it was the result of a slowing and territorially unbalanced economic growth after a flourishing decade, together with mass movements of the students and trade unions and the Community intended to take up the role of regulator in the realm of social policy as well and have more focus on the values of solidarity and justice (Lodge, 1978:120). As a part of this process we can mention the establishment of European Regional Development Funds (1969) to counterbalance the poorer performance of certain regions. This territorial approach to the communal social policy has great importance nowadays as well and the need for this proves that the neoliberal principle of "automatic" development of

the poorer regions do not come together with the overall development of a country. In the same manner, social security of high quality is not the inevitable consequence of economic development. The same was true to the employment of women: contrary to the existing legislation, the community institutions could not overcome the member states' negligence: gender inequality in terms of payment endured at that time.

In their Communique, Paris, October 1972 the leaders of the European Economic Community (together with the freshly joined Great Britain, Ireland and Denmark) emphasized the importance of social values. This euphoria of the community was buttressed by the first round of enlargement. Based on the initiative of 1972, the Council of Ministers approved the so-called Social Action Programme in 21 January 1974, in which the above-mentioned well-known problems appeared: better employment and improvement of living conditions. Besides, the workers involvement in the decision-making mechanisms of economic and social policies (social dialogue) also gained importance. As a result, the legal system of the Community increased in terms of social regulations, however, the content encompassed the topics mentioned above and did not change so much compared to the previous decades. In the seventies, the priority was the development of the labour market regulations and its social background, which did not mean the expansion of the communal social policy to other fields. The Council issued several directives that were compulsory for the member states to be implemented in their legal system, but they could decide on the form and exact content of the new regulation. For doing so, they can prepare National Action Plans that outlines the steps they will take to achieve the objectives defined. We can mention the equality in pay (1975) and equality in treatment concerning employment, training, promotion and dismissal and non-discrimination based on gender, marital status and family (1976) (Finn, 1994:4). These were great achievements but sometimes had only limited impact on the organization of the society: although for example the gender specification from job advertisements disappeared, employers still preferred men for the same position because of different reasons. This time the Commission had not much to do in social policy, the Council used the form of directives in general, but in social security issues it made the legislation compulsory in the form of decree. Besides, these two bodies might make non-binding recommendations to the member states.

There are two mechanisms in making regulations at the community level: coordination and harmonization. Coordination is a measure aiming to making cooperation through the existing social mechanisms, while the harmonization is about the legal regulation of the different social policies and the introduction of coherent legal approaches in the member states. Of course, it

cannot be achieved by downgrading the system in one country to be harmonized to the other; the aim is to upgrade the achievements by targeting the legislation of the “most developed” member state. Naturally, this move costs an enormous amount of money in the shorter term. By the reference to the existing legislation of social issues, the Community regarded the communal legislation as a minimum for the member states, therefore its role is to enhance the internal regulation processes in the national legislations and not to be the champion of social policy-making. It is an obvious statement implying that the Community level can never act against the interests of the member states. If we regard the organizations of the European Economic Community and later the European Union (Parliament, Council, Commission) as instrument of inspiration for the national parliaments we cannot fall into the trap by overemphasizing their role in making social policy. It is crucial to understand this position and identity of these bodies because it would be wrongful to question them on account something that is not their duty.

Traditionally, the Commission can be regarded as the main instrument of the communal interest in the European Economic Community, while the Council identifies itself as the representative of the interests of the member states. In the first decades of the European project, we can see the shifts between periods of successful reforms and initiatives that has not have the intended impact. As a result of this, many of the issues of social policy appear again and again almost in the same manner than before. To consider it realistically, this repetition is not really the responsibility of the communal organizations, since they are not empowered enough to force the implementation of the regulations. None of them has the abilities of an executive power as the member states have. Moreover, a lot of problems that should be tackled by the different documents and initiatives presented above re-emerged or just simply did not ceased to exist. By the development of case law, the European Court of Justice also provided reference points of social issues that can be referred by the legislation of the European Community. It was the most apparent in the field of migrant workers’ social rights by personal applications resulted in specific decisions (Kvist, 2007:2).

Problems of the world economy in the ‘70s caused serious problems in Europe as well and delayed the implementation of the monetary union as well as the development of social policy. The enlargement process also caused challenges to the Community, mainly by the accession of Greece (1981), Spain and Portugal (1985). These were the challenges of longer negotiating processes with more participants in case of making legislation and the worse economic and social performance of these newly joined countries. With the aim of handling these problems, the Commission initiated the social dialogue during the presidency of Jacques Delors in the



1980s based on the concept of involvement of all interested parties of the sub-national level to the formation of social policies of the Community. Delors realized that effective social policy is a natural part of the coherent and integrated market of the economic community, but nation states (national leaderships) do not develop the idea on the level the community needs. Therefore, by relying on the local actors of the economy, state can be forced to improve the conditions and make legislations accordingly. In this sense local actors were the trade unions representing the employees (ETUC – European Trade Union Confederation) and UNICE (Union of Industrial and Employer’s Confederation of Europe). The Commission took up the role of enhancing the communication among the social partners all over the community. This activity in the communal legislation had an impact on the civil sphere as well: social programs of different NGOs and civil organizations emerged, forums, debates and action programs enhanced the maintenance of social policy on the agenda through an increasingly dense web of communications on a growing number of issues (Kvist, 2007:20).

The Single European Act in 1986 changed the legal system of social policy decisions from unanimously acceptance to qualified majority in the Council. “For the first time in European social policy, it allowed member states to adopt Directives based on qualified majority voting in the Council” (Falkner, 2005). This new mode of governance created a jump-start to EU social policy (Kvist, 2007:1). Besides, the Single European Act created the financial foundation for social cohesion of the member states allocating special funds for this special aim creating the financial background for intra-communal solidarity on the basis of territorial differences. It became relevant by the accession of poorer countries such as Greece, Spain and Portugal. The European Social Fund supported and emphasized the importance of education, training and care by making investments in social infrastructure developments (schools, public transport, community centres).

The regional differences among the member states created harsh debates on the direction of regulation in the field of social policies. There were fears of social dumping meaning that cheaper labour from the poorer countries took the jobs of the Western labour markets causing unemployment in the local population. The Western countries also feared that the member states with lower level of social care can make benefit from their lower expenditure and thus attract new businesses and investments more than the most developed countries. These considerations even if they turned out to be not firm, influenced the common social policy and speeded up the pace of harmonization.

In the end of the 80s we can also see a reverse process: the neoliberal way of thinking became dominant in some Western European leaderships meaning that the flexibility of market can be achieved by less and less regulations and the abrogation of the unnecessary measures and state interventions. At the communal level, the member states expressed the principle of subsidiarity (in the European Single Act of 1986) aiming to solve the local problems at local levels and appealing to higher (community) level only if the solution can be done more effectively than in the local level. Referring to this principle, the member states contended that they can make regulation or deregulation in the field of social policy because they have the relevant sources, experience and focused approach to local problems.

Protocol on Social Policy was attached to the most influential treaty of the European Community, the Treaty on European Union of 1991 (the Treaty of Maastricht). That chapter owing to the British refusal was not an integral part of the Treaty of Maastricht, thus not enclosed to the Treaty of Rome (treaty of foundation). As a result, the protocol has not changed the articles of the Treaty of Rome with regard to social policy. However, the Agreement on Social Policy allowed positive discrimination of women in its 3<sup>rd</sup> paragraph 6<sup>th</sup> article. The British opt-out resulted a “twin-track” social policy in the European Union until the major turn in 1997 in the British domestic policy occurred: Labour Party led by Tony Blair won the elections and opted in the social agreements. The Treaty of Amsterdam in 1997 solved this legal problem and rendered more and more issues under qualified majority voting thus enabling the member states to make agreement on highly debated issues as well. In several cases, the member states could use the opt-out clause if they did not intend to apply the new regulation. Although, it made the legislation fragmented, but the social thought on the community level at least received its green light.

The Treaty of Maastricht should be emphasized because of another aspect: it declared the free movement of every citizen of the European Union as a right. In practice, the free movement of labour is valid from 1968, but it did not mean that students or pensioners could move to another country without any check or settle there if they have enough funds for that purpose. By 1993 the cooperation among the member states reached the level of high degree that they could achieve the basic principle of the Treaty of Rome in practice.

After Maastricht, the focus of social policy making moved from employment protection to employment promotion. This is palpable in the 1993 White paper issued by the Commission entitled “Growth, Competitiveness and Employment” (Finn, 1994:6). This document is a collection

of recommendations centred on the growing and lasting problem of unemployment and intended to serve as a new model and program for making social policy by the member states. Maintaining the dialogue among the social actors on the agenda and enhancing the debates of the professionals on different social challenges is the role the Commission can play.

The European Employment Strategy was proposed in the 1997 Treaty of Amsterdam under Title VIII on employment (Art. 125-130) (European employment strategy). Here the key issues were the adaptability and flexibility of the workforce, since high competition and globalization exerted influence on the layout of the workers and posed new challenges even to these highly industrialized countries. During this period, significant sectorial changes happened in the West, namely the decreasing importance of industrial sector and the growing impact of the services sector. This caused the structural transformation of the labour market old positions ceased to exist and new positions appeared. State policies often promoted the drastic shift to a new order and some governments (like Thatcher's in the UK) accepted the neoliberal insistence on labour market deregulation.

New global trends and challenges such as the mobilization of workforce and the emergence of greater competition from external markets created a different focus in the EU employment regulations. In the EU's discourse on labour markets in the 1990s onwards, there has been a two-fold expectation: creating an adaptable labour market and providing social and economic security mainly for the vulnerable groups. This approach created the term "flexicurity" that is in a narrower sense "social protection for flexible work forces" (Wilthagen, 4). In practice, it meant that "workers sacrificed certain older forms of legal job protection in exchange for improved help with finding work when unemployed, improved training and education, publicly funded childcare to make it easier for mothers to work and other measures for improving the employability of the working population" (The Search for Europe 2015: 138). This idea can be related to the shift between "the first modern" and "the second modern" societies developed by Anthony Giddens. According to this, in high-tech societies training and education can serve to limit the risks of unemployment by making the employee capable of train himself or herself to be eligible for the requirements of the new position. This is the so-called "social investment welfare state". By the emergence of two-gendered employment the risk of the family remaining without any payment became low. However, on the EU level the approach to the notion of flexicurity was rather a balance between flexibility and security not only in case of the flexible workforce, although mitigating the difference between the most adaptable labour of Europe and those who were on the socially and economically vulnerable side of the society (Wilthagen, 1).

The Treaty of Amsterdam introduced the open method of coordination (OMC) for the social policy issues on the community level and intended to develop policies in the following areas:

- Fight against poverty and discrimination
- Modernization of the pensioner systems
- Restructuring the health care services and long-term care systems

The Treaty of Amsterdam revitalized the process of communal social policy by aiming high level employment, high degree of competitiveness and synchronization of national employment strategies. The Treaty lifted the principle of discrimination to the level of the European Court of Justice and emphasized the importance of human rights in the realm of social policy and secured the rights of people with disabilities. In gender equality, the Treaty mentions compensation of disadvantages in matters of employment executed by the member states (Article 119. Paragraph 4) (Treaty of Amsterdam, 1997).

All these developments were due to the conviction that social policy actively and productively contribute to the economic performance and make the economic growth sustainable by stabilizing the society and handling long-term problems of the demography and the labour market. In the Lisbon Strategy of 2000, the heads of states agreed on a balanced socio-economic growth and put social objectives at the same level as economic objectives (Kvist, 2007:1). The EU aimed to be the most competitive and most dynamic economy of the world, but it had to be realized that there will be problems with the implementation of the aims (the strategy targeted 70% employment that cannot be achieved by 2010). The growing attention to social issues resulted in a certain level of Europeanization of social policies and unfortunately went hand in hand with the crisis of the welfare state.

Nevertheless, the Lisbon process from 2000 onward introduced the interplay between social, economic and environmental issues regarding the future of Europe as a result of the dynamic among the elements of this strategic triangle. As a reaction to the globalizing world, it aimed to develop the knowledge society thus making education as the more and more important centre of social policy-making.

In 2000 two influential anti-discrimination directives were passed. First, the Racial Equality Directive prohibited the discrimination on grounds of racial or ethnic origin in a wide range of areas, including housing, employment, and the provision of goods and services. The second, the Employment Equality Directive focused on the prohibition of discrimination on a longer

list of grounds (religion or belief, disability, age and sexual orientation), but confining itself only to the employment and vocational training (Finn, 1994:7).

The Treaty of Nice (signed in 2001 but in force from 2003) did not bring fundamental changes in European social policy, with the exception of Article 144 on the Social Protection Committee (SPC) that is an EU advisory committee monitoring social conditions and making re-ports on issues such as the social inclusion, health care and pensions with regard to the member states under the open method of social coordination. Besides, it promotes discussion and coordination of social policy approaches (Social Protection Committee). According to the Article 11 of the legislation, one person can be under the effect of one regulation at the same time even if he or she moved to another member state.

If we want to analyse one of the latest examples of the social policy recommendations of the Commission, we can mention the White Paper on adequate, safe and sustainable pensions published in 2012 with the following proposals:

- Create better opportunities for older workers by calling on the social partners to adapt work place and labour market practices and by using the European Social Fund to bring older workers into work;
- Develop complementary private retirement schemes by encouraging social partners to develop such schemes and encouraging Member States to optimize incentives;
- Enhance the safety of supplementary pension schemes, including through a revision of the directive on Institutions for Occupational Retirement Provision (IORP) and better information for consumers;
- Make supplementary pensions compatible with mobility, through legislation protecting the pension rights of mobile workers and by the promotion of the establishment of pension tracking services across the EU;
- Encourage Member States to promote longer working lives, by linking retirement age with life expectancy, restricting access to early retirement and closing the pension gap between men and women;
- Continue to monitor the adequacy, sustainability and safety of pensions and support pension reforms in the Member States (EU sets out plans, 2012).

After the Lisbon Strategy, the EU 2020 Strategy “for smart, sustainable and inclusive growth” indicated communal intention to deal with social issues (2010). The paper drafted seven priority areas, three of which is related to social policy. First is to reach the employment rate of 75%

in the EU and for that Social Funds have to be used and women and old people have to be involved in the labour market. Second is to raise the level of education and increase the number of those who have degree. It is also important to help them find a job, because the problem of youth unemployment is a serious challenge in certain European countries nowadays (especially in the Mediterranean countries). Third is to decrease poverty by 25% and making the poor people active in the society (in connection with the idea of inclusiveness).

It is obvious that the primary role of the European project was to increase the openness of the markets (The Search for Europe 2015:130). The question is that by now, whether the Union intends to overcome this idea or remain only a common market with some common elements of social policy and redistribution. In my opinion, the problem lies in the nature of social policy: states tend to keep the means of redistribution and care with the people in their own hands, since it gives them the legitimacy and robustness to be state-like. It is therefore a structural problem: states are not interested in reducing their own role neither at home or in the international arena. Thus, we can see that the idea of social care and protection is one of the most politicized areas of social interactions in Europe.

The EU is composed of diverse policy traditions and institutional arrangements. Member States have various welfare regimes and values, making it difficult to reach consensus to adopt policies. Sometimes the directives accepted had limited influence on the development of national social care systems, but they are considered important on the community level. The national solutions to the social challenges will be covered in the next chapter, in which I will concentrate on the different social models developed within the territory of the European Community.

### **2. 1. 2. 2. The European social model**

The European social model is a common European vision of society that combines economic growth with high standards of living and good working conditions. The European social model unites Europe in contrast to the American way of life social care, making a distinction between two Western models.

Although not all European countries use the same social model, the European welfare states share numerous common characteristics including commitment to full employment, social protection for all citizens, social inclusion and democracy. The Treaty of Rome (Treaty of the European Community) agreed on several social goals including promoting employment, improving living and working conditions, providing proper social protection, ensuring dialogue

between management and labour, and developing human resources in order to reach high employment rate and combat permanent exclusion. Since different European countries focus on different aspects of the model, it has been argued that there are four distinct social models in Europe – the Nordic, the Anglo-Saxon, the Mediterranean, and the Continental (Andersen, 1999:74).

The general outline of the European social model emerged during the post-war economic boom. There are many reasons for it, including: the abandonment of protectionism, the baby boom, cheap energy, and the desire to catch up with the standards of living in the United States. Additionally, a low degree of foreign competition was faced by the European social model, since the Soviet bloc, China, and India were not yet integrated into the global economy. In recent years, however, it has been frequently asked whether the European social model is sustainable in the face of low birth rates, globalization, Europeanization, and the problem of ageing.

The European Social Model is a rather broad and dubious notion which generally refers to the currently applied European social care system. This system has seen many steps and stages of improvement throughout its approximately 70 years of continuous evolution. The Model is known to be a non-homogenous, very complex and colourful structure, for the thorough understanding of which one would need hundreds of pages of detailed explanation. There are multiple reasons for having differences in social assistance practices across European states; the impact of certain historical events, possession of different cultural heritages, traditional family structures and other national specificities – all play significant role in the definition of national social care scheme.

Currently, the European Union is an economic and political partnership of 28 independent states, which strives for ensuring freedom, peace and prosperity for its nearly 500 million citizens. Founded on the Christian values of equality, freedom, fraternity, justice, tolerance, non-discrimination, etc., a very important mission of the EU among many is the conversion of economic growth into an increase in overall society wellbeing, as well as promoting human, civil and social rights besides the creation and management of mutually beneficial economic and foreign security policies among its member states. Ever since it exists, the European Union pursues an overarching objective of reaching greater social cohesion between its member states, which was in the spotlight of the findings of the Lisbon Treaty (2007) as well.

The documents of the European Community do not define the European Social Model in general, but certain hints regarding the values and common focus points of this model can be collected:

- Solidarity based on the welfare state
- Comprehensive redistribution system
- Social inclusion of the poor and disadvantaged people
- Inclusion of social partners to a social dialogue
- The importance of politicization of social issues in civic debates

Besides, Vaughan-Whitehead defines six pillars of the European Social Model:

- Increased Minimum Rights on Working Conditions
- Universal and Sustainable Social Protection Systems
- Inclusive Labour Markets
- Strong and Well-Functioning Social Dialogue
- Public Services and Services of General Interest
- Social Inclusion and Social Cohesion (Whitehead, 2014:12–15).

The European Trade Union Confederation (ETUC) identified five fundamental cornerstones which together contribute to fostering the main goals of European social policy (more equal society, ending poverty and a life in dignity):

1. Fundamental social rights, including freedom of association, the right to strike, protection against unjustified dismissal, fair working conditions, equality and non-discrimination;
2. Social protection, delivered through highly developed universal systems, and wealth redistribution measures such as minimum income or progressive taxation. The whole idea is based on the idea of social solidarity in theory and the protection of human health practically (Whitehead, 2015:12). Fighting discrimination, social exclusion and fostering social cohesion are the main policy making principles here.
3. Social dialogue, with the right to conclude collective agreements, to workers' representation and consultation, and national and European Works Councils. This mechanism has high importance in social policy-making, since it involves actors and representatives from the political, economic and social field.
4. Social and employment regulation, covering, for example, health and safety, limits on working time, holidays, job protection and equal opportunities (in terms of gender as well). Thus,



labour markets are expected to offer “more and better jobs” and provide fair wages and proper living standards (Whitehead, 2015:13).

5. State responsibility for full employment for providing services of general interest and for economic and social cohesion.
6. In spite of the differences in welfare state design across Europe, there can be three distinctive characteristics listed that all European welfare states share. First, all of them are committed to the realization of social justice. Second, solidarity drives every reform decision meaning that the members of the society should move together to a common goal and there cannot be people left or lagging behind. Third, everybody is entitled to a certain minimum allowance at least to maintain his/her physical and mental capacity in order to successfully adapt to the rapidly changing world (Hemerijck, 2002).

### 2. 1. 2. 3. Social models in the EU

Ideally, the European Social Model should be a homogenous model of social care, providing the same structure and quality of services throughout the whole continent. In reality, it has been observed that there exists nothing more but some common guidelines between the different models, since even national welfare systems differ from each other. There are different classifications available about the subcategories of the European Social Model, but now we present the one introduced by Gøsta Esping-Andersen (Andersen, 2002) who distinguished the models by the degree of responsibility taken by the central governments in shaping social and welfare issues.

**Table 1.** Types and dimensions of modern welfare states by Esping-Andersen

	Liberal	Conservative	Social-democratic
Degree of de-commodification	Minimal	High (for clientele)	Maximal
Degree of stratification	Strong	Strong	Weak
Privatization (share of private expenditure for old age care and health care)	High	Low	Low
Level of corporatism and etatism	Weak	Strong	Weak
Residualism (share of protectiveness)	Weak	Weak	Strong
Accommodation of full employment	Weak	Weak	Strong
Degree of de-familization	Low	Low	High

Source: Eißel 2014, 126.

Since the economic capability of a country is always the main determinant of its capability of redistribution, it must be noted that one can find relatively serious economic differences among

the states of the European Union. If we consider the amount of social protection expenditure per inhabitant, we find that the difference between the highest and the lowest mark is nearly of 20 times in 2011 (between Luxemburg and Bulgaria). This extreme variance indicates the wide-range of realities in which different European users of social care systems live.

### **2. 1. 2. 3. 1. The Nordic model**

The Nordic model is also called Scandinavian or social democratic model, since its focus is on the universal well-being of people organized by the central institutions. Services in the countries of this model (Scandinavian countries and Belgium) are well-developed and has an overarching tendency in the society meaning that significant amount of help is issued by the government in case of any disturbance in the life of the individual related to health care, old age, unemployment, parental responsibilities, housing and social exclusion. The idea of support for the vulnerable groups of the society plays also a central role in these countries: children, elderly people and people with disabilities are often regarded as the people who need assistance the most not only in theory, but in practice as well. The ideas of inclusivity, the universal aspect of welfare supply, equal access to education, training, social and health supply and solidarity make this approach of social systems attractive.

The Nordic welfare model, built on grounds of equality and solidarity, is seen by many as the most comprehensive and organic one, with strong emphasis on social inclusion, circulation and equal redistribution of wealth (Aiginger, 2018).

Since the role of state in shaping social services is very high, the state requires a great amount of contribution from the capable citizens in order to maintain the broad supply system. Therefore, it is essential to keep the activity (employment) of the people very high thus creating additional income for the economy that can be redistributed by the state for the safety net to ensure the preservation of the social stability and the system itself. Consequently, if some problems concerning economic performance or the full employment emerge, the sustainability of the Scandinavian model can be shaken to its foundations. This can be the reason why this model might be difficult to be implemented in poorer countries of Europe.

Norway is often characterized as the best example of the universal democratic welfare state (Andersen, 1990). The social stability is underpinned by comprehensive welfare services and the constant prosperity of the economic sector. The high employment enables higher taxes and generosity from behalf of the state. After the World War II, the Norwegian Labour government intended to increase the export of the economy by supporting the industry and full employment.

These steps can be regarded as prerequisites for carrying out major reforms in the field of social services. Although the construction of the welfare state was gradual, the universal approach was implemented mainly during the 1960s.

**Table 2.** Historical development of the Nordic model in Norway.

1946: Universal child allowance scheme covering second child and consecutive children
1949: Agricultural workers included in unemployment insurance scheme
1953: Compulsory sickness insurance for all wage earners
1956: Compulsory sickness insurance for all residents
1957: Pension reform: income test abandoned for old age pensions
1957: Orphans' pension scheme introduced
1958: Universal occupational injury insurance
1961: Invalidity pension scheme introduced
1964: Law on widows and unmarried mothers' pensions
1966: National Insurance Scheme incorporating old age, invalidity, widows', orphans', unmarried mothers' pension schemes; earnings related pension introduced.
1970: Allowance for first child introduced in child allowance scheme
1971: Incorporation of sickness and health insurance, occupational injury insurance and unemployment insurance in national insurance schemes
1978: 100% wage compensation in sickness cash benefits (considered as the most generous sickness insurance in the world)

Source: Kuhnle 1986.

The construction of the Norwegian social welfare system was based on broad social and political consensus of the governmental parties and the opposition as well. During the electoral campaigns and eras of coalitional governments all the actors of the political arena more or less agreed on the goal and the methods of how the welfare state should be designed. Some argue that the left-wing Liberals of the Liberal Party contributed to the emergence of social policy in Norway from the 1880s onwards (Sørvoll, 2018).

After the golden age of welfare state that coincided with the economic boom of the 1960s and 1970s, the Norwegian government had to exercise some cutbacks in some spheres of welfare expenditures and in some cases privatization of welfare services took place, but not to an extent that threatened the foundations of the system. The changes implemented in the system were rather about restructuring the allowances and attach them to certain restricting conditions. I must be added that in the period of economic growth in the 1990s until the global financial crisis the amount of money spent on social well-being raised as well as the number of people who occupied themselves with health and social services.

In the last thirty years Norway did not experience economic downturn as Sweden or Finland did. It was due to the huge oil and gas production in the Northern Sea that the country was not affected hugely by the global financial crisis of 2007 and 2008. The political elite and the citizens remained supporters of the extensive welfare services despite the harsher global and domestic economic conditions, while neoliberal ideas attracted only limited support (Sørvoll, 2018).

The broad system of welfare services is under constant political attacks and debates owing to the fact that it has a large amount of money and political capital at its disposal. Parties and politicians can gain more support by promoting the idea of more extensive welfare measures or even by backing the deconstruction of the system. Certain parties influenced by economic liberalism, support for lower tax rates in the private sector that would undermine the sustainability of the existing welfare system.

Health care is seen as an integral part of the Nordic model and regarded as a public responsibility, since its main feature is universal access, negligible user fees, and a strong focus on equity (Costa, 2013:101).

There is no social or geographical discrimination of the inhabitants within this system, potentially everybody has the opportunity to have access to the same public health services. Beyond universalism, a certain amount of decentralization is also a feature of the system. For example, municipalities in the Northern countries are important from the point of view of providing local answers to local problems by strengthening the public participation and creating the arenas for democratic decision-making. Transparency and inclusion of local solutions are important with regard to efficiency and testing newly developed ideas before lifting them to regional or national level (Costa, 2013:102). Taxation plays an important role in the maintenance of the Nordic model: health care is almost completely publicly financed just as the hospitals and other

institutions such as the extensive network of general practitioners (GP) who are responsible for the patient's orientation towards more specialized way of treatment if that is necessary.

Concerning this model, egalitarianism is a fundamental principle that can be applied for gender equality as well. In practice, it means the promotion of the so-called dual earner model by putting emphasis on female employment. Promoting the dual earner model (DEM), the bloc of Nordic countries is considered to be the flagship of female employment and gender equality in general. For the state, it is difficult to regulate family and career relations, but in Norway the state tries to do it by regulating family policy and gender equality. Norway was the first country that introduced father's quota within the framework of parental leave in 1993. At that time, it was 4 weeks, and by 2010 it increased to 10 weeks. In practice, it means that fathers can increasingly take part in child care, but most men do not choose this way and they have the same reasons why women in the Western countries do not have child, namely the fear of losing career momentum, fear of lagging behind in economic competition. Thus, even this system cannot make easier to combine parental responsibility and work.

Compared to the other models, this one features the highest level of social protection, and it is based on an extensive prevalence of the state in the welfare arrangements. Social rights are treated as universal and are extended to the whole population. Services and cash benefits are targeted towards all layers of society, not only the have-nots. Having a historical inheritance of small class, income and gender differences, Nordic model is relatively easy to implement without the dissatisfaction of huge masses. In addition, strong labour unions ensure highly compressed wage structures, being intensely involved in economic life (Alestalo, 2009).

In the Northern countries, free market economy is in combination with welfare state proving that the economy of competition and social justice can coexist.

### **2. 1. 2. 3. 2. The Anglo-Saxon model**

The Anglo-Saxon model is attributed to the United Kingdom and Ireland. When compared to the Nordic model, the Anglo-Saxon model's fundamental differences may be recognized in many respects. While Nordic countries maintain a 'cradle-to-grave' type social protection, the followers of the Anglo-Saxon path prefer letting individuals enjoy more independence and be exposed to more risk in the meantime, governing their lives (Aiginger, 2018). Lower tax rates and relatively small amounts of social benefits encourage citizens to exert conscious control over their lives and manage their finances well in order not to face any hardship during their old age or sickness. In this model, people of need are entitled to social benefits if they were

employed before, thus bigger portion of the social expenditure is used for the working-age population, and less towards the older population. Due to this lack of universalism, the system itself is less sensitive to labour market pressures.

As it was the case in the Northern countries, the economic growth and high employment contributed to the expansion of the welfare state in Great Britain in the post-war period. As I mentioned earlier, in the Beveridge report, the role of high level of employment was recognized as an important factor in the development of the welfare services (Lowe, 1999:68). The constant full employment made the trade unions possible to strengthen their bargaining positions in case of collective bargaining of wages and this affected positively the level of social security benefits as well.

The post-war period saw the rising birth rate in Great Britain due to the general economic development that made it possible for the families to have more children without reducing the living standards. Also, an important demographic change was the acceleration of individualization meaning that the number of divorces and the proportion of people living alone rose. Consequently, there was a decrease in the household size: gradually, less and less people lived together under the same roof as the households could be maintained by less and less people (Lowe, 1999: 76).

