Ten worlds of welfare capitalism
An ideal-typical perspective

Christian Aspalter

The year of writing this article marks the 25th anniversary of Gösta Esping-Andersen’s 1990 book *The Three Worlds of Welfare Capitalism*. More and more models of welfare, welfare regimes or welfare capitalism are being debated throughout ever more regions in the world. Hence, there is mounting need for extending the reach of the original work and theory of Esping-Andersen, in the only true original meaning of it, by looking at its very core, the ideal-typical perspective of welfare regime theory in the Weberian sense, as mentioned by Esping-Andersen in his 1987 article (see also Ebbinghaus, 2012; Arts and Gelissen, 2002, 2010; Aspalter, 2005a, 2006, 2011; Jaeger, 2006; Aspalter, Kim and Park, 2009).

Typologies can be developed inductively by classifying a posteriori social patterns of a set of cases or deductively by defining a priori theoretical dimensions that serve as conceptual lenses or as a “yardstick” for empirical analysis. The heuristic value can thus move in two directions: ideal types serve as a theoretical tool to produce hypotheses for empirical testing, while in inductive empirical analyses, for instance, “cluster analysis” of real welfare regime worlds classifications reduce observable complexity to a few typical patterns that share more commonalities than difference.

(Ebbinghaus, 2012: 2)

We need to see that ideal-typical welfare regimes are not to be confused with real-typical welfare regimes (Aspalter, 2012), and both – to the same extent – have their justification of existence. We need both the myriad of real-typical welfare regime models and analyses and the ideal-typical welfare regime models and analyses.

That is why I must fully endorse the ideal-typical welfare regime theory of Esping-Andersen. Many researchers are trying to carve out a little space for themselves, to find a way to contribute to the theory and realm of welfare regime modeling, the business of which has been perhaps best described by Peter Abrahamson’s article on the “Welfare Modelling Business” (1999). There are many more articles that left their imprint on the discourse and/or the development of the welfare modeling business (e.g. Pierson, 2000a; Hall and Soskice, 2001; Arts and Gelissen, 2002, 2010; Arcanjo, 2006; Esping-Andersen and Hicks, 2006; Ferragina and Seeleib-Kaiser, 2011; Powell and Barrientos, 2011), many of which however did not focus (e.g. Jaeger, 2006) on the value of, and important difference of their works and others to (in terms of real-typical versus
ideal–typical perspectives) the monumental classification set in stone a quarter of century ago by Gösta Esping-Andersen himself. What was his masterpiece? The reinterpretation of Richard Titmuss’s (1974) threefold classification of types of social policies? Certainly not. But, instead, it was the use of the method of ideal types and the idea that there are different types (models) of welfare state systems, or types of welfare capitalism.

Esping-Andersen, being a world-acclaimed and leading professor in sociology (apart from the discipline of social policy) was and is certainly very familiar with the method of ideal types as used and proposed by Max Weber, one of the three grandmasters that developed and left their mark on sociology (apart from Karl Marx and Emile Durkheim). Esping-Andersen did mention the method of ideal types in the 1987 article, and his conclusions were already fully in place – the threefold classification of welfare states, with Scandinavia, Continental Europe and the Anglo-Saxon countries representing each particular model or world of welfare capitalism. The statistical findings later on in the 1990 book were used mostly for marketing of the idea that there are different worlds of welfare capitalism in a world that has been trained to expect and easily follow findings based on or supported by statistical findings, but perhaps not, not yet, or not so readily (quickly) the method of ideal types, which also integrates social indicators and statistical findings, but does not solely rely on them. The real world (the world of welfare capitalism) out there is more complex than simply two dimensions (e.g. decommodification and stratification) that would not work for more than three or so models, not for 10.

What is the method of ideal types, exactly? Max Weber, for example looked at various models of bureaucracy. To be sure, any kind of model can be constructed with the method of ideal types. We can also look at models and types of gender policy or labor market policies, or at models or types of management styles, types of movie stars, types of novel characters, in any field or corner within all disciplines of social sciences. In this case, we apply the method of ideal types to identifying types of welfare capitalism (or welfare models, or welfare regimes).

There are a couple of things that strike me thinking back to the summer of 1998, when I met Gösta Esping-Andersen at a conference in the beautiful setting of National Chi Nan University and the mountain town of Puli, in Central Taiwan. Early on in the conference, the discussions of his theory (which he must have experienced and played through over a hundred times already at that point), came up the case of the Netherlands, and Esping-Andersen seemed to have actually complained about the lack of real powerful criticism that could have perhaps shaken or smashed his theoretical findings. He thus revealed that he was very well aware of the solid rock on which his theory stood on and was built upon: the method of ideal types (developed by Max Weber, a true genius in this regard) – and he knew that a theory can only be smashed or replaced by yet another theory, not by bits and pieces of criticism here and there.

Today, I am writing here, not with the aim to smash the ideal–typical welfare-regime theory of Esping-Andersen, even though before I corrected the labeling of the Continental European Welfare Regime, by replacing the problematic label of “conservative welfare regime” (which is historically untrue after 1890, when the Christian Democrats of the Center Party started to determine government social security legislation in Germany; and the rise of the Christian Democrats in 1893 in Austria; see Wehler, 1977; Weidenholzer, 1985; Lampert and Bossert, 1992; Aspalter, 2001d) with the historically and currently correct label of “Christian Democratic Welfare Regime” especially based on the findings of e.g. Kees van Kersbergen (1994, 1995) – an author which, ironically, has been suggested to me, when talking about the case of Germany, by Gösta Esping-Andersen himself, while we were having Chinese desserts in a little dessert shop in Puli (for further support for identifying a Christian Democratic Welfare Regime, see e.g. Huber, Ragin and Stephens, 1993; Woldendorp, Keman and Budge et al., 1998; Huber and Stephens, 1999, 2001; Ebbinghaus and Manow, 2001; Woldendorp, Keman and Budge et al., 1998).
This chapter, like other works before (2005a, 2006, 2011), supports the overall work and theory of Esping-Andersen in the area of ideal-typical welfare regime analysis, which are different from those articles of mine that have indeed focused on real-typical welfare state regimes and models (e.g. Aspalter, 2001c, 2002a, 2002b, 2003a, 2008a; cf. also, 2001a and 2001b).

Today, there is, it seems, more criticism than voices of support, and yet the theory of Esping-Andersen is still the benchmark of almost all comparative talk and research in welfare state analysis.