After the unpopular health care system of the interwar period, Great Britain saw the introduction of National Healthcare Services (NHS) as the greatest achievement of the Labour government. This new system after the war was so popular that the popular perception made the NHS equal to the welfare state itself. The system was introduced in 1948 after a long debate following the Beveridge Report and “provided an opportunity to demonstrate the superiority of collective action and public initiative. The NHS did admittedly establish in Britain, far sooner than in any other country, a universal, comprehensive and relatively free system of health care.” (Lowe, 1999:194-196).

Despite the success of the NHS, it was still unable to develop the proper administrative structures (e.g. certain hospitals could not be nationalized therefore the unified service was short of common administration and standards in certain territories. The territorial asymmetry is also a problem with regard to the United Kingdom. The four components of the UK (England, Wales, Northern Ireland, Scotland) lack an overall legal framework within which the health care services could be accepted in a universal form without modifications in the levels of services (Costa, 2013:81).

Data show that in the United Kingdom and Ireland, employment rate is higher than in other EU countries, which makes this social welfare approach meaningful and sustainable. However, high income dispersion, large portion of low-wage employments and weakness of trade unions are all passive threats which may undermine the long-term sustainability of the model. It should be mentioned that the Anglo-Saxon model is regarded as liberal and stimulating citizen independence only when discussing about it in the light of European models; when it comes to a comparison with societies outside Europe, it is still considered to provide relatively large social assistance.

### **2. 1. 2. 3. 3. The Continental model**

In Austria, France, Germany, Luxemburg and partially Switzerland and the Netherlands, the Continental Model is partially built on the traditional role of family in the field of health care. In opposition to the Nordic model, the so called 'male breadwinner model' (MBM) is preferred to dual earner model (DEM), which is based on the idea that the most important element of the family from economic point of view is the father who has to be ensured about his employment all in his life (employment-related social insurance) (Andersen, 2002:16). To avoid risks that can affect the well-being of the breadwinner thus the family as a whole, it is necessary to include the labour force in social security systems through mandatory contributions. This development occurred first in the Bismarckian Germany at the end of the 19<sup>th</sup> century; therefore, Germany can be regarded as the central country of the model.

Beside the familiarist traditions, the Continental Model was influenced also by statist and corporatist traditions as well. In practice, it means that the role of state-owned institutions is usually significant and the coordination between the employers and the employees take place by way of wage bargaining and making collective agreements by the coordination of the strong trade unions. Despite the strong emphasis on employment, the Northern countries still outperform the countries of the Continental Model, partially due to the fact that the former achieved higher level of women participation in the labour market (Hemerijck, 2002).

From a certain point of view, we can consider the Continental model as a "middle ground" between the Scandinavian and the Anglo-Saxon Models, since it treats social benefits more modestly than the Nordic model does, even though we still find significant reliance on non-employment benefits and old-age pensions. In the enumerated countries, including the Netherlands sometimes according to some authors, disposable income serves as the basis of the majority of social transfers and benefits. Since the welfare system is well-funded, poverty

reduction is allowed for, just as maintenance of level of income for benefit recipients. As a drawback, reinforcement of social cleavages and penalization of those outside the insurance model can be mentioned.

#### **2. 1. 2. 3. 4. The Mediterranean model**

Societies belonging to the Mediterranean model (Spain, Italy, Portugal and Greece), can be best described as family-centred societies. Eventually, this model cannot be understood without understanding the way of thinking and life of the nations mentioned above. Mediterranean population in general is known to be family-centred and live in multigenerational households. This means that elderly and sick people are oftentimes looked after by family members, so social protection is primarily provided by them instead of the state. As a consequence, the largest portion of state funded social care is accounted for by old-age pensions, which is even more significant if heavily promoted options for early retirement are considered, too. Although pensions are high in terms of the GDP (in Italy, for example, its proportion can reach even 16,13%) (Hemerijck, 2002), Mediterranean countries provide less opportunity to receive formal care and the access to it is oftentimes conditioned.

Trade unions traditionally count large membership in these countries; the wage structure is covered by collective bargaining and is strongly compressed. A clear weakness of the model is the tendency of slow improvement of social care network in rural areas, as well as the high dependency on family support. In fact, the Mediterranean countries cannot rely on such economic stability and growth as the Northern countries do, therefore these states could not build an overarching system of welfare services.

In the literature, there is a debate on the position of the Mediterranean welfare system. Opinions differ whether it can be distinguished from the Bismarckian system. According to Ferrera, Guillen and Alvarez the Southern European countries constitute an independent model due to their socio-political etiquette, namely the high reliance on family in the social care activities. At the same time, however, Esping-Andersen sees the “adherence to the traditional familial welfare responsibilities” a proof, by which these countries can be attached to the Continental model (Manabu, 2003:229).

The following table illustrates the aforementioned models with respect to their characteristics of different aspects: (Popova, 2013)



**Table 3.** Categorization of European sub-models according to Esping-Andersen.

	<b>Nordic/ Scandinavian</b>	<b>Anglo-Saxon Model</b>	<b>Continental/ Bismarck</b>	<b>Mediterranean /Southern</b>
<b>Expenses on social support</b>	High	High, the taxpayers ask the decrease in taxation burden	High	High
<b>Employment</b>	High, stimulated by the government	High	High, the part-time employment is widely spread	Low, the majority of women do not work
<b>Principle source of financing</b>	Government and local authorities; taxation re-distributing	Government for unemployed taxes re-distribution), while the social insurance for employed people	Market; the social insurance	Market; local authorities; family support; self-support.
<b>Level of poverty</b>	Low	Moderate	Moderate	High
<b>Re-distribution</b>	High	High	Moderate	Low
<b>Private provision of social support</b>	Yes	Yes	Yes	Yes

Source: Social Welfare Systems across Europe, 2018, 6.

### **2. 1. 2. 3. 5. The East European model**

The so-called East European Model is somewhat out of the framework used by Esping-Andersen, since he employed the typology of welfare states to the European capitalist states only. The Central and Eastern European (CEE) region was not part of the modern market economic system until 1990, therefore the countries of the region stepped into a new era with a significant historical package rooted in the complex realities of the national histories (e.g. the socialist ideology and its transformative effect) with regard to social policies. To describe the East European model, I intend to use the case of Hungary as an example.

It has been expected that the newly independent Central and Eastern European countries will adopt one of the existing models of the social systems in Western Europe, but as it turned out there is an emergence of a new, fifth model formulated by these countries and consolidated by their accession to the European Union in 2004, 2007 and 2013. Moreover, within the model, one can see slight differences of the welfare systems among the V4 countries: the system in the Czech Republic is more universalistic, Poland has its tendency towards an individualistic approach, while Hungary takes its place somewhere in-between. (Manabu, 2003:244). A more detailed analysis of this model, with special focus on Hungary will be given later with regard to old age care in Hungary.

Although these European social care models analysed above are sometimes over-simplifying, they constitute a solid foundation to understand the various ways and methods of social care in

the European countries and by the help of this basis, they make it possible to draw a map of the identical elements of different solutions.

The following tables summarize the characteristics of each model that was described above.

<p><b>Nordic model</b></p> <ul style="list-style-type: none"> <li>• well-developed services</li> <li>• central role of the state in public services and locality at the same time</li> <li>• inclusivity and universalism</li> <li>• emphasis on gender equality (female employment)</li> <li>• transparency</li> <li>• large taxpayer contribution</li> <li>• constantly needs full employment</li> <li>• Nordic countries will most probably maintain their economic momentum</li> <li>• social justice can be maintained</li> <li>• demographic challenge can alter the labour market and lead to social frictions</li> </ul>
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<p><b>Anglo-Saxon model</b></p> <ul style="list-style-type: none"> <li>• lower tax rates</li> <li>• increased role of individual responsibility</li> <li>• individuals can be more exposed to the risk of exclusion</li> <li>• lack of universalism</li> <li>• weakness of trade unions</li> <li>• develop an individually responsible society where the focus is on the local initiatives that may replace the role of government in welfare distribution</li> <li>• high income dispersion</li> <li>• large portion of low-wage employments</li> </ul>
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<p><b>Continental model</b></p> <ul style="list-style-type: none"> <li>• social insurance system</li> <li>• built on the traditional role of family</li> <li>• statism, corporativism</li> <li>• strong trade unions</li> <li>• male breadwinner model</li> <li>• employment-based insurance</li> <li>• enhancing conservative social layout</li> <li>• exclusion of certain groups</li> </ul>
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<p><b>Mediterranean model</b></p> <ul style="list-style-type: none"> <li>• family-centeredness (multigenerational)</li> <li>• health and social care by relatives</li> <li>• high pensions</li> <li>• strong role of trade unions</li> <li>• conditioned access to formal care</li> <li>• too high dependency on family support</li> <li>• lack of universalism</li> <li>• enhancing conservative social layout</li> <li>• economic instability</li> <li>• youth unemployment</li> </ul>
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<p><b>East European model</b></p> <ul style="list-style-type: none"> <li>• strong welfare tradition</li> <li>• universalism</li> <li>• strong insurance tradition</li> <li>• ineffectiveness</li> <li>• discrimination</li> <li>• transformation crisis (mixture of reform directions)</li> <li>• low level of social solidarity</li> <li>• these countries can apply the best practices from Europe</li> <li>• social services may become means of populism and politics</li> </ul>
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**Table 4.** Evaluation of European social models. Compiled by the author.

### **2. 1. 3. Contemporary social challenges for the European economy and society**

In the following section, I intend to summarize the challenges of the European Union from social policy and social care perspective, and also from economic and political point of view. The importance of the political sphere cannot be overemphasized in an analysis where social interactions, changes and policy-making are handled, and therefore it must be included to this general overview. These factors will help us assessing the sustainability of the different social care models mentioned before. In contrast to the former chapter that concentrated on the positive developments, now it is time to mention the challenges for the whole system.

The examination of contemporary social challenges help identifying the most acute problems of Europe and this short account can indicate the further things to do, policy directions having a more general message as well. In this chapter, contrary to the previous one, I try to analyse the status of European social models by exercising sectorial and thematic approaches instead of concentrating on the territorial divisions of different social systems.

From many aspects, my observations are not exact in scientific sense, meaning that the development of European social care and its models are not “the end of the history”, rather they constitute an ongoing process, which is happening nowadays as well, thus without the endpoint, it cannot be evaluated properly from the necessary scientific distance. From scientific point of view, it is also a problem that the whole idea and all these systems are shaped by humans, thus making everything complex and unpredictable. Beyond all these difficulties, there can be several challenges for the existing systems identified; future tendencies that worth considering from a general perspective.

Many people contend that Europe is beyond its glory. Only few people think that their descendants will have better future than they have after the ‘golden age’ of Keynesianism (state involvement in social and economic issues) following the Second World War (Gray, 2004: 35). We are witnessing now a diminishing optimism and social sluggishness. The reason is not only the uncertainty of the future, but the fact that the social composition of the continent has changed inevitably. Despite the multicultural character of the Western European cities, the harmonious social cohabitation between the migrants and the local population could not be realized. Social, economic and cultural rifts led to the emergence of parallel societies in many Western European countries.

Historically, the Muslim (but not only Muslim) guest workers arrived after the Second World War were the building blocks of the social transformation in Europe, although they enjoyed the development less than the indigenous population. In the coming crises of the '70s, the migrant workers became a target of attacks, while the social tensions intensified. This critical moment coincided with the growing visibility of Muslims in the cities of Western Europe. Their appearance in the minds of the locals mounted on the internal problems of Europe, although the Muslims cannot be blamed for these problems.

Migration is a natural process that goes hand in hand with conflicts having unseen impact on the demographic characteristics and the patterns of cohabitation. The low level of social assimilation is not only rooted in the differences between the interacting cultures, but in the purposes of the migrants they follow. It is evident that migrants came to the Western countries due to the economic prosperity and the opportunities these countries could offer. These motivations are still valid, and they are above all other factors such as the intention to getting acquainted with the local culture. Therefore, it is not surprising that immigrants with Muslim background do not consider the culture, institutions and traditions of the recipient countries belonging to them; sometimes they are even against it by referring to their own, original culture and religion. And this is the origin of the problem: Islam places religion in the public sphere that is considered to be a challenge for a secular Europe.

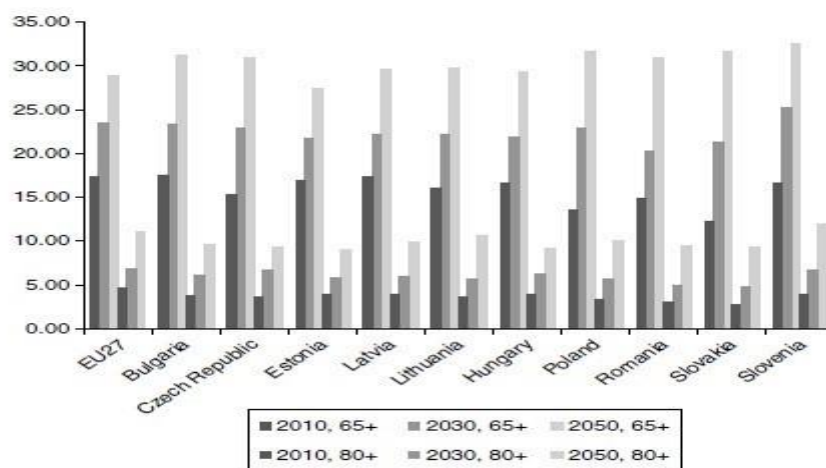
Europeans greatly overestimate the share of Muslims in the total population. The total number of Muslims in the EU28 is 28 million (The Search for Europe 2015:303–309). The negative views (Wike, 2016 and Goodwin, 2017) on Muslim people became connected to the question of mass migration in the last years. But Islamophobia just like racism, can serve as a mark on certain radical people, but their scapegoating oftentimes led to the total refusal of their legitimate demands and complaints in connection with multiculturalism. Immigration has not only a 'migrant side', in the same vein, the problems of the local people with the new communities cannot be swept under the carpet. In reality, neither side of the migration process may monopolize the grievances given by the uneasy cohabitation of different cultures. Historically, educational system and gender equality has been the primary channels of integration in Europe, but these "equalizing" attempts tend to fail in managing cultural diversity caused by the immigration of people having non-European origin and cultural affiliations. This is where nation state becomes important again, because it seems that extending social rights to members of lower classes of the same nation is one thing (and in most of the Western countries it was a successful

process), but the massive migration undermines the common basis of citizenship that has been evolved as a result of several hundreds of years of “organic” development.

According to the French political scientist, Olivier Roy radicalism based on Islam is a new form of resistance of the youth strengthening the generation gap. These people in Europe and all over the world consider Islam as a social and political mobilization force to achieve certain goals aiming to reform the existing system (Roy, 2016). The rapid changes of the world together with the tensions of the new, culturally alien environment make the young generation of migrants (originated mainly from the second and the third generation of immigrants) exposed to these pre-packed half-truths offered by radical Islam. Their identity crisis seems solved by accepting these social radicalisms and populist ideologies as these offer them short term solutions to their grievances. Against these prejudices, religious and secular education can be the best remedy, but these are long-term processes by their nature. These can open up the gates of social integration and help achieving the marginalization of radical thinking.

If Europe really needs a certain large amount of migrant worker, the Western countries have to find a solution in which there is no citizenship question on the agenda. In other words, the right to work and right to citizenship will be separated for these people. The so-called ‘Gastarbeiter’ system in Germany is one example of this approach: the workers received only permit of residence and a work contract for a couple of years. Similar system is in operation in the Gulf countries and in my opinion, it is way to make immigration acceptable for the local population – a system in which migrants who make use of the system without any benefit for the recipient country are not tolerated.

Beyond intercultural challenges, Europe is in danger of ageing that is also connected with the lack of sufficient amount of labour force in certain countries. “According to Eurostat (2010) statistics, in the EU27, the proportion of those 80+ will increase from 4.66 per cent in 2010 to 6.93 per cent in 2030 and to 10.99 per cent in 2050, and the proportion of those 65+ from 17.38 per cent in 2010 to 28.81 per cent in 2050” (Costa, 2012:237). This will have serious consequences to the fiscal structure of the states. According to estimations, “population ageing is expected to add an average of 3.9 per cent of GDP to the cost of pensions and a further 1.7 per cent of GDP to the cost of healthcare in OECD countries between 2000 and 2030” (Gray, 2004: 45–46).



**Figure 1.** Percentage of elderly population in the short and mid-term.

Source: Costa 2012, 238.

The “discovery” and analysis of old age as a phenomenon in human life and its societal recognition is the result of the social processes of the 20<sup>th</sup> century (Hareven, 2000:219). The long process of ageing became a common social “experience”, old people nowadays constitute not only a generation, but a social category as well. This new approach increases the importance of relatively new realms of social care such as long-term care and “gerontechnology” meaning the practical use of intelligent assistance systems in the help of elderly people. To address the questions and conditions of old people, there are expectations that take the emergence of pensioner parties into account in the future political arena of Europe.

The ordinariness of oldness has caused a shift in the emphasis of social care: with the dramatic rise of pensioners, the generational approach in the basically health and poor-centred social care appeared. The separation among generations has taken place in Europe with regard not only to set of values and technology, but physically as well. As a consequence, nowadays multigenerational households are absolutely not common in Europe (Fargion, 2000:61).

Another generational challenge is coming from changes in the traditional household structure: the emancipation of women and their participation in the labour market implied decreasing attention for child-care in families. Thus, for these women having good position in the labour market and having a baby at the same time became a very demanding task (Fargion, 2000:60). In connection with this, Richard E. Easterlin contended that the more difference between life-style aspirations and actual living standards exist, the less will be the number of births in the families. This demographic rule can be palpable in Western European countries, where values of individualism and secularism together with growing standard of living opened up a decline

of fertility (Tomka, 2013:22–23). This process has started in the late 19<sup>th</sup> century (first in France) and Colin Crouch called it as “the emergence of industrial urban family” having both low death rate and birth rate (Crouch,1999:23). Since then the demographic pattern did not change substantially, but the process spread from wealthier groups to the poorer and now the delayed marriage system, career aspirations or the popularity of one-membered households transformed the life of urban people significantly. As Béla Tomka stated: “If fewer children are born, and, at the same time, people live longer, there is a twofold pressure on the age distribution of the population, which results in a move towards ageing” (Tomka, 2013:47).

The atomization of family structure can be attributed mainly to the Nordic countries, in which the Scandinavian model of social care prevails. This statement is especially interesting if we consider that the model itself is about a collectivist approach to welfare issues, but the society in the Nordic countries consist of the most autonomous “responsibilities” that refuse the gender asymmetric setting (Fargion, 2000:63).

These challenges pose severe strains to the economic foundation of the European integration and welfare state in general designed for a previous, less turbulent era. The economic and welfare basis of the European Social Model can be traced back to the 1970s when the decision makers identified the following key points in order to maintain the idea:

- full employment in the society
- yearly economic growth of 3–4%
- people entering the labour market at the age of 18 and pay taxes until the age of 65 (47 years altogether)

In this system, the high rate and efficiency of labour force contributed to the financial maintenance of the young and the old: 18 years for the young and 10 years for the old in average, because the life expectancy at that time was around 75 years. However, nowadays the practical limits of the system prolonged: many youngsters enter the labour force around 25 years old and people living in pensioner status is also a bit longer than before. In this way, the social security system has to finance approximately 25+15 years of inactivity by having only 40 years of work. Experts contend that in the long run this situation cannot be sustained, especially if we consider that the economic growth is slower and the population in almost every European country is stagnating or even decreasing. It means that less and less employers produce the goods required to maintain the social allowance system for the pensioners and the young people.



**Figure 2.** Seven types of countries in Europe according to population structure.

Source: Schubert 2016, 796.

As a result of several economic crises governments started to replace the passive protection of labour with a more active way of making initiatives. Instead of unconditional benefit entitlements for unemployed people, governments introduced training programs and labour counseling to help people in their accommodation to the new requirements of job market. Some experts coined this proactive role of state as a shift from “welfare state” to “workfare state” (Schubert, 2016:325). These changes were not so significant that it would be legit to talk about the stagnation of the welfare state. From the ‘70s, the money spent on welfare issues has been increasing constantly in the whole EEC and EU (Gray, 2004:43).

Not only internal, but external factors such as globalization affect the social life of European citizens. Scepticism towards globalization is originated from the facts that the last decades and global crises intensified the risks creating an environment of “less community, weaker solidarities, and more inequality” in the fabric of European societies (Blossfeld, 2011).

Globalization and the emergence of international trade to the world level factually pose serious challenge to the international competitiveness of the continent. Competitiveness in a global market-place assumes that states embrace a relatively minimal role in the provision of public goods. Europe has to have contest with overseas producers that have fewer social expenditures and lower salaries for the same job thus making the production more profitable for the companies and less pricy for the costumers. The expansion of world trade coincided with the era of



decreasing growth in the European Economic Community, and as a result, European companies started to outsource their activities to non-European markets leaving the local labour without occupation. (This is, however, not only a European phenomenon.) The shift of manufacturing production to newly industrializing countries became the feature of the 1980s. The aim of the companies was to reduce labour costs and tax burdens, but as a consequence, they left “reduced fiscal capacity” for the welfare states of Western Europe to maintain the social care systems (Gray, 2004:34–37).

As a consequence of globalization and enlargement process of the EU, the discrepancies among the member states created a much more compound system of society, in which different people live in different realities and their lives are not based on the same experiment even if they have the same level of income. This social dissipation, the emergence of new professions, the flexibility of jobs and the effect of workforce flowing from the Eastern member countries contributed to the weaker performance of the trade unions (Vail, 2010:4).

There are fundamental differences between the cleavages of society comparing the beginning of the European project (in the mid-50s) and the social structure of the contemporary Europe. Since social care and all kinds of social policy target the areas of potential inequalities by creating standard services and mitigating or removing the differences among social classes, it is important to see the developments in the EU not only horizontally (territorially), but vertically (periodically) as well. Given that my aim is not to cover the social history of Europe, I mention only the general social developments that need to be answered within the framework of this dissertation.

According to Lipset and Rokkan (Lipset, 1967) there were four substantial cleavages in Europe in the ‘50s and ‘60s: stockholders and employers; urban people and peasants; secularists and religious people; and centrum-periphery in the society. By now, we can see the erosion of these structures; these categories are not really the agendas for policy-making with the exception of centrum-periphery distinctions that are still causing significant disparity among regions and member states. As for the stockholders’ and employers’ opposition, the emergence of the service sector blurred the line between these categories and created capital accumulation in the hands of employers as well. The free movement of workforce also helped this process. The same way, there are less and less peasants (or people living in the countryside) in the European countries, therefore the city-village distinction also lost its significance in social policy. Maybe the irrelevance of religion is the most visible feature that is shaping the public thinking about

the social structure, although coming from the periphery there is an emerging religious sentiment in Western Europe as well: the religion of the immigrants that is mostly the Islam.

So, what are the new cleavages of the society? First, there is a relevant difference between the citizen with global outlook and the citizen with national attitude enclosed by his/her local community. In this framework, the global citizen is the winner of the process, while those who insist on their national identities are on the losing side. The latter now has no confidence in the democratic institutions of Europe, since the perception is that on the level of decision makers the adherents of globalization take the lead.

This dilemma is very much connected to the fundamental problem of the EU, namely the attempt towards a deeper integration among the member states or the delegation of power back to the nation states, thus deconstructing the integration and making it possible to resist globalization on national level and creating national solutions to common challenges. Also, this question can be related to the redistributive role and solidarity that the European Union plays; factors that are indispensable for maintaining the cohesion of the society. In this sense, in a post-material world it is the standard of living that is in the centre of every discussion about social care and social policy, consequently the basic needs for living are now out of question in these developed countries. However, for achieving social well-being, several approaches can be found in the political spectrum of the European countries: liberals contend that if the state supports the riches and the talented ones, they can have positive impact on the whole society thus creating the well-being of everyone. This approach is the closest of all to the fundamental idea of capitalism, namely the free contest among the free people on the principle of equal opportunities. But opportunities are rarely equal in modern societies: globalization has created even bigger gap between the poor and the rich than it was half a century ago. Another approach of handling the issue of social cohesion can be labelled as “Christian democratic”, which is centred on the support of traditional values and formations of the society, namely the families. According to social democrats, poor people have to be supported in order to achieve a minimum cohesion in the society and prevent social tensions. The idea of social care shares the same values as these two latter approaches and these principles are dominant in the public discussions, but in reality, the idea of free competition and thus the influence of economic wealth overcome these reasonable considerations. Adherents of liberal values often criticize the state if the budget contains massive welfare expenditures and the excessive role that states play in redistribution of goods. Even if this criticism is legitimate, the principle of the economy for the people and not the people for the economy has the utmost importance in my analysis.

EU countries spend different amount of money on the public services and this is not only dependent on the GDP and government incomes, but the tradition of state contribution as well.

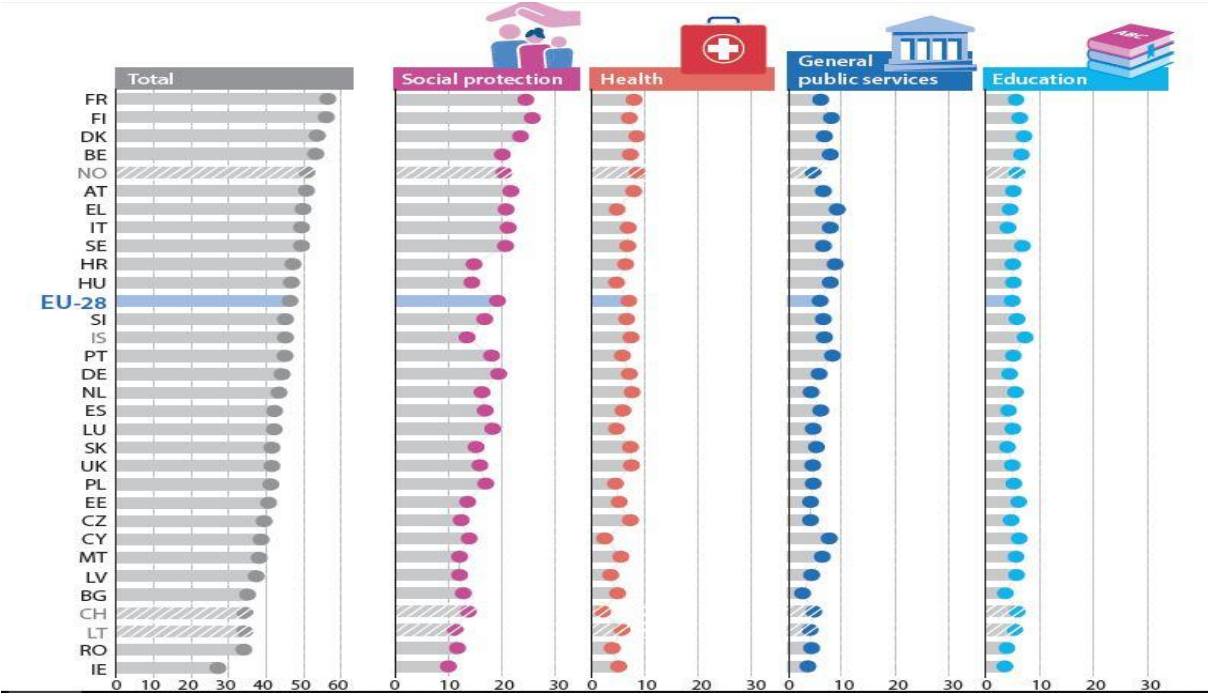


Figure 3. Government expenditures in EU countries in 2017.

Source: Key figures on Europe, 2018.

Within the European social model, there can be differences measured in a sense that how Europeans think about well-being. In general, Western Europeans share the attitude of taking personal responsibility for the personal well-being, therefore more or less ready for any challenges during the life of the individual. The newly joined member states of Central Europe still have the legacy of the former period and therefore individuals of those countries rely more on the state allowances if something goes wrong in their personal life. In contrast to this argument, the whole European society underwent the process of weakening the collective social identities that led to the dissolution of large social blocks (industrial workers, peasants, and owners) and created the culture of individualization.

During the assessment of contemporary challenges, we have to consider the permanently upgrading technology that is currently at our disposal. Technological development can have an impact on the welfare of the European societies in an unpredictably positive way. The most important fields of development are medical sciences, biology and chemistry, which all effect the quality of life and thus social care policies. The process of automatization in certain sectors of labour market has been holding serious challenges for the “traditional” work-based societies.

A significant amount of substitution of workforce would bring a new system of social distribution. This may be the most important, but most uncertain challenge that the future holds, therefore preparing for it is a huge task for the social care system.

Broadly speaking, we may distinguish between economic, fiscal, and demographic pressures, all of which challenge the sustainability of national pension arrangements (Schludi, 2005:13). There are political hindrances to implement sustainable reforms: governments generally do not intend to make commitment to one strategic direction, because the implementation process is always longer than the political payback period of the reforms. A comprehensive reform has to cope with serious institutional obstacles as well: welfare states oftentimes remain “immovable objects” and “immune to change” (Kersbergen, 2014:23).

#### **2. 1. 4. Summary**

To summarize the existing situation of the European social model, in the following section, I list some of its main strengths and weaknesses. In the end of the dissertation, this will lead to a comparison between the strengths and weaknesses of the European and the Qatari models, moreover, in the conclusion, I will supplement the research with the positive and negative potentialities to see how these systems are capable of sustainability in the near future. Together with these parts, an evaluative analysis of both models is presented at the end of the research.

#### **Strengths of the European social care model:**

- managed to avoid war in the last decades (protected by outsiders)
- result of inherent and organic development
- a collective of at least 28 countries based on common decision-making and learning processes
- a great variety and tradition of social policy solutions
- open-minded societies that are receptive to innovations
- cultural diversity in many countries (mainly urban-based) – social inclusiveness
- restricted role of the state: social policy is defined by multiple stakeholders of the social and economic realm

- socially “most developed” region of the world, access to leading technologies and innovations (in the social sphere as well)
- effective, historically deep cooperation between different stakeholders of social care provision (public and private sector)
- high-skilled, qualified labour force employed in the dual earner model
- relatively secured income basis that is rooted in the effective economic productivity of the country
- human rights-based development that ensures equality (at least theoretically)
- holistic view of care: theoretically everybody living in the country is involved (inclusiveness)
- managed to eliminate extreme poverty and the mass spread of infectious diseases
- managed to influence other social care systems in the world

**Weaknesses of the European social care model:**

- excessive capitalist competition
- fading role of social care provided by religious institutions and diminishing moral value system (religion). For Europe, human rights are the new moral principles
- resurgence of national initiatives and nationalism in general that is not favourable to the unification attempts within the model – emergence of many dissipating strategies
- largely affected by the economic crisis of 2008
- relatively slow economic growth in the last decades
- decreasing number of indigenous labour force and population in general
- culture of individualization
- rapidly ageing societies
- social care is a politicized issue with a huge amount of money and political interests involved, therefore governments are not interested in reducing their own role

- Western liberal political system is enchanted by the excessive social, cultural and economic changes as it realized social mobility to a degree that is unfeasible (indigestible) for many individuals. This social system of continuous transformation (modernization, globalization) leads to social dropout and conserves the inequality between the rich and the poor.

## 2. 2. Social Care in Qatar

In the second thematical part of the literature review, I encountered the most difficult task of the whole project, namely assessing the strengths and weaknesses of social care in Qatar.

Concerning this topic, the difficulties lie in two factors that I must overcome with during writing: on the one hand as a Qatari national, my view on the issue of social care in Qatar may be biased, since I am part of the welfare system established by the State of Qatar and have been making benefit from it in my whole life. At the same time, this makes me fit for this task. As an insider and scholar, I have to restrain myself from emotions, convictions and feelings that may exert influence on my overall conclusion and give priority to the scholarly questions, debates and answers. On the other hand, the topic I deal with here has been covered only by few literature items directly, therefore there are serious restrictions on the accessible data. Although the Qatari state is one of the most developed countries in the world regarding its financial means and assets, the Western tradition of governance and especially the intensive and extensive monitoring of governmental policies is a relatively new practice in the country, which creates another barrier for informative research.

This research refers to a constant debate of scholarly position, namely the question of epistemology and the position of the researcher in relation to the narration and the notions employed during the analysis of the topic. Concerning the contextualization, science of history uses two alternative ways to analyse an issue of the (recent) past. The first approach tries to explain the matter in its own context by interpreting that as an exclusive and unparalleled historical phenomenon (particularization). The other one uses the metanarrative implication of the material and makes contextualization by “excursions”, namely by finding the external connection points of the subject (universalization). In order to product an adequate image of the Qatari social care system, both approaches can be useful for the analysis. By so doing, the researcher has to pay attention to the equilibrium between the local and global importance and not to lose the “real” image concluded from the sources and personal experiences on the topic.

There is one more challenge concerning how to approach this topic – and that is connected to my Hungarian (European) educational background, or more precisely to the extent to which contextualization is necessary for a Middle Eastern topic. Since the following sections about Qatar serve as a case study, it must be reflective to its overall context including Islam, the Arab world and Middle Eastern experiences of the society and policy-makers.

My approach to this vast topic consists of sections that first provide some general data on the cultural and social background that determine the policy decisions of the Qatari leadership and shape the overall thinking of the society. The role of these factors and values, however, extend beyond the elite and the emir himself: they permeate the whole society and create discrepancies between traditions and modernism, local and global values not only on the social, but on the individual level as well.

The cultural and social contexts are needed not only to provide background information for a better understanding of some inherent factors within the narrower research topic, but also to contextualize the Qatari social care system within its original Middle Eastern and Gulf States environment. This approach will help me come closer to my initial question that investigates the uniqueness of the Qatari social care system with an attempt to define a so-called Qatari model having a distinctive approach to social issues. From a methodological aspect, it is also necessary to extend my investigation beyond a small country, since this broader perspective can only provide the opportunity to formulate the connections and divergencies between the “European” and Middle Eastern social care systems in the last part of my dissertation. Therefore, Qatar must partly be analysed in a larger framework of states (Gulf states and/or Middle East and North Africa [MENA] region) that is comparable with the “European” states discussed in the previous chapters.

In this part of analysis, however, the question of the larger picture such as identity, religion and international relations will be followed by sections that gradually take us closer to the recent issues of social development in Qatar. In these chapters, I organize the text according to policy areas that do not follow the approach I used during the discussion of European social care systems. At that part, due to the geographical extension of the continent, first I put more emphasis on the differences among the social care sub-systems and second, I mentioned some policy areas where the different European systems might formulate different answers to the same challenges. Now, in case of Qatar, I have the opportunity to go deeper into the investigation and distinguish the social policy interventions not in an interstate, but in intra-state relations, namely according to policy areas such as demography, governance, gender, youth and education and migrants. By attributing such an importance to these subtopics, I provide all the necessary contextual (historical, cultural, religious) information for these issues under these titles.

Last but not at least, by the thoughtful examination of the Qatari social care system at work my aim is to define the social challenges that cannot be solved by the vast financial background of



the state, but by applying best policies and mutual understanding of all parties sharing the problem.

The form of governance in Qatar was characterized in many ways in the literature, such as “rentier state”, “pluralized autocracy”, “tribal democracy”, “soft authoritarianism”. From the point of view of this dissertation project, I phrase the term “welfare autocracy” that implies the aim of the leadership to create a sustainable welfare state as it is expressed in the Qatar National Vision 2030 (published in 2008) and the style of governance that relies on the unchallenged constitutional power of the emir. The main aim of the Qatar National Vision 2030 is to lead the transformation of the society to the modern times and prepare the country for an era without natural gas. The current situation in Qatar is particularly interesting from the perspective of the ongoing social experiment that is a well-defined transformation process coordinated from above and has theoretically the necessary financial resources to be fully implemented. At the same time, however, building state capacities and society-wide reforms is a challenging task for any country, since the outside world is also constantly undergoing change that is to a certain degree necessary to be adopted on the domestic level. As the examination of changes provides the best way of scientific inquiry, analysing a traditional society in transition to a modern one is the most important aim of this part of the dissertation. Finding possible answers for the challenges of this transformation process is the reason why the Qatari social care system has to be compared with the most developed social care systems of Europe.

### **2. 2. 1. The political background of Qatar**

Qatar is a sovereign Arab state that occupies the small Qatar Peninsula located in Western Asia and occupies the north easterly coast of the much larger Arabian Peninsula. Qatar is a country rich in natural gas reserves and seen as the world’s third largest provider. This has resulted in a significant income for the leadership and the population in general enhancing Qatar to be the world’s richest country per capita and recognised by the World Bank as a high-income economy.

During its history, Qatar situated almost always far from the clashes of the great Middle Eastern empires. Nevertheless, some empires tried to incorporate the local Arab tribes to their imperial administrations. These attempts were reinforced by the strategic position of the peninsula in controlling the trade routes in the Gulf area. The harsh and underdeveloped local conditions, however, isolated the Qataris from these empires politically, as most of the times external

powers failed to establish firm and constant control over the area. This condition made the local power-holders flexible and relatively free from external influences.

Qatar was not influenced by the administrative reform of the Ottoman Empire during the so called *Tanizmat* period (1839–1876). The distance from the imperial centre (Istanbul) and the insignificance of Qatar hindered the institutionalization of the governmental control over the peninsula, although the territory was administered by the representatives of the Sultan. As a result of European ideological and technical influence, from the mid-19<sup>th</sup> century onwards, the Ottoman Empire had the institutional and technological capacity to mobilize its new industrial, logistical and administrative resources to assert a new form of governance by the use of the so-called infrastructural power. This practice is deeply rooted in European cultural perception of the space and technological development enabled the state to intervene into the borderlands (“the fringes of the empire”) by which local groups were constrained to adapt imperial norms such as constant taxation, border defence and settled lifestyle. Despite these tremendous changes in the domestic policies of the Ottoman Empire, Qatar remained more or less outside these changes due to the constant crisis (political, social and economic) that the Empire had to cope with in the 19<sup>th</sup> century.

As a result of the dissolution of the Ottoman Empire after the First World War, Qatar became part of the British Empire that found the island’s strategic relevance as the most important factor to maintain the British protectorate over the country. In 1916 Qatar was included to the Trucial States as an “independent” protectorate (Metz, 2002).

Tribes in Qatar, just like other tribal societies in the Arab world were organized by the sheikh whose power was not uncontrolled by the group members, however, the final decision was made by him. Before that, he could consult with the gathering of the tribe (*majlis*). The sheikh was responsible for maintaining the legal traditions (*uruf*) and the dignity (*karaamah*) of the tribe against external challengers. For this purpose, he had some taxes in his hand and was the leader of the tribe in case of external conflict (Alsudairi, 2015: 513).

The pearl industry and trade with these materials and some other goods were integrated to the tribal system, (Biygautane, 2016: 6) therefore the nomads had no interest in submitting these merchants forcefully and sack their settlements, because there was no replacement for these people with special skills among the nomads. In this way, Bedouins preferred the cohabitation with these groups (who were also speaking Arabic) and make benefit from their activities rather than eliminating the people and their profession. (Nowadays, Qatari leadership together with

the citizens have the same incentives to keep the migrant workforce work for them as there are many professions that the local people are not qualified for.)

Oil was discovered in Qatar in 1939 that was followed by a short period of cessation (1942–1947) because of World War II. As income from oil gradually increased, the position of the ruling family strengthened as these revenues enriched their own treasury (Biygautane, 2016:7). The fall of oil prices in the 1980s made the Qatari government turn its attention to the untapped gas reserves of North Field, but the technology to transport natural gas from the Peninsula was still not ready to revolutionize the Qatari gas export opportunities (Roberts 2015:2). As a result, in 1991 the North Field natural gas project was inaugurated as the largest natural gas field in the world.

From its independence in 1971 onwards, Qatar together with other smaller Gulf states regarded Saudi Arabia as a power capable of defending its security. After becoming independent from Great Britain, the small Arab states of the Gulf managed to establish their decision-making systems closer to the local problems, but they also needed a protector (and it naturally became the large neighbouring state of Saudi Arabia) that potentially was able to secure their safety and protect their international status. This inferior position in the international system made the leadership passive both in the domestic and the foreign realms, and at the same time, Qatar was lacking the necessary financial and human resources to pursue an active policy. Moreover, at that time, the emir did not intend to launch a different policy agenda from other regional states in terms of economy, culture and politics – this conservatism served the country’s best interest to survive in a region full of tension. Under the emirate of Khalifa (1972–1995) unfavourable international situation (fall of oil price in the ‘80s, border disputes with the neighbouring countries and the wars between Iraq and Iran and then Iraq and Kuwait) led to the consolidation of conservative policy-making.

However, Saddam Hussein’s attack in 1990 against Kuwait put an end to the idea of unchallenged Saudi dominance over the Gulf countries: smaller Gulf states started to make cooperation with the United States as having the most effective military power in the region that were capable of overcoming the aggressive forces of Iraq in 1991. These cooperative steps towards the U.S. started in the field of military (in Qatar, the U.S. military established its largest military facility in the Gulf region, the Al Udeid), but soon after, cooperation expanded to other sectors as well (such as education). From this point on, Gulf states become more and more oriented towards Western culture, but at the same time there has been a strong resentment in the Qatari

public opinion against the U.S. In general, there is an anti-American sentiment felt within the population of the Gulf countries, thus the leaderships creating close ties with the U.S. had to face a loss of prestige.

### **2. 2. 2. Qatar on the international ground**

This section aims to position Qatar in the international arena and answer the question of how the country has become an economic and political giant among giants – contrary to its size in territory and population. Qatar may be the best example of how a small state can pursue goals that by far overcome its size and presumable capacity. I argue that the basis of this domestic and international activism is reliant on the vast reserves of hydrocarbons (mainly natural gas), favourable strategic position and a leadership that aims to transform the country into a modern society.

Qatar is situated in the geopolitical conflict area between Iran and Saudi Arabia. These two states have a relationship full of tensions since 1979, when the Iranian revolution challenged the status quo (the American dominance in the region) and the Saudi religious leadership as well. Beyond these factors, the basis of the conflict is the regional competition over the influence on resources (especially hydrocarbons), deep distrust strengthened by propaganda and the diverging historical developments. This last means that states on the Arab peninsula originates from the beginning of the 20<sup>th</sup> century, while Iran has a long administrative and state tradition that traces back to the first millennium B.C. This superiority of the Iranian government adds a new element to the civilizational discourse in the Middle East, that is expressed in the long-lasting opposition of Persians and Arabs within the Islamic world. (This dispute is signified by the name of the Gulf whether it is Arab or Persian.) Although both the Arabs of the peninsula and the Iranians have conservative governments nowadays, their antagonism lies in their different approach to Islam, in which Arabs represent the Sunni, Iranians the Shiite branch. Qatar as an Arab state has a significant Sunni majority compared to its minority Shi'a population. The presence of Shiites is the evidence of the important historical ties with the Iranian population, however this distinction barely has any political or social significance in the Qatari society (Nagy, 2006:130).

From security perspective, Qatar has a disadvantageous position, since it is surrounded not only by Iran and Saudi Arabia, but Iraq as well. Moreover, the country lies in the forefront of the busiest oil supply routes of the world and has significant natural gas reserves as well. This position seems rather unfavourable in a sense that it makes the country prone to disputes and

fights, but now, there is a little chance for the emergence of an open military conflict between Iran and Saudi Arabia, thus the small states of the Gulf between the two main powers of the Middle East have the opportunity and means for activism in this inter-imperial space. Even in this respect, the uniqueness of Qatar compared to other Gulf states is evident: Doha utilizes its vast financial and soft power resources not only in the domestic affairs, but in the realm of foreign policy as well. Without any doubt, among the small Gulf states (Kuwait, Bahrein and the United Arab Emirates), Qatar has the most active international role stretching sometimes beyond the region of Middle East and North Africa (and even beyond its capabilities – according to critics).

A more active policy of the Qatari state initiated by Emir Hamad (1995–2013) who came to power in 1995. By that time, Qatar accumulated a sufficient amount of financial resources to pursue a more visible international policy. As the Qatari state lacks the necessary manpower to organize its own influence machine by its own people, its foreign policy become reliant on these external proxies that initially aimed to break up the political status quo in faraway Arab countries thereby creating a new sphere of influence for Qatar. At the same time, supporting foreign policy actors served the interest of the leadership on the domestic ground as well: as it was mentioned before, the general perception of the American alliance is not so popular in Qatar, thus the government tried to counterbalance these negative feelings of the population by providing financial support for organizations that centred their activities on the promotion of Arab nationalism and Islamism. This is an example, how certain decisions of the emir that seems to be independent from any domestic factors are partly motivated by the internal dynamics of the Qatari population. By this move, Qatar started to step out from the category of “satellite state” and undertook the risk of making a diversified policy on the international level. Consequently, Qatari foreign policy is largely determined not by the military minded strategy, but there is more emphasis on the marketing strategy (Koch, 2014:119). When we talk about nation-building in Qatar, it is rather a marketing activity so that the whole process can be regarded as nation-branding.

Distribution of aid in foreign territories is part of the soft power and nation-branding repertoire of such a wealthy state as Qatar. In its foreign aid policy Qatar concentrates its foreign social services in the neighbouring countries. Recently, as the government started to publish data on the distribution of aid, it has become evident that Qatar offers aid in concordance with its budget that is highly volatile and dependent on the oil and natural gas prices (Kharas, 2015:1)

Generally, Qatar uses aid to finance huge projects abroad, but humanitarian aid is more dominant than development aid (Kharas, 2015:14).

Qatar together with its conservative political establishment works hard to take up the position of a mediator within the Arab World in several cases (Somalia, Palestine, Yemen, Lebanon, Eritrea, Sudan) and tries to exert its influence on the world by the use of soft power. Through these means and activities outside its territory, this small state managed to “virtually enlarge” itself and take a better position internationally than it is supposed to have according to its size (Eggeling, 2017). Such media platforms as Al Jazeera, Islamic online, or conglomerates such as Qatar Foundation and Qatar Airways are the most important players in the promotion and “branding” the Qatari state (Shayji 2014:64). After its launch in 1995, Al Jazeera became a significant political mean in the hands of the Qatari political elite as it is critical to Saudi Arabia and supportive to Islamist ideology in general. Islamism does not pose a threat in Qatar, however in many parts of the Arab world, it is an anti-establishment ideology and movement that tries to undermine several existing regimes. Qatar-related financial assets are capable of shape the course of events in line with the interests of the country: the best example of this capacity is related to the successful application to the FIFA World Cup in 2022. Not only by the next football world cup, but in other sports as well, Qatar defines itself as a centre of sports and arts and sponsorship to museums and cultural foundations also contribute to the more or less positive image of Qatar in the world.

As the main source of income for Qatar is the huge natural gas resources under the sea belonging to the country, the leadership has to consider the decreasing output of these fields in the mid-term. In the future, this is the number one issue that threatens the very existence of the Qatari economy and social stability, but the transformation to alternative sources of income is a longer process and needs to be started earlier in parallel with the changing output of Qatari rentier incomes. Keeping this issue in mind, Qatar seeks to establish more and more direct connections with the outside world and bring about changes in the Arab World during the course of the Arab Spring. This is part of the longer-term foreign policy goals of the country that has domestic implications as well: Qatar tries to make alliances and sympathizers on the international level directing the country to a diversified portfolio and creating multiple dependencies that are necessary for a small state in a rapidly changing world. Qatar during its history, always needed a foreign protector coming from faraway places (first the Ottoman Empire, then the British, and finally the Americans after some Saudi interference), therefore it is a core issue

to attach these new powers to Qatar and make the country sufficiently valuable for them to be defended.

Maintaining relations with distant countries is important from economic point of view as well: with these countries, Qatar has no collision of interest and moreover, they the existing and the potential users of its natural gas, therefore cooperation with them is part of the business. Other Gulf countries are competitors for Qatar in the hydrocarbon sector and due to their openness to the world market, Qatar has to pursue an open foreign policy to secure its market position. As these countries organize their activities more or less along the same principles, it is really a challenging task for Qatar to overcome these perceived similarities and the only way to do so is to emphasize the distinctiveness of Qatari policy for the outside world. (At the same time, of course, from the perspective of pursuing any kinds of policies (social, economic, cultural), these similar experiences of the neighbouring countries are beneficial for Qatar as it is capable of using the lessons learned during the parallel transformation of these more or less similar societies.)

As the domestic political life of Qatar can be characterized by stability (no significant opposition of the current leadership), there were no changes in the course of the events due to the Arab Spring that resulted in political transitions in several countries of the Arab World. In Qatar, Shii minority constitutes only 10% of the total population (the remaining 90% of citizens are Sunni), (Nagy, 2006:130) therefore Qatar did not have to face the challenges that the tiny neighbouring state of Bahrein had to cope with: in 2011 its Sunni political leadership was challenged by the local Shiite majority, thus leading to a short political turmoil in the aftermath of Arab Spring, which ended by the intervention of GCC forces led by Saudi Arabia. This case served as a wakeup call as the Qatari leadership has a fear of involvement in its internal political affairs by other Gulf states.

Advantageous geographical position of Qatar (and the Gulf states in general) cannot be over-emphasized; it is enough to mention the huge share of Gulf-based airlines (Etihad, Emirates, Qatar Airways) from the international passengers travelling between America, Europe and Southeast Asia. The role of mediation has never been far from Qatari people: in their earlier history, locals took part in trade activities between the Gulf Arabs, Iran and India that made them interested in peaceful relations with these larger nations. By accumulating financial reserves after their independence, GCC countries started to influence global capital networks beyond their borders.

In spite of the historical connection with Saudi Arabia (puritan Wahhabi Islam coming from mainland Arabia constitutes the main sect that most Qataris belong to), Qatar started to make cooperation with Iran largely motivated by their shared gas field. Partly because of this, Qatar has been in an uneasy relationship with its neighbours for a long time, especially with Saudi Arabia and the tiny state of Bahrein (The Qatar Crisis, 2017:54). Qatari state ideology is different from that of Saudi Arabia as in the latter regulations on women are strict, prohibition of alcohol is comprehensive, and that leadership does not consider Western lifestyle as an example in a way. The Qatari leadership and the society are more open in these regards (Wahhabism vs. Wahhabism, 2013).

Tensions among neighbours led to the ultimatum of 5 June 2017 by Saudi Arabia and UAE resulted in a blockade against Qatar involving the tiny Bahrein as well. Currently, this regional conflict lingers on as the parties „increasingly entrenched in their positions” (The Qatar Crisis, 2017:3) and there is no sight of the end of the blockade even if it is proven by now, it could not fulfil the expectations of Saudi Arabia and the UAE, the main conductors of the anti-Qatar policy. This situation is the showcase of Qatar’s economic stability as the country successfully managed to diversify its supply chains and could easily find alternative suppliers and routes for food and other necessary products.

However, tensions were on the rise well before 2017 in early 2014 after six months of unsuccessful negotiations with the new emir, Tamim, the Arab neighbours of Qatar pulled their ambassadors from Doha (The Qatar Crisis, 2017:12). This move having no effect, the neighbours decided to pressurize Qatar even more by blocking air travel to the emirate. The crisis also induced nationalist feelings among Qataris as the external threat of the neighbouring countries triggered the closure of ranks by the population (The Qatar Crisis, 2017:3).

During the crisis, the country could maintain its working relations with American officials as they were unintended to cause harm to their ally, Qatar and increase the tension among the Gulf countries as they are all part of the American defence system in the region. These developments showed that Qatar can luckily make benefit from its good relations with powerful protectors such as the United States that has a huge military base in Qatar, being therefore uninterested in any internal tensions among its allies in the Gulf. The other, newly emerging protector of the Qatari state is Turkey that lately deployed troops in the Qatari Peninsula.



### 2. 2. 3. Governance and the administrative traditions of the Qatari society

The rapid financial growth of the Qatari tribal leadership induced significant changes in the governance style and the power sharing methods of the tribal system. One cannot exaggerate the importance and the social impact of the move when the modern governmental approach has overcome the tribal system and delegated the power of tribal gathering (*shura* or *majlis*) to the local governmental administration (Metz, 2002). Institutionalization occurred around the existing leader in a top-down manner resulting in high level of personalization and lacking any popular initiatives (or revolution) that could have shaped the administrative system (its traditions, aims, resources, structure) in a different way. As Fromherz describes, Qatar is like “a corporation with the Sheikh as CEO” (Biygautane, 2016:15).

Qatar is a monarchy from the beginning of its independence, where there is no share of power other than the ruling family. The emir is the sole representative of the country, the population in general is not part of the decision making or the political life in the sense of Western liberal democracies. This is a personalized way of state governance without any formal social contract between the political leadership and the population as it is the case in Western democracies. This situation does not mean that the ruler’s power is unlimited and irresponsible: there are mechanisms through which the society might express its interest in certain issues, however, these are not bound to any institutional form and restricted to rare occasions.

The first constitution of the country (*al-qaanuun al-asaasi*) defined the emir as the unchallenged head of legislative and executive authority and also defined the role of Advisory Council (*al-majlis al-istishaari*) (al-Yousef, 2016:254). Besides, the political decisions are still going through the older consultative body of the sheikhs: the Shuura Council (*majlis al-shuura*). Beyond these institutions, there is no formal possibility of popular opinion-making on the issue of distribution of wealth by the government. There are no parties in Qatar and the civil society has a weak role in organizing the people. Majority of the local organizations are government funded (Biygautane, 2016:8) therefore they belong to the category of GONGO (Government-organized non-governmental organization).

Hisham Sharabi developed the concept of neopatriarchal state meaning that the state relies on both modern (Western) and traditional (Middle Eastern or local) institutions and social relationships to maintain itself and its control over the population (Karshenas, 2006:223). The term comes from the reference to the patriarch, the father who has the dominant position both in the family and the society (Biygautane,2016:6). Neopatriarchalism also includes a kind of

transitional status, for example in the realm of legal issues. Neopatriarchal countries might be the signatories of international conventions on human rights issues, but in practice, the application of these Western-based value systems is often inhibited by the dominance of local regulations. “Unlike liberal or social democratic societies, religion is bound to power and state authority, and the family, rather than the individual, constitutes the universal building block of the national community.”(Karshenas, 2006:233) “Political tribalism” is a concept of governance in societies with tribal origin and based on the assumption that the relations between the actors both within the state and outside the state structure are influenced by the old patterns in which kinship is the determinant of the distribution of economic and social resources (Gulf Societies in Transition, 2016:8).

#### **2. 2. 4. Development goals for the Qatari society**

Beyond these institutions, policy plans such as The Qatar National Vision 2030 has been providing the fundamental pillars of Qatari policy. The National Vision is a forward-looking plan with the term “development” in its centre and written in 2008 with the aim to create a clear road map for Qatar’s future. Although the document envisions a modern economy, society and sustainability as the main goals, however all transformations in these are grounded in conservative values (Gulf Societies in Transition, 2016: 8). The National Vision mentions four main pillars of development (human, social, economic and environment), in which there is no emphasis on any political change in the country. As a reference document, it serves as a constant validation point for any policy related regulations or measures. For the successful implementation of any reformist ideas, there is a need of promoting the new technology, raising awareness of the population and establishing a new regulatory framework (Koch, 2014: 1125).

The Government of Qatar takes a holistic approach in developing and sustaining an effective social safety net for all Qataris. This social protection system should embody the following values, as outlined in the National Development Strategy 2011-2016:

- Preserving civil rights.
- Valuing the contribution of all citizens.
- Ensuring adequate income for all citizens to lead healthy and dignified lives.

Qatar will fulfil the above three goals through ten priority social protection projects:

- Establishing a functioning multi-stakeholder committee to oversee and implement social protection projects.

- Adopting a mechanism to review and update social protection laws.
- Increasing the number of vocational training and occupational therapy and rehabilitation centres from five to three at least.
- Devising a set of tools that provides evidence-based measurements for income-related statistics, such as a relative national poverty line.
- Expanding the job-matching database to include all categories of the disadvantaged and vulnerable.
- Instilling a more positive social mind set among citizens on the importance of work and different types of jobs.
- Increasing participation in existing social programs offered by the Ministry of Social Affairs.
- Enforcing the active workforce quota of 2% for persons with disabilities.
- Expanding coverage of the pension system and reducing the percentage of low-income households to half of the 2010 level.
- Implementing a corporate responsibility framework suited to the country's economic, political and social context.

The National Development Strategy recognizes that an effective social protection system requires a coordinated, multi-stakeholder approach so that responsibility does not rest on any one ministry or agency.

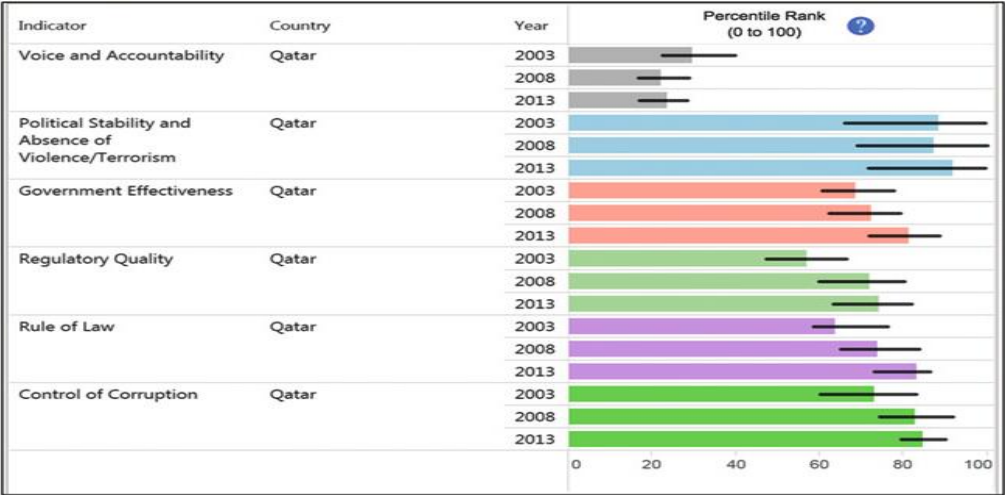
A number of civic organizations supports Qatar's social protection system by providing additional coordinated aid. These are:

- Social Development Center
- Social Rehabilitation Center
- Reach Out to Asia
- Qatar Foundation for Child and Women's Protection

The largest challenge for the Qatari governmental officials is to establish an effective monitoring system that provides constant feedbacks on the status of the programs, their implementation and achievements. The introduction of managerial processes and process tracing traditions based on Western methods may enhance the effectiveness of social policy planning by closely and constantly linking governmental policies to the society's needs.