Esping-Andersen did venture into East Asia (1997), but only focused on the case of Japan, and was not too familiar with the rest of East Asia. I think he wanted (and still wants) others to carry on his theory when the time is ripe, or the theoretical and empirical analyses are ready to support a move beyond the identification of the original three worlds of welfare capitalism.

In 2004, while walking with Paul Wildings at the Sun Moon Lake, again near Puli, I asked Paul if this welfare modeling is really so important, and he led me to understand that we cannot go without or around the important business of welfare modeling. Thereafter, I went back to Seoul National University at that time and started to apply the method of ideal types to the case of East Asia. Before that time, I refused to jump to premature conclusions and waited for the time to be ripe, and to find other research works that supported and pointed in the direction of identifying (or not) a new ideal-typical welfare regime in this part of the world.

The outcome of this, the identification of the ideal-typical Pro-Welfare Conservative Welfare Regime in East Asia (see Aspalter, 2005a, 2006) has been published and repeatedly quoted, but the idea of what ideal types really are and what its differences are to real types (which lack any ideal-typical perspective) still needs time to catch on. Again, I have to think back to what Gøsta Esping-Andersen told me back in 1998, that his theory (or any theory, for that matter) took at least 10 years to be developed and to catch on from its very onset.

Subsequently, I tried to clarify and develop further the application of ideal types, that is ideal-typical welfare regimes, with follow-up publications. Among them are (1) Central Eastern Europe (Aspalter, Kim and Park, 2009), where I and my colleagues identified based on earlier findings (see e.g. Busilacchi, 2008; Tomka, 2005; Cerami, 2007) that a rim of the most-western Eastern-Central European countries (e.g. Poland, the Czech Republic, Hungary and Slovenia) are indeed members of the Continental Christian Democratic Welfare Regime; and (2) Latin America (Aspalter, 2011), where I identified the fifth ideal-typical welfare regime (the Anti-welfare Conservative Welfare Regime), not long after having read the findings of Malloy (1991) on “regulated citizenship” and having come to understand its particular significance as one of the most important pieces in the puzzle of finding common key characteristics of a possible ideal-typical welfare regime in Latin America.

In 2012, in the Routledge Handbook of the Welfare State (Greve, 2012), I wrote rather extensively about the differences between, and the advantages and disadvantages, of ideal-typical and real-typical methods in welfare regime analysis, and how and when to take advantage of both (Aspalter, 2012). To be sure, both provide synergetic value, but should be applied in different cases, and should not by any chance be confused with one another (Table 2.1).

In the meanwhile, I have been waiting and thinking, wondering, reading and discussing with colleagues for quite a number of years about welfare state systems in other parts of the world – Africa and the Middle East, and of course South Asia, especially India. Recently, a new discussion about the Russian Federation and welfare regime analysis (and also what has been happening in terms of welfare regime analysis and welfare theory here in East Asia) (Aidukaite, 2007; Kainu, 2012; Kainu et al., 2016) has caught my attention, leading me to believe that it is time to carry the theory of Esping-Andersen further into new corners of the world and, in terms of ideal-typical welfare regime theory, into yet unexplored worlds of welfare capitalism.
<table>
<thead>
<tr>
<th>Purpose</th>
<th>Real-Typical Method</th>
<th>Ideal-Typical Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focusing on the reality of welfare state institutions, their similarities and differences across nations; hereby researchers focus on the detail, on institutional differences rather than their similarities, for better clarity on “micro cross-national” level.</td>
<td>Focusing on average features of each regime cluster, it is used as a “yardstick” to facilitate broad cross-national comparisons; as a consequence, minor and some major differences are omitted for the sake of better clarity on the “macro cross-national” level.</td>
</tr>
<tr>
<td>Theoretical basis</td>
<td>Researchers’ own set of indicators/system features</td>
<td>The theory of Max Weber on “ideal-typical models”</td>
</tr>
<tr>
<td>Major Advantages and Disadvantages</td>
<td>Advantages: 1. delivers the detailed picture, 2. focuses on particular administrative and regulative set-up, and legal and administrative technicalities, i.e. this methodology is more sensitive to program-level and short-term developments, 3. enables further analysis of welfare state institutions, also when building on knowledge derived from ideal-typical theories and models, 4. enables greater clarity on national and policy level in welfare state comparison.</td>
<td>Advantages: 1. delivers the greater picture, 2. focuses on functional equivalences (different systems or system structure deliver the same outcome; for example: housing ownership is functionally equivalent to pension income), 3. provides a perfect starting point for further real-typical welfare state regime analysis, 4. enables greater clarity on international and global level of welfare state comparison, i.e. it is very helpful when comparing a larger number of welfare state systems.</td>
</tr>
<tr>
<td></td>
<td>Disadvantages: 1. the grand picture at international level may be unclear or contradictory, 2. some important similarities on international level, especially with regard to policy outcomes and strategies may be omitted (see e.g. the importance of the principle of functional equivalence), 3. the models set up change quickly over time, and often lack substance, i.e. a strong theoretical fundament.</td>
<td>Disadvantages: 1. details at national level may not appear, especially with regard to the institutional set-up of systems as well as administrative technicalities and legal provisions, 2. some important policy levels and areas may not appear, 3. the one or another country may not fit, or may not easily fit in an ideal-typical model (not every welfare state system has to be part of an ideal-typical welfare regime, some are atypical or simply drifting in between different welfare regimes, or changing from one to another).</td>
</tr>
</tbody>
</table>
### Ten worlds of welfare capitalism

<table>
<thead>
<tr>
<th>Real-Typical Method</th>
<th>Ideal-Typical Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representatives**</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** * See e.g. Hekman (1983), Burger (1987), Kalberg (1994), Eliæson (2002); Esping-Andersen (1987, but also 1990, 1998a); ** This is a demonstrative, not an exhaustive list.

Recently, I have discussed with and read the works from scholars, who researched and whose expertise was Africa (esp. Dembele, 2012; Miller, 2015), the Middle East (esp. Aldosary, Rahman and Munawer, 2008; Aldosary, Rahman and Shahid, 2008; Rosenhek, 2003; Gal, 2016), Cuba (esp. Mesa-Lago et al., 2003; Mesa-Lago, 2016) and the Russian Federation (esp. Dashkina, 2008; Avdeyeva, 2011; Kainu et al., 2016) in particular, and have updated my earlier research on India (about the new developments regarding universal primary education, the national program of universal food and universal provision of medicines, and universal employment program, there; Aspalter, 2016a). The research findings thereof have motivated me to make the next step, and apply ideal-typical welfare regime theory to other regions of the world, that were in the past left out – for the most part or entirely – from direct welfare regime comparison or general welfare state or social policy comparison in the international (yet Western Europe-centered) social policy arena (see Table 2.2).
### Table 2.2 Ideal-typical worlds of welfare capitalism: mapping ideal-typical welfare regimes (in the Weberian sense)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Ideal-Typical Social Democratic WR in Scandinavia</strong></td>
<td><strong>The Ideal-Typical Christian Democratic WR in Most of Continental Europe</strong></td>
<td><strong>The Ideal-Typical Neoliberal WR in Anglo-Saxon countries</strong></td>
<td><strong>The Ideal-Typical Pro-welfare Conservative WR in East Asia</strong></td>
<td><strong>The Ideal-Typical Anti-welfare Conservative WR in Latin America</strong></td>
</tr>
</tbody>
</table>

**Main Welfare Ideology**

- Based on initially social-liberal, later on, social democratic ideas of universal social insurance and universal social services; with special emphasis given to women’s employment in the public sector (“soft economy” jobs), social services are provided principally by the state, paired since recently also with asset- and means-tested social assistance systems, and there are more social services than in any other ideal-typical welfare state regime (the ratio between social services and benefits is about 50:50).

- Based on Christian democratic principles of subsidiarity and solidarity (developed by Catholic social teachings in the 1850s, by the bishop of Mainz, Freiherr Wilhelm v. Ketteler) and later on Social Democratic support of welfare state extension; mostly Bismarckian social insurance, social services are provided principally by non-governmental organizations (NGOs) (esp. by church organizations), paired with asset- and means-tested social assistance systems.

- A predominant focus on asset- and means-tested social assistance and services, paired with limited coverage by mostly social insurance systems (either Bismarckian or Beveridgean), social services are provided principally by NGOs (especially by church organizations), and by and large an emphasis on punitive social policies.

- Mostly conservative parties (or communist parties pursuing conservative real politics) reluctantly give in and invest heavily in health care, education and work-based social security systems (mostly social insurance in the north and more provident fund systems in the south), universal systems and universalization of existing systems are on the advance, social services are provided principally by NGOs (mostly, but not in all cases, church organizations), but in many cases to a large extent funded by the government.

- A combination of Christian democratic and neoliberal ideas, resulting into a new form of welfare model that is mostly conservative but anti-welfare in nature. Social insurance systems (mostly Bismarckian) are being used to support the upper and upper-middle classes and to shield them from redistribution, also a great degree of privatization of social security institutions (largely provident fund systems in pensions and private insurance in health care), paired with non-concerted set of individual welfare programs across the countries/regions: Sweden, Norway, Finland, Denmark, Iceland, e.g. Germany, Austria, Netherlands, Belgium, France, Switzerland, Portugal, Spain, Italy, Poland, Czech Republic, Hungary, Slovenia, US, Australia, New Zealand, Canada, UK, e.g. Mainland China, Hong Kong, South Korea, Japan, Taiwan, Thailand, Malaysia, Singapore, e.g. Chile, Argentina, Brazil, Uruguay, Mexico.
Table 2.2  
Ideal-typical worlds of welfare capitalism: mapping ideal-typical welfare regimes (in the Weberian sense)

<table>
<thead>
<tr>
<th>Type of Social Rights</th>
<th>Universal Social Rights</th>
<th>Performative Social Rights</th>
<th>Clientelistic Social Rights</th>
<th>Productive Social Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasis on:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Strong</td>
<td>Strong</td>
<td>Weak</td>
<td>Increasing</td>
</tr>
<tr>
<td>Market</td>
<td>Weak</td>
<td>Weak</td>
<td>Strong</td>
<td>Decreasing</td>
</tr>
<tr>
<td>Family</td>
<td>Weak</td>
<td>Strong</td>
<td>Weak</td>
<td>Strong</td>
</tr>
<tr>
<td>Individual</td>
<td>Strong</td>
<td>Weak</td>
<td>Strong</td>
<td>Weak</td>
</tr>
<tr>
<td>Degree of decommodification</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Medium-low</td>
</tr>
<tr>
<td>Degree of stratification</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Degree of individualization</td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Countries/regions</td>
<td>Sweden, Norway, Finland, Denmark, Iceland</td>
<td>e.g. Germany, Austria, Netherlands, Belgium, France, Switzerland, Portugal, Spain, Italy, Poland, Czech Republic, Hungary, Slovenia</td>
<td>US, Australia, New Zealand, Canada, UK</td>
<td>e.g. Mainland China, Hong Kong, South Korea, Japan, Taiwan, Thailand, Malaysia, Singapore</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Type of Social Rights</th>
<th>Main Welfare Ideology</th>
<th>Degree of decommodification</th>
<th>Degree of stratification</th>
<th>Degree of individualization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slightly Universal Rudimentary WR in South Asia</td>
<td>Slight echo of socialistic ideas being transformed into first national universal social welfare programs (food, medicine, employment programs, as well as education), very limited social security provision for a very small group of the population, paired with non-concerted set of individual welfare programs across the board; a strong role is played by NGOs in providing social welfare services and benefits and a very high degree of fragmentation of social assistance and welfare programs.</td>
<td>Very low</td>
<td>Very high</td>
<td>Very low</td>
</tr>
<tr>
<td>Ultra Rudimentary WR in Most of (esp. Former Non-British Colonies of) Africa</td>
<td>Extremely rudimentary (mostly Bismarckian) social insurance systems for a minute part of the population, paired with non-concerted set of individual welfare programs across the board, a very high degree of fragmentation of social assistance and welfare programs, and in general the highest ratios of Gini index in the world in terms of family income distribution and asset/wealth distribution.</td>
<td>Virtually non-existent</td>
<td>Extremely high</td>
<td>High</td>
</tr>
<tr>
<td>Exclusion-Based WR in Oil-Exporting Gulf States, plus Israel</td>
<td>Mostly free provision of social services and extended systems of social insurance (Bismarckian systems) mostly for only one part of the population, integration of the main target population into the welfare state system, and marginal or non-existent integration of the socially excluded parts of the society (accounting for the majority of the population in most cases), and as a result, high levels of inequality in terms of income and</td>
<td>High for a special group of the population only, non-existent or only marginally existent for the rest of the resident population.</td>
<td>Very high</td>
<td>High</td>
</tr>
<tr>
<td>Selective Rudimentary WR in Northern/Central Asia, &amp; the Far East of Europe</td>
<td>Strong echo of socialistic ideas paired with social insurance systems, large home ownership rate, special attention to selected social policy fields, such as child and family welfare (prenatal family policies) and welfare to the elder population (esp. pensions) in the Russian Federation or health care in Kazakhstan, and a relatively limited role of NGOs in social service provision.</td>
<td>Very low</td>
<td>Very high</td>
<td>High</td>
</tr>
<tr>
<td>Communist/Socialist Universal WR in Cuba</td>
<td>Free universal provision of public social, close to 100 percent home ownership rate, relatively high social development outcomes (very low infant and under-5 mortality rates, lower than that of the US) and lowest levels of inequality in terms of income distribution, as well as asset/wealth distribution, in the world.</td>
<td>Very high</td>
<td>Very low</td>
<td>High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Social Rights</th>
<th>Slightly Universal Rudimentary Social Rights</th>
<th>Extremely Rudimentary Social Rights</th>
<th>Selective Rudimentary Social Rights</th>
<th>Full Universal Social Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasis on:</td>
<td>State Weak</td>
<td>Market Weak</td>
<td>Family Strong</td>
<td>Individual Strong</td>
</tr>
<tr>
<td></td>
<td>Family Strong</td>
<td>Individual Weak</td>
<td>Degree of decommodification Very low</td>
<td>Degree of stratification Very high</td>
</tr>
<tr>
<td></td>
<td>Individual Weak</td>
<td>Degree of individualization Very low</td>
<td>Countries/regions e.g. India, Sri Lanka</td>
<td>e.g. Angola, Mozambique, Namibia, DRC, Senegal, Cameroon, Côte d’Ivoire, Rwanda, Mali</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kingdom of Saudi Arabia, Oman, United Arab Emirates, Qatar, Bahrain, Kuwait, Israel</td>
<td>e.g. Russian Federation, Kazakhstan, Cuba</td>
</tr>
</tbody>
</table>