On the other hand, Qatari government not only needs to be more reflective to the social needs by formulating control and monitoring mechanisms but has to pay attention to the social activism of the Qatari civil society as well by involving them to the processes of governance and give them meaningful role in shaping the society. This process does not necessarily mean the elimination of the current political system, on the other hand: good governance needs the voices from the bottom-up as well as the government needs its own evaluation of the current situation.

The following figure illustrates some changes in the governance in Qatar. Between 2003 and 2013, accountability and stability remained on the same level (low and high, respectively), some, however not significant changes happened in other indicators (effectiveness of the government, rule of law, corruption).

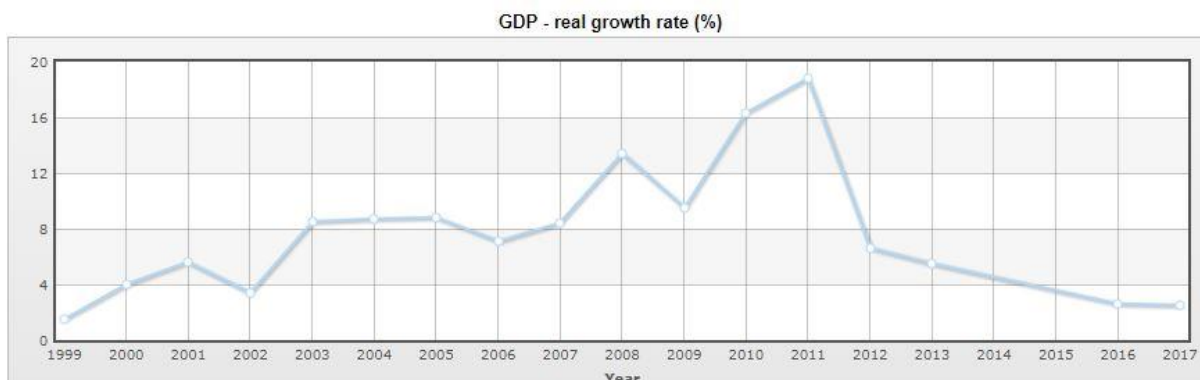


**Figure 4.** Governance indicators of Qatar.

Source: Tok 2016, 15.

**2. 2. 5. Demography and human capacity**

The Arabian Peninsula is a place of contradictions as it is home to the richest and one of the poorest countries in the world. The richest is Qatar with its current per capita GDP of 65,696 USD (Qatar GDP per capita 2000-2018) and on the other side, there is the conflict-ridden Yemen with a per capita GDP of 1,361 USD (Morakabati, 2014:419).



**Figure 5.** GDP growth rate in Qatar. Source: GDP growth rate in Qatar, 2018.

In terms of human resources, Qatar has a small, but constantly growing population. The largest population growth took place before 2009, when the growth reached double digits. Since then the population has been growing in single digit. Now, Qatar has a total population of 2,712,975 from which only 11.6% constitutes the Qatari citizens (the remaining part being migrant workers with no citizen status) (Qatar Population 2018).

**Table 5.** Qatar population: male

Qatar	2015		2016		2017		2018	
	Male		Male		Male		Male	
	Number	%	Number	%	Number	%	Number	%
45 - 49	103,706	4,8%	110,798	4,8%	117,393	5,0%	121,541	55,1%
50 - 54	62,944	2,9%	67,572	2,9%	73,202	3,1%	79,784	3,4%
55-59	39,708	1,8%	42,22	1,8%	44,135	1,9%	45,896	1,9%
60-64	17,714	0,9%	20,67	0,9%	23,688	1,0%	26,508	1,1%
65-69	6,405	0,3%	7,564	0,3%	9,026	0,4%	10,721	0,5%
70-74	5,362	0,2%	5,155	0,2%	4,979	0,2%	4,969	0,2%
75-79	4,544	0,2%	4,715	0,2%	4,718	0,2%	4,615	0,2%
80-84	812	0,1%	1,288	0,1%	1,88	0,1%	2,448	0,1%
85-95	378	0%	338	0%	227	0%	272	0%
90-94	82	0%	110	0%	151	0%	185	0%
95-99	29	0%	27	0%	20	0%	17	0%
100+	4	0%	4	0%	4	0%	5	0%

Source: Population Pyramids of the World, 2018

**Table 6. Qatar population: female**

Qatar	2015		2016		2017		2018	
	Female		Female		Female		Female	
	Number	%	Number	%	Number	%	Number	%
45 - 49	34,950	1,6%	37,585	1,6%	39,524	1,7%	40,883	1,7%
50 - 54	18,598	0,8%	21,074	0,9%	23,851	1,0%	26,693	1,1%
55-59	11,485	0,5%	12,516	0,5%	13,408	0,6%	14,323	0,6%
60-64	6,413	0,3%	7,262	0,3%	8,154	0,3%	9,056	0,4%
65-69	3,249	0,1%	3,649	0,2%	4,151	0,2%	4,731	0,2%
70-74	2,555	0,1%	2,585	0,1%	2,597	0,1%	2,639	0,1%
75-79	1,834	0,1%	1,948	0,1%	2,027	0,1%	2,081	0,1%
80-84	683	0%	816	0%	978	0%	1,114	0%
85-95	348	0%	335	0%	349	0%	347	0%
90-94	115	0%	132	0%	152	0%	168	0%
95-99	40	0%	41	0%	37	0%	37	0%
100+	6	0%	6	0%	7	0%	8	0%

Source: Population Pyramids of the World, 2018

**Table 7. Qatar life expectancy**

Qatar Life Expectancy according to the World Population Review for 2018	
Life Expectancy (Both Sexes)	78.41 years
Life Expectancy – Male	77.64 year
Life Expectancy – Female	80.11 years

Source: Qatar Net Migration Rate 2013

**Table 8. Annual death rate in Qatar**

Annual Death Rate											
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Qatar	4.82	2.47	2.46	2.44	2.43	1.55	1.54	1.53	1.53	1.5	1.5

Source: Qatar Net Migration Rate 2013

**Table 9. Annual fertility rate in Qatar**

Total Fertility Rate											
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Qatar	2.75	2.47	2.45	2.44	2.13	1.93	1.92	1.92	1.9	1.9	1.9

Source: Qatar Net Migration Rate 2013.

**Table 10. Qatar Population Forecast**

Qatar Population Forecast	2020	2025	2030	2035
Population	2,791,807	3,028,568	3,231,911	3,402,497
Yearly % change	2.38 %	1.64 %	1.31%	1.03 %

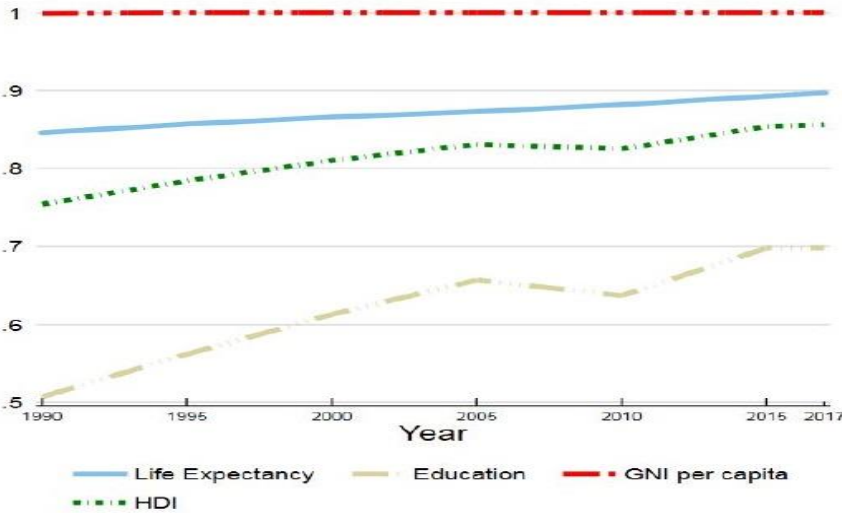
Source: Qatar Population by Year

Qatari population has a larger proportion of males due to the preponderance of immigrant workers who mainly work in sectors typically occupied by males. In the near future, this tendency will most probably continue and the number of immigrants (and their proportion) will increase as it is constantly on the rise for decades. Even if the society in Qatar has an excessive male dominance, the Qatari society (meaning the community of Qatari citizens) has not.

Qatar’s Human Development Index (referred as HDI) value for 2017 is 0.856—which places the country in the “very high human development” category—positioning it at 37 out of 189 countries and territories. Between 1990 and 2017, Qatar’s HDI value increased from 0.754 to 0.856, that is an increase of 13.5 percent (Human Development Indices and Indicators, n.d.). HDI numbers consist of three elements:

1. long and healthy life (health care)
2. access to knowledge (education)
3. standard of living (income, purchasing power of money)

As the figures show, while the performance of Qataris in wealth accumulation remained constantly on the top in the last three decades (especially after 2000), the most significant change occurred in the quality and quantity of education that contributed the most to the growth of HDI (the growth and decrease in the level of education and HDI correlate).



**Figure 6.** Trends in Qatar’s HDI component indices 1990-2017

Source: Human Development Indices and Indicators, n.d., 2

**Table 11.** Qatar’s Gender Development Index for 2017

Life expectancy at birth		Expected years of schooling		Mean years of schooling		GNI per capita		HDI values		F-M ratio
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	GDI value
80.0	77.6	14.8	12.0	10.8	9.8	59,164	135,961	0.870	0.843	1.031

Source: Human Development Indices and Indicators, n.d., 4

If the HDI is analysed from gender perspective, the differences in males and females are striking. As it is a general tendency in the world, life expectancy (and the actual age of death) for women is higher than men. It is in correlation with the higher Gross National Income (GNI) attributed to men as they partake in the labour market more significantly than women. However, males are more underrepresented in the education as their dropout rate is higher. The reason is that males are expected to hold an office (mainly in the public sphere) as soon as possible in order to provide the family with the necessary financial background. For this purpose, the public perception (and practice) is that there is no need of investment in male’s education.

This discrepancy is similar to the culturally motivated difference between men and women concerning smoking tobacco. In Qatar 20.2% of men, 3.1% of women, and 12.1% of overall adults smoked tobacco in 2013. Among Qatari, 21.3% of men, 0.6% of women, and 10.5% overall (16,000 adults) currently smoked tobacco. Among Non-Qataris, 19.6% of men, 4.6% of women, and 12.9% overall (35,000 adults) currently smoked tobacco (Global Adult Tobacco Survey Fact Sheet, Qatar, 2013:1).

## 2. 2. 6. Economic background

Surprisingly, Qatar as tiny state has the third largest reserves of natural gas in the world and it extensively uses these reserves: as a huge producer of natural gas, Qatar is the largest exporter of the liquid form of natural gas (LNG) (Tok, 2016:1). Qatar is expected to exhaust its proven oil reserves by the mid-twenty-first century as it is having the world’s 12<sup>th</sup> largest reserve of proven crude oil and currently producing around 1.4 million barrels per day. “Qatar dominates the LNG market far more than Saudi Arabia dominates the oil market” as the country supplies third of the world’s LNG (Roberts, 2015:1).

Dominance means dependence as well: in Qatar, income coming from oil constitutes 46% of the GDP (al-Yousef, 2016:257). This factor leads to the exposition to volatile commodity prices



in the world market: due to the fall of oil price in 2014, Qatar's budget revenue also fell 40% from July 2014 to July 2015 forcing the administration to cut back expenses (Roberts, 2015:1).

Fortunately for Qatar, during the global financial crisis in 2008 and 2009, as the largest regional competitor, Dubai felt the severe environment created by the repercussions of the crisis, the Qatari government could increase the foreign direct investment (FDI) inflow to the country in 2009 (Morakabati, 2014:419).

Currently, the Qatari economy is highly dependent on the export of raw materials (oil and gas) and the import of goods and services for its own citizens. Building an economy based on import substitution (meaning that developing a more or less self-sustainable economy that produces the necessary goods and services locally) is problematic due to the limited size of the local market (2.7 million people) that makes the attempts of domestic industrial development uneconomic. As a consequence, it must be accepted both for the leadership and the population that Qatar cannot be a self-sufficient country, it will always need resources coming from outside. Translated to the social sphere, this economic reality means that openness of the Qatari society as a basic value is a must and any attempt of the locals to act against this basic fact is equal to suicide.

Despite all these dependencies, Qatari economy is relatively stable, however, not diversified enough. There are certain important foreign acquisitions that the government can rely on in harsh times and these acquisitions are also part of the Qatari brand as these are connected to world-class brands and real estate's such as the Harrods and the Shard in London (the tallest building in Europe), Miramax Films, Paris Saint-Germain Football Club and ownership of nearly a fifth of Volkswagen and Porsche (Mohammad, 2016:1400).

Unfortunately, economic and social data in Qatar is not always available, up-to-date and consistent to a degree as they are in Western Europe, therefore the researcher has to cope with the problems by relying on biased data or no specific data at all. Lack of precise information about expenditures, investments and so on renders it difficult to evaluate the performance of the government (al-Yousef, 2016:264). This situation is due to the non-Western traditions in business culture and the state's influence and interests in the economy that does not always consider accountability and market audition important criteria of economic performance.

The literature regards the Qatari economic system as state capitalism, in which the market share of the state is more than any other economic actors combined. In this system, there is no absolute

dominance of the state over the market, but as the largest investor and employer, the state is capable of defining the basic mechanisms of the market. Therefore, it can be regarded as a kind of controlled capitalism.

Capital accumulations and reservation activities are often connected to the real estate and the financial sectors not only in Qatar but overseas as well (Mohammad, 2016:1399). In Qatar, construction and the real estate sectors have been the key components of GDP growth for several years (al-Yousef, 2016:277). At the same time, service sector in Qatar is more about consumption than production as there is a high need for technological and information products in the country (al-Yousef, 2016:257).

As the Qatari state has access to huge amount of wealth coming from natural resources that is partly distributed among the citizens, this huge amount of money inflow has a significant impact both on the economy and the society. In this system of constant money injections, “natural” processes of the labour market undergo significant deformations (compared to the Western labour market, where economic initiatives are more in line with the organic development of the society). On the one hand, in Qatar only a smaller part of the citizens takes part in the production of national wealth making the others uninterested in working since they make benefit from the system anyway. This leads to the dominance of clientelism in which people may not influence their own fate by work and reward, but people become dependent on the successful operation of the patronage network (Karshenas, 2006: 223).

“Unlike traditional straightforward cash handouts, bureaucracy provides a more dignified way of distributing largess” namely offering public office for citizens (Biygautane, 2016:7). This situation has its own reciprocity: the government needs devoted citizens, while the citizens need employment. By providing a safe and comfortable environment as government officials, the citizens have no interest in rejecting the offer. Thus, public service in Qatar is another source of nationalism.

Beyond the financial benefits mentioned above, public sector employment offers prestige and a limited amount of political power for every Qatari citizen. It includes the feeling of personal appreciation as the citizen is able to contribute to the nation-building project, participate in a common national experience and have a certain influence on the development of the society. As there are no democratic elections in the Qatari political system, nationals may feel closer to politics and decision-making as public employment offers the only way of political participation for an average citizen in the country (Babar,2015:151). It is equally important that

government jobs provide a safe-haven for the locals against the massive flow of migrants in the public sector as Qatari citizens find only Arabic-speaking co-nationals in their workplace (Babar, 2015:152-153). Decades of more or less successful operation of this share of business proves that the state managed to create gratitude in the citizens that is manifested in their support for the government's vision (Babar, 2015:151).

State influence over the local economic life is so extensive that economic activities of foreigners work the same way as the *kafaala* system (see detailed below): local (private or public) companies have to be involved in the activities of a foreign company, not only because of the law, but because the stronger position the foreign company can reach after having embedded in the local economic-administrative system. Therefore, investors have to look for the Qatari companies that have the highest political capital in the particular sector they invest (Biygautane, 2016:16). This interconnection between politics and business, politics and social relations might be surprising in the West where these areas constitute more or less separate issues, however, in Arab societies politics and business can be defined under the category of "social relations" or regular relations between communities. In this holistic sense, the content of the relationship (whether it is economy, business, social issues, politics) does not matter. The same applies to the distinction between public and private spheres as the public sector is also connected to the state bureaucracy and the ruling family itself as it is largely served by rents and contracts (Biygautane, 2016:2). Intimate relations between state and local private sectors as the governmental elite is more or less equivalent with the economic elite (Koch, 2014:1124). Some even talks about an "unholy interconnection between the public sphere and the private" (al-Yousef, 2016:263).

Many contend that this level of rentierism as an economic, social and political setup cannot be sustainable as it is highly exposed to external income that is always vulnerable to external shocks. The "unearned money" has a disruptive effect on the social, political and economic motivations of the citizens (and especially the youth) of Qatar, a problem that is often referred to as "resource curse" or "the Arab disease." (Hvidt, 2014:39).

### **2. 2. 7. The Qatari society and labour issues**

In legal terms, there is a distinction between the Qatari citizens and foreign expatriate workers, although the legally unified category of Qatari citizens can also be divided according to several distinctive characteristics with regard to culture, geographical origin, religion and social class of an individual – these axes of differentiation serve the informal "classification" of people in

the Qatari society and has no significance in public discourses (Nagy, 2006:120). This is in line with the general Qatari sentiment to present the citizens as a relatively homogeneous group (Nagy, 2006:131).

Qatari citizens are entitled by the state to own property for the sake of housing typically situated in special districts farther away from the city centre. As Sharon Nagy writes, the social distinctiveness of these areas manifested in the spatial distribution of houses and roads: “Street layouts reinforce the closed feel of these neighbourhoods. Roads are designed using a system of primary, secondary and tertiary roads with respectively narrower widths. Most commercial services like supermarkets, dry cleaners and salons are located on the primary roads. Community services such as mosques and playgrounds are off the narrower secondary roads. The narrowest or tertiary roads are lined entirely by houses. Even if one side of a property abuts a primary road, regulations specify that the entrance must be on the smaller neighbourhood road” (Nagy, 2006:124). This regulated closeness serves the intimacy of family life as the family kept together in proximity thus reducing the chances of interaction between local women and foreign men. An Arab proverb underpins the importance of a certain degree of separation: *Al jaar qabl al daar* (The neighbour is more important than the house itself) (Nagy, 2006:126).

In Qatar, there are several forms of the spatial manifestation of the distinction between people living in the country. These include segregation, shantytowns, ethnic enclaves and gentrification. However, social cohabitation is largely a peaceful phenomenon in Qatar as these spaces are never marked by religious, ethnic or sectarian violence in the form of gangs such as in several Western cities (Nagy, 2006:120-121).

Due to the high number of people with ethnically and religiously diverse background coming to work to Qatar, the population of the country can be described by several, overlapping social structure systems. None of these systems can be applied universally to describe the existing social conditions in Qatar:

1. Islamic universalism that advocates for the unity of the *umma* and prefers no distinction along national or cultural lines.
2. Hierarchy of the Indian caste system that is connected to the migrant society with Indian and Southeast Asian origin
3. Tribalism as a tradition coming from the pre-Islamic period, but in fact has been influencing the whole history of the local Arab population

4. Western-style democratic pluralism as an ideal that has taken root recently but seems to be not applicable to the local conditions (Nagy, 2006:122).

The demographic situation in Qatar “rendered the native citizens strangers in their own lands” (al-Yousef, 2016:259). The regional trend has the same tendency: according to IMF, 88% the 5.4 million jobs that were created in the private sectors of the GCC countries between 2000 and 2010 were occupied by foreigners (al-Yousef, 2016:260). According to statistics, 99.3% of private sector workers are non-Qataris, while 86% of Qataris work for the government. The increase of foreign population in Qatar is part of a longer tendency: foreign labour force was 92.3% of the whole population in 2007, which increased to 94% by 2011 (Diop, 2012:174).

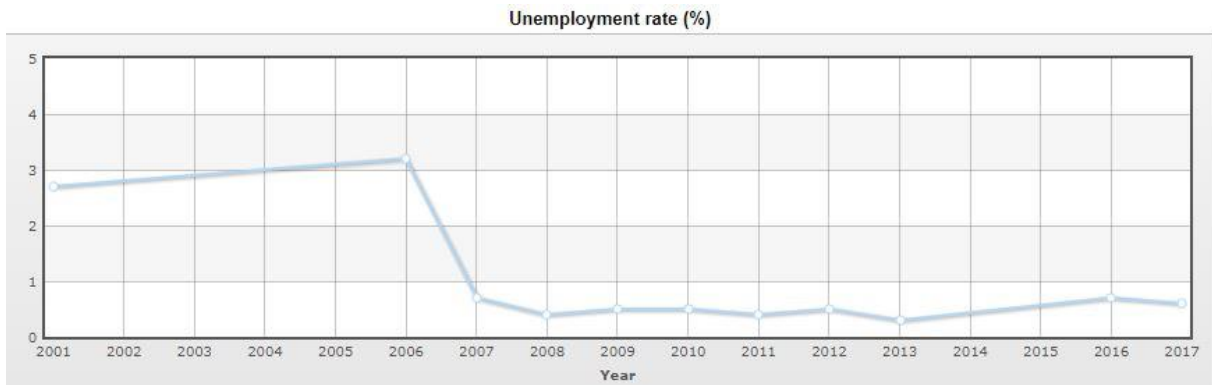
Labour migration was necessary for the development of capital-rich and labour-poor countries (Karshenas, 2006:229). However, it should not have been a necessity in all sectors of the economy as developing the ‘untapped’ female labour force could be a partial solution to the labour demand. Instead, a “profound and unforeseen consequence of labour importation has been stunted development of indigenous human resources” (Karshenas, 2006:230).

As the following charts show, there is a significant amount of economically inactive population (especially among the Qatari citizens), however, unemployment is almost zero in the country.

**Table 12.** Population (15 years and above) by Relation to Labour Force, Nationality & Sex

Nationality	Sex	المجموع العام Grand Total	غير النشيطين اقتصادياً Economically Inactive						النشيطون اقتصادياً Economically Active				الجنس	الجنسية
			المجموع Total	أخرى Other	متقاعد Retired	عاجز Disabled	متفرغ للدراسة Student	التفرغ لأعمال المنزل Homemaker	المجموع Total	متعطل سبق له العمل Unemployed with previous employment	متعطل لم يسبق له العمل يسبق له العمل Seeking Work for first time	مشتغل Employed		
Qatari	Males	97,698	32,034	969	10,773	1,026	19,266	0	65,664	57	57	65,550	ذكور	قطريون
	Females	102,771	65,265	2,166	6,327	2,166	25,821	28,785	37,506	0	171	37,335	إناث	
	Total	200,469	97,299	3,135	17,100	3,192	45,087	28,785	103,170	57	228	102,885	مجموع	
Non-Qatari	Males	1,748,952	44,553	3,183	0	1,101	40,269	0	1,704,399	171	690	1,703,538	ذكور	غير قطريين
	Females	381,847	139,590	4,518	0	2,025	29,664	103,383	242,257	174	1,158	240,925	إناث	
	Total	2,130,799	184,143	7,701	0	3,126	69,933	103,383	1,946,656	345	1,848	1,944,463	مجموع	
Total	Males	1,846,650	76,587	4,152	10,773	2,127	59,535	0	1,770,063	228	747	1,769,088	ذكور	المجموع
	Females	484,618	204,855	6,684	6,327	4,191	55,485	132,168	279,763	174	1,329	278,260	إناث	
	Total	2,331,268	281,442	10,836	17,100	6,318	115,020	132,168	2,049,826	402	2,076	2,047,348	مجموع	

Source: Labour Force Survey



**Figure 7.** Unemployment rate in Qatar. Source: Unemployment rate in Qatar, 2018

The reason for no unemployment and significant inactive population is that in the Arab countries (and in Qatar as well), a continuously increasing population (although at a decreasing rate) produces new entrants to the labour market (youth), whose position in the employment system is not secured at all. Their situation is rather tense, as they were capable of working, but due to deep economic and social problems these countries have to face, there is simply not enough employment with stable position and income. Due to the extensive increase of state sector in Qatar and huge state investments, this general problem of the Middle East seems not so threatening in Qatar.

As a consequence of these demographic and migratory tendencies mentioned above, there is a significant shift lately in the social ideologies of the Gulf States in general and especially in Qatar: Arab monarchies that had previously viewed national mobilization as a threat, now ready for the change in rhetoric and overcome the tribal and sectarian identity, and mobilize the population along local (national), Arab and Islamic identity. The nation-building project includes “national days, national dialogues, and national service; foreign policy and foreign wars; and heritage projects, arts, museums, and archives” (Gulf Societies in Transition, 2016:1).

Part of the nation-building project is the excessive use of national symbols such as heritage sports, national dress (*thob* for men and black *abaya* for women), wind towers, *dhow*s and others with the aim of creating the image of distinction vis-à-vis a mass number of migrants coming from different parts of the world (Vora, 2015:549). The National Museum of Qatar, currently under construction and expected to open at the end of 2018, intends to express the double identity of the Qatari nation: both settled and nomadic, both Arab and Muslim (Gulf Societies in Transition, 2016:6).

This process is partly a consequence of the high percentage of foreigners in Qatar as these expatriates generate cultural anxieties and engendering a defensive nationalism. It is interesting to see the interconnection between the national and Islamic identity as they overlap during political mobilization. This process may lead to greater political participation in the future, although this is an open-ended question. There might be a more “participatory turn” in the Gulf states, social transformations that force the governments to make concessions and share their power.

As an answer to the enormous number of foreigners in Qatar, the government started to implement the process of Qatarization. However, it seems to be implemented as a half-hearted effort, since there have been no specific incentives offered to the private sector to support the local employees (Babar, 2015:147). However, it is highlighted in the Qatar National Vision 2030 that “preserving cultural traditions” is one of the most important tasks of the country out of five major challenges it faces now and in the near future.

### **2. 2. 8. Migrants, expatriates and cohabitation**

According to estimations, more than eleven million people of foreign origin are currently employed in the Gulf region (Gardner, 2013:1). Thus, migration to the region is the largest migration flow in the world after the United States and Europe (Mohammad, 2016:1401).

As it was shown before, a high number of expatriates was always a characteristic in the last decades of Qatar. For example, in 1970, 40.5% of the total population of Qatar had Qatari citizenship, in 2011, only 13% of the population is citizen (al-Yousef, 2016:260). As the state experiencing a constant development, Qatar attracts massive inflow of labour force in the form of migrants. The preparation for the upcoming FIFA World Cup in 2022 was the largest driver for the recruitment of overseas labour force recently.

Keeping possible social tensions at bay and ensuring social security and well-being of the Qatari citizens pose huge challenges to the government and resulted in the massive utilization of the so-called *kafaala* system. This defines the employer–employee relationship in the GCC countries and provides the legal framework for migrants for residency and employment. “Unlike in the USA and Europe, where migrant workers can eventually become permanent residents and naturalized citizens, immigration in the GCC countries offers no path to permanent naturalization” (Diop, 2012:175). To ensure the homogeneity of the indigenous population, this exclusive feature of the Qatari society is understandable.

Originally, the *kafaala* system served the purpose of integrating the guests of the tribal society through the contribution of a *kaafil* (sponsor) who became responsible for the visitor and in doing so, protecting the guest from abuse or exploitation (Diop, 2015:118). In the modern-day state capitalist environment of Qatar, these guests of the country come to satisfy the demand for labour, consequently, the *kafaala* system changed its features to serve three targets. First, to provide entry for the migrant worker, second, to be responsible for the workers working and living conditions, third, to provide permission for the worker to exit the country (Diop, 2015:119). The *kafaala* system attaches the foreign worker to a particular position and renders the *kaafil* as the primary representative of the worker in front of the public institutions (Gardner, 2013:7). *Kafaala* is in between law and custom, as only a few issues are regulated in a form of law.

The general description of the *kafaala* system includes an Orientalist discourse meaning that the system has an embedded characteristic of exploitation and wealth accumulation and does not include any pleasure and fulfilment from the part of labour migrants. The negative description of the *kafaala* system is a construction and this is created “through alignments of scholarship and state interests” (Vora, 2015:543).

Human rights activists tend to connect the *kafaala* directly to the (illiberal) state to the government itself and not to the individual citizens who provide the conditions for each individual sponsorship contract for the labour migrants (Vora, 2015:544). These critical voices do not consider the fact that the *kafaala* system has a highly decentralized structure that permits any Qatari citizen to be a *kaafil*. Consequently, the government cannot properly monitor the situation and is not interested to do so (Diop, 2015:119). However, through giving employment in the Gulf region, migrant labourers are provided such opportunities that they could not find in their home countries. Ultimately, the main driving force behind the mass inflow of people to Qatar is money: until salaries are considerably higher than in the migrant workers home countries, migration to Qatar will persist.

In fact, *kafaala* as a legal system is a complex process, a “diffuse set of transnational practices that are in the hands of many different actors, including citizens and companies, but also non-citizen managers and employers, middlemen in home countries and in the Gulf that organize migration and profit from it, as well as sending states themselves” (Vora, 2015:545). It is not only a local phenomenon, it extends to a worldwide process in which various actors take part in sharing the benefits of organizing and operating the system.