It needs to be stressed that the ideal-typical method in comparative social policy is indeed “a method” and, for that reason, there is no reason not to apply this method to other parts of the world, other than Europe (Esping-Andersen, 1987, 1990, 1998a; Aspalter, Kim and Park, 2009), all of East Asia (Aspalter, 2005a, 2006), and Latin America.

(Aspalter, 2011)

The classification of ideal-typical welfare state system regimes is certainly subject to “more detailed-but-yet-general/ideal-typical” elaborations later on, by myself and hopefully by many other authors from any corner or all corners of the world that have been left out so far (for the most part or altogether) from welfare state system comparison. There may be, and it would surprise me to the utmost if there will not be, one or two, or a couple of more ideal-typical welfare regimes out there yet to be identified (e.g. among the island countries of the Caribbean or Oceania or elsewhere – the number of members does not necessary have to be large at all).

A comparative overview of different ideal-typical worlds of welfare capitalism around the world

Scandinavia and Continental Europe – that is, the ideal-typical Social Democratic and Christian Democratic Welfare Regimes – have similar results when it comes to overall reduction of poverty and inequality. But, from a real-typical perspective, there are still vast differences even within the Social Democratic Welfare Regime, as Denmark and Sweden exert, for example, the highest levels of inequality in terms of asset and wealth distribution, whereas Norway and Finland have achieved the lowest levels of inequality in both asset and wealth distribution and family-income distribution.

No doubt, from a real-typical perspective – that is, if one applies the real-typical method in welfare state system comparison – there are differences among Continental Christian Democratic welfare state systems. Especially still quite different is the case of Southern Europe, and to a greater or lesser extent also countries in Eastern Central Europe (depending on which country one focuses).

Welfare state systems in Southern Europe pay more attention to pensions, in terms of welfare state expenditures, and have by and large established universal health care systems. From the ideal-typical welfare regime theory point of view, Southern European welfare state systems are members of the same family of welfare state systems, just like other countries in Continental Europe; that is, they are members of the ideal-typical Christian Democratic Welfare Regime. From a historical and ideal-typical perspective, the Southern members of this welfare regime are just behind in time – that is, they have not had time enough yet to mature – when it comes to the construction of welfare state systems (see Abrahamson, 2015, 2016; Pierson, 2003).

Welfare state systems in Eastern Central Europe still reveal better gender equality and lower levels of non-governmental organization (NGO) involvement in social service provision (as this is a remaining outcome from the old communist welfare state arrangement) (see Aspalter, Kim and Park, 2009; Cerami and Vanhuysse, 2009; Cook, 2013), and they still are marked by the highest home ownership rates in the world (of around 95%), apart from Cuba and Singapore.

But from an ideal-typical perspective, major deviations here and there are not only allowed, but wanted – in order to come to larger conclusions and see the picture at large, over many dozens of countries, or hundreds of countries if necessary (as in our case here, where we talk about the world, or really the most of it, as such).

With regard to Anglo-Saxon countries, or the ideal-typical Neoliberal (Liberal) Welfare State Regime, there are also great differences in between each country in concern, among a rather
small number of countries (five). The National Health Service (NHS) in the UK is a completely different design and strategy of the government when compared to the Patient Protection and Affordable Care Act in the US (or Obamacare as it is commonly known). Canada is very different in health care and education from the US. Australia, with the model of mutual obligations and severe, stringent application of asset and means-tested social assistance and services, and New Zealand with universal pensions, are again very different from a real-typical perspective compared to the rest of the group (see Castles and Mitchell, 1991, 1992, 1993; Aspalter, 2001c; Castles and Pierson, 1996).

Thus, the only way to categorize the Neoliberal/Liberal Welfare State Regime is by using the ideal-typical method. Any full-fledged real-typical comparison must come to a different conclusion (emphasizing the vast differences, too many of them and too large each of them) than that these five welfare state systems are members of the same welfare state regime (in a real-typical perspective).

But, from an ideal-typical perspective, one (and barely that is) can say that there is a neoliberal consent among all those five countries, and their main social policy making bodies, while also referring to the “principle of functional equivalence” (i.e. different programs and system designs of social security systems can lead to the same or similar social policy outcomes, strategies, and/or philosophies in social policy making). Otherwise it is not possible to classify these countries into one welfare regime, even when allowing one or two major differences here and there: there too many great deviations or opposite approaches as in, for example, health care in the UK or Canada, or pensions in New Zealand.

In East Asia (including Northeast and Southeast Asia), there are also differences, but only in the type of social security system chosen to deliver and guarantee social security. But, due to the “principle of functional equivalence” (see Aspalter, 2005a, 2006), one can still conclude East Asian welfare state systems are by and large members of one distinct family of welfare capitalism or welfare state systems. In social security provision, functional equivalence tells us that there is not much difference between the welfare effects (i.e. welfare outcomes) of this welfare state system, and the overall strategy of government (their welfare philosophy and social policy strategy) if, for example one looks at the functions of (publicly constructed and privately owned) public housing units, bank accounts of provident fund systems or entitlements of pension insurance systems – as long as redistribution of general revenue is guaranteed across the board to a similar/comparable degree (through direct public subsidies of health care services, subsidies to public and private educational institutions from kindergartens to universities, etc.).

Welfare state systems of the Pro-Welfare Conservative Welfare Regime in East Asia are typically marked by either provident fund systems or Bismarckian social insurance schemes pertaining to old-age income maintenance, and increasingly so also either Beveridgean health insurance, semi- or quasi-universal health insurance systems, or direct public provision and/or direct public subsidies to health care providers, paired with (in general) passive labor market policies, and asset- and means-tested (AMT) social assistance programs.

There is a great emphasis on social investment in the areas of both health care and education (with strong subsidies of both public and private educational institutions). Sometimes this social investment paradigm extends to publicly constructed and/or subsidized housing units (e.g. through mortgages with preferential low interest rates), as well as public financial support of private social service provision. Hence, NGOs play a large role in social service provision, with also, at times, large direct financial support from the government (e.g. Hong Kong and Mainland China) (see Aspalter, 2006; as well as Ramesh, 2000, 2004; Leung and Xu, 2015). See Box 2.1.
Another example of how the “principle of functional equivalence” in social policy needs to be understood

One can use his or her monthly pension to get a mortgage and buy a house, and so one can use the savings of his or her mandatory provident fund accounts to do the same, or apply for and to move into publicly subsidized/constructed public housing units, which is paid by taxation, all of which are deducted from, for example salaries, and end up providing a roof for oneself and one’s family. Only the route which the money has traveled is different here; it ends up in the same place for the same purpose/function.

In Latin America, there are vast differences, too, from one welfare state system to another (as there are between Germany and Hungary, Luxembourg and Switzerland, etc.). Being raised and educated in Europe, it is hard for me to see that Costa Rica, Uruguay or Brazil would resemble any kind of “social democratic” welfare model. Yes, Costa Rica and Uruguay to some extent stand out positively (see Huber, 1996; Martínez Franzoni and Sánchez-Ancochea, 2014), but is fully accounted for in terms of the (allowed for/wanted) variability within ideal-typical welfare regimes. Latin American welfare state systems reveal the highest levels of inequality regarding family income and asset/wealth distribution in the world, only to be negatively outperformed by mostly countries in Africa. Social assistance programs are highly fragmented, and amount only up to 0.5 percent of GDP (Aspalter, 2014a, 2016b, 2016c); hence they exert only a relatively very limited effect on overall redistribution. The larger share of welfare budgets is used in fact for the middle classes, on social security for formal sector workers and especially pensions (and here again mostly government officers). Welfare state systems in Latin America are typically regressive in terms of welfare redistribution, meaning that the better off benefit more from the welfare state, and the worse off are being kept at bay (being “controlled” or “managed,” so to speak).

In the case of Brazil (see Aspalter, 2016b), one needs to look closer, and beyond the political affiliation of presidents (not just looking at whatever political party is in power, and whatever name it carries). One needs to look at social policy actions and poverty and inequality levels on the ground, not at principles and rhetoric delivered in public addresses and speeches. Brazil is a core model country of the ideal-typical welfare regime model in Latin America, which Aspalter (2011) identified as the Anti-welfare Conservative Welfare State Regime.

Of course, there are countries that are behind in terms of welfare state development, time-wise, and others will not catch up at all, or not much, to the rest of the members of the ideal-typical Latin American Anti-welfare Conservative Welfare State Regime (see Abrahamson, 2016). But this is up to researchers to find out and evaluate every case in concern (in each single country in Latin America). Lead countries here are certainly Brazil, Uruguay, Argentina, Chile and Mexico, to name the most well-known and important cases in point.

India and Sri Lanka, for example, left behind a realignment to neoliberalism in the 1990s and moved on to include more and more universal health care (free, yet limited, vital medicines in India, and free public health care in Sri Lanka), universal primary education (in India), universal employment programs (in India) and universal food programs (the Public Distribution System that provides free essential foods for the entire population and Mid-day Meal Program for school children in India) (see Aspalter, 2016a). The ideal-typical Slightly (but growingly so)
Universal Rudimentary Welfare State Regime in South Asia is, in addition, marked in general by very limited social security provision for a small part of the urban population, which has been highly privileged. Government institutions themselves are also highly fragmented, which leads often to policy deficiencies, failures and lack of efficient and effective policies on the ground (Aspalter, 2003b). Welfare programs (especially social assistance and programs for the poor) are highly fragmented and decentralized (Kurz, 2001; Singh, 2013; Aspalter, 2002c, 2003b, 2016a) and resemble politicians’ needs to leave a fingerprint here and there and to gain political advantage points in general and local elections alike. In this idealypical welfare regime, NGOs pick up a great share of responsibility to deliver social services and benefits. These last two traits are also common in Latin America (the Anti-welfare Conservative Welfare Regime) and Africa (the Ultra Rudimentary Welfare Regime) (for the impact of politics, elections and political will, see also Lindert et al., 2007; Adesina, 2009; Ferreira and Robalino, 2010; Lindert and Vincensini, 2010; Layton and Smith, 2011; Niño-Zarazúa, 2011).