Migrants take part in organizing the flow of migrants, therefore it is not only a Qatari or Arab problem, large networks throughout the Indian Ocean are interested in maintaining the system as it is a fruitful enterprise for these mediators as well (Gardner, 2015:145). Criticism towards the system pointed out that even some recent regulations aiming to make corrections in the system (such as regulation on the working hours, the introduction of electronic wage system, penalties for the *kaafil* for abusing migrants) did not touch the foundations of it, therefore they are not enough for ensuring the rights of migrants (Babar, 2015:143).

Definitely, the main beneficiaries of the system are the Qatari citizens, majority of them have personal interest through their local businesses that consolidated their interests in maintaining and operating the system thereby serving the contracts provided by state order (Babar, 2015: 144). In practice, Qatari citizens can sell the visa permits for migrant workers that they applied to the Ministry of Labour before. As a consequence, this system generates itself meaning that “foreign workers being brought in not necessarily in line with actual labour requirements, but because sponsorship, in itself, is a lucrative business opportunity” (Babar, 2015:145).

To understand the motivation of the workforce coming to Qatar, it is necessary to define the “typical” low-income migrant workers. Most of them are unexperienced or unskilled workforce (an overwhelmingly male population) who could not have been employed in their home countries after leaving school (Gardner, 2013:6). According to a survey, they have the following characteristics:

- the average age is 32 years
- 49% of them are Hindu, 37% Muslim, 9% Christians, 5% Buddhists (Gardner, 2013:4)
- majority of the migrants comes from the Indian subcontinent (59.4%) and the Philippines (25%) (Seshan,2012, 160). It means that certain nationalities may outweigh the local Qatari citizens in number (Babar, 2015:139)
- 93% are literate in their native language, but only 18% of them speak Arabic and 32% some English
- their intended period of remaining in Qatar is 3.6 years
- 56% of migrants could get employment by the mediation of a labour broker in their respective countries, 21% utilized family connections, 22% relied on relations with friends.
- the average amount paid to get employed in Qatar is 1,031 USD for two years.
- 88% of the workers were provided accommodation by the employer

- Bunkhouses are the most common types of accommodation (40%), just as former single Qatari family homes (25%). In average, there are six people in a room. Only 5% of low-income workers have their own private homes (Gardner, 2013:10)
- According to a socio-economic research conducted in Qatar, “the median migrant has the following profile: male, thirty-one years of age, single and possessing a high school education. He works ten hours a day, six days per week, and earns 3,945 USD per annum of which half is remitted home to his parents” (Seshan, 2012:157)

Another evidence of the international dimension of the whole issue is that there is a difference of salary between unskilled migrants depending on their nationality. This list of standardised salaries is based more or less on market rationality (the amount paid is determined by the Qatari practice of payment and the salaries in the home country of the migrant) (Nagy, 2006:123-124). Introduction of a minimum wage for these workers would be advisable.

**Table 13.** Wage differences among migrant workers in Qatar

Nationality	Occupation	Monthly wage (US\$)
Turkey	Masons, painters, plasterers	1,135
India	Mason	202
	Mason	240
	Mason (3)	243
	Carpenter	162
	Carpenter	216
Nepal	Labourer	162
	Labourer	176
	Scaffolder	176

Source: Dorsey 2015, 425

Beyond scarce information, there is an important methodological problem in surveying the attitude of the Qatari citizens that it is difficult or almost impossible to assess the social and occupational background of the respondents. Yet, these factors have a significant impact on the overall feeling about migrant workers. The solution could be a comprehensive, interview-based attitude assessment of the local population that enables the researcher not only to uncover the feelings towards the migrants, but also shed light on the reasons why certain people feel similarly or differently (based on their occupation, family background, education level, frequency of everyday interactions with migrants). In a survey, however, where these data are not

provided, there are three ways by which respondents provide positive or negative answers towards the migrants in Qatar:

1. they have feelings about migration in general
2. they might have feelings about globalization that is mixed together with their experiences with migrants in Qatar
3. or they have experience only with a certain migrant group (Diop, 2012:175)
4. According to surveys, Qatari citizens showed a little bit stronger positive attitude towards the high-skilled migrants living in Qatar (Diop, 2012:175).

In the perception of Qatari citizens, migrant workers are considered as challengers for their society, although in general, there is no competition for employment between them (Diop, 2012: 173). Distancing from low status work is still highly evident in the country as it was shown recently during the scandal on an advertisement that was looking for Qatari women to work as maids (Diop, 2012:178). This kind of separation makes it difficult for citizens and migrant workers to compete in the same sectors of the economy. However, of course, there are several points of interaction not only in public places: low-skilled migrant workers are employed as drivers, maids, nannies and cooks, therefore having strong and everyday relations with Qatari citizens and especially with children. These Qataris are more likely to hold positive views about immigration as they directly benefit from the system and personally knows those who are sometimes intimately close to their lives (Diop, 2012:178 and 183).

Contrary to the interactions happening in private spaces, interactions in public places, however, are most of the times conflictual, as for example car drivers in Qatar are predominately migrants and they are responsible for one of the highest death rates from accidents in the world (Diop, 2012:180). Health services are also overwhelmed by non-citizens, just like public places and shopping malls especially during the weekends (Diop, 2012:185).

The other side of the coin is also interesting: as migrant workers are largely satisfied with their situation in Qatar as they see the country as the home of opportunities, there is a relatively low level of intergroup conflict in migrant-populated areas (Nagy, 2006:124). In fact, migrants see Qatar in positive way as they embellish their experiences they have in the country after returning home (Mohammad, 2016:1412). For most of them, poverty, unemployment and violence at home are even more negative, therefore, even if they experience bad treatment in Qatar, their

relative feeling is finally positive towards the country. Beyond this, the reason might be their intention to display themselves useful in a better environment and show the relatives at home that their immigration was not in vain and they were able to cope with the difficulties of the integration in the new environment. These people also might not want their employers to learn about their dissatisfaction fearing that they could lose the job they were offered (Gardner, 2013:167).

The state of Qatar, understandably, prioritize the protection of its citizens to the protection of migrants (Babar, 2015:141). The government is not interested in teaching the masses of migrant workers Arabic, since integration is not an option for them. In the same vein, the state of Qatar does not encourage families of lower income migrant workers to come to Qatar for the purpose of visit (Mohammad, 2016:1413). There is a certain minimum level income above which the migrant worker is permitted to bring his/her family to Qatar (Seshan, 2012:159). The fundamentum of this state policy rests on the scepticism of the indigenous population towards the integration of the foreign migrant workers (Babar, 2015:141).

“Gulf states have not granted citizenship freely for two reasons. First, they are reluctant to share wealth with recent arrivals; second, the tribal nature of gulf society does not admit new members easily” (Metz, 2002). This exclusionist policy is still dominant in the Gulf countries as social relations are determined by tribal and familial bonds. From Western perspective, organizing a state on this principle may be regarded as corruption, but in the local context, these are the basic principles of tribal traditions (that was the most effective social setting in a harsh environment strengthened by direct relations among people).

There is a dual character in Qatari society: on the one hand Qataris tend to separate themselves from the outside world and they try to express these rigidly regulated, very clearly defined boundaries between different social, ethnic and religious groups (Dun, 2014:194). On the other hand, we can see a fusion of the political, administrative, and economic institutions (Biygautane, 2016:17) and fluid categories of public and private and issues such as business, politics and social relations are all interrelated.

Exclusion is of course not the only policy to foreigners. In many cases, tribal societies have been capable of accommodating “others” as new members of the tribe (see the so-called *mawaali* system). By the massive influx of people after the emergence of oil and gas production, the local social system could not cope with the high number of arrivals (not to mention the fact that these new people did not intend to be Qataris at that time as they arrived only for

temporary), thus the tribal system “closed” and returned to a restrictive attitude to “prevent a further dilution of tribal identities” (Metz, 2002) and of course, to maintain the traditional way of rule by avoiding any power sharing agreement with the newcomers.

In Qatari environment, social integration is not the target of “minority policies” of the state. Instead, the state of Qatar promotes a peaceful segregation of communities contradicting the Western values of eliminating the processes of segregation (Vora, 2015:549). This system is based on a belief that people with different background needs a different environment that may provide them the opportunity to live together in their own communities. This way of separation creates less tension between individuals, however, leads to the formation of parallel societies (that still cooperate through the economic interests of the members). It is a different style of inclusivity as it operates not in a liberal sense that is still dominant in the European public discourses.

It must be noted that not only the local Qatari society operates along its “traditional” way of thinking: migrant workers themselves contribute to the segregation of different ethnic and religious groups in Qatar by applying their own categories of belonging (racial, national, class related) in the environment of a Gulf country (Vora, 2015:547). Interestingly, the mass inflow of migrant workers (mainly men) strengthened the traditional roles of men and women in the sender countries.

Migrants are aware that their stay is temporary in Qatar, as they know that they are not able to obtain citizenship. *Kafaala* contract itself serves the purpose of ensuring that the migrant workers enter Qatar as a short-term guest. However, there are measures aiming to prevent the workers to leave their position prior to the contractual obligation. This is the point where the *kaafil* may resort to coercion even by confiscating the passport of the migrant worker thereby forcing him not to leave Qatar (Mohammad, 2016:1410).

Guest workers may not create unions and self-organized protective institutions (Dorsey, 2015: 424). Also, there are no state pension schemes in Qatar for foreign expatriates. However, there is a new reform on the agenda about abolishing exit visas paid by the migrant workers. Foreign workers have access to health care; however, the state of Qatar tries to separate them from the citizens as companies are forced to provide medical services and insurance to their employees.

There are many ways of exploitation of the migrant workers such as lack of documentation (no contract, residence permit, health card), passport confiscation, salary withholding and job

switching (migrant worker starts to be employed in a different work contracted before the arrival) (Gardner, 2013: 9-10). The reasons behind these issues are connected to the problems of human trafficking, misinformation and unrealistic expectations.

Arab migrants have different position in Qatar, since they enjoy at least some “cultural and linguistic facility,” (Gardner, 2013:13) therefore they are not as vulnerable as migrant workers with Southeast Asian origin who needs their issues with the administration to be handled only by the *kaafil*.

In its current form, the *kafaala* system is something that has a cost paid by the government and has a lot of benefits that are favourable for the citizens (Diop, 2015:132) – very much like the whole system of social services in Qatar.

As it can be seen, there are complex economic and political interests that make the *kafaala* system work. According to some scholars the rising administrative costs and market inefficiencies made the reform of the *kafaala* system inevitable (Diop, 2015:117). The challenge lies in the sustainability of this system operating with growing number of migrant workers. Although Qatari citizens are against the increasing numbers of people coming from abroad, their presence is a must for the Qatari economy to implement the projects planned beforehand. On the other hand, if the government tried to regulate the inflow of people (resulting in a decrease in the numbers of migrant workers), it would mean that the Qatari citizens should fulfil the vacancies in the labour market. Right now, the Qatari society is far away from doing that.

### **2. 2. 9. Education**

Qatar has the highest HDI in the Middle East being the 36<sup>th</sup> out of 187 countries, (Morakabati, 2014:419) thus having a good basis for producing meaningful results in the fields of education, research and development (R&D). In spite of the huge amount of money that these areas received in the last two decades, the “culture of education” is still something in which the Qatari society lags behind the more moderately funded, but traditional Western educational and research institutions. Contrary to the huge infrastructural investments of the ‘70s, it is not surprising that the education system in Qatar is based on passive tasks and could not establish creative environment for students.

In spite of the fact that foreign universities receive huge government support, participation of Qatari citizens in the programmes of these institutions is low. While at the University of Qatar, Qatari citizens account for 78% of the total number, in the Education City their number barely

reaches 25% (al-Yousef, 2016:258). “The vast oil incomes have dulled the aspirations and incentives for the younger generation of Gulf Arabs to actively pursue education at all levels: primary, secondary and tertiary.” Moreover, the culturally dominant male breadwinner role forces many young males to enter the labour market without any university education. This is why boys are underrepresented in the higher education systems of the Gulf countries by a ratio of 3 to 1 (Hvidt, 2014 :40).

Even if the Qatari citizens are underrepresented in the education, foreign universities have a key role as they also serve as gates for the highly qualified labour to enter Qatar and produce graduates both for the public and the private sectors in Qatar. They are necessary to help the local Qatari institutions develop a world-class knowledge society and economy.

By definition, knowledge economy is “characterized by a predominance of technological innovations, and the globally competitive need for innovation with new products and processes that develop from the research community” (Hvidt, 2014:27). The World Bank defined four pillars of knowledge economy, factors that are interlinked to reach the adequate performance:

1. economic incentive and institutional regime
2. innovation and technological adoption
3. education and training
4. information and communication technologies (ICT) infrastructure (Hvidt, 2014:29-30).

To build an innovative and knowledge-centred society, Qatar needs to become a place with a culture that supports creativity. Fostering creativity is indispensable for producing successful innovations. Achieving the development of knowledge economy needs more than just financial incentives and a massive incorporation of both local citizens and high-skilled expatriates. It is more about the attitude of those who want to take part in R&D activities.

Currently, there is a huge discrepancy between these basic assumptions of knowledge economy and the existing reality in the Gulf states and Qatar, especially. “Four decades of income from oil and gas have significantly dampened the effect of economic incentives (e.g. higher incomes), leaving incentives related to culture, families and religion bearing more weight (Hvidt,2014: 30).

The process of education should be integrated with the cycle of production and closely connected to market demand by providing useful and actual labour market skills. As an outcome

of the reformed educational system, the mismatch between qualifications of the employees and the demand by the labour market could be mitigated (Hvidt, 2014:33).

The Singapore model is based on the incorporation of industry and academy in the innovative activities. Universities have been fostering innovation, enterprise, and entrepreneurship in a culturally highly diverse city that is geopolitically in a central position. At the outset of the successful process of creating the Singaporean model the government took the lead and invited foreign multinational companies that had the technology and knowledge to build upon (Mohtar, 2014: 48).

However, on the other side of the coin, high level of marketization effort in the education sector has produced an unintended outcome: since the education system in Qatar tends to be focused on the marketable skills and knowledge of sciences, the prestige of social sciences vis-à-vis market economics and business administration is relatively low (Altorki, 2013:237). Most of the institutions with some interest towards social sciences weighted their curricula towards the application of social sciences (such as medicine, public health, engineering) and omitted the philosophical and theoretical foundations behind them (Altorki, 2013:239). As a consequence, “teaching and research on social science in Gulf universities tend to be repetitive, redundant, synoptic, synthetic and methodologically narrow” (Altorki, 2013:242). Moreover, the social perception of social sciences is rather unfavourable, as they are associated with stagnation and downward mobility.

To accomplish the culture of innovation, experts maintain that having the following factors are necessary:

- political will
- capital investment
- creation of science and technology hubs where businesses and research can cooperate
- foundation of research institutions
- increase in research and development capacity (Mohtar, 2014:50)

The state of Qatar is highly committed politically and financially to these goals as 2.8% of the GDP (between 2-3 billion USD) is spent on R&D activities. The Qatar National Research Fund promotes research and scientific cooperation since 2006. Making these collaborative frameworks with regional and global partners are necessary for a small state like Qatar having limited human capacity. Collaboration is necessary not only geographically, but among the different



sectors as well: the creation of Qatar Science and Technology Park in 2005 serves the purpose of making connection between research and its commercial application and can be a home to joint research projects between scientists, academia and industry. Significant amount of money and expertise were allocated to the Hamad bin Khalifa University to expand its portfolio and increase its research expenditure. To outline research priorities, the Qatar National Research Strategy was inaugurated in 2012.

Making an innovative research setting and culture in Qatar needs (Mohtar, 2014:54-55)

- a culture that values scientific achievement (general respect towards scientists). This can be achieved only by a long-term transformation of the Qatari value system and once the local culture is more inclusive in terms of local scientists, more and more citizen will choose this profession.
- to provide an atmosphere of freedom of research, the researcher has to work without fear of penalty. This is provided by the state that organized the society with the value of general freedom of citizens in the realm of economic and social issues. The political aspect of freedom (if it does not involve prosecution) is not necessarily indispensable for establishing a successful research culture.
- a larger number of scientists to provide the necessary amount of interactions between them. This may be the largest challenge for a small country.
- physical and material stability of the scientists. This is provided by competitive compensation.
- to develop professional attributes and traditions for research institutes and education facilities. This definitely needs time to be established.
- a balance of directed and non-directed (curiosity-driven) research. Innovation lies mainly in the curiosity-driven research types when scientists are not constrained by project limitations thematically, but make their own projects instead (Mohtar, 2014:52).
- implementation of the value of self-improvement and individual contribution to the development of the society. Thus, scientists should feel themselves not only respected, but also useful elements of the society.
- to involve the private sector in the research in order to achieve the important criteria of applicability and commerciality of the project.

It is highly important to provide greater flexibility and scientific independence for the students to gain their own experimental knowledge. In this way, they will be able to take part in scientific

research projects and maintain their curiosity in the meantime. This skillset may enable them to undertake a job in the private sector as well. Therefore, this research-based education provides incentives for the prospective employees to start their career in R&D and then move to the private sector. This is a gradual way of making a career path as Qatari citizens do not want to face a highly competitive environment right after their graduation.

## **2. 2. 10. Health care**

Qatar's healthcare system has shown remarkable transformation and changes through its medical leadership. Not surprisingly, the government in Qatar has a central influence on the growth and development of the healthcare system.

The history of the healthcare system in relation to the economic growth in Qatar is vital as it indicates the starting points, where the country required improvement and the subsequent growth supported by the financial assets from natural resources. As the economic growth propels Qatar forward, it is an imperative for their citizens to have improved longevity and this can be achieved through an effective medical healthcare system.

Prior to 1943, Qatari residents had to rely on traditional medicine, folk medicine and practises such as cauterization or had to travel abroad to receive treatments for severe illnesses. Abdullah bin Jassim opted to establish the country's first hospital in order to provide treatment for his son, however, his proposal was rejected but he agreed to help with the funding to construct a hospital. The first hospital opened in 1947, being staffed by American Mission doctors and was then in the late 1940s, early 1950s that the government took full responsibility of the operations of the hospital. The government then further founded the first government hospital in 1957, Al Rumailah Hospital. The discovery of oil brought significant funds to the country and had a direct impact on availability of structure improvements in the healthcare environment (David, 2017).

In 1979 the Hamad Medical Corporation (HMC), in Doha, was established as the premier non-profit health care provider run by the government. HMC is also affiliated with the Cornwell University. In 2005, the Supreme Council of Health (SCH) was founded as being responsible for regulating Qatar's healthcare system. In 2006 there were 23.12 physicians and 61.81 nurses and 25 beds per person and by 2011 the beds decreased to 12 per 10000 people whereas there was in an increase of doctors to 28 per 10000 people. By 2010, Qatar had four public and five private hospitals with spending on healthcare of 1.40% of the country's GDP.

The National Health Strategy 2011–2016 was designed, with specific health goals, outlined in the Qatar National Vision 2030 with the main focus on developing comprehensive world-class health care systems and making the services provided available to everyone with the following goals:

1. A comprehensive world-class healthcare system
2. An integrated system of healthcare
3. Encouraging preventive healthcare
4. A skilled national workforce
5. A national health policy (a robust policy and regulatory)
6. Effective and affordable services, partnership in bearing of costs (monitoring of costs)
7. High-quality research (National Health Strategy 2011-2016)

A key component to achieve the effective monitoring of and control of health care costs was the proposed introduction in 2012 of a compulsory healthcare insurance for expatriates. These goals are to be achieved through the continuous investment, organisation changes and engagements with key stakeholders. This will also create new opportunities for specialist healthcare providers and subsequently businesses who provide support to these healthcare providers. Any businesses can contact the Supreme Council of Health to obtain the detailed guidance on business requirements for the health sector to ensure that new businesses continue to further the goals set out in the Qatar National Vision 2030.

Qatar has also aimed to provide high-quality medical research by becoming a centre of excellence in the Gulf. In 2006 the Qatar National Research Foundation was founded for various ventures and research projects to enhance the education of Qatar citizens, training the workforce and fostering improvements in the health, well-being and environment of citizens and those of the region. The Foundation is also the primary source for funding the Qatar Science and Technology Park (located in Education City) where certain technology-based companies develop medical solutions. The Weil Cornell Medical College in Qatar (also located in the Education City) is in the process of developing significant research and training facilities.

In 2012, Qatar announced its focused plans to develop a universal healthcare system with five stages that were successfully implemented in 2015 (Alkawary,2018). Under the National Health Insurance Scheme Qatar managed to cover all Qatari citizen by April 2014. The extension of coverage over non-nationals is still ongoing and close to completeness (Tok, 2016:191).

As the healthcare systems is continually evolving, in time, outcome measures will be evaluated, and these reports of health costs, outcomes, failures and successes can be of extreme value to other similar small and wealthy countries for viable healthcare systems. By establishing the National Health Strategy 2011–2016, the government has ensured an analytical approach was established as well as providing pillars to execute the commitments to healthcare system improvements specifically relating to the culture of Qatar. These pillars can be used in other evolving countries as the vision provides integration, skilled workforce, national health policies, partnerships with private sectors and high-quality research.

Today HMC runs five highly specialised hospitals: Hamad General Hospital, Rumailah Hospital, Women's Hospital, Psychiatric Hospital, Al Khor Hospital, Al Wakra Hospital and the Primary Health Care Centre, and 24 primary health care centres or community clinics, the national ambulance service and home healthcare services. There are approximately 500 000 visits to their emergency rooms every year. These hospitals are sophisticated by their standard of the region, with most hosting advanced machinery such as fMRI and other scanning machines. The health care services are available to Qatar citizens and is government subsidised and accessed through their government-issued Health Card.

During 1999, there was an increased pressure on the budgets, due to the rise in health care costs whereby government then required expatriates to purchase health cards, providing them with healthcare that was still much less than actual costs, indicating the shift in the policy of the government. The organization of healthcare is divided by the Ministry of Health, merely regulatory and policy-setting body, and the Hamad Medical Corporation.

The Qatar healthcare system is subsidised by the public sector (spending 78% in 2010) and the private sector. The Qatar healthcare system is available to citizens and expatriates with public health services provided free of charge for citizens and highly subsidized for expatriates. Qatar continues to expand, develop and invest significantly in the country to develop a universal and advanced healthcare system not only in the public healthcare sector but also in the further development of the private healthcare sector.

The 2017 Legatum Prosperity comprehensively reviewed the healthcare systems according to basic mental and physical health, health infrastructure and the availability of preventative care. The Qatar Health System was rated 13<sup>th</sup> best in the world among 149 countries in that year and also ranked 1<sup>st</sup> in the Middle East. The Qatar Health System ranking has improved in the past ten years from 27<sup>th</sup> to 13<sup>th</sup>. (The Legatum Prosperity Index 2017)

**Table 14.** Healthcare facilities in Qatar

Qatar	2015	2016	2017
Number of hospitals	9	9	10
Number of beds	2,034	2,034	2,017
Number of physicians	3,584	4,61	5,217
Nursing staff	7,175	8,428	8,291

Source: Qatar Healthcare Facilities Master Plan 2013-2033, n.d.

The Qatar Development Bank (QDB) was founded in 1997 and provides financial services including loans to develop the industrial, tourism, educational, healthcare, agricultural, animal resources and fisheries sectors of the Qatari economy and provides finance to private healthcare service providers. Finance is also provided to private healthcare service providers seeking to establish new support services and healthcare clinics. QDB also established the Qatar Business Incubation Centre (QBIC) as a joint venture with the Social Development Centre in 2010. QBIC has signed many agreements with global companies to exchange knowledge, promote investment and entrepreneurial ventures.

QDB provides direct or indirect funding, dependent on the loan size. For example, a loan greater than QAR10 million, financing is provided up to 60% of the total project cost or up to 80% for core-business related equipment. Loan periods are up to 8 years with 2 years grace period before the loan payments commence. This provides new business ventures the opportunity to gain stability, grow and function with a limited period of setup or wait.

Although the healthcare system in Qatar has grown exponentially since its first hospital opened, more medical workers in primary healthcare are required. As the economic growth propels the country forward, the vast growth needs to be supported by enough medical workers, adequate facilities, improved research and as indicated before, there is a need for private healthcare service providers to support the government initiatives and further growth the economy with international investors. The support and collaboration of all the above provides a sound foundation to support the economic growth and its people.

According to the Primary Health Care strategy 2013-2018, a study conducted by the Primary Health Care Corporation, improvement in health care services require additional investments around US\$550m and approximately 2000 additional doctors and nurses. This can be achieved if government raises its spending on primary healthcare and that the sector's operation staff

needs to be doubled by 2018. This was also noted by Fast Market Research (an online aggregator and distributor of market research and business information). indicating that Qatar is one of the few Arab countries, in its region, to have cancer data that is accepted by the Supreme Council of Health (SCH) indicating that the inclusion of data from Qatar is due to its high-quality data collection and the attention given to provide accurate and comprehensive information.

Various studies taken from the Annual Health Report of the National Health Authority, Hamad Medical Corporation, World Health Organization reports, Annual Report of Saudi Arabia, and Compendium of Health Statistics, UK. Population per physician, per general practitioner, and per hospital bed, and nurses per physician ratio were calculated. During the last decade, the Qatar population has increased to more than double and subsequently shows and increase in health care providers as new initiative launched in collaboration with internationally recognized institutions. As the mobile networks increase worldwide, healthcare service providers also seek to maximize their patient outreach, access to healthcare information, emergency health services by following trends of mobile solutions, minimizing costs and maximizing patient outreach.

**Table 15.** Satisfaction of Qatari citizens with healthcare services

<b>Component of healthcare surveyed</b>	<b>Satisfaction %</b>
Skill and competency of medical staff	50%%
Speed in completing examination and reports	66.67%
Equipment for modern diagnosis and treatment	100%
Accuracy and completeness in filling out reports	33.33%
Friendliness and courtesy of the staff	62.50%
Responsiveness (waiting) in medical institutions	41.67%
Cost to you	91.67%
Convenience of location for you	75%

Source: Qatar Healthcare Facilities Master Plan 2013-2033, n.d.

Growth of private sector healthcare service providers is critical as with the growing population (increase in costs) the growing private sector alleviates the burden places on the Ministry of Public Health. The Licensing Committee in the Ministry of Public health plays a critical role in supervising the private health sector as it encourages to have high quality medical care and services for patients.

### **2. 2. 11. Family issues and gender and vulnerable people**

In Islam gender status is a debated and often misunderstood question. Subordination, suppression of women, and lack of human rights – these are the main points of generalizations if we think about women in Muslim societies.

Indeed, Muslim men often refer to the question of gender subordination that more rights were given for women in Islam than in any other religion. This can be right if one takes into consideration the original Quranic Islam and interprets it in its context. But this is lost in the mist of history, and in Muslim culture nowadays, there is a tendency of subordination of women in a sense, that women are constrained to deal with the family and bring up the children as they did “traditionally” for centuries. In this social status, women oftentimes become exposed to the will of their husbands. Muslims argue, the difference is natural between man and woman owing to their different social status determined by the difference in their ability to act in a society. Or is it just a perception that prevails the discourse about gender roles?

In Muslim societies, there are clear-cut roles of the two genders, therefore everybody is aware of his or her social position and role as there are no overlapping fields of responsibilities, a factor that might contribute to decreasing the intra-family conflicts. Together with the general disapproval of divorce, this can be a reason for a smaller number of divorces than in Western societies. On the other hand, however, “compared to other regions, MENA women were under-represented in production jobs, in clerical and sales work, and in administrative and managerial positions” (Karshenas, 2006:231).

The different roles and therefore rights that the two genders have in the sense of traditional Muslim law cause a serious contradiction with the universality criterion that is the central notion of any social policy in a Western sense (meaning that social policy is to ensure social equity) (Karshenas, 2006:224).

If we go deeper into traditional Muslim argument systems, the question of why women receive only half of the fortune inherited by men, the *sharia* gives us four reasons. First, expenditures of a man are much higher than a woman since the former has to take care of the latter as well. Actually, the second argument has the same root as the first one: women are not as good as man in respect of handling money. The third reason is also a perception about men’s better ability to make benefit from fortune. According to this argument, only man can do this, because women are not mobile in the society. The fourth reason brings us back to the creation: God created the

man first than the woman. All in all, we can see Muslim arguments concerning subordination of women deeply rooted in a prejudice of different capabilities of the genders. Islamic law entitles women to own property, but women inherit less than men. At the same time, non-Muslim widows is not allowed to inherit from Muslim husbands (Karshenas, 2006:224). This fact compromises the foundation of the idea of social care that individuals in a society have to be economically independent in order not to become socially dependent (Karshenas, 2006:234).

Since in the era of globalization, there are a lot of connection points between „traditional” and Western ideas of gender in the society, there are also biculturally oriented women, whose status is a twofold one: they often have to meet the expectations not only of their Muslim origins, but of their new, Western or Westernized identity. Western media and literature deal a lot with poor Muslim women living in hopeless situation in the most conservative countries of the Muslim world, but there are only few records of Muslim women who try to comply with the requirements of both types of society. They live in an often-unfriendly environment in which they make efforts to maintain their traditional religious identity and their autonomy as women at the same time, thus remaining alone between East and West.