In Africa, too, NGOs deliver the lion’s share in welfare delivery with a large share of international NGOs (INGOs) and great dependency on international aid. Social security is highly limited to a tiny fraction of the population (mainly through Bismarckian social security systems) (Dixon, 1987; Miller, 2015), that is, the privileged urban middle class and/or government officers. Government institutions are in general weak and lack the desire to implement social policies (see Eckert, 2001; Adesina, 2009). A high fragmentation of conditional cash transfer programs and welfare programs in general, for example is a marker for the Latin American, South Asian and African ideal-typical welfare regimes. Africa, however, has also the highest levels of mortality in the world, paired with the highest levels of inequality (both income inequality and asset/wealth inequality). That makes it stand out clearly, and very negatively so, from other types or grand models of welfare capitalism or welfare regimes in the rest of the world, when seen from an ideal-typical perspective (see Miller, 2015; Dembele, 2012). Members of the Ultra Rudimentary Welfare Regime in most of Africa lack large-scale universal social policy programs – as they have been implemented in, for example India over the last decade. African countries, across the board, reveal a great deal of fragmentation of welfare programs, even within NGOs/INGOs themselves (Adesina, 2009).

Certainly, richer Middle Eastern countries, especially the gulf states (the Kingdom of Saudi Arabia, the United Arab Emirates, Qatar, Bahrain, Kuwait and Oman) form another welfare regime cluster, the Exclusion-Based Welfare Regime. They have relatively highly developed, predominantly Bismarckian social security systems. These countries have already started to work closely together in social security administration at a more institutional level than the European countries, for example, where it is not possible to collect contributions for a social insurance member of one country in another (but it is possible in the Gulf States). The Gulf States are characterized by mature Bismarckian social insurance systems, and, in general, extremely generous welfare benefits to the local (ethnically local) population only (Craven, 2015). Somehow Israel, even being for sure a great outlier in this group of countries (also in ideal-typical terms) (see Gal, 2016; Rosenhek, 2003), when it comes to social exclusion of certain ethnic social groups, Israel’s welfare state arrangement is very much in line with that of other rich Middle Eastern countries (now only focusing on the six Gulf States, not including Iran). Israel’s membership here in this ideal-typical welfare regime can – and hopefully will – be debated (as one can and should debate any regime membership, here or there).

Former Soviet countries need to be analyzed a great deal further by international social policy experts. But when taking Russia as the key country in concern, it is already clear that we have strong case for a new ideal-typical welfare regime model – the Selective Rudimentary Welfare
Regime. Some elements of the former state-centered welfare state system have remained, while others have become victims of privatization, marketization and decentralization (to a lesser degree so in Russia, than Kazakhstan, for example). Due to power politics and politics of legitimation (see e.g. Putin, 2012; see also Cook, 2007a, 2007b, 2010, 2013) and as a matter of guaranteeing national security (Heusala, 2012), certain key areas of the welfare state system have either managed to stay prevalent and received continuous support (like pensions) or new areas of social policy arose (like pro-natalist family policies), amid a climate of neoliberalism that took charge at the key welfare arrangements of post-communist countries in the region (see Kainu et al., 2016; Avdeyeva, 2011). While Russia focuses for example on pensions and child welfare benefits, Kazakhstan also has invested a great deal (see Aspalter, Teguh-Pribadi and Gauld, 2017) in its universal public health care system, and thus lowered mortality rates. All major former Soviet countries stand out in terms of very low, especially male, life expectancy (due to the high consumption levels of alcohol and tobacco products). Another special trait of these welfare state systems in general (i.e. when seen from an ideal-typical perspective) is the limited role of NGOs, which for a while in Russia could rely on the outside help from INGOs (Dashkina, 2008). This trait is also common across all former communist countries, including China (where the government, however, now more and more directly finances non-governmental welfare agencies, following the example of Hong Kong) and Cuba.

Cuba is the only country left from the whole of the communist bloc from the days of the Cold War (Mesa-Lago et al., 2003; Mesa-Lago, 2016, see Dixon, 1992) where we still can find universal health care, universal education, universal home ownership, universal pensions and other universal social services. It is the last country in the Communist/Socialist Universal Welfare Regime. Cuba exerts a great mark on the worlds of welfare capitalism in global comparison, as – even with the trade sanctions in place for many decades and currently still very low levels of economic development – Cuba has achieved lower child mortality and infant mortality rates than, for example the US, one of the richest countries on earth (Aspalter, 2017). That is why I would like to keep Cuba as a principle case in point for further comparative social policy research, also and especially in the welfare state regime modeling business. In the past, and currently ever more so, developing countries resorted to the principle of universalism (and not “communism” at all) when it comes to refashioning their particular type of welfare capitalism, as modified and applied in, for example Sri Lanka, Kazakhstan, Thailand, Indonesia, Costa Rica and also highly capitalist Hong Kong (where state subsidies finance about 95 percent of social services, along with the overwhelming part of total funding for health care and public and private educational institutions) (Aspalter, 2002b).

Developmental Social Policy (DSP) and worlds of welfare capitalism

There are many normative social policy theories out there; many are ideological or politically based (see Abrahamson, 2016). DSP is not one of them. DSP is based on empirical evidence from dozens of countries over many decades of experience. Advocates of DSP look at what works on the ground and what does not, or what is not so good. The value of any normative social policy theory is how much can it give good advice, which is not only good in the eyes of the beholder, or one’s political candidate or political leader, or members of any political party in concern. The value of any theory is how useful it is, for everybody. DSP is devised as a universal theory (see Midgley, 2002) that works in all places, at all times, and it works for any welfare recipient, social insurance beneficiary, any member of any type of provident fund system, and the like.
The more money that can be saved by switching from one social security system to another, while keeping up with the welfare function for all citizens to at least the same, if not higher degree, the better the advice is that is given by any normative social policy theory.

The more a social policy area or program can increase its effectiveness (that is, increasing people’s welfare and life quality and, more importantly, decreasing people’s diswelfare, such as disease burden, mortality rates, crime, abuse, neglect, discrimination, social exclusion) by switching to another strategy or policy directive, or by redesigning its social security system(s), or by adding new techniques to or dropping one or replacing one particular element of an existing social policy or program, the better again is the advice given by this particular normative social policy theory.

Being a universal theory, DSP has looked at successful policy experiences over the past decades from around the world and assembled them into easy-to-understand policy recommendations that by and large have one overarching objective – “to save people’s lives” – from poverty, physical and mental disease, avoidable accidents, unnecessary premature death and so forth (Aspalter, 2017).