It is possible and needed to change the status of Muslim women in the East and the West as well. Women are not “naturally” subordinated to men and there is no hierarchy between the genders created by God. Gender inequality in Islam is the result of social conventions and maintained by conservative perception of the social values – traditions that have a high relevance in a Qatari environment as well. Of course, there is no problem with any traditions in human society, but it is important that these traditions should adjust themselves to the actual requirements of the society and the cultural context of our modern world.

The state of Qatar considers the following groups of economically and socially vulnerable people covered by the Ministry of Administrative Development, Labour and Social Affairs

- Senior citizens
- Persons with disabilities
- Widows, divorcees, abandoned wives
- Family of missing persons
- Family of prisoners



- Orphans, children with unknown fathers or parents
- Individuals and families living in poverty
- Unemployed persons
- Victims of domestic violence
- Persons with serious illnesses (Social Protection and Welfare)

According to the Law No. 2 of 2004 in respect of People with Special Needs (Law No. 2 of 2004 in respect of People with Special Needs), it is forbidden to discriminate against people with disabilities in Qatar. On the contrary, there are some positive discrimination measures concerning disabled persons. The law prescribes that 2% of public positions must be reserved for these people and for companies of the private sector it is also compulsory to employ one disabled person per 25 workers. (Persons with Disabilities, 2018)

## **2. 2. 12. Summary**

As I did before in the case of the European model, to better evaluate the Qatari model, I listed the strengths and weaknesses of the system analysed above. In the next chapter, these items lead to the comparison of the two models that is essential to see the potential threats and opportunities of these systems. It is interesting to note that many elements of weaknesses in the Qatari model are strengths in the European model.

### 1. Circumstances (factors given meaning that the government can hardly change them):

- in theory, it is not based on any religion, however, the moral values of Islam are still influencing social care practices
- managed to avoid war in the last decades (protected by outsiders)
- extensive financial capabilities (resource economy)
- growing population
- cultural diversity (within Arabs as well)
- lack of social tensions and criminal activities

### 2. Policy decisions:

- one country, one government, faster decision-making process
- one strategy to follow
- universal care for the Qatari citizens, but not for the population living in the country (exclusiveness)
- managed to eliminate poverty and introduced general material welfare
- fast economic growth
- relatively diversified international portfolio (finances, acquisitions)
- recognized the importance of sustainability, technology, innovation and the transition to knowledge economy
- no need for assimilation, migrant workers stay in the country temporarily

**Weaknesses of the Qatari social care model:**

1. Circumstances (factors given meaning that the government can hardly change them):

- Qatar is not a provider of innovations, it is rather a follower
- dependency and high volatility in terms of income (budget) based on resources
- the Qatari nation is still in its formative years
- criticism from the West can oftentimes be summarized as Qatar has “growth without development” (al-Yousef, 2016: 256)
- lack of skilled, market-oriented workforce (Qatari citizens) in the private sector
- achieving the goals defined by the government often fails not because of lacking material support, but lacking expertise and human capacity for the programs
- tribalistic traditions in the administration
- weak business and enterprise culture
- lack of social care professionals

- low level of cooperation between the stakeholders of social care (public and private sectors, voluntary actions)
- a short history of social care system, relatively small experience in social policy
- this type of social care system can be related only to those maintained by Qatar's neighbours (small potential applicability in other parts of the world)

## 2. Policy decisions:

- excessive number of migrant employees living in Qatar, overreliance on low-skilled workforce
- lack of constant data production (statistics) and assessment of the system
- social exclusiveness
- a relatively weak role of human rights
- difference of salaries in the *kafaala* system
- inefficiency in using material resources (water, oil, gas, etc.)
- male breadwinner model, the dominance of male population
- Qatari youth prefers state employment, while in Europe state employment does not have that much appeal
- excessive role of the state: limited incentives for individual (bottom-up) initiatives
- in Qatar, social protection is the responsibility of the state, and in itself constitutes a special case as the state has an abundant budget to serve this principle.
- social action is maintained by the state itself not by civil society as in Western countries

### 3. RESULTS

The following points summarize the most general results of the literature review and data analysis (description of the European and the Qatari social model). A more nuanced reference to the main statements of the literature will be in the third chapter.

- Different approach is needed when we attempt to tackle the question of social care in Qatar than in Europe. In practice, the same way of thinking in the Gulf countries and in Europe cannot be effective and suitable to the local situation. Qatar is a conservative country of high oil revenues and has a society consisting largely of migrants and young Qataris. These basic differences from Western Europe constitute totally new challenges for the country. Western social care practices might be partly applicable to the situation in Qatar, however, local culture, social values, economic and administrative practices and constraints always influence these attempts that finally end up in a distorted application of external practices.
- High amount of money is involved in the maintenance of the Qatari social care system, it does not necessarily mean success. The rapid development cannot be digested by a relatively conservative society, social initiatives will not formulate themselves in an organic way even if they are well-financed. The differences can be seen by statistical means: per capita income, GDP, cost of services, the measure of financial support by the state.
- Although social care as scientific field can be generalized and analysed in different countries and cultures, social care systems are deeply rooted in the local historical and cultural environment, therefore societies have differing views on what belongs to the realm of social care and what is the role of the state and the individuals in the maintenance of these systems.
- Contrary to these differences listed above, there is a significant volume of commonalities that make the two models comparable. Qatari social care and governmental planning largely relies on European (and Western, in general) social and governmental experiences not only by following the “trend” by itself, but through the application of European counsel and staff in the renovation of the Qatari society.

## **4. MATERIALS AND METHODS**

In the first part of this chapter, I draw conclusions from the second chapter concerning the comparison of the two social care models and extend my research to a closer look at elderly care in Hungary and Qatar and a quantitative study aiming to compare the effectiveness of policy-making in the same countries. First, I underline the similarities and differences of the European and Qatari social care systems by placing them into a historical context. To this end, I also rely on economic indicators that provide an insight into the current background of social care both in Europe and Qatar. The most specific part of the research is conducted with reference to Qatar and Hungary the latter being an example of Western social care traditions but at the same time, influenced by socialist tendencies. The comparison between the two countries is first done by the analysis of elderly care policies (with the relevant theoretical and historical background of elderly care and the latest statistical data on these issues). To understand the policy differences in these countries, I conducted some indicators on the economic and social policies of Qatar and Hungary as the quantitative part of the project.

### **4. 1. Comparing two models: Europe and Qatar**

#### **4. 1. 1. Two models: similarities and differences**

##### **4. 1. 1. 1. Comparability**

In the following section, I try to assess the similarities and the differences between the European social model and the Qatari one. However, as I indicated before, these categories might be hard to define, the main purpose of the comparison between the two systems is to create a reflection both for the Qatari and the European social model, which help better assess the possible directions of development in the future and at the same time, provide a framework that enhances the evaluation of the strength and weaknesses of these systems. Although the European system consists of many (constantly increasing number of) countries and compared to them, Qatar is just one tiny country, in the previous two chapters I could essentialize the features of the two models, therefore these characteristics are ready for comparison. Furthermore, besides the common traditions and historical experience of these geographical areas, both Qatar and the European Union has a more or less defined trajectory in the development of social policy that makes them a separate entity. In this section, the four hypotheses stated in the beginning of the dissertation are closely discussed and verified.

#### **4. 1. 1. 2. History, traditions and development**

The European model has definitely a richer history (if we define history by societies that has material memories of the past), stemmed in the world of the Middle Ages when Christianity dominated the public sphere and was the main determinant of the society organized along hierarchical lines (both in the secular and religious sphere). In this system, the traditional forms of family care in the secular sphere and church-related care forms in the religious sphere can be considered as the two forms of social care. Interestingly, especially from a modern perspective, the state (government) did not intervene into this share of business: the state had only one target concerning the whole society: to provide the external defence of the community mainly by military means. In the church-related form of social care was underpinned by the Christian idea of common good and the aim to enhance the power of the Christian community, which was based on the conservative idea of maintaining the cohesion of the community – just like social care systems do nowadays, although in a much more limited way at that time.

The role that religions played in taming the Arab societies living in harsh conditions is important as these complex value systems provided the first instances of resisting the old and outdated principle of tit for tat (a characteristic of the era called *jahiliyya* – ignorance). In fact, in the life of Arabs, Islam has an extra importance in this sense: by becoming Muslims, the ancestors of modern Qataris encountered with a high culture first time in history and internalized that value system, which revolutionized their lives. For the Western Europeans, this experience is not so memorable as first they were Romanized and then converted to Christianity that was at that time not their own cultural product, but rather a part of the “Roman package.”

The fundamental change of this European system occurred when in the early modern period, the extension of state power (administratively and technologically) started a competition between the state and the church over the responsibility for the population living under their control. As rulers in this period started to recognize the importance of general welfare of the people and acquired enough power and money (mainly as a result of the geographical explorations) to extend the spheres of control over larger and larger chunks of the population, the state became the main instrument of social change. The leaders-initiated programmes that fostered higher level of unification among the territories he controlled and more cooperation for the sake of maintaining and extending his power in one of the many wars of the early modern period. This strategy of creating coherence was later followed by the idea that integration of territories and their people is not only in the interest of the ruler, but it serves the whole people (nation) as

well. The idea of nationalism – when the idea of unification started to be a focal point of identity for the whole community – gave a boost to the state’s involvement in social care: the common efforts and fights of a people strengthened the social program of nation building in which everybody had to make a decision whether he/she wants to stay inside or outside the nation and in line with this principle, no one was left behind.

Parallel with this process, civic and industrial revolutions destroyed the previous hierarchic social care systems and a massive demographic boom catalysed urbanization providing a constant challenge for state institutions that tried to rationalize social cohabitation in these concentrated living spaces. From then on, cities have become the areas of constant social transformations, hotbeds of social experiments by providing opportunity for upward and downward mobility. This increased risk of dropout and exclusion from the community led to frustration, exploitation, alienation of people and increase in criminal activities. Migration from village communities to large cities resulted in the breakup of social connections even within the family (distance among relatives). All in all, these new challenges demanded the establishment of a central organizing system that intended to effectively regulate the cohabitation of many people. Several processes that can be originated from the early modern period are still play an important role in the contemporary European society.

The Qatari society experienced the formation of modern life in a “dense” package without seeing huge internal social conflicts or external wars that threatened the very existence of the people. Europe, however, realized the destruction of two world wars that is still, however at a diminishing rate, culturally very influential for many citizens and serve as a premonitory phenomenon that has to be avoided at all cost.

The extremely fast modernization of Qatar resulted in the preservation of local traditional systems and a careful internalization of external ideas. The Qatari social care system, also based on active state participation, has its values in religion, the Islam, especially in values such as religious tax (*zakat*), special religious activities that have social background (fasting, pilgrimage) and the general social sensitivity of the Muslim community (*umma*). At the same time, as I mentioned in the previous section, selective reception of external ideas sometimes leaves certain elements of out the “formula”. As for another example, the European idea that the state is responsible for its citizens’ welfare and the state has sovereignty over its territory and citizens could easily be internalized by the leadership as these were in line with the intended central

policy. The Western idea of sovereignty permeated the Qatari society as it advocates a clear distinction of citizens and migrants, since it coincides with the tribal morality on foreigners.

It is very likely that Qatar has to go on the way that most European societies have already taken. Qatar is now in the state coordination period in terms of nation building that was followed in Europe by the step where the nation itself reached “adulthood” and started to coordinate its own issues by itself without relying on the excessive power of the state. Creating a comprehensive social system is part of the unification of the country, together with solidifying the self-awareness of the population and nationalist sentiment. In this period, the involvement of the state in nation building diminishes as people need the state less and less to find the points of connection with each other and ready to govern itself by putting more emphasis on local initiatives on their own. For this to happen, the fact that Qatar is defended mainly by the American army means that the leadership was able to avoid the security-driven policy that many Middle Eastern states promote, and the government did not create an army that has excessive influence on public affairs. Contrary to this positive condition for a smaller state participation in public affairs in the future, the argument that the state will maintain the same position has three elements: first, it is a challenge to undo the massive state administration, second, citizens rely excessively on the state institutions and allowances distributed by the state, third, the lack of local initiatives (or civil society) makes it really difficult to replace some of the state institutions in a meaningful way.

#### **4. 1. 1. 3. Human rights**

When it comes to relations to human rights, the European social model shows a development pattern that is rights-based, which, in practice means a comprehensive and inclusive approach to social care. In contrast, Qatari social care is welfare-centred, not right-centred: in theory human rights prevail, but in practice, for example, conditions for women are not the same as in the West. The system has the same discrepancy as for homosexuals: this attitude is illegal in Qatar even if officially there cannot be distinction among people by sexual orientation. Therefore, the Qatari system is highly influenced by traditions and local customs. Beyond these differences, succeeding political rights are absolutely a marginal issue in Qatar as the discourse revolves around the economic and social sides of welfare and not based on its political foundation. However, in Europe parties and movements directly taking part in the political sphere have been based on the implementation of social rights (e.g. trade unions, socialist parties).



#### **4. 1. 1. 4. Economy**

The economic basis of the European social care model can be characterized by the competition of capitalist actors, some huge enterprises on the market with very limited state involvement, but at the same time, there exist a small business culture that represents the local interests of different small European communities. In Qatar, the capitalist notion of competition is restricted by the state, in fact, it is mainly the state that competes for larger revenues. Concerning the ideological foundations of the society, social welfare is based on the Protestant work ethic in Europe (and the importance of human resources) buttressed partly by resources from other countries (through the inequalities of the world economy) and by internal material support in the form of taxes. Based on these two legs (material and ideological foundations), the European social care system reaches a high degree of organizational and service level. In Qatari context, however, there exist only one leg of welfare as the material foundation of the social care system is rentier-based meaning an enormous amount of income coming from outside the country through the export of natural resources produced inside Qatar. This income is distributed among the citizens through the channels of social care, while in Europe social care is financed by Redistribution, which relies on taxation. Redistribution and the level of taxation have always been a central issue for the European social care systems, as I pointed out before as redistribution of goods can be regarded as one of the largest achievements of the European societies vis-à-vis the state institutions. In Qatar, the lack of internal material support (taxation) for the social care system is an important issue in this matter, but even more importantly, the other (ideological) leg of welfare, the social ideology on which human capacities of the country can be utilized more effectively, seems to be missing from the Middle East.

In terms of the economic and financial background of the social care systems in Europe and Qatar, it is evident that most of these systems not only have deeply rooted tradition in history, but steady economic growth and general welfare of these societies enhances the maintenance of these systems. In the world ranking countries regarding their GDP, every EU country belongs to the club of the most productive countries of the world. Qatar has a huge production capacity compared to its size, therefore is capable of getting ahead of many smaller European economies. The Qatari per capita GDP is the second highest after Luxembourg thus being the wealthiest GCC country in the list.

**Table 16.** GDP in the EU and GCC countries in 2017 and their world ranking

Ranking	Economy	(millions of US dollars)
4	Germany	3 677 439
5	United Kingdom	2 622 434
7	France	2 582 501
9	Italy	1 934 798
14	Spain	1 311 320
18	Netherlands	826 200
19	Saudi Arabia	683 827
23	Poland	524 510
24	Belgium	492 681
27	Austria	416 596
28	Norway	398 832
29	United Arab Emirates	382 575
34	Ireland	333 731
35	Denmark	324 872
42	Finland	251 885
46	Portugal	217 571
47	Czech Republic	215 726
48	Romania	211 803
51	Greece	200 288
54	Qatar	167 605
56	Hungary	139 135
58	Kuwait	120 126
64	Slovak Republic	95 769
73	Luxembourg	62 404
76	Bulgaria	56 832
78	Croatia	54 849
84	Slovenia	48 770
87	Lithuania	47 168
98	Latvia	30 264
109	Cyprus	21 652

Source: World Bank, 2018

**Table 17.** GDP per capita in the European Union and GCC countries in 2017

Country name	2010	2017
United Arab Emirates	35037,8927	40698,8493
Austria	46858,0433	47290,9116
Belgium	44380,1766	43323,8073
Bulgaria	6843,26695	8031,59844
Bahrain	20722,1039	23655,0356
Switzerland	74605,721	80189,6969
Cyprus	30818,464	25233,571
Czech Republic	19808,0711	20368,1386
Germany	41785,5569	44469,9091
Denmark	58041,4112	56307,5083

Euro area	37605,1459	36869,0544
Spain	30736,6279	28156,8158
Estonia	14638,6048	19704,655
European Union	33677,0026	33715,1274
Finland	46202,4152	45703,3279
France	40638,334	38476,6586
United Kingdom	38893,0185	39720,4434
Greece	26917,759	18613,4239
Croatia	13542,9018	13294,5149
Hungary	13092,2338	14224,8465
Ireland	48671,8883	69330,6902
Italy	35849,3732	31952,9759
Kuwait	38497,617	29040,3637
Lithuania	11984,8686	16680,6781
Luxembourg	104965,306	104103,037
Latvia	11326,2195	15594,286
Malta	21087,7947	26945,9839
Netherlands	50338,2548	48223,1555
New Zealand	33692,0108	42940,5783
Poland	12599,5336	13811,6642
Portugal	22538,6541	21136,2972
Qatar	70306,2278	63505,8053
Romania	8231,31277	10813,7166
Saudi Arabia	19259,5873	20760,906
Slovak Republic	16600,6136	17604,951
Slovenia	23437,472	23597,2917
Sweden	52076,2559	53442,0083
Middle East & North Africa	4143,28874	3776,50677
World	9513,6178	10714,466

Source: GDP per capita, 2018

As the finances of social policy in Qatar relies on rentier income and therefore based on external factors (world price of oil and gas) the whole social care system can be at risk regardless of the favourable domestic economic condition of the country. In European economies, however, the level of social spending is influenced mainly by the local economic conditions as the citizens pay taxes to the central budget that is not so dependent on the world market price volatility of one or two commodities (oil and gas). This internal finance of the social care makes the system more sustainable and predictable in the long-term.

The most developed states in Europe spend significant part of their GDP on public service financing, thereby redistributing communal resources for common goals. The government spending in Qatar remains below 30% of the GDP that still creates a significant financial

background for social services. However, it is important to note two trends concerning the second chart: first is the volatility of spending year by year, as for example the money distributed can be higher or lower due to political reasons. Second, the Qatari GDP is highly exposed to the consumption patterns of the world economy, therefore during the economic crisis the market demanded less amount of natural gas and oil, thereby having a negative effect on the overall Qatari GDP.

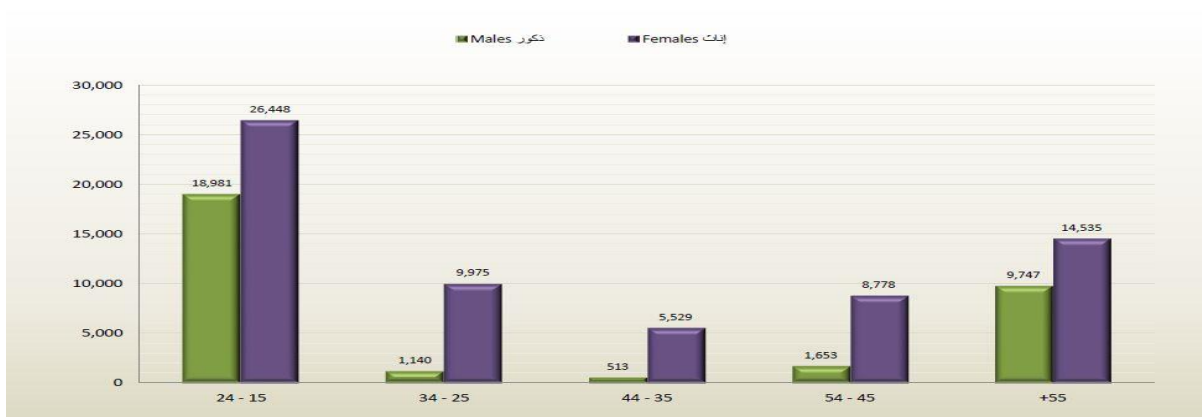
#### **4. 1. 1. 5. Social cohabitation and gender**

As both the Qatari and the European societies are highly urbanized (89% of people in Qatar live in cities), both models have to tackle issues connected to urban life. At the same time, European societies have a rich tradition of agriculture as well; the preservation of this way of life is a core idea of European social solidarity. The difference between the urban life in Qatar and in Europe is that the former provides relatively few opportunities for social mobility in the urban environment as there are clear written and customary boundaries and regulations of social positions. This “rested” social environment explains the relatively less instances of frustration and alienation of people that positively influences the rate of criminality in Qatar (Sloan, 2017: 209).

Classification of society in Europe is based on income distribution as in principle, every citizen has access to decision making on economic, social, political and cultural issues as people have the same distance from central power. In this regard, proximity to political power and kinship are the most important features if we want to divide the Qatari society into classes, since these are the issues in which there is the largest discrepancy in the Gulf country (as the financial situation and opportunities of the citizens are more or less the same). It is important to note that during the course of modernization, European societies shifted from the male breadwinner model (that is still relevant in Qatar) to the prevalence and promotion of the dual earner model, although the process is not yet finished and is on different levels in different countries.

One of the most striking difference between the two systems is their attitude towards gender issues. Europe has a long history of women emancipation that was boosted by the intensive nation building processes and world wars. The difference between the two genders in the labour market become significant around the age group 20, when males start to undertake employment, while women remain in their “traditional” position in larger numbers. This creates larger economically inactive population among women between age 20 and 60. In the EU countries, there

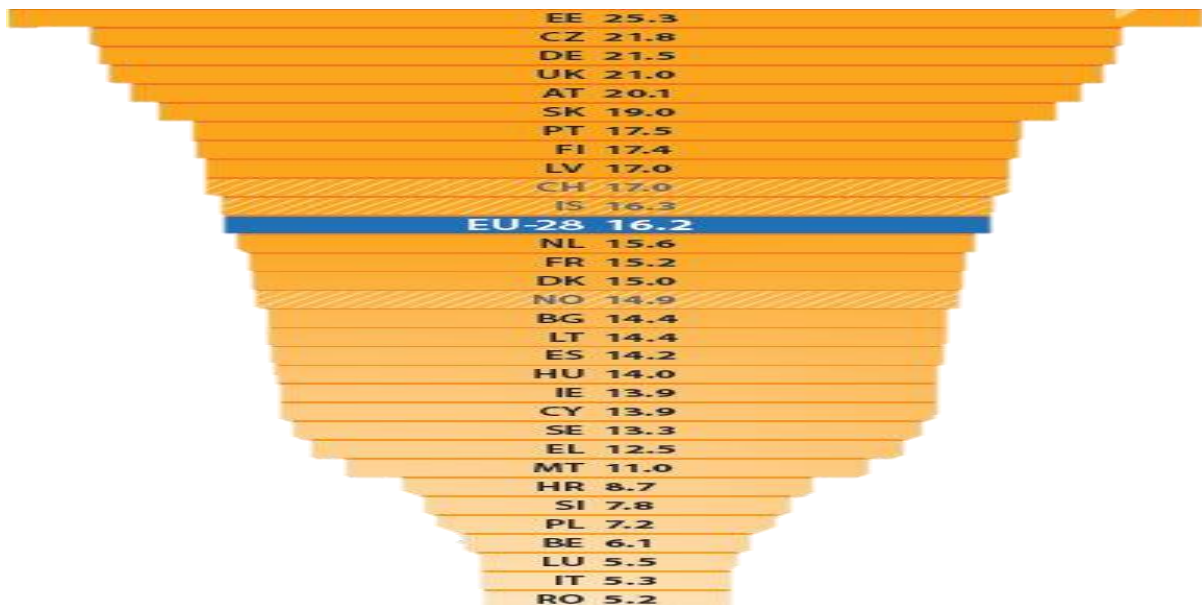
is no striking difference of this kind as women and men are employed largely the same ratio, thus inactive population is not dominated by any gender.



**Figure 8.** Qatari Economically Inactive (15 years & above) by Sex and Age groups

Source: Labour Force Survey, 2017

Gender discrepancy in Europe, however, can be manifested in the wage gap between men and women as the following figure shows. Interestingly, this indicator can be larger in the more developed Western European countries, while the eastern part of the EU performs relatively better in this sense.



**Figure 9.** Gender payment gap in the EU (difference in percentage in favour of males)

Source: Key figures on Europe, 2018

#### **4. 1. 1. 6. Social policy actors**

Subjects of social policies are mostly individuals, while the obligated parties are the governments and NGOs (employers, civil society, the Church, educational institutions, etc.) in Europe. In Qatar, it is only the state and some state-related institutions (GONGOs) that take part in the distribution of social benefits. In Qatar, state is also responsible for the regulations and legislations in the field. In Europe, however, we can see diverse policy traditions and institutional agreements taking place as both the national governments and the institutions of the European Union coordinates (synchronizes) social policy debates and decision making. Because the financial means for social care (taxes) are not in the hands of EU institutions, it is certain that national governments exert more influence on these issues. However, governments do not decide behind closed doors: there is an open method for coordination during which policy is shaped by intensive dialogue with various social policy actors (partners) coming from the economic, political and social fields. In Europe, the main issues of regulation are largely connected to employment, free movement of people (the basis of the European Union) and the pension system that is important because of the aging societies of the old continent.

In Europe, states together with certain actors from the civil society tries to promote the idea of knowledge society and economy, but in general it does not lead to a radical reorganization of the existing social class structure as the national economies in Europe are diversified and there are other sectors that maintain their positions during the shift to an economy that is more focused on knowledge.

Europe underwent an industrial revolution that produced further results and scientific achievements. In Qatar everything that can be connected to modernity is imported meaning that local production and ideas have nothing to do with them. Because of this situation, development in Qatar is dependent on external condition, therefore, it is highly recommended to create the internal factors of development. In practice, this means the reliance of the only resource that the country has long-term capacity: human resource. Improvement in this field has to concentrate not only on the difference in knowledge between an average Qatari and a Western European citizen. The most important task of social care is to transform the attitude of Qataris and make them more self-supportive and autonomous.

#### **4. 1. 2. A comparative study of elderly care in Qatar and Hungary**

In this section I will conduct a comparative study of social policy in the State of Qatar and the state of Hungary as one example of the European countries. A comparative study is made

through a qualitative evaluation of the existing data on elderly care, and comparison of some economic and social indicators between the two countries.

Old age care is the most fundamental area of social care in the world and it gains more and more importance in Qatar as well, as the demographic layout of the population is following the tendencies of modern Western societies. In this regard, according to certain estimates, elderly population will exceed the number of children in many countries of the Middle East by 2050. (Clawson, 2009:1).

However, the demographic situation in Qatar is favourable, the country might be under dual stress in the medium term, as the main source of income (natural gas) will be depleted and in parallel with this economic challenge, a rising number of elderly people may put pressure on the social service system. Smooth transition to an ageing society requires preparedness for the challenges and the correction of the social care system as soon as possible. Examining elderly care policies, examples, good and bad practices and assessing the needs of the elderly care system are crucial issues from the perspective of social sustainability.

Hungary can be considered a powerful example of changing the political system from the socialist system to the capitalist system, which led to a change in the social policy system too. The old system in Hungary highly subsidized the social supply systems, however it did not have the resources to do it. In Qatar, the financial resources are abundant right now, therefore a highly subsidized system seems to be sustainable, but in the medium term, Qatari social care system needs a transformation and ultimately a reduced state participation as the economy and society transforms in the future. In this regard, the Hungarian case can be relevant to manage this shift in Qatar and using the experiences of that transformation. As this is a future-oriented comparison, I focus on one specific issue of social care, namely the elderly care that will be an important issue in the decades to come.

There are three arguments that serve as the main focus points in the following sections:

1. Huge financial resources does not necessarily mean more efficiency in the elderly care.
2. The Hungarian elderly care system is not a policy priority for the government and its management lacks a strategic direction to follow.

3. However significant Qatari financial resources may be, the country is not yet prepared for the consequences of the upcoming demographic shift and lacks the necessary policy to cope with the challenges.

The aims of this study are:

1. Examining the complex questions of what services are needed for the elderly, how should these services be provided, and by whom?
2. Gaining a better understanding of the experiences of social caregivers both in Hungarian and Qatari environment.
3. Investigating the perspectives of elderly care and its values and institutions in these countries and the strengths and weaknesses.
4. Proposing policy and recommendations based on the findings of this study.
5. Building awareness among populations about important social issues.

The analysis enables to draw lessons from successes and failures of these two different systems and can assist policy makers in the formulation of adequate responses to the existing and upcoming challenges. This research also brings forward recommendations by focusing on aspects that can be improved. (Health Systems Profile – Qatar, 2006:3).

To this end the upcoming analysis relies both on qualitative and quantitative data gathered from reports, surveys and national sources provided by the statistical authorities and different ministries of the respective countries. Quantitative data consists of figures on population characteristics and health care expenditures that is measured either as a fraction of gross domestic product (GDP) or per capita (Anell and Willis, 2000:770) and partly connected to the development of elderly care. However, data like these “must be interpreted with care. Changes in expenditures as a fraction of GDP, for example, are explained as much by changes in GDP as by changes in expenditures” (Anell and Willis, 2000:771). This data has their restrictions as they do not take the different levels of productivity into consideration. At the same time, more spending or proportionally more GDP expenditure on health care does not necessarily mean a more effective system and healthier population in the end. The challenge is to find the adequate financial background for health and social care activities; an amount that is sustainable for the society and economy and makes the system itself sustainable.



In the following sections, first I try to show the relevant questions, theories and forms of aging and elderly care in general and then the analysis turns to the Hungarian social model as part of the Eastern European social model. Following this historical part, I outline the situation of elderly care in Hungary first by using statistical data and then by describing the regulations and their consequences. After Hungary, I extend my analysis to Qatar as well along the same lines. In both cases, I put emphasis on the home care activities of different institutions. In a common chapter on the two countries.

#### **4. 1. 2. 1. Ageing and elderly care in general**

Ageing has been one of the central themes in the study of demography and social policy nexus. Rapid population growth resulted in an increasing number of elderly people – a relatively new feature in the history of humankind. This demographic shift – the transition to old age societies – that is expected to happen everywhere in the 21<sup>st</sup> century might be the biggest challenge and the dominant demographic characteristic of modern societies. (Halsall – Cook, 2017:1) Paradoxically, the rise of elderly people is partly the result of the improving health care systems worldwide and now, these systems (such as health care, social insurance, pension schemes, and existing models of social support) are under stress by the rapid growth of elderly population. (Parkash, Younis and Ward, 2015:10).

Nevertheless, ageing in general is considered as a challenge or a problem in the modern societies, and it is only rarely mentioned that ageing in fact is a huge achievement both for the present and the future generations. (Khan, Hussein and Deane, 2017:476). A higher number of elderly people present an opportunity that has never been in the history of mankind: four generations of a family alive at the same time may contribute to positive experiences and values shared among the generations. (Khan, Hussein and Deane, 2017: 469). Therefore, elderly care is an important area of our social life and facilitates the flow of information and serves as a mean of communication among people of different ages and different levels of experience.

The connotations of growing old and being old entail many stereotypes in our contemporary society. (Abdulrahman, Reshma and Khaldoon, 2013:274). “Ageism is to old age as racism is to skin colour and sexism is to gender. Ageist thinking is detrimental to society and can result in limited opportunities (e.g., employment and workplace discrimination) and reduced access to resources (e.g., health care discrimination) for older adults. In its worst form, ageism leads to elder abuse, mistreatment, and neglect.” (Brossoie, 2015:22).

Experiencing the changes in perspective mentioned above, a new discipline paves the way to new approaches to dealing with the social consequences of ageing: gerontology that “is the scientific study of aging that examines the biological, psychological, and sociological (biopsychosocial) factors associated with old age and aging.” (Brossoie, 2015:20).

As older people tend to have more problems with basic activities in their everyday life, elderly care services offered by the state, or non-state affiliated religious or secular institutions have to deal with the possible challenges that ageing might entail. In general, these are:

- need for informal caregivers (higher reliance on family members)
- increased importance of formal care
- need for long-term care (LTC)
- higher widowhood prevalence among older women
- increased trend of living alone
- increased trend of living with dementia and other mental illnesses (Khan, Hussein and Deane, 2017:476).

Tróbert – Széman – Illésy defines basic social services, and specialised services that these institutions offer either for free or for fee as the following:

- Basic social services:
  - o village and scattered farm caretaker service
  - o meal provision
  - o home help
  - o home help with alarm system (extended form of home help system)
  - o day care
- Specialized services offered by institutions providing:
  - o temporary placement: care house for the aged
  - o nursing care

These services mentioned above belong to the realm of formal care, while elderly care includes informal care activities as well. The latter is not institutionalized, it is the traditional system of intra-generational help within the family and many times it is not considered as an official occupation as these services are unpaid. In the caregiving activity, we can make a distinction according to the involvement of the caregiver in the patient’s everyday life:

- primary caregiving (direct caregiving): intensive assistance and care service

- Activities of Daily Living (ADL): bathing, dressing, grooming, oral hygiene, toileting, transferring to bed/chair, walking, climbing, feeding and complex nursing tasks (medication administration, injections, wound care, passive and active exercise, monitoring the elderly person, providing emotional support and coordinating care among the various institutions and professionals) (Abdelmoneium, Corman and Rankin, 2017:38).
- Instrumental Activities of Daily Living (IADL): shopping, cooking, managing medications, using the phone or computer, doing housework, doing laundry, handling devices such as lifts, wheelchairs and bathroom chairs, driving or using transportation, managing finances and social services systems, and assuming protective actions to ensure the safety and well-being
- secondary caregiving (indirect caregiving): less intensive participation in ADL and IADL helping the primary caregiver in these activities (Abdelmoneium, Corman and Rankin, 2017:5).

Under the “active ageing” policy framework of the EU, the following elements have crucial role in providing a sustainable social care system for the elderly people:

1. coordination of the health and social sectors
2. creation of interlinked forms of service
3. reconciliation of work and care
4. a suitable financing structures
5. creation of a suitable environment
6. easing the life of the elderly based on ambient assisted living
7. introduction of solutions making use of ICT
8. the elaboration of other solutions enhancing the activity of informal carers, especially family carers
9. launching technical and medical-biological research aimed at reducing the need for long-term care
10. the involvement of civil and non-profit actors in problem-solving
11. creating suitable communication
12. the exploration of new potential within frameworks supported by the EU (MOPACT)

Keeping in mind these theoretical considerations, in the following sections I try to provide an analysis of the existing situation in Qatar and in Hungary following the aims and themes

mentioned above. Before starting the practical study, I will quickly discuss the development of social policy in Hungary in the following section.

#### **4. 1. 2. 2. The Hungarian social model and development of social rights in Hungary**

Concerning the historical background of the modern social policy of Hungary, it can be said that the communist and socialist era strengthened some aspects of the welfare state, namely the role of the communal responsibility that was institutionalized by the huge contribution made by the state in shaping the image of the social welfare system. The system can be described not only by its extensiveness, but sometimes by ineffective, lavishing and indiscriminate (politically determined) policies. Even more historically, the CEE region and especially the successor states of the Austro-Hungarian Monarchy can be related to the Bismarckian model of social insurance.

In the socialist era in Hungary, the development of social policies was not organic meaning that the ruling party always determined the scope within which the trade unions could operate. In Western sense there was no social dialogue among the different parts of the society, the political elite largely focused on the social and political stability rather than the prevalence of the human rights. The large amount of redistribution and the idea of egalitarianism reduced the poverty significantly, but at the same time these created hollow structures in the labour market. Similarly, problems with different minorities (be it ethnic or sexual) were swept under the carpet.

During the regime change of 1990, serious problems emerged due to the abolition of compulsory employment. As a consequence, the rise of unemployment and poverty could be seen on the social level together with an increasing indebtedness on the state level. In this turbulent era, different reform policies of democratic governments were employed, there was no long-term strategy concerning the social care systems of the CEE countries.

To address the serious challenges the CEE governments started with the dismantling the pillars of the previous system. These cannot be treated as steps in the realm of social policy rather these belong to the realm of “high politics”, but it took effect on the overall social conditions of the countries and posed new challenges that had reaction to the social policies. Among others, the significant changes were the subsidies on prices were abolished, the compulsory employment was terminated and privatization in the health care services was introduced. Although the withdrawal of the state from the (public) welfare sector created insufficient operation in certain areas, it made the voluntary sector (non-governmental organizations) possible to fill the gaps left in the social care system thus encouraging civic activity in these new-born democracies.

(Social Welfare Systems across Europe) As a consequence, “social security is implemented by a number of independent institutions; and the power and responsibilities of the regional and local governments have been enlarged.” (Manabu, 2003:233).

The transformation crisis did not make it possible for the new governments to form social policy on a new basis and ensure its operation. In the turbulent era of reforms, a mixed system of welfare has taken shape in Hungary. In practice, mainly in the health care services the prevailing idea is the universalism that creates a social-democratic element in the system. On the other side, sick-pay or pension are based on amount of employment and the amount of payment done earlier and not distributed on equal basis – this is a conservative element in the same system. (Ferge, 2001:151).

If we want to categorize the provisions in Hungary with regard to their financial sources, the first sub-system consists of the services provided by the governmental budget. Secondly, the local municipalities fund the local social care from their own budgets. The supply for the different branches of the social security system constitutes the third sub-system, while the fourth category is the provisions that are aimed to support employment policy. (Hoffman, 2015:47-48).

To attract global capital to the new-born democracies of the region, the CEE countries often tempted to reduce their welfare commitments. In this regard, the large impact of financial organizations such as the World Bank and the International Monetary Fund (IMF) is also a factor that has to be considered in the description of this model. These global actors made the conditions of lending money to the CEE countries that always suffer from financial problems, thus being exposed to the “goodwill” of foreign capital. (Manabu, 2003:230). For example, the liberal reforms of the welfare system in Hungary in 1995-96 meant significant cuts in the welfare expenses by reducing the amounts and the number of people who are involved in the pensioning process.

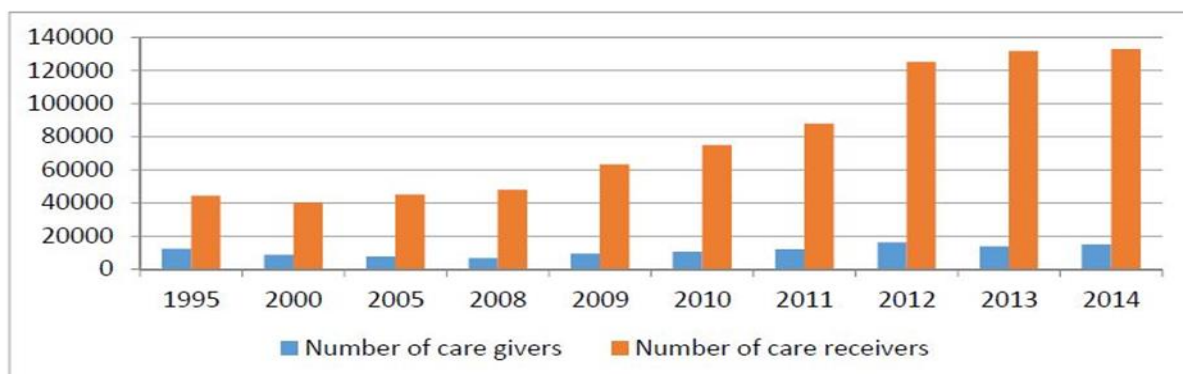
There is also an institutional explanation for the performance of the welfare systems in the CEE countries. The low level of social solidarity among the members and the inability to cooperate (which is inherited partly from the previous era) make the participants of the social dialogue weak in the representation of their interests and defenceless against the challenges of the market economy. Without proper civil society basis, policy initiatives cannot be the part of a long-lasting plan and reform. Organizational weakness to maintain a certain welfare policy going in the same direction is a crucial element that makes the welfare systems in the CEE countries a

mixture of social ideas, unfinished reforms and exposed to interests of actors outside the society (Offie, 1993). Consequently, we can see an ongoing transition process from institutional to community-based care in the region, but insufficient implementation and monitoring of the developed legislation, plans and strategies concerning the wellbeing of society are still prevailing factors on the agenda.

#### 4. 1. 2. 3. Statistical data on Hungarian elderly care

As for social and economic sustainability, Hungary has a highly unfavourable position as the birth rate is very low (1.44 children for a woman in 2015). As a result, the share of prime age population is expected to fall to the smallest in Europe in proportion to the total Hungarian population, leading to one of the highest old-age dependency ratios in Europe. (OECD, 2016: 35). According to forecasts, by 2050 the proportion of persons over the age of 65 will reach 30%. These demographic tendencies suppose comprehensive measures from the state concerning social care in general and elderly care specifically.

As in every country of the world, women’s average life expectancy at birth was 79.4 years in 2014, but they could expect only 60.8 years of healthy life. For men these were significantly lower, 72.3 years and 58.9 years, respectively. (Tróbert, Makó and Illésy, 2017:3). “According to the 2009 health survey of the population (ELEF), 93% of pensioners, including also younger old persons, reported having a chronic illness.” (Tróbert, Széman and Illésy, 2016:4). Since 1990, there is a significant increase of one-person households maintained by elderly people: in the beginning of the Hungarian Republic, it was 482,503 and by 2011 this figure reached to 692,183. (Tróbert, Széman and Illésy, 2016:6). These people are extremely subjected to physical and mental illnesses, life-quality degradation and negative discrimination; therefore, they constitute the number one target group of elderly care activities.

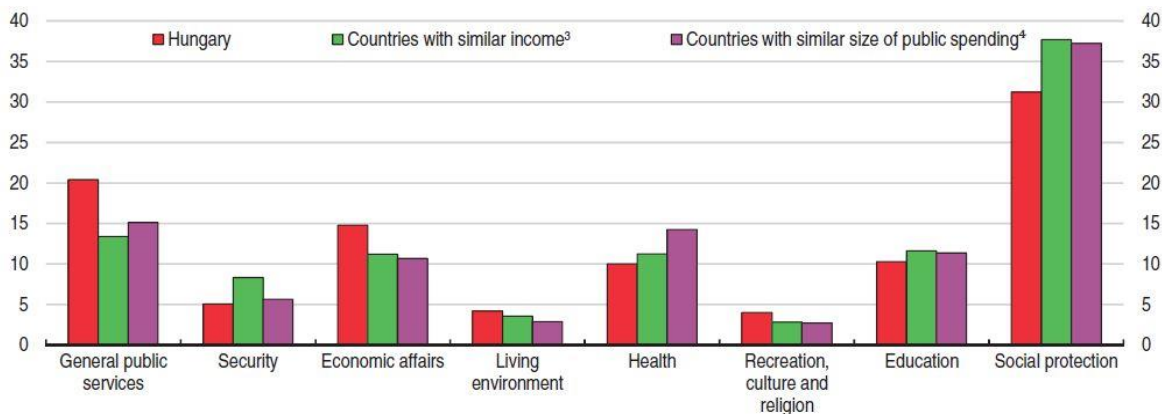


**Figure 10.** Number of caregivers and care receivers in Hungary. Source: Patyán - Makó – Illésy, 2017:4.

In 2014, 90,311 persons received residential care

- 55,426 persons lived in homes maintained by local governments and other state bodies (61.37%)
- 15,886 persons in church institutions (17.59%)
- 9,030 in institutions operated by non-profit economic associations (9.99%)
- 5,694 in foundation-operated homes (6.3%)
- 3,658 in association-operated homes (4.05%)
- 517 in homes operated by public foundation institutions (0.57%)
- 100 persons (0.11%) in institutions operated by joint ventures (Tróbert, Széman and Illésy, 2016:7).

In Hungary, long-term care expenditure as a share of the GDP is among the lowest (0.5%) in OECD countries (ahead of Estonia, Portugal and Greece). In the Netherlands, for example this number is 3.8% in 2011. (Széman, 2015: 246).



**Figure 11.** Composition of general government spending in Hungary, 2014.<sup>1</sup>

Source: OECD Economic Surveys – Hungary, 2016, 33.

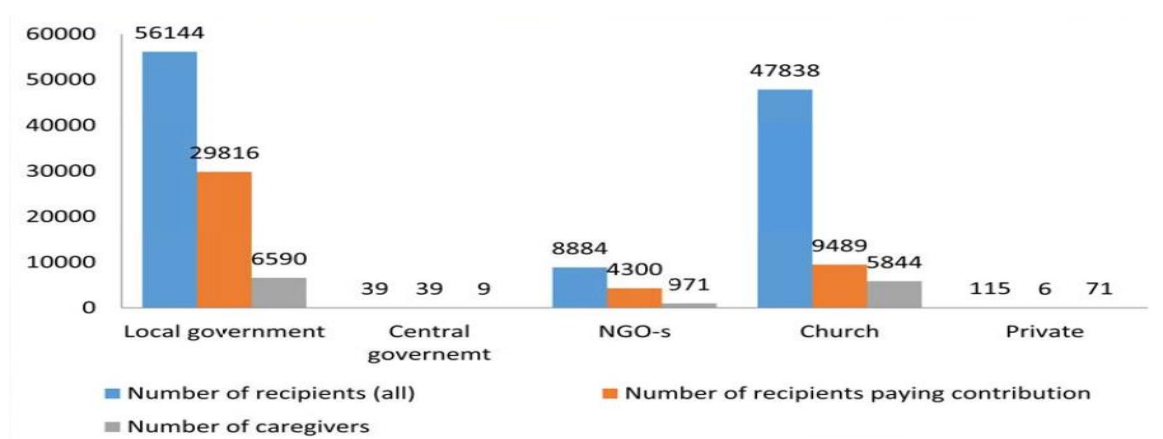
Currently, the Hungarian social care system is highly overburdened, as the past 20 years saw a three-fold increase in the number of recipients (from 44,449 to 132,985 people in 1995 and 2014, respectively). The problem is that the number of workers serving this demand increased minimally: their total number was 12,448 persons in 1995 and 14,946 in 2014. This has resulted in the steep rise of workload (number of care receivers) for each employee from 3.6 to 8.9

<sup>1</sup> Countries with similar income means an unweighted average of Poland, Slovakia, Czech Republic, Estonia and Greece.

Countries with similar size of public spending means an unweighted average of Austria, Greece, Iceland, Italy, Netherlands, Norway, Portugal, Slovenia and Sweden where government spending takes 45-55% of GDP as of 2014.

people in average. (Tróbert, Makó and Illésy, 2017:3). In 2015 as the Hungarian government launched its huge public employment program the number of employees in the social service sector has increased, however, the employment of untrained and unskilled labour in this sector will have its consequences. (Tróbert, Széman and Illésy, 2016:12).

While wages are on the rise concerning the total economy, wages of social and health services workers decreased in relative sense since 2008. The growth in employment and in economic output in the last few years did not translate into improvement of working conditions in the social care sector. According to the Hungarian Central Statistical Office the average gross wage was approximately 796 EUR in 2015, but social worker and human health-related activities could receive only an average of 473 EUR in the same year. (Tróbert, Széman and Illésy, 2016:12).



**Figure 12.** Home care services, capacities, and the share of maintainers in Hungary. Source: Patyán - Makó - Illésy 2017, 3

#### 4. 1. 2. 4. Regulations and situation in Hungary

The most important regulation after the regime change in 1990 is the Social Welfare Act of 1993, which “required towns with over 2,000 inhabitants to operate what is called a seniors’ club (providing meals, activities, personal hygiene) as a specialised service. The service could also be provided by NGOs, churches or the private sector,” (Széman, 2015:247) therefore municipalities could outsource elderly care to privately owned service providers, however they were struggling with these requirements, since in many cases their financial situation could not provide them the necessary means to act upon the legislation. (Patyán, Makó and Illésy,2017: 3).



Recognizing this reality, the new regulation in 2008 raised the threshold of mandatory provision thereby setting the limits of mandatory services higher in order to ease the stress on municipalities lacking the financial means to provide adequate services in line with the former regulation of 1993. With further deterioration of elderly care supply, the Fundamental Law of 2011 introduced the necessity of family members taking part in the duty of caregiving on the elderly members of their family. (Széman, 2015:248). Coupled with these changes aiming to a higher reliance on informal care, the government reduced the support for social care activities in the last decade and seems to gradually abandon its position as the main elderly care provider.

The new public employment law of Hungary aimed to reach higher level of employment in the workforce and intended these newly recruited workers to find their place in home care services. However, these people have serious shortcomings when it comes to home care services, as they lack professional training or qualification in this highly sensitive job. (Tróbert, Makó and Illésy, 2017: 20-21). According to experts “it may contribute to the expansion of employment but only at the expense of job quality and innovation.” (Tróbert, Makó and Illésy, 2017:23).

In the meantime, especially during the last ten years, church-held social services gained competitive advantage in social services provision compared to the local governments as the latter provided the services for a fee. (Patyán, Makó and Illésy, 2017:4). Church had a relatively minimal role in the socialist system, although this institution has always had a commitment to social mission. As the municipalities suffered from financial constraints, they started to rely more and more on the outsourced version of social services and governmental policies supported them in these efforts. (Patyán, Makó and Illésy, 2017:17)

As analysed by Patyán – Makó – Illésy (2017:4), the Eastern part of Hungary – the most underdeveloped region in the country – saw a significant rise in the number of people needing home care. Due to economic factors, there is a higher level of working emigration of younger people from this region that creates more and more lonely elder people who need care. In this environment, many service providers cannot bear the competition with others (such as those financed by the church) as they are unable to choose clients who require less care and are geographically closer to the institution. In this way, institutions that are more successful in limiting their everyday expenses by choosing “less problematic” patients might have higher number of clients and as a consequence, larger support from the state. (Patyán, Makó and Illésy, 2017:16). In church related institutions, informal relations play a greater role in caretaking: oftentimes church related caretakers choose those they want to take care of and they are often related to the diaconate. “All this is resulting in the absence of care among some older persons, especially

among the disadvantaged with a low income in backward regions” (Tróbert, Széman and Illésy, 2016:10).

There are multiple factors contributing the severe conditions in elderly care in Hungary:

- labour shortage in home care services is further exacerbated by the “brain drain” effect of the health sector (in Hungary or abroad) where employees receive better salary and can work under better conditions (less “problematic clients) (Patyán, Makó and Illésy, 2017:8)
- as the number of elderly care recipients rises, service provision changed from quality-based approach to quantity-based one
- carers are overburdened and are unable to carry out their duties in a satisfiable way for the elderly (Tróbert, Széman and Illésy, 2016:8)
- under this shortage of resources, there is no opportunity to pursue “complex case management (including the assessment of the real needs, elaboration of a plan for caring, the help of the family members, the help to find additional welfare resources)” and the care activity can only cover the most basic personal needs (Tróbert, Széman and Illésy, 2016:17)
- insufficient level of elderly care raises the possibility of negative economic consequences nationwide, as family members are forced to leave their job to nurse an old family member (without proper training) (Tróbert, Széman and Illésy, 2016:5)
- problem with the connection between top and down initiatives: frequent changes in the legislation concerning home care and elderly care services are not stemmed in the thorough evaluation of the situation, thus failing to take the real needs of the institutions into consideration (Tróbert, Makó and Illésy, 2017:17)
- lack of incentives and financial resources inhibit innovation attempts and participation in training exercises

#### **4. 1. 2. 5. Elderly care in Qatar – data and analysis**

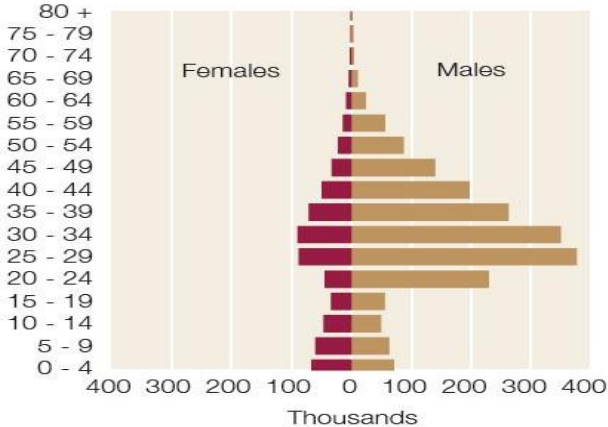
The statistics indicate growth in Qatar population of both male and female as well as the annual number of deaths during a year per 1000 population, also known as crude death rate. It is evident that the overall death rate significantly decreases from 2007. This in return, indicates that there is an increased life expectancy due to socio-economic change, reduction in fertility rate and significant changes in family structures. Due to the increased life expectancy, provisions need to be made for those living longer and subsequent influences of illness and special care needed for old age.

Fertility rate of Qatari women is on the decline since the early 2000s, however the country is still in a demographic momentum as the number of active populations is still on the rise as well as the number of older persons to a lesser extent. Decrease in the Qatari fertility rate is partly due to the changes of women’s behaviour related to their mid-life decisions: more and more of them receive post-secondary education and delay marriages thereby having children later and reducing the time to have more. (Winckler, 2015:7). However, the Qatari state has been trying to add financial incentives to emphasize the importance of marriage and childbearing, Qatar as a rentier state “has no more ‘carrots’ for encouraging its nationals to increase their fertility level.” (Winckler, 2015:10).

There is an increased growth in life expectancy of Qatari citizens and with citizens living longer, there is bound to be pressure on those providing support to the elderly. “Thus, the two-fold rise in the total population as well as the mounting proportion of older people will increase the total number of the elderly population in Qatar.” (Bharani, 2018:1).

Particulars	2014	2015	2016
Estimated mid-year population	2 216 180	2 437 790	2 617 634
Population annual growth rate	10.1%	9.5%	7.1%
Dependency ratio	18.5%	17.5%	17.3%
Population by age groups			
less than 15	322 139	337 395	357 907
15-64 years	1 870 812	2 075 251	2 231 083
65 years and above	23 229	25 144	28 644
Median age	30.0	30.1	30.3
Population density (per sq.km)	191.3	206.8	225.1
Sex ratio	292.8	308.2	307.7
Aging index (Qatari)	12.6	13.1	15.3

**Figure 13.** Demographic characteristics of Qatar. Source: Qatar in Figures, 2017, 2



**Figure 14.** Population Pyramid in Qatar, 2016. Source: Qatar in Figures, 2017

Such as in many forms of social care, elderly care also involves the government directly: elderly citizens (defined as “anyone over sixty years of age and has no source of income sufficient to live”) (Senior Care) that were previously employed by the government, are entitled to receive a pension and can also apply for social security aid to the Ministry of Administrative Development, Labour and Social Affairs for assistance. Non-Qatari citizens are not entitled to receive any formal assistance from the government beyond subsidized medications. Beyond that there are also limitations concerning assistance provided for the Qatari citizens. (Abdelmoneium, Corman and Rankin, 2017:19). Due to the relatively new phenomenon, the home health care services in Qatar are “fragmented across primary and tertiary health organizations and small community organizations.” (Abdelmoneium, Rankin and Corman 2017:13).

Elderly care is defined as an important pillar in official documents. (National Development Strategy 2011-2016) The Population Policy of the State of Qatar 2017-2022 has stipulated the specific goals for the improvement in caring for elderly persons. The strategic goals are to “Promote effective participation of the elderly and persons with disabilities in various community activities, enable them to integrate society and continuously improve means of their care.” (The Population Policy of the State of Qatar, 2017:33-37).

Qatar has seen a vast economic growth in the health care system with new hospitals being used to provide elderly citizens with medical care through hospitalization. Qatar Foundation for Elderly People Care (IHSAN) was founded to provide an organization that focusses on the elderly and disabled citizens of Qatar. The Foundation provides social care services for the elderly as well as studying cases of the elderly. The Foundation provides permanent, intermitted and limited period accommodation to assist families. Their activities consist of several elements of a home service caregiver:

- Taking care of the hosted persons general and personal hygiene.
- Following up the nutritional regime of the hosted persons.
- Providing medical treatment and required medications.
- Participating with the health team in developing and following up implementation of the treatment plan.
- Providing counselling and advice required for the patient’s family.
- Escorting the patients during participation in the programs and activities. (Senior Care)

The Primary Health Care Corporation (PHCC) was established as an independent corporation in 2012 as the state-owned Primary Healthcare Provider. Its services are “delivered outside of

the hospital, in the community, and offer the first point of contact in the health care system.” (PHCC Annual Report, 2016:9). The institution deals with home visits and social worker services for Qatari citizens, therefore the data provided by them include every case regardless to the age of the patients. “Currently, PHCC is operating through 23 primary health care centres distributed into three regions, namely Central, Western, and Northern. Fourteen of these centres are located in Doha city, while the rest are located in populated areas in all parts of the country. PHCC has around 5300 employees in 2016 and served 2.5 million visitors in the same year.” (PHCC Annual Report, 2016:5). The institution recorded 84,761 home healthcare visits in 2016 and 98% of the recipients were satisfied. (PHCC Annual Report, 2016:27). PHCC announced it’s been awarded the advanced level of Canadian Accreditation (diamond level with no conditions) recognizing its highest international standards of integral primary health care services in Qatar.

During the analysis of elderly care in Qatar, social constraints (mainly gender-related) of social care performance has to be taken into consideration. Interestingly, there seems to be no difference in real gender roles concerning caregiving activities both in Hungary and Qatar. In this profession, the dominance of women is obvious, although in Qatar the presence of male caregivers in Qatar is the result of gender separation and the necessity for males to take part in the system as male caregivers.

Qatari family structures place the male/father as the head of the family and in most cases are the breadwinners of the family, therefore it is often assumed that the female/mother/wife will take the responsibility upon her to take care of the elderly. Women in Qatar are seen as the main source for care and emotional support.

The prevalence of patriarchal attitudes largely defines the roles of elderly as well. In Qatari society in general there is strong emphasis on family and admiration for elderly people. (Celebrating Elderly Care Giving Day at IHSAN, 2014) Qatari citizens place a high regard on religion and cultural standards that stipulates that the younger generations should take care of their elders and to avoid a stigma where elderly relatives are placed in nursing homes. However, as the traditional society and its values is expected to break up in line with the demographic change and as a result of modernization and globalization, there is a rising chance that elderly people lose their high-esteemed social positions (stemming in the role of *shaikhs* in the traditional tribal society). This might lead to a higher prevalence of preconceptions on the elderly people and the social degradation of their position as their number increases over time. Problems, such as

neglect, lack of support for caregivers, abuse and violence have already emerged in older persons' care in the Arab world. (Abdelmoneium, Rankin and Corman, 2017:1).