So what are some of those directives? First, the government has the duty to intervene to help people and to help society. Second, the government needs to apply a great deal of universalism in arranging overall social welfare policy and social security systems (Midgley, 1995, 1996, 1999, 2003, 2008; 2013; Midgley and Sherraden, 2000; Midgley and Tang, 2001; Townsend, 2002; Mkandawire, 2005; Adesina et al., 2006; Utting, 2006; Adesina, 2007, 2009; Aspalter, 2014b, 2015, 2016c, 2017; Kwon, 2014). Third, the government needs to invest in people’s individual human, social and cultural capabilities/capital (i.e. societal human capabilities/capital) (Aspalter, 2005b, 2007a, 2007b, 2008b, 2010; Midgley and Aspalter, 2016). Fourth, the government should also promote people’s personal savings and asset accumulation, for example through provident fund systems or other savings schemes, appropriate housing policies that aim at the highest rates of home ownership, as well as micro-saving and micro-credit systems wherever possible (see Midgley, 2013; Aspalter, 2016d). Fifth, the government needs to add new arms (wings) to the traditional welfare state in place, by adding, for example:

\[\text{cultural social policy}, \text{ which focuses on cultural activities to make social policy (not cultural policy), that is, to improve people’s social networks, mental happiness, feeling of self-worth, etc.}\]

In doing so, DSP is advancing social policy to include a new level of welfare state activity, that is, social policy marketing, which is the use of old and new (innovative) ways of doing social policy by changing (altering) individual behavior.

Especially a great deal of future potential here would involve the use of social policy marketing in health policy and health care policy, including mental health policy and mental health care policy – for example, by increasing personal hygiene, including washing hands in developing countries’ context or improving mouth hygiene in developed and developing countries alike; by changing food intake, less red meat, more uncooked/non-fried vegetables; by decreasing overall alcohol consumption, for example by introducing alcohol-free beer on a mandatory basis in all bars, restaurants and supermarkets; by decreasing the consumption of tobacco products; by educating people about health risks and loss of social support and life quality due to mood disorders, or anger or anxiety problems, how to treat and take care and live with them and so forth.
Furthermore, DSP’s new social policy marketing method can and should also be put to practice when it comes to (1) changing consumption and savings behavior/patterns; (2) increasing levels of social and cultural participation; (3) increasing social inclusion of disadvantaged social groups; (4) avoiding work, traffic and leisure accidents; (5) encouraging family formation and partnerships (of any kind and particular type); and (6) encouraging societal fertility, for a sustainable societal (and economic) development (not to mention to sustain the future of pay-as-you-go pension insurance, health care insurance and long-term care insurance systems) in countries with fertility rates far below replacement level (especially in Europe and East Asia).

Sixth, the government has to avoid “poverty traps” and “savings traps” that are caused by any form of asset- and means-tested (AMT) social benefits and social services, which leads over time inevitably to more rather than less poverty – by replacing all those AMT benefits and services and all AMT elements in conditional cash transfer systems (CCTs) (Aspalter, 2014a, 2016b, 2016c) with universal benefits and services (UBS) and non-economically targeted benefits and services (NETs). NETs, instead, are based on age, gender, ethnic origin, labor market status and/or performance, school attendance and/or school performance, attendance of seminars, attendance of public health care facilities for giving birth and health care check-ups, the registration of births and/or application for an ID card for each newborn baby, number of children in the household, square meters of living space for each member of the household, availability of running water and individual toilets for each household, the availability of a fixed roof and/or geographical targeting, and so forth – and, very important, any combination thereof.

Seventh, the government has to avoid mandatory private social insurance systems, which benefit first and foremost in the case of mandatory private health insurance, e.g. private insurance companies, pharmaceutical companies, private hospitals and clinics, law firms and marketing firms (apart from political candidates supporting this kind of social security system). Health insurance (as in the case of the Affordable Care Act, or Obamacare, in the US) is always good to have; it is much better than having no insurance coverage. But, having to pay close to twice the amount of money as with any conventional social insurance (as we find them in Sweden, Germany, the UK or Japan) is not at all a good thing. When we compare 18 (and soon a wobbling 21) percent of GDP spent on the American health care system, with 10–11 percent spent in Sweden, Germany, the UK or Japan, this is not good at all. It is worse even when we compare the 18 (soon to be 21) percent of GDP the American health care system costs (costs are the real problem here, not coverage, not treatment, not technology, etc.) with the breathtakingly low 4.6 percent of GDP spent by Singapore on its health care system (see Aspalter, Uchida and Gauld, 2012; Aspalter, Teguh-Pribadi and Gauld, 2017).

These numbers are apolitical and speak for themselves.

It is a crime first and foremost to rob so many contribution dollars from ordinary folks and give it to rich insurance companies or other corporations, their managers, rich private hospitals and their administrators, and ever-richer lawyers, political lobbyists, political candidates and their super PACs. And, by the way, it is a crime against the US, as it is losing its ability not only to reduce its staggering national debt and go virtually debt-free in a matter of only a dozen or so years (if there would be another social security system that also covers all of the population, one like the ones in Singapore, Japan or Europe). The Affordable Care Act weakens the country socially, economically and also militarily. I wonder why there are no voices coming out of the American military and security agencies as to the issue of health care costs and different options of how to employ mandatory health care provident fund systems (which may be subsidized for the poor in the beginning years), or Beveridgean or Bismarckian health insurance, instead of an
extremely expensive mandatory private health insurance system (as they have already issued grave concerns about the aging of society and its impact on national security, to name another example here).

President Obama certainly had it right when he saw the need for health insurance or some kind of health care security system for all, but either he had been consulted badly or not at all when it comes to health policy and health care policy – and/or he simply had looked into his main sources for electoral funding.

DSP supports President Obama’s care for an idea for a health care security system for all (which desperately needs to be complemented by an insurance that insures people against long-term care needs for all citizens, see e.g. Fernald, 2015), but not this current system based on mandatory private health insurance (Obamacare). He could have so much more money (literally trillions of dollars) to give to the poor people of the US, if he only would switch to another health insurance or health care security model (like provident fund systems) – as well as trillions of dollars that are desperately needed to pay back American debts.

Sweden, Italy and China have switched partially (and are set to do so increasingly over time) from their Beveridgean and Bismarckian pension insurance systems to defined contribution-based (DC-based) provident fund systems already, which are nothing more than mandatory individual savings accounts. A good choice would be to – like in Singapore – add special incentive systems, such as (1) top-up schemes (where the government financially rewards those who help family members by transferring money to their provident fund accounts), which also facilitate redistribution from the government (general taxpayers) to the poor or needy families/individuals, and (2) voluntary public insurance components (e.g. against the loss of the breadwinner, or pension insurance, etc.).