As the extended family households become exceptions, the traditional “living arrangement” of generations are about to break up. The arrangement is about sharing the workload of care meaning that grandparents assist in child-care of the parents, while the middle generation (and older children) provides support for the elderly members of the family. (Khan, Hussein and Deane, 2017: 468–469). However, the migration of children (for educational and employment purposes) and the intention of the family to separate itself from the older generation made it difficult to maintain the system.

Arab women have to take the responsibility of being wives and mothers and upholding their traditional roles while also having to participate in increased duties of labour – this can all be very challenging to a woman. Qatar has seen a growth in the participation of women in the labour force and this may negatively affect informal care providers as being unavailable to take care of elderly family members.

In a Qatari environment, it is mainly daughters who spend most of their time at home with the family, while sons and the father are away. Due to this culturally embedded traditional system of roles, women and girls are the main providers of informal assistance for the elderly members of the family. In line with these values, there is a sense of negativity towards nursing in the Qatari society, as this profession involves contact with the opposite sex. (Health Systems Profile – Qatar, 2006:39).

As women primarily care for elderly family members, the Population Policy of the State of Qatar 2017-2022 has stipulated the strategic goal for women to “Support the women community participation and provide the necessary conditions to increase their participation in labour force, while maintaining family cohesion” (The Population Policy of the State of Qatar, 2018:33-37). This strategic goal can be achieved by supporting women's participation in community through the introduction of legislation securing certain percentage of women's presence in higher professions, increase in number of clinics that provide an environment to contribute to balancing women's work and family responsibilities (part-time jobs, remote working etc.) and the revision of the articles of the Labour Law in terms of women's employment to provide more flexible working hours.

#### **4. 1. 2. 6. Summary and the way forward**

1. Huge financial resources does not necessarily mean more efficiency in the elderly care as traditional values and demographic tendencies also play a role. Successful elderly care systems are managed properly, financed adequately and not excessively. Overfinance tends to lead to dissipation of goods and not their proper and effective use. Creating incentives for the participants (either as caretakers or caregivers) are also crucial and can be regulated by targeted state policies.

There is a need for government to create long-term care provisions and facilities to support family members that provide informal care. This can be mainly done through education and raising awareness on specific, elderly-related issues. It is highly important, since there is a risk that an informal care provider may not have the necessary skills or training to provide elderly care to persons suffering from dementia, Alzheimer or complex illnesses. There is also a need to provide flexible and supportive working environments to enable informal care givers more flexibility to take care of the elderly family members.

It is also important to continuously involve the elderly in family and community events as this will help them feel socially engaged and will also provide intellectual stimulation. By educating family members through training courses, workshops, drama programs, lectures and seminars the family members are educated in the needs of and to have a better understanding of the elderly. In the same manner, policy makers should enhance the role that older people can play in society (or rather, in their smaller communities). (Khan, Hussein and Deane, 2017:484).

Technology helps in the process of communication in a world in which isolation and physical distance are part of the everyday realities of communities. In Hungary, the Hungarian Maltese Charity Services launched programs utilizing the opportunities lying in info-communication technologies. One of the, is called WebNurse ([www.webnover.hu](http://www.webnover.hu)) and targets the informal caregivers (such as family members) to train themselves in nursing skills. (Tróbert, Széman and Illésy, 2016:18). Other example is the so-called Skype Care program in which two generations are connected and secondary school students teach computer skills to the elderly. (Széman, 2015:253). “This cooperation underlines the importance of the recognition that care for the elderly must move beyond an exclusively social approach.” (Széman, 2015:253). Social innovation initiatives have to take elderly needs into consideration when they try to address issues such as urban development. (Széman and Tróbert, 2017:205).

The goal is to enable and integrate the elderly to participate effectively in the economic, community and social activities, increase the number of elderly who can work after retiring and the introduction of rehabilitation and training programs for the elderly. The strategic goals can also be achieved by the development and improvement of care services provided for the elderly through an increase the number of public buildings, facilities and roads to take into account the physical needs of the these people, increase in the number of vehicles and allocated parking spaces allocated to the elderly, plans to expand mobile home care services to alleviate the burden on health institutions caring for the elderly and to improve health and psychological status of the elderly to reduce the burden on families caring for them.

Information and experience-sharing has a crucial role in the development of elderly care quality. Establishing formal and informal support groups not only for the elderly, but for caregivers as well can help the social care workers not to burn-out as a consequence of their stressful and demanding profession and also to provide the necessary specialized training that is applicable to their everyday services.

2. Following a well-defined strategic direction is crucial as elderly care constitutes a strategic sector in which the influence of reforms can be felt in the medium term. Regulations have to follow one direction in order to maximize their effects for the ultimate goal.

The trend seems to be on the contrary in Hungary; we can see the erosion of the social care policies of the state as the sector is highly underfinanced and is not considered as a priority for the government. Outsourcing social care activities, however, does not necessarily lead to negative consequences, it might be a path to follow as it might facilitate the creation of a more rationalized and a more effective system of elderly care provision. At the same time, it is the government's duty to care with the most disadvantaged persons and regions and offer incentives to various stakeholders to drive their interests to these problematic areas.

It is an imperative for the government and private institutions to provide long-term care provisions and facilities for the elderly and their supporting families. The pressures placed on women to fulfil their duties and take care of elderly family members, places a high demand on women's welfare and to improve fertility, the adequate supporting structures are needed.

Western experiences show that the most efficient institutional background can be provided by a stronger relationship between civil society, private sector organisations and the state. The best method of caretaking seems to be the community and home-based care that leaves the patient



on-site within their own families and offers the its services by mobile caretakers and various specialists. (Abdelmoneium, Alharahsheh, Hussein and Ismail, 2016).

It is a huge problem in both countries that the connection between hospital specialists and those who undertake elderly care is weak as the health sector and the social services operate independently. Lack of information sharing between these institutions degrades the quality of services and creates unnecessary competition in the field of elderly care. (Tróbert, Széman and Illésy, 2016:7). “Dialogue is important in the profession, but it is often entirely lacking at both national and microinstitutional levels.” (Tróbert, Makó and Illésy, 2017:22). An effective social protection system requires a coordinated, multi-stakeholder approach to meet these ends mentioned above.

3. Qatar is not yet prepared for the consequences of the upcoming demographic shift and this is the right time to formulate a well-defined direction of elderly care. Social care workers need to be trained and this sector has to be developed organically – that takes time. To create a chance to meet the growing demand of elderly care in the country, the government has to direct more and more local people to these activities and create a tradition of high quality of caregiving for every Qatari citizen. This is especially important if the significantly larger male population of Qatar becomes old – they will be in the need of adequately trained male caregivers. (Even if most of them are migrants, many of them will remain in Qatar after retirement.) Therefore, the profession of caregivers has to be promoted among men. Religious leaders and media campaigns have a crucial role in overcoming negative attitudes or social reluctance of the Qatari society towards certain types of professions such as nursing or caregiving (especially for men).

In the end, the most important issue in elderly care is an elderly-centred approach: “Poor countries leave senior social care to relatives, volunteers, etc., relying on family dynamics to guarantee the wellbeing of the elderly. Rich countries leave care to professionally trained decision makers relying on expertise to guarantee an elderly person’s wellbeing. Few rights or decisions are extended by either approach to the elderly themselves.” (Emerson, 2002:141).

From elderly-centred approach, it is crucial to have the recipients of care heard as their voices are the most important as the whole system of elderly care is originally designed for them. To counter loneliness – that is one of the most important problem for an old age patient – a representative survey of 25,000 elderly persons conducted in Hungary in 2013 might provide some useful recommendations. Respondents mentioned the following factors that connect them to their homes; listed from the most important to the less important:

- demand for company (76%)
- demand for primary and specialised health care (67%)
- meals (32%)
- manicure/pedicure (32%)
- spring cleaning (24%)
- home assistance (24%)
- someone to read aloud for them (16%)
- board games (15%)
- exercises to improve physical movement (14%)
- help through the home emergency alarm system (12%)
- help with official affairs (10%)
- hairdresser (4%)
- care of the yard/garden (1%) (Széman, 2015:252).

#### **4. 2. Statistical analysis of the economic indicators in the Qatari environment compared to the Hungarian environment**

In order to enhance the results of the comparison between the State of Qatar and Hungary in terms of social policies, the researcher resorted to an analysis of this comparison by adopting indicators from the reality of the economies of these countries, within three levels of economic indicators and growth indicators and other indicators. for a period of 5 years from 2013 to 2017. The following tables show the computational mean of these indicators by Qatari and Hungarian test environment.

**Table 18.** The economic mean of economic indicators in the Qatari environment compared to the Hungarian environment

N	Indicators	Qatar	Hungary
1	Annual income per capita	67237.02	14580.66
2	GNP (PPP billion USD)	306.433	246.26
3	Export rate to GDP (%)	58.35	88.6306
4	Import rate to GDP (%)	35.9902	80.6064
5	Debt rate to GDP (%)	42.24	75.9

Source: Table prepared by the researcher.

Table 18 shows that income per capita (PCI) indicating that the average per capita income in Qatar in a given year is five times better than Hungary (Average per capita income by dividing the total income of the state on its total population). This economic advantage enhances GDP, is better in Qatar than Hungary, while the export-to-GDP ratio is more than 88% higher for Hungary than 58% for Qatar, as is the ratio of imports to GDP. While the debt-to-GDP ratio is the best in Qatar, at 42% compared with 76% in Hungary. In general, these indicators favour the economies of the State of Qatar in significantly strengthening its social policy compared to Hungary.

**Table 19.** The Development Indicators in the Qatari Environment Compared to the Hungarian Environment

N	Indicators	Qatar	Hungary
1	Government expenditure on health (% of GDP)	2.533333	7.2
2	Government expenditure on education (% of GDP)	3.766667	4.466667
3	Human security / Homicide rate (per 100,000 people)	0.4	1.8

Source: Table prepared by the researcher

Table 19 shows that the government expenditure index on health relative to GDP is the best in Hungary, compared to Qatar in a very large way, indicating greater government interest in Hungary in supporting social policies than in Qatar. The government expenditure indicator on education confirms the ratio of domestic output, which also supports the economic efforts in Hungary compared to Qatar, while the human security index shows the rate of crimes, which represents the number of illegal deaths intentionally inflicted on someone by another person, this number per 100,000 people, and notes that Qatari environment shows a safer proportion compared to Hungary.

Table 20 shows that the index of economic freedom is better in Qatar than in Hungary, where the Index of Economic Freedom is a series of 10 economic measures created by a specialized institution. Its goal is to measure the degree of economic freedom in the countries of the world. The Corruption Perception Index (CPI), which is 66% in Qatar, 50% in Hungary, shows a low level of corruption in Qatar compared with Hungary, which supports the possibility of harnessing economic potential to support social responsibility in the country.

**Table 20.** The mean of other indicators in the Qatari environment compared to the Hungarian environment

N	Indicators	Qatar	Hungary
1	The Index of Economic Freedom (%)	71.68	66.46
2	Transparency index (Corruption Perception Index)	66.8	50.4
3	Press Freedom Index	68.6	38.4
4	Human Development Index	0.8544	0.835

Source: Table prepared by the researcher.

### 4. 3. New results

1. In spite of the obvious superiority of the economic indicators in the State of Qatar compared to the Hungarian state and even in the field of transparency, it is possible to say that social policies are a more important location in the country of Hungary compared to Qatar.

2. Huge financial resources does not necessarily mean more efficiency in the elderly care. (See chapters 4. 1. 2. 5. and 4. 1. 2. 6. especially regarding the breakup of traditional living agreement.)

3. There is a need for government to create long-term care provisions and facilities to support family members that provide informal care. This can be mainly done through education and raising awareness on specific, elderly-related issues. It is highly important, since there is a risk that an informal care provider may not have the necessary skills or training to provide elderly care to persons suffering from dementia, Alzheimer or complex illnesses. There is also a need for providing flexible and supportive working environments to enable informal care givers more flexibility to take care of the elderly family members.

4. Specifically, the Hungarian elderly care system is not a policy priority for the government and its management lacks a strategic direction to follow (see especially chapter 4. 1. 2. 4.) This lack of policy and financial adjustment to the local needs voices deep concerns on the feasibility and the sustainability of elderly care that can be regarded as the worst-case scenario for Qatar.

5. Western experiences show that the most efficient institutional background can be provided by a stronger relationship between civil society, private sector organisations and the state.

6. However significant Qatari financial resources may be, the country is not yet prepared for the consequences of the upcoming demographic shift and lacks the necessary policy to cope with the challenges. Although Qatari policy papers promote the preparedness for the future challenges, there are social and economic tendencies that need longer time to be reversed (see chapter 4. 1. 2. 6.).

## **5. CONCLUSION AND RECOMMENDATIONS**

### **5. 1. Conclusion**

In this section, I conclude the research in a comparative evaluation applied for the European and the Qatari social care systems. This analysis paves the way for the summary of recommendations partly mentioned before. First, I list the challenges of sustainability for the European social care model (threats) followed by the same in the case of Qatar. Opportunities are included in the recommendations (in the next chapter) as they are based on the positive potentials that can be further developed in the future.

#### **Possible threats to the European social care model:**

- identity crisis: lack of a solidified European identity that could be a basis for the European model.
- erosion of peace in Europe and the world.
- emergence of the elderly as a social category: shifting emphasis of social care towards health care.
- atomization of the family structure.
- labour shortage in Europe.
- decreasing demographic output and as a consequence, the maintenance of social allowance system by taxes is at risk – the sustainability of national pension agreement is in question.
- enlarging gap between the rich and the poor.
- cohabitation between migrants and locals (low level of assimilation) – failure of managing cultural diversity that is in principle one of the core ideas of the European social care system. It is connected to the ultimate question: is Europe multicultural or a collection of nation states?
- growing level of migrants that are included in the benefit system, however, not part of the nation according to their identity (failure of assimilation).
- the growing visibility of Muslims. As Islam places religion in the public sphere, it is a challenge to the secular foundation of Europe.

The threats for the European model indicated above are overwhelmingly belong to the cultural and identity issues: in this sense, the European model should learn some forms of exclusivity from the Qatari society. An all-inclusive European society (and social care system, as a consequence) cannot be sustainable politically, economically and socially.

**Possible threats to the Qatari social care model:**

- conflictual situation with the neighbours in the Gulf region.
- small chance to reform *kafaala*.
- decreasing positive attitude towards migrant workers in the Qatari society.
- environmental sustainability of the country (water, food, material products).
- unsustainable economic background of the country (post oil and gas era).
- inflation can be high and volatile in Qatar, whereas it is mostly smooth and moderate in European countries that are not so exposed to circumstances originating outside the state.
- excessive state expenses (huge development projects).
- small population engulfed by different cultural backgrounds of the migrant labour force. The significant drop in fertility rate in the beginning of the 2010s, as it was previously shown, made Qatar demographically similar to the EU countries, where the average total fertility rate is 1.6.
- unpreparedness to an increasing number of elderly people (lack of doctors).
- the youth is eager to play a more important role in the formation of political, economic and social questions and answers of the country.

**5. 2. Recommendations**

More transparency allows for more shared learning as data became available on the international level and make it possible to compare and standardize the information gathered through these communication channels. Reliable data is a must in the modern world: investors, determined by the Western business culture, make their contribution only in a predictable environment that means full awareness of the existing assets, incomes and expenditures of an

international player (state or company). Statistics are also important for measuring performance, effectiveness and planning (Kharas, 2015:1).

In Qatar, the collective move towards a knowledge economy is not only important from the perspective of greater diversification of social and economic activities. This change has also relevance with respect to the huge technological developments and especially the automatization that might cause unemployment for employees that do easily replaceable jobs. Luckily for Qatar, these people mainly do not belong to the citizens of Qatar, however, the state must be prepared for this change in the mid-term and the citizens have to be employed only in sectors that provide “sustainable” jobs. At the same time, the state of Qatar needs to put more emphasis on the dual earner model and enhancing training and education to achieve more flexibility of employees in the labour market (flexicurity) Qatar can learn from the way through which European nations have been fighting against inequality in employment.

As in the European model, there is the dual existence of top-down and bottom-up approaches, in Qatar the dominance of the former is beyond question. However, bottom-up approach is important for the sustainability of the existing economic and social system as local initiatives can find solutions to local problems more effectively in terms of administration and financial costs.

Although modernization exert negative influence on the unity of family, it is still the most basic and relatively stable form of cohabitation of human beings. In any social systems, keeping families empowered is an indispensable part of social policy and a key to balanced and successful lives both individually and on the community level as well. Family is the most important core of any social relations that has to be strengthened and endorsed. In this vein, Qatari policy has to be prepared for the aging of the society and elaborate the necessary schemes of employment and finance to maintain the balance between the generations.

The principle of comprehensiveness, interconnectedness is well visible in the complex issue of social care and social policy, and a reminder to social workers and researchers to always think and analyse in a holistic way. The principle of people-centeredness, looking at people as elements of communities should always be carefully addressed, as it may easily slip towards the individualistic view. Of course, this may sometimes be desirable and necessary, the community as a whole should be addressed, and urged to take part in social issues for their own benefit. It is important to emphasize the responsibilities as well, which are integral to rights. Therefore,



the concept of “shared security” is an important view and targeting a balance between community and individual is crucial in order to obtain a sustainable security.

Social care in modern sense advocates for the institutionalization of human relations, however, social care itself is a much broader phenomenon than a system that belongs only to the state and encompasses its social policies. Social care is part of every individual as everybody has social feelings, and this makes social care an issue that everybody is responsible for. However, in this work, I concentrated on the institutional or official policies and approaches of social care systems both in Europe and Qatar, in reality, the most important task that a state has to take is to raise awareness on the humanistic component of social care and the fact that it is not only a communal responsibility to support each other. I believe that in the post-modern era that we live in, humanity will turn back to those times when the importance of the state and its institutions had less influence on people’s life. This process has already started in the West, where enlightened and capable people initiated many social directives (either by private finance or on voluntary basis) in a bottom-up manner or independent from the state, fostering connection among the people of the local communities in a sometimes highly disconnected world.

Connected to the importance of these local initiatives and self-organizations, it can be seen that there is a limit for globalization to spread and the local, small community level is something that resists and should resist the unification attempts of external ideas that are not developed locally. The balance between the two extremes (separated communities of local relevance versus a globally unified system) is highly important, but social care practitioners always tend to emphasize the importance of the former over the latter. The reason is simple: culturally aware and sensitive people recognize the limits of their activities as culture, social class and other distinctive characteristics between communities constrain the effect that a social initiative may wish to achieve.

Social activism is an important way for any individuals to take part in the organization of the life of the community. Care is something that everybody needs to a certain degree regardless of political debates and political leanings. However, coordination of social care on an intercommunity level is not apolitical and has to be done by the state institutions, in order to maintain the coherence between the local initiatives on the national level as well. In the post-modern period and this is something that is valid both for the East and the West, the re-emergence of local activism and the diminishing role of the state as the people take back much of its functions is a tendency that needs further attention in future research programmes.

While the government has an outstanding role in education and providing information, NGOs, FBOs, and activists, and other such actors, can, or have to substitute this role. Even though, it is harder for them to reach the same masses as for a government, if there is a lack of “protection” (top-down process), throughout empowerment (bottom-up) it may be achievable to pressure a government for the lacking policies and protection. At the same time, the lack of “protection” and willingness of a government to use its power can be easily replaced – and may even be more prosperous at times – with a successful cooperation with religious actors. In addition, it would be more efficient to secular and faith-based organizations and individuals concerned about social care to work together, learn from each other. All the researches point towards the conclusion that a firm vision and commitment are playing a crucial role in the quality of work in the field of social care.

In this work, my aim was to call attention to the problems of social care systems in Western Europe and in Qatar and tries to understand the roots and backgrounds of different systems. By doing so, the evaluation of the strength and challenges has become possible. Putting the recommendations into real policy is the responsibility of the policy makers. My research partly serves their goals and what is implemented from this work is independent from the author’s scientific motivations.

## 6. SUMMARY

Social care is embedded in all societies (private social care), however, its highly institutionalized form (public social care) managed and provided by the state is one of the definitive aspects of modern human existence. In this dissertation, I aimed to focus on public social care, and more specifically on the examination of two selected social care models. The first model discussed is the one applied in the European Union (in many variations), while the second one is the model applied in the state of Qatar. The first one represents the most original way of development in modern social care services (social care systems of the developed countries) that is considered as a basis that every newly developing social care system has to build upon. However, this assumption can be problematic in practice as societies with different (economic, governmental, social and cultural) background try to follow this model. The Qatari model signifies these dilemmas; however, it not only provides an interesting case from a different culture than the European, it is supposed to have one of the best financial background. The dilemma is also perceived in the categorization of Qatar: according to economic data, the country is a developed and a modern country, nevertheless it is not a developed country in the Western sense concerning its social and state relations.

Beside the detailed description and analysis of the two models, I addressed the question of effectiveness and quality of these models. I was searching for answers about how the features of the Qatari social care could be improved, learning from the strengths and weaknesses of the European countries in this regard. I applied the method of comparative analysis when it came to the evaluation of the Qatari and European social care. For a country-to country comparison, I utilized a case study, in which I chose a specific area of social care for analysis, namely the elderly care. This area of research served as the main mean of empirical comparison between Hungary and Qatar. To this end, I relied on previous empirical research on home care services in these countries to show the strengths, weaknesses of these systems and formulate adequate policy responses to the challenges in the near future.

In my analysis, I gathered qualitative and quantitative evidence for the following hypotheses. These were discussed in chapter “4. 4. New results.”

Western social care practices might be partly applicable to the situation in Qatar, however, local culture, social values, economic and administrative practices and constraints always influence these attempts that finally end up in a distorted application of external practices.

However high amount of money is involved in the maintenance of the Qatari social care system, it does not necessarily mean success. The rapid development cannot be digested by a relatively conservative society, social initiatives will not formulate themselves in an organic way even if they are well-financed.

Although social care as scientific field can be generalized and analysed in different countries and cultures, social care systems are deeply rooted in the local historical and cultural environment, therefore societies have differing views on what belongs to the realm of social care and what is the role of the state and the individuals in the maintenance of these systems.

There is a significant volume of commonalities that make the two models comparable. Qatari social care and governmental planning largely relies on European (and Western, in general) social and governmental experiences not only by following the “trend” by itself, but through the application of European counsel and staff in the renovation of the Qatari society.

I argue that the idea of human rights and their application can provide an improvement not only in interpersonal relations but with regard to state–citizen respects as well. This process of development is in the modern states’ own interest and essential to build a better society. Problems, challenges and issues discussed in this dissertation are highly relevant in the realm of social care in the future and I tried to identify possible ways to formulate adequate policies (by the states) and initiatives (by the people) for the generations to come.

I believe that this research paves the way for further research on the topic. Connected to the issues analysed here, I envision possible avenues for future research in two directions: first, there can be a possible extension by deepening the area of the comparative analysis between Hungary and Qatar (e.g. examining other areas of social care than elderly care), or second, Hungary (and the European model) can be replaced by the models of other, non-Western social care traditions (such as Singapore) and can be compared to the model of Qatar.

## 7. APPENDICES

### Appendix (1): References

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## Appendix (4): Indicators for the State of Qatar

Economic indicators:						
		2013	2014	2015	2016	2017
1.	Annual income per capita	68899.5	67901.2	67277.2	66410.8	65696.39 <sup>2</sup>
2.	GNP (PPP billion USD)	270.7194	288.6747	309.5855	325.216	337.9694 <sup>3</sup>
3.	Export rate to GDP (%)	72.718	67.998	56.056	47.489	n.a. <sup>4</sup>
4.	Import rate to GDP (%)	29.665	31.036	36	41.625	n.a. <sup>5</sup>
5.	Debt rate to GDP (%)	33.1	32.3	34.9	56.5	54.4 <sup>6</sup>

Development Indicators:						
		2013	2014	2015	2016	2017
1.	Government expenditure on health (% of GDP)	2.1	2.4	3.1	n.a.	n.a. <sup>7</sup>
2.	Government expenditure on education (% of GDP)	4.1	3.6	n.a.	n.a.	n.a. <sup>8</sup>
3.	Inequality in income (%)	n.a.	n.a.	n.a.	n.a.	n.a. <sup>9</sup>
4.	Human security / Homicide rate (per 100,000 people)	0.4	0.4	n.a.	n.a.	n.a. <sup>10</sup>

Other indicators:						
		2013	2014	2015	2016	2017
1.	The Index of Economic Freedom(%)	71.2	70.8	70.7	73.1	72.6 <sup>11</sup>
2.	Transparency index (Corruption Perception Index)	68	69	71	61	65 <sup>12</sup>
3.	Financial corruption index = Transparency Index	68	69	71	61	65
4.	Press Freedom Index	67	67	69	70	n.a. <sup>13</sup>
5.	Human Development Index	0.854	0.853	0.854	0.855	0.856 <sup>14</sup>

<sup>2</sup> <https://tradingeconomics.com/qatar/gdp-per-capita>

<sup>3</sup> Source: World Bank

<sup>4</sup> Source: World Bank

<sup>5</sup> Source: World Bank

<sup>6</sup> <https://tradingeconomics.com/qatar/government-debt-to-gdp>

<sup>7</sup> <http://hdr.undp.org/en/data>

<sup>8</sup> <http://hdr.undp.org/en/data>

<sup>9</sup> No data on inequality related questions in Qatar. <http://hdr.undp.org/en/data>

<sup>10</sup> <http://hdr.undp.org/en/data>

<sup>11</sup> <https://www.heritage.org/index/visualize>

<sup>12</sup> [https://www.transparency.org/news/feature/corruption\\_perceptions\\_index\\_2017?gclid=CjwKCAiAuMTfBRAcEiwAV4SDkeKkxzKnRcrGYmVrpwe2-ExcrqbNU2TO9soOcJPhqDVu0LI2lSmlohoCXG4QAvD\\_BwE](https://www.transparency.org/news/feature/corruption_perceptions_index_2017?gclid=CjwKCAiAuMTfBRAcEiwAV4SDkeKkxzKnRcrGYmVrpwe2-ExcrqbNU2TO9soOcJPhqDVu0LI2lSmlohoCXG4QAvD_BwE)

<sup>13</sup> <https://freedomhouse.org/report-types/freedom-press>

<sup>14</sup> <http://hdr.undp.org/en/data>

## Appendix (5): Indicators for the State of Hungary

Economic indicators:						
		2013	2014	2015	2016	2017
1.	Annual income per capita	13509.92	14119.07	14629.24	14997.2	15647.85 <sup>15</sup>
2.	GNP (PPP billion USD)	234.8	239.9	243	247.4	266.2 <sup>16</sup>
3.	Export rate to GDP (%)	85.659	87.654	90.213	89.537	90.09 <sup>17</sup>
4.	Import rate to GDP (%)	78.684	81.269	81.353	79.456	82.27 <sup>18</sup>
5.	Debt rate to GDP (%)	76.6	76.6	76.7	76	73.6 <sup>19</sup>

Development Indicators:						
		2013	2014	2015	2016	2017
1.	Government expenditure on health (% of GDP)	7.3	7.1	7.2	n.a.	n.a. <sup>20</sup>
2.	Government expenditure on education (% of GDP)	4.2	4.6	n.a.	n.a.	n.a. <sup>21</sup>
3.	Inequality in income (%)	13.1	12.6	14.6	15.5	15.2
4.	Human security / Homicide rate (per 100,000 people)	1.6	1.5	2.3	2.1	n.a. <sup>22</sup>

Other indicators:						
		2013	2014	2015	2016	2017
1.	The Index of Economic Freedom (%)	67.0	66.8	66.0	65.8	66.7 <sup>23</sup>
2.	Transparency index (Corruption Perception Index)	54	54	51	48	45 <sup>24</sup>
3.	Financial corruption index = Transparency Index	54	54	51	48	45
4.	Press Freedom Index	36	35	37	40	44 <sup>25</sup>
5.	Human Development Index	0.835	0.833	0.834	0.835	0.838 <sup>26</sup>

<sup>15</sup> <https://tradingeconomics.com/hungary/government-debt-to-gdp>

<sup>16</sup> Source: World Bank

<sup>17</sup> Source: World Bank

<sup>18</sup> Source: World Bank

<sup>19</sup> <https://tradingeconomics.com/hungary/government-debt-to-gdp>

<sup>20</sup> <http://hdr.undp.org/en/data>

<sup>21</sup> <http://hdr.undp.org/en/data>

<sup>22</sup> <http://hdr.undp.org/en/data>

<sup>23</sup> <https://www.heritage.org/index/visualize>

<sup>24</sup> [https://www.transparency.org/news/feature/corruption\\_perceptions\\_index\\_2017?gclid=CjwKCAiAuMTfBRACeEiwAV4SDkeKkxzKnRcrGYmVrpwe2-ExcrqbNU2TO9soOcJPhqDVu0LI2ISmlohoCXG4QAvD\\_BwE](https://www.transparency.org/news/feature/corruption_perceptions_index_2017?gclid=CjwKCAiAuMTfBRACeEiwAV4SDkeKkxzKnRcrGYmVrpwe2-ExcrqbNU2TO9soOcJPhqDVu0LI2ISmlohoCXG4QAvD_BwE)

<sup>25</sup> <https://freedomhouse.org/report-types/freedom-press>

<sup>26</sup> <http://hdr.undp.org/en/data>

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