It is not too late for the US to switch Obamacare (a mandatory private insurance system based on penalties with a complex system of regulations stretching over thousands of pages) into something efficient – the judgment of what is efficient and what is not, or how much, is only made by comparison to other countries (see Aspalter, 2012; Aspalter and Teguh-Pribadi, 2016; Aspalter, Teguh-Pribadi and Gauld, 2017).

Conclusions and outlook

Is it a dream to increase the efficiency and the effectiveness of welfare state systems all over the world? I suppose not. There will be pioneers and laggards, just as with the early beginnings of welfare state systems in the late 19th and early 20th centuries. Even at that time, the pioneers were spread out all over the world; New Zealand and Argentina, as a matter of fact, were pioneers in modern welfare state development. As such, we may expect other countries, the ones we have not paid attention to before, in comparative and mainstream welfare state literature, that will lead the way into the future, that of a post-industrial efficient and effective welfare state.

Due to the slowing rates of return (i.e. GDP growth), economies of post-industrial societies will have comparatively lesser means available for taxation or social security contributions. Given the fact of societal aging (many countries especially in Europe and Asia will relatively soon become super-aged societies) and the (for the overwhelming part) long-term below-replacement fertility rates of these countries, one looks at a double squeeze for the financing of welfare state systems.
And, as a consequence of these forces, the financing of welfare state systems is being put into question (see Pierson, 2001a, 2001b). Even though at the moment the trend is going up in terms of global welfare state system financing, those countries with a shrinking active labor force and a high share of aged population and low fertility rates will reach a ceiling of what is possible in economic terms. The case of Argentina in the 1990s made that very clear, once again, with drastically falling GDP rates (and riots on the streets), when social security contributions reach, e.g. 55–65 percent of payroll (not including individual income taxation, that is). Then, people and companies simply stop working, investing, producing and, as a result, stop paying taxes and contributing to social security.

DSP looks at empirical outcomes and is by its very nature non-political; that means no part of the political spectrum is secure from criticism – if some part or parts (or all parts) of the outcomes are not favorable or less favorable than other available social policy options, or social program options. Saving costs (money) and maximizing welfare (well-being) outcomes (more and better quality of health and mental health care services, health promotion and disease/accident prevention, universal social security coverage, etc.) will be crucial for the survival and proper functioning of welfare state systems down the road in the 21st century.

It may take decades to reform the existing wings of today’s welfare state systems, and to add new wings and new methods to apply social policies and to achieve better social welfare outcomes (see e.g. Taylor-Gooby, 2001, 2005a, 2005b; Esping-Andersen, 2002; Walker, 2002, 2008; Bonoli and Natali, 2012; Walker and Aspalter, 2015). It will be quicker in countries with fewer path dependencies (see Pierson, 1994, 1996, 2000b; Palier and Bonoli, 1999) – those who have a clean slate, in general. But, first and foremost, it is “the political will” that counts (Konkolewsky, 2009, 2010; Adesina, 2009). That is, the political will of parties or state leaders, regional and local leaders alike, that will decide when a country (or province or city) starts stepping in the right direction, one small step at a time, a big step at a time or more or less all at once.

By looking at different worlds of welfare capitalism (or welfare regimes) – 10 different worlds of welfare capitalism or ideal-typical welfare regimes so far – one can see and grasp the trends
of welfare state systems that are going on today and in the future. New advances in social policy are fast changing the landscape of social welfare, particularly in the Slightly Universal Rudimentary Welfare Regime (South Asia) and the Pro-Welfare Conservative Welfare Regime (East Asia). There is a lot of room for progress in the Western World (Liberal, Christian Democratic and Social Democratic Welfare Regimes), the Exclusion-Based Welfare Regime (in rich Gulf States, plus Israel), the Selective Rudimentary Welfare Regime (in former Soviet Republics) and, of course, the Ultra Rudimentary Welfare Regime (in most of Africa). Hopefully, the end of sanctions (that is in near sight) and local economic reforms will also improve the health care infrastructure, education and housing infrastructures, and the benefit levels of social security payments in Cuba with its Communist/ Socialist Universal Welfare Regime.

From a historical perspective, trends in social policy are “not linear” – and so is the history of welfare state systems. Population aging, low fertility and low rates of returns (GDP) of post-industrial countries are here to stay and either push away or knock off current welfare state development to a new more sustainable path.

A number of developing countries, however, are learning from the mistakes of older, post-industrial societies and to develop their welfare state systems according to their current or future needs (e.g. more rapid aging in China, or more political needs of legitimization in Russia or democratic competition in Brazil, India or Indonesia), and show signs, here and there, to be early birds when it comes to implementing new social policy methods (see e.g. Aspalter, 2014b; Walker and Aspalter, 2015; Aspalter and Teguh-Pribadi, 2016), and thus addressing the impacts of demographic changes, a changed electoral environment, as well as changing economic opportunities. But some developed welfare state systems already reveal clear signs of change, on a program level, as well as on a policy and welfare state system level (see the chapters in this volume, and e.g. Abrahamson, 2010).

For that, DSP offers crucial directives for governments, scholars and students of social policy to apply, to explore and to develop them further. The essence of DSP hence is being a particular/specified set of what has been referred in general to as “transformative social policies” (see Mkandawire, 2004, 2007; Kwon, 2005; Utting, 2006; Adesina, 2007, 2009).

References
——— (2015), discussion with, Zhuhai, June.


——— (2001c), Different Worlds of Welfare Capitalism: Australia, the United States, the United Kingdom, Sweden, Germany, Italy, Hong Kong and Singapore, GPPP Discussion Paper Series, No. 80, Australian National University, Canberra.


Ten worlds of welfare capitalism


——— (2016a), The Indian Welfare State System, chapter 21, this volume.


Christian Aspalter


——— (1998b), discussions with, Puli, Taiwan, April.


Ten worlds of welfare capitalism


——— (2010), discussion with, Luxembourg, September.


—— (2008), Securing the Future for Old Age in Europe, in A. Walker and C. Aspalter (eds.), Securing the Future for Old Age in Europe, Casa Verde: Taoyuan, Taiwan.
Wilding, P. (2004), discussion with, Puli, Taiwan, May